

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

5-21-2022

Expressive Therapies and Suicidality in Youth

Emily Devlin
edevlin2@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Devlin, Emily, "Expressive Therapies and Suicidality in Youth" (2022). *Expressive Therapies Capstone Theses*. 645.

https://digitalcommons.lesley.edu/expressive_theses/645

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

**Expressive Therapies and Suicidality in Youth:
A Critical Review of the Literature**

Capstone Thesis

Lesley University

May 14, 2022

Emily A. Devlin

Expressive Arts Therapy

Rebecca Zarate, Ph.D., MT-BC, AVPT

Abstract

Youth suicide is a serious, global public health issue necessitating a transdisciplinary approach to treatment and prevention. The creative processes underlying expressive therapies (i.e., drama therapy, music therapy, art therapy, dance/movement therapy, and expressive arts therapies) provide a unique opportunity for mental health clinicians to address the destructive experiences underlying suicidality (i.e., suicidal ideation, suicide attempt, or death by suicide). Empirical studies utilizing expressive therapies with suicidal youth are scarce, and the field of suicidology does not highlight expressive therapies, creative arts therapies, or arts-based psychotherapies within suicide prevention. This thesis explores the overlap that does exist between expressive therapies and suicidology, highlighting the benefits of expressive therapies for depressed and/or traumatized populations. Gaps in the literature are discussed as future research opportunities. A transdisciplinary, trauma-informed expressive therapies model for youth suicide prevention is considered.

Key terms: Suicidality, suicide prevention, expressive therapies, adolescence, youth

Utilizing Expressive Therapies to Address Suicidality in Youth:

A Critical Review of the Literature

Introduction

Suicide is a major global health crisis accounting for over 700,000 annual deaths worldwide (World Health Organization [WHO], 2021a). In 2019, suicide was the fourth leading cause of death in ages 15-29 and the third leading cause of death for females ages 15-19 (WHO 2021b). In 2020, suicide was the second leading cause of death in the United States for ages 10-14 and 25-34 (Centers for Disease Control and Prevention [CDC], 2022). Youth suicide represents a complex problem necessitating a trauma-informed, transdisciplinary, multisectoral, and systemic approach to prevention in the United States and abroad (Stone et al., 2017; WHO, 2021a). The global COVID-19 pandemic has complicated delivery of mental health services, and the full effects of COVID-19 on suicidality and suicide prevention are not yet known (Fegert et al., 2020; Jobes et al., 2020; Gesi et al., 2021; Hermosillo-de-la-Torre et al., 2021; Raj et al., 2021; Sinyor et al., 2021; Jones et al., 2022). Mental health clinicians are tasked with preventing, assessing, and treating suicidality in their clients during COVID-19 and beyond. This thesis focuses on the treatment and prevention of suicidality in adolescents and youth.

Overview of Suicidality

Suicide has been studied across many disciplines including philosophy, sociology, religion, psychology, psychiatry, medicine, neurobiology, counseling, social work, and public health. The multiple disciplinary situatedness of suicidology poses an opportunity for expressive therapists and other mental healthcare providers to understand suicidality more comprehensively. At the same time, the lack of clear and consistent terminology across and within suicidology subfields represents a challenge when it comes to synthesizing and integrating research findings

(Klonsky et al., 2016; Halicka & Kiejna, 2018). This thesis uses the term *suicidality* to encompass the following: suicidal ideation (SI) including passive or active SI; nonfatal suicide attempt (SA) including aborted or interrupted SA; and death by suicide. Suicidality does not include non-suicidal self-injury (NSSI). Although these self-destructive phenomena are related and may cooccur, the differentiation between suicidality and NSSI is well established in the literature (Grandclerc et al., 2016; Klonsky et al., 2016; Stewart et al., 2017; Halicka & Kiejna, 2018; Huang et al., 2020).

Studying suicide from multiple disciplines has manifested many models. Existing frameworks include the cognitive, stress-diathesis, and interpersonal models as well as the integrated motivational-volitional model (IMV), three-step theory (3ST), lifespan model, and the automatic and controlled antecedents of suicidal ideation and action model (ACASIA; Klonsky et al., 2016; Ludwig et al., 2017; Mueller, 2021; Raj et al., 2021; Olson et al., 2022). Raj and colleagues (2021) provided an overview of suicide risk factors during COVID-19 within the cognitive, stress-diathesis, and interpersonal frameworks. This thesis focuses on models within the ideation-to-action framework as described by Klonsky and colleagues (2016). Ideation-to-action frameworks—including 3ST, interpersonal theory, IMV, and ACASIA—highlight significant differences between SI and SA and their related risk factors and protective factors (Klonsky et al., 2016; Olson et al., 2022).

When considering risk and protective factors it is important to define them as *predictive* or *correlational* as opposed to *causative*. In addition, the clinical correlates reviewed in this thesis are “best conceptualized as correlates of suicidal ideation [because] these variables appear to predict suicide attempts and deaths only to the extent that they predict ideation” (Klonsky et al., 2016, p. 312). Overall risk factors for suicidality include history of SA, mental illness, lack of

social connectedness, and access to lethal means (WHO, 2014; Stone et al., 2017). Protective factors against suicidality include life skills, cultural and religious beliefs, social connectedness and community support, and access to health services (WHO 2014; Stone et al., 2017). During treatment, mental health clinicians tend to focus on reducing risk factors and promoting protective factors to treat and prevent suicidality in clients (WHO, 2014).

Within the field of clinical mental health counseling, the primary treatment modalities used to address suicidality are the collaborative assessment and management of suicidality (CAMS) and various talk-based psychotherapies including cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), mentalization-based treatment (MBT), and psychodynamic psychotherapy (Klonsky et al., 2016; Calati & Courtet, 2016; Iyengar et al., 2018; McCauley et al., 2018; Schechter et al., 2019; Jobes et al., 2020). When working with currently or historically suicidal clients, main treatment outcomes include the following: SA/suicide prevention; SI reduction (including frequency, duration, and intensity); elimination of maladaptive behaviors (e.g., NSSI, substance abuse); and development of prosocial, adaptive coping skills (e.g., cognitive reframing, distress tolerance, mental health services utilization) (WHO, 2014; Klonsky et al., 2016; Reeves et al., 2022). Treatment options for suicidality in addition to predictive factors and ideation-to-action frameworks will be explored further in a later section.

Overview of Expressive Therapies

Expressive therapies (ET), also referred to as creative arts therapies or arts-based psychotherapies, comprise specialized treatment modalities including drama therapy, psychodrama, music therapy, art therapy, dance/movement therapy, and poetry/bibliotherapy (de Witte et al., 2021). Of note, expressive arts therapy is a specialization within the larger ET

umbrella representing an intermodal approach that employs a mixture of art-making methods and interventions.

ET has been utilized across various levels of care with individuals, families, groups, and communities. ET has been shown to contribute to positive therapeutic outcomes and health benefits across developmental stages for clients presenting with heterogeneous clinical needs (Fancourt & Finn, 2019; Gerge et al., 2019; de Witte et al., 2021; Sonke et al., 2021; Pesata et al., 2022). In their scoping review, de Witte and colleagues (2021) noted recent examples of systematic reviews in the field: van Lith's (2016) systematic review of art therapy; Koch and colleagues' (2019) meta-analysis of dance/movement therapy and dance; Orkibi and Feniger-Schaal's (2019) systematic review of psychodrama; de Witte and colleagues' (2020) systematic review and meta-analysis of music therapy for stress reduction; and Feniger-Schaal and Orkibi's (2020) systematic review of drama therapy (cited in de Witte et al., 2021, p. 4).

