Social Skills and Suicide Risk in Adolescents of an Education Institute of the City of Armenia (Quindio, Colombia)

Habilidades sociales y riesgo suicida en adolescentes de una institución educativa de la ciudad de Armenia (Quindío, Colombia)

Habilidades sociais e risco suicida em adolescentes de uma instituição educativa da cidade de Armênia (Quindío, Colômbia)

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Received: April 4th, 2018 - **Accepted**: November 25th, 2018
DOI: http://dx.doi.org/10.12804/revistas.urosario.edu.co/revsalud/a.7611
To cite this article: Gonzales-Portillo J, Franco-Monroy DA, Marin-Vasco JA, Restrepo-Chacon S. Social Skills and Suicide risk in Adolescents of an Education Institute in the City of Armenia (Quindio, Colombia). Rev. Cienc. Salud. 2019;17(1):19-33. doi: http://dx.doi.org/10.12804/revistas.urosario.edu.co/revsalud/a.7611

Abstract

Introduction: The objective of this article is to establish the relationship between the acquisition of social skills and the clinical expression of suicidal ideation and suicide risk in adolescents. *Materials and Methods*: The research was conducted following a descriptive and correlational design, in a population of 115 adolescents aged between 12 and 18 years old. The Beck's Hopelessness Scale and the Goldstein Social Skills Test were applied. *Results*: Data showed that there is a significant, inversely proportional correlation between social skills and a lower risk of suicidal symptomatology. *Conclusion*: Based on the obtained results it was possible to corroborate how family plays a relevant role in the emotional regulation and in the acquisition of social skills in the individual; it was also possible to sustain that,

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on the basis of a healthy coping mechanism in vital problrems resolution, the possibility of developing any suicidal expression reduces.

Keywords: Social skills, depression, suicide, adolescence.

Resumen

Introducción: el objetivo de este artículo es establecer la relación entre la adquisición de habilidades sociales y la manifestación clínica de ideación suicida y riesgo suicida en adolescentes. *Materiales y métodos*: la investigación se realizó siguiendo un diseño descriptivo y correlacional, en una población de 115 adolescentes entre 12 y 18 años, se aplicó la Escala de Desesperanza de Beck y el Test de Habilidades Sociales de Goldstein. *Resultados*: los datos arrojaron que existe una correlación significativa, inversamente proporcional entre la adquisición de habilidades sociales y el menor riesgo de sintomatología suicida. *Conclusión*: por medio de los resultados obtenidos, se ha podido corroborar cómo la familia cumple un papel importante en la regulación emocional y en la adquisición de habilidades sociales en la persona, además de cómo, a partir de la adquisición de un estilo de afrontamiento sano en la resolución de problemas vitales, se aminora la posibilidad de desarrollar alguna manifestación suicida.

Palabras clave: habilidades sociales, depresión, suicidio, adolescencia.

Resumo

Introdução: o objetivo deste artigo é estabelecer a relação entre a aquisição de habilidades sociais e a manifestação clínica de ideação suicida e risco suicida em adolescentes. *Materiais e métodos*: a pesquisa se realizou seguindo um desenho descritivo e correlacional, em uma população de 115 adolescentes entre 12 e 18 anos, aplicara-se a Escala de Desesperança de Beck e o Teste de Habilidades Sociais de Golstein. *Resultados*: os dados revelaram que existe uma correlação significativa, inversamente proporcional entre a aquisição de habilidades sociais e o menor risco de sintomatologia suicida. *Conclusão*: por meio dos resultados obtidos, se tem conseguido corroborar como a família tem um papel importante na regulação emocional e na aquisição de habilidades sociais na pessoa, para além de como a partir da aquisição de um estilo de afrontamento são na resolução de problemas vitais, diminui-se a possibilidade de desenvolver alguma manifestação suicida.

Palavras-chave: habilidades sociais, depressão, suicídio, adolescência.

