Assessing Suicidal Ideation and Behaviors Among Survivors of Childhood Brain Tumors and Their Mothers During Sociobehavioral Research

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Purpose/Objectives: To describe the development and feasibility of a protocol for nonpsychiatric subspecialty research staff members to screen research participants who endorse suicidal ideations or behaviors during data collection.

Design: Descriptive protocol development.

Setting: The Children's Hospital of Philadelphia and the University of Pennsylvania.

Sample: 186 mother caregivers and 134 adolescent or young adult survivors of childhood brain tumors, with the protocol implemented for 5 caregivers and 11 survivors.

Methods: During telephone- and home-based interviews, the interviewer assessed the participant using the Columbia-Suicide Severity Rating Scale (C-SSRS).

Main Research Variables: Expressed suicidal ideation or behavior.

Findings: Implementation of the C-SSRS by nonpsychiatric subspecialty staff members was feasible and valid. Interviewers' conclusions based on this instrument matched those of the mental health professional who followed up with participants. Process notes contained themes about the participants, including anger and sadness in survivors and the physical and emotional demands of the survivor in caregivers. Progress notes for the interviewer included a reiteration of events, whether the assessment was successful, and whether the recommendation of the interviewer was in agreement with that of the mental health professional.

Conclusions: The protocol based on the C-SSRS was useful and feasible for nonpsychiatric subspecialty staff members to use in the collection of data from survivors of childhood brain tumors and their caregivers.

Implications for Nursing: Survivors of childhood brain tumors and their caregivers may experience psychosocial distress. Nurses, as research assistants or in other roles, can use tools such as the C-SSRS to assist in front-line assessments.

Key Words: suicidal ideation; suicide; brain neoplasms; survivors

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Suicidal ideation and behavior assessments have been studied in many different cancer populations at diagnosis and during therapy (Anguiano, Mayer, Piven, & Rosenstein, 2012; Bjorkenstam, Edberg, Ayoubi, & Rosen, 2005; Filiberti & Ripamonti, 2002; Hem, Loge, Haldorsen, & Ekeberg, 2004). However, they have been studied less frequently in pediatric populations and long-term survivors of cancer (Recklitis et al., 2010), including survivors of childhood brain tumors (Brinkman et al., 2013). Compared to survivors of other childhood cancers, survivors of childhood brain tumors have an increased risk of suicidal ideation (Recklitis et al., 2010). Comparable rates (12%) of suicidal ideation were found in a separate sample of adult survivors of childhood brain tumors (Brinkman et al., 2013). These rates are higher than the 12-month suicidal ideation prevalence in adults (4%) in the general population of the United States (Crosby, Han, Ortega, Parks, & Gfroerer, 2011).

Several submissions to the U.S. Food and Drug Administration (FDA) demonstrated significant variation in the methods used to report suicidal thoughts and behaviors during traditional interviews by clinicians supervising antidepressant clinical trials. These findings challenge the validity of the clinical interview as the gold standard for the assessment of suicidal ideation in the clinical trial setting. The presence of variations in reporting methods supported the need to improve the evaluation of suicidal thoughts to detect small fluctuations that may be related to treatment efforts (Posner et al., 2011; Zimmerman, Chelminski, & Posternak, 2004, 2005). Suicidal ideation was reported in clinical trials of pharmaceuticals that were not being tested for the treatment of psychiatric disorders. To prevent this untoward event, effective assessment was merited (FDA, 2012).

The specific assessment of suicidal ideation and behavior during the course of research was not required