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INCARCERATED UTAH YOUTH AND SUICIDE:

A CASE STUDY

By

Kristy Money Straubhaar

A dissertation submitted to the faculty of

Brigham Young University

in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

Department of Counseling Psychology and Special Education

Brigham Young University

May 2008

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BRIGHAM YOUNG UNIVERSITY

GRADUATE COMMITTEE APPROVAL

of a dissertation submitted by

Kristy Money Straubhaar

This dissertation has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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As chair of the candidate's graduate committee, I have read the dissertation of Kristy Money in its final form and have found that (1) its format, citations and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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ABSTRACT

INCARCERATED UTAH YOUTH AND SUICIDE:

A CASE STUDY

Kristy Money Straubhaar

Department of Counseling Psychology

Doctorate of Philosophy

Adolescent suicide has been described as a major public health problem calling for the aid of researchers willing to better identify factors related to suicide risk. Suicide is the third-leading cause of death for 15 to 24 year olds. Despite the fact incarcerated adolescents act in self-destructive ways, minimal research has focused on suicide behavior among incarcerated adolescents.

Existing data indicates that suicide among adolescent males is especially prevalent in the juvenile justice system. Several variables have been identified as risk factors for suicidal behavior, including interpersonal relationship dysfunction, substance abuse, and psychological variables such as depression and dichotomous thinking. Incarcerated males have been shown to be more prone to these risks than the general population. There is a need to highlight these risks in context of this population, identifying behavior patterns over the life span.

Addressing the above need to identify behavior patterns within the incarcerated male youth population, this study focuses on one adolescent male involved with Utah's juvenile justice system who subsequently completed suicide. The identified youth suffered from substance abuse; its effects were devastating to himself and those around him. Furthermore, his hypersensitivity to disappointing others permeated his lifelong traits and behavior patterns. Interviewees reported that such hypersensitivity began early in life, prominently influencing his subsequent self-inflicted guilt in adolescence when drug use, the decision to drop-out of school, and incarceration became traumatic. As this case study exemplified, counselors, teachers, school psychologists, family, and friends need to be aware of the increased potential for suicide in incarcerated adolescents, particularly those who struggle with substance abuse and a comorbid disorder.

ACKNOWLEDGMENTS

Brad's story begins and ends with a mother's love. Her care, concern, and compassion for her son's life and what can be learned from him unfolded a beautiful tapestry. As a witness to her joy and pain, I felt I tread on sacred ground. It is to her I dedicate my dissertation. I also thank her husband, parents, brothers, and sisters for their willingness to share their stories and experiences. Their love and open hearts made this work possible.

My husband's love weaves into this project as well. He inspires me to become a better woman. I am grateful for his selfless example, for bearing my burdens, and for what he sacrifices on my behalf and for the children he teaches here in Harlem. I married a good man, whose compassion and patience with me feels sweetly eternal.

I thank my family for encouraging me to pursue my academic dreams, for celebrating my successes, and for standing by me when I was discouraged. They have supported me from the beginning. I will forever be grateful for their sacrifices for me.

I would like to thank my advisor, Melissa Heath Allen, for her patience and guidance in the program. Without her, my experience as a doctoral student would have been incomplete, and I never would have seen crucial blind spots she helped illuminate. I will never forget her kindness and support.

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INTRODUCTION

Nam Sibyllam quidem Cumis ego ipse oculis meis vidi
in ampulla pendere, et cum illi pueri dicerent:
Sibylle, quid volas?; respoindebat illa; moriri volo.

For once I myself saw with my own eyes the Sibyl at Cumae
Hanging in a cage, and when the boys said to her
Sibyl, what do you want?; she responded; I want to die.

—T.S. Eliot, opening lines of *The Wasteland*,
from the *Satyricon* of Petronius (1st century AD)

Background

As the new millennium dawns, much research has been given to the topic of suicide worldwide (Gould & Kramer, 2001; Jamison, 1999; Lester, 2000; U.S. Department of Health and Human Services, 2001; World Health Organization [WHO], 2000). Suicide prevention research began in the 1950's in Great Britain and shortly spread to the United States (Clark & Carroll, 2002). But suicide preventative measures are becoming even more widespread, because suicide is a global pandemic. The World Health Organization (WHO, 2000) estimated in 1990 that by 2000, one million people would die of suicide completion. That number was met and continues to climb.

Suicide is not a recent phenomenon: Van Hooff (1998) noted that in the ancient Western world, the conviction of self-destruction prevailing over real life's shame was an integral part of that society. The Sibyl of Cumae's response above, originating from the 1st century A.D., is but one example. Another example may be considered the prototype of ancient suicide: Orpheus, from Ovid's Metamorphoses. Preternaturally talented yet aloof and brooding, the young man married a beautiful maiden and continually played his lyre to sing praises for her and the gods. However, when his love prematurely died of a

snake bite, his life turned to despair. He stormed into Hades' realm, the Underworld, to demand that she be returned. Hades put Orpheus through a series of insurmountable tasks. Orpheus pushed himself to try but failed, and when he returned to the world of the living, he flung himself into a swarm of raging demons. He took his own life by allowing them to tear him apart.

Not unlike Orpheus, youth among this worldwide, millennial-encompassing population are particularly at risk and are in need of careful watch. Studies in the United States show suicide continually ranks as the third leading cause of death for persons between the ages of 15 and 24 (Gould & Kramer, 2001). Even more alarming are results from general population surveys which suggest that 10 to15% of adolescent youth contemplate meaningful suicidal thoughts within a one-week period (King, 1997).

Males are at particular risk for suicide completion once suicidal thoughts escalate to action. In sync with Orpheus' gender, examination of suicide indicates that in America, nearly 5 times more 15- to 19-year-old boys than girls commit suicide (Gould & Kramer, 2001).

Incarceration is a particularly salient predictor for male suicide completion. Estimated suicide rates are reported for incarcerated adolescents in two particular types of settings (juvenile detention centers and jails): For those in juvenile detention centers, the rate was 57 per 100,000 and for juveniles in adult jails, 2,041 per 100,000 (Memory, 1989). This overwhelming statistic is even more shocking when compared to the "normal adolescent" Caucasian male rate of 12 per 100,000.

Also shocking are results from a study of 53 male juvenile delinquents (ages 12 to 18) incarcerated in a post-adjudication facility: 18.9 percent reported having made at least

one suicide attempt at some point in their lives (Cole, 1989). Regarding other suicidal behaviors, 20.8 % indicated that they had contemplated a serious suicidal plan at some point in their lives, 11.3% indicated that they often thought about suicide within the previous year, and 13.2% indicated they often had thoughts about dying (Cole).

Some researchers suggested that such high suicide rates might be related to the treatment of incarcerated youth. More specifically, it was hypothesized that the juvenile justice system subjected youth to stressful settings, isolated them from family support and peer relationships, and subsequently forced major life changes/readjustments (Blank, 1997; Hayes, 2000; Johnson, 1978; Memory, 1989). Although incarcerated adolescents have been known to act in self-destructive ways (Memory), unfortunately a research focus on these two topics has not clearly identified key issues or clarified prevention or intervention strategies to decrease the problem. According to Hayes (2000), historically no comprehensive national data regarding incarcerated youth suicide have been collected, but nonetheless scattered data substantiates a high prevalence of suicidal behaviors within juvenile correctional facilities. For instance, researchers in a collaborative study between the University of Utah and the Utah Department of Health reported that 65% of youths who commit suicide in Utah had been in the juvenile court system (Gray, 1998).

Statement of Problem

Youth suicide, particularly for incarcerated adolescent males, is a national concern (U.S. Public Health Service, 1999). Identifying those at risk and intervening to prevent suicide is a difficult task because adolescents may not directly verbalize their self-destructive intentions to those who could intervene (Lester, 2000). On the other hand, others may make direct and indirect comments, but adults and peers often do not

take these comments seriously (King, 1997). Behavioral cues prior to suicide are often missed because adults and caretakers may not know what to look for (U.S. Public Health Service). Investigating and identifying lifelong behavior patterns of a male adjudicated adolescent who committed suicide may contribute to the early identification of youth who may be at risk. This early identification of behavior patterns and risk factors could lead to more effective prevention, intervention, and treatment to prevent adolescent suicide.

Statement of Purpose

This exploratory study was designed to increase the understanding of adjudicated adolescent male behavior patterns leading up to and just prior to suicide. Behaviors were investigated within a chronological and holistic context. The specific aims of the study were to identify individual factors, external factors, and critical incidents that contributed to suicidal behavior in adolescent males involved with the juvenile justice system. In particular, this study focused on the development of behavior patterns across the lifespan of one adolescent male, and it examined consistency with past behavior and changes prior to suicide. Lifelong behavior patterns were explored in depth. These findings were discussed in the context of current youth correction services and research related to effective youth suicide prevention efforts.

Research Questions

Research with this purpose sought to answer the following questions:

1. What individual factors, environmental factors, and critical life incidents were reported by interviewees as being important in the development of behavior patterns over the lifetime of one Utah male adolescent from a juvenile delinquent background who committed suicide?

2. In regard to the identified youth's behavior, as observed by parents, juvenile justice employees, and other significant relationships, in what ways were behavior patterns prior to the individual's death the same as or different from behavior patterns previously exhibited by the individual?
3. In what ways did the reported behavior patterns of the male adolescent in this study compare and/or contrast with typical behaviors reported in the literature?

Summary

One way to identify adolescents who are potentially vulnerable to suicide may lie in observing their behavior patterns. Little is known about the behavior patterns of youth who have committed suicide, and that even less is known about males within a juvenile justice at-risk population. Recurrent throughout the research literature is the theme that intervention to address factors contributing to youth suicide should be of paramount concern to researchers (U.S. Dept of Health and Human Services, 2001). Identifying the development of behavior patterns across time (rather than current short-term initiatives through psychological autopsies) may address vulnerability to suicide, increasing the knowledge base from which to launch more strategic and effective intervention and prevention efforts. Thoroughly investigating behavior patterns in an adolescent who committed suicide may help identify characteristic behavior patterns for suicidal male youth in Utah's juvenile justice system.

REVIEW OF THE LITERATURE

Out, out, brief candle!
Life's but a walking shadow, a poor player
That struts and frets his hour upon the stage
and then is heard no more.

—Macbeth, Act II, scene I, l. 134-138

Perspectives on Suicide

Public Health Perspectives

Adolescent suicide has been described as a "major public health problem" calling for the aid of researchers willing to better identify factors related to suicide risk (Gould, Shaffer, Fisher, Kleinman, & Morishaima, 1992, WHO 2000). Terms for suicidal behavior are not well defined in the literature, and such a shaky foundation has impeded interpretation of different studies' results. Jamison (1999) reflected the difficulty to define suicide when she said,

> Death by one's own hand is far too much a final gathering of unknown motives, complex psychologies, and uncertain circumstances. It [suicide] insinuates itself far too corrosively into the rights, fears, and despairs of the living. For the definition of suicide to stay locked within the crisp categories carved out by scientists or for it to adhere to the obtuse elaboration spun out by linguists and philosophers. (p. 26)

Jamison found Shakespeare's description of the philosophical contemplations leading to suicide insufficient to capture its meaning across situations. So too did the

National Institute for Mental Health (NIMH) research force notice this problem. In an effort to minimize confusion, NIMH proposed a classification of suicidal individuals into the following categories: (a) suicide ideators, (b) suicide attempters, and (c) suicide completers (NIMH, 2004).

The scientific study of suicide and suicide prevention is suicidology (American Association of Suicidology, 2002). Suicidal behaviors that suicidologists attempt to define and understand are complex and multifaceted. Such behavior's persistence throughout time and place in world history challenges those who hope to intervene.

Psychological Perspectives

The aftermath of suicide completion creates a ripple effect for thousands of people who often go undetected by suicidologists' radar: family and friends. At least six significant others are left behind for every suicide completer, according to an exploratory study (Shneidman, 1981). Each year, this translates into 60,000 people—parents, siblings, extended family friends, teachers, or close community leaders—who are intimately associated with suicide. These individuals are referred to as suicide survivors.

Once the immediate shock of the death is over, its effects seem much more long-lasting. Families must deal with not only the social stigma accompanied by a relative's suicide, but often self-inflicted blame for what happened (Melhem, Day, Shear, Day, Reynolds, & Brent, 2004). Additionally, researchers noted that suicide survivors were themselves at risk for later suicidal behaviors (Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004).

However, bereavement research literature indicated that interventions for subjects coping with grief have a rather low effect size, and this may be due to the fact that in

many studies, participants in the control groups improved without intervention, thus washing out differences between the control and intervention groups (Jordan & McMenamh, 2004). Suicidology researchers suggested this phenomenon may be true for suicide survivors as well, and that many survivors may not need formal services (McIntosh, 1996).

Incidentally, more informal services have been noted as potentially beneficial for suicide survivors struggling with the loss of a loved one. Kovac and Range (2000) noted that while interviewing college student suicide survivors, many commented that participating allowed them to better understand why the death had occurred and to begin talking with others about the death.

When considering research participation of this vulnerable population, researchers report positive effects for those participating in bereavement research. Participants report that it “felt good” being the focus of interest, concern, and caring attention, and being taken seriously (Cook & Bosley, 1995; Dyregrov, 2004). Instead of causing participants distress, researchers have noticed that participation was educational and an empowering experience for a population vulnerable to pain when talking about a significant loss.

Often the paradoxical nature of a “good and painful” experience was highlighted in bereavement research. In fact, Dyregrov (2004) conducted a study designed to tap into bereaved parents’ experience of research participation (an in-depth interview), and to explore which methodologies cause least distress. The study’s sample consisted of 64 parents from 37 families, who lost a child/young adult by suicide (20 families), SIDS (9), and accident (8).

All parents reported their participation as “positive” or “very positive, as well as helpful to increase awareness of the bereavement process (Dyregrov, 2004). Written answers to the interview itself were predominately positive, including comments like “it was much more positive than I expected,” “I am so happy that I participated, “everybody should have this opportunity,” and “I was very tired, but it was surely worth it” (Dyregrov). Nearly all of the participating parents emphasized the importance of having the “opportunity to talk about the loss” and “to tell their story from beginning to end.” One mother wrote, “The most positive thing was that I had the opportunity to talk about my son’s death and vent my feelings with someone for the first time” (Dyregrov).

Dyregrov also noted that respondents did indeed report feeling pain while telling their story of their child/young adult’s death. They mentioned that this pain was unavoidable as well as necessary, because they furthered the bereavement process by expressing their story. In fact, despite the finding that 73% of the parents evaluated the interview to be *a little* painful, 100% claimed they did not regret their participation and 94% would recommend it to a good friend in the same situation (Dyregrov).

Bacon (2000) received similar feedback from her research study participants—parents, siblings, friends, and community leaders who had lost a teenage young man to suicide and were interviewed within a 6 to 12 month time frame after the death. She reported that her respondents mentioned that they felt better after feeling it was safe to talk to someone about their loss from suicide, and that the appreciated being able to tell their story (M.P. Bacon, personal communication, March 5, 2004).

Adolescent Suicide in the United States

Suicide is the third-leading cause of death for 15 to 24 year olds, and this rate more than tripled since the 1950's (King, 2001). Expressed another way, suicide rates rose more than 300% since the aforementioned 50's, yet population rates in general are stable (Capuzzi, 2002). Every day, 14 young people (ages 15 to 24) commit suicide, or approximately one every 100 minutes (National Institute of Mental Health [NIMH], 2004).

Epidemiology

Actual suicide rates in America may be hard to track, given suicide's stigma and a reluctance to report it as such. Thus, the most important signs to look for would be sudden, significant, and pervasive changes in behavior. Often, suicides are reported to the coroner as accidents. This is not only because of the stigma attached, but also because the youths left no physical indication that self-destruction was the intent (e.g. a letter) (Centers for Disease Control and Prevention, 2002).

Caveat given, suicide not only was reported in adolescents and adults, but in child populations as well (Stefanowski-Harding, 1990). Suicide is the sixth leading cause of death for 5- through 14-year-olds (Centers for Disease Control and Prevention, 2002). However, though childhood suicide incidents are on the rise, adolescents are far more likely to commit suicide, particularly during middle and late adolescence (Pfeffer et al., 1991). Within this adolescent population, suicide completions are higher among males than females, though females are four times more likely to attempt than males (Clark & Carroll, 2002). Another peak in suicide completions is among the elderly (65 or older). Estimates within this population are 16.9 per 100,000 (Clark & Carroll, 2002).

Age and gender covaried, researchers like Eggert et al. (2002) attempted to explain ethnic differences in suicide rates with a stress model (i.e. discrimination and extreme stress to minorities in the United States). Native Americans had the highest suicide rates among ethnic groups (12 per 100,000) (Kochanek & Hudson, 1994). This has been associated with risk factors like alcoholism and substance abuse, unemployment, firearm availability, and neglect (Utah County Suicide Prevention Task Force, 2004). Notwithstanding stress models to explain suicide rates, suicides claimed White youth at a close second to Native Americans, at 11.3 per 100,000, nationwide (Hoberman & Garfinkel, 1988). Interestingly, Native Americans are located mostly in Western States, which have highest suicide rates. Although causation can not be established due to lack of directionality, this phenomenon may be due to isolation in rural areas, which feeds into hopelessness (Hoberman & Garfinkel). Suicide rates for both Asian and Hispanic American adolescents are lower than African and Native American youth, though rates for the former rather than latter ethnic groups are rising (Capuzzi, 2002).

