Suicide and Nonsuicidal Self-Injury: Prevention, Intervention, and Postvention

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Workshop Objectives

- When you leave this workshop we hope that you will have …
  1. a better understand the terms "non-suicidal self-injury (NSSI)" and "suicidal self-injury (suicide)"
  2. a better understanding of the statistics and demographics of NSSI and suicide, and appreciate how these data can inform suicide risk assessments.
  3. considered a variety of primary prevention strategies.
  4. increased your knowledge of risk assessment.
  5. increased your knowledge of how schools should intervene with the student at risk for NSSI and/or suicide.
  6. increased your knowledge of how to respond to the aftermath of a completed suicide.

NOTE: The presenters, Stephen Brock and Melissa Reeves, have no know financial conflicts of interest related to this presentation

Workshop Outline

1. Definitions
2. Statistics and Demographics
3. Prevention
4. Risk Assessment
5. Intervention
6. Postvention

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Part 1

What is Self-Directed Violence

GOAL:

Understand the terms "non-suicidal self-injury (NSSI)" and "suicidal self-injury (suicide)"

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Definitions

- Self-Directed Violence (SDV)
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself."
    - Includes NSSI and Suicidal behaviors

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Crosby, Ortega, & Melanson (2011, p. 21)

Definitions

- ***NSSI*** (AKA self-mutilation, cutting, self-injury,)
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent."
- ***Suicidal***
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent."

Crosby, Ortega, & Melanson (2011, p. 21)

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Definitions

- NSSI and Suicide
  - ***Similarities***
    - Coping behaviors
      1. Suicide aims at eliminating overwhelming and intolerable pain
      2. NSSI aims at managing pain
  - ***Differences***
    - Death orientation
      1. Suicide associated with conscious thoughts of death
      2. NSSI not associated with conscious thoughts of death

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Definitions

- ***Undetermined*** SDV
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based on the available evidence."

Crosby, Ortega, & Melanson (2011, p. 21)

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Part 2

Statistics and Demographics

GOAL:

Have a better understanding of the statistics and demographics of NSSI and suicide, and appreciate how these data can inform suicide risk assessments.

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Statistics & Demographics

- Magnitude of the problem
  - NSSI
    - 4 to 47% of the population

Miller & Brock (2010);

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Statistics & Demographics

- NSSI Demographics
  - Gender
  - Age
  - Ethnic, racial and culture

Miller & Brock (2010);

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Statistics & Demographics

- Magnitude of the problem (U.S.A)
  - Suicide
    - 10-14 yr olds = 3rd leading cause of death
    - 15-19 yr olds = 2nd leading cause of death
    - Across age groups = 10th leading cause of death

CDC (2014)

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Statistics & Demographics

- Magnitude of the problem
  - Suicidal behavior among high school students in 2013[1]
    - 17.0% seriously considered suicide
    - 13.6% made a suicide plan
    - 8.0% attempted suicide
    - 2.7% attempt required medical attention
  - 100 to 200 attempts for each completed suicide.[2]

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[1]Kann et al. (2014); [2]Drapeau & McIntosh (2015)

Statistics & Demographics (2013 National Data)

- Total number of suicide deaths in 2013 = 41,149
  - 10th leading cause of death
- More men die by suicide
  - Gender ratio 3.5 male suicides (*N* = 32,055) for each females suicide (*N* = 9,094)
- Suicide Rate = 13 per 100,000 (males, 20.6; females, 5.7)
- 51.4% of suicides were by firearms. [1,2]
  - Suicide by firearms rate = 6.7
  - Suicide by firearms rate (15-19 yrs) = 3.49
  - Suicide by firearms rate (15-19 yrs male) = 5.98
  - Suicide by firearms rate (15-19 yrs female) = 0.87
- Highest suicide rate is among white men over 85 (52.62 per 100,000 vs. 12.45 per 100,000[1] among 15-19 year olds).