Through their scoping review, de Witte and colleagues' (2021) analyzed 67 studies to identify therapeutic factors and mechanisms of change in the creative arts therapies (i.e., ET). They identified 19 domains of therapeutic factors including common factors with psychotherapy, joint factors across ET specializations, and specific factors within ET specializations. Three domains found to be specific to ET were embodiment, concretization, and symbolism and metaphor (de Witte, et al., 2021). Through therapeutic factors found by de Witte and colleagues (2021) to be unique to ET, and through additional processes such as containment, witnessing, and attunement, ET has high potential for mitigating risk factors and strengthening protective factors in suicidal clients.

Given ET interventions are fundamentally *creative*, utilizing ET represents a unique clinical opportunity for addressing the fundamentally *destructive* nature of suicidality. However,

a current framework for using ET with suicidal populations does not exist, and existing research within suicidology does not highlight ET, creative arts therapy, or arts-based psychotherapies in the treatment or prevention of suicidality. It is crucial that expressive therapists explore, critique, and challenge existing treatment practices to contribute to improving and progressing the field of clinical mental health counseling. Since little is known on the impact of using ET with suicidal youth, it is important to determine how ET is related to suicide prevention and treatment within existing literature. A literature review provides a platform to explore ET as a potentially accessible, valuable, and effective modality for providing mental health services to suicidal adolescents and youth thereby filling a current gap in the literature.

This thesis utilizes a critical review of the literature to highlight connections and gaps between the fields of ET and suicidology. The minimal overlap between these disciplines is explored, and gaps in the literature are discussed as opportunities for future research. The development of a transdisciplinary and trauma-informed ET model of youth suicide prevention is also considered.

Method

Through an interdisciplinary, trauma-informed lens, this capstone thesis focuses on suicidality in the context of clinical mental health counseling while incorporating relevant literature from additional disciplines. A critical review of the literature was conducted using an inductive approach and emergent design. Lesley University's library search engine and Google Scholar were used to locate peer-reviewed journal articles published in English from 2016 to 2022. String search criteria included different combinations of the following key terms: suicidality or suicidal ideation or suicide attempt or suicide; suicide prevention; trauma or post-traumatic stress disorder or PTSD; depression or major depressive disorder or MDD; expressive

therapies or expressive therapy; creative arts therapies or creative arts therapy; arts-based psychotherapies or arts-based psychotherapy; arts in health; drama therapy; psychodrama; music therapy; art therapy; dance/movement therapy; body-based psychotherapy; expressive arts therapy; bibliotherapy; poetry therapy; adolescence or adolescent; youth or young.

This author's literature search process began with the guiding question: How have expressive therapies been utilized in the treatment and prevention of suicidality in adolescents and other populations? This search revealed a lack of peer-reviewed journal articles and empirical studies exploring the use of ET to address suicidality specifically. This search illuminated how suicidality is not typically studied as a discrete phenomenon or syndrome and instead is studied within the confines of specific diagnoses. For this reason, an additional literature search following the same inclusion criteria was conducted to explore how expressive therapies are used in the treatment and prevention of suicide-related disorders: depression and trauma. Through this process a second guiding question emerged: How have expressive therapies been utilized in the treatment of depression and/or trauma in adolescents and other populations?

The following section explores suicidality in greater detail before describing and summarizing the empirical studies found during the literature searches outlined above.

Literature Review

Sociocultural and Historical Context of Suicidology

As previously mentioned, suicidality is studied across multiple disciplines, particularly sociology and psychology. French sociologist Émile Durkheim has been called the father of suicidology in part due to his theoretical framework describing four types of suicide: egoistic, altruistic, anomic, and fatalistic (Khan et al., 2017; Mueller et al., 2021). Sociological and sociocultural theories like Durkheim's (1897, cited in Khan et al., 2017) as well as global

perspectives like Silverman and colleagues' (2020) offer insights into best practices for approaching suicidality as a public health crisis (Khan et al., 2017; Silverman et al., 2020; Lopez-Morinigo et al., 2021; Mueller et al., 2021). In summarizing their comparison study on externalizing behaviors in depressive disorders, Lopez-Morinigo and colleagues (2021) stated:

To sum up, this investigation revealed relevant cross-cultural differences in the contribution of aggression and impulsivity to [suicidal behavior], which are likely to have implications on the prevention and management of suicide, undoubtedly a pending global challenge, particularly in the post-COVID-19 years to come. (p. 10)

The following section explores risk and protective factors of suicide including social and societal factors and processes highlighted through sociocultural frameworks.

Predictive Factors of Suicidality

Risk Factors

Risk factors for suicidality at the individual and interpersonal levels include current or prior: SA, mental illness, substance abuse, hopelessness, social isolation, criminal problems, financial problems, legal problems, impulsivity or aggression, serious illness or certain health conditions, genetic and biological determinants, trauma history, adverse childhood experiences (ACEs), bullying or victimization, suicide in the family, relationship problems, and lack of social connectedness (WHO, 2014; Stone et al., 2017).

The American Psychological Association's ([APA] 2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) highlights suicide risk in different disorders including major depressive disorder (MDD), bipolar I and II disorders, posttraumatic stress disorder (PTSD), and borderline personality disorder (BPD). Per Klonsky et al. (2016), "In developed countries, the disorders that most strongly predict a subsequent suicide attempt are

bipolar disorder, posttraumatic stress disorder, and major depression; in developing countries, the most predictive disorders are posttraumatic stress disorder, conduct disorder, and drug abuse/dependence” (p. 312). Silverman and colleagues (2020) outline critical risk factors correlated with future suicide as follows: “The most critical risk factors associated with suicide are previous suicide attempts, mood disorders (such as depression), alcohol and drug use, and access to lethal means” (p. S31).

At the community and societal levels, suicide risk factors include current or prior: barriers to health care, cultural and/or religious beliefs, lack of community connectedness, suicide cluster in the community, stigma associated with mental illness or help-seeking, access to lethal means (e.g., firearms, medications, pesticides), and unsafe media portrayals of suicide (WHO, 2014; Stone et al., 2017; Silverman et al., 2020). According to Silverman and colleagues (2020), the following populations and groups are at higher risk for suicide: “American Indians and Alaska Natives; people bereaved by suicide; people in justice and child welfare settings; people who intentionally hurt themselves (NSSI); people who have previously attempted suicide; people with medical conditions; people with mental and/or substance use disorders; people who are lesbian, gay, bisexual, or transgender; members of the military and veterans; and men in midlife aged 35-64 and older men (75+ years)” (p. S32). When it comes to youth, although death by suicide is lower among high school students compared to adults, both SI and SA are higher in adolescents compared to adults (Silverman et al., 2020).

The risk factors of trauma history and ACEs are particularly relevant to this thesis. In their article, Lucas et al. (2020) demonstrated how trauma and hope agency represent statistically significant predictive factors of suicide risk in U.S. college students. Findings revealed that college-age adults lacking hope agency and presenting with a history of trauma may be at greater

risk of suicide (Lucas et al., 2020). Damian et al. (2021) demonstrated how the number and nature of Adverse Childhood Experiences (ACEs) predict suicide risk in adults receiving behavioral healthcare services in Northeast U.S. Their findings revealed that more than one ACE increased risk of suicidal ideation in this sample (Damian et al., 2021).