Incarcerated Adolescent Suicide

Scant prior research has focused on suicide behavior among incarcerated adolescents despite the fact incarcerated adolescents have a high potential to act in self-destructive ways (Memory, 1989). Memory, in fact, estimated suicide rates for incarcerated adolescents in two particular types of settings in the U.S. For those in juvenile detention centers, the rate was 57 per 100,000 and for juveniles in adult jails, 2,041 per 100,000. This overwhelming statistic was even more shocking when compared to the “normal adolescent” white male rate of 12 per 100,000. Memory stated that given

the behavioral histories, psychological makeups, and conditions, including alcohol and/or drug intoxication at time of admission, these rates should not be surprising.

Furthermore, in a survey of 53 male juvenile delinquents (ages 12 to 18) incarcerated in a post-adjudication facility, Cole (1989) found that 18.9% reported having made at least one suicide attempt at some point in their lives. Regarding other suicidal behaviors, 20.8 percent indicated that they had had a serious suicidal plan at some point in their lives, 11.3% indicated that they often thought about suicide within the previous year, and 13.2% indicated they often had thoughts about dying (Cole, 1989).

Alessi, McManus, Brickman, and Grapentine (1984) examined suicidal behavior among “serious juvenile offenders” of incarcerated adolescents who had multiple placements in the training school system and/or engaged in assaultive behavior. A suicidal tendency within the previous year was identified in 68% of the sample (n = 71; 40 males, 31 females), and 61% had made suicide attempts during that time. Neither gender nor time spent in a program differentiated suicidal behavior. However, Caucasian delinquents had made significantly more serious and medically lethal attempts than those of other ethnicities.

Johnson (1978) also examined self-mutilation and attempted suicide in adolescent males as a coping method in prison settings. The results indicated that self-destructive episodes represented breakdowns in coping related to (a) solitary confinement, (b) strained social supports, and (c) social pressures and threats. It was reported that such difficulties often emerge during the early phases of incarceration and are marked by feelings of loneliness, rejection, panic, fear, self-denigration, victimization, and lack of control (Johnson).

In another study of 150 adolescent residents incarcerated in a post-adjudication facility, Miller et al. (1982) found that 20% admitted attempting suicide. For the attempters as a group, the mean age at which the first suicide attempt occurred was 12.86 years, with the youngest occurring at age 7. The group averaged 2.8 attempts per person, with a range of 1 to 5 attempts. Males accounted for 60% of the attempters (Miller, 1982).

S*urgeon General's Call to Action to Prevent Suicide*

In 1999, Surgeon General David Satcher proved to members of a press conference in Washington DC that he was alarmed by the significance and impact of adolescent suicide. He and a group of professionals in the area of human services decided that a guideline was needed to educate the public on suicide. The former Surgeon General then published *A Call to Action to Prevent Suicide* (U.S. Public Health Service, 1999). This manuscript introduced a blueprint for reducing suicide and the associated toll that mental disorders take in the U.S. The recommended steps to suicide prevention are awareness, intervention, and methodology (AIM):

1. *Awareness*: Appropriately broaden the public's awareness of suicide and its risk factors in the following ways:
    a. Promote public awareness that suicide is a public health problem and is largely preventable.
    b. Use appropriate information technology to make facts about suicide, its risk factors, and prevention approaches available to the public and to health care providers
    c. Expand awareness and enhance resources in communities for suicide prevention programs and mental substance abuse disorder assessment and treatment.
    d. Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse, and suicide behavior, along with seeking help for such problems.

2. *Intervention*: Enhance services and programs based on population and clinical care need as follows:
    a. Extend collaboration with and among public and private sectors to complete a national prevention strategy.
    b. Improve the ability of primary care providers to recognize and treat depression, substance abuse, and other major mental illnesses associated with suicide risk.
    c. Increase the referral to specialty care, when appropriate
    d. Eliminate barriers in public and private insurance programs for provision of quality mental and substance abuse disorder treatments
    e. Create incentives to treat patients with coexisting mental and substance abuse disorders
    f. Institute training for all health, mental health, substance abuse, and human service professional, including clergy, teachers, correctional workers and social workers, concerning suicide risk assessment and recognition, treatment, management, and aftercare interventions.
    g. Develop and implement effective training programs for family members of those at risk and for natural community helpers on how to recognize, respond to, and refer people showing signs of suicide risk and associated mental and substance abuse disorders.
    h. Develop and implement safe and effective programs in educational settings for youth that address adolescent distress, provide crisis intervention, and incorporate peer support for seeking help.
    i. Enhance community care resources by increasing the use of schools and workplaces as access and referral points for mental and physical health services and substance abuse treatment programs
    j. Provide support for persons who survive the suicide of someone close to them
    k. Promote a public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its associated risks factors including mental illness and substance abuse disorders and approaches to prevention and treatment.

3. *Methodology*: Advance the science of suicide prevention as listed below:
    a. Enhance research to understand risk and protective factors related to suicide, their interaction, and their effects on suicide and suicidal behaviors. Additionally, increase research on effective suicide prevention programs, clinical treatments for suicidal individuals, and culture specific interventions
    b. Develop additional scientific strategies for evaluating suicide prevention programs
    c. Ensure that all suicide programs include an evaluation component.
    d. Establish mechanisms for federal, regional, and state interagency public health collaboration toward improving monitoring systems for

suicide and suicidal behaviors. Develop and promote standard terminology in these systems.

e. Encourage the development and evaluation of new prevention technologies, including firearm safety measures, to reduce easy access to lethal means of suicide. (p. 6-16)

Risk Factors for Suicide Prevention

In sync with the former Surgeon General's recommendation that researchers pursue the importance of identifying risk factors, an overview of the literature in this area will follow. Particular emphasis was given to convergence between suicidal and delinquent behavior in adolescents. For hermeneutic purposes, the variables were categorized into the following groups: interpersonal relationships, substance abuse, and psychological variables. This was done with the caveat that adolescent suicidal behaviors are probably the result of an interactive combination of these factors.

Interpersonal relationships. Interpersonal contexts, according to the literature, when maladaptive were considered risk factors for suicide as well. Divorce, loss, or complicated grief in families were among these contexts that can turn maladaptive if not communicated functionally within a relationship (Jacobs, 1993). Research on the parents of suicidal youth has shown that these parents had more overt conflicts and threats of separation or divorce, often resulting in the early loss of a parent (Pfeffer, 1991). Also, families of suicidal adolescents experienced significantly more dysfunction, disruption, mobility, and loss than the families of non-attempting teens (Pfeffer). Similarly, adolescents were more likely to be delinquent if the following are present within the family: (a) low family affection and high family conflict, (b) the use of ineffective and inept parental control strategies, and (c) antisocial behavior by parents (Henggeler, 1989).

Relationships outside of the family are also very important to teenagers, and disturbances in the social support system can tremendously hurt a struggling youth. Often, attempts and completions are precipitated by what may be interpreted as a shameful experience. Thus, sexual orientation stressors, culminating in a confrontation among peers, can push the adolescent to consider extreme means of ending life's pain (McFarland, 1998). Also, suicide completers often aggrandize minor or even major life events as their fault and irreconcilable. Apparently, the most common precipitant was an argument with a boyfriend, a girlfriend, or a parent, with school problems also relevant (Fergusson, Woodward, Horwood, 2000).

Substance abuse. In addition to interpersonal problems, substance abuse has been shown to be a risk factor among both adolescent delinquent and suicidal populations (Curran, 1987; Forman & Kalafat, 1998). Among delinquents, serious offenders had the highest prevalence of alcohol and drug usage, consumption rates, and negative social consequences (Elliot et al., 1989). Comorbidity of mental health disorders is an especially alarming red flag: an affective disorder with conduct disorder, oppositional defiant disorder, or substance abuse can be almost lethal (Utah County Suicide Prevention Task Force , 2004).

Depressive behaviors. Mental illness is consistently the highest associated health condition with suicide, affecting up to 90% of those who commit suicide (NIMH, 2004). Depression is consistently cited as the disorder most often seen and reported with suicidal behavior (Stefanowski-Harding, 1990). Other mood disorders such as manic-depressive disorder and bipolar disorders have been shown to be related to suicidal behavior (Fergusson et al., 2000). Nevertheless, depression and its symptoms are most commonly

cited as the most notable warning signs. However, suicide risk is not limited to mood disorders. In males older than age 18, elevated rates of completed suicides have been linked to borderline and antisocial personality disorders (Alessi et al., 1984).

Conduct Disorder. High rates of conduct disorders and related antisocial behaviors (e.g. shoplifting, drug dealing, and an assault charge) have been associated with adolescents who commit suicide (NIMH, 2003) and hospitalized attempters (Fergusson et al., 2000). Other researchers also have noted relationships between suicide and conduct disorders, especially among males (Forrest & Tambor, 2000; Pfeffer et al., 1991). It has even been suggested that conduct disorder may play an even greater role than depression in adolescent suicides (Berman & Jobes, 1991).

Attention-Deficit/Hyperactivity Disorder. As previously noted, the most significant risk factors for suicide in adolescence were depression, antisocial behavior and conduct disorder, and substance abuse. Attention-deficit hyperactivity disorder (ADHD) is also an important psychological variable to note because children diagnosed with ADHD have a higher risk than other children to be diagnosed with these disorders (Barkley, Fischer, Smallish, & Fletcher, 2002). Comorbidity among these disorders is well-documented as a predisposing factor for suicide. With regard to the relationship between ADHD and suicide alone in the literature, the association was very modest (James, Lai, and Dahl, 2004). For example, a New York study found that the association between ADHD and suicide was limited to younger males: six of the 13 cases under seventeen years of age were diagnosed with ADHD, which was reduced to only three cases in males over seventeen years (Martunen, Aro, Henriksson, & Longuist, 1991).

However, researchers noted that ADHD as a comorbid disorder was an important factor in completed suicide (James et al., 2004). Brent et al. (1993) indicated that ADHD was the most common comorbid diagnosis with a mood disorder for adolescents who committed suicide. Comorbidity itself, as mentioned earlier, significantly increased the risk of suicide (Fergusson et al., 2000).

Cognitive distortions. Hopelessness and dichotomous thinking have been examined in relationship to suicide completions. As a cognitive component of depression studied by Beck, hopelessness has been shown to be the best clinical indicator of suicide risk (Beck, Brown, & Steer, 1989). Additionally, dichotomous thinking deters adolescents from being flexible in the face of adversity. Such rigidity in response to interpersonal relationships and environmental events has been shown to be an important factor in differentiating attempters from non-attempters—not only in the general population, but also in juvenile offender samples (Brobst & Inwald, 1987).

Impulsive behaviors. Finally, impulsivity has been a variable that researchers have studied in relation to suicidal behavior—often parents and friends will say "they never saw it coming," and impulsive behavior was an important link to the causal chain. Aggressive behavior and suicidal risk have been found to be associated in clinical samples (Pfeffer et al., 1991). Additionally, Brent et al. (1994) assessed personality disorders and traits in 43 adolescent suicide victims and 43 community controls from parental reports in interviews and questionnaires. These researchers found diagnosed personality disorders were more common in suicide completers than in controls, particularly Cluster B (impulsive-dramatic), even after controlling for differences in Axis I presentations in the DSM-IV (Brent et al.). However, in comparison to control samples,

the dimension of novelty seeking was not found to be increased in suicide victims (Brent et al.).

Identification of Behavior Patterns in Adolescent Suicide

Because it is impossible to see into an incarcerated adolescent's thoughts (e.g. psychological variables) and know if he or she is thinking about committing suicide, perhaps observing behavior can be an indication of thought patterns. Shneidman (1981, 1989, 1996) has been a major voice in the research concerning the importance of recognizing behavior to identify potentially suicidal adolescents. According to Shneidman (1989), certain early behaviors in adolescents remained consistent and became patterns for their reactions to pain, fear, threat, failure, powerlessness, and duress. People needed to look at previous behaviors to determine if they were consistent with how they were presently behaving (Shneidman, 1996).

A gap remains in the knowledge about behavior patterns in a suicidal person's life, although researchers for decades have tried to pin down risk factors. Researchers may be thrown off track because suicide is an act, which, by definition, a person has never done before. While they may have attempted suicide, or looked "blue" or depressed, or even been involved with drugs and alcohol, there is no precedent for the act itself. Shneidman believed that researchers must look back on previous behavioral responses to examine an individual's capacity to endure psychological pain, how they reacted to failure, and their proclivities toward dichotomous thinking and action. He pointed to the need for more research in this area and gave examples such as the need to know the details of how peer relationships ended, how parents were divorced, and how

they dealt with other similar losses/setbacks (Shneidman, 1989). Shneidman (1981) suggested that such knowledge was an important aspect of suicide prevention:

> In light of enormous unpredictability of life, what impresses and excites me as a psychologist is how much of a person's life, in some of its more important aspects, is reasonably predictable. In general, I feel this way about suicide. It is enormously complicated, but it is not totally random and it is amenable to some prediction. That is our main handle on individual prevention. (p. 23)

Research on the Development of Adolescent Suicide Behavior Patterns

With the exception of psychological autopsies as behavioral investigations to pinpoint cause of death, little was documented in the literature about adolescent suicide behavior patterns over extensive periods of time. Psychological autopsies involve questioning close relations to the deceased for information days before death, so as not to confuse an accident with suicide. Separate from said short-term autopsies, only two studies were found that dealt with risk patterns within a long term, developmental life span context.

Wolfe and Siehl-Peterann (1992) used a case-study designed to investigate the possibility that there is a continuum of self-destructive traits throughout life. Ten adolescents who had committed suicide were selected and interviews/questionnaires examined the families' perceptions of the suicide completers' personality traits at different ages. Results indicated that the majority of completers were more introverted and perfectionistic. While findings were interesting, the researchers did not discriminate for gender, a salient variable in the suicide literature. Nor did these researchers deal with behavior patterns. The focus was on personality traits.

Pfeffer (1986) constructed diagnoses of suicidology by observing play in children. She noted that it was more difficult to interrupt behavioral play patterns of suicidal children who seemed more out of touch with reality. She followed some of her patients from childhood to adolescence to determine if their risk for suicide behavior had diminished (Pfeffer, 1986).

However, there is a lack of literature documenting suicide behavior in Utah delinquent youth. Only four studies dealing specifically with adolescent suicide in Utah could be found. One of the four dealt with behavior patterns of suicidal Utah adolescents, but none addressed the suicidal juvenile delinquent population. The first, a dissertation dealing with behavior patterns in Utah male adolescent suicide completers, utilized a comparative case study method to identify behavioral threads throughout each case and looked for similarities between cases (Bacon, 2000). Another study, also a dissertation, explored the relationship between adolescent suicide ideation and family disruption within a collegiate setting—a salient risk factor, to be sure—but it did not mention behavior patterns of suicide completers (Shangle, 1993).

Researchers in a collaborative study between the University of Utah and the Utah Department of Health reported that 47% of youths who commit suicide in Utah had been expelled from school, 65% had been in the juvenile court system, and 41% had been referred to Family Protective Services (Gray, 1998). While a wide-and far reaching demographic study was helpful, no in-depth research into the behavior patterns of even one of those 65% from the juvenile court system has been examined.

Suicide in Utah

Rural suicide rates exceed those in urban areas, and state rates vary by region, but Western mountain states report the highest rates in America (NIMH, 2004). Few studies have been conducted to determine why the suicide rates are so high in the Western states. One study conducted in Utah suggested that individuals in rural western settings were faced with the adverse effects of social isolation, limited social services, and loneliness (Neiger & Hopkins, 1988). These challenges contributed to a sense of hopelessness, ultimately increasing the likelihood of suicide.

According to Gray et al. (1998), 88% of all adolescent suicides under the age of 19 were committed by males, and the ratio of males to females is slightly higher in Utah. In 1998, suicide rates for Utah adolescent males were more than 40 per 100,000 population, as opposed to 19 per 100,000 in 1981 (Gray et al.). Peak prevalence occurred at age 20 for young males in Utah, with a rate of 42 per 100,000 population. Suicide was the leading cause of death in Utah for males between 15 and 19 years old (Gray et al.). This study also reported that 65% of youths who committed suicide in Utah had been involved in the juvenile court system (Gray, 1998).

Given the high influence of the LDS church in Utah and consequently, the many members of this church who are state residents, one may jump to the conclusion that somehow the church's presence is related to Utah's high rate of suicide. However, Richards (2003) noted that while suicide rates teenage young men continue to climb, this rate is not paralleled among young men who are members of the LDS church. In fact,

church membership appeared to serve as a protective factor (rather than a risk) for young men of this age group, as they were significantly less likely to commit suicide.

Summary

In summary, despite differing definitions within the existing literature, it is generally agreed that adolescent suicidal behavior represents a serious societal problem that requires rigorous research initiatives. Utah, among the Western states, experiences especially high youth suicide rates annually, with little research that plumb its etiological depths.

Although death by suicide is rare before age seven (as was one case in a latter-mentioned juvenile report), it occurs with increasing frequency during adolescence and early adulthood. Research has shown that suicide is an especially alarming problem for adolescent males in the juvenile justice system. Several variables have been identified as risk factors for suicidal behavior, including interpersonal relationship dysfunction, substance abuse, and psychological variables such as depression and dichotomous thinking. Incarcerated males have been shown to be more prone to these risks than the general population, but little research has focused on studying these risks as behavior patterns over the life span of this population.

The present study sought to fill the research gap through a single case study of a Utah juvenile delinquent male's behavior patterns prior to suicide completion. Studying behavior patterns of this may help those who closely interact with this population to recognize impending signs before it is too late.

METHOD

"Research is difficult to pursue in this [suicide prevention] arena. The individual who commits suicide is not around to participate in any investigation" (Heigel & Heppel, 1990). With this caveat in mind, this study seeks a less-traveled road to investigate behavior patterns of suicidal adolescents: a case study.

