



Suicide Prevention Across the Educational Continuum

6-Part Webinar Series



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Mountain Plains (HHS Region 8)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

This Suicide Prevention Webinar Series is a collaboration between the **Mountain Plains Mental Health Technology Transfer Center (MHTTC)** and the **Mountain Plains Prevention Technology Transfer Center (PTTC)** located in HHS Region 8 (CO, MT, ND, SD, UT, WY).

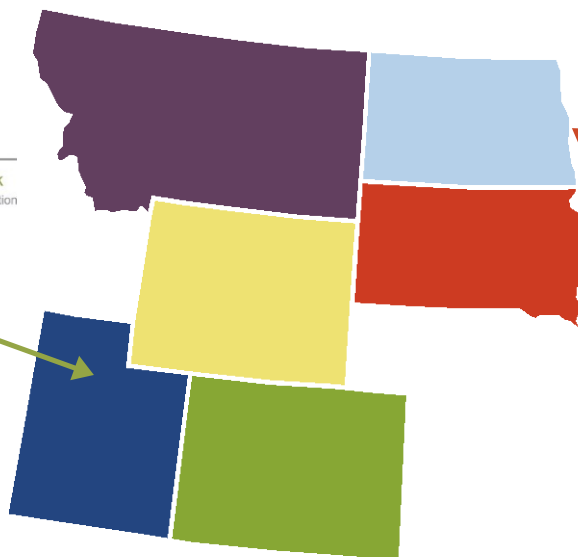


Mountain Plains (HHS Region 8)

PTTC

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The Mountain Plains PTTC is a partnership between the Department of Educational Psychology in the College of Education and the School of Dentistry at the University of Utah.



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The Mountain Plains MHTTC is a partnership between the University of North Dakota and the Western Interstate Commission for Higher Education.

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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of TRAINER NAMES HERE and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SMHSA for the opinions described in this presentation is intended or should be inferred.



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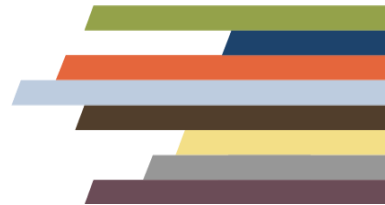
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Suicide Assessment and Response for K-12 Populations

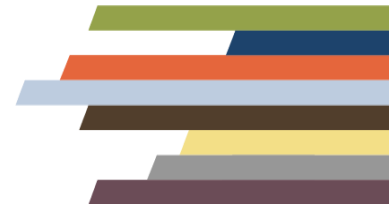
Erin Briley, M.S., NCSP

Technical Trainer

Western Interstate Commission for Higher Education (WICHE)

SAMHSA

Substance Abuse and Mental Health
Services Administration



This in-service is not intended to replace advanced training in suicide response and risk assessment. Please refer to resources at the end of this training for programs

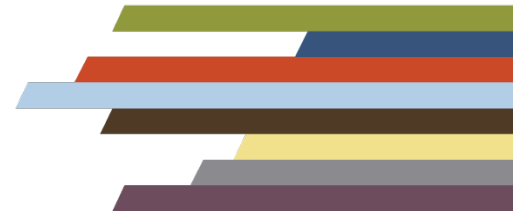


Definitions

Suicide: Death by self-directed injurious behavior with an intent to die

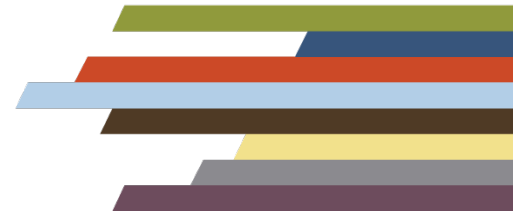
Suicide Attempt: Non-fatal self-directed (potentially) injurious behavior with an intent to die

Suicidal Ideation: Thoughts of suicide. May or may not include a plan



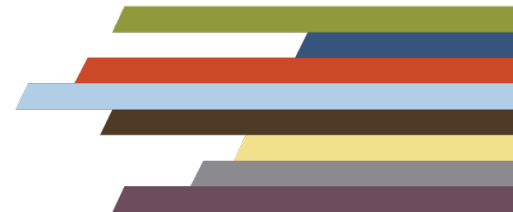
Putting It Into Perspective

- 17% of high schoolers report seriously considering suicide in 2017; rates increase significantly for LGBTQ (47.7%)¹ and other ethnic groups.
- Suicide is ranked as the 10th leading cause of death in 2017 for all age ranges⁷, but is second among youth ages 10-24⁵.
- In 2017, suicide nearly tripled for youth aged 10-14; increased 76% for ages 15-19; and increased 36% for ages 20-24 as compared to 2007⁴.

