SUICIDE IN SCHOOLS

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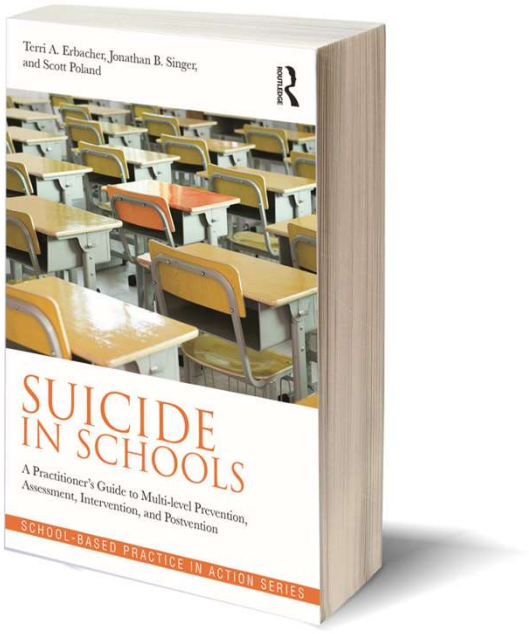
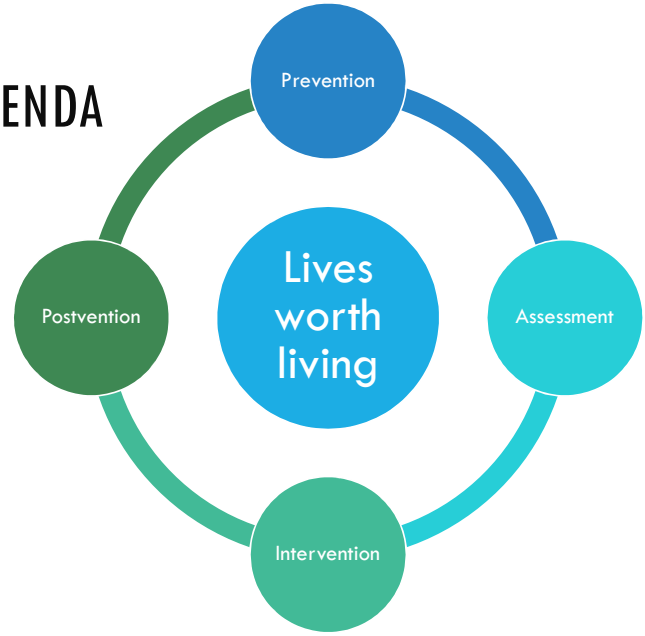
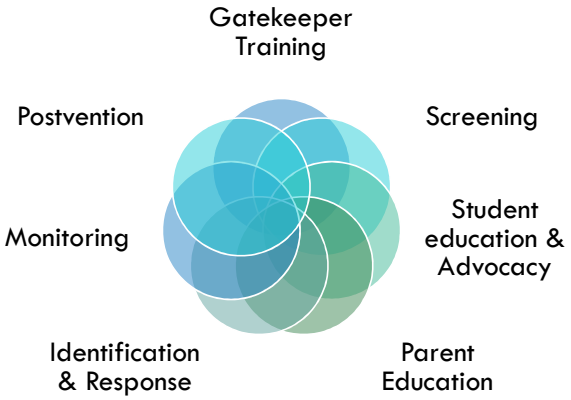