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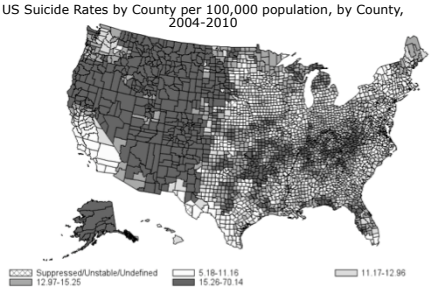
CDC, 2015

Statistics & Demographics

US Suicide Rates by County per 100,000 population, by County, 2004-2010



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CDC (2015)

Statistics & Demographics (2013 rankings)

Rank	State (2012 rank)	*N*	Rate
1	Montana (2)	243	23.94
2	Alaska (3)	171	23.26
3	Wyoming (1)	129	22.14
4	New Mexico (4)	431	20.67
5	Utah(6)	579	19.96
6	Nevada (6)	541	19.39
7	Colorado (5)	1007	19.11
8	Idaho (8)	308	19.11
9	Maine (17)	245	18.44
10	Vermont (27)	112	17.87
National Total		**41,149**	**11.0**

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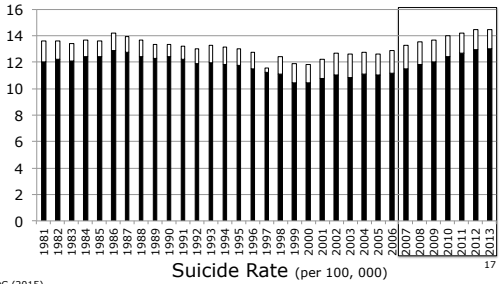
CDC (2015)

Statistics & Demographics

US Suicide Rate (& Undetermined Intent; 1981-2013)



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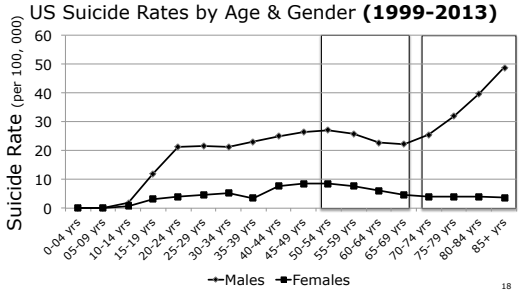
CDC (2015)

Statistics & Demographics

US Suicide Rates by Age & Gender **(1999-2013)**



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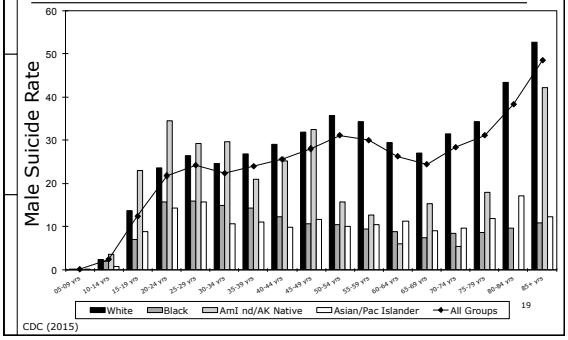
CDC (2015)

Statistics & Demographics:

Male rates by age and ethnicity (2013)



CDC (2015)

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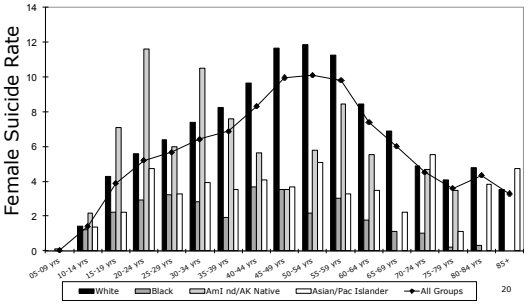
Statistics & Demographics:

Female rates by age and ethnicity (2013)



CDC (2015)

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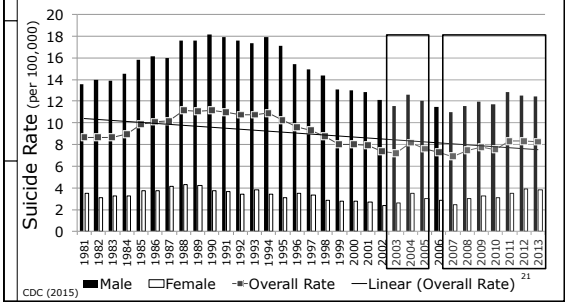
Statistics & Demographics

Teen Suicide Rates:1981-2013 (15-19 yrs)



CDC (2015)

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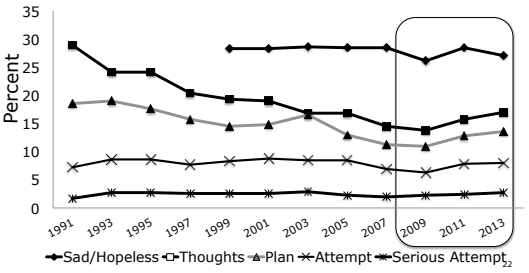
Statistics & Demographics

High School Students who Display Suicidal Behaviors



Kann et al. (2014)

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Part 3

Prevention

GOAL:
Considered a variety of primary prevention strategies.

