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Find an Intervention - Advanced Search

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Keywords:

Areas of Interest

- Mental health promotion
- Mental health treatment
- Substance abuse prevention
- Substance abuse treatment

Age

- 0-5 (Early childhood)
- 6-12 (Childhood)
- 13-17 (Adolescent)
- 18-25 (Young adult)

Outcome Categories

- Social functioning
- Suicide
- Tobacco
- Trauma/Injuries

Race/Ethnicities

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino

Limit search to interventions evaluated in studies with higher percentages (50% or more) of the selected groups.

Keywords:

Gender:

- Male Only
- Female Only

Geographic Locations

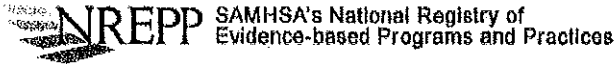
- Urban
- Suburban
- Rural and/or frontier
- Tribal

Settings

- Inpatient
- Residential
- Outpatient
- Correctional

55/101





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- Study Designs

NIH Funding/CER Studies

Implementation

Language Translations

Keywords

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Refine Search Results

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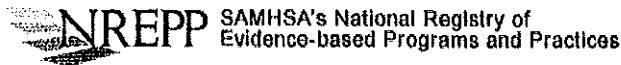
12 Intervention(s) Found

Search criteria: 13-17 (Adolescent), Suicide

To refine your results further, select additional criteria on the left.

Compare

Compare	Intervention Title	Description
<input type="checkbox"/>	American Indian Life Skills Development/Zuni Life Skills Development	Suicide is the second leading cause of death among American Indians 15 to 24 years old, according to Centers for Disease Control and Prevention data. The estimated rate of completed suicides among American Indians in this age group is about three times higher than among comparably aged U.S. youth overall (37.4 vs. 11.4 per 100,000, respectively).
<input type="checkbox"/>	Attachment-Based Family Therapy (ABFT)	Attachment-Based Family Therapy (ABFT) is a treatment for adolescents ages 12-18 that is designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety.
<input type="checkbox"/>	CAST (Coping And Support Training)	CAST (Coping And Support Training) is a high school-based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small-group format (6-8 students per group).
<input type="checkbox"/>	Emergency Department Means Restriction Education	Emergency Department Means Restriction Education is an intervention for the adult caregivers of youth (aged 6 to 19 years) who are seen in an emergency department (ED) and determined through a mental health assessment to be at risk for committing suicide.
<input type="checkbox"/>	Emergency Room Intervention for Adolescent Females	Emergency Room Intervention for Adolescent Females is a program for teenage girls 12 to 18 years old who are admitted to the emergency room after attempting suicide. The intervention, which



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Search criteria: 13-17 (Adolescent), Suicide

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Compare

Compare

Intervention Title

Description

[American Indian Life Skills Development/Zuni Life Skills Development](#)

Suicide is the second leading cause of death among American Indians 15 to 24 years old, according to Centers for Disease Control and Prevention data. The estimated rate of completed suicides among American Indians in this age group is about three times higher than among comparably aged U.S. youth overall (37.4 vs. 11.4 per 100,000, respectively).

[Attachment-Based Family Therapy \(ABFT\)](#)

Attachment-Based Family Therapy (ABFT) is a treatment for adolescents ages 12-18 that is designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety.

[CAST \(Coping And Support Training\)](#)

CAST (Coping And Support Training) is a high school-based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small-group format (6-8 students per group).

[Emergency Department Means Restriction Education](#)

Emergency Department Means Restriction Education is an intervention for the adult caregivers of youth (aged 6 to 19 years) who are seen in an emergency department (ED) and determined through a mental health assessment to be at risk for committing suicide.

[Emergency Room Intervention for Adolescent Females](#)


Emergency Room Intervention for Adolescent Females is a program for teenage girls 12 to 18 years old who are admitted to the emergency room after attempting suicide. The intervention, which

screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated.

[Sources of Strength](#)

Sources of Strength, a universal suicide prevention program, is designed to build socioecological protective influences among youth to reduce the likelihood that vulnerable high school students will become suicidal.

