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Using the Narrative Approach with Adolescents at Risk for Suicide
Le recours à l'approche narrative auprès d'adolescents suicidaires

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ABSTRACT

Treatment approaches exist for adolescents who have attempted suicide or have expressed thoughts of suicide. Many of these interventions position the counsellor as the expert, focus primarily on what is not working, provide little collaboration with adolescents regarding treatment, and do not empower adolescents to tell their story. A review of the literature revealed that the narrative approach addresses these deficits, but it is not often used with adolescents at risk for suicide. To address this concern, empirical treatment approaches were reviewed, suggestions were presented for implementing the narrative approach systematically, and recommendations are offered for future research.

RÉSUMÉ

Il existe des approches thérapeutiques pour les adolescents qui ont fait une tentative de suicide ou qui ont exprimé des idées suicidaires. Bon nombre de ces interventions positionnent le conseiller ou la conseillère en tant qu'expert, s'attachent principalement à ce qui ne fonctionne pas, comportent peu de collaboration avec les adolescents en ce qui concerne le traitement et n'habilitent pas ces derniers à raconter leur histoire. Un survol de la littérature a révélé que l'approche narrative permet de combler ces lacunes, mais on n'y a pas souvent recours auprès des adolescents suicidaires. Pour régler ce problème, on a passé en revue les approches de traitement empiriques, on a présenté des suggestions sur la mise en œuvre systématique de l'approche narrative et l'on formula des recommandations pour les recherches à venir.

Suicide is the second leading cause of death for adolescents in Canada (Statistics Canada, 2017) and internationally (World Health Organization, 2014). There is a strong correlation between suicidal thoughts, attempted suicide, and completed suicide (Musci et al., 2016). Regarding suicide prevention, much research has focused on ascertaining the risk factors that contribute to suicidal behaviour (Im, Oh, & Suk, 2017). Some risk factors have been identified: (a) having a history of sexual or physical abuse, (b) negative home environment, (c) conflict with caregivers, (d) lack of social connections, and (e) having a mental disorder (Chu et al., 2015; Im et al., 2017).

Interventions have been developed for adolescents who are struggling with thoughts of suicide, and caregivers who provide support for them (Brent et al., 2013). Most interventions are based on decreasing maladaptive thoughts, /feel-

ings, and behaviours associated with suicide (Glenn, Franklin, & Nock, 2015). However, adolescents often need an intervention that focuses on strengths rather than deficits (Ricks, Kitchens, Goodrich, & Hancock, 2014), and one that considers a multiplicity of factors contributing to suicidal ideation, including social and cultural biases and prejudices (White, 2016).

Given these factors, there is a need to critically review the literature on the treatment approaches for working with adolescents at risk for suicide. This review highlights the importance of considering the narrative approach because it incorporates strengths not readily found in other treatment approaches. It is argued that exploration and reconstruction of internal narratives can change how adolescents perceive stressors and how they cope in the face of adversity, which can contribute to a decrease in thoughts of suicide. Interestingly, there is limited research on using the narrative approach with adolescents at risk for suicide.

A review of the research is first presented on traditional treatments for suicidal ideation, such as crisis intervention, cognitive-behavioural therapy (CBT), dialectical-behavioural therapy (DBT), attachment-based family therapy (ABFT), and combined therapies. Secondly, narrative therapy (NT) is considered. It is shown how narratives can be found in traditional therapies, how NT can be used to help people with mental health concerns, how NT can be used with people from diverse backgrounds, how NT is connected to resilience, and why it is important to consider the limited research on the use of NT with adolescents at risk for suicide. Thirdly, suggestions are presented about systematically using the narrative approach within several clinical settings. Finally, limitations are considered to provide credibility and highlight areas for further research.

LITERATURE REVIEW

Traditional Treatments for Suicidal Ideation

An evaluation of the evidence-based treatment approaches provides a foundation for the conceptualization of new approaches. The treatment approaches discussed are designed specifically for children and adolescents at risk for suicide.

Crisis interventions. Crisis intervention models have been used in hospitals for years and are useful for reducing thoughts of suicide (McManama O'Brien, Singer, LeCloux, Duarté-Vélez, & Spirito, 2014). Crisis intervention models often include assessment of risk, the development of a safety plan, medication review, stabilization, counselling, and follow-up care (Bickerton, Ward, Southgate, & Hense, 2014; McManama O'Brien et al., 2014). The post-admission cognitive therapy program is a useful CBT-based crisis intervention model that has four phases, including (a) intake and case conceptualization, (b) skill acquisition, (c) relapse prevention, and (d) aftercare services (Ghahramanlou-Holloway et al., 2015).