Characteristics of Qualitative Research

According to Merriam (1998), qualitative research consisted of the following four characteristics. First, researchers involved were interested in finding the meaning that people have assigned to their area of research. Secondly, the researcher served as the primary instrument of data analysis, and fieldwork was involved. Thirdly, the researcher utilized inductive strategies to interpret meaning. Finally, qualitative research's ends were extremely descriptive.

Merriam further defined qualitative research as systematic empirical inquiry into meaning, or how people make sense of their world experiences (1998). Implicit in qualitative research is the concern for human experience as it is perceived, felt, or undergone. In this study, I did not have the opportunity to interview suicide completers. Careful records of those who experienced close interactions with the deceased were analyzed and interpreted.

Denzin and Lincoln (2005) delved into the history of research as a colonial endeavor to survey the 'natives' in a colonial setting, thereby possessing undercurrents in European imperialism. These qualitative researchers reported that both qualitative and quantitative research were scientific extensions of the colonial metaphor: "In the colonial

context, research becomes an objective way of representing the dark-skinned Other to the white world" (p. 3).

Denzin and Lincoln (p. 4) further explained,

> Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people give to them.

Thus, meaning is of paramount import to the qualitative researcher, who is more concerned with interpretation than whittling down information to a posited nugget of truth. In other words, she is willing to acknowledge that the interpretations assigned to a particular behavior or incident may not be "true," but that such interpretations are meaningful and worthy of a deep, rich, description, and are telling in their own right.

Case Study Research Design

Definition and Characteristics

The case study was an ambiguous—labeled with disagreeing definitions among researchers—method in the literature (Lincoln & Guba, 1985). Researchers commenting on this discrepancy in the literature note that definitions of case studies range from "a slice of life" to "an in-depth examination of an instance." Additionally, Bromely (1986) helped combat this sense of nebulousness when he said,

> A case study is a general term, widely used, especially in the social and behavior sciences to refer to the description and analysis of a particular entity. Such entities are usually naturally occurring and exist within definable boundaries and function within a context of surrounding circumstances. (p. 8)

Lincoln and Guba supported this perspective and explained how a relational ontology underlying case study research proposes that "realities as wholes cannot be understood in isolation of their contexts nor can they be fragmented for separate study of the parts" (p. 39). Neither can researchers separate themselves from that context. Thus, depth and intensity were also important characteristics to the case study. The researcher was explicitly immersed in the situation he intended to study, rather than pretending to be an objective observer.

Purpose and Rationale

Studying a case is most appropriate when researchers are aiming to study a person or phenomenon holistically and hermeneutically, and to expend qualitative concentration on the case (Stake, 2005). Case researchers seek out both what was common and what was particular about the case, and results tend to report on what was uncommon (Stake). "The purpose of a case study is not to represent the world, but to represent the case" (Stake, p. 444). Such an objective echoed this study's research questions because they inquire into a particularly rare, sensitive behavior that needed more attention as its rates were alarming (Clark & Carroll, 2002).

While studying this sensitive population, I utilized important contextual information and a variety of sources to provide multiple perspectives (e.g. triangulation). Triangulation was especially critical to this study because the subjects this study sought

to inquire about could not be interviewed and their behaviors were reported from individual's perceptions.

A single case study research design was utilized. The case was that of one male adolescent who committed suicide in Utah and who was involved with the juvenile justice system within at least a year of suicide completion. Sample subjects interviewed consisted of those who experienced a close relationship with the adolescent (e.g. parents, friends, neighbors, community and religious leaders, juvenile justice staff, cellmates, and others as specified).

Reporting these interviewees' stories tapped into another inherent aspect of the case study: that what was received were people's perceptions of Brad, not an objective, linear documentary as if one could roll a 20 year-long film of his life. On the flipside, this study was more of a reflective, nonlinear collection of impressions, meanings, and personal reactions to Brad's life. A case study's methods of data collection, like triangulation and multiple contextual sources, strive to strengthen the study's power as a rich, idiographic description.

Suicide Completer Selection

Inclusion Criteria

Findings from preliminary data analysis of the Utah Youth Suicide Study (Gray et al., 1998) indicated that more than 86% of all adolescent suicides in Utah between 1996 and 1998 were committed by males. The average age for suicide completion was 17.6 years old. Seventy percent of the adolescents claimed membership in the Church of Jesus Christ of Latter-day Saints, and 91% were White. Seventy-three percent of the youths were enrolled in school at the time of their deaths, and 63% committed suicide at home.

Sixty-five percent of the suicides between 13 and 21 had some contact with the juvenile justice system. Also, Fifty-five percent of the youths came from families with income levels bracketed between $18,000 and $51,000 per annum, and 59% lived within 50 miles of Salt Lake City. Fifty-five percent of the adolescent suicide completers died by firearms, and 26% died from hanging.

Additionally, 47% of those who committed suicide had been suspended or expelled from school, and 41% had been referred to the Division of Child and Family Services for social or financial services (Gray et al., 1998). Inclusion criteria were based on these statistics obtained from the Utah Youth Suicide. They include the following:

1. Gender: male
2. Age: between 16- and 19-years-old
3. Race: White
4. School: dropped out of original high school and having attended a school affiliated with their correctional facility
5. Involved with the juvenile justice system, and incarcerated at some point in his life
6. Geographic data: home within a 70 mile radius of Salt Lake City
7. Socioeconomic status: middle-income
8. Religion: LDS (Latter-day Saint)
9. Family configuration: intact parental marriage (to help ensure richness of data, as both parents were more likely to be present for critical incident events and behavior changes in their adolescent's development)
10. Incident of death: between three to nine months prior to beginning the study

Case Selection

The case was that of one male adolescent who committed suicide in Utah and who was involved with the juvenile justice system within at least a year of suicide completion. Subjects interviewed consisted of those who experienced a close relationship with the adolescent (e.g. parents, friends, neighbors, community and religious leaders, juvenile justice staff, and others as specified). These subjects were first selected by asking the local suicide survivor support group leader if she knew of someone who recently (three to nine months previously) lost a son to suicide who had a history of involvement with the juvenile justice system.

In terms of selecting an apropos time period after the suicide, parent feedback after the Utah Youth Suicide Study indicated that three months was too soon to open wounds of suicide survivors, but after nine months, participants had moved on (Gray, 1998). Additionally, another study found that between three and ten months was appropriate for an in-depth study, because researchers found no significant difference in memory within between those two time frames (Brent et al., 1993).

I then asked the group leader if she would approach the parents attending the group, asking if they would like to find out more about the study, and if so, if they would be willing to allow the group leader to give me their name and address. Later, after the parents signed consent forms (see Appendix A), they provided names and phone numbers of friends/extended family/community leaders/teachers. This information was obtained during an interview. I also asked if I could obtain names of others closely acquainted with their son who could provide, through interview, additional information, creating a more comprehensive picture of his life.

Informant Selection and Recruitment

Sampling

Purposive sampling was used to select informants of the adolescent's behavior prior to death. Informants were asked to participate based on their close relationship with the deceased. "Snowball sampling" was a particularly helpful method, because through this process the investigator gathered from parents names of people they thought would be particularly helpful to interview. From those interviewed, additional names were requested to obtain a rich description, just prior to satiation of information (i.e. when information became redundant and overlapping).

Selection

Great care was taken to ensure informants were contacted and interviewed in a very sensitive way, showing deep respect for the pain experienced by the adolescent's family, friends, and other close acquaintances. Thus, prospective parent dyads were contacted one at a time, and I did not invite another dyad to participate until I confirmed that those contacted beforehand were not interested.

I first contacted the group leader of her local suicide survivor support group, talked to her about the study, and inquired if there was anyone currently attending the group who lost an adolescent son to suicide, and who was involved with the juvenile justice system. I then asked if she were willing to ask one parent dyad who fit such a description if they would like to find out more about participating in this study. When the mother and father consented, the group leader asked for their address. She explained that I would send them a letter telling them more about the study and mentioned I would call in ten days to follow up regarding their interests.

Procedure

In the Dyregrov (2004) study, bereaved parents' experiences of research participation (an in-depth interview) were explored to find out which procedures would cause least distress. Specific considerations were reported by suicide survivors as suggestions to cause the least amount of distress in the research process. The following precautions, as reported by Dyregrov, were incorporated to minimize distress.

1. *Contact us by letter when approaching for the first time*. I contacted the parents by letter to put less pressure on them to participate and introduce myself in a nonintrusive way (see Appendix B).
2. *Give us thorough and written information before research participation*. The letter thoroughly explained the research and how their participation matters, and in addition the first in-person meeting involved a thorough discussion about the study and time to ask questions before signing the consent form.
3. *Let us decide where and when to meet*. During the initial phone call mentioned in the first letter, the parental dyad had the opportunity to decide where they would like to meet (see Appendix C).
4. *Listen respectfully to the mementos we find relevant to show, or tell you about.* I was willing to put aside a focus on behavior patterns and critical incidents if they did not appear to be relevant in their story, and instead I found it more appropriate to ask general, open-ended questions and to listen carefully to what informants have to say.
5. *Give us enough time and quietness for the interview.* Interviews did not have a time limit and I was trained to be sensitive to meaningful silence.

6. *Let us meet trained interviewers with knowledge of the bereavement process*. I was the sole interviewer, well-versed in contemporary bereavement literature in my counseling psychology Ph.D. program's clinical/research training, as well as undergraduate training.
7. *Conduct the interview in an empathetic and cautious way*. Great care was taken to respond empathetically and be aware of the informant's needs.
8. *Give us the opportunity to reflect and ask questions during and after the interview*. Time was allotted within the interview protocol afterward for informant's to ask questions, and I was open to answering questions throughout (see Appendix D).
9. *Offer follow-up after the interview, e.g. information, contacts to professionals.* Resources were provided to informants, including contact information for professional mental health care, support groups, or, if necessary, hospitalization should the informant feel suicidal or self-harmful (see Appendix E).

With these caveats in mind, I took care to proceed in a sensitive manner. Once I called the parents and confirmed that they were interested, I scheduled a meeting at their convenience to further describe the study and give them consent forms. Once signed, the parents were given a copy of the signed consent form, and the original was kept in a secure file. Then the interview proceeded, which was audio-taped and later transcribed. When finished, I asked them about others (other family members, friends, community leaders, close acquaintances) who could contribute their experiences of the adolescent's life. I then asked for their contact information, and further contact and consent was obtained in a similar manner to that of the parent dyad procedure. However, juvenile

justice employees and church leaders did not have permission to talk about the deceased youth, and this was a potential loss of data.

During the designated meeting time with the parents and other interviewees, a data summary form was used in which times, dates, places, participants in the interview, and demographic data were recorded immediately (see Appendix F). Additionally, questions or thoughts while interviewing were written down to help my memory while listening to the interview afterward. After listening, detailed field notes were compiled of the informant's interview. These notes were incorporated into the study as well.

Data Collection

Data from this study consisted of information collected from multiple interviewee interviews, field notes, and demographic data. Use of triangulation in a case study research design was a strength to this particular method, because multiple data sources were used to funnel into the phenomenon of interest (Stake, 2005). Acquiring data from individuals with varying backgrounds was important, because they described various relationships and behavior patterns from different perspectives. People were sought out deliberately who had different relationships with the deceased and who could offer different perspectives as they expressed how they made meaning of their relationship with him.

Procedures for Interviewing

Interview Guides

An interview protocol was prepared (see Appendix D). This was a semi-structured interview format to both focus the interview and allow for informant response flexibility. Two guides were used: one for parents and the other for nonparents who

might not have experienced as close of a relationship with the deceased (Brad), but added to biographical information given by parents. Inherent in this interview protocol was the bias that people talked about the subject's death with some degree of frankness and disclosed personal memories and impressions of the deceased.

I also assumed by using this protocol (Appendix D) that the interviewees would follow a certain pattern of relating their impressions (e.g. first what Brad's behaviors were as a child, followed by what Brad's behaviors were typically like when he was older, finally how these behaviors changed six months prior to his death). That his behaviors would indeed change within that six month period was also assumed. I acknowledged these biases inherent to my protocol and was willing to alter the interview when the conversation was more meaningful if I put them aside and simply said, "Tell me about Brad."

Critical Incident Technique

For the purposes of this study, a *critical incident* was defined as a very important event that had a major effect on the development of Brad's behavior patterns. It was further defined as having a direct effect on Brad's behavior patterns, rather than an environmental factor that would have a more external, indirect effect (Bromley, 1986).

Informants were first asked to describe Brad's behavior in general. I then focused on events which, in the informant's recollection, Brad perceived as particularly salient to his life's course (e.g. an especially happy or sad moment). Then, the informants were asked to describe that incident in detail. Finally, I asked if Brad's behavior was consistent or different from normal behavior they previously observed.

The informants' identification and further description of a critical incident was described within the context of Brad's history. The data gathered in this focused report was used to develop classifications of behavior. Specific critical incidents and illustrations were taken directly from the data and included in Chapter IV (Findings) to strengthen the section's authenticity. However, I was willing to suspend my assumption that critical incidents were relevant to this study as I began interviewing, and I did not want to impose these questions on them if they did not seem to meaningfully fit into their interpretation of Brad's life. Therefore, while I prepared a protocol and mentioned the critical incident technique as a method I anticipated using, I also tabled the technique when it did not appear to be meaningful to myself or the interviewees.

Interview Bias

I was the primary instrument in this research study. I interviewed parents, other family members, friends, and close acquaintances of Brad, and looked for general themes in his life prior to suicide. It was important that I acknowledged my biases at the study's inception, because they were inextricably entwined to my method and research questions. First, I acknowledged that the interview protocol form assumed that *critical incidents* occurred that were significantly related to the subsequent suicide, and that analyzing and triangulating informant's perspectives of these incidents was meaningful in developing a rich case study.

Secondly, I acknowledged my bias that something about Brad's experience with the legal system and incarceration was meaningful in his decision to suicide. Also, I acknowledged I was looking for other contributions in the form of substance abuse, depression, or other mental illnesses left untreated.

However, I was willing to put these biases aside as I interviewed informants. For example, when I noticed that critical incidents were not salient, I put aside the initial interview protocol form for the sake of finding out more about the informant's experiences of Brad's life and subsequent suicide.

Considering naturalistic philosophical assumptions undergirding the scientific method, consistency within research findings was necessary to guarantee trust that the findings are "real." However, an abstractionist ontology was not assumed in this study. The assumption of a single objective reality was not amenable to the nature of the present inquiry. This study was relational in its efforts to answer the research questions, so the compatibility of a person's constructed realities with the realities that are attributed to the person by the researcher was important to note (Chell, 1994).

I also took an epistemological stance that no method of knowing is free from bias. The introduction to bias was particularly high in this study because this investigator was utilizing secondary descriptions of Brad's behavior, based on informant's individual perceptions of the behavior observed. Interviewing Brad himself to inquire as to how he behaved to make meaning out of his worldview was, needless to say, impossible. Biases were introduced from both respondents and the investigator. My responsibility was to familiarize myself with possible sources of bias in my research questions (later in the chapter) and to acknowledge them in my study.

Data Management

To protect informant confidentiality in the data management process, all data with identifying information was excluded. All data was stored on the computer hard drive and backed up onto floppy disks. Hard copies were made and kept in separate files. I kept a

reflexive journal to contain thoughts, feelings, insights, and other notes. I maintained a code book with a hard copy of the real names of the subjects, settings, and sites visited. The code book was kept in a locked desk. All computer information was protected in the computer by a password. A hard-copy transcript of each interview relevant to each case was labeled and filed into a locked desk. Hard copies of all coded and analyzed data were kept with the accompanying original interviews and field notes. After tapes were transcribed, they were categorized and kept in a locked box.

Data Analysis

Reducing Data

Data reduction involved "selecting, focusing, simplifying, abstracting, and transforming" the raw data (Miles & Huberman, 1994, p. 10). The raw data for this research was in the form of transcribed interviews, field notes, and summary and demographic data. A large amount of data was collected and transcribed, and thus it was important to reduce such a quantity into manageable and interpretable findings.

First, I transcribed the data into text. I then verified the accuracy of the transcription by listening to the tapes once again while following the transcribed text. I reread the transcription, to ponder the data, and I noted questions to follow up on in a future interview, in addition to patterns. I "wrestled with" these transcribed interpretations to search for meaning and "tell the case's story."

However, Stake (2005) pointed out how case researchers usually entered the case assuming that certain events or relationships were important, but often discovered that some were of little consequence while others were important, and ultimately the

understanding of the case was decided by the researcher: “It may be the case’s own story, but the report will be the researcher’s dressing of the case’s own story” (Stake, 446).

Disguising Demographic Data

Demographic data obtained from the informants were recorded on the interview summary form. Demographics were disguised and details deemed irrelevant were dropped so that anonymity would be maintained.

Drawing Conclusions

The final step of data analysis consisted of interpreting the many forms of collected data in order to answer the research questions. According to Stake (2005), a case study optimizes understanding by asking and answering scholarly research questions. It gains credibility by thoroughly and continuously triangulating the descriptions. Stake asserted, “For a qualitative research community, case study concentrates on experiential knowledge of the case and close attention to the influence of its social, political, and other contexts” (p. 444).

At the first stage of interpretation, I studied the behavioral patterns chronologically from birth to death within the context that behavior occurred. Combining the various elements with the holistic framework provided a rich biography of Brad. This descriptive analysis helped answer Research Question 1: What individual and external factors and critical life incidents contributed to the development of Brad’s behavior patterns, starting at a young age and progressing through death?

The descriptions were further refined through to identify emergent patterns of behavior that have spanned across time. This helped answer Research Question 2: In what ways was behavior soon before death the same or different from behavior patterns

Brad exhibited normally? Changes in behavior patterns prior to death were compared to behavior over time and presented in discussion format.