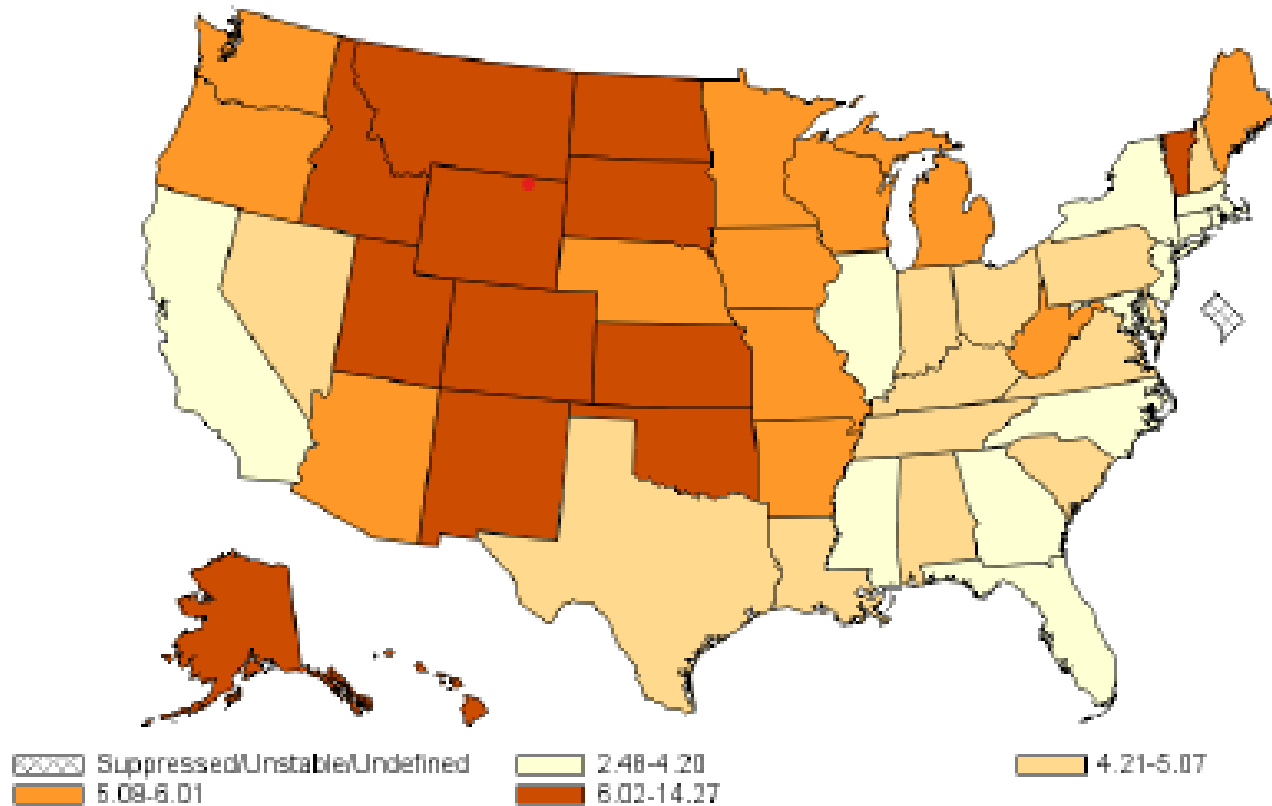


Putting It Into Perspective

- For American Indian and Alaska Native youth and young adults ages 15-34, the suicide rate is 1.5 times that of the national average²
- The rate for males is nearly three times higher than females for ages 15-19¹¹



2008-2014, United States
Death Rates per 100,000 Population
 All Injury, Suicide, All Races, All Ethnicities, Both Sexes, Ages 5-21 Years
 Annualized Crude Rate for United States: 4.42



Reports for All Ages include those of unknown age.

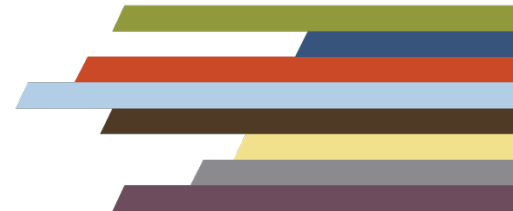
* Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk.

Risk Factors

(Characteristics associated with increased risk. Risk increases with multiple factors)

Individual Risk Factors¹²:

- ▶ Previous suicide attempts
- ▶ Non-suicidal self-injury such as cutting
- ▶ Mental illness, hopelessness, low self-esteem
- ▶ Impulsive or risk-taking tendencies
- ▶ Poor problem-solving or coping skills
- ▶ Low stress and frustration tolerance
- ▶ Social alienation or isolation, non-conforming

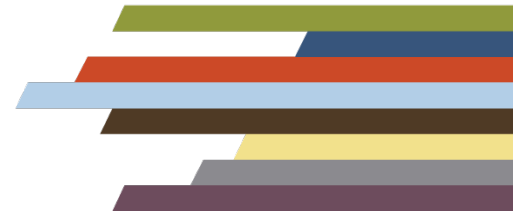


Risk Factors

(Characteristics associated with increased risk. Risk increases with multiple factors)

Risky Behaviors¹²:

- ▶ Alcohol or drug use
- ▶ Delinquency
- ▶ Aggressive/violent behavior
- ▶ Risky sexual behavior
- ▶ Exposure to suicidal behavior of others via media or other

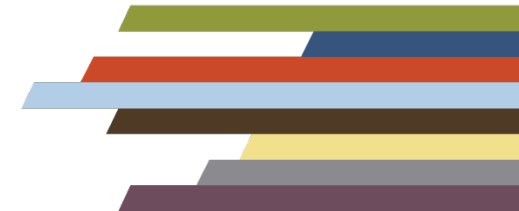


Risk Factors

(Characteristics associated with increased risk. Risk increases with multiple factors)

Family Characteristics:¹²

- ▶ Family history of suicide
- ▶ Parental mental health problems
- ▶ Family stress and dysfunction
- ▶ Stressful life event/loss or a situational crisis (breakups, abuse, divorce, death of a loved one, etc.)