Ginnis, White, Ross, and Wharff (2015) developed a family-based crisis intervention model that can be used in emergency departments to help adolescents struggling with suicidal behaviour. Although this model was built primarily from theories of family counselling and CBT, it incorporated a *joint crisis narrative*

where counsellors help both adolescents and their caregivers develop a shared understanding about what lead to the attempted suicide or the evolution of thoughts of suicide (Ginnis et al., 2015). Ginnis et al. suggested that this approach will help adolescents and their families gain a better understanding of what they are going through and how they might be helped. A major disadvantage of crisis interventions is its short-term design, which limits the ability to aid adolescents with complex issues. Longer-term treatment is often needed to support adolescents in building stronger internal and external resources.

CBT. CBT can be used both in and out of a hospital setting. CBT is tailored to help adolescents at risk of suicide change cognitive distortions, alter negative thinking patterns, and develop coping skills (Wenzel, Brown, & Beck, 2009). Labelle, Pouliot, and Janelle (2015) conducted a meta-analysis of CBT treatment approaches for helping adolescents and concluded that most adolescents who underwent treatment demonstrated a significant reduction in suicidal thoughts and self-harming behaviours.

CBT for Suicide Prevention (CBT-SF) is a manualized treatment approach that focuses on risk reduction, skill development, relapse prevention, analysis of thought patterns, psychoeducation, and family involvement (Stanley et al., 2009; Wenzel et al., 2009). Rudd et al. (2015) conducted a randomized controlled study on soldiers and found that applying this model significantly reduced suicidal ideation and attempts.

Ghahramanlou-Holloway, Cox, and Greene (2012) developed the post-admission cognitive therapy (PACT) approach that is based on a cognitive-behavioural model for treating people with suicidal behaviour in a hospital setting. The elements of PACT include building solid therapeutic relationships with people, exploring what lead up to the development of suicidal thoughts, instilling hope through encouragement and support, improving coping and problem-solving skills, developing a relapse prevention plan and safety plan, and providing aftercare once they have completed the program (Ghahramanlou-Holloway et al., 2012). Although studies support the use of CBT for helping adolescents at risk for suicide, research has also contested its effectiveness in some studies. Therefore, more research is needed to determine its use with people at risk for suicide (Bennett et al., 2015).

DBT. DBT is a manualized intervention that is used in hospitals and community settings. This approach was initially developed for treating people with borderline personality disorder traits but has since been adapted to treat adolescents at risk for suicide (Miller, Rathus, & Linehan, 2007). Fleischhaker et al. (2011) highlighted that 8 of the 12 adolescents in their study attempted suicide before treatment, but after using DBT there were no suicide attempts during treatment, nor in the 1-year follow-up period. Also, Taruna and Bahmani (2014) demonstrated that DBT was effective at helping adolescents manage suicidal ideation by improving interpersonal skills and emotional regulation.

ABFT. In times of crisis, adolescents often turn to their caregivers for support and comfort. But when these attachment bonds become strained, adolescents can

isolate themselves and draw away emotionally (Diamond, Russon, & Levy, 2016). Interestingly, interpersonal problems between caregivers and adolescents are a key factor contributing to suicidal behaviour (Diamond et al., 2016; Scott, Diamond, & Levy, 2016). Glenn et al. (2015) considered the evidence-based treatment approaches for helping adolescents with thoughts of suicide and found that all of the approaches had an element focused on repairing and improving relationships.

ABFT is an approach that focuses on aiding adolescents to see the importance of rebuilding attachments with family members (Diamond, 2014). It provides a context for adolescents to talk about instances of communication breakdown and how to repair attachments (Diamond, 2014). Diamond et al. (2016) conducted a meta-analysis of ABFT and found empirical evidence that demonstrates this approach is effective in decreasing thoughts of suicide.

One disadvantage of ABFT is its use with adolescents whose caregivers are not physically available. For example, adolescents may reside in a group home where a social worker is appointed as their guardian. Scott et al. (2016) demonstrated the usefulness of this therapeutic method in a case study of a 14-year-old female who exhibited suicidal ideation and tried to hang herself. Once treatment was completed the teenager's thoughts of suicide diminished significantly, and her relationship with her caregivers improved dramatically (Scott et al., 2016).