Behavior patterns identified to answer Question 2 were compared/contrasted with the existing research literature of general adolescent incarcerated male risk factors. Results were presented in Chapter 5 (Discussion). This process helped answer Research Question 3: In what ways were the reported behavior patterns of Brad in the study similar to typical behaviors reported in the literature and in what ways were the behavior patterns different?

Dealing with Biases

Driven by these research questions, the completed study represented the stories of interviewees who were close to Brad and expressed how they experienced him. The subjective perceptions of the parents, family members, friends, and community contacts may not have reflected reality. I utilized triangulation and multiple informants, driven by the bias that comparing different accounts of critical incidents in his life through lifelong behavior patterns vs. behaviors six months prior to death was a significant technique and that there were be changes. The fact that there were not such changes will be discussed in Chapter Five. The research questions also contained biases to the extent that all informants answering these questions were close to Brad and are mourning his loss. Thus, choosing these informants assumed that they were emotionally touched by his life and death.

Also, I acknowledged the assumption in these questions that Brad's history was relevant to later suicide. Along that line, I also assumed that the memories of the

interviewees of that history were fairly intact, and that the details they reported of his behaviors were going to be relevant to his suicide.

Finally, I acknowledged the assumption that I—as the primary instrument—contributed to the context within which the interview data was obtained. I helped shape the results of the study, as much as the interviewees shaped these selfsame results as they helped me carve out my impressions of Brad with their own.

Summary

I conducted meaningful interviews with informants of Brad's life and behavior to develop a framework of behavioral observations within their life's historical context. I identified behavior consistent over time and compatible with the individual's characteristic behavior patterns. I analyzed external factors and critical incidents to provide contextual understanding of the development of the aforementioned characteristic behavior patterns. Similarities and differences between the single case study's behavior pattern and existing literature were explored to see if themes could be found.

FINDINGS

As virtuous men pass mildly away,
And whisper to their souls, to go
While some of their sad friends do say
The breath goes now, and some say, 'No'. . .

—John Donne, *Valediction: Forbidding Mourning*

This section will highlight findings relevant to this study. To begin, the following paragraph represents beautifully unique memories of Brad as reported by his loved ones, which seemed a fitting introduction to this section:

Brad loved vanilla cupcakes with frosting and rainbow sprinkles. According to his girlfriend, "he had to have black socks—he even started doing this thing where he started wearing black socks with flip flops." Rice Krispie treats were his staple food. And whenever the time came to irrigate his friend's farm, she always brought him his peanut butter sandwich and Gatorade. She remembered, "He always ate this crappy, icky candy. I really wanted to teach him what chocolate and caramel were." He loved country music, and his teacher noted that "he was just that cowboy, rope 'em, laid-back, bronco-driving, happy-go-lucky fella." To his uncle, he was endearing: "Just the way he worded things, like the way he'd say 'opened': he'd say, 'op-nd.' He wouldn't say the whole word. He just said goobery things." And Peeps—he loved Easter Peeps.

Background Information

Brad was born in Utah, the oldest of two children. His mother and father divorced when he was six years old. She remarried two years later and relocated with her husband, her two children, and his two younger children, to a rural area near her parents' home. Brad spent the rest of his life in this town, attending the local elementary, middle, and

high schools. He began using drugs by the age of twelve, and became involved with the juvenile court when he was sixteen. He dropped out of his junior year of high school, was incarcerated twice, and committed suicide while spending the night during his first weekend in the county jail's work release program. The study began nine months after Brad passed away.

Thirteen informants were interviewed for this study. Education ranged from high school graduates to those who held a master's degree. None of the informants were minors, as I was requested not to interview Brad's little brother and sister. This roadblock will be later discussed in Chapter Five. All informants were family or friends of the deceased who held him in high esteem. Interview times ranged from approximately an hour to almost four hours. To protect anonymity of the informants, all names and individually identifying information were disguised.

Findings Relative to Research Questions

The purpose of this study was to identify lifelong behavior patterns of an adolescent who committed suicide in the juvenile justice system and contrast them to months before his death. However, as the study progressed and the case unfolded, assumptions were challenged and hearing/telling the case itself became of paramount import. The following is a montage of Brad's life, with ideas structured, highlighted, and imbedded in his life context in personal and meaningful ways for me. However moved to share his story, or however detailed my writing style, I have passed on my own personal meaning of events and relationships in his life—and failed to pass along others (Stake, 2005). As a vicarious experience, this narrative aimed to extend readers' perceptions,

awareness, and understanding, as it did my own. Following the narrative, an elaboration on thematic elements within said narrative will then be addressed.

Chronological Narrative

In an attempt to present this study's findings in a logical, readable format, a narrative will ensue which is organized in chronological order.

Early Years

Brad was a happy baby and an adorable little boy. When he was young, his mother remembered how she would observe him from her kitchen window as he returned home from school. He usually seemed to be daydreaming and unhurried. Brad loved animals and would spent many hours at his relatives' farms.

When Brad's mother worked, she often took an off-shift which required her to leave around 3:00 am. Given this early hour, she swaddled Brad and his sister in blankets in the morning—while still in their pajamas—and brought them to their grandparents' house. Brad's mother was the oldest of a large family, and so her youngest siblings were peers to her own children. The children ate breakfast together with their grandparents, dressed, and walked with their "aunts and uncles" to school. Both grandparents noted Brad was as much their son as he was their grandson. His grandmother said, "He'd open the door and yell for grandma, just like the kids yell for mama."

Youth

Interestingly, from about the age of ten years old, his family sat down to read the paper, and while some children would go to the comics or sports, Brad looked through the obituaries. His step-father noted that Brad would say, "Boy, you oughta read this one! And we always kinda joked about that one, that he always seemed to have a

preoccupation, wondering why this one died, the circumstances with that death." Furthermore, his uncle died in an accident while he was still a boy, and Brad idolized him. He told practically everybody in his town about the story of how he passed away.

Brad also seemed "nervous," "wiry," and he often stuttered. Family, teachers, friends, and church leaders noticed he exhibited hyperactive behavior and a short attention span. By the time he was in kindergarten, he seemed not to care about school. While he often seemed to be into mischief as a young child, teachers noted he would smile shyly when caught and acted politely. His Sunday school teacher and Boy Scout leader noticed that in pre-adolescence Brad exhibited a shy side. Particularly, his teacher remembered that he would suddenly flinch if someone said or did something unexpectedly. Indeed, he was often quiet and "inward." However, if he was around friends and felt comfortable, these friends remarked that it was a veritable feat to stop him from talking.

Adolescent Drug Involvement

In middle school he and a neighborhood friend were caught bringing Robitussin to and using it in school. This event was his parents' first recollection of drug involvement. This same year he began using marijuana. Not long after, while still a juvenile, he received a charge of having drug paraphernalia in the bed of his truck. He went to juvenile hall and the court system. The judge acted sensitively according to the family: with a clear motive for helping youth in the community, the judge referred Brad back to his hometown to do community service. This same judge required that Brad came in periodically to visit with him, to ask how he was doing, and to see that he paid his

fines. However, the incident seemed to weigh heavily on Brad as a sign he was a “bad kid.”

When Brad turned sixteen, the summer before his junior year, he incurred more problems with his parents. At this point, it is important to note that he was a “hard smoker,” in addition to marijuana usage. To keep closer watch, his parents did not let him get his license until he was seventeen, but by then, he had moved out to live with his girlfriend.

Brad and his girlfriend dated for almost a year, and within that time he lived with her family for six to seven months. She was the youngest child of many brothers and cousins who were heavily addicted to oxycodone and prescription painkillers (her mother and brother were receiving prescriptions but were not “strict” about who used them). At the time they all lived under the same roof. Being constantly exposed to these drugs, Brad soon followed suit and became addicted. He often “hung out” at that home with his friends, drank beer, and her parents did not monitor their behavior.

However, Brad stole from his girlfriend’s parents while living with them and increased his oxycodone use. Consequently, she broke up with him. This break-up was traumatic for him—he became very upset and emotional—and he threatened to kill himself. After the breakup, he started using methamphetamine (meth) in lieu of oxycodone. He began to hang out more frequently with her brothers and cousins and with increased access to drugs, expanded his drug use to include both meth and oxycodone. Brad moved back into his family’s home when he was eighteen, and his loved ones noted he seemed “in very bad shape” as a “hard-core” meth and oxycodone user.

Once Brad moved back, his mother came home from work late at night and often observed he had been soaking his body in the bathtub for hours because it helped alleviate pain from withdrawal symptoms. Those who were at his side through these withdrawals noted he shook, shuddered, and looked like he was suffering greatly.

By age eighteen, Brad was heavily using meth and stealing from the rooms of his sister and parents. According to his mother, “he became really skinny, pawned everything he had, and he had a little bit of a temper.” Brad needed money to fund his drug use, but his grandfather noted, “He didn’t have anything . . . I mean, he had pawned everything, his stereo, everything. The only thing he really had was his clothes and his old, beat-up car.”

Incarceration

That year he broke into his grandparent’s house to get drug money, but nothing was stolen, and they did not press charges. However, charges were pressed after another incident in October of that year (a little over a year before he died). His parents were leaving for St. George, and he had stolen his father’s guns and pawned them to a local store. Brad was in jail for the weekend, and his mother bailed him out. He then entered drug court for a few months, followed by a rehabilitation center in January, one year before he passed away. While in rehab, he seemed to be doing his best. He gained 30 pounds, his cheeks were full, and he seemed happy.

Brad was enrolled in the rehabilitation center for three months, and he graduated in the early summer. His family attended all his graduations (within a 12-step program) and his little cousins would visit him in the interim and take him Oreos. He seemed to feel quite well. His uncle noted that whenever he would talk about his progress to his

family, he would say, “I learned my lesson, I’ll never do anything like this again.” His aunt told the following memory of that time in Brad’s life:

I remember coming home, I went with [his mom] the day he graduated from drug rehab, and he was just so glad to be out there. And first thing we went to Taco Bell, and he was just, “I’m not going to do that anymore, but it just takes such a hold on you.”

Truly the hold was strong because it was not long after graduating that he went back onto meth, oxycodone, and began using cocaine and snorting heroin. When he returned to these drugs he lost all the weight he had once gained. He continued with drug court through the year—from the gun charges—which was officially a “plea of abeyance:” on the condition that he did not receive any more charges and attended drug court, the charges would be dropped. If he failed a weekly drug test while in drug court, he returned to jail, and this resulted in Brad remaining in the jail for weekends and ultimately a few months.

During that last year, when he was in and out of jail, he engaged in serious drug use, often leaving friends and family weekends at a time. His stepfather remembered the following in relation to Brad’s absence:

> He went through withdrawals, and the whole panic idea of not having the drug. But the meth part—he was just never around when he was doing meth, almost a four month period, I mean, I’d see him once or twice, but we couldn’t carry on a conversation, he was so messed up.

During this time of Brad’s heavy illicit drug use, his girlfriend, too, recollected his behavior:

> I picked him up one night, he was sitting in the car and he thought he was sitting still, but he was going in circles, just moving his whole body; it was unreal. The meth really changed things.

While he was taking meth and heroin, he kept a journal, and he wrote while he was high. In this journal, he drafted his own obituaries, such as, “He passed away on his four-wheeler,” known because his girlfriend read from its pages once. Also, she described the pressure he used on the pen when he wrote and drew bizarre shapes and patterns in the journal as “scary.”

Final Days

As the months progressed after his incarceration, Brad's parents heard him say, “Well, I’ll just kill myself.” At this time, his friend was living with him, a friend who only aggravated his drug addiction by using together and dissembling this fact from his parents.

After his second charge, Brad transitioned into a work release program, which meant he had to accept the previous charges. But starting in January, he began a 90-day program which would allow him to work at the auto shop during the weekdays and report back to the jail evenings and weekends.

That January, his family took a sledding trip, only a week before he died. While stopping at the gas station, his aunt remembered how he solicitously tried to help carry out the drinks to everyone. She recollected he was required to return home that night at 6 p. m. to call his parole officer, so he could not go sledding for long. But she said he would drag the kids up and down the hill repeatedly in their sleds. One relative brought the cupcakes Brad especially liked, and she fondly reported he must have eaten five. That

was the last time many members of his extended family saw him. Many family members reflected that he was rubbing his legs to ease his muscle pain from drug use even while sledding three days before he died.

His mother noted that he stopped taking drugs “cold turkey” the Tuesday night before he died to avoid testing positive while at work, and that the withdrawals were “horrible.” The next day (Wednesday), he began the work release program, and he worked through Thursday and Friday. Thursday he entered the family auto shop from the back door as he was accustomed—where the family sat and chatted—eager to glean tidbits from what everyone was talking about. For example, his grandmother recollected how he hungrily said, “What’s going on Grandma, what’s going on? Where are you going tonight, Grandma?” And she noted that he still had a “thing” for hand lotion that day, as is his custom, squirting a generous amount into his hands.

Thursday evening, while his employer was out of town and could not take the call, Brad helped an 82-year-old woman tow her car away from a fire hydrant, lifting her into and out of his wrecker. Even the Friday night before his death, his family saw him playing with his nieces; he carried them on his shoulders. Saturday night, an officer noted that the inmates told him Brad played cards while in jail, and he told them he always looked up to his sister and wished “he could have been there for her” more consistently than he had been. That selfsame night he hung himself in his cell.

Thematic Elements Gleaned from Narrative

What has unfolded above constituted a loose chronological framework with a subtext of elements embedded throughout. These thematic elements will be highlighted in the latter portion of this chapter: First, thorough discussion about hypersensitivity, and how this observed trait affected his actions in his later life. Next, themes surrounding his observed childlike nature to cope with said hypersensitivity, destructive peer relationships, guilt from delinquent behavior, and the relationship between ADHD and his sensitivity will be highlighted.

Element One: Hypersensitivity to Disappointment

Since early childhood, family members noted that Brad and his mother shared a "tender-hearted" gene. According to her father, "If she [Brad's mother] sees someone run over a rock she feels sorry for the rock (*laugh*s). She's very sensitive." Brad's mother never wanted anybody mad at her, and when Brad became involved with drugs, she seemed crushed. Sometimes Brad yelled at her, but he always apologized afterward. He could not bear disappointing her and, as recompense, he bought her presents.

Indeed, throughout Brad's life, family noted he often exhibited behavior that reflected a strong sense of self-loathing, sensitivity, and guilt for his actions. His boy scout leader said, "It looked like he carried a lot of guilt." His mother said, "He would just get really angry, and he would just say sometimes—he would hate how he hurt us—I'd just be better off dead!" He often remarked that he never felt he lived up to everyone's expectations. And, in fact, on many occasions he would threaten to kill himself when he experienced traumatic events not unlike being arrested. An adult

mentor/friend remembered the following regarding Brad's anxious behavior when Brad knew he was disappointing other people:

> Whenever something big would happen he would panic . . . his little sister even, they can't handle the stress, they get sick. For instance, with the first time he went in jail, when he'd do something wrong he'd just start worrying, and he'd start talking really fast, and he'd panic, he'd just literally panic: He'd mumble on, he wasn't quiet, but when he had something that was very stressful, he'd just start yapping, and his tone of voice would change, like when you're getting really excited. But he'd start rambling, and a few times he'd just break down . . .

His girlfriend elaborated on how he acted after such traumatic incidents:

> . . . [He would] bawl, cry, that kinda thing, he'd get to the point where his grandpa meant the world, and he stole from him a lot . . . he just, I don't know, he's emotional, very emotional person . . . upset is the word, that he would get so sick, that he'd get a stomach ache, he'd get so emotional.

The family often admitted to chiding Brad, reminding him that he could behave better. And when he was using drugs, he would not look others in the eye and often behaved distantly. His church leader also noticed such evasive behavior. He said this of Brad:

> You had to kind of corner him to talk to him, and we worried about his feelings, because he was sensitive, and he didn't want to disappoint somebody, so he didn't want to be found doing something wrong. So he was still likeable and friendly and all, but he wouldn't come over anymore, or initiate any kind of conversation, you had to make it over to him.

His boy scout leader also noted how he behaved at this time and attempted to mask his drug use:

> He could play it off pretty well . . . you don't notice with him, the weight was the biggest thing, or his legs because you could see the chemicals come through, but he could play it off pretty well that he wasn't using.

Additionally, Brad's adult mentor for whom he worked at her farm noticed his lack of eye contact and distant behavior. She noted the following behaviors:

> Brad could not look you in the eye when he was using . . . he would shy away, and just keep his head down low, and you could tell that it just got him low to be around [a worker who was] more than a field hand.

Finally, hand-in-hand with these observations his uncle noted that "he never wanted to do drugs in front of anybody. He didn't want us to think of him as a dirt bag."

Mentors and teachers reported that when he got in trouble he would shyly smile, avert his eyes to the floor, and admit, "I know." They noted that he loathed disappointing people during those incidents he was caught. He did not want to upset anyone. His adult friend at the farm observed, "I don't know if it was the drugs, well, yes the drugs because that was causing him to do it, but it was the disappointing his family that really, especially his mom, I mean, he'd say, I can't do this to my mom . . . or Grandpa."

His girlfriend reported the following observation of how Brad interacted in his family. She said, "Brad was the Black Sheep of that family, they're all good people, all churchgoers, very religious, [his mom] tried to get him to go to church a lot."

Brad did not respond well to a lot of strong criticism, even at work, because according to his grandfather he had a "real soft heart." Once his grandfather chided him

and he replied in a somber, self-critical tone, “Grandpa, why don’t you just fire me.” He needed acceptance, and assurance, more so than his sister, because she seemed more independent to the family. One Christmas, he cried when he received a present, and he looked shocked because he did not think he would get anything that year.