Introduction

As indicated by the Colombian Institute of Legal Medicine the suicide rate in children and adolescents for the year 2017 reached 4.62 % per 100 000 habitants, a concerning figure in relation to the data of previous years, given that it is the highest percentage since 2008, with 791 cases (1). This national institute also observed that there is a relation of this figure with low schooling levels. Another fact of particular interest resides in the comparison of suicide rates with vulnerability conditions, here the highest percentage is found among farmers or peasants, followed by persons in condition of addiction to psychoactive substances, and then by ethnic group.

Suicide in adolescents, as well as in all other age groups, is a problem of public health, that goes beyond the scope of what is strictly clinical, since it implies the different dimensions, institutions and actors that compose society; as the Ministry of Health and Social Protection in Colombia notes, "It represents a real tragedy for its devastating effects and complex aftermaths on family, friends and society in general" (2). Knowledge about suicidal behavior is a study field of the medical and human sciences, which are interested in establishing the conditions (factors) involved in the development of the different manifestations of suicide.

Particularly in children, adolescents and young people it is the second cause of death worldwide, in Colombia, although an alarm has arisen because of the position acquired by this cause in the general population, and particularly in children and adolescents, suicide is not among the leading positions of deaths due to external causes (3, 4). The Colombia Family Welfare Institute (ICBF, for its initials in Spanish) produced a report on the factors associated with suicide in adolescents in Colombia; this analysis was performed using the paradigm of the systems theory and established that within the micro level there are risk factors such as previous attempts, alcohol intake and use of psychoactive substances, and the prevalence of mental disorders in this population like depression and anxiety, among others. Within the microsystem there are also factors of ontogenetic nature such as genetic predisposition and chronic diseases, which combined with contextual (phylogenetic) factors and factors of social vulnerability like hopelessness, teenage pregnancy, partner conflicts and low access to the health care system, constitute for the child and the adolescent indicators that foster suicidal behavior (5).

Besides the microsystem, the mesosystem is divided by the ICBF into the family and school dimensions; within these two contexts, all forms of violence towards the child and/or the adolescent, or the violent context, as well as precarious family conditions or difficulties in being admitted in school act also as factors that have an influence on the suicidal behavior in this population. For the exosystem, the socio-economic structure of the culture and the community to which the child or the adolescent belongs to is a determinant factor that can foster the suicide phenomenon, for example weak support networks, migrations, armed conflict and discrimination, among others (5).

However, contrary to the exposed ideas, evidence provided by the research has shown that the factors considered triggers of the suicidal behavior cannot be generalized (6). Whereas, the prevention measures proposed according to the cultural context of adolescents and children can be more effective.

Beyond the prevention model structured on the basis of the systems theory, there are two characteristics that have been considered to strengthen the individual and prevent suicidal behaviors and ideations in this age group are triggered. The first one is the

family dimension, as Andrade and Gonzalez define it: "suicide risk arises, in fact, when the parents' acceptance and involvement in relation to their children decreases, where the latter is an aspect that could indicate the presence of positive upbringing" (7). The second characteristic is related to the teaching and the bettering of social skills.

Social skill is the generic name given to identify the individual's functionality in adjusting him/herself to the environment by establishing healthy relationships and aiming at achieving a perception of well-being in general health and in mental health specifically; additionally, "an adolescent with an extensive repertoire of social skills will be able to understand and control his/her own feelings and those of the people around him/her, thus contributing to strengthening interpersonal relations and to the satisfactory adaptation" (8). Generally speaking, it has been established that the larger the social skills repertoire, the better the quality of life is; empirical evidence provided by the research has proved this hypothesis, proving furthermore that it is not a new issue and that it has been studied before.

By 1989 a research was performed, which found that in adolescents there is a significative relation between depression and suicidal behavior, that is additionally related to the believes that support social skills such as approval and coexistence with others (9). In 1990 the construct of social skill was specified, and it was established that it has an influence on depression, and that depression, in turn, is related to suicide ideation and suicidal behavior (10).