Protective Factors

The CDC (Stone et al., 2017) and WHO (2014) highlight several protective factors including coping and problem-solving skills, hope and future orientation, social connectedness, community support, and access to mental health services. Additional factors protecting against suicidality in clients include cultural or religious beliefs discouraging suicide and a sense of meaning in life (WHO, 2014; Stone et al., 2017). It is worth noting that protective factors represent more than the opposite of risk factors. For instance, hopefulness, future oriented thinking, and a sense of meaning in life is not equivalent to the absence of hopelessness (Lucas et al., 2020). The opportunity for ET to reduce hopelessness and to promote hope and future orientation will be revisited in a later section.

Current Ideation-to-action Frameworks

This section provides a brief introduction to four ideation-to-action frameworks of suicide. These include Joiner's (2005) interpersonal theory, O'Connor's (2011) integrated motivational-volitional model (IMV), and Klonsky and May's (2015) three-step theory (3ST; cited in Klonsky et al., 2016). A fourth ideation-to-action framework is Olson and colleagues' (2022) dual-process conceptualization called the automatic and controlled antecedents of suicidal ideation and action model (ACASIA). These frameworks are important in part because they view the development of SI and the progression from SI to SA as separate, distinct processes (Klonsky

et al., 2016). Per Klonsky and colleagues (2016), ideation-to-action frameworks “should guide the next generation of suicide research, theory, and prevention” (p. 324).

Interpersonal theory emphasizes the presence of and interaction between two constructs: perceived burdensomeness and thwarted belongingness (Klonsky et al., 2016; Lucas et al., 2020; Raj et al., 2021). This theory views perceived burdensomeness and thwarted belongingness as the main factors contributing to SI, and an acquired capability for suicide as the main factor causing progression from SI to SA (Klonsky et al., 2016). The IMV attributes SI to defeat and entrapment “facilitated by threat-to-self and motivational moderators” (Klonsky et al., 2016, p. 318). This theory conceptualizes the progression from SI to SA as one or more of the following factors: capability, impulsivity, planning, access to lethal means, imitation, and other volitional moderators (Klonsky et al., 2016; Raj et al., 2021; Olson et al., 2022).

Building off the interpersonal and IMV models, 3ST views the combination of pain and hopelessness as main factors causing SI (Klonsky et al., 2016). This process is especially prominent when a client’s pain exceeds their interpersonal connectedness (Klonsky et al., 2016). The main factors implicating progression from SI to SA for this theory include “Dispositional, acquired, and practical contributors to increased capacity for suicide” (Klonsky et al., 2016, p. 318).

Recently, Olson and colleagues (2022) proposed the ACASIA model of suicidality. ACASIA aligns in many ways with previously established ideation-to-action frameworks reviewed above, particularly interpersonal theory on which it is based (Olson et al., 2022). Given ACASIA is a dual-process model, it accounts not only for controlled antecedents of SI and SA but also automatic inputs to suicidality outcomes (Olson, et al., 2022). In this way Olson and

colleague's (2022) ACASIA is the most recent, and most comprehensive ideation-to-action framework to date.

Current Treatment Options

Many treatment frameworks are theorized for utilization with suicidal clients and populations. Primary treatments for suicidality include the collaborative assessment and management of suicidality (CAMS) and various talk-based psychotherapies. (Calati & Courtet, 2016; McCauley et al., 2018. Through a meta-analysis and meta-regression of the literature on SA and NSSI rates, Calati and Courtet (2016) found psychotherapy to be effective for SA treatment. Schechter and colleagues (2019) proposed a ten-component integrated psychodynamic approach to psychotherapy with suicidal clients and groups. Their treatment model includes emphasis on the following elements: instillation of hope, clients' internal affective experiences, and attention to conscious and unconscious beliefs and fantasies as well as countertransference (Schechter et al., 2019). McCauley and colleagues (2018) found evidence supporting the efficacy of DBT for reducing repeated SA and self-injury (including NSSI) in adolescents and youth. Jobs and colleagues (2020) provided guidance on CAMS treatment utilization through telehealth services necessitated by social distancing during the COVID-19 pandemic.

Iyengar and colleagues (2018) conducted a systematic review of randomized controlled trials evaluating therapeutic interventions intended to reduce SA and other forms of self-harm including NSSI. They examined the literature for adolescents presenting with recent SA or incident(s) of self-harm and found 18 distinct interventions targeting different processes (Iyengar et al., 2018). Their results suggested the following: "individual self-driven and socially-driven processes appeared to show the greatest promise for reducing suicide attempts, with benefits of combined self-driven and systems-driven approaches for reducing overall self-harm" (Iyengar et

al., 2018, p. 1). Mentalization-based treatment for adolescents (MBT-A) and dialectical behavior therapy for adolescents (DBT-A) demonstrated therapeutic benefits of reducing self-harm (including SA) and SI, while all interventions found to be effective shared the following key tenets: emotion regulation, problem solving, communication skills (Iyengar et al., 2018).

Results

Utilizing Expressive Therapies to Address Suicidality

A critical review of the literature using previously determined search and inclusion criteria demonstrated limited overlap between the fields of ET and suicidology. Sonke and colleagues' (2021) systematic review explored the utilization of arts-based interventions to address suicide prevention and survivorship in nonclinical settings. This appears to be the only peer-reviewed resource found to specifically focus on suicide-related concepts (i.e., prevention and postvention) with ET-related activities and processes (i.e., arts-based interventions).

Through their systematic review, Sonke and colleagues (2021) found nine studies meeting their inclusion criteria including qualitative, quantitative, and mixed-methods studies. Studies employed film and television, mixed-arts, theater, or quilting interventions to elicit emotional involvement, while seven out of nine studies utilized the arts to promote client interaction with themes of health and well-being (Sonke et al., 2021). Per review authors, "All of these studies presented positive outcomes, including reduced odds of considering suicide, increased skills and self-efficacy, and increased awareness of prevention resources" (Sonke et al., 2021, p. 60S). Four studies reviewed related specifically to youth, namely: Burke and colleague's (2018) evaluation of a media-based school intervention to support lesbian, gay, and bisexual youth in western Canada; Humensky and colleagues' (2019) exploration of adolescent and parent views on the methods to reduce suicidal behaviors in Latinas; Keller and colleagues'

(2017) utilization of theater to promote communication and SI disclosure in youth; and Keller and Wilkinson's (2017) study on the use of a community-based theater toward suicide prevention in Montana (all cited in Sonke et al., 2021).

To summarize, Sonke and colleagues' systematic review revealed that arts-based interventions may be effective in promoting self-efficacy, improving mental health awareness, and preventing suicidality and risk factors by increasing the likelihood for individuals to take preventative actions on behalf of themselves and others.

Fancourt and Finn's (2019) scoping review analyzed the evidence on how the arts may improve health and well-being, and authors referenced three studies exploring the arts in suicide prevention: Ross and colleagues' (2018) evaluation of the community stations project for preventing railway suicides; Genovese and Berek's (2016) exploration of whether arts and communication programs improve physician wellness and mitigate physician suicide; and Kasahara-Kiritani and colleagues' (2015) study on reading and watching films as protective factors against SI (all cited in Fancourt & Finn, 2019). In their review, Fancourt and Finn (2019) proposed a logical model linking the arts with health (see Fig. 1, p. 3) which includes nine components: aesthetic engagement; involvement of the imagination; sensory activation; evocation of emotion; cognitive stimulation; social interaction; physical activity; engagement with themes of health; and interaction with health-care settings.