Brad also behaved in a manner “aimed to please.” Once his grandmother saw him in the yard of a friend she didn’t approve of. She reminded him that he needed to be focusing on his schoolwork. He eagerly replied to her, “Oh, Grandma, I’m getting the homework done,” even though she remarked she knew his grades were slipping.

In addition to gainsaying school problems, he also tried to assure family that he would not commit suicide due to his drug use. When he discussed his actions at length with his family, he said to his grandfather he was not as “far down the line” as his friends who were “shooting up and dying” of an overdose. His grandfather noted that sometimes Brad would roll up his sleeve and say to him, “The only people that commit suicide are taking drugs intravenously. You see the track marks on their arms, then you know they’re closer to suicide.” Then he exposed his arms, and showed them to prove there were not any marks, to assure his family that he would never take heroin intravenously.

As mentioned earlier, Brad worked at a barn of a mentor whom he became very close to, and even then, he did his best to please her. For example, she became very emotional when an animal died, and so he volunteered to bury the animals. One day her dog was hit by a car while her children were in the barn playing, and so he carried the dog onto his four-wheeler, conducted a gravesite ceremony with the children, and buried him. However, later she found out that not all of the animals were buried. But he always said he would because he knew how much it upset her to imagine them otherwise.

Story: Babysitting. As an example of his fear of disappointing others, Brad adored children and often could be seen goofing around with his nieces and nephews, or lifting one onto his shoulders. Once he offered to babysit his aunt's four children and a tiny baby; she declined his offer. The family could tell Brad was so upset about not having that chance to babysit, so they said, "Okay, come on down." According to his aunt, he felt very distressed because he assumed they deemed him an unfit babysitter, and all his energy was put toward disproving them by saying, "Hey I can do this; I can be responsible."

Story: Christmas. An additional example of Brad's sensitivity was evident in his desire to avoid being near people he felt he had disappointed. During an earlier Christmas he told his grandmother and aunt he wanted to participate in the family celebrations—they had even drawn names and he had drawn his little brother's. But the night of the activity, he merely came to the door with the gift and simply said, "Give this to Jake." He raced away from the doorstep. When his family finally found him, his grandmother said, "He just cried and cried like everybody would get mad at him." His family had to coax him into the festivities, and when he did come home, he was not violent, ". . . just real sad." He left because he felt he did not deserve to be there because his behavior that year had hurt others. He perceived people would not want him to join, but he still wanted to give away the present he thoughtfully prepared.

Story: Main Street. This next story was included because it highlighted how family noticed his sensitive reactions when he disappointed someone. When he was a sixteen-year-old, Brad's uncle became mad at him while they were working together at the auto shop, and he burst into tears, walking the entire way home. His uncle followed

him in his car, and even though he could not remember what he said to Brad, he was struck by how much he had hurt his feelings: “He was just a very sensitive boy . . . old enough *not* to be walking down Main Street just bawling . . . You just knew he was a sensitive kid, just soft-hearted.”

Element Two: Childlike Regression as Coping Mechanism

Brad’s uncle noted above how Brad appeared to have the disposition of a child. In fact, almost all interviewees remarked that he seemed a child his entire life—several mentioned how even when he was a teenager he arranged his room like a miniature town with a ranch house. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), defense levels of individual defense mechanisms range from a high adaptive level (e.g. altruism, humor, and sublimation), to a level of defensive dysregulation, characterized by a failure to regulate one’s responses to stressors (e.g. psychotic distortion) (APA, 2000). By having such child-like fantasies and play habits, Brad appeared to be functioning in one of the lower defense levels—Major Image-distorting Level—characterized by a gross distortion of self—and other-images. An example of a defense mechanism in this level is autistic fantasy, wherein the following reflects Brad’s child-like play, as outlined in the DSM-IV:

> Autistic Fantasy: the individual deals with emotional conflict or internal/external stressors by excessive daydreaming as a substitute for human relationships, more effective action, or problem solving. (APA, p. 756)

Security blanket. Brad dearly kept a quilt that a secretary at a family-owned garage had made for his first birthday, and it depicted a town with peak-holes all over it. He drove his toy cars on the quilted road, and that was his security blanket throughout his

life. By the time he died the blanket had been torn practically into shreds, and each of his family members were given a piece of its remnants. This blanket appears to be a transitional object for Brad, one that may have represented his mother, which also could have served as a defense mechanism against feeling unlovable and escaping reality.

Curious nature. As another manifestation of Brad's childlike traits, his family noted how he was a very curious boy, and such curiosity did not seem to ebb after childhood. The family often remarked how they could not believe how many questions he would ask, such as "why do those people have goats in their yard?" Later, commenting on Brad's inquisitiveness, a family member made the following memorable observation:

> [This town] used to be a very wealthy town, but now it's just falling apart, and that's where all my grandparents are from, originally from Germany. And one time we took him for a ride up there to see where they're from, but it's just a mining town, kinda ramshackle, and we'd drive around and look at our heritage. And out of the blue he said, "This is just junk! Why is all of this junk?" (*Laughs*). And it's interesting, because here I was, trying to impress on him that this is the town your great grandparents lived in but all he could see was junk!

Farm animals and toys. In addition to his curiosity, Brad loved to play with animals, and since his grandfather and uncle both owned farms, he often frequented their property. Brad appeared to reflect an innocent solicitude for all creatures not only in childhood, but as a teenager as well. He often fed baby sheep with a bottle when he was little. From this early age, he was actively involved in the local 4H and FAA program. And as a teenager, he spent hours tending to his adult friend's farm nearby. Family remarked that whatever time he did not spend at work, he spent with the horses in her

barn. In fact, even when Brad moved in with his girlfriend's family, her house had a spare bedroom where he set up his farm and miniature city, with his toy cars and farm machines. This arrangement mirrored his own room at home, as mentioned earlier in the narrative.

Mother's things. The following story recounted by Brad's girlfriend was included because Brad's associations with his baby blanket seem to be more comforting when he slept with it in his mother's bed. In sync with child-like behaviors in late adolescence, when Brad's mom and dad were out of town, he and his girlfriend sneaked into his house. His girlfriend noted that his mother's room and bed comforted Brad. She said that he slept there "with his blankie (*laughs*), that thing was dirty, it was disgusting . . . when we'd sleep, it'd have to go right here, on both of us, because he had a thing with it, security."

In fact, notwithstanding his age, the very week he died, Brad still played with toy cars and farm equipment, and he rubbed the tattered remnants of his security blanket between his fingers, like a little child would. Such regression up until his last days may have helped him cope with the weight of his delinquent behavior and subsequent guilt from disappointing his family—regressing to an innocent childlike state to escape reality.

Element Three: Guilt from Stealing and Subsequent Incarceration

Brad's desperation to get money for drugs was tragic to his parents. And in fact, this delinquent behavior serves as an interesting juxtaposition to the aforementioned childlike behavior, and will be highlighted below. For example, his stepfather and mother remembered the following incidents that reflected how desperate Brad seemed:

> He got into our title box for our cars, even after we'd hid it, and he took out titles, sold them, and I didn't even know he knew where they were. It's amazing how desperate he was—title loans, to get cash. In fact, they still have the title to the cars. We didn't want to go in. He'd do anything for the drugs. We hid those titles in a specific spot, and for him to find that he must have really looked.

His stepfather also remembered a story about Brad stealing things in desperation. He recounted the story as follows:

> We had a coin tray, put them in there at the end of the night, and he, poor guy, would take quarters and nickels and dimes, anything to . . . and at first I didn't think anything of it, a dollar's not bad, and then it got to the point, okay, he's taking this, and he's taking money out of what [his mom] has for the garage, and taking something from [his sister] . . . what else could he take?
>
> His mother said, "The problem was, it's just that we knew, 'he's using again.' And he'd get good money in a paycheck, and then, bam! 'Mom, I need an advance on my check.'"

Other family members were aware of how desperate Brad was becoming. He sometimes called his grandparent's house in the middle of the night, from an unlisted number, presumably to see if they were home and/or awake. His grandmother recounts the following memory of Brad breaking into their house:

> One night . . . we didn't feel right, we just got a feeling we should turn around home, and we saw Brad in our house, and we called the cops. We saw him run out the back—this was 18 or 19, just two years before he died—and we never did find anything that he took, and then he came over and said, "Grandma, what's going

> on?" And we said, "We think you know what," and he just started crying. He came in, and we all cried together, and sat down, and just talked about it, and said how much we loved him—Brad knew—and we told him we didn't want to charge him. We didn't know what he was after, money or drugs, we didn't have any, and we never did miss anything.

While charges were not pressed after that incident, he was arrested when he stole his step-father's guns later that year. His mother said, "We didn't know what to do, because that's when we had everybody giving us advice about how to make the decision with Brad." But his parents imagined that perhaps an arrest would "shock" him into turning his life around.

Self-loathing from actions. Brad became hysterical when his parents turned him in for pawning the guns. His girlfriend noted, "that was the first time I saw him breaking down as hard as he did . . . he would say, I just want to kill myself, I just can't handle the disappointment I've caused, I've done this, I've done that . . . they're tuning me in, and I'm like, 'What'd you do it for?' I needed the money, I was going through withdrawals."

That night after the officers picked him up, he called his mother on the phone, yelled that she must hate him, until the police officer and family friend "literally tore him off the line." Many report that the arrest was the first time he was ever that "shaken up," or distressed.

He also had to serve time when he was arrested again for pawning his grandfather's tools. His grandfather recounted the following story that led to Brad's adjudication:

> Once I lost some tools and . . . I took [Brad] on the pretense of a wrecking call . . . and then I said . . . "There's some things missing, and I need to know where they're at." It was hard for him, for both of us, so he took me to a pawn shop, we went in together, and I asked for the tools, and I was trying to put together the money to buy them, and we're both just kinda looking around, and I was reaching for something and Brad was still there. Then when I turned around he was gone. I looked all around, but I finally had to go back to work. He must have gotten a friend or something, and he came to work a few days later. I'm sure it was just a traumatic experience for him, getting caught by his granddad, especially after the firearms, that was basically the second time this had happened, and our personal close friend was a police chief at the time, so [his mom] asked him the best way to go about the situation, and they thought they should charge him, that was the first time, and they thought they'd use it as a theft charge, hopefully to scare him away from that kinda thing, give him a feeling of what jail was like, so he'd be less drug-prone, and I'm not sure it helped.

Need for approval from loved ones. Family visited him at the jail, and he acted very appreciative that someone would come. They never saw him angry when they visited. His aunt noted that he acted "just like the good old Brad: smiley, happy, even there in jail." His uncle would visit him during his weekly drug court arraignments. He would sit in the back with him and talk, and he seemed to always wear a smile on his face when he saw someone he knew visiting him in the court. Once Brad's aunt brought his new baby nephew, and he appeared thrilled. He was handcuffed and wearing his prison

clothes, but when he saw the baby he walked right over to him. Truly, family noted that his behavior reflected a boy who desperately sought family approval.

However, he experienced lonely moments too. In the evenings when he was in jail, he often called his mother every five minutes, crying and crying, pleading with her, "Please, come and get me, I can't take it over here, I just can't take it." His grandmother also noted that at these times, "he'd call over here, and I just wouldn't answer."

Element Four: Peer Relationships—Disappointment's Balm and Poison

Brad's peer relationships aggravated his relationship with his parents and lead to the above incarceration by feeding his drug abuse. Ironically, such substance abuse was the behavior he chose to help him assuage the pain, according to his friends. Doing so seemed to have served a similar purpose to his childlike regression.

First, it is important to note that although Brad was friendly and many knew of him, when he was young he did not have many close friends. He seemed to remedy the situation by trying to get into the social scene through partying in adolescence. His friend noted there is not much else to do in their rural area. By drinking and attending these parties, his social circle began to widen.

Interestingly, almost like an elastic band, as this circle widened with substance use, it also snapped back in the last days of his life. Weeks before he died, he argued intensely with his closest friend due to a bad drug deal, and they fell out of friendship. Furthermore, friends noticed that he had begun to isolate himself when he became heavily involved in meth, cocaine, and heroin, months before he died. Thus, his only friends were those that he would use drugs with—losing those friends only isolated him further.

When Brad felt his family relationships had suffered irreparable damage (after getting caught stealing for drug money, or being lectured about drug use), he and his friend remedied the situation by getting drunk together, or getting high, to forget the instance. His friend explained, “Because I mean, you just smoke and drink to get rid of the problems you’ve got, like with family or school . . . kinda crappy, you know, it’s depression . . . but it gets your mind off it. It’s just what we did.” In fact, when Brad drank and drove through a nearby canyon, he once approached a roadblock with an officer standing by. He only had a can in his bronco. But he panicked, swerved, and performed a complete turnaround. The police officer noticed such erratic behavior. He received an open container penalty.

As he began using drugs, he distanced himself from his church youth group, folded his arms in class, and sat unengaged in the corner. He was reported to be a follower, holding back and not wanting to take charge. He began to drift from his Sunday school peers as he furthered his drug use, and so his boy scout leader bought an ’84 Ford bronco as their “scout mobile” and told Brad he would appreciate his help to fix the vehicle. Brad seemed proud to diagnose what needed to be done and helped get it running again. But other than that instance, both his scout leader and Sunday school teacher noted that he seemed hard to reach after age sixteen. In other words, he acted more moody, reserved, and uncooperative.

During the last months of his life, a friend moved in with Brad, which seemed to escalate his drug use. They hid drugs in the house and would often leave for the weekends to buy/use heroin. Brad did not go to Salt Lake to buy until he met this friend six months before he died, but once they met, they traveled together to buy heroin and

cocaine often. Before that incidental friendship his girlfriend noted he said he would never go to Salt Lake, nor would he ever use heroin, because his dad had done so. This friend later disclosed that he and Brad planned to do a “mass suicide” by shooting up in the canyon and killing themselves.

Element Five: Disappointing Others Academically

Shifting now from peer to teacher relationships, Brad’s short attention span aggravated interactions with his teachers in elementary school, and thus school simply seemed a struggle for him. One family member was a teacher’s aide for one of Brad’s former teachers, and he said, “I noticed he was always hyper, not the loudest kid in class, but a kid who just couldn’t sit down and complete a task.” When things became boring, he appeared to lose all concentration.

Coping with ADHD. From viewing his report cards, his mother was struck by how differently teachers interpreted him: some liked him, while others thought he was irresponsible. He was diagnosed with attention-deficit hyperactivity disorder early in his elementary school years and was prescribed Ritalin. He appeared to perform much better. However, his 5th grade teacher lobbied against him taking it. That year he discontinued taking the medication, and he did not take it again.

Beginning in middle school, many of Brad’s teachers thought he needed Ritalin, while others continued to assert that he did not. His mother felt torn, and while she noted that taking Ritalin helped his schoolwork, she also felt he was a “different kid,” “a Zombie.” He remained easily distracted, to the extent that his teacher said “that a pin would drop halfway across the room, and he would hear it.”

Struggling in High School. Brad attended a local public high school, but he transferred to an alternative school due to his poor attendance around the 9th grade. At this school, his biological father was notorious for drug issues too, and his teacher noted that people would say, “You’re just like your dad, you're going to be just like him.” In addition to his family history, he had difficulty attending because he told his teacher he would see the semester’s end as “too far away” to think seriously about at the moment. A school counselor noted that he held himself back when he was using drugs, and acted reluctant to open up, unless you asked him directly about his condition:

> I’d just ask him how he was, and he’d be like, fine, fine . . . I mean, very shy, he’d come in with a friend and his friend would do most of the talking, and I would always ask him how he was doing’ and he’d say, fine fine . . . I had to ask very specific questions to get any answers, I mean, he wouldn’t volunteer it, and I could tell he was struggling, I mean.

When he was eighteen years old, his school counselor became worried enough about him to the extent that she drove to his house with a social worker as a consultant. She confronted him about his drug use and told him that when he was ready to be helped, she wanted to help him. He put his head down and cried. She gave him a hug, left, and he came around very once in a while to see her. At his girlfriend’s graduation, he tried to avoid her, but his girlfriend said, “Go find Brad. He won’t come find you because he feels bad, but go find Brad.”

Similarly, another teacher confronted Brad before he dropped out when his friend died of an overdose. He disclosed what happened to his friend, and she cautioned that he not let the same thing happen to him. He became very defensive. Sometimes, when he

left school, she reported that she saw him exit the side door, and she would ask where he was going early. She remembered, “And he’d just grin . . . And go. (*laugh*)” He never gave her an “attitude,” but rather, in her words, “Here’s my smile, goodbye!”

Dropping out. Another church mentor/Department of Workforce Services employee tried to arrange an apprenticeship with the auto shop he worked in, to encourage Brad to remain in school, and he seemed excited. However, he did not have a driver’s license at the time, and this mentor reported, “He would say things like, 'I can’t do the school part.'” Brad dropped out his junior year, only a few credits from graduation. His grandfather speculated that he could not bear disappointing everyone in school by repeating his father’s past.

Element Six: Hypersensitivity Toward the Law

Another theme that was noted was Brad's constant vigilance about his own standing with the law. If he felt he was in trouble with the law, his self-image suffered more than what would be expected for teenage hubris or invincibility.

Probation officer. While on probation after his subsequent dropout and arrest for theft, he was required to be home every night. Many family members reported that he was scared of his probation officer, to whom he was accountable three months before he died. He came home every night, and he punctually and dutifully called (multiple times) to confirm that the officer heard where he was. So his family played board games every night for those months, to make the time pass quickly and calm him down.