Combination approaches. There are successful treatment models that combine principles from several psychotherapies. These models can be used in a hospital or community setting. Surgenor (2015) examined The Pieta House suicide intervention model, which is based on the Rogerian model of empathy, CBT, and DBT, and found it was effective at reducing thoughts of suicide. Glenn et al. (2015) examined evidence-based interventions for adolescents at risk for suicide and concluded that CBT, family-focused models, interpersonal models, and psychodynamic approaches are useful at decreasing thoughts of suicide. Common elements in these evidence-based approaches were the inclusion of family in the process, caregiver education, increased monitoring, and enhanced communication and problem-solving skills (Glenn et al., 2015). Singer, O'Brien, and LeCloux (2017) examined evidence-based treatments for helping adolescents and concluded that ABFT, integrated-cognitive behavioural therapy (I-CBT), and DBT were some of the most useful approaches. However, most of these approaches position the counsellor as the expert, focus primarily on pathology, and do not empower adolescents to tell their story.

Narrative Therapy

White and Epston (1990) developed NT as a therapeutic approach that focuses on the internal narratives or stories that people tell themselves. As people develop narratives from their memories of experiences, meanings are formulated to create an identity and a reality about themselves (Fivush, Booker, & Graci, 2017). However, there are infinite details in each experience. The meanings and realities of individuals are based on what they highlight and can change over time (Fivush et al., 2017). According to this approach, people can develop psychological

problems when they focus on the negative details of an experience. For instance, people in an abusive relationship might use self-blame to justify the behaviour of an abusive partner and find meaning in an experience (Lim, Valdez, & Lilly, 2015). However, it is assumed that there are many unacknowledged details in experiences that include strengths and resources.

The goal of NT counselling is for counsellors and adolescents to work collaboratively to develop alternative narratives that are built on more empowering aspects of their experiences. Beaudoin, Moersch, and Evare (2016) demonstrated how a collaborative approach could be used to help children problem solve by learning new social and emotional skills. Ideally, counsellors strive to help adolescents "take responsibility for their own mental health and exercise their agency in maintaining it in positive ways" (Hutto & Gallagher, 2017, p. 158). Counsellors using NT can develop a close working relationship with people by asking questions, as well as being curious about their lived experience and how they interpret it (Combs & Freedman, 2012). The therapeutic alliance will often be maintained when there is a close relationship in which clients feel empowered to direct their own lives and gain hope that things will change for the better.

Von Braun, Larsson, and Sjöblom (2013) discovered that a strong attachment between a narrative therapist and a client is very important to create change for clients with drug and alcohol problems. NT is different from many of the evidence-based models because it focuses on strengths and incidents of resilience rather than on decreasing unwanted symptoms (Ricks et al., 2014).

The use of narratives in traditional treatments. The empirically-supported treatment modalities often incorporate a narrative component. People are encouraged to tell their stories to make sense of their experiences. The crisis intervention model developed by Ginnis et al. (2015) focused on using a narrative component. Although this approach focused on developing a co-constructed narrative, it was not expanded or altered to produce positive change in thinking or behaving. The term *suicide narrative* is the development of a subjective interpretation of stressful events and their negative impact that progressively leads people to conclude that suicide is the only solution to their problem situation (Galynker, 2017).

The PACT approach developed by Ghahramanlou-Holloway et al. (2012) includes a narrative component. Ghahramanlou-Holloway et al. (2015) expanded on how the suicide narrative can be used and suggested: "The clinician uses this information to identify possible intervention points that could change the course of the crisis trajectory" (pp. 375-376). Although there was mention of using the suicide narrative, there was no explanation of how change will result from this approach.

Treating mental disorders with NT. There is research to support the use of the narrative approach for helping children and adolescents with mental health concerns. Hannen and Woods (2012) showed how NT could be used to decrease self-harming behaviours with a 12-year-old. The case study demonstrated how the youth increased their emotional well-being, increased their resilience, and lowered their self-harming behaviours in six sessions (Hannen & Woods, 2012). Turns

and Kimmes (2014) showed how NT could be used effectively with adolescents and their caregivers by externalizing problems to allow room for solutions. Turns and Kimmes highlighted the importance of improving communication patterns and focusing on identity development.

Ikonomopoulos, Smith, and Schmidt (2015) demonstrated that NT was effective at reducing depressive symptoms, hostility, obsessive-compulsive symptoms, and psychoticism in adolescents in a rehabilitative corrections facility. Chae and Kim (2015) provided a study that showed the benefits of using NT for helping adolescents with schizophrenia communicate more effectively. Although people diagnosed with schizophrenia often have fragmented views of their past, the study demonstrated that after one year of counselling communication patterns improved and the person could better understand their sense of reality (Chae & Kim, 2015).