Utilizing Expressive Therapies to Address Depression and Trauma

Expanding string search criteria to include terms like depression and trauma revealed a greater overlap between ET and suicidality insofar as suicidality relates to depressive and trauma-related disorders. In recent years empirical studies have been increasing in the fields of ET and arts in health as they relate to depression and PTSD.

Through a systematic review of quantitative evidence and a meta-analysis, Morison and colleagues (2021) found that traumatized pediatric populations benefited from creative arts-based interventions through a reduction in PTSD symptoms as well as negative mood. Abdulah and Abdulla (2020) demonstrated how group arts activities may reduce suicidality in traumatized populations. They investigated how participation in an art course impacted suicidality in a sample of fourteen Kurdish Yezidi females living in an Internally Displaced Persons camp, and findings revealed a statistically significant decrease in study participants' suicidality ratings after two months (Abdulah & Abdulla, 2020). Through a case study, Perryman and colleagues (2019) explore the use of creative arts to address unresolved trauma. They highlight developments in neuroscience in the context of how clients process trauma, pointing out the benefits of creative arts therapies on communication between the brain hemispheres, particularly related to grounding techniques and movement-based therapeutic interventions (Perryman et al., 2019).

Pliske and colleagues (2021) explored the therapeutic and healing powers of play with adults who experienced four or more adverse childhood experiences (ACEs). Authors found that "play and the arts provided a context for identity formation and integration of emotional and cognitive processing in relation to early trauma" (Pliske et al., 2021, p. 244). In line with the domains of therapeutic factors revealed through de Witte and colleagues' (2021) scoping review, themes that emerged included the benefits of self-expression, learning through metaphor, stress management, and creative problem-solving (Pliske et al., 2021). Shore and Rush (2019) reviewed case vignettes exploring the utilization of art therapy methods with patients in an inpatient psychiatric hospital setting. Authors found that high acuity patient presentations at the inpatient level of care necessitate specific treatment goals including reality-orientation, self-soothing, and distress tolerance (Shore & Rush, 2019).

Kay and Wolf (2017) demonstrated how art education and art therapy collaborations benefit students at heightened risk of mental health crises like suicidality. Kay and Wolf (2017) used arts-based methods in a different way to explore how a collaborative, multidisciplinary approach can help adolescents with one or more ACEs. Their collaborative project included an art therapist, art educator, arts-based researcher, and 18 adolescent females in residential care, and findings revealed the project helped foster resilience, increase self-awareness and belongingness, and encourage self-expression and identity development in participants (Kay & Wolf, 2017).

Discussion

Findings

Suicide represents an urgent, cross-cultural, global health crisis with direct and indirect, short- and long-term effects on individuals, families, and communities. Comprehensive suicide prevention efforts employing trauma-informed, ideation-to-action frameworks are critical to combat suicidality and address this major public health challenge (WHO, 2014; Klonsky et al., 2016; Stone et al., 2017; WHO, 2021a). A critical review of the literature revealed a lack of empirical studies exploring the utilization of ET to specifically address suicidality in youth and other populations. Search results indicated the relationship between suicidality (i.e., SI, SA, death by suicide) and ET (as well as creative arts therapies and arts-based psychotherapies) have not been extensively studied in peer-reviewed journals. When string search terms were expanded to include known risk factors for suicidality, additional literature was found exploring the use of ET with depressed and traumatized populations. A critical review of the literature revealed that ET has been shown to mitigate specific risk factors of suicide while also promoting certain protective factors against suicide. Through therapeutic factors found by de Witte and colleagues

(2021) to be unique to the creative arts therapies (i.e., embodiment, concretization, and symbolism and metaphor) and additional processes such as containment, witnessing, and attunement, ET has high potential for mitigating risk factors and strengthening protective factors in suicidal clients (Fancourt & Finn 2019; Gerge et al., 2019; Morison et al., 2021; Sonke et al., 2021; Pesata et al., 2022).

Expressive Therapies Mitigate Risk Factors of Suicide

Through a critical review of the literature connecting ET with suicidology, findings revealed the beneficial effects of ET on reducing and mitigating risk factors for suicidality. Morison and colleagues (2021) demonstrated the positive effects of ET interventions on managing symptoms of PTSD and reducing negative mood. Additional studies (e.g., Perryman et al., 2019; Abdulah & Abdulla, 2020; Pliske et al., 2021) pointed to the relationship between ET and the treatment of trauma or ACEs, both known risk factors for suicidality (WHO, 2014). Shore and Rush (2019) discussed the benefits of ET interventions at the inpatient level of care noting the self-soothing qualities of arts-based interventions and their ability to reduce distress in clients with acute mental health needs. All nine studies reviewed by Sonke and colleagues (2021) revealed the ability of arts-based activities to reduce odds of considering suicide and SI in non-clinical contexts.

Expressive Therapies Promote Protective Factors of Suicide

Findings further revealed the positive effects of ET on increasing and promoting protective factors against suicidality. Sonke and colleagues (2021) found arts-based interventions elicit emotional involvement as did Pliske and colleagues (2021). Arts-based interventions were found to contribute to the following: increased skills and self-efficacy; improved self-soothing and distress tolerance; increased resiliency, self-awareness, and belongingness; heightened

awareness of prevention resources; increased likelihood of preventative action (Shore & Rush, 2019; Pliske et al., 2021; Sonke et al., 2021). Furthermore, ET and creative arts processes were shown to provide a context for identity formation and the integration of emotional and cognitive processing through self-expression, learning through metaphor, stress management, and creative problem solving (Shore & Rush, 2019; Pliske et al., 2021). These findings align with Fancourt and Finn's (2019) model linking the arts with health and de Witte and colleagues (2021) domains of therapeutic factors in the creative arts therapies.

Limitations

Lack of Peer-Reviewed Literature

The literature exploring ET with suicidal populations is lacking, and the search process revealed only one systematic review explicitly studying the effects of arts-based interventions on suicide prevention and survivorship efforts. This study (i.e., Sonke et al., 2021) did not use the term expressive therapies and only highlighted non-clinical contexts. In addition, the limited quantity of empirical studies which met inclusion criteria revealed various forms of ET interventions which met inclusion criteria but cannot be generalized. Studies meeting inclusion criteria highlighted ET treatment with individuals (e.g., Perryman et al., 2019) group ET and arts experiences (e.g., Kay & Wolf, 2017), and community arts-based treatment (e.g., Abdulah & Abdulla, 2020). The gaps revealed through this literature review present opportunities for future ET and suicidology research. These opportunities which will be explored further below.

Narrow Inclusion Criteria

This thesis is limited by the literature search's specific inclusion criteria which focused on peer-reviewed empirical studies published in English 2016 to April 2022. Although these criteria and string search terms used were intentionally narrow, their specificity excluded

important resources from the field of expressive therapies including textbooks, non-peer-reviewed journal articles and studies, dissertations, and theses. In addition, although expanded to include depression- and trauma-related key terms, the literature review search process did not cover all known risk and protective factors of suicidality. For instance, findings on suicidality as it relates to substance abuse was not specifically pursued, and ET with clients with substance use challenges was not reviewed. As previously mentioned, NSSI was specifically excluded from the definition of suicidality. Although NSSI represents a risk factor for suicide (WHO, 2014), exploring the utilization of ET with clients with NSSI was not within the capacity of this thesis.