AGENDA



COMPREHENSIVE SCHOOL-BASED SUICIDE PREVENTION

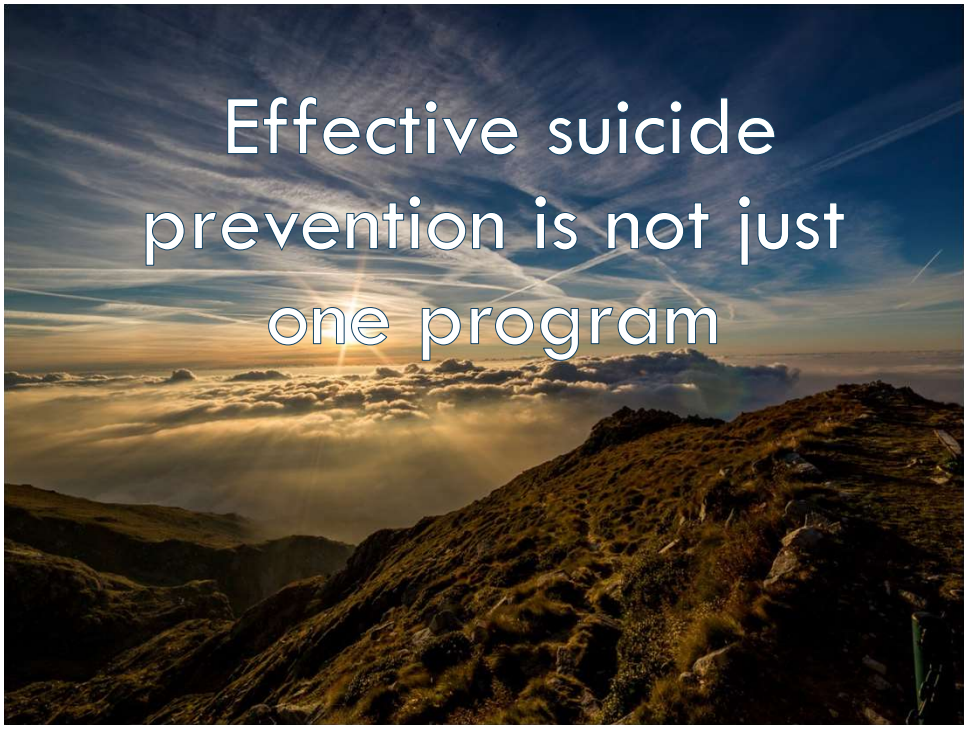


CURRENT TERMINOLOGY

Terminology	Definition
Non-suicidal self injury	Deliberate direct destruction or alteration of body tissue without a conscious suicidal intent. (e.g., "She cut herself but had no intention to end her life.")
Non-suicidal morbid ideation	Thoughts about one's death without suicidal or self-injurious content. (e.g., "He wondered if the roof would collapse on him tonight.")
Suicidal ideation	Thoughts of ending one's life
Suicide attempt	Any non-fatal potentially injurious behavior with intent to end one's life. A suicide attempt may or may not result in injury. (e.g., "She took seven ibuprofen hoping she would die.")
Aborted suicide attempt	Individual is stopped by an outside force (person or circumstance) before making an attempt. (e.g., "He took the bottle before she could take any.")
Interrupted suicide attempt	Individual stops him or herself before making an attempt. (e.g., "She put down the bottle before taking the pills.")
Suicide	The act of intentionally ending one's life.

PREFERRED AND PROBLEMATIC

Issue	Problematic	Preferred
Suicide not a desired outcome	Successful suicide	Took / ended their life
Associates suicide as a crime / sin	Committed suicide	Died by suicide; killed him or herself
Glamorizes suicide attempts	Failed suicide attempt	Suicide attempt
Sensationalism	Suicide epidemic	Higher / increasing rates
Gratuitous use of "suicide"	Career suicide / political suicide	Just don't use "suicide" in those contexts
Lack of clarity around the term	"survivor"	Specify "survivor of suicide attempt" or "survivor of suicide loss"
Antiquated terms	"parasuicidal"	Use any term that accurately reflects suicide



PREVENTION

COMMUNITY-LEVEL SUICIDE PREVENTION

Crisis Lines (including youth staffed lines)

Public awareness campaigns
- Sandy Hook Promise "Evan"
  - https://www.youtube.com/watch?v=A8syQeFtBKc
- Regulating access to lethal means (including firearms)

Wellness framework

Suicide reporting guidelines for the media

Contagion / diffusion

Arts-based community suicide prevention initiatives e.g. Finding the Light Within Mural
- https://www.muralarts.org/artworks/finding-the-light-within/

Finding the Light Within

6 ORGANIZATIONS
18 MONTHS **PHILADELPHIA,**
1,000 PEOPLE **PENNSYLVANIA**

RECOMMENDATIONS FOR MEDIA

Use preferred language? (e.g., "died by suicide" or "took his/her own life;" not "committed suicide"

Use objective, non-sensationalistic language to describe the suicide death?

Exclude details about method, location, notes or photos from the scene?

Focus on the life of the person versus the death and method?

Frame suicide as a preventable form of death?