Looyeh, Kamali, Ghasemi, and Tonawanik (2014) provided evidence that NT within a group format with children can decrease symptoms of social phobia. These researchers randomly divided 24 boys with a confirmed diagnosis of social phobia into a control group ($N = 12$) and a treatment group ($N = 12$). They found that after 14 sessions there was a significant reduction in symptoms in different contexts and that these gains were maintained 30 days later.

Eames, Shippen, and Sharp (2016) developed a "team of life" metaphor to help groups of children and adolescents construct supportive narratives about people in their lives who will help them through adversity. The authors borrowed concepts from Ncube (2006) and his tree of life metaphor. Eames et al. used a soccer team and its players as a metaphor for supportive people in the lives of children. For example, the *goalkeeper* is used to represent those who keep their valuable assets safe or who protect them in the face of danger; the *defender* to represent people who defend them in the face of adversity; and the *striker* to represent people who assist them in accomplishing their goals (Eames et al., 2016). This activity graphically represents social supports in the lives of children, which can increase resilience. This narrative approach was used successfully with children and adolescents from Africa, Australia, and the United Kingdom (Eames et al., 2016). The visual representation of a child's life allows them to focus on strengths and resources and to develop alternate narratives of themselves facing and overcoming adversity. One advantage of this approach is its use with adolescents who have difficulties writing or understanding abstract concepts.

Culture and NT. The narrative approach can be used to help people from a broad range of cultures and backgrounds (McManama O'Brien et al., 2014). A study by Chae and Kim (2015) demonstrated positive results in helping South Koreans with schizophrenia. Looyeh, Kamali, and Shafieian (2012) demonstrated the effective use of NT with Iranian children ages 9 through 11. Gonçalves, Ribeiro, Silva, Mendes, and Sousa (2016) showed how a component of NT called *innovative moments* (exceptions to a problem-saturated narrative) was used successfully to decrease symptoms of several mental disorders with people from Portugal. Countryman-Roswurm and DiLollo (2017) demonstrated how the narrative approach could be used successfully with a female sex trade worker. These studies

suggest that this form of counselling is transferable to help men and women of different ages and backgrounds.

Resilience and NT. According to the American Psychological Association (2017), resilience is defined as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It means 'bouncing back' from difficult experiences" (p. 2). It represents the capacity to adapt and change in stressful situations and to use these opportunities to become emotionally and psychologically stronger. Resilience is a combination of internal and external resources that help people adapt and cope (Gallagher & Miller, 2017).

According to Ungar, Ghazinour, and Richter (2013), a social-ecological understanding, or a multisystemic view, is needed to understand the factors that contribute to resiliency fully. Thus, resiliency is enhanced when adolescents can access culturally-appropriate external resources (Ungar et al., 2013), including social supports of family and friends, community supports, caregiver backing, peer acceptance, acculturation, and acceptance from teachers at school (Gallagher & Miller, 2017).

NT has been used effectively to increase resiliency in children (Eames et al., 2016) and families (Saltzman, Pynoos, Lester, Layne, & Beardslee, 2013). Instead of overreacting to adversity and becoming emotionally dysregulated, resilient people are able to problem solve by asking themselves if they can eliminate or reduce the stressor, interpret the problem differently, ignore the problem, reduce the amount of effort put towards a goal that causes stress, accept the stressor for what it is, be patient and wait for some time to pass before responding, or look at the stressor or adversity as a way to grow and improve (Gallagher & Miller, 2017). The narrative approach can be used with adolescents to help them interpret problems differently and see challenges as opportunities for growth.

Limited literature. There is limited research describing the use of NT to help adolescents with thoughts of suicide. Michel and Valach (2011) highlighted the importance of using the suicide narrative to gain insight into a crisis by stating that the suicide narrative is used as "a desired clinical outcome of an act of narrative thinking (or discourse) often is a new story" (p. 69). However, other than discussing the importance of deconstructing a narrative to create change, the authors did not expand on how this could be implemented to help people with suicidal thoughts. The information found in the suicide narrative is used to provide an understanding of the reasons the person contemplated suicide, the intent of the thoughts, and any plans to follow through with a suicide. The suicide narrative is an essential part of the initial assessment, but these stories need to be processed with adolescents so they can be re-storied in a way that empowers them. The intake suicide narrative is only a small part of a greater narrative that can be explored.

McKinley (2010) considered the use of NT with adolescent females of Hispanic and African American backgrounds who attempted suicide. McKinley (2010) highlighted the importance of considering the narrative that leads to a suicide attempt, naming the problem, externalizing the problem, and helping adolescents

develop a preferred identity after an attempted suicide. Although McKinley provided one of the few examples of research that examines the use of NT with adolescents at risk for suicide, the research is weak. Much of the article focuses on NT in general rather than the specific application of NT with adolescents at risk for suicide.

