

Preventing suicide with Safe Alternatives for Teens and Youths (SAFETY)

1. Clinical treatment and interventions

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Abstract text

Objective: Suicide attempts are common in youth and have potentially lethal outcomes. Effective treatments targeting suicide attempts are scarce. The objective was to assess the feasibility of a family-based cognitive-behavioral treatment relative to an active control for youth with suicidal behavior.

Method: Thirty youths (93% female; mean [SD] age=14.6 [1.5] years) residing in Sweden with recent suicidal behavior (last 3 months) and at least one parent per youth were randomized to 12 weeks of the family-based cognitive-behavioral treatment Safe Alternatives for Teens and Youths (SAFETY) or Supportive Therapy, an active control treatment. Primary endpoint was 3-month post-treatment. Feasibility outcomes included treatment and assessment compliance, adverse events, treatment credibility, and treatment satisfaction. Secondary outcomes included suicide attempt, nonsuicidal self-injury, anxiety and depression, quality of life, and emotion dysregulation.

Results: Both treatments showed high compliance, satisfaction, and credibility, with few adverse events. At primary end-point, two (14%) participants in SAFETY and four (27%) in Supportive Therapy had attempted suicide. Nonsuicidal self-injury was reduced by 95% (incidence rate ratio=0.05 [95% confidence interval 0.01, 0.20]) in SAFETY and 69% (incidence rate ratio=0.31 [0.11, 0.83]) in Supportive Therapy. Participation in SAFETY, but not in Supportive Therapy, was associated with moderate to large within-group improvements in anxiety and depression (Cohen's $d=0.85$ [0.33, 1.40]), quality of life ($d=1.01$ [0.48, 1.56]), and emotion dysregulation ($d=1.22$ [0.45, 2.03]).

Conclusions: The results suggest that SAFETY is feasible and promising for youth with suicidal behavior. A full-scale randomized controlled trial is warranted to further examine the efficacy of SAFETY.