In recent researches these two variables have been linked, family and the teaching of social skills for the prevention of suicidal behavior in adolescents and children. Secord, el al., in 2018, found that the relation is very significant, since social skills produce social support that can offset depression, such social skills are proved in the family through its support and in the relationships with peers (11).

All in all, social skills can be taught in the context of the prevention of suicidal behavior; prosociality and establishing support networks are fundamental for moderating the effects of the risk factors that adolescents and children present in their cultural contexts (12).

In this regard, the present research exercise wants to investigate about the relationship between social skills and suicide risk in a group of adolescents, its novel feature is that, although in the Colombian context there are prevention programs for suicidal behavior, a description of the protective factors in specific age groups is needed; for the case of this study, in the school environment.

Materials and Methods

The selected method for the present research rests upon a descriptive and correlational quantitative framework for action with which we expect, on the one hand, to explore the variables selected by the target population, and to establish through statistics the relation of these variables. To paraphrase Krathwohl, the objectives of a descriptive-type research are describing, explaining and validating results; in the present research the application of scales and the theoretical exposition were so oriented that a deeper explanation of the issue could be achieved; therefore, observing the behavior of the results will facilitate a validation of them (13). On the other hand, to put it in Abreu's words, a correlational research aims at "analyzing how a variable can behave by knowing the behavior of another or other related variables, this means that it is a predictive purpose" (14). In this light, having established from the theory and having then tested the behavior of the variable *social skills* and type of suicide risk, we expect to compare these elements in order to obtain statistically valid conclusions.

The target population of this research exercise was from a public school in the city of Armenia, Quindio. In 2016, the department of Quindio had 563 310 inhabitants, 296 683 of which live in Armenia, its capital city (15). Adolescent population in the city reached 28 078 individuals in 2015, as the Mayor's Office of Armenia indicates (16). The vulnerability conditions having the greatest impact are the use of psychoactive substances and unemployment, both having a high rate in the population. The city is investing in strengthening children and youth; by way of example, integral development centers have been created, which attended in 2015, 2335 children; there are 42 000 boys and girls attending schools of the official sector. Concerning the problematic of suicide, between the years 1989 and 2008 the suicide rate achieved 6.1 % per 100 000 inhabitants, mostly males (17).

The sample was selected through a non-probabilistic method of intentional type. The main inclusion criterion was that participants were in one of the four last school years; for the exclusion criteria, two factors were considered: that the parents did not signed the informed consent, and that participants were not aged between 12 and 18 years old. The studied group was composed by a total of 115 participants, aged between 12 and 18 years old, average age was 15 years old, belonging to an economic stratum of three points in average; 57.4 % live in family-owned homes, while 42.6 % live in rented homes. Most participants have only one sibling, and 45.42 % live with both parents, while 45.2 % live with one parent; on the other hand, 12.2 % live with people different from their parents.

78 % described their relation with their parents as "good", and 15 % as "sometimes good, sometimes bad".

The sample was composed by 48.7 % males and 51.3 % females; 99.1 % of them live in the city of Armenia (Quindio) and the remaining 0.9 % live in the municipality of Pueblo Tapao. By the school grades, the sample is distributed as follows: 33 % are in 8th grade, 29.6 % in 9th grade, 16.5 in 10th grade, end the remaining 20.9 % are in 11th grade. Other information gathered from the sample showed that 67.8 % professed the Catholic religion, the remaining part is divided into further Christian and Evangelical denominations. 95 % are mestizos, 1.7 % are Afro-Colombian, and the remaining 0.9 % identify themselves as Roma (Gypsy population). Only three individuals of the research population have some kind of job, corresponding to 2.6 %; 76.5 % affirm they have a support network.

Characterization file, through which socio-economic and family factors of each participant were explored.