Stout (2010) provided research on the use of NT with two women experiencing suicidal thoughts and emphasized the use of externalizing questions, double storied accounts, focusing on strengths, sharing with others who had similar experiences, reflecting back co-constructed narratives by the counsellor, and allowing clients to contribute to the therapeutic process. Although the article did not consider the use of NT with children or adolescents, it did add to a foundation for the use of NT with adolescents at risk for suicide.

Resilience-based narrative therapy

To explain suicidal ideation from a narrative approach, White and Epston (1990) suggested that adolescents who have thoughts of suicide develop "problem-saturated narratives" that cause them to have increased feelings of despair. They begin to ruminate on these narratives, which reinforce their negative view of themselves. Their loss of hope and sense of lacking agency reinforces their low self-esteem, which leads them to isolate themselves. This cycle reinforces their sense of loneliness and lack of connection to their caregivers and loved ones. Researchers noted that people are at greater risk for suicide when they are experiencing unbearable emotional pain that results from their view of themselves and disconnection from loved ones (Verrocchio et al., 2016). Therefore, it is important for counsellors to find ways to help adolescents move from having a "problem-saturated" story, as noted by White and Epston (1990), to creating a resilience-saturated story by re-framing their experiences to form narratives based on resilience. Adolescents can develop greater resiliency when they can identify times where they demonstrated resilience, reflect on these insights, develop new meanings from these insights, and construct new narratives.

Counsellors can use NT to help adolescents identify exceptions to their problematic narratives, such as times that they used a coping skill or displayed resilience. This helps adolescents to perceive adversity as an opportunity for growth. It is important to help adolescents see that it is the perception of a circumstance, or adversity, which causes distress rather than the adversity in itself (Gallagher & Miller, 2017). Therefore, helping adolescents gain insight from their internal narratives, changing their perceptions of adversity, and increasing their personal agency and autonomy to change, may mitigate the development of suicidal ideation.

It is important to outline the empirically-supported interventions and approaches that could be used systematically to support adolescents at risk for suicide. The elements found in NT that are used to help adolescents reduce thoughts of suicide include the process of understanding a problematic narrative, naming the problem, externalizing the problem, identifying and enriching exceptions or *unique*

outcomes within the narrative, and linking these exceptions together to construct a more empowering narrative (White & Epston, 1990).

Further, the integration of a risk assessment (Chu et al., 2015) is important in any approach to help adolescents at risk for suicide. The integrated therapeutic approach is built around four keys goals: (a) providing adolescents with safety, (b) continuing risk assessment, (c) decreasing risk factors, and (d) enhancing protective factors (Ash, 2012). The use of NT for helping adolescents at risk for suicide can be applied in a variety of clinical settings. However, this approach is better suited to a clinic or outpatient setting because of the long-term nature of the treatment, whereas the focus of a hospital stay is for crisis stabilization.

The initial interview. The initial interview with adolescents and their caregivers provides a context for exploring and reframing individual and collective narratives to increase resiliency. NT emphasizes collaboration and empowers people to take responsibility for their choices. Therefore, it is important to take into consideration the emotional state of both adolescents and their caregivers. Counsellors can provide support for adolescents and their caregivers until they embrace the collaborative process. During the initial interview, counsellors will meet separately with adolescents to allow them to tell their stories (Michel & Valach, 2011).

Next, counsellors will meet with caregivers and provide them with an opportunity to tell their stories about how their children got to the point of developing thoughts of suicide and/or attempting suicide (Michel & Valach, 2011). Finally, counsellors will meet with adolescents and their caregivers together to collaborate and develop a collective narrative that describes what lead to the adolescent's hospitalization (Michel & Valach, 2011). Although Michel and Valach (2011) do not use the initial narrative as a therapeutic tool for change, it is suggested that counsellors work with families to identify exceptions in the initial narratives that exemplify resilience.

Safety and assessment. An ongoing systematic suicide risk assessment ensures safety and guides counsellors in the care of adolescents. However, the overall effectiveness of these assessments has been challenged, due in part to the emphasis on mental disorders as the cause of suicidality rather than other influences (Hjelmeland & Knizek, 2017). A common way to conduct a risk assessment is through a semi-structured interview that follows an outline to collect critical information in a relaxed manner (Fowler, 2012). A narrative approach can be used during the assessment by describing it as a method of gauging the intensity of internal turmoil or pain that is causing the adolescent to develop thoughts of suicide. Risk assessments explore suicidal thoughts and behaviours; determine the degree of intent to act on thoughts; explore a history of past, current, and immediate suicidal thoughts or behaviours; ongoing risk factors; and protective factors (Chu et al., 2015).