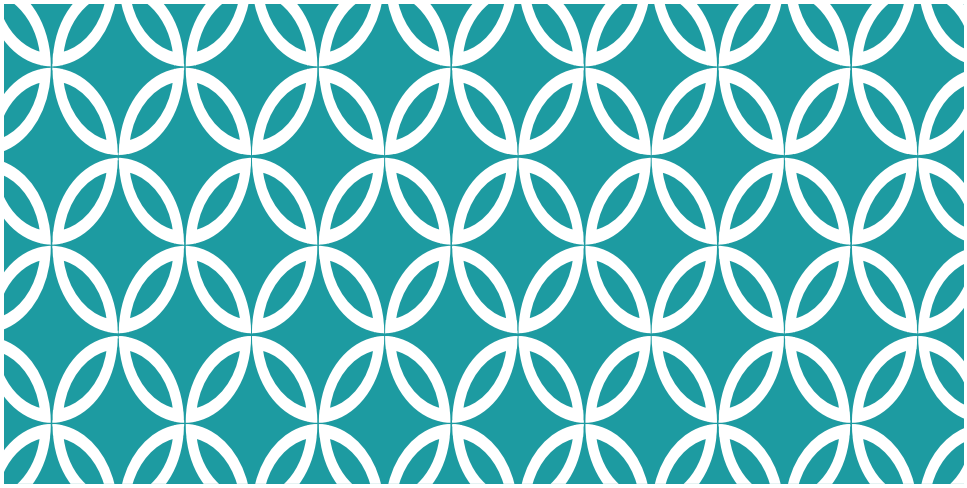
Indicate that suicide is always caused by multiple factors?

Convey that suicidal thoughts and behaviors are not weaknesses or flaws and can be reduced with support and treatment?

Ensure all links contain reliable information?

Consult a mental health or suicide prevention expert?

List suicide warning signs and local resources?



CONTAGION / DIFFUSION

CONTAGION / DIFFUSION

Diffusion is the process by which *behaviors* are spread not merely through exposure or contact but also through the acquisition of a *role model's cultural script* through social interaction directly with the role model and/or with others who were exposed to the role model.

Clusters are not just the escalation of dyadic diffusion, but may instead emerge from c*ollective processes* by which a community comes to make sense of the initial (and ensuing) suicides, and in so doing, they rekey cultural scripts for suicide that expand for whom suicide is an option. (Abrutyn, Mueller, & Osborne, 2019)

ADDRESSING DIFFUSION

Identify the local narratives, especially salient role models who thought about suicide but never attempted.

Focus on narratives about pulling through and stories about success

Schools should not ignore suicide deaths. Rather they should address them head on in order to disrupt perpetuation of local narratives that make suicide the logical end point for all youth.

SEXUAL & GENDER MINORITY YOUTH

2015 GLSEN National School Climate Survey

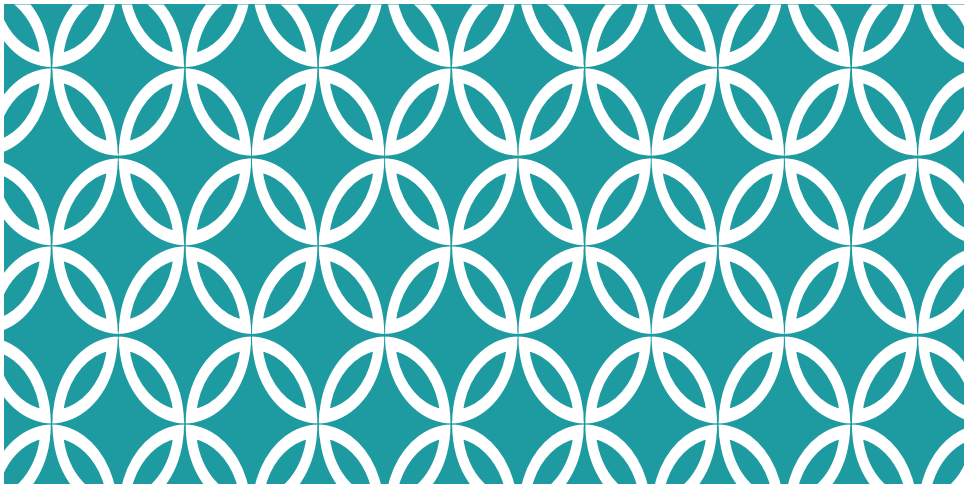
58% felt unsafe at school because of their sexual orientation,
43% because of their gender expression

60% were sexually assaulted, 13% were physically assaulted

56% heard homophobic remarks from teachers / school staff
64% heard transphobic remarks.

When we repeatedly and pointedly deploy the narrative of the suicidal LGBTQ youth *AND* we ignore the positive aspects of being queer, we offer queer youth a script that suggests that they should expect an unhappy and dangerous life.