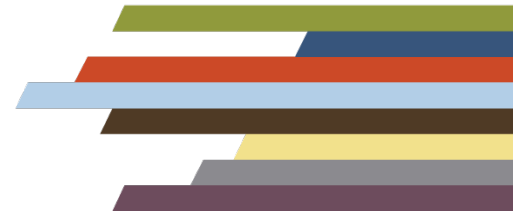


Risk Factors

(Characteristics associated with increased risk. Risk increases with multiple factors)

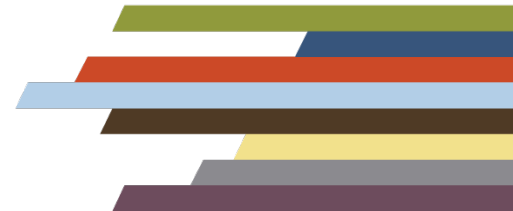
Environmental Factors:¹²

- ▶ Exposure to suicidal behavior of others
- ▶ Negative social and emotional environment at school
- ▶ Expression and acts of hostility
- ▶ Lack of respect and fair treatment
- ▶ Limitations in school physical environment, including lack of safety and security
- ▶ Access to lethal means
- ▶ Exposure to stigma & discrimination



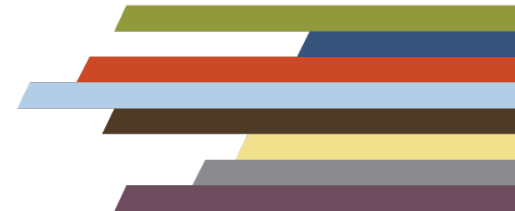
Signs of Depression in Young Children⁸

- Frequent tantrums or intense irritability
- Often talks about fears or worries
- Somatic complaints
- Very active *except* with TV or videogames
- Sleeps too much or little. Frequent nightmares or seem sleepy during the day
- No interest playing with others or trouble making friends
- Struggles academically or recent decline in grades
- Repeat actions or check things many times out of fear something bad may happen.



Signs of Depression in Older Children/Teens⁸

- Lost interest in things they used to enjoy
- Sleep too much or too little, or seem sleepy throughout the day. Low energy
- Increased isolation; avoiding social activities
- Fear gaining weight, or diet or exercise excessively
- Self-harm behaviors (e.g., cutting or burning their skin)
- Risky or destructive behaviors. Substance use.
- Periods of highly elevated energy/activity; require much less sleep
- Think someone is trying to control their mind or hear things others cannot hear

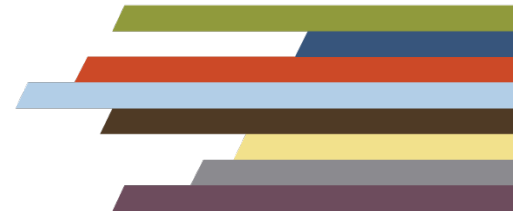


General Warning Signs¹⁴

(Observable behaviors signaling suicidal thinking)

Warning Signs: Changes in behaviors, feelings, & beliefs about self. Most signs last 2+weeks, but can occur impulsively

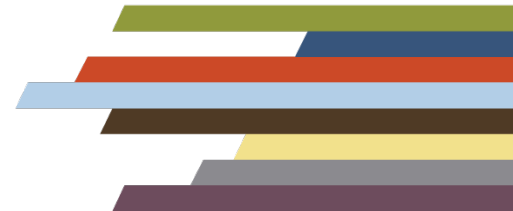
- ▶ Anxiety, agitation, dramatic mood changes
- ▶ Reckless or engaging in risky activities
- ▶ Unable to sleep or sleeping all the time
- ▶ Increased alcohol or drug use
- ▶ Withdrawal from friends, family, and society
- ▶ Feeling trapped, like there's no way out
- ▶ Rage, uncontrolled anger, seeking revenge



Acute Warning Signs¹⁴

- ▶ Threatening to hurt or kill self or talking about wanting to die (sometimes this is seen as verbal clues)
- ▶ Looking for ways to kill self by seeking access to lethal items
- ▶ Talking or writing about death, dying, or suicide
 - *Is there a detailed plan for attempt (how, where, when)?*

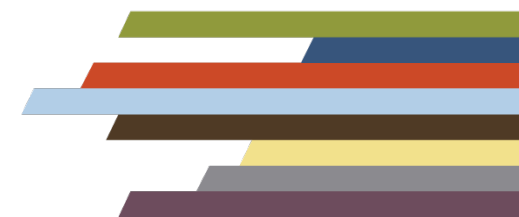
Note: Be cautious of sudden improvement after a period of being very sad and withdrawn because a decision may have been made to escape problems by ending life



Warning Signs for Youth (<25 yrs)

15

- ▶ Talking about or making plans for suicide
- ▶ Hopeless about the future
- ▶ Severe or overwhelming emotional pain or distress
- ▶ Worrisome behavioral cues or marked behavioral change:
 - * Withdrawal or changes in social connections
 - * Changes in sleep (increased or decreased)
 - * Anger that seems out of character or context
 - * Recent increased agitation or irritability

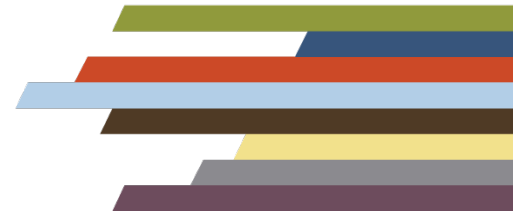


Warning Signs for Youth (<25 yrs)

15

The risk for Suicide increases if the warning sign is:

- New and/or
- Has increased, and
- Possibly related to an anticipated or actual painful event, loss, or change

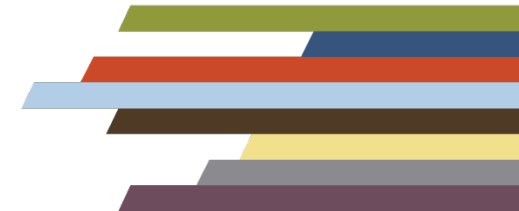


Protective Factors¹²

Protective factors don't shield a child from risk if they are already actively suicidal, but they are very helpful in safety planning