Work release and drug use. Later, these relatives noted that Brad wanted so desperately to please his parents during the last week of his life. Each night when he returned home, he seemed afraid of being sent to jail again. His mother said that he

impulsively stopped his drug use Tuesday night to avoid testing positive while at work, even though the ensuing withdrawals seemed too much to bear. The next day, in desperation, he panicked, disclosing to his girlfriend, “I decided today I’m going to kill myself. I’m going to do it.” When she asked him to explain, he said to her, “Oh, I stole from my grandpa again, and I just can’t do it anymore, and they’re not going to keep forgiving me, and I don’t want to go back to jail, and I can’t do it anymore.” To her, this signified one important fact: that he was stealing because he needed drug money. Thus, he was still using either heroin or meth, and his goal to quit had failed.

According to his mother, Brad appeared scared at that time. Being on work release, going to lunch, taking drugs, returning to the jail in the evening, and failing the jail’s drug test seemed too much for him to imagine. She did not know why he dreaded getting caught that severely, but that prospect was the straw. She said, “I don’t think he wanted to fail another drug test and disappoint everyone, and have to spend full-time in jail. He was tired of drug court—he was tired of everything.” He neither passed nor failed the drug test Sunday morning, because he died that weekend in his cell.

Epilogue

To conclude Brad’s life story chapter with a loving memory before discussing implications, Brad’s Grandfather’s last remarks will be retold here. Contextually, I had just asked his Grandfather if there were any more memories of Brad he would be willing to share. He responded as follows:

> Just a humorous one (*smiles*). One time we went four-wheeling down this canyon that was v-shaped, and the challenge is you drive your vehicle up, so you’ve got to stay level cause it’s easy for the car to slip. It’s pretty scary to do it, and the last

time we were down in Moab he had his own Bronco, and you usually need one or two people to be out there to tell you where you should drive. And as we started up through, he would put his hand out the window against the rock wall, and I said “Brad, what do you think you’re doing?” “I don’t want to roll,” and I said, “If it’s gonna roll, your arm out that window isn’t going to keep it from rolling, and everybody started chiming in, saying, “Brad you’d better get your hand in the window!” But he just couldn’t resist it. Every two minutes he’d do it and somebody would yell and say, “Brad, get your hand in there!”

DISCUSSION

Let Love clasp Grief lest both be drowned,
let darkness keep her raven gloss.
Ah, sweeter to be drunk with loss,
to dance with Death, to beat the ground,

than that the victor Hours should scorn
the long result of love, and boast,
"Behold the man that loved and lost,
but all he was is overworn."

—Tennyson, *In Memoriam*

The discussion section will be organized by first discussing findings of the case study, with regard to issues surrounding suicide and substance abuse, incarceration, and emotional sensitivity which hearken back to extant suicide literature. Then, significance of the study findings will be discussed, followed by limitations. Recommendations for those who may become involved with incarcerated teenagers will be discussed, followed by recommendations for future research.

Findings Relative to Literature

The epistemological question that drove this section was: What can be learned about a single case? To begin, it is important to note that this study was designed to optimize the understanding of one single case, that of Brad's life, rather than generalizing beyond it.

Substance Abuse

A major finding of this study was that all respondents interviewed noted Brad's involvement with drugs, a potential diagnosis of substance abuse and withdrawal, was a major factor that contributed to his suicide. Such a finding was consistent with the

literature that the presence of a mental illness was a risk factor for suicide (Brent et al., 1993; NIMH, 2004). Studies have estimated that suicide completion was strongly linked to substance abuse, occurring between 11% and 35% of cases (Housten, Hawton, & Shepperd, 2001; Schaffer et al., 1996).

ADHD and Comorbid Disorders

Additionally, that Brad was diagnosed with ADHD at an earlier age coincided with the literature that children with ADHD were at higher risk for developing substance abuse later in life (Lai et al., 2004). However, this relationship may be mediated by high rates of conduct disorder with both substance abuse and suicide completion, which would render the relationship less direct. It has been posited that ADHD typically occurred first, followed by a conduct disorder (Kuperman, Schlosser, & Kramer, 2001). Substance abuse would begin with alcohol or tobacco, followed by marijuana and then other street drugs. This pattern reflected Brad's case in terms of his early diagnosis of ADHD, which was followed by tobacco and marijuana (and cough syrup), leading to methamphetamine, oxycodone, cocaine, and heroin later in Brad's life.

Family History

Recent literature has also documented the association of heredity and substance abuse (Rowan, 2001). Brad's strong familial history of substance abuse on one side of the family, compounded by reminders in both school and in jail that that his father was labeled as a heavy user, may have contributed to his suicide. And, in Brad's family, his uncle died while involved with drugs. While his death has not been determined to be suicide-related, the ambiguity of the situation may suggest that if it were a suicide, this finding was consistent with literature that have linked adolescent suicide and another

family member's death by suicide (Gould et al., 1992). This suggested that Brad could have been vulnerable to suicide due to potential family history and genetic vulnerability to substance abuse.

Critical Incidents

Those who knew Brad well noted major life events that they saw affect him greatly. This did not seem to be an artifact of my interview style. In fact, when—in my early interviews—I directly asked about any "incidents in his life that seemed to be particularly important to him," the answers were usually in the negative and the discussion flatlined. However, within the ebb and flow of the discussion, as informants looked back on what they remembered about Brad, certain events seemed to emerge that seemed to "shake him up," or "really affect him." These events included his young uncle's untimely death, his grandfather's passing, the first time he received a DUI, breaking up with his girlfriend, the first time he was sent to jail for pawning his family's belongings, the second time he was arrested, and certain holidays or special occasions that were particularly meaningful to him.

Those who knew him indicated that these occasions were reflective of Brad's inner turmoil, because although they often said they could not report on "what was going on inside" for Brad, they could richly describe certain times when he was distressed. These escalated six months prior to his death, but it is important to note that Brad's substance abuse and hypersensitivity were present early on in his life.

Challenging Initial Assumptions about Change

With such thematic elements present in his early life, it is important that I now hearken back to the initial purpose of this paper: to contrast lifelong behavior patterns

with those of patterns six months prior to his death. There was little contrast, which begged the question: How could we detect a suicidal youth if there were not egregious differences to warn of impending tragedy? The answer to this question is more hopeful than I expected: Brad's lifelong traits such as hypersensitivity, withdrawal, shame, and isolation, were ever-present. Thus, those concerned about an adolescent need only to observe potentially dangerous patterns that have been perpetuated over years—even a lifetime. One should not fear that the "critical changes" will be overlooked, nor worry that "I never saw it coming." To the contrary, Brad's suicide could have been seen from a great chronological distance, though his drug use tipped the scales, as it were.

While Brad did appear more withdrawn, ashamed, and isolated toward the end of his life, this is most likely a product of his progressive drug use and resulting guilt. Such guilt, compounded with the effects of the drug, was devastating. Family reported that he tended to exhibit more angry or irritable behavior when he began using meth and oxycodone/heroin. He also complained of pains in his legs when experiencing withdrawals from the oxycodone and also stomach pain when he became very emotional and guilt-prone, a symptom of anxiety. When on meth, Brad lost a lot of weight and appeared more irritable than usual. When he was heavily into the drugs six months prior to his death, he left days and weeks at a time so that his family would not see him on drugs.

One finding was that identifying any changes in behavior were more difficult for those not intimately familiar with Brad. For instance—since Brad appeared to hide his drug use from people—extended family, teachers, and community mentors did not report any depressive or self-harmful statements, or anything extremely out of the ordinary as

his life came to a close. However, they were able to detect subtle differences in the way he acted (or, to be precise, earlier patterns aggravated over time): that he was more withdrawn, that he would put his head down and not look you in the eye, that he would become very defensive about his drug use, when before, he would just smile shyly.

Brad's downfall occurred subtly but steadily—even predictably—over the years. This case was very different from a typical stereotype of an adolescent on drugs who dramatically "spiraled down" to depression and suicide with tattoos, long hair, and a general unkempt look. His uncle noted the following details regarding Brad's appearance:

> And he was very clean-cut, clean-shaven, never had a beard, never had his hair grow long, even the police at the hospital staff they said they had a lot of young men coming into the hospital for attempting suicide, but that they rarely have someone coming in who looks so clean—no earrings, no tattoos, so clean-cut.

It is thus important to note that such subtlety can still be telling and that important details of his lifelong behavior should not be lost 'mid the stereotypes we are accustomed to looking for. Because, as many of the respondents who knew him reported, Brad was not your average drug addict.

Consistent with the literature, most people did not interpret these subtle lifelong cues as indicators of potential suicide (King, 1997). The presence of his subtle worsening over the years highlighted important implications for those who work with at-risk youth. For example, those who work closely with teenagers or young adults (19-24) need to have an increased awareness of any departure from what is normal or expected for these

youth, in addition to carefully examining past habits and behaviors that appear to be worsening over time.

Death Statements

Apart from those mentioned above who didn't know him too well, those who were very close to Brad noted that he had expressed feelings of hopelessness, self-loathing, and ruminations about death and suicide. He had done so with very close family members and friends. Such statements are shown in the literature to increase suicide risk (Lester, 2000). His friends did not take these vocalizations seriously because he had said them before when traumatic life events occurred, and his close family members did not know what to do about it.

Since Brad made these statements at different times and friends did not report them to adults, his family could not have known that these statements were occurring simultaneously and with more frequency. Although education about suicide is increasing in the schools, media, and the justice system, it is important that communities continue to educate about warning signs and the appropriateness to "talk about suicide" with others despite the stigma attached to merely mentioning the word in conversation. Also it is important to note that all comments that suggest thoughts of or plans to carry out suicide must be taken seriously, giving rise to further conversation and follow-up.

Incarceration Risk

Another finding in the study supported by the literature was that youth were at significantly more risk of suicide when they were involved with the justice system and/or are incarcerated (Alessi et al., 1984; Blank, 1997; Bureau of Justice Statistics, 2004; Hayes, 2000). Brad, as reported by close family and friends, experienced incarceration as

a form of trauma, resulting in behavior not typical of what he would usually do. For example, the first time he was arrested, he called his mother from the jail, yelling and screaming to the extent that the officer yanked him away from the phone. Also, he had reported to close friends that he couldn't handle disappointing his family anymore by doing so many awful things and letting them down by going to prison.

Self-Loathing

Interestingly, Brad seemed to have entered a cycle of antisocial, disruptive behavior (drug use, pawning, stealing, anger outbursts) followed by poignant, deep, self-inflicted guilt. From reports by informants, Brad often commented about how he felt so bad about disappointing his family and friends, especially his mother. His behavior, too, showed an upset every time he let them down by being arrested. He was even reported to be exhibiting signs of trauma and anxiety at the thought of being caught and arrested after he had committed a reprehensible, disruptive act.

Implications from this cycle can include keeping a close watch on disruptive behaviors followed by intense self-flagellation as a warning sign that such sensitivity can lead to the ultimate self-inflicted punishment: suicide. Brad's parents and grandparents noted that he was receiving counseling at one point while heavily involved with drugs and attempting rehabilitation.

Latent Depressive Symptoms

Reportedly, mental health providers did not pick up on any signs of depression Brad may have exhibited. His family, too, did not report that he seemed to have a depressed mood most of the time; on the contrary, he took pleasure with many of his day-to-day activities and appeared in general a happy-go-lucky kid. He may not have met

criteria for a major depressive disorder, which is prevalent in most cases of suicide completers (Beck et al., 1989; Gould & Kramer, 2001; Shneidman, 1996).

While Brad may not have qualified for a major depressive disorder, it would be important to pay attention to warning signs within the criteria. In Brad's case, this included his tendency to have "feelings of worthlessness or excessive or inappropriate guilt nearly every day" (APA, 2000). This tendency may have been compounded by other symptoms, "recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide." Such a combination of symptoms have been potentially dangerous for Brad, even though they do not constitute full criteria for a depressive disorder.

Due to the limitations of this study, the researcher could not access confidential information from Brad's mental health providers, and they could not be used as data sources. If it is true that Brad was experiencing excessive guilt and often ruminated about death, it would indicate that health care providers need to be better trained to detect potential warning signs in suicidal youth. It appears that Brad's mental health involvement centered around drug rehabilitation. It would be important for such providers also be aware of peripheral issues (such as depressive symptoms and suicidal ideation) that may be relevant to potential suicide when compounded by guilt associated with drug use.

This excessive guilt can often inflict damage on the youth's self-esteem, and this seemed to have been the case with Brad. Not only when he was incarcerated (a visible, tangible sign that he interpreted as being "no good") did he express this negative self-image. When he acted in ways that did not directly get him in trouble but he knew were

wrong, someone found out, he feared they would be disappointed in him. For example, when he was confronted by his brother at work he “bawled” the entire way home while walking down the street. When he stole from his grandparents one night, they caught him but didn’t turn him in, yet he cried, was still very shaken up, and acted extremely penitent.

Dating Relationship

Finally, when his girlfriend broke up with him due to his drug use and stealing, she reported he became very “emotional” and said he was so awful he should just kill himself and the world would be better for it. These examples highlighted Brad’s hypersensitivity toward assaulting his own self-esteem. Poor self-esteem resulting from such negative life events has been shown to be an increased risk for adolescent suicide (Berman & Jobes, 1991).

Family Stressors

In addition to low self-esteem in response to negative events, Brad also appeared to struggle with family stress. While this is not the case on his mother’s side of the family—since they were very close, supportive, and loving—friends and close family noted that Brad reported that he didn’t fit in his father’s family circle and that he became emotional when he talked about his father’s lack of involvement in his life. Children whose parents are not very involved in their child’s life have a higher rate of suicide (Neiger & Hopkins, 1988; Pfeffer et al., 1991).

Many noted that Brad respected his stepfather very much from a young age, and so it does not appear he lacked a father-figure. On the other hand, people noted he had said he was afraid of following in his father’s footsteps, and that meeting inmates who

used/bought drugs and also served time with his father distressed him. Teachers noted that at school most of their colleagues and students knew who his father was and Brad did not like to be compared to his father. At the same time, his friends reported that he often compared himself to his father, to the extent that it almost seemed a deterministic force in his life: that he would undoubtedly "turn out" just like his father, a high school drop-out and drug addict.

Such hopelessness as a component of suicide has been shown to be highly indicative of suicide completion (Beck, Brown, & Steer, 1989). This hopelessness, combined by Brad's highly emotional reactions to being incarcerated and therefore "no good" as mentioned earlier, are important factors in differentiating attempters from non-attempters among juvenile offenders (Brobst & Inwald, 1987).

Additional family problems that may have been a precipitant of Brad's suicide could have been the mismatch between his weaknesses in substance abuse and his uncles' occupations in law enforcement. Many informants noted that he did not mention being angry with most of his uncles and that he had a strong relationship with them, in general. However, many noted that Brad said that one particular uncle in law enforcement was "hard on him," and that Brad felt very uncomfortable around him and often resented his influence in his life. Such communication problems have been documented as risk factors for suicide (Tulloch, Blizzard, & Pinkus, 1997).

Academic Truancy

High school truancy has also been shown to be a risk factor (Kalafat & Elias, 1994; King et al., 2001), and Brad was no exception. Adult mentors in his life, parents, friends, and teachers all noted that school appeared to be hard for Brad, and that while he

was polite in his classes, his grades were poor and school just “didn’t come easy for him.” This is starkly contrasted with reports that, on the flipside, Brad was very good with his hands and had a sharp mechanical mind and interest in machines, especially farming machines.

One mentor remembered that he had tried to involve Brad in a cross-enrollment program with the technology college in auto mechanics, to help count his hours at work in the shop with high school credit. He mentioned Brad appeared motivated at first, but he did not follow through. This has an important implication for creatively blending a student’s learning style, interests, and skills with high school activities and continually encouraging them to follow through with their tailor-made program. However, Brad dropped out of high school, which seems to have further isolated himself and served as yet another indication to himself that he was worthless and letting everybody down.

Social Support

In sync with this apparent isolation by dropping out of school, Brad’s lack of peer social support toward the end of his life coincided with literature that isolation increases suicide risk (Cole, 1989). Many of his mentors noted that Brad seemed a very social child in Boy Scouts and church functions, and his teachers also noted that he had a lot of friends and students knew and liked him. However, these informants—as well as his friends—mentioned that as he became more heavily involved with drugs, he became less outgoing and more likely to withdraw often. Ultimately, weeks before his death, he and his friend whom he had spent most of his time with (because they used drugs together) had a “falling out” due to a bad drug deal.

This lack of peer social support clasped hand in hand with the link between emotional disruptions with a member of the opposite sex and suicide (Tischler, McHenry, & Morgan, 1981). Brad appeared to have a strong, emotionally intense relationship with a young woman for many years. When he broke up with his girlfriend, many noted that he became very stressed. He would cry, become very upset, and make many hopeless statements, even wanting to die. His friend said that toward the end of his life, Brad would become upset when he thought about how in addition to getting into so much trouble, he didn't have his girlfriend, either, having lost her to his drug use.

Impulsive Behavior

Research delving into the impulsivity and completed suicide nexus in adolescents has found such an association, particularly for impulsive violence (Brent et al., 1994). Many reported Brad to be a very hyperactive, scattered, impulsive young man. And his girlfriend reported that Brad would hit his sister on a whim, and doing so was not characteristic of his normal behavior. Additionally, all close family and friends reported that Brad gave no indication that he would harm himself that night in jail, furthering the notion that he impulsively took his own life.

Interviewing Family of Suicide Victims

In this study, I was deeply impacted by the finding that those whom I'd asked to interview were so willing to talk. Interviews often lasted many hours, and they seemed to become more comfortable over time, wanting me to know as much about Brad as possible toward the end of the interview. Their memories seemed clear: they were willing to talk about both positive and negative aspects about Brad's behavior (usually with a disapproving smirk or smile). I noticed myself feeling close to Brad and the important

people in his life, and I felt regret that I had not known him. These impressions seemed congruent with a hermeneutic approach to human interaction, and that to know is to help, to counsel, and to love—the most fundamental way to being in the world.