Adapted from
Bryan and Mayock (2016)



SCHOOL-BASED SUICIDE PREVENTION

IDENTIFICATION & REFERRAL

Screening – like panning for gold

School mental health professionals identify more youth than teachers

Longer trainings (e.g. ASIST) result in better identification than shorter trainings (QPR)

The more time spent with youth, the more likely gatekeepers were to refer them for services

Condron, S. D., Garraza, L. G., Walrath, C. M., McKeon, R., Goldston, D. B., & Heilbron, N. S. (2015). Identifying and Referring Youths at Risk for Suicide Following Participation in School-Based Gatekeeper Training. *Suicide & Life-Threatening Behavior*, *45*(4), 461–476. https://doi.org/10.1111/sltb.12142

SUICIDE ATTEMPT

46 states and 12 tribal communities

Comprehensive, multifaceted suicide prevention programs, including gatekeeper training, education and mental health awareness programs, screening activities, improved community partnerships and linkages to service, programs for suicide survivors, and crisis hotlines.

4.9 fewer attempts per 1000 youths [95% CI, 1.8-8.0 fewer attempts per 1000 youths]; P = .003. More than 79 000 suicide attempts may have been averted during the period studied following implementation of the GLS program.

Garraza, L., Walrath, C., Goldston, D. B., Reid, H., & McKeon, R. (2015). Effect of the Garrett Lee Smith Memorial Suicide Prevention Program on Suicide Attempts Among Youths. *JAMA Psychiatry*, *72*(11), 1143–1149. https://doi.org/10.1001/jamapsychiatry.2015.1933

SUICIDE PREVENTION PROGRAMS

Good Behavior Game (BGB)

Signs of Suicide (SOS)

- Through a video and guided discussion, students learn to identify warning signs of suicide and depression in a single class period. At the end of the session, students are encouraged to take a seven-question screening for depression (anonymous or signed – the school can decide), which enables the school to identify students who are at risk. The curriculum raises awareness about behavioral health and encourages students to ACT (Acknowledge, Care, Tell) when worried about themselves or their peers.

Question, Persuade, Refer (QPR)

DBT-STEPS-A

Gay-Straight Alliance (GSA)

SUICIDE RISK ASSESSMENT

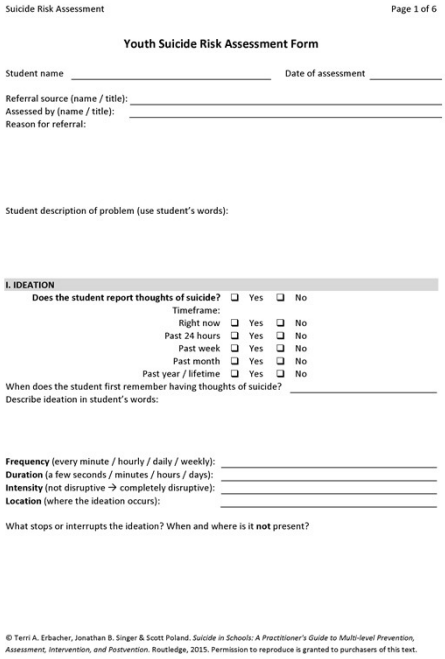
Suicide risk assessment forms serve as a reminder of things you want to cover, a space for documenting information, and a document that can be shared with others inside and outside of school.

The goal of a suicide risk assessment is to gather all of the information that might be needed in order to understand why the student is suicidal and what the next steps should be.

Suicide risk assessments are "valid" for a very short period of time.

ASSESSMENT

1. Ideation
2. Intent
3. Plan
4. Strengths & Resources
5. Risk factors
6. Presentation
7. Assessment of school / parents
8. Actions / Recommendations



Suicide Risk Assessment Page 1 of 6

Youth Suicide Risk Assessment Form

Student name _____ Date of assessment _____

Referral source (name / title): _____
Assessed by (name / title): _____
Reason for referral:

Student description of problem (use student's words):

I. IDEATION

Does the student report thoughts of suicide? ❑ Yes ❑ No

Timeframe:
Right now ❑ Yes ❑ No
Past 24 hours ❑ Yes ❑ No
Past week ❑ Yes ❑ No
Past month ❑ Yes ❑ No
Past year / lifetime ❑ Yes ❑ No