Individual Characteristics

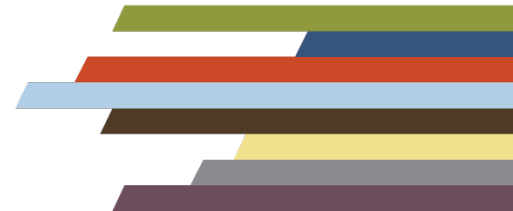
- ▶ Emotional well-being and emotional intelligence
- ▶ Adaptability, resilience, internal control of one's environment
- ▶ Strong problem-solving, coping, conflict resolution skills
- ▶ Frequent, vigorous exercise or participation in sports
- ▶ Spiritual faith. Cultural beliefs that affirm life
- ▶ Frustration tolerance and emotional regulation
- ▶ Body image, care, and protection



Protective Factors¹²

Social Supports

- ▶ Connections. Close supportive bonds with family, caring adults, and peers. Parental involvement.
- ▶ Parental pro-social norms
- ▶ Family support for school



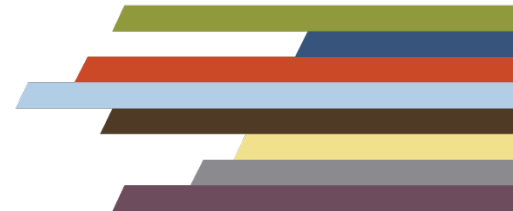
Protective Factors¹²

School Supports

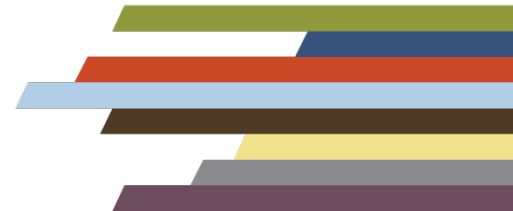
- ▶ Positive school experiences- safe and respectful climate
- ▶ Adequate or better academic achievement
- ▶ **Connectedness** to school. Part of a close school community

Consider:

- ▶ Internal: ability to cope with stress, religious beliefs, frustration tolerance
- ▶ External: responsibility to others, positive therapeutic relationships, social supports



“Research shows that a brief screening tool can identify individuals at risk for suicide more reliably than leaving the identification up to a clinician’s personal judgment or by asking about suicidal thoughts using vague or softened language.”⁶



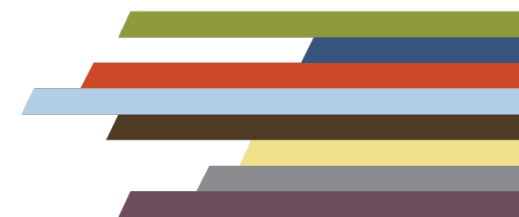
Screener versus Assessment

- Suicide Screening: A standardized instrument or protocol to identify suicide risk. Can be done universally or selectively.

Conducted when:

- 1. Student inform of attempt, thoughts, or plans*
- 2. Peer or staff learn of an attempt*
- 3. Staff believes student is at risk*

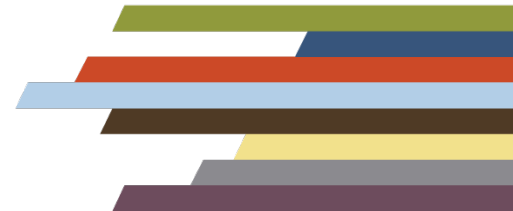
- Suicide Assessment: A comprehensive evaluation done by a clinician to confirm risk, estimate immediate danger, and determine the course of treatment



Basic Guidelines

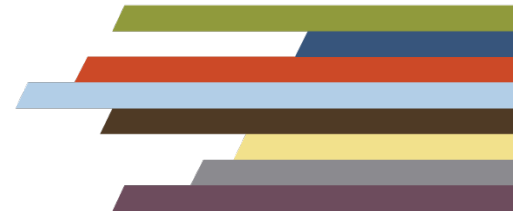
Defer to your school's crisis protocol!

1. Refer to staff trained to recognize & respond: (E.g., School Counselors, Behavioral Health Specialists, School Psych., Clinical Psych., School Social Workers)
2. If unable to locate, alert administration and determine if crisis team needs to be called to assess for imminence. If yes, call parents
3. In emergencies, alert administration, call 9-1-1, and parents
4. Ensure school staff are aware of referral/response protocol and basic guidelines



What to Explore in a Risk Assessment¹⁰

1. Identify risk factors. Pay attention to those that can be reduced. Explore if they've made past attempts at suicide or if there is a family history.
2. Identify and mobilize protective factors
 - Is there anything that could stop them?
E.g., younger siblings, pets, religious beliefs, ...

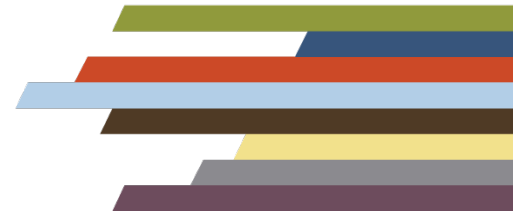


What to Explore in a Risk Assessment¹⁰

3. Conduct suicide inquiry

a) Ideation. How long have they been thinking about suicide (frequency, intensity, duration).