I was also struck by how very generous these people were with their time and willingness to be open with me. Our conversation became very emotional at times, and I didn't experience an interview without tears at some point. Their courage amazed me. And none reported any severe psychopathology from the effects of the suicide. In fact, all seemed to be coping with their loss in an individual, personal way, and talking about Brad's life seemed to have the paradoxical affect of both lightening and sobering their moods—they enjoyed reminiscing about Brad, and funny details about his life, and they also appeared to mourn their loss simultaneously (a non-linear process). These findings have also been noticed by other researchers who touch those who are grieving (Bacon, 2000; Beskow, Runeson, & Asgard, 1991; Cook & Bosley, 1995; Denegrov, 2004; Kovac & Range, 2000).

I was also impressed by their eagerness to help others—all in all, they seemed to be very a concerned population, since they were personally touched by tragedy. In the interview, they would mention wanting others to know that Brad was "real" and that his case should not go unnoticed by the world. Many commented about how much they imagine this would affect me as a future psychologist. I'd go further to say that not only has this meaningfully impacted my future work as a researcher and clinician, but also as a more complete human being.

Another interesting finding was that information yielded at the end of the interview seemed richer and more open than at the beginning due to the process work that

seemed to be occurring over the interview, without my interruptions or strict questions. People seemed more satisfied with the interview the less I spoke, with freedom to talk at their own pace about what they thought was important for me to know about Brad. Not only did this help establish rapport and contribute to the closeness I felt to them at the interview's end, but it also yielded richer, more meaningful data than I could have hoped for otherwise.

I found that the interviews were emotionally taxing for both myself and those I interviewed. From research citing anniversaries and holidays as particularly stressful for the grieving (Melhem et al., 2004; Mitchell et al., 2004), I discontinued interviews during the Christmas season, which was followed soon afterward by the one-year anniversary of Brad's death. Thus, my research had a long hiatus, but the cons (potentially setting back completion) did not compare to the pros (that friends and family would not experience any further distress during a particularly sensitive time for them).

Even so, we would often feel drained after such an experience, and so small talk afterward and a debriefing session about what I intended to do with the results seemed to "put us back together," so to speak. Since these interviews were conducted in a distant town, I found the car trip home a time to collect my thoughts, recuperate, and dictate my impressions of the interview for later transcription. And sometimes, silence on the trip was most appropriate, as it felt like what Brad's family shared with me was sacred, and I was overwhelmed by being a part of the experience.

Limitations

A paradoxical limitation that inhered to this study is that it is only one case: Naturalistic or phenomenological researchers would seek for generalizations, whereas a

more hermeneutic researcher would see the case as a "study of a valued particular." While the case statistically has no generalizing power, intrinsically it can be argued as an endeavor to optimize understanding by pursuing important, meaningful research questions. Experiential knowledge was the focus, with closer attention to context, rather than trying to abstract the context to arrive at an unsullied "truth." What this study lacked in generalization, it attempted to make up in rich, contextual understanding of Brad's life.

A limitation to the potential diversity of the study was that the informants were quite homogeneous. All were White and lived in rural Utah, and most were members of the LDS church. A more diverse group might have provided additional "lenses" from which to view Brad's life, but as it was, the 13 people that were part of this study provided rich, personal experiences that have greatly enhanced the picture of Brad's life as unfolded to me.

Another limitation to this study—if only in terms of potential threats to vocabulary used throughout—was that Brad was twenty when he died, not nineteen, thus excluding him from the de facto definition of what "adolescent suicide" entails. Furthermore, while he was involved with the juvenile justice system, he was more involved with the adult court system, since he was heavily charged as a seventeen-year-old, surpassing the age limit for the former. However, Brad was involved with the courts from age sixteen, and began his major substance abuse problems while in seventh grade, and so he potentially could have been more heavily involved with the juvenile justice system had he been caught more often, and his infractions while still a juvenile reflect Brad's experiences there and were similar to his experiences while incarcerated as an adolescent.

Another limitation was the fact that I was constrained in my interviewees. I did not have the opportunity to interview Brad's siblings or biological father. At the request of his mother, I did not interview either his younger sister or brother, and I felt it important to respect her decision. Many added in subsequent interviews that this decision was wise. I attempted to contact his father, but he did not respond to the letter I sent, nor did he respond to my calls. This may be understandable due to his extant drug use and criminal involvement and estrangement from Brad's other side of the family. These limitation's implications will be discussed when future research endeavors are proffered.

Furthermore, I was not able to interview juvenile justice staff or inmates, as many of the respondents noted to me when I asked that Brad did not remain in jail for long periods of time, and they could not think of anyone who might have known him there. Others also mentioned that they themselves were not able to find an employee staffed when Brad was in jail, as the turnaround rates seemed fast. One informant, however, was a police officer and attended drug court hearings with Brad while he was in jail.

Finally, time was a limitation I could not ignore. Had I years to perform this study, I would have interviewed the countless others who had knew Brad in the community, and their families. Everyone who knew him could not have been reached, but I attempted to capture the perspectives of those who knew him best and were willing to participate.

Practical Recommendations

Curricula for those who have close contact with at-risk youth should direct more time to the candid and open discussion of suicide. Those who potentially fall within this category are youth psychologists/counselors, and teachers (especially in alternative

schools or juvenile detention facilities). Also included are law enforcement officers or other staff (such as police officers, probation officers, jail/juvenile detention staff, and others involved within the courts such as state defense/prosecution attorneys and others who would otherwise be in any form of contact with the young man or woman).

More emphasis needs to be placed on the increasing seriousness of the problem of adolescent suicide, not only in the United States, but in rural states not unlike Utah. His mentor noted that, “For children, why did his sister have to go through family members dying at such an early age? This isn’t a major city, this isn’t Los Angeles . . . and these kids have to deal with death.”

If applicable, the theory may be discussed that isolation in rural areas can lead to hopelessness, which leads to further isolation in a negative downward cycle. Future professionals should be given knowledge about how adolescent suicide impacts not only the immediate family, but friends, family of such friends, and community members at large, as an ecological ripple. To understand the complexity of the problem, such implications in the life of an at-risk youth such as substance abuse, delinquent behaviors, and/or ADHD as a comorbid disorder need to be highlighted. It would also be important to stress the importance of family, peer, and adult-mentor social support in the life of the youth, to prevent isolation.

Assessing potentially suicidal adolescents would also need to be addressed to these trainees, such as knowledge of warning signs, and potentially a family approach to identifying a family history of suicide, depression, or substance abuse. It would be especially important to stress that adolescents may not meet all the criteria of a depressive disorder, and yet still be at risk depending on the context. These could include a

combination of excessive guilt/hopelessness, impulsive violence, or ruminations on death with *or* without a specific plan.

A police officer I interviewed who knew Brad made the following observation about how his training related to his experience with this unfortunate young man:

> I just think he didn't want to hurt anyone's feelings. I mean, suicide's one of those things people see as a greedy thing, because they think they don't realize that they're hurting others even worse. But I don't think . . . I mean, the police academy training I get is different because they say, 'Well they wanted to get back at a girlfriend, or their parents made them mad,' and I don't see Brad doing it for those reasons. He was just hurting too much, and he wanted to end the pain and he didn't want to hurt his mom anymore, or anyone else.

Exposure to these concepts would be beneficial to future trainees of professions in contact with at-risk youth. Such exposure would help professionals to have a greater understanding of the need to develop deep and caring relationships with these youth, furthering an appreciation of the complex constellations of adolescent behaviors that contribute to suicide, like substance abuse, incarceration, and ADHD as a comorbid disorder.

Such appreciation would highlight the need to actually grapple with these issues in an open: to thoroughly attend to the individual and resist the urge to stereotype. This stereotype can be dangerous. One might be inclined to stereotype the "typical druggie case" as someone who comes from a dysfunctional family, is not well groomed, and consistently engages in delinquent, anti-social behavior. This would preclude noting the potential suicide risk of a well-groomed, polite adolescent from a supportive family, who

is simultaneously struggling with substance abuse. One mentor questioned, “And even at the jail, did they treat him like the stereotype? Just a druggie, just a piece of s*** kid? It’s a sad thing, it’s sad. Is that the way the court system looked at Brad?”

For Jail Staff

This professional population is particularly noteworthy, as they may be the first or only source of contact between the adolescent as he is experiencing a traumatic event. Such “triggering events” in the suicide literature are often posited as necessary in the chain reaction to a suicide completion (Tischler et al., 1981; Gould & Kramer, 2001; Clark & Carroll, 2002). Thus, it is important that they be vigilant to the possibility of suicide.

In addition to awareness of warning signs, such vigilance would include asking critical questions to assess their current emotional state, any signs of depression, and the adolescent’s history and current state of drug use, or potential substance abuse, dependence, or withdrawal. Professionals should take courage to ask these questions, and most importantly questions like “Have you thought about ending your life?” even though they may worry it would be embarrassing to the youth to answer them. On the contrary, adolescents may be relieved to disclose personally distressing issues that they may not bring up if not asked in a very direct way. A common suicide myth is that “if I ask them about suicide, I’ll plant the idea in their minds (Moskos, Achilles, & Gray, 2004).” But it is only a myth. By asking, they may become hopeful that someone will listen to their pain and provide the help they need.

Efforts are already in place in Utah County, to form a committee designed to address these important issues surrounding suicide in the justice system (Israelson, 2005).

These initiatives center around finding ways to increase awareness of potential suicide among staff, and even hiring an employee to first assess the emotional state of the inmate as he/she enters the jail, writing down impressions of their conversation, highlighting any warning signs. It is suggested that this committee be replicated in the juvenile justice system. And, in addition to an initial assessment of their emotional levels and/or traumatic events, the initial officer should also ask about their substance use, when they used last, and if they are presenting symptoms of substance withdrawal.

Another recommendation from this study is the power of a good rapport with a probation officer. If someone feels safe, cared about, and given the freedom to converse at their own pace, they may be more likely to disclose personal and sensitive information. In the context of an adolescent being incarcerated, feeling like someone wants to listen and help and won't "push" for answers immediately might contribute to a sense of security and willingness to open up when critical questions surrounding their suicidal ideation and drug use are asked.

It is recommended from this study that juvenile justice staff, as well as teachers and counselors, be aware of potential suicidal risk behaviors known in the literature. Examples from this study include behaviors like substance use, impulsive violence, reckless behavior, withdrawal symptoms (leg, stomach pains), and signs of emotional hypersensitivity toward guilt (head down, avoiding direct eye contact, crying). All need to be carefully attended to in the context of a traumatic event for an adolescent, especially if it is their first offense or if they are trying to quit drug use "cold-turkey."

For Counselors

Brad's mother reported that Brad had received counseling sporadically throughout his teenage years, but she noted he didn't like counseling because he would feel that they were trying to diagnose him with depression or pick at something horrible in his past, and he didn't agree. In addition to a strong and caring rapport with adolescents, it would be important to be attuned to important depressive symptoms (in Brad's case, excessive guilt and ruminations on death) without jumping to the diagnosis head-first and chasing the client away with assumptions. Thus, a compassionate relationship and competent knowledge can help determine whether or not the client will stay and continue with help, or chase them away and preclude them from getting the help they need.

For School Personnel

Due to the highly interactive nature between adults and teenagers in school, the school setting has been identified as an excellent environment for assessing suicidal behavior. Teachers are recommended to be carefully attuned to students' self-evaluations of their work at school (e.g. shame that they are not doing well, are no good, and are letting everyone down), and to flag students who are not doing well academically or socially to the school counselor.

School counselors need to provide an empathetic and safe environment from which adolescents can feel free to disclose personal information that may include suicidal risk factors, and to also be attuned to their relationships with their peers and potential isolation. For example, after helping the adolescent feel understood and assessing their academic and social needs, the counselor might recommend them to a tutoring group,

which would not only help them improve their reading and math skills, but also provide an environment in which they can interact pro-socially with peers in similar situations.

Administrators are recommended to be sensitive to students' learning styles and be open to potential arrangements that combine applied learning with what can be learned through lectures and books. For example, such initiatives might parallel one mentor's desire to dual-enroll Brad in an auto-mechanics apprenticeship at work while still in high school, and then follow-up on his reactions to the program, encouraging him to continue.

Additionally, understanding addictive behavior in the school setting and how to work most effectively with substance abuse issues are vital to effectively treating students who are entrenched in drug use. Ignoring the huge impact of drug abuse on mental health greatly limits the power of the school counselor to impact change. Thus, it is important that schools recognize and refer students and parents to effective drug treatment services in the community.

Such recognition can be accomplished by compiling a list of local resources available for school counselors and teachers. When an at-risk youth struggling with drug use is noticed, teachers and school counselors can refer these students and their family to community aid before the problem escalates. This avoids the irony of a situation in which a student is expelled for drug use without receiving prior information about community resources that could have curtailed such a problem and kept him/her in school.

In this study, substance use, emotional hypersensitivity, and an ADHD diagnosis all occurred early in Brad's life. It would be important for those who are in close contact with children are made aware of the seriousness of adolescent suicide and its risk factors, especially given the increasing rates of child suicide in this country (CDC, 2004). These

professionals are in an excellent position to flag these suicide risks and help children receive appropriate treatment at a young age.

Future Research

Interpretation Beyond Face-Value Observations

A fruitful path while investigating an adolescent's interactions from interviewees would be examining not only what was said (as this study pursued), but also what was *not* said. This path is relatively far from the beaten one because qualitative researchers carefully study the material provided by interviewees, but examining what material was selectively not proffered can be just as—if not more—telling. For example, enraged because he did not have drug money, Brad would hit his sister, and "toss her around." By that time, he had started stealing from her, so she confronted him and he reacted with impulsive violence, only to apologize later. His mother and girlfriend noted this behavior. However, his mother requested that I *not* interview his sister. His sister may, as the literature suggested, have struggled with ambivalent feelings toward her deceased brother, but this venue was not explored. Future studies may attempt to delve into the complicated bereavement associated with ambivalence.

His sister may also have been overlooked because his mother wanted to protect her son's image. Along these lines, future studies may examine why those who *were* interviewed did not speak ill of Brad, or did they express anger toward him. I did not hear any negative statements by the bereaved, and any potentially incriminating information was proffered with a nostalgic smile (e.g. "That's just Brad!"). For example, his girlfriend mentioned he fed cigarette butts to her goat, but she didn't seem frustrated. It

may be important for future bereavement research to explore why frustration was not expressed.

Finally, Brad's biological father did not respond to letter inviting him to participate in the study, so his perspective was not heard. Examining why he did not speak to his experiences with Brad could be an important topic of future study. Guilt, avoidance, denial, or even feeling pre-judged due to his drug history could be possible reasons, and a future study could tease apart these hypothesized contributors.

Female Suicide Completers

This study focused on the behavior patterns of one male who was incarcerated and committed suicide. A female perspective on reactions to adjudication leading up to suicide might also yield a rich description of someone who also took her own life, but her reasons may be very different, and asking why can provide a unique, detailed understanding in the life of someone of the opposite sex.

Urban Settings

Not only was the subject of this case study born and raised in a rural setting, but all interviewees lived near Brad and were from a similar rural background. His church youth leader made the following observation about how incarceration affects the community:

> The same time he was in jail there were two more sons of people who lived just down the road, and one night we came to visit him and they were both there—it's almost like a reunion—the bishop was there, and it's just incredible, how drugs take a hold of you, and it just touches so many people's lives. It's so hard.

It may be interesting to delve into a case study from a more urban/cosmopolitan setting, especially as this setting may relate to the theory that rural setting foster isolation. Such isolation is posited to contribute to a sense of hopelessness, and implications for an adolescent living in a busy, crowded, and yet who still takes his own life may be of interest.

More Data Sources

This study did not utilize school records, autopsy report, medical records, or clinician notes as part of the data collection process. These may provide a more detailed description of the specific constraints adolescents are faced with (e.g. report card grades, impressions/notes from a wide variety of teachers, doctors, and psychologists, and amount of drug use manifested by content in body throughout life and at time of death).

Member Checking

This study utilized data from family who knew and loved him. Potential interview candidate names were asked for from these family members, and member checking was done within this circle of friends and loved ones in the community. It may be interesting to have received perceptions of the deceased behavior patterns from those who did not think highly of him, or who did not appear to like him very much.

Suicide Survivor Interventions

I experienced the interviewees grieved over the death of a loved one to suicide in many different ways. Some said they feel better by sharing their story with others as much as possible to help increase awareness. Others noted they tended to draw inward and would be less likely to openly share their personal reactions to the same loss. Almost all were worried about other family members, friends, or families in the community with

children/adolescents struggling with similar issues. Many reported they had benefited from local suicide support groups of those who are grieving the death of a loved one. His mother expressed the following about how she benefitted from participating in two support groups:

> I was going to a drug support group before Brad died, and then after he died . . . they asked me to talk with some other parents who lost kids to drugs, overdoses or suicide, and it was really hard, but if you just can change one person so that they don't have to go through this, it's worth it.

His mother also said,

> And I've been to [the support group] a couple of times, and it's so draining when I walked out of there. It's hard to do, everyone telling their story, and it takes a lot out of you and you know what's interesting is there are three boys who come to the group who had tried to commit suicide, and they'll share their side of the story, you've gotta admire that, that's gotta be hard to do, and it's especially hard when you're in jail, so depressing, because you know your life isn't going anywhere, in any direction.

If studied, these support groups, as well as other interventions through local suicide survivor task force committees, might yield richer information about what helps, what hurts, and what about the interventions help/hurt.