Beck's Hopelessness Scale, in a Spanish adaption by Aguilar, Hidalgo, Cano, Lopez, Campillo and Hernandez (18, 19). It is a self-applied scale of 50 reactants, to be answered "true" or "false" as applicable. Hope and vision of future were assessed according to negativist or positivist valuations. With this scale the type of suicide risk can be evaluated, consequently, the findings were quantified in a scale from "minimum" through "high risk" of committing suicide.

Goldstein Social Skills Test of 1980, adapted into Spanish in 1995, is a Likert scale composed of 50 reactants that group the main social skills an individual can develop and that derive from Goldstein's theory (20, 21). The answer options were "never", "sometimes" and "always"; the last two add points; at the end a direct summative is performed in order to quantify it into a scale ranging from "low social skills" to "high social skills".

Once the theory and the instruments were selected, the consent of the Bioethics Committee of the University of San Buenaventura, in Medellin, was requested; when the informed consent was approved, the implementation stage of the study was started, upon the prior authorization of the adults responsible for each participant in the research exercise. Afterwards, data were gathered and the respective statistical analysis was performed.

Regarding the statistical analysis, a margin of error of 95 % was determined, as it is usual in the researches on human and social sciences. In order to establish the corresponding descriptive analysis, it was hypothesized that the distribution is the same in the studied variable groups; for this purpose, firstly the assumption of normality of the test was explored, the results thereof showed a non-normal distribution, a non-parametric

statistic was then selected, for the present case, the Kruskal Wallis statistic, as well as for the correlation, due to the behavior of the variables, also a non-parametric statistic was selected, namely the Spearman's Rho statistic. In the methodology the research approaches are established, i.e., quantitative, qualitative or mixed approaches.

Results

In relation to the families of the adolescents and young people of the sample, most of them said that they maintain good relations with their parents; except for some isolated cases, the family dynamics, for the most part, do not correspond to typical families. Besides, over 82 % are not only children, 78 % indicated that they have an adequate relation with their parents, and only 0.9 % a "bad" relation with them. The families of the respondents are divided into separated parents and parents who live together, with 47 % and 46 %, respectively; the remaining percentage indicated that they do not live with their parents.

Data behavior describes a sample with a high trend to have social skills and a minimum suicide risk (table 1, 2 and 3), especially in the ninth grade. Nevertheless, the 8th grade data presented dispersion, one person with high suicide risk was identified.

Table 1. Contingency between schooling degree and classification of suicidal risk

			Results of Beck's Recoded Hopelessness Scale			
			High Risk	**Moderate Risk**	**Low Risk**	**Minimum Risk**
Which school year are you in?	8th Grade	N	1	1	6	30
		%	2.6 %	2.6 %	15.8 %	78.9 %
	9th Grade	N	0	0	7	27
		%	0.0 %	0.0 %	20.6 %	79.4 %
	10th	N	0	0	3	16
		%	0.0 %	0.0 %	15.8 %	84.2 %
	11th	N	0	0	5	19
		%	0.0 %	0.0 %	20.8 %	79.2 %

Table 2. Contingency between school year and social skills

			Results of the Recoded Social Skills Test		
			High Level	Medium-High Level	Medium-Low Level
Which school year are you in?	8th Grade	N	4	28	6
		%	10.5 %	73.7 %	15.8 %
	9th Grade	N	9	20	5
		%	26.5 %	58.8 %	14.7 %
	10th Grade	N	2	16	1
		%	10.5 %	84.2 %	5.3 %
	11th Grade	N	4	19	1
		%	16.7 %	79.2 %	4.2 %

Statistically there is similarity in the behavior of the results of the instruments in the school groups.