- Be direct. Be developmentally appropriate.
- Prompt Questions: “Are you thinking of suicide?”; “Have you thought about suicide in the last two months?”; “Have you ever attempted to kill yourself?”
- Be specific. Avoid vague terminology like “hurt”



What to Explore in a Risk Assessment¹⁰

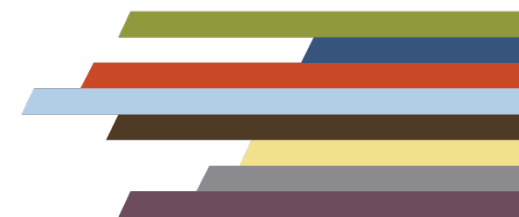
3. Suicide Inquiry (cont.)

b) Plan. Is there a plan? How would they do it if they could? Get specifics.

c) Access. Are there means to carry through?

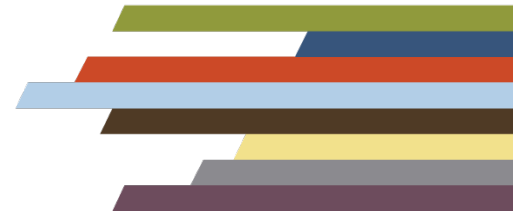
d) Intent. Have they made plans to follow through? If imminent (within next 24 hours, obtain immediate assistance or emergency response. Send to ER)

- Note: Asking about intent to kill oneself is not correlated with suicidality



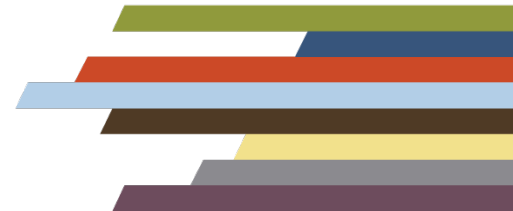
What to Explore in a Risk Assessment¹⁰

4. Determine risk level and if crisis team should be contacted.
5. Document, document, document!



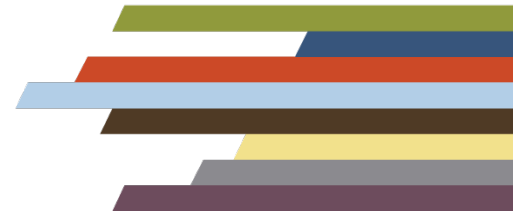
High Levels of Risk¹⁰

- **Risk/Protective Factor:** Psychiatric disorders with severe symptoms or acute precipitating event; protective factors not relevant
- **Suicidality:** Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal
- **Possible Interventions:** Contact crisis team. Suicide precautions



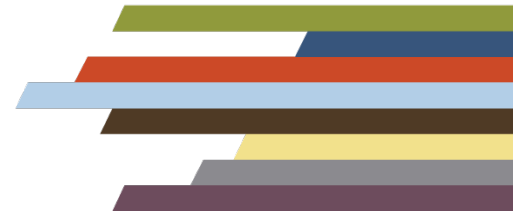
Moderate Levels of Risk⁹

- **Risk/Protective Factor:** Multiple risk factors, few protective factors
- **Suicidality:** Suicidal ideation with plan, but no intent
- **Possible Interventions:** May need to contact crisis team dependent on risk factors. Develop crisis plan. Provide resources



Low Levels of Risk⁹

- **Risk/Protective Factor:** Modifiable risk factors, strong protective factors
- **Suicidality:** Thoughts of death, no plan, intent, or behavior
- **Possible Interventions:** Outpatient referral, symptom reduction, provide resources.

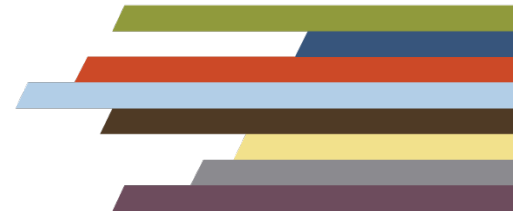


Levels of Risk⁹

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
High	Psychiatric disorders with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	* Contact crisis team* Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent	May need to contact crisis team dependent on risk factors. Develop crisis plan. Provide resources
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction, Provide resources.

Problems with Levels of Risk

- Suicidality is dynamic. Meaning, a variety of factors (personal events, availability of resources, etc.) can influence the level of severity at any point in time.⁶
- Other factors that should be explored when determining severity of risk includes: a) the patient's current available and accessible resources; b) foreseeable changes (events and stressors) which can influence risk; c) and, comparing the patient's current risk state to their baseline or worst-point state¹⁰



Helping Suicidal Youth

1. Show you care – Listen carefully – Be genuine.

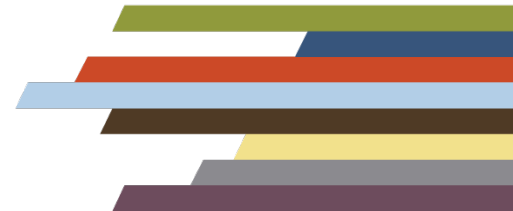
“I’m concerned about you...about how you feel.”

2. Ask the question –Be direct, caring and non-confrontational.

“Are you thinking about suicide?”

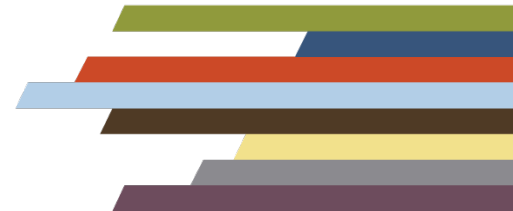
3. Get Help – Do not leave him/her alone.

“You are not alone. I will help you get the help you need.”



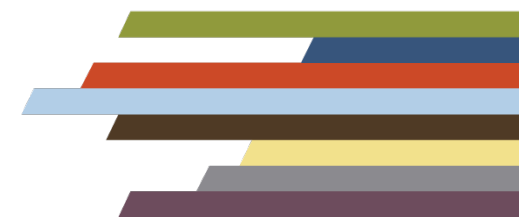
What's Not Helpful?