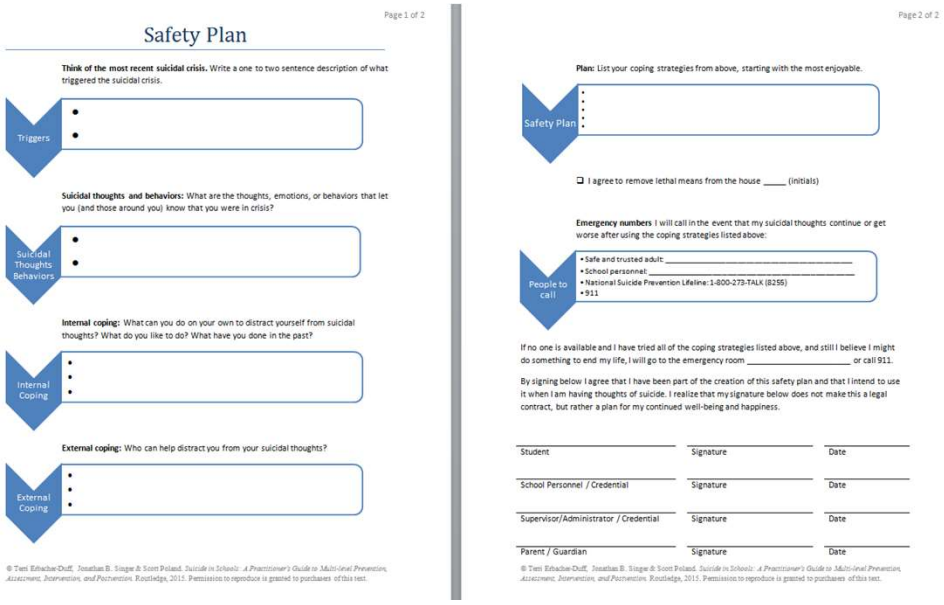
When does the student first remember having thoughts of suicide? _____
Describe ideation in student's words:

Frequency (every minute / hourly / daily / weekly): _____
Duration (a few seconds / minutes / hours / days): _____
Intensity (not disruptive → completely disruptive): _____
Location (where the ideation occurs): _____

What stops or interrupts the ideation? When and where is it **not** present?

SAFETY PLAN

1. Think of the most recent crisis
2. What thoughts and behaviors let you and others know you were in crisis?
3. What can you do on your own to distract yourself? What do you like to do? What have you done in the past?
4. Who can help distract you?
5. Plan: List your coping strategies from above, starting with the most enjoyable.
   - I agree to remove access to things that I could use to harm / hurt / kill myself
6. Emergency numbers: If things get worse after using the above coping strategies, I will call: [ED / Therapist / trusted adult]



Page 1 of 2

Safety Plan

Think of the most recent suicidal crisis. Write a one to two sentence description of what triggered the suicidal crisis.

Triggers

-
-

Suicidal thoughts and behaviors: What are the thoughts, emotions, or behaviors that let you (and those around you) know that you were in crisis?

Suicidal Thoughts Behaviors

-
-

Internal coping: What can you do on your own to distract yourself from suicidal thoughts? What do you like to do? What have you done in the past?

Internal Coping

-
-
-

External coping: Who can help distract you from your suicidal thoughts?

External Coping

-
-
-

Page 2 of 2

Plan: List your coping strategies from above, starting with the most enjoyable.

Safety Plan

-
-
-
-
-

❑ I agree to remove lethal means from the house ____ (initials)

Emergency numbers I will call in the event that my suicidal thoughts continue or get worse after using the coping strategies listed above:

People to call

- Safe and trusted adult: _____
- School personnel: _____
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- 911

If no one is available and I have tried all of the coping strategies listed above, and still I believe I might do something to end my life, I will go to the emergency room _____ or call 911.

By signing below I agree that I have been part of the creation of this safety plan and that I intend to use it when I am having thoughts of suicide. I realize that my signature below does not make this a legal contract, but rather a plan for my continued well-being and happiness.

Student	Signature	Date
School Personnel / Credential	Signature	Date
Supervisor/Administrator / Credential	Signature	Date
Parent / Guardian	Signature	Date

MONITORING

Students who have previously been assessed and found to have low, moderate, or high suicide risk need to be monitored regularly for changes in suicide risk.

- Screening for suicide risk is redundant – we know the kid is at some risk.
- Detailed suicide risk assessment is too time-consuming and would detract from the important task of therapy.

We developed a Suicide Risk Monitoring tool that:

- Captures ideation, intent, plan, warning signs, protective factors, mood & cognition.
- Can be administered or used as a self-report
- Takes a few minutes to complete & can be repeated at every session
- Can visually track changes in risk.

MONITORING

1. Questions are rated on a 5-point scale
2. Warning signs address burdensomeness, hopelessness, depression, disconnection, and triggers.
3. Protective factors include reasons for living, and support people.