Taliaferro and Muehlenkamp (2014) considered the differences between adolescents who attempted suicide and adolescents who were at risk for suicide but did not attempt. They concluded that those who attempted were experiencing significant emotional distress, had problems with their partner, and had problems

at home. Further, the level of risk for both adolescents who attempt suicide and those with thoughts of suicide ranged from no risk to imminent risk. The degree of intervention needs to match the level indicated (Helms & Prinstein, 2014). These findings suggest that counsellors need to pay special attention to adolescents with higher risk factors associated with a previous suicide attempt.

In the clinical setting of a hospital, adolescents are assessed in the emergency department and are either released with a referral to community resources or kept for further assessment and stabilization. If a risk assessment is done in the community, counsellors need to decide whether to treat a youth themselves or send that youth to a hospital for further evaluation. Once a risk assessment is completed, a comprehensive safety plan needs to be created. This safety plan includes coping skills, contact information for a counsellor, contact information for a 24-hour crisis line, and phone numbers for supports at school and home (Ghahramanlou-Holloway et al., 2012).

Stanley and Brown (2012) developed a simple safety plan template that includes critical components that can be used with adolescents and their families. Although safety and assessment are not tenets found in NT, they are essential to help keep adolescents who are at risk for suicide safe. Once adolescents have established a measure of safety, further treatment will help them make sense of their experience and ideally move them towards wellness.

The problem-saturated story. During the initial phase of counselling, it is important to allow adolescents to relay their story in as much detail as possible and listen for exceptions of resiliency. It is also important for counsellors to understand the factors that increase risk (Ash, 2012). A narrative that focuses on problems and deficits often contributes to unbearable pain and hurt with feelings of no escape (Shneidman, 1998). In response, counsellors can provide validation and empathy.

In many cases, counselling is the first time an adult will have taken the time to listen to an adolescent's concerns. Counsellors frequently ask adolescents how they were able to cope up to this point, what skills they used to cope with their problem, and how they were able to adapt in the face of adversity. The objective is to allow adolescents an opportunity to tell their stories without judgment or criticism.

Naming the problem. When a problem is named, a shift often occurs such that adolescents can see themselves as separate from their problem. This can make the adolescent's problem more manageable (White & Epston, 1990). It is important to help adolescents appreciate that thoughts of suicide are symptoms of a greater problem that often needs to be identified and named. For example, an adolescent might feel like ending their life because of the unbearable emotional pain they feel inside. However, through the therapeutic process, core problems can be explored that are causing pain and suffering outside of the suicidal event. The core problem might be an emotional trauma from a sexual assault or a history of physical abuse. Although naming the problem is a form of externalization, intentional language can be used to externalize the problem further.

Externalizing the problem. Externalizing questions locate problems outside of an adolescent so the problem becomes more manageable. Hutto and Gallagher

(2017) emphasized the importance of focusing on the problem itself so children do not see themselves as the problem. Children and adolescents need to be separated from the problem to become authors of their lives and change (Hutto & Gallagher (2017). Buckley and Decter (2006) proposed that counsellors help adolescents write a letter to depression in Sorder to externalize the problem. Counsellors can help adolescents identify and externalize problems that contribute to developing thoughts of suicide. Also, counsellors and adolescents can collaboratively frame the emergence and development of suicidal thoughts as the result of societal and cultural influences beyond their immediate control (White, 2016). This can further externalize the problem and separate it from the person.

Several interventions can be used to facilitate the externalizing process. Turns and Macey (2015) used preselected movies to help children externalize problems. Turns and Macey had children watch a movie with their caregivers and try to identify with a character and a problem that character was facing. The idea was to help children see their problem as separate from their identity. This intervention may be useful for adolescents because of their interest in movies and their tendency to identify with movie characters. For example, an adolescent could be encouraged to watch a movie about someone their age who managed to overcome urges to think about suicide. Another intervention employed to externalize problems is the use of photographs (Chan, Ngai, & Wong, 2012). Chan et al. (2012) used photographs to help people separate themselves from their problems by creating a photo album to document aspects of their life. This helped patients gain a perspective of themselves as separate from their problems.