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NSSI Prevention

- Increasing awareness of NSSI
- Providing information regarding risk factors and warning signs
- Teaching appropriate responses to peers who may come into contact with someone who may exhibit NSSI
- Identifying youth who may be at risk for NSSI.

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NSSI Prevention

- Correcting myths and misunderstandings about NSSI
- Promoting student strengths and resiliency

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Suicide Prevention:
Suicide Prevention Policy

It is the policy of the Governing Board that all staff members learn how to recognize students at risk, to identify warning signs of suicide, to take preventive precautions, and to report suicide threats to the appropriate parental and professional authorities.

Administration shall ensure that all staff members have been issued a copy of the District's suicide prevention policy and procedures. All staff members are responsible for knowing and acting upon them.

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Suicide Prevention:
Suicide Prevention Policy

http://www.thetrevorproject.org/pages/modelschoolpolicy

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Suicide Prevention:
Suicide Prevention Curriculum

- SOS: Depression Screening and Suicide Prevention
  - http://shop.mentalhealthscreening.org/collections/youth-programs
  - "The main teaching tool of the SOS program is a video that teaches students how to identify symptoms of depression and suicidality in themselves or their friends and encourages help-seeking. The program's primary objectives are to educate teens that depression is a treatable illness and to equip them to respond to a potential suicide in a friend or family member using the SOS technique. SOS is an action-oriented approach instructing students how to **ACT** (**A**cknowledge, **C**are and **T**ell) in the face of this mental health emergency."

SOS Signs of Suicide®
High School Program
$395

SOS Signs of Suicide®
Middle School Program
$395

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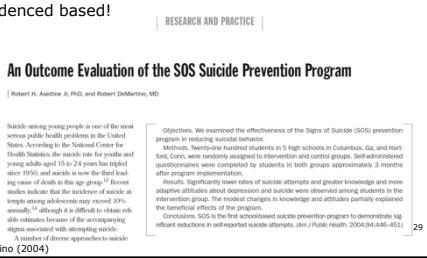
Suicide Prevention:
Suicide Prevention Curriculum

- SOS: Depression Screening and Suicide Prevention
  - http://shop.mentalhealthscreening.org/collections/youth-programs
  - Evidenced based!



RESEARCH AND PRACTICE

An Outcome Evaluation of the SOS Suicide Prevention Program

Robert H. Aseltine Jr, PhD, and Robert DeMartino, MD

Suicide among young people is one of the most serious public health problems in the United States. According to the National Center for Health Statistics, the suicide rate for youths and young adults aged 15 to 24 years has tripled since 1950, and suicide is now the third leading cause of death in this age group.[1] Recent studies indicate that the incidence of suicide attempts among adolescents may exceed 10% annually,[2] although it is difficult to obtain reliable estimates because of the accompanying stigma associated with attempting suicide.

A number of diverse approaches to suicide

Objectives. We examined the effectiveness of the Signs of Suicide (SOS) prevention program in reducing suicidal behavior.

Methods. Twenty-one hundred students in 5 high schools in Columbus, Ga, and Hartford, Conn, were randomly assigned to intervention and control groups. Self-administered questionnaires were completed by students in both groups approximately 3 months after program implementation.

Results. Significantly lower rates of suicide attempts and greater knowledge and more adaptive attitudes about depression and suicide were observed among students in the intervention group. The modest changes in knowledge and attitudes partially explained the beneficial effects of the program.

Conclusions. SOS is the first school-based suicide prevention program to demonstrate significant reductions in self-reported suicide attempts. (*Am J Public Health.* 2004;94:446–451)

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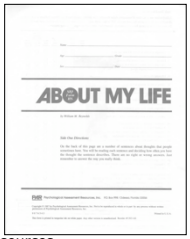
Aseltine & DeMartino (2004)

Suicide Prevention:
Suicide Prevention Screening

- School-wide Screening
  - Very few false negatives
  - Many false positives
    - Requires second-stage evaluation
- Limitations
  - Risk waxes and wanes
  - Principals' view of acceptability
  - Requires effective referral procedures
- Possible Tool
  - Suicidal Ideation Questionnaire
  - Author: William Reynolds
  - Publisher: Psychological Assessment Resources