Suicide Risk Monitoring Tool – Middle/High School Version

Student name _____ Date _____

Completed by (name / title): _____

I. IDEATION

Are you having thoughts of suicide? ❑ Yes ❑ No
Right now ❑ Yes ❑ No
Past 24 hours ❑ Yes ❑ No
Past week ❑ Yes ❑ No
Past month ❑ Yes ❑ No

Please circle / check the most accurate response:
How often do you have these thoughts? (Frequency): less than weekly / weekly / daily / hourly / every minute
How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more
How disruptive are these thoughts to your life (Intensity): not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

II. INTENT

How much do you want to **die**? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal
How much do you want to **live**? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

III. PLAN

Do you have a plan? ❑ Yes ❑ No
Have you written a suicide note? ❑ Yes ❑ No
Have you identified a method? ❑ Yes ❑ No
Do you have access to the method? ❑ Yes ❑ No ❑ N/A
Have you identified when & where you'd carry out this plan? ❑ Yes ❑ No ❑ N/A
Have you made a recent attempt? ❑ Yes ❑ No

If so, When / How / Where? _____

IV. WARNING SIGNS

How hopeless do you feel that things will get better? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal
How much do you feel like a burden to others? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal
How depressed, sad or down do you currently feel? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal
How disconnected do you feel from others? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal
Is there a particular trigger/stressor for you? If so, what? _____
Has it improved? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING *(things good at / like to do / enjoy / other)*	SUPPORTIVE PEOPLE *(family / adults / friends / peers)*

What could change about your life that would make you no longer want to die?

MONITORING

The back provides instructions, reviews levels of risk, and provides documentation of actions / recommendations.

FOR THE CLINICIAN – SUMMARY PAGE
MIDDLE SCHOOL / HIGH SCHOOL STUDENTS

Purpose: This tool is meant to be a suicide risk management screening. It is not a comprehensive suicide risk assessment measure. At times, we must monitor ongoing suicidality of students who have already been assessed either by you, an outside mental health professional or in a hospital setting. Clinicians working with suicidal students often report being unsure when a student may need re-hospitalization or further intervention and when levels of suicidality are remaining relatively stable for that *individual* student. Monitoring suicidality and managing risk over time is the purpose of this form.

We have created two versions of this tool as older middle school and high school students are better able to identify responses when provided with more choices than elementary and early middle school students. With older middle school and high school students, complete this form with them the first time, explaining each area and ensuring they understand how to complete it. During subsequent sessions, they can complete the form independently, followed by a collaborative discussion of risk and treatment planning.

As you know your student best, we have created within this form a place to document the particular triggers or stressors for this individual. This will allow you to monitor and track their unique stressors over time.

V. LEVEL OF CURRENT RISK:

Recommendations for further treatment and management of suicide risk should be a direct result of the ratings of risk as identified below in collaboration with your school district procedure. In all cases, parents should be notified to inform them you met with their child.

Student meets criteria for low / moderate / high suicide risk based on the following information (If a student falls between levels, err on the side of caution and assume higher risk category):

1. **Low risk:** None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e. intent), has no specific plan, exhibits few risk factors and has identifiable protective factors.
2. **Moderate risk:** Reports frequent suicidal ideation with limited intensity and duration; has some specific plans to die by suicide, but no reported intent. Demonstrates some risk factors, but is able to identify reasons for living and other protective factors.
3. **High risk:** Reports frequent, intense, and enduring suicidal ideation. Has written suicide note or reports specific plans, including choice of lethal methods and availability / accessibility of the method. Student presents with multiple risk factors and identifies few if any protective factors.

VI. ACTIONS TAKEN / RECOMMENDATIONS:

Parent/guardian contacted? ❑ Yes ❑ No
Released to parent/guardian? ❑ Yes ❑ No
Referrals provided to parent? ❑ Yes ❑ No
Safety plan developed? ❑ Yes ❑ No
Recommending removal of method/means? ❑ Yes ❑ No
If currently in treatment, contact made with therapist/psychiatrist? ❑ Yes ❑ No
Outpatient therapy recommended? ❑ Yes ❑ No
Recommending 24-hour supervision? ❑ Yes ❑ No
Hospitalization recommended? ❑ Yes ❑ No

Other? Please describe:

ATTACHMENT-BASED FAMILY THERAPY

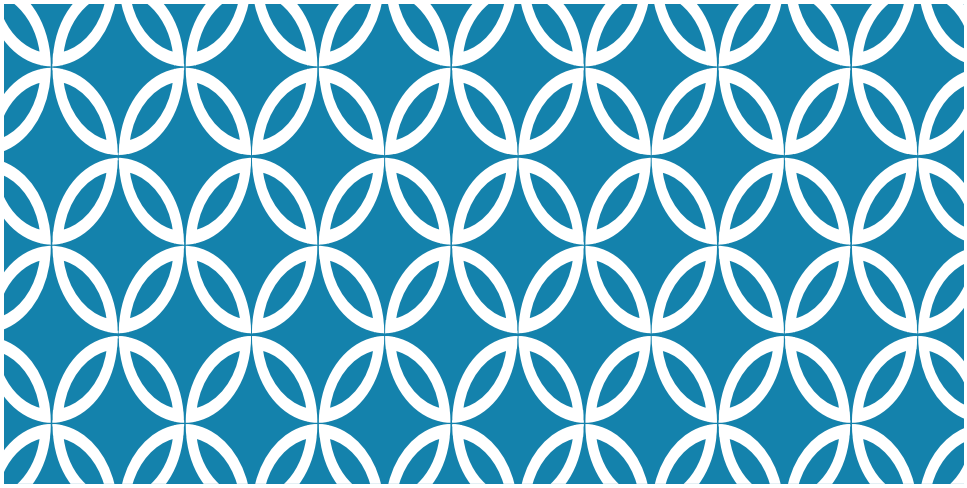
Suicidal and depressed youth

You might see your child as the problem, but we see your family as the solution

- Guy Diamond
co-developer of
Attachment-Based Family Therapy

5 Tasks

1. Relational Reframe
2. Adolescent Alliance
3. Parent Alliance
4. Attachment
5. Autonomy



POSTVENTION

Preparing

Develop a staff phone tree

List of home / cell numbers of outside support personnel

Cultural responsiveness training

Identify space for meetings and safe rooms

Prepare Go-kits

Develop policies for memorials and funeral attendance

Develop policies & establish presences on social media networks

Designate a media spokesperson / establish relationship with local media

FIRST 24-HOURS

Activate the crisis team and notify key personnel

- Determine if siblings attend school and notify administrators
- Arrange to have someone meet with every class the student attended
- Remove student's name from computer lists (no robo calls for absences, teachers do not see name on attendance list)
- Ask for student input about upcoming extracurricular events (what do they think is appropriate / inappropriate)

FIRST 24-HOURS

Verify facts / respect family privacy

- Who died, when, where and how.
- Designate a staff member to gather this information
- Offer family condolences
- "Parents, I am so, so sorry about what happened to Adam. You and your family are in our thoughts, and we waned you to know if there is anything you need, please let us know. We don't want to bother you in any way, but we want to help you in any way we can" (Miller, 2011, p. 118).
- Share accurate information as quickly as possible – kids often think adult keep secrets from them.

Notify teachers and staff / meeting

- AFSP / SPRC "After a Suicide" Toolkit includes a sample agenda

FIRST 24-HOURS

Determine level of response (minimal, building, district, regional)

Notify students in class meetings

- AFSP / SPRC "After a Suicide" toolkit for sample death notification

Prioritize students needing immediate support

- Geographical & psychosocial proximity, at-risk youth, threat perception
- Obtain parental permission prior to meeting
- Go Kits
- Safe rooms: two adults, 8 – 10 kids
- Follow-up and referrals

SAFE ROOM GROUP COMPOSITION

Emotional / Physical proximity

Who is most vulnerable?

- E.g. you don't want people who witnessed the suicide in the same group with people who did not
- Best friends should be in their own group, not with gen pop
- Separate group for youth with existing risk / vulnerabilities?

SAFE ROOM DEBRIEFING

PREPaRE distinguishes between a 20-minute information-only "psychoed" debrief and a longer emotional "first-aid."

Psychoed
- Give all students accurate information about suicide
- Prepare students for the kinds of reactions that can be expected after hearing about a peer's suicide death
- Provide them with safe coping strategies they can use to help them in the coming days and weeks
- Answer questions students may have and dispel any rumors

First aid
- Explore feelings
  - What is your biggest concern about the immediate future?
  - What would help you feel safer right now?
- Empowerment phase
  - Self-help / support groups / help victims

DEBRIEF SLIDE

Phase	Questions
Intro	[Adult explains that it will help to talk. Be sympathetic. Allow students time to relax.] Confidentiality No notes, just lists of people who attended
Facts	Where were you before, during and after the incident? What happened? What did you do?
Feelings	How did you react? How did you feel at the time? How did you feel later, when it was over? How are you now?
Future	[Adult reassures students about the normality of their reactions.] What do you feel you need – if anything? Are you ready to go back to class?

