

The National Institute of Mental Health: <https://www.nimh.nih.gov/news/research-highlights/2022/family-based-intervention-lowers-long-term-suicide-risk-in-youth>

Family-Based Intervention Lowers Long-Term Suicide Risk in Youth

September 29, 2022

Over the last 20 years, suicide rates have increased in the U.S. by 24%, with the largest increases occurring in females ages 10-14 and African American children aged 5-11. These statistics highlight the critical need for better ways to understand and prevent suicide in youth and adolescents. In a recent study supported by the National Institute of Mental Health, researchers examined the impact of a family-based intervention on suicide risk in youth and found risk-reduction benefits up to 10 years later.

Genetic, neurobiological, cognitive, and social factors contribute to the risk of self-injurious thoughts or behaviors. Research also suggests that family-level factors play an important role in the development of self-injurious thoughts and behaviors during adolescence. Evidence shows that interventions focused on improving family processes, such as improving conflict resolution and encouraging supportive parenting strategies, can reduce long-term suicide risk in youth—even if the intervention does not specifically target suicidal thoughts or behaviors.

In the study, led by [Arin M. Connell, Ph.D.](#), of Case Western Reserve University, researchers examined the impact of a family-based intervention called the Family Check-Up (FCU) program on long-term suicide risk. The FCU program was originally designed to prevent the development of substance use and conduct problems in youth by improving positive parental support, problem-solving, and communication skills. The researchers examined data from three randomized controlled trials that studied the impact of the FCU program:

- **The Early Steps Prevention trial:** This trial followed 731 mother-child dyads from when the children were two years old until they were 16.
- **The Project Alliance 1 trial:** This trial followed 998 adolescents and their families from age 11 to age 28.
- **The Project Alliance 2 trial:** This trial followed 593 adolescents and their families from the age of 11 until the age of 23.

Altogether, the researchers analyzed data from 2,322 families who had taken part in the FCU program.

Families were randomly assigned to receive the FCU intervention or to a control group that did not receive an intervention. Families participating in the intervention completed a 3-session assessment that used motivational interviewing techniques to learn about each family. Parents then took part in a feedback session where they were provided with information to help them engage in positive parenting practices. Parents also had the option of taking part in additional treatment sessions tailored to each family's skill needs and focused on topics like effective family management, self-care, family problem-solving, and other challenges the family was experiencing.

In each of the three studies, the researchers used slightly different questionnaires to assess adolescents for factors such as depression and suicidal thoughts and actions. The researchers used a data harmonization technique that allowed them to adjust for these differences and create a value for these factors that were comparable across the three studies.

The researchers found that adolescents in the FCU program had significantly lower suicide risk than adolescents in the control group at each year post-baseline, which lasted up to 9 years following the initiation of the intervention. These effects did not differ by race, ethnicity, or gender, suggesting the FCU program was equally effective for reducing suicide risk across various populations of youth.

The researchers note that parents in the FCU program were offered treatment sessions on multiple occasions, suggesting the impact of FCU on suicidal thoughts and behaviors may have been strengthened by the continued availability of services. In addition, the study examined a broad age range, and factors impacting the risk for suicide might differ between younger children and older adolescents. The research suggests future studies examining prevention targets in older and younger youth and the mechanisms through which FCU works are needed.

Reference

Connell, A. M., Seidman, S., Ha, T., Stormshak, E., Westling, E., Wilson, M., & Shaw, D. (2022). Long-term effects of the family check-up on suicidality in childhood and adolescence: Integrative data analysis of three randomized trials. *Prevention Science*.

<https://doi.org/10.1007/s11121-022-01370-8>

Grants

[MH122213](#), DA25630, DA26222, DA07031, [DA018374](#), [AA022071](#), [HD075150](#)