Table 3. Percentages of suicidal risk by gender, religion, ethnicity and family characteristics

		Results of the Recoded Beck's Hopelessness Scale							
		High		Moderate		Slight		Minimum	
		N	%	N	%	N	%	N	%
Which gender are you?	Male	1	1.8 %	1	1.8 %	13	23.2 %	41	73.2 %
	Female	0	0.0 %	0	0.0 %	8	13.6 %	51	86.4 %
Which religion do you profess?	Catholic	0	0.0 %	1	1.3 %	12	15.4 %	65	83.3 %
	Christian	1	3.7 %	0	0.0 %	5	18.5 %	21	77.8 %
	Evangelical	0	0.0 %	0	0.0 %	0	0.0 %	1	100.0 %
	Professes no religion	0	0.0 %	0	0.0 %	4	44.4 %	5	55.6 %
Who do you live with?	Both parents	0	0.0 %	1	2.0 %	6	12.2 %	42	85.7 %
	One parent	1	1.9 %	0	0.0 %	10	19.2 %	41	78.8 %
	Other people	0	0.0 %	0	0.0 %	5	35.7 %	9	64.3 %
	Alone	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
Which ethnic group do you identify yourself with?	Indigenous	0	0.0 %	0	0.0 %	0	0.0 %	0	0,0 %
	Mestizo	0	0.0 %	1	0.9 %	21	19.1 %	88	80.0 %
	Afro Colombian	0	0.0 %	0	0.0 %	0	0.0 %	2	100.0 %
	Raizal	0	0.0 %	0	0.0 %	0	0.0 %	2	100.0 %
	Roma	1	100.0 %	0	0.0 %	0	0.0 %	0	0.0 %

(continue)

		Results of the Recoded Beck's Hopelessness Scale							
		High		Moderate		Slight		Minimum	
		N	%	N	%	N	%	N	%
Do you have a support network?	Yes	1	1.1 %	1	1.1 %	16	18.2 %	70	79.5 %
	No	0	0.0 %	0	0.0 %	5	18.5 %	22	81.5 %
How do you define the relation with your parents?	Good	0	0.0 %	1	1.1 %	14	15.6 %	75	83.3 %
	Fair	1	16.7 %	0	0.0 %	1	16.7 %	4	66.7 %
	Bad	0	0.0 %	0	0.0 %	0	0.0 %	1	100.0 %
	Sometimes good and sometimes bad	0	0.0 %	0	0.0 %	6	33.3 %	12	66.7 %

It is apparent that the high hopelessness rate in specific cases is associated with a fair relation with the parents; besides, the only case with a high level of hopelessness lives with one parent and says that he has a fair relation with him. Data provided in table 4 show a high trend of having social skills. As relevant information it was established that in women there is a higher punctuation in the item *social skills*. Also, those who have both parents registered a higher punctuation in that item.

Table 4. Distribution of social skills by gender, religion, ethnic group and family characteristics

		Results of the Recoded Social Skills Test							
		High		Medium High		Medium Low		Low	
		N	%	N	%	N	%	N	%
Which gender are you?	Male	8	42.1 %	37	44.6 %	11	84.6 %	0	0.0 %
	Female	11	57.9 %	46	55.4 %	2	15.4 %	0	0.0 %
Which religion do you profess?	Catholic	13	68.4 %	57	68.7 %	8	61.5 %	0	0.0 %
	Christian	5	26.3 %	17	20.5 %	5	38.5 %	0	0.0 %
	Evangelic	0	0.0 %	1	1.2 %	0	0.0 %	0	0.0 %
	Professes no religion	1	5.3 %	8	9.6 %	0	0.0 %	0	0.0 %
Who do you live with?	Both parents	10	52.6 %	31	37.3 %	8	61.5 %	0	0.0 %
	One of the parents	5	26.3 %	43	51.8 %	4	30.8 %	0	0.0 %
	Other people	4	21.1 %	9	10.8 %	1	7.7 %	0	0.0 %
	Alone	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %

(continue)