Searching for unique outcomes. The ability to adapt and cope when faced with adversity is a notable exception to highlight when exploring narratives of adolescents who have thoughts of suicide. One of the first stages in the development of new narratives is listening for exceptions in a problem-saturated story. White and Epston (1990) used the term *unique outcomes* to describe times when people were able to manage a problem, or when the problem did not have a strong influence on them. These exceptions can be used as the beginning of an alternative story (Countryman-Roswurm & Dilollo, 2017). It is important to note alternative possibilities and bring these exceptions up later, thereby challenging adolescents to think about times when they managed the problem, or when they displayed resiliency in the face of adversity. Exceptions will impact adolescents more intensely if the adolescents can see instances of these exceptions.

Counsellors can ask questions about times when adolescents resisted the influence of a problem and use these examples to highlight resiliency in the face of adversity. Countryman-Roswurm and Dilollo (2017) suggest asking questions that emphasize examples of resiliency, such as: "Before being admitted to the hospital, were there times you did not think about suicide, and if so, how did it make you feel when you did not have thoughts of suicide?"

Countryman-Roswurm and Dilollo (2017) also discussed the importance of asking questions that focus on helping others. For example: "Imagine I was trying to help a teenager at your school who wanted to commit suicide. From your

experience, what advice could I give her? How could I best help her?" Recommendations for helping others can provide adolescents with insight into changes that they might need to make in their own lives.

When exceptions are highlighted, a shift in perception can happen that can lead to insights where new meanings can emerge (Gonçalves et al., 2016). This shift in perception has been called an *innovative moment*, which results in new meanings and perspectives (Gonçalves et al., 2016). Gonçalves, Ribeiro, Mendes, Matos, and Santos (2011) developed a coding system that highlighted the different types of innovative moments, including personal action, reflection on novel insights, protest against the problem, increased assertiveness, recognizing shifts in perspective, and instances of performing change. These innovative moments, or shifts in perspective, can be emphasized by highlighting them to adolescents (Gonçalves et al., 2016). It is important to identify these moments because it is the overall accumulation of shifts that contribute to change (Gonçalves et al., 2016).

It is vital that counsellors work with adolescents to explore solutions other than suicide. When adolescents are challenged to consider exceptions to their narratives, it provides them with an opportunity to see more possibilities and alternative solutions to their problems. According to Chiles and Strosahl (2005), people become suicidal when they view their emotional pain as "intolerable, inescapable, and interminable" (p. 39). Chiles and Strosahl explain that some people cannot tolerate their emotional pain because, in their view, there are no solutions, they cannot escape the effects of their pain, and they do not believe that their circumstances will change. Adolescents contemplating suicide often have a history of experiences that have caused them extreme emotional pain, and the only solution they can come up with is to kill themselves. However, when exceptions and problem-solving skills are highlighted, adolescents can recognize their ability to be resilient.

Narrative co-construction. A new narrative emerges when there is a shift in perspective about self and others. Madigan (2011) stated that "neglected events" (p. 81), or exceptions to a problematic narrative, can be used as a starting point of a new narrative. When these exceptions or innovative moments are realized, people can begin to shift their views about problematic situations and their ability to problem solve (Gonçalves et al., 2016). Counsellors can use questions to further conversations and help clients develop new stories about themselves that have new meanings. By asking questions, counsellors can highlight and link instances of coping that helped adolescents develop a measure of resilience. Adolescents benefit when they can see themselves as resilient and capable of adjusting to adversity (Grych, Hamby, & Banyard, 2015). Counsellors and adolescents can collaboratively challenge negative "self-surveillance," or internal judgements about what others are thinking about them (Madigan, 2011). This can be accomplished by asking questions about who the audience is, what influence the audience has on them, and what other perspectives the audience might hold about the adolescents (Madigan, 2011).

Further, when adolescents are helped to see that suicidal ideation is often the result of external sociocultural factors such as racism, economics, discrimination, or bullying, they can become empowered to develop new narratives about themselves (White, 2016). It is critical to provide adolescents with space to see that there are many influences other than internal factors contributing to suicidal ideation, including political and social values and expectations (Sather & Newman, 2016). The goal of NT is for adolescents to move from having a problematic narrative to a narrative based on resilience.

NT can be used with adolescents to help them develop new ways of coping, adapting, and developing meaningful attitudes towards adversity. Several interventions used in NT facilitate the development of new narratives. One intervention is to encourage adolescents to journal about their experiences in counselling. This provides rich material for discussion in counselling (Ricks et al., 2014). A second intervention that can assist in the development of a co-constructed narrative is for counsellors to write letters to clients (White & Epston, 1990).