Moreover, search criteria did not focus on specific populations within the confines of suicidal clients or suicidal youth, thereby potentially leaving out populations at higher risk of suicide. The DSM-5 (APA, 2013) highlights suicide risk in various disorders including BPD and other personality disorders which were not explicitly considered herein. Furthermore, Klonsky and colleagues (2016) highlight the higher risk of both SI and SA in sexual- or gender-minority orientations (lesbian, gay, bisexual, and transgender) echoed by Silverman and colleagues (2020). This thesis did not include key search terms relevant to this subpopulation in the search process. It is important for future research to focus on LGBTQIA+ identifying populations given their heightened risk for suicidality. It is also important for future research to focus on other at-risk populations including Indigenous, American Indian, Alaska Native, and Pacific Islander populations as well as Black communities and other People of Color.

Youth vs. Other populations

Although this thesis set out to explore suicidality in adolescents and youth, the scarcity of overall literature meeting established inclusion criteria necessitated the discussion of studies exploring ET with other (i.e., adult) populations. While this limits findings' generalizability to

youth, it is worth noting that research with adults is relevant to the treatment of suicidality in pediatric populations. For instance, empirical studies highlighting the role of past traumatic experiences or ACEs in suicidal adults (e.g., Abdulah & Abdulla, 2020; Pliske et al., 2021) can inform suicide prevention efforts with children and adolescents. Furthermore, providing trauma-informed care to youth experiencing suicidality will contribute to suicide prevention across developmental stages.

Predictive Factors of SI vs. SA

Another limitation is that not all studies or reports reviewed in this thesis approached SI and SA as distinct phenomena with specific predictive factors. Klonsky and colleagues (2016)'s 3ST and other ideation-to-action frameworks deliberately differentiate the two components and their related processes, but many contemporary empirical studies have failed to do so. Therefore, the findings herein do not definitively demonstrate whether ET may be effective in reducing SI, preventing SA, or both. Future research with consistent terminology and ideation-to-action frameworks where these processes are is crucial.

Individual Pathology Model

The context of suicidology spanning different fields has benefits and drawbacks, further limiting generalizability of findings. Disagreements regarding treatment goals and outcomes as well as a lack of consistency with suicide-related terminology limits empirical evidence for best practices. Moreover, within mental and behavioral healthcare settings in the United States, suicidality is typically understood as individual pathology contextualized within a specific psychiatric disorder. Approaching and treating suicidality as individual pathology fails to account for relevant risk and protective factors. An individual pathology-based model is typically used for treating suicidality and often leaves out important relevant sociocultural and cross-

cultural differences (Khan et al., 2017; Mueller et al., 2021; Silverman et al., 2020). Suicidality is not constrained to a specific diagnostic code or clinical context and may manifest independent from psychiatric symptomatology or pathology. Considering sociological and global theories of suicide (e.g., Khan et al., 2017; Mueller et al., 2021; and Silverman et al., 2020) can help mitigate the limiting nature of an individual pathology model.

Sociocultural and Historical Context of Expressive Therapies

Furthermore, ET itself functions within the individual pathology model, and expressive therapists are typically trained with this model in mind. An important limitation of this thesis is the fact that ET as a discipline has a history of cultural appropriation and whitewashing. Worldwide, the majority of suicides take place in low- and middle-income countries many of which have histories of being colonized (WHO 2014; WHO, 2021b). ET should not be promoted as a viable treatment option for suicide without acknowledging its history of perpetuating and benefiting from systems built on colonization, cultural appropriation, and racism.

Recommendations and Future Research Opportunities

Empirical Research in Expressive Therapies and Specializations

Additional empirical research studies exploring ET with suicidal populations is needed across the following: specializations: expressive arts/multimodal therapy, drama therapy, psychodrama, music therapy, art therapy, dance/movement therapy, poetry/bibliotherapy. If ET can be shown as an effective treatment modality and viable treatment option for high acuity mental health crises like suicidality, this would have policy implications for future mental health treatment and preventative healthcare and utilizing the arts in health. This section describes recommendations and future research opportunities in hopes of further connecting the fields of expressive therapies and suicidology.

Expressive Therapies and Ideation-to-Action Frameworks

Like other mental health clinicians, expressive therapists have an ethical duty to reduce the capacity for self-injury, SA, and suicide in their clients. Given increased capability for suicide is implicated in the progression from SI to SA within ideation-to-action frameworks, expressive therapists must adhere to suicide prevention best practices and inquire about clients' access to lethal and harmful means such as firearms, pesticides, and medications (Klonsky et al., 2016; Olson et al., 2022).

In future research it will be particularly important to utilize ideation-to-action frameworks and to compare outcomes for clients with SI with outcomes for clients with SA as well as outcomes for clients with no history of suicidality. Klonsky and colleagues (2016) explain: "No longer should the studies that compare attempters to ideators be the exception rather than the rule" (p. 318). Expressive therapists and arts-based psychotherapists should become involved in the advancement of ideation-to-action frameworks to support best practices toward suicide research and prevention in youth and other populations.

ET interventions can be used to explore the following predictive factors of SI: perceived burdensomeness and thwarted belongingness from interpersonal theory; defeat and entrapment from IMV; pain, hopelessness, and interpersonal connectedness from 3ST; and implicit associations with living and dying from ACASIA (Klonsky et al., 2016; Raj et al., 2021; Olson et al., 2022). Through arts-based processes, symbolism and metaphor in particular may be utilized to explore with clients the meaning behind their experiences with suicidality, depression, or trauma in hopes of reducing distress and negative mood while promoting self-efficacy, resiliency, identity-formation, and future orientated thinking (Kay & Wolf, 2017; Gerge et al.,

2019; Shore & Rush, 2019; Abdulah & Abdulla, 2020; de Witte et al., 2021; Morison et al., 2021; Pliske et al., 2021; Sonke et al., 2021; Pesata et al., 2022).

Participation in Study Replication

While Iyengar and colleagues' (2018) systematic review findings supported existing guidelines for the treatment of adolescent self-harm (e.g., SA; NSSI), authors note: "We still lack replicated evidence of efficacy for any of the reviewed interventions" (p. 13). Similarly, Calati and Courtet (2016) call for empirical research "with lower risk of bias, more homogenous outcome measures and longer follow-up" (p. 8). Expressive therapists and arts-based psychotherapists can help further the field by participating in replication of empirical research studies. Furthermore, Sonke and colleagues (2021) stated "While the current evidence is promising with regard to the potential for arts programs to positively affect suicide prevention and survivorship, this evidence needs to be supplemented to inform recommendations for evidence-based arts interventions" (p.54S). In future research, study replication will be very important to establish efficacy for treatment modalities particularly for the arts in health.

Where ET and arts in health have been found to be an effective treatment option for adult populations (e.g., Abdulah & Abdulla, 2020; Pliske et al., 2021), replicating these studies with adolescents will contribute to knowledge of youth suicidality and best practices for youth suicide prevention while revealing differences in best practices between suicidal youth and suicidal adult populations. As additional empirical studies on ET with suicidal populations begin to hopefully emerge, it will be important to report on findings clearly and consistently so that ET studies may be replicated and contribute to the arts in health discipline as well as the field of suicidology.