- ▶ **Ignoring or dismissing the issue** indicates you don't hear their message, believe them, or care about their pain.
- ▶ **Acting shocked or embarrassed.**
- ▶ **Panicking, preaching, or patronizing.**
- ▶ **Challenging, debating, or bargaining.** You can't win a power struggle with someone thinking irrationally.
- ▶ **Giving harmful advice** such as suggesting the use of drugs or alcohol to "feel better".
- ▶ **Promising to keep a secret.** The suicidal person is sharing his/her feelings hoping someone will help their pain, even though they may verbally contradict this.



Columbia-Suicide Severity Rating Scale (C-SSRS)³

- Brief screener (4-6 questions) for ideation severity within the last month and behaviors within the last 3 months
- Combine results with clinical judgement to determine risk level and make clinical decisions about care
- Population: All age ranges (6+) and special populations in different settings. Also available for very-young children/cognitively impaired
- Administration Requirements: Any professional or self-report. MH background not required
- Additional: Evidence-supported. Includes a follow-up screener. Endorsed by: SAMHSA, NIH, DOD, National Action Alliance for Suicide Prevention, Zero Suicide Initiative.
- Cost: Free

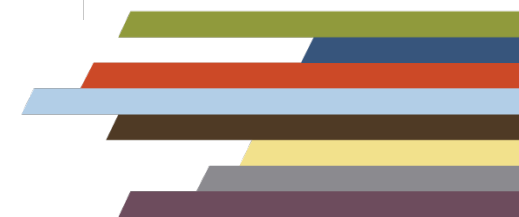


C-SSRS³

COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen Version - Recent

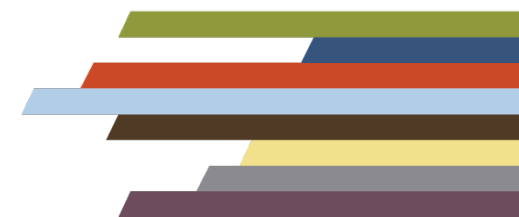
	Past month	
Ask questions that are bolded and underlined .	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <i>Was this within the past three months?</i>		

- Low Risk
- Moderate Risk
- High Risk



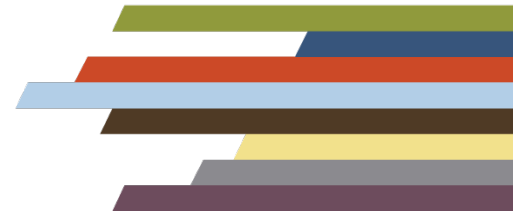
SAFE-T¹³

- Description: Interview-format to gather information related to suicide risk
- Explores: 1) Ideation within last 48 hours, past month, and worst ever; 2) Plan (timing, location, lethality, availability, preparatory acts); 3) Behaviors (past and aborted attempts, rehearsals versus non-suicidal self-injurious actions); 4) Intent
- Additional: Mobile App available. Endorsed by SAMHSA, SPRC



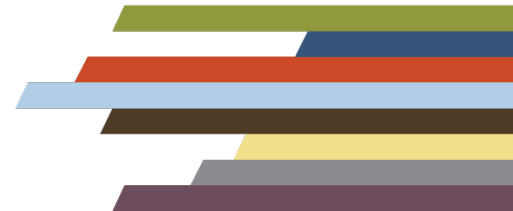
Positive Screening- Next Steps

1. Keep safe and don't leave alone, even for a minute!
2. Restrict access to lethal means. Suicides typically occur with little planning when experiencing a short-term crisis.⁵
3. Assess the need to contact the crisis team available at your school district. Call 9-1-1 if necessary
4. Notification – Notify administrator and guardians
5. Provide all students with any degree of suicidal ideation the number to the National Suicide Prevention Lifeline (1-800-273-TALK/8255), local crisis, local behavioral health resources, and peer support contacts
6. Determine follow-up monitoring plan and behavioral health supports



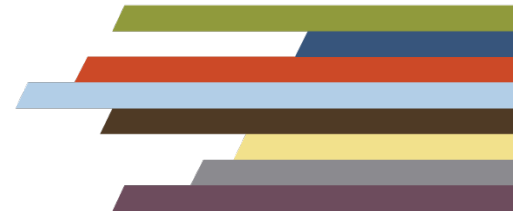
Positive Screening- Next Steps- High Risk

- Don't leave alone, even for a minute. Call for back-up
- Remove dangerous objects from immediate area
- Notify administrator and guardians. Ask guardians to come to school.
- Contact crisis team, or 911 if necessary.
- Release only to parent or crisis responder
- Obtain written consent to consult with outside providers
- Alert appropriate school officials
- Conduct re-entry meeting to create safety plan and school safety plan on current recommendations, concerns, supervisory and monitoring needs
- Document assessment results, whom contacted, plan of action



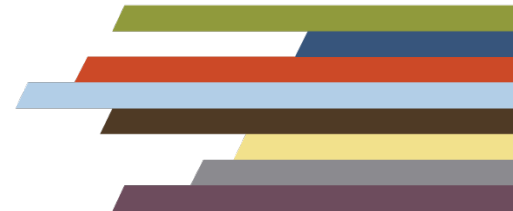
Positive Screening- Next Steps- Moderate Risk

- Notify administrator and contact guardians
- Provide crisis/emergency and local resources.
- Refer to community provider. Obtain written consent to consult.
- Contract crisis team if necessary
- Release only to parent or crisis responder
- Create safety plan for home and school
- If student left school, implement re-entry procedures and complete school safety plan
- Document assessment results, whom contacted, plan of action