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Gould & Kramer (2001)

Suicide Prevention:
Suicide Prevention Screening

- Columbia-Suicide Severity Rating Scale (C-SSRS)
  - www.cssrs.columbia.edu/

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Suicide Prevention:
Suicide Prevention: Gatekeeper Training

- Training natural community caregivers
  - (e.g., Suicide Intervention Training)
- Advantages
  - Reduced risk of imitation
  - Expands community support systems
- Research is limited but promising
  - Durable changes in attitudes, knowledge, intervention skills

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Gould & Kramer (2001)

Suicide Prevention:
Suicide Prevention: Gatekeeper Training

A Specific Training Program:

- Applied Suicide Intervention Skills Training
  - Author: Ramsay, Tanney, Tierney, & Lang
  - Publisher: LivingWorks Education, Inc
  - 1-403-209-0242
  - http://www.livingworks.net/

ASIST: Applied Suicide Intervention Skills Training

- The ASIST workshop (formerly the Suicide Intervention Workshop) is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over 200,000 caregivers have participated in this two-day, highly interactive, practical, practice-oriented workshop.
- Training for Trainers is a (minimum) five-day course that prepares local resource persons to be trainers of the ASIST workshop. Around the world, there is a network of 1000 active, registered trainers.

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Suicide Prevention:
Hotlines

- Rationale
  - Suicidal ideation is associated with crisis
  - Suicidal ideation is associated with ambivalence
  - Special training is requires to respond to "cries for help"
- Likely benefit those who use them
- Limitations
  - Limited research regarding effectiveness
  - Few youth use hotlines
  - Youth are less likely to be aware of hotlines
  - Highest risk youth are least likely to use

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Gould & Kramer (2001)

Suicide Prevention:
Hotlines

Washington Unified School District Suicide Help Card

- **Stay** with the person – you are their *lifeline!*
- **Listen**, *really listen.* Take them seriously!
- **Get**, or **call help** *immediately!*

24 Hour Crisis Hopeline
(530) 666-7778 (Woodland)
(530) 756-5000 (Davis)

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Suicide Help Card

If some one you know threatens suicide; talks about wanting to die, shows changes in behavior, appearance, or mood; abuses drugs or alcohol; deliberately injures themselves; appears depressed, sad, or withdrawn...
You can help by staying calm and listening, being accepting and not judging, asking if they have suicidal thoughts, taking threats seriously, and not swearing secrecy – **tell someone!**

Get help: You can't do it alone: Yolo County Mental Health Mobile Crisis Unite/Suicide Prevention Counseling (916) 357-6350

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Suicide Prevention:
Hotlines

- Texting is the preferred mode of communication for teens and young adults
  - Crisis Text Line
    - CTL is the first nationwide, free, 24/7 text hotline for teens in crisis. Text "FB" to 741741 to chat with a compassionate, trained counselor.
    - http://www.crisistextline.org/

CRISIS TEXT LINE

  - Teen Line
    - Teens helping teens
    - https://teenlineonline.org/

TEEN LINE

  - REACHOUT.com
    - www.reachout.com

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Swearer et al. (2015)

Suicide Prevention:
Media Education

- *Reporting on Suicide: Recommendations for the Media*
  - www.sprc.org/library/sreporting.pdf

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Suicide Prevention:
Public Awareness

- *Safe and Effective Messaging for Suicide Prevention*
  - http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf

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Suicide Prevention:
Risk Factor Reduction

- Postvention
- Skills Training
- Restriction of Lethal Means
  - *r* = .76 (% of firearms in home & suicide rate)
  - *r* = .56 (% of firearms in home & youth suicide rate)
    - States with a higher percentage of firearms in the home tend to have higher suicide rates.
    - Wyoming has the most homes with guns (62.8%) and consistently has one of the highest suicide rates (#1 in 2012, #3 in 2013).
    - Washington, D.C. has the fewest homes with guns (5.2%) and has the lowest suicide rate (5.88 per 100,000) in the nation.