		Results of the Recoded Social Skills Test							
		High		Medium High		Medium Low		Low	
		N	%	N	%	N	%	N	%
Which ethnic group do you identify yourself with?	Indigenous	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
	Mestizo	18	94.7 %	80	96.4 %	12	92.3 %	0	0.0 %
	Afro Colombian	0	0.0 %	2	2.4 %	0	0.0 %	0	0.0 %
	Raizal	1	5.3 %	1	1.2 %	0	0,0 %	0	0.0 %
	Roma	0	0.0 %	0	0.0 %	1	7.7 %	0	0.0 %
Do you have a support network?	Yes	17	89.5 %	62	74.7 %	9	69.2 %	0	0.0 %
	No	2	10.5 %	21	25.3 %	4	30.8 %	0	0.0 %
How is your parents' relationship?	Good	18	94.7 %	62	74.7 %	10	76.9 %	0	0.0 %
	Fair	0	0.0 %	5	6.0 %	1	7.7 %	0	0.0 %
	Bad	0	0.0 %	1	1.2 %	0	0.0 %	0	0.0 %
	Sometimes good, some-times bad	1	5.3 %	15	18.1 %	2	15.4 %	0	0.0 %

The correlation observed among the analysis variables is inversely proportional, that is to say, the higher the number of social skills, the lower the possibilities of appearance of suicide risk (table 5).

Table 5. Correlation suicide risk and social skills

Correlations				
			Results of Beck's Hopelessness Scale (H-S)	Results of Goldstein Social Skills Test
Spearman Rho	Results of Beck's Hopelessness Scale (H-S)	Correlation Coefficient	1.000	-.325**
		Sig. (bilateral)		.000
		N	115	115
	Results of Goldstein Social Skills Test	Correlation Coefficient	-.325**	1.000
		Sig. (bilateral)	.000	
		N	115	115

** Correlation is significative at 0.01 level (bilateral).

Discussion

Modern psychology, as well as the social and human disciplines in general, have regarded suicide as one of the social problematics having the most facets and connotations, particularly when the situation is considered in relation to the age groups and the social-family context of the individual; in this vein, each development stage of human beings is permeated by ontogenetic, but also phylogenetic, variables, in this regard, the biopsychosocial approach provides the perfect framework for understanding the structuration of individuals and of what has been considered to be the development problematics, one of which would be suicide.

In the same vein, in the interaction with the environment, the individual structures him/herself, becoming an independent being, with skills to deal with new situations according with what has been learned. According to theoreticians of psychology, adolescence is one of the most conflictive stages of development, during this stage a series of instruments learned in the previous years and in different flanks is proved; the first and most meaningful flank will be that of the relations with other people, the second is maintaining social rules, and finally building that has been denominated "a life project".

Since adolescence is such a transcendentally important stage in the life of people, the instruments or skills are meaningful, for they express the different innovative forms of comprehension, tactic and problem-solving that surge in the individual's life. Solving problems implies a series of internal movements but also concerning external sources for the individual; this as well plays a role in the resilience and self-efficacy levels that an adolescent could develop in a new and stressing situation. As Buendia et al. put it, various researches in the psychology field have proved the closed relation between acquiring and implementing a social skill and the development of suicidal behaviors (22).

In the present research, the family composition of the participants was considered as an alternate variable to the social skills, in this item, the most significative finding was the high punctuation in gaining support networks and in good relations with the parents, although over half of the respondents do not live in families typically composed by father, mother and siblings, a fact that shows —and confirming what Rivera and Andrade stated— that the family as a "surrounding" resource is one of the most significative facets in understanding what is happening with the suicidal adolescent; but far beyond its composition, the family is a support network for the individual (23).

Family has been then considered the main precipitating or protective factor in the suicidal behavior, and much more in the development of skills; then the family is indeed implied in the social, affective, and cognitive development of the individual, aspects that are put at stake in unbalanced situations, as this research poses, if there are high-level

social skills, the suicide risk is low, since family plays an important role between the social structure and the individual, strengthening or unbalancing the individual (24, 25).

The problem of suicide transcends the different social groups the adolescent deals with; it was established that religion and ethnicity are not as strong as family in this context; an isolated case, in which a respondent rated high in suicide risk is in line with his low performance in social skills, proves it, thus validating once again the group of general results.