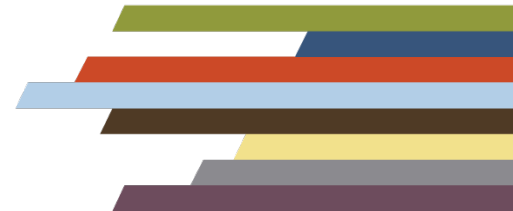
Positive Screening- Next Steps- Low Risk

- Contact parent/guardians
- Create safety plan if appropriate
- Provide crisis/emergency and local resources
- Document assessment results, whom contacted, plan of action



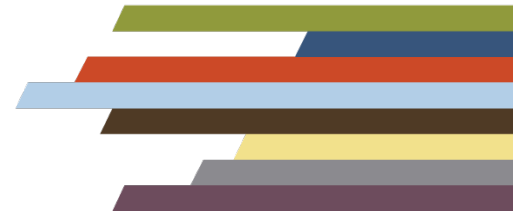
SAFETY PLANNING

- What a safety plan is:
 - A plan developed *collaboratively* with student and family to reduce suicide risk
 - Serves as a reference point and support if thoughts of suicide occur
- What safety planning is not:
 - Political or moral discussion
 - Discussion of permanent removal of means
- Special notes:
 - Create the safety plan after the crisis, when the person isn't experiencing intense suicidal thoughts and when they can think clearly.



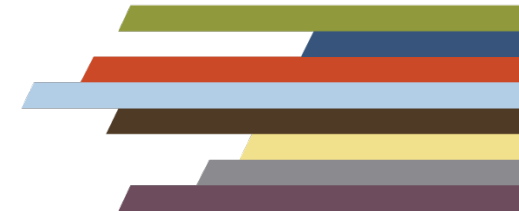
Safety Plan Components¹⁴

1. Identify warning signs/cues and triggers of potential crises. What are triggering stressors? E.g., anniversaries, losses,...
2. Identify coping strategies. What can they use on their own and with others?
3. Distracting from the crisis. What can be done to distract from their feelings or thoughts?
4. Identify supports – family, peers, supportive adults, etc. the student can talk with to help resolve a crisis
5. Identify emergency/crisis numbers and local behavioral health resources to contact during a crisis
6. Identify how to keep the environment safe. Reduce access to lethal means.
7. Review periodically



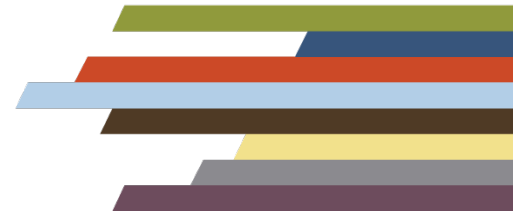
School Safety Planning¹²

1. Consider a re-entry meeting for those who've missed school due to crises and create a school safety plan. Invite outside provider or obtain input prior (with consent). Note: some schools require documentation from a mental health provider that the student is no longer a danger to themselves or other.
2. Assign a staff to be the primary point of contact
3. Daily check-ins for the first couple of weeks
4. Temporarily increase counseling supports or phone check-ins if not in school
5. Ensure relevant staff understand warning signs, triggers, side effects of medications, and next steps of action/referral steps
6. Arrange for makeup work or work extensions without penalty
7. Arrange for safety provisions. Can they leave class without an escort for safety? How many minutes can they be gone without the office being alerted due to safety concerns?



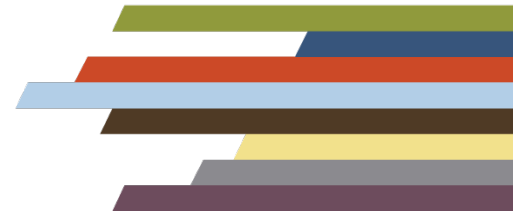
Parent Notification¹²

- Notify guardians as soon as student is identified as at-risk for suicide, & request to come to school (immediately for high risk). Review potential lethal means at home and the need to temporarily remove them.
- For low/moderate risk that don't require hospitalization, provide with community behavioral health resources.
- If you believe student is danger of self-harm and parent refuses to seek services, a report of negligence to child protective services may be mandated
- If imminent risk of suicide is related to parental abuse, notify protective services
- Follow-up with parents in a few days to see if an outside provider has been secured. If not, discuss why and offer to help.
- Document each and every contact.
- Some schools have parents sign an acknowledgement form stating they've been informed of their child's risk and received referrals



Confidentiality¹²

- Do not share clinical information on details related to their suicidal behavior.
- Only share information with staff necessary to preserve student safety such as that related to their treatment and support needs.
- General classroom discussions violate confidentiality, so avoid these.
- FERPA does allow us to disclose student information without consent, to appropriate parties if that information is necessary to protect the health and safety of the student. If we have a student that is suicidal or expressed suicidal thoughts, then school officials may interpret this as a significant threat to health or safety

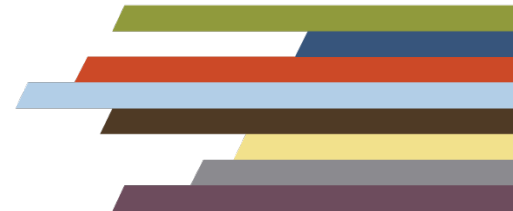


Don't Be Negligent! ¹²

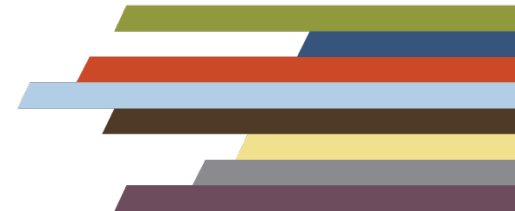
A review of literature by SAMHSA (2012) found schools sued for negligence due to the following:

1. Failure to notify parents if their child appears suicidal
2. Failure to get assistance for a student at risk of suicide
3. Failure to adequately supervise a student at risk of suicide

Also, remember that **all** reports of suicidal thoughts should be taken seriously

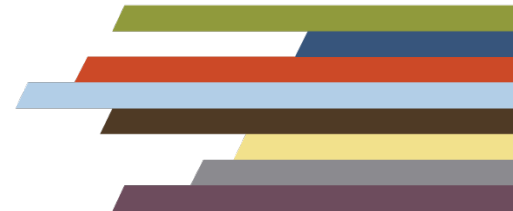


RESOURCES



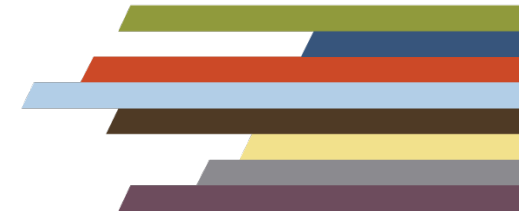
Crisis Lines

1. National Suicide Prevention Lifeline
1-800-273-TALK (8255) or 1-888-628-9454 (Spanish)
2. Crisis Text Line
Text HOME to 741-741
3. Trevor Lifeline (For LGBTQ Youth)
1-866-488-7386
4. Trans Lifeline
1-877-565-8860 or translifeline.org



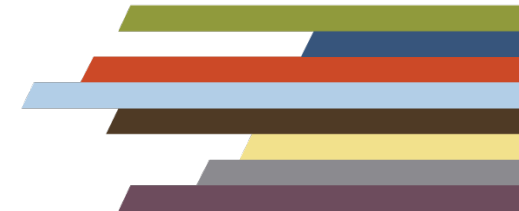
Advanced Training in Risk Assessment

1. Applied Suicide Intervention Skills Training (ASIST)
A workshop designed for caregivers of individuals at risk of suicide. <http://www.livingworks.net/programs/asist>
2. Assessing and Managing Suicide Risk (AMSR)
A one-day workshop focusing on core competencies to assessing and managing suicide risk.
<http://www.sprc.org/training-events/amsr> or amsr@edc.org.
3. Recognizing and Managing Suicide Risk (RRSR)
4. QPRT Suicide Risk Assessment and Risk Management Training Program
5. Zero Suicide
<http://zerosuicide.sprc.org/resources/suicide-care-training-options>.



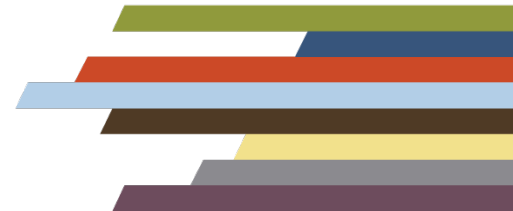
In-Service Training for Other Staff

1. Kognito At-Risk for High School Educators – 1-hour, online, interactive gatekeeper training program that teaches how to identify signs of psychological distress; approach students to discuss concerns; and make referrals to school support services. <https://highschool.kognito.com>
2. Mental Health First Aid - 8-hour course that builds mental health literacy, and helps to identify, understand, and respond to signs of mental illness. <https://www.mentalhealthfirstaid.org>
3. SafeTALK Curriculum– a 4-hour workshop that teaches how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support <https://www.livingworks.net>
4. Question, Persuade, Refer (QPR)- evidence-based gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. <https://qprinstitute.com/>



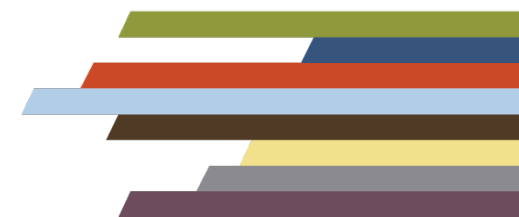
Safety Plans

1. Suicide Prevention Resource Center. Safety Planning Guide: A quick guide for clinicians. <http://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians>
2. Suicide Prevention Resource Center. Patient safety plan template. <http://www.sprc.org/resources-programs/patient-safety-plan-template>



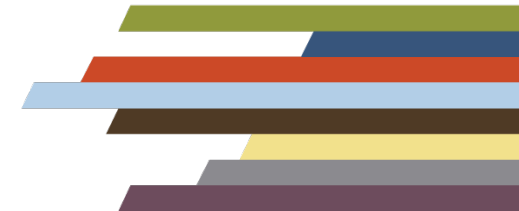
General Resources

1. National Center for the Prevention of Youth Suicide – preventyouthsuicide.org
2. National Institute of Mental Health – www.nimh.nih.gov
3. Substance Abuse and Mental Health Services Administration- www.samhsa.gov
4. Suicide Prevention Resource Center – <http://www.sprc.org>
5. Zero Suicide – zerosuicide.edc.org



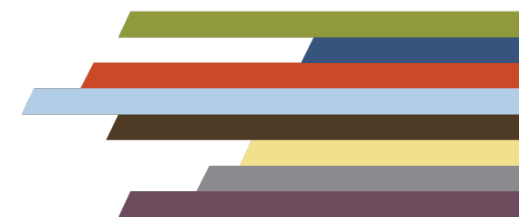
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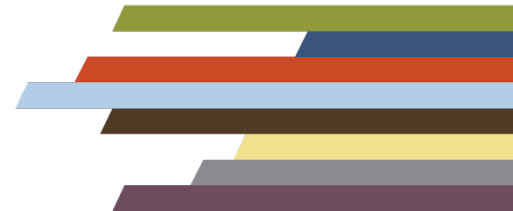
Thanks for coming!

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Thank You

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