Expressive Therapies as Supplement to Existing Treatment Modalities

The recommendation for additional empirical research in the field of ET with suicidal populations is clear. While studies are being planned and conducted, it is recommended that ET be utilized as a supplement to existing treatment modalities in the treatment and prevention of suicidality in youth and other populations. For example, ET could support DBT and MBT's proven preventative effects by focusing on meaning-making and identity formation (Iyengar et al., 2018; McCauley et al., 2018). ET interventions have the ability to reinforce agency and self-efficacy in clients while improving emotion regulation and creative problem solving thereby bolstering self-driven and socially-driven supportive processes that reduce SA and self-harm (Iyengar et al., 2018; Pliske et al., 2021).

Psychodynamic psychotherapy is particularly aligned with ET and ideation-to-action frameworks (Gerge et al., 2019; Schechter et al., 2019). When preventing and addressing suicidality in youth and other populations, a psychodynamic approach emphasizes conscious and unconscious processes as well as transference and countertransference reactions (Schechter et al., 2019). The creative processes underlying ET have the potential to serve not only clients but also their clinicians in processing suicidality and what it means within the therapeutic relationship. It is recommended for expressive therapists and other mental health clinicians to utilize arts-based meaning-making activities and reflections when processing transference and countertransference that may arise during treatment. This type of processing (e.g., during clinical supervision) may be effective in mitigating the effects of indirect trauma (see Knight, 2013).

During a clinical internship at a pediatric partial hospitalization program, this author has worked directly with suicidal and traumatized children and adolescents using group-based mental health counseling including ET groups. This author's internship experiences have caused painful countertransference reactions to which this author responded through various art-making

Figure 1

“I Promise I Tried” By Emily Devlin



Note: Two images show an evolving art-piece created to help contain countertransference reactions arising during this author’s clinical internship working with suicidal and traumatized youth. This piece includes an empty frame, dead plants, woven objects, and the word “yellow.”

Figure 2

“Beginning to Emerge” By Emily Devlin

Woven woman, standing tall beside her crafted holding cell, waving to the wind.
 She imagines an opening, the outer-inside squiggly, jagged, and dark.
 The capacity to connect all tied up and small, it has fallen to the ground.
 She reaches down, past the flowers dropped by trees before,
 Between trapped teeth and delicate blades of grass just beginning to emerge.
 She thinks about the delicate strength it takes to hope.

processes. Two arts-based reflections have been included (figures 1 and 2) in this thesis to highlight the abilities of ET to manage and contain emotions, while furthering the discussion on the benefits of arts-based practices and ET in clinical mental health counseling.

Figure 1 shows two views of an evolving art piece incorporating an empty frame, dead plants and leaves, woven objects, and the word “yellow” written with wire. This piece was created by this author individually to explore the pain, death, and destruction of suicidality. Figure 2 is a poem titled “Beginning to Emerge” exploring the pressures related to suicide prevention efforts faced by mental health counselors today. This poem was created by this author during a clinical supervision session with her ET modality supervisor during which an intermodal, expressive arts exploratory process took place. Both the visual art piece and the poem demonstrate the ability of creative arts processes to help mental health clinicians manage countertransference reactions through self-expression, containment, and embodied practices. Managing countertransference is crucial so that expressive therapists and mental health clinicians may best serve their clients.

Transdisciplinary Expressive Therapies Model of Youth Suicide Prevention

In hopes of bridging the gap between ET and suicidology, and more explicitly involving ET in the prevention of SI, SA, and death by suicide, a transdisciplinary ET model of youth suicide prevention may be considered. This model should prioritize and uphold the Substance Abuse and Mental Health Services Administration’s ([SAMHSA] 2014) six principles of trauma-informed care: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Additionally, this model should be based on an ideation-to-action framework and elevate the utilization of expressive therapies, creative arts therapies, and arts-based psychotherapies in the

treatment and prevention of suicidality in youth. The development of a transdisciplinary, trauma-informed ET model of youth suicide prevention would invite mental health practitioners from disciplines other than ET to learn about the benefits of arts-based interventions as they specifically relate to risk and protective factors of suicidality in this population. More empirical studies and systematic reviews within the field of ET and its specializations must be conducted, published, and replicated before this model can come to fruition.

Conclusions

Suicidality in youth and other populations is a major concern in the field of mental health counseling, and expressive therapists must do their part in addressing this public health crisis. This thesis explored the literature on utilizing expressive therapies to address suicidality in youth and other populations. Findings revealed the ability of arts-based psychotherapies and activities to mitigate risk factors and to promote protective factors of suicidality. Limitations included the following: a lack of peer-reviewed research studies on the topic; narrow inclusion criteria; conflation of predictive factors for SI with predictive factors for suicide attempt; an individual pathology model of suicidality; and finally, the sociohistorical context of the expressive therapies discipline. Recommendations for future research include the following: additional empirical expressive therapies research in expressive arts/multimodal therapy and other specializations; the elevation and adaptation of ideation-to-action frameworks by expressive therapists; the participation of arts-based psychotherapists in study replication; the utilization of expressive therapies as a supplement to existing evidence-based treatment approaches for suicidality; and the development of a trauma-informed, transdisciplinary expressive therapies model of youth suicide prevention.

References

- Abdulah, D. M. & Abdulla, B. M. O. (2020). Suicidal ideation and attempts following a short-term period of art-based intervention: An experimental investigation. *The Arts in Psychotherapy*, 68, 1–8. <https://doi.org/10.1016/j.aip.2020.101648>
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).
- Calati, R., & Courtet, P. (2016). Is psychotherapy effective for reducing suicide attempt and non-suicidal self-injury rates? Meta-analysis and meta-regression of literature data. *Journal of Psychiatric Research*, 79, 8. <https://doi-org.ezproxyles.flo.org/10.1016/j.jpsychires.2016.04.003>
- Centers for Disease Control and Prevention. (2022, April 6). *Preventing suicide factsheet*. <https://www.cdc.gov/suicide/facts>
- Colmenero-Navarrete, L., García-Sancho, E., & Salguero, J. M. (2021). Relationship between emotion regulation and suicide ideation and attempt in adults and adolescents: A systematic review. *Archives of Suicide Research*, 1-34. <https://doi.org/10.1080/13811118.2021.1999872>
- Damian, A. J., Oo, M., Bryant, D., & Gallo, J. J. (2021). Evaluating the association of adverse childhood experiences, mood and anxiety disorders, and suicidal ideation among behavioral health patients at a large federally qualified health center. *PLoS ONE*, 16(7), 1–11. <https://doi-org.ezproxyles.flo.org/10.1371/journal.pone.0254385>
- de Witte, M., da Silva Pinho, A., Stams, G-J., Moonen, X., Bos, E. R. A., and van Hooren, S. (2020). Music therapy for stress reduction: A systematic review and meta-analysis. *Health Psychol. Rev.* 31, 1–26. doi: 10.1080/17437199.2020.1846580