The presented study shows results that are the contrary to some previous researches on the contextual socio-economic characteristics of the individuals: no significative differences between the socioeconomic groups, different from what was found by Coronel et al., and that the only differentiating group could be the family; however, it acts only as a protective or precipitating factor of suicidal behavior (26).

Based on the presented results, it would be time to start thinking about forms of intervention in adolescents, considering that it is fundamental to gain social skills in solving problem situations. Gonzalez, Ampudia and Guevara have designed a model of intervention of this population by specifically approaching the construction of social skills in childhood and adolescence, but, as this research shows, the family factor plays a far more important role, so that the individual and group intervention forms should be oriented to the family: it is within the family, acting as a bridge and a promoter of healthy individuals, where the real social skills must be gained, or at least, where the process of strengthening the basic skills should be furthered (27).

The purpose, in the words of Buendia et al., is to educate people with a high self-efficacy, also with high resilience levels, since the problem that arises between social skill and suicide are the low levels of understanding and structuration of the instruments when facing problematic situations, not only in adolescence but generally the whole life long (22).

Thus, the family environment is the ideal context for prevention, since in this stage of confrontation and configuration of the self and of personality, it is relevant to have a significative support network conducting the way in which a difficult situation is dealt with. Previous studies, like the one performed by Gonzalez and Reyes, have found that family, when in a climate of conflict and its subsequent dysfunctionality, affects not only its members, but community in general, since family is the point where the microsystem and the mesosystem meet, contributing with social and personal cohesion or disintegration (28). Another effect caused by the family dysfunction is the emergence of vulnerable groups, specially when studying the age and the gender groups. The conversion of a specific group into a vulnerable one implies a process of understanding of the variables acting as etiology in the studied problematic; in this vein, family dysfunctionality as a

consequence of weak communication channels could cause that individuals have few social skills in relation to the inner communication with him/herself (emotional regulation) and communication with the environment (support network).

Gonzales et al. found, in turn, in a study with a similar population as the one in this research exercise, that "suicidal risk in the assessed population is associated with intra-family tension when one of the parents exerts an inappropriate normative control", thus establishing once again the way in which the family is implied in the possibility of making adolescents vulnerable when there is a significant level of dysfunction (29).

On the other hand, and as stated above, the most appropriate intervention model concerning suicidal behavior in adolescents should be oriented toward the family problematic, since its influence in the development of the individual and of his/her psychological stability is provided by different factors, as Andrade and Gonzalez evidenced, a fact that was also corroborated by the findings of the present research exercise (7). But also the family has an special influence on the communication forms and in the way intra-psychological problematics are dealt with.

In the development of the present research exercise a case was observed that manifested a high suicide risk, which was referred to the school orientation instance in order to activate the corresponding procedures. In a separated way, this case oriented the main conclusions of the present study, on the one hand, it was established that the group where the presence of a person with high suicide risk was observed was the one with the lowest number of skills and, on the other, that parallel to this, the alert was established in the group of gypsies or Roma, thus corroborating one of the risk factors the ICBF exposed by (5). This is, additionally, a new analysis field we suggest to explore with the same variables contrasted with the ethnic groups.

The main limitation of this study is the limited number of the sample, for ulterior researches we suggest widening the sample in order to establish better statistic relations. The study variable apprehensions could be bettered by strengthening the psychometric instruments exploring the characteristics of suicidal behavior and of the particular social skills.

In conclusion, the study expected to establish the characteristics of the relation between social skills and the appearance of suicide risk; as it was found in the statistic results, the relation is inversely proportional: the larger the number of social skills, the lower the suicide risk. Women present a larger number of social skills than men, among men there is a higher trend to present suicide risk. According to the ethnic groups, it was observed that there is a higher suicide risk and a lower social skill particularly in the Roma (Gypsies) population. It was also established that the family plays an important

role, therefore, the suicide risk prevention should be focused on gaining social skills and strengthening support networks.

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