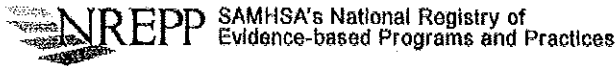
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Attachment-Based Family Therapy (ABFT)

Attachment-Based Family Therapy (ABFT) is a treatment for adolescents ages 12-18 that is designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety. The model is based on an interpersonal theory of depression, which proposes that the quality of family relationships may precipitate, exacerbate, or prevent depression and suicidal ideation. In this model, ruptures in family relationships, such as those due to abandonment, neglect, or abuse or a harsh and negative parenting environment, influence the development of adolescent depression. Families with these attachment ruptures lack the normative secure base and safe haven context needed for an adolescent's healthy development, including the development of emotion regulation and problem-solving skills. These adolescents may experience depression resulting from the attachment ruptures themselves or from their inability to turn to the family for support in the face of trauma outside the home. ABFT aims to strengthen or repair parent-adolescent attachment bonds and improve family communication. As the normative secure base is restored, parents become a resource to help the adolescent cope with stress, experience competency, and explore autonomy.

ABFT is typically delivered in 60- to 90-minute sessions conducted weekly for 12-16 weeks. Treatment follows a semistructured protocol consisting of five sequential therapy tasks, each of which has clearly outlined processes and goals:

- The Relational Reframe Task, with the adolescent and parents (or parent) together, sets the foundation of the therapy. After an assessment of the history and nature of the depression, the therapist focuses on relational ruptures. This shift pivots on the therapeutic question, "When you feel so depressed or suicidal, why don't you go to your parents for help?" The progression of this conversation leads parents and the adolescent to agree that improving the quality of their relationship would be a good starting point for treatment.
- The Adolescent Alliance Task, with the adolescent alone, identifies relational ruptures in the family and links them to the depression. The adolescent is encouraged and prepared to discuss these often avoided feelings and memories with his or her parents.
- The Parent Alliance Task, with the parents alone, explores their current stressors and their own history of attachment disappointments. These conversations activate parental caregiving instincts to behaviorally and emotionally protect their child, which helps motivate parents to learn and use new attachment-promoting parenting skills.
- The Attachment Task, with the adolescent and parents together, creates an opportunity for the adolescent to directly express his or her thoughts and feelings about past and current relational injustices. Rather than defending themselves, parents help the adolescent fully express and explore these emotionally charged topics. This conversation helps the adolescent work through trauma, address negative patterns in the relationship, and practice new conflict resolution and emotion regulation skills.
- The Autonomy Task, with the adolescent and parents together, helps consolidate the new secure base. In solving day-to-day problems, parents provide support and expectations and the adolescent seeks to develop autonomy while remaining appropriately attached to his or her parents.

ABFT is usually delivered by trained therapists with at least a master's degree in one of a number of mental health disciplines.

Descriptive Information

Areas of Interest	Mental health treatment
Outcomes	<p>Review Date: September 2012</p> <p>1: Major depressive disorder</p> <p>2: Depression symptoms</p> <p>3: Suicidal ideation</p>

	4: Anxiety symptoms 5: Treatment session attendance
Outcome Categories	Mental health Suicide Treatment/recovery
Ages	13-17 (Adolescent)
Genders	Male Female
Races/Ethnicities	Black or African American White Race/ethnicity unspecified
Settings	Outpatient
Geographic Locations	Urban Suburban
Implementation History	ABFT was first delivered in Philadelphia in 1996 as part of a clinical trial. Since then, it has been used in 16 different projects or agencies, reaching more than 500 families. The intervention has been implemented in Delaware, Massachusetts, Pennsylvania, and Virginia, as well as in Australia, Belgium, Israel, Norway, and Sweden. Within the United States, it has been evaluated in five controlled trials, with an additional study currently underway. Internationally, ABFT has been evaluated in Norway and Israel, with another study ongoing in Sweden.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
Adaptations	An adaptation of ABFT has been developed for gay, lesbian, and bisexual adolescents. ABFT has been modified for use in Australia, Belgium, Israel, Norway, and Sweden. Program materials have been translated into Flemish, Norwegian (Nynorsk), and Swedish.
Adverse Effects	In the Diamond et al. (2010) study (see Documents Reviewed), four intervention group and seven usual care group participants made "low-lethality" suicide attempts. No adverse effects specific to the intervention have been found.
IOM Prevention Categories	IOM prevention categories are not applicable.

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Quality of Research

Readiness for Dissemination

Costs

Replications

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