- de Witte, M., Orkibi, H., Zarate, R., Karkou, V., Sajnani, N., Malhotra, B., Ho, R. T. H., Kaimal, G., Baker, F. A., & Koch, S.C. (2021). From therapeutic factors to mechanisms of change in the creative arts therapies: A scoping review. *Frontiers in Psychology*, 12:678397. doi: 10.3389/fpsyg.2021.678397
- Fancourt, D., and Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. World Health Organization. Available online at: <https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>
- Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health*, 14(1), 1-11.
- Feniger-Schaal, R., and Orkibi, H. (2020). Integrative systematic review of drama therapy intervention research. *Psychol. Aesthetics Creativity Arts* 14, 68–80. doi: 10.1037/aca0000257
- Gerge, A., Hawes, J., Eklöf, L., & Pedersen, I. N. (2019). Proposed mechanisms of change in the arts-based psychotherapies. *Voices: A World Forum for Music Therapy*, 19(2). <https://doi.org/10.15845/voices.v19i2.2564>
- Gesi, C., Grasso, F., Dragogna, F., Vercesi, M., Paletta, S., Politi, P., ... & Cerveri, G. (2021). How did COVID-19 affect suicidality? Data from a multicentric study in Lombardy. *Journal of Clinical Medicine*, 10(11), 2410. <https://doi.org/10.3390/jcm10112410>
- Grandclerc, S., De Labrouhe, D., Spodenkiewicz, M., Lachal, J., & Moro, M. R. (2016). Relations between nonsuicidal self-injury and suicidal behavior in adolescence: A

systematic review. *PloS One*, 11(4), e0153760.

<https://doi.org/10.1371/journal.pone.0153760>

- Halicka, J., & Kiejna, A. (2018). Non-suicidal self-injury (NSSI) and suicidal: Criteria differentiation. *Adv Clin Exp Med*, 27(2), 257-61. doi:10.17219/acem/66353
- Hielscher, E., Connell, M., Lawrence, D., Zubrick, S. R., Hafekost, J., & Scott, J. G. (2019). Association between psychotic experiences and non-accidental self-injury: Results from a nationally representative survey of adolescents. *Social psychiatry and psychiatric epidemiology*, 54(3), 321-330. <https://doi.org/10.1007/s00127-018-1629-4>
- Hermosillo-de-la-Torre, A. E., Arteaga-de-Luna, S. M., Acevedo-Rojas, D. L., Juárez-Loya, A., Jiménez-Tapia, J. A., Pedroza-Cabrera, F. J., ... & Wagner, F. A. (2021). Psychosocial correlates of suicidal behavior among adolescents under confinement due to the COVID-19 pandemic in Aguascalientes, Mexico: A cross-sectional population survey. *International Journal of Environmental Research and Public Health*, 18(9), 4977. <https://doi.org/10.3390/ijerph18094977>
- Huang, X., Ribeiro, J. D., & Franklin, J. C. (2020). The differences between individuals engaging in nonsuicidal self-injury and suicide attempt are complex (vs. complicated or simple). *Frontiers in Psychiatry*, 11, 239. <https://doi.org/10.3389/fpsy.2020.00239>
- Iyengar, U., Snowden, N., Asarnow, J. R., Moran, P., Tranah, T., & Ougrin, D. (2018). A further look at therapeutic interventions for suicide attempts and self-harm in adolescents: An updated systematic review of randomized controlled trials. *Frontiers in Psychiatry*, 9. <https://doi.org/10.3389/fpsy.2018.00583>

- Jobes, D. A., Crumlish, J. A., & Evans, A. D. (2020). The COVID-19 pandemic and treating suicidal risk: The telepsychotherapy use of CAMS. *Journal of Psychotherapy Integration, 30*(2), 226–237. <https://doi-org.ezproxyles.flo.org/10.1037/int0000208>
- Jones, S. E., Ethier, K. A., Hertz, M., DeGue, S., Le, V. D., Thornton, J., ... & Geda, S. (2022). Mental health, suicidality, and connectedness among high school students during the COVID-19 pandemic—Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Supplements, 71*(3), 16. doi: [10.15585/mmwr.su7103a3](https://doi.org/10.15585/mmwr.su7103a3)
- Kay, L. & Wolf, D. (2017). Artful coalitions: Challenging adverse adolescent experiences. *Art Education, 70*(5), 26–33. <https://doi.org/10.1080/00043125.2017.1335542>
- Khan, N., Naz, A., & Khan, W. (2017). An insight to the sociological explanation of suicide: A perspective based article. *Suicidology Online, 8*(2).
- Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology, 12*, 307-330. <https://doi.org/10.1146/annurev-clinpsy-021815-093204>
- Knight, C. (2013). Indirect trauma: Implications for self-care, supervision, the organization, and the academic institution. *The Clinical Supervisor, 32*(2), 224-243.
- Koch, S. C. (2017). Arts and health: Active factors in arts therapies and a theory framework of embodied aesthetics. *Arts Psychother. 54*, 85–91. doi: 10.1016/j.aip.2017.02.002
- Koch, S. C., Riege, R. F. F., Tisborn, K., Biondo, J., Martin, L., and Beelmann, A. (2019). Effects of dance movement therapy and dance on health-related psychological outcomes. A meta-analysis update. *Front. Psychol. 10*:1806. doi: 10.3389/fpsyg.2019.01806
- LeCloux, M. A., Culp, S., O'Brien, K. H., Wolff, J. C., & Andrade, L. (2017). The relationship between internalizing and externalizing symptomatology and parent/adolescent suicide

- report concordance: Implications for prevention and clinical practice. *Suicidology Online*, 8(2).
- Lester, D. (2021). A two-self theory of suicide and implications for counseling suicidal clients. *Suicidology*, 12, 1.
- Lopez-Morinigo, J. D., Boldrini, M., Ricca, V., Oquendo, M. A., & Baca-García, E. (2021). Aggression, impulsivity and suicidal behavior in depressive disorders: A comparison study between New York city (US), Madrid (Spain) and Florence (Italy). *Journal of Clinical Medicine*, 10(14), 3057. <https://doi.org/10.3390/jcm10143057>
- Lucas, A. G., Chang, E. C., Li, M., Chang, O. D., Yu, E. A., & Hirsch, J. K. (2020). Trauma and suicide risk in college students: Does lack of agency, lack of pathways, or both add to further risk? *Social Work*, 65(2), 105–113. <https://doi-org.ezproxyles.flo.org/10.1093/sw/swaa007>
- Ludwig, B., Roy, B., Wang, Q., Birur, B., & Dwivedi, Y. (2017). The life span model of suicide and its neurobiological foundation. *Frontiers in Neuroscience*, 11, 74. <https://doi.org/10.3389/fnins.2017.00074>
- Lusebrink, V. B., Martinsone, K., and Dzilna-Šilova, I. (2013). The expressive therapies continuum (ETC): Interdisciplinary bases of the ETC. *Int. J. Art Ther.* 18, 75–85. doi: 10.1080/17454832.2012.713370
- McCauley, E., Berk, M. S., Asarnow, J. R., Adrian, M., Cohen, J., Korlund, K., Avina, C., Hughes, J., Harned, M., Gallop, R., & Linehan, M. M. (2018). Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: A randomized controlled trial. *JAMA Psychiatry*, 75(8), 777-785. doi:10.1001/jamapsychiatry.2018.1109