FIRST 24-HOURS

What not to say to youth:

- Your friend is in a better place [NO! A better place would be here with me!]
- They are with God now (HOW do you know if I even believe in God?]
- I understand how you feel [HOW? Did your best friend take their life at 15?]
- Keep your chin up / stay strong [WHY? My dad died. I'm not allowed to cry? Who will be strong for me?]
- Remember, it's God's will [THEN God is cruel and I don't want her in my life]

Notify parents & community / coordinate meetings

- AFSP / SPRC "After a Suicide" toolkit for sample agenda.

Proactively use and monitor social media / work with press

Debrief at the end of the day

Don't forget to care for school staff

THE DAYS FOLLOWING…

Approach support from a culturally respectful stance

Be intentional about attending the funeral or not

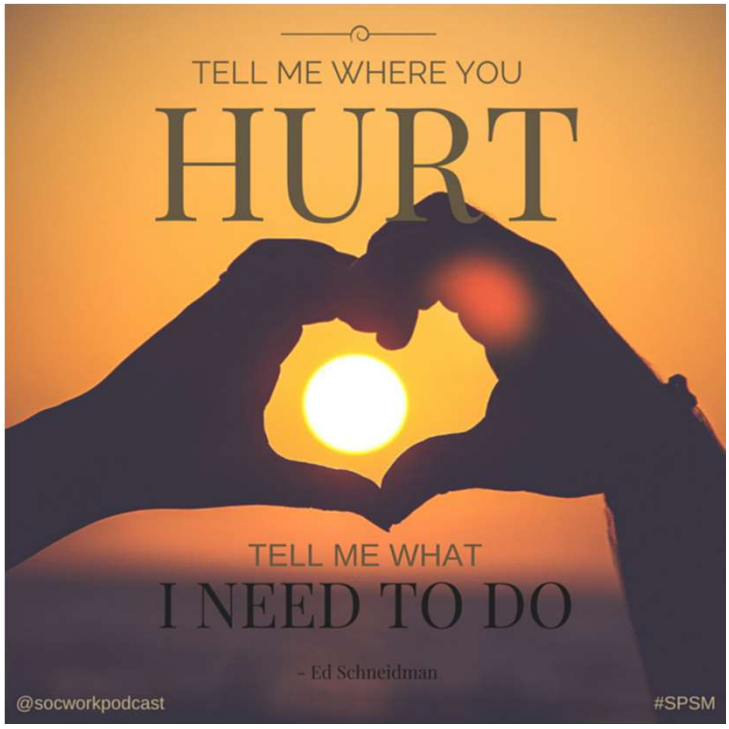
Memorials (temporary better than permanent / be consistent across deaths)

Address the Empty Desk

Monitor for suicide risk

Evaluation: There is no perfect postvention. Ask students, staff and community: *"what did we do well? What was missing? What could we do better net time? What were the holes in our plan?"*

Circle back to prevention programming



MONTHS AND YEARS AFTER…

Acknowledge the diversity of grief reactions (or lack thereof)

Complicated grief / PTSD
- Grief counseling groups
- Survivors of suicide loss

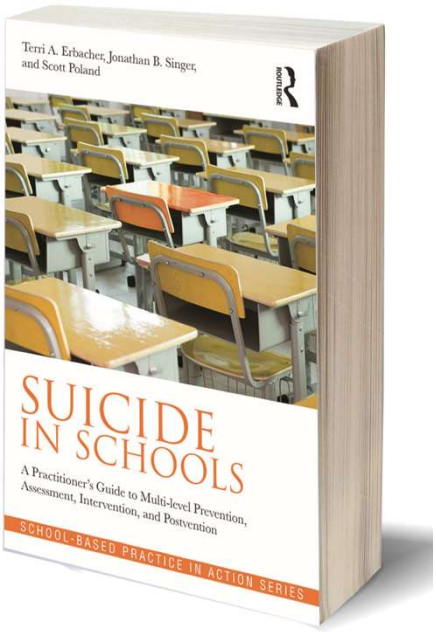
Monitor for suicide risk

Anniversaries (death, birthday, prom, graduation, 2 years-post)

TO LEARN MORE

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York: Routledge.

eResources for the book can be found at the Routledge Press website:
https://www.routledge.com/Suicide-in-Schools-A-Practitioners-Guide-to-Multi-level-Prevention-Assessment/Erbacher-Singer-Poland-Mennuti-Christner/p/book/9780415857031




THANK YOU!
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Loyola University Chicago
Social Work Podcast
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