Bjorby, Madigan, and Nylund (2015) stated that letter writing provides an opportunity to emphasize what was said in counselling, to document progress, to allow people to be a witness to the new life they want to live and the narrative associated with this life, and to strengthen the therapeutic relationship. A benefit of letter writing is that the adolescent can re-read the letter, which will reinforce the changes made in counselling. A third intervention is the use of artistic expression to demonstrate aspects of a new narrative (Ricks et al., 2014). Adolescents could be asked to draw or paint a picture of the new insights they have made and how it has changed the way they view themselves.

Ending counselling. Terminating a therapeutic relationship can be one of the most challenging aspects of counselling. If counselling is managed outside a hospital, counsellors need to continue working with adolescent clients until symptoms subside, risk factors decrease, protective factors increase, and they can be kept safe (Ash, 2012). A sign that counselling is coming to an end is when adolescents start talking about themselves in favourable terms, and when discussions are based on their new narratives. Also, adolescents will often begin to modify their beliefs about themselves based on their new and more empowering narratives. Not only that, they will develop a commitment to live by those narratives.

Ideally, adolescents will have acquired new skills to manage their suicidal ideation such as increased distress tolerance, improved communication skills, and an ability to understand triggers that might cause an increase in thoughts of suicide. Counsellors and adolescents will have developed a safety plan together, talked about previous disempowering narratives, named the problem, externalized the problem, identified unique outcomes, and co-constructed a new and more empowering narrative. Due to the risk of relapse, the termination process will ideally include follow-up sessions. The initial safety plan will be modified to include new skills acquired during counselling and can be reviewed at the end of treatment. During the termination process, the safety plan is discussed with

adolescents and their caregivers to ensure that everyone is aware of supports and appropriate contact information.

Follow-up care. When adolescents complete counselling or are discharged from a hospital, it is essential that follow-up sessions are provided. This might include a referral to community resources or additional sessions by a counsellor. Follow-up sessions can be used to discuss times that the adolescent displayed resilience, or when they demonstrated an ability to cope and adapt in the face of adversity. The final follow-up session can be used to review progress and talk about the adolescents' empowering narratives. Finally, counsellors can ensure that adolescents have a copy of their safety plan, that they are comfortable asking for help, and that their caregivers also have a copy of the safety plan so that they can provide support when needed.

LIMITATIONS

There are limitations to this critical literature review and the associated recommendations of applying NT to help adolescents at risk for suicide. Firstly, as an empirically-supported approach, NT has already been used to help adolescents with suicidal ideation or who attempted suicide (McKinley, 2010; Michel & Valach, 2011). However, the literature is limited. The review of the use of NT with adolescents at risk for suicide in this article adds to the literature and highlights techniques used in NT and how they can be specifically adapted for adolescents at risk for suicide. Secondly, the post-modern constructivist theory of NT is often seen as diametrically opposed to the medical model, and incorporating both approaches might appear contradictory. This article demonstrates the importance of using NT in conjunction with risk assessments and skill development. NT is a non-pathologizing theory that focuses on identifying the strengths and resources of people.

On the other hand, the medical model that supports assessment and skill development is a pathologizing approach that looks for disease or mental disorders. Finally, it could be argued there are evidence-based treatments already designed to help adolescents with suicidal ideations, and research could be focused more on these. However, these approaches often position the counsellor as the expert, focus primarily on pathology, provide little collaboration, and do not empower adolescents.

SUMMARY

Suicidal thoughts are a strong risk factor for completed suicide (Musci et al., 2016) and the degree of that risk is increased for adolescents (Statistics Canada, 2017). Therefore, it is imperative to create interventions tailored to youth. A review of the literature showed that CBT, DBT, ABFT, and interpersonal models were useful in decreasing thoughts of suicide (Glenn et al., 2015). However, these traditional interventions primarily focus on eliminating problems. They

place little emphasis on increasing strengths. These traditional interventions are mainly based on the expert helping the fragile adolescent. Interestingly, the use of NT for helping people at risk for suicide was minimal. This article addressed this concern and made suggestions for using the narrative approach to help adolescents at risk for suicide.

Through a critical review of the literature, it was argued that NT could be a useful approach for working with adolescents at risk for suicide. However, at this time there is not enough evidence to support NT as an empirically-validated therapeutic approach for working with adolescents at risk for suicide. Thus, further research that utilizes NT with this population is needed. When adolescents can explore and reconstruct their internal narratives, they can perceive stressors differently and learn to cope in the face of adversity. This can contribute to a decrease in thoughts of suicide. NT allows adolescents to tell their stories, name the problem, externalize the problem, and reconstruct a new narrative or story that is more empowering. An integrated NT approach offers counsellors an alternative way to work with young people at risk for suicide.

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