- Morison, L., Simonds, L., & Stewart, S. J. F. (2021). Effectiveness of creative arts-based interventions for treating children and adolescents exposed to traumatic events: A systematic review of the quantitative evidence and meta-analysis. *Arts & Health*, 1-26. <https://doi.org/10.1080/17533015.2021.2009529>
- Mueller, A. S., Abrutyn, S., Pescosolido, B., & Diefendorf, S. (2021). The social roots of suicide: Theorizing how the external social world matters to suicide and suicide prevention. *Frontiers in Psychology*, 12, 763. <https://doi.org/10.3389/fpsyg.2021.621569>
- Olson, M. A., McNulty, J. K., March, D. S., Joiner, T. E., Rogers, M. L., & Hicks, L. L. (2022). Automatic and controlled antecedents of suicidal ideation and action: A dual-process conceptualization of suicidality. *Psychological Review*, 129(2), 388–414. <https://doi-org.ezproxyles.flo.org/10.1037/rev0000286>
- Orkibi, H., and Feniger-Schaal, R. (2019). Integrative systematic review of psychodrama psychotherapy research: Trends and methodological implications. *PLoS ONE* 14:e0212575. doi: 10.1371/journal.pone.0212575
- Pérez, S., Marco, J. H., & García-Alandete, J. (2017). Psychopathological differences between suicide ideators and suicide attempters in patients with mental disorders. *Clinical Psychology & Psychotherapy*, 24(4), 1002-1013. <https://doi.org/10.1002/cpp.2063>
- Perryman, K., Blisard, P., & Moss, R. (2019). Using creative arts in trauma therapy: The neuroscience of healing. *Journal of Mental Health Counseling*, 41(1), 80–94. <https://doi-org.ezproxyles.flo.org/10.17744/mehc.41.1.07>
- Pesata, V., Colverson, A., Sonke, J., Morgan-Daniel, J., Schaefer, N., Sams, K., Carrion, F. M.-E., & Hanson, S. (2022). Engaging the arts for wellbeing in the United States of America:

- A scoping review. *Frontiers in Psychology*, *13*, 1–13. <https://doi-org.ezproxyles.flo.org/10.3389/fpsyg.2021.791773>
- Pliske, M. M., Stauffer, S. D., & Werner-Lin, A. (2021). Healing from adverse childhood experiences through therapeutic powers of play: “I can do it with my hands.” *International Journal of Play Therapy*, *30*(4), 244–258. <https://doi-org.ezproxyles.flo.org/10.1037/pla0000166>
- Raj, S., Ghosh, D., Singh, T., Verma, S. K., & Arya, Y. K. (2021). Theoretical mapping of suicide risk factors during the COVID-19 pandemic: A mini-review. *Frontiers in Psychiatry*, *11*, 1–7. <https://doi-org.ezproxyles.flo.org/10.3389/fpsyg.2021.589614>
- Reeves, K. W., Vasconez, G., & Weiss, S. J. (2022). Characteristics of suicidal ideation: A systematic review. *Archives of Suicide Research*, 1-21. <https://doi.org/10.1080/13811118.2021.2022551>
- Reyes, M. E. S., Davis, R. D., Chua, C. A. P. Q., Olaveria, G. L., Pamintuan, L. J. E., Serrano, M., ... & Tan, J. L. E. C. (2020). Relative importance of social support and social connectedness as protective factors of suicidal ideation among selected Filipino late adolescents. *Suicidology Online*, *11*(1).
- Schechter, M., Ronningstam, E., Herbstman, B., & Goldblatt, M. J. (2019). Psychotherapy with suicidal patients: The integrative psychodynamic approach of the Boston Suicide Study Group. *Medicina*, *55*(6), 303. <https://doi-org.ezproxyles.flo.org/10.3390/medicina55060303>
- Shore, A., & Rush, S. (2019). Finding clarity in chaos: Art therapy lessons from a psychiatric hospital. *The Arts in Psychotherapy*, *66*, 101575. <https://doi.org/10.1016/j.aip.2019.101575>

- Silverman, M. M., Barnaby, L., Mishara, B. L., & Reidenberg, D. J. (2020). Suicide prevention in the Americas. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 41(Suppl 1), S30–S52. <https://doi-org.ezproxyles.flo.org/10.1027/0227-5910/a000667>
- Sinyor, M., Knipe, D., Borges, G., Ueda, M., Pirkis, J., Phillips, M. R., ... & International COVID-19 Suicide Prevention Research Collaboration. (2021). Suicide risk and prevention during the COVID-19 pandemic: One year on. *Archives of Suicide Research*, 1-6. <https://doi.org/10.1080/13811118.2021.1955784>
- Sonke, J., Sams, K., Morgan-Daniel, J., Pumariega, A., Mallick, F., Pesata, V., & Olsen, N. (2021). Systematic review of arts-based interventions to address suicide prevention and survivorship in Australia, Canada, the United Kingdom, and the United States of America. *Health Promotion Practice*, 22, 53S–63S. <https://doi-org.ezproxyles.flo.org/10.1177/1524839921996350>
- Sonke, J., Sams, K., Morgan-Daniel, J., Schaefer, N., Pesata, V., Golden, T., et al. (2021). Health communication and the arts in the United States: A scoping review. *Am. J. Health Promotion* 35, 106–115. doi: 10.1177/0890117120931710
- Spears, A. P., Sullivan, S. R., & Goodman, M. (2019). The efficacy of groups in preventing suicide: Is contagion a concern of the past? *Integrative Clinical Medicine*, 3, 1-2. doi: 10.15761/ICM.1000153
- Stewart, J. G., Esposito, E. C., Glenn, C. R., Gilman, S. E., Pridgen, B., Gold, J., & Auerbach, R. P. (2017). Adolescent self-injurers: Comparing non-ideators, suicide ideators, and suicide attempters. *Journal of Psychiatric Research*, 84, 105-112. <https://doi.org/10.1016/j.jpsychires.2016.09.031>

- Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. (2017). Preventing Suicide: A Technical Package of Policies, Programs, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*.
https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Testoni, I., Piol, S., & De Leo, D. (2021). Suicide prevention: University students' narratives on their reasons for living and for dying. *International Journal of Environmental Research & Public Health*, 18(15), 8029. <https://doi-org.ezproxyles.flo.org/10.3390/ijerph18158029>
- Testoni, I., Ronconi, L., Palazzo, L., Galgani, M., Stizzi, A., & Kirk, K. (2018). Psychodrama and moviemaking in a death education course to work through a case of suicide among high school students in Italy. *Frontiers in Psychology*, 9, 1–9. <https://doi-org.ezproxyles.flo.org/10.3389/fpsyg.2018.00441>
- Testoni, I., Tronca, E., Biancalani, G., Ronconi, L., & Calapai, G. (2020). Beyond the wall: Death education at middle school as suicide prevention. *International Journal of Environmental Research and Public Health*, 17(2398), 1–12. <https://doi-org.ezproxyles.flo.org/10.3390/ijerph17072398>
- van Lith, T. (2016). Art therapy in mental health: A systematic review of approaches and practices. *Arts Psychother.* 47, 9–22. doi: 10.1016/j.aip.2015.09.003
- World Health Organization. (2014). Preventing suicide: A global Imperative.

World Health Organization. (2021a). LIVE LIFE: An implementation guide for suicide prevention in countries.

World Health Organization. (2021b). Suicide worldwide in 2019: Global health estimates.

THESIS APPROVAL FORM**Lesley University****Graduate School of Arts & Social Sciences****Expressive Therapies Division****Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA****Student's Name:** Emily A. Devlin**Type of Project:** Thesis**Title:** Expressive Therapies and Suicidality in Youth**Date of Graduation:** May 21st 2022

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Dr. Rebecca Zarate