Family Dynamics

The subject of this case study was the oldest child, and his parents divorced when he was very young. For the majority of his childhood and adolescence, he belonged to a blended family. These issues may be relevant in a further study on family dynamics on

suicide, especially as it relates to addressing any fairytale-based stigma attached to being the step-parent of a child who commits suicide. In this study, the step-parent seemed to internalize an inordinate amount of guilt, thinking that he may have not treated Brad like he did his own children. It was a very emotional subject to broach, but after processing the incident, he and his wife noted that he had been a kind and loving father. This may be a potentially harmful stigma that could be amended with further research.

Religious Beliefs

While research has addressed the issue that LDS membership for young men in Utah may be a protective factor rather than a risk factor, questions surrounding particular LDS doctrine and views suicide have not been addressed. These questions—stemming from this study—may include Mormonism's view of the afterlife. Mormon youth's views of different kingdoms of heaven as opposed to this life raise questions that Hamlet himself grappled with when he pondered, "But in that sleep of death/What dreams may come must give us pause" as he considered taking one's own life. Also the relationship between internal vs. external religiosity could all be the subject of study upon later investigation.

Summary

It is difficult to find the words to summarize Brad's life and death. Thus, I have chosen to end with a loving and sentimentally descriptive memory of Brad. This memory is from Brad's girlfriend, who spoke fondly and smiled as she retold her experiences with Brad's penchant for lotion:

> Oh, and lotion, man, he was a fanatic with that! Just ask his mom: She'd get home, and she'd say, "Brad where's my lotion?," and when we'd go to bed, he'd

> probably use 15 squirts for each foot--he'd just go "psff, psff"—so when you're in bed, we had to wash the sheets a ton, because his feet had so much lotion on him. Oh, it was disgusting. I think I don't use lotion because of him!

As his girlfriend's above recollection attests, Brad was a unique individual whom many in a small Utah town have missed. But this is not all: youth suicide for incarcerated adolescent males is a national concern. Investigating the life of one male adjudicated adolescent who committed suicide may contribute to the early identification of youth who may be at risk. Through the case study method, the life of one young man who committed suicide was illuminated beyond that of a number or statistic. According to one suicide survivor who weighed the decision to go to counseling after Brad's death, "I thought [about how] unless you've been through it, you can't learn it from a textbook, but you can touch upon it—like the things you're doing here with Brad, and learning about Brad the person, instead of Brad the statistic." While much is yet to be learned about adolescent suicide, my experiential learning from Brad's story is priceless: as a future clinician, researcher, and member of my community.

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APPENDIX A

CONSENT FORMS

Consent to be a Research Subject

Introduction

You are invited to participate in a research study conducted by Kristy Money, a Ph.D. student in counseling psychology at Brigham Young University. The purpose of this study is to investigate the behavior patterns of male adolescents in Utah who were involved with the juvenile justice system and committed suicide. What we learn from this study may be used in future intervention programs aimed at preventing adolescent suicide in Utah. Information you share about your knowledge of personal characteristics of _____ may contribute to understanding suicide in teenage Utah males.

Procedures

If you agree to participate in the study, you will be scheduled to participate in a private interview with the investigator. In the interview, you will be asked to provide information about your personal relationship with the deceased and to provide descriptions about his behavior and other personal characteristics that you remember about him. The interview will be audio taped and then transcribed. Completion of the interview will take approximately 1 hour, but is subject to your needs and how comfortable you are feeling. You may be contacted later to verify accuracy of the information tape recorded at the interview or to fill in gaps in the information provided. The investigator plans to enroll approximately 15 people in the study.

Risks/Discomforts

Remembering _____ and talking about the suicide may be emotionally upsetting. You will be asked about _____'s lifelong behavior, his behaviors just prior to his death, and other things you may recall that are important to your memory of him. The interview may become difficult and emotional as memories of the deceased are recalled. There may be some inconvenience in spending the time necessary to complete the interview. There also may be risks that are currently unforeseeable to the investigator. If the investigator determines that participation in the study is too physically or emotionally taxing for you, your participation may be terminated by the investigator without your consent.

Benefits

There are no direct benefits to you from this research. However, it may be comforting to you to know that the information you provide in this study may be used in the future to help design programs to prevent other adolescents in Utah from taking their own lives.

Confidentiality

Only the investigator will have any information you supply. All information provided to the research will be kept strictly confidential. Any potentially identifying locations, relationships, situations, etc. will be changed for your protection. No names

will be used in the study or subsequent publications. All forms, questionnaires, tapes, and transcribed interviews will be coded by number only, and destroyed upon completion of the study.

Compensation

You will receive no direct compensation for participating in this study. Some people have found that talking about the suicide helps to give them emotional relief.

Participation

Participation in the study is entirely voluntary. You may choose not to participate in this study or to withdraw from the study at any time. If you choose not to participate or to withdraw from the study, it will have no effect upon your relationship with the investigator, Brigham Young University, or any other study participants. Significant new findings developed during the course of the research, which may relate to your willingness to continue participation, will be provided to you.

Questions about the Research

The investigator's advisor will answer any questions that you might have about the study. You may contact Dr. Melissa Heath-Allen, Associate Professor, 422-1235, 340K MCKB, melissa_allen@byu.edu.

Questions about your Rights as Research Participants

If you have other questions with regard to your rights as a research participant, or if problems arise that you do not feel you can discuss with the investigator, please contact Dr. Renea Beckstrand, IRB Chair, 422-3873, 422 SWKT, renea_beckstrand@byu.edu.

I have read, understood, and received a copy of the above consent and desire of my own free will to participate in this study.

_____ _____

Signature of Research Participant Date

MINOR ASSENT FORM

Consent to be a Research Subject

My name is Kristy Money, and I am a Ph.D. student in counseling psychology at Brigham Young University. I am doing a research project to learn more about teens who commit suicide. I know this could make you feel sad or upset, so if you don't want to talk about it, that's okay. If what we are talking about bothers you, you may stop. I hope to use what I learn from you to know more about teens who commit suicide.

Since you are not 18 years old yet, I need to ask your parents' permission for you to talk to me. If they say it's alright, I will meet you at your house or someplace else, whenever you have time to meet. Our meeting will take about an hour to talk. I will not tell anyone else what you tell me, and I will not put your name on any of the things I write down.

I will be asking questions about your relationship to _____: how well you knew him, what you remember about him when you were kids. I'll also be asking about how he behaved months before he died. This is an example of the types of questions I will ask you:

Question: Now, I'd like you to think about an event or incident in his life that seemed really important to _____.

a. What happened?
b. When did this event occur?
c. What were the circumstances leading up to the event?
d. What did he do during this incident or event?

If you do want to talk to me, then I will ask you to sign this paper that says you understand that you are helping me in my research project and that you are doing it because you want to. If you have any questions, you can call me, Kristy Money, at 434-7388 at any time and I will be happy to talk to you.

_____ _____
Signature Date

_____
Name

_____ _____
Witness Date

APPENDIX B

RECRUITMENT LETTER TO PARENTS

FOR STUDY PARTICIPATION

Date

Dear _____,

I am a doctoral student in counseling psychology at Brigham Young University. I am doing my dissertation research about the behavior patterns of male adolescents who have died from suicide in Utah. I am writing to you because you recently lost your son to the tragedy of suicide, and I would like to invite you to participate in my research study. I am focusing on behavior patterns as a way of identifying youth who may potentially become suicidal. What we could learn about your son's behavior patterns during his life may help us understand how to design interventions in our community to prevent future suicides.

My study centers on the life of your son rather than his death. If you agree to participate in this research study, I plan to conduct an in-depth analysis of the behavior patterns of your son starting from early in his life up until the time of his death. This study will consist primarily of two interviews with you to identify the behavior patterns of your son. I will also ask your permission to interview your son's brothers and sisters, if he had them, and other people who can tell me about his behavior such as his friends, juvenile detention personnel, teachers, coaches, and church leaders, where appropriate.

Your participation in this study will entail you becoming a partner with me in reconstructing major parts of your son's life. Although it may be upsetting for you as you remember him during different phases of his life, talking about your son may give you more insights into his behavior that can help you understand his death. If you would like, I will supply you with a list of referral sources, including free support groups and places to seek professional counseling, should you desire this.

Your participation in this study is entirely voluntary, and you may withdraw at any time. If you choose not to answer some of the questions or provide some information, that is entirely up to you and you will be respected by me. You may choose to withdraw from the research project at any time. If you choose to with draw, it will have no effect on your relationship with Brigham Young University or with me. All of the information that I get from you will be strictly confidential. No personal names will be used in the study. Interviews will be audiotaped, transcribed, and destroyed. Places or events that could identify you or your son will be given pseudonyms. During the study, the information I collect will be kept in a locked cabinet, available only to me.

I will call you in approximately 10 days to ask if you are willing to participate in this study. If you have any problems or concerns about the study prior to my call or at any time during the study, please feel free to call me at (801) 434-7388. I will accept collect calls. I look forward to talking with you soon.

Sincerely,

Kristy K. Money
McKay School of Counseling Psychology and Special Education
Provo, UT 84602

Adapted from Marlene Bacon (2000), with permission. An examination of the behavior patterns of two Utah male adolescents who committed suicide: Comparative case studies. Doctoral dissertation, University of Utah, Salt Lake City, UT.

APPENDIX C

RESPONDENT RECRUITING SCRIPT

(TELEPHONE)

Hello _____, Kristy Money here--I am a doctoral student in counseling psychology at Brigham Young University. I am doing my dissertation research about the behavior patterns of male adolescents who have died from suicide in Utah. I'm calling you because you recently lost someone to the tragedy of suicide, _____, and I would like to invite you to participate in my research study. I am focusing on behavior patterns as a way of identifying youth who may potentially become suicidal. What we could learn about your (friend's/pupil's/brother's) behavior patterns during his life may help us understand how to design interventions in our community to prevent future suicides.

My study centers on the life of _____ rather than his death. If you agree to participate in this research study, I plan to conduct an in-depth analysis of his behavior by interviewing you about how you experienced him in life. Your participation in this study is entirely voluntary, and you may withdraw at any time. If you choose not to answer some of the questions or provide some information, that is entirely up to you and you will be respected by me. All of the information that I get from you will be strictly confidential.

If you consent, we'll set up a time to meet, at your convenience, and I'll further explain the study to you and if you are willing to participate, we'll arrange when and where you would like to hold the interview. In the meantime, if you have any problems or concerns about the study prior to my call or at any time during the study, please feel free to call me at (801) 434-7388.

(As this is only a script and subject to the ebb and flow of conversation, I will be sensitive to pauses wherein they would like to ask questions. After all of this information has been relayed and any questions answered, I will wait for their response to what I have said).

Adapted from Marlene Bacon, (2000), with permission. An examination of the behavior patterns of two Utah male adolescents who committed suicide: Comparative case studies. Doctoral dissertation, University of Utah, Salt Lake City, UT.

APPENDIX D

INTERVIEW PROTOCOL

AND GUIDES

Protocol

1. Introduce self and review interview process:
   Review purpose of the study
   Structured and unstructured interview questions
   Answer questions

2. Consent:
   Go over consent forms
   Obtain consent signature, if not already signed
   If a minor, obtain assent and consent of parents
   Go over interview guidelines
   Answer questions
   Obtain two copies of consent
   Give one copy to participant
   Keep one copy for files

3. Interview:
   Privacy and comfort of setting
   Remind subject he or she can skip any questions he/she chooses not to answer
   All information is confidential
   He or she can withdraw at any time
   Names will be changed to protect identity
   Answer questions
   Start interview
   Begin taping
   Provide for break periods, if necessary
   End interview

4. Member checking:
   Explain function of member checking
   Arrange for possible follow-up appointment

5. Debriefing:
   How are you feeling?
   Offer printed list of resources for support if desired
   Offer sincere appreciation for participation in interview
   Arrange for follow-up if needed

From Marlene Bacon (2000), with permission. An examination of the behavior patterns of two Utah male adolescents who committed suicide: Comparative case studies. Doctoral dissertation, University of Utah, Salt Lake City, UT.

Semistructured Interview Guide: Parents

Question 1: Please remember back to when (name of deceased) was just a baby. What was he like, back then?

a. What was he like as
   A toddler?
   A little boy?
   In grade school?
   In middle school?
   In high school?

Question 2: When you remember (name of deceased) as a baby, what do you remember, in general, about how he acted?

a. As he got older, what do you remember, in general about his behavior when he was
   A toddler?
   A little boy?
   In grade school?
   In middle school?
   And then in high school?

Question 3: Now, I'd like you to think about an event or incident in his life that seemed really important to your son.

e. What happened?
f. When did this event occur?
g. Who was involved in the event?
h. What were the circumstances leading up to the event?
i. What did he do during this incident or event?
j. Did he talk to you later about this incident?
k. If so, what did he say about it?
l. Are there other incidents or events that you can remember that stand out in your mind?

(Repeat steps a through h)

Question 4: The next questions will focus on the time about six months before his death.

a. How did he act just prior to his death
b. In what ways did he act different from normal
c. In what ways did he act the same as usual

Semistructured Interview Guide: Nonparents

Question 1: What was your relationship to (name of deceased)?

Question 2: When did you first meet each other?

Question 3: When did you last see him?

Question 4: Thinking back over the time you knew him, can you tell me what (name of deceased) was like?

Question 5: Thinking back over the time you knew him, what do you remember about how he usually acted?

Question 6: Now, I'd like you to think about an event or incident in (name of deceased) life that you thought was unusually important to him.

m. What happened?
n. When did this event occur?
o. Who was involved in the event?
p. What were the circumstances leading up to the event?
q. What did he do during this incident or event?
r. Did he talk to you later about this incident?
s. If so, what did he say about it?
t. Are there other incidents or events that you can remember that stand out in your mind?

(Repeat steps a through h)

Question 7: The next questions will focus on the time about six months before his death.

d. How did he act just prior to his death
e. In what ways did he act different from normal
f. In what ways did he act the same as usual

From Marlene Bacon (2000), with permission. An examination of the behavior patterns of two Utah male adolescents who committed suicide: Comparative case studies. Doctoral dissertation, University of Utah, Salt Lake City, UT.

APPENDIX E

PLAN FOR ASSISTANCE FOR RESEARCH SUBJECTS

WHO EXPERIENCE DISTRESS

I. Assessment

After each interview, a debriefing session will occur in which the investigator will assess the interview subject for any distress the subject may be experiencing resulting from either the interview or form the subject's reaction to the deceased's suicide. The investigator will utilize assessment skills gained from clinical training and experience as a second year doctoral student in the counseling psychology Ph.D. program.

The investigator will determine the level of distress reported by each subject after every interview using the following grading system:

0 = The subject reports no distress, is feeling comfortable and in control, and reports no clinical signs or symptoms of distress.

1 = The subject reports mild distress and reports rare or occasional clinical signs and symptoms of mild distress, which do not interfere with his or her ability to function.

2 = The subject reports feeling moderately distressed but denies being a danger to self or others. The subject reports frequent clinical signs of distress, which have not interfered with his or her ability to function.

3 = The subject reports feeling very distressed, is unable to contract for his or her safety, and reports clinical signs and symptoms of distress that are interfering with his or her ability to function.

II. Immediate Assistance

Subjects assessed at Level 3 are determined to need immediate assistance. An example of this would be the revelation to the interviewer that the subject is feeling suicidal and has a suicide plan or that he or she plans to kill or injure another person. He or she will be advised that the health and safety of themselves and/or others must take precedence over confidentiality of the interview. The subject will not be left alone. Options will be discussed with the subject, which may include arrangement for immediate assessment at the nearest health care facility equipped to handle psychiatric distress, contacting a significant other or friend who can stay with the person until the person can be seen at a health care institution, or immediate contact of a therapist or

physician if the subject is seeing one and following that professional's advice. The subject may also be advised that the police must be notified of his or her intentions.

III. Intermediate Assistance

Subjects assessed at Level 2 are determined to need timely assistance but are not in crisis. He or she will be advised that the health and safety of themselves an/or others may take precedence over the confidentiality of the interview. Options will be discussed with the subject and an action plan made. Options and action plan may include the selection of a psychiatrist/therapist if the subject does not have one and an appointment made for consultation. A call will be made the next day to the subject's physician/psychiatrist for an appointment for treatment. More suggestions may be offered and will be implemented. The actions of the subject will be monitored by a follow-up call from the investigator. If the subject has failed to follow the action plan, then the investigator will take steps to notify significant others who will be able to support and assist the subject in gaining treatment.

IV. Long-Term Assistance

Subject assessed at Level 1 may require no assistance or benefit from just verbalizing his or her feelings after the interview during the debriefing sessions. The investigator will not leave until the subject is feeling comfortable. The investigator will leave a list of resources available in the community that can offer counseling, support groups, or grief support. Subjects who report no distress also will be offered a resource list in case they develop distress at a later time. Subjects will be encouraged to call the resources listed for further assistance or they may contact the investigator, if they desire.

Adapted from Marlene Bacon, (2000), with permission. An examination of the behavior patterns of two Utah male adolescents who committed suicide: Comparative case studies. Doctoral dissertation, University of Utah, Salt Lake City, UT.

APPENDIX F

SUMMARY FORM/DEMOGRAPHIC DATA

Participant code number: _____

Interview date: _____

Relationship to case: _____

Start time: _____ End time: _____

Those present: _____

Age: _____

Gender: _____

Race: _____

Religion: _____

Occupation: _____

Education: _____

Consent:
Signed: Yes:_____ No:_____

Location of interview: _____

Telephone/contact: _____

Description of environment:
_____
_____
_____
_____

Nonverbal behavior:
_____
_____
_____
_____

Debriefing done:

_____Yes

_____No

Condition of subject after interview:

_____

_____

_____

_____

Investigator's impressions (subjective):

_____

_____

_____

_____

Questions/patterns:

_____

_____

_____

_____

Other comments:

_____

_____

_____

_____