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Other Suicide Prevention Resources

- **For Caregivers**
  - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T): Pocket Card for Clinicians
    - http://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-Pocket-Card-for-Clinicians/SMA09-4432

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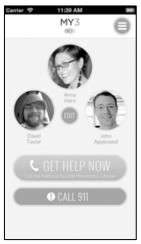
Other Suicide Prevention Resources

- **For Persons At-Risk**
  - Suicide Prevention App (MY3)
    - www.my3app.org/



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Other Suicide Prevention Resources

- **General Prevention Information**
  - Suicide Prevention Resource Center
    - www.SPRC.org

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Part 4

Risk Assessment

GOAL:
Increase your knowledge of risk assessment.

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Risk Assessment

- Variables suggesting the need for a risk assessment
  - Risk Factors
  - Warning Signs

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NSSI Risk Factors

- Variables that Increase the Odds of NSSI
  - Demographics
  - Child Abuse
  - Self Directed Violence History
  - Family Dynamics
  - Peer Modeling
  - Mental Disorder
  - Psychological

Miller & Brock (2010)

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NSSI Warning Signs

- Variables Signal the Presence of NSSI
  - Behavioral
    - Other forms of self-destructive behavior (e.g., substance abuse)
    - Running into traffic
    - Jumping from high places
    - Possession of objects that could be used for cutting (e.g., razors, broken glass, thumb tacks)
    - Sudden change in peer group and/or withdrawal from prior relationships (or social isolation)
    - Secretive behaviors (e.g., spending atypical amounts of time in the restroom or isolated areas in school)

Miller & Brock (2010)

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NSSI Warning Signs

- Variables Signal the Presence of NSSI
  - Physical
    - Cuts, scratches or burns that do not appear to be accidental
    - Reports of frequent "accidents" that have caused physical injury
    - Frequently bandaged wrists and/or arms
    - Reluctance to take part in activities (e.g., physical exercise) that require a change of clothing
    - Constant wearing of pants and long sleeved shirts, even in hot weather
    - Direct observation of self-injurious behaviors (e.g., self-punching or scratching, needle sticking, head banging, eye pressing, finger or arm biting, pulling out hair, or picking at skin).

Miller & Brock (2011)

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NSSI Risk Assessment

- Assess the behavior
  - *How I Deal With Stress* (Heath & Nixon, 2009)
  - *Self-Harm Behavior Questionnaire* (Gutierrez et al., 2001)
- Help to identify alternatives
- In some cases can be a rehearsal for suicide so always inquire about thoughts of death

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Suicide Risk Factors

- Variables that Increase the Odds of Suicide
  - Mental disorders
    - 90+% of suicide victims have a mental disorder
  - Exacerbating factors
    - A small minority of the mentally ill commit suicide
  - Social stressors
    - The "straw that breaks the camel's back"
  - Personal vulnerability
    - Isolation and aloneness

Klott (2012)

See Handout 1:Risk Factors

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Suicide Risk Factors

Variables That Enhance Risk of Suicide

- Adolescence and late life
- Bisexual or homosexual gender identity
- Criminal behavior
- Cultural sanctions for suicide
- Delusions
- Disposition of personal property
- Divorced, separated, or single marital status
- Early loss or separation from parents
- Family history of suicide
- Hallucinations
- Homicide
- Hopelessness
- Hypochondriasis

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Suicide Warning Signs

- Non-Suicidal Self-Directed Violence
- Helplessness, fatalistic despair
  - *The problem cannot be solved*
- Hopelessness, severe devaluation/self-hate
  - *I can't solve the problem*

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Suicide Warning Signs

- Direct threats
  - "I have a plan to kill myself"

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Suicide Warning Signs

- Indirect threats
  - "I wish I could fall asleep and never wake up"
  - "Everybody would be better off if I just weren't around"
  - "I'm not going to bug you much longer"
  - "I hate my life. I hate everyone and everything"
  - "I'm the cause of all of my family's/friend's troubles"
  - "I wish I would just go to sleep and never wake up"
  - "I've tried everything but nothing seems to help"
  - "Nobody can help me"
  - "I want to kill myself but I don't have the guts"
  - "I'm no good to anyone"
  - "If my (mom, dad, teacher) doesn't leave me alone I'll kill myself"
  - "Don't buy me anything. I won't be needing any (clothes, books)"

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Suicide Warning Signs

- Direct threats
  - "I have a plan to kill myself"

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Suicide Warning Signs

- Behavioral indicators
  - Writing of suicidal notes
  - Making final arrangements
  - Giving away prized possessions
  - Talking about death
  - Reading, writing, and/or art about death
  - Hopelessness or helplessness
  - Social Withdrawal and isolation
  - Lost involvement in interests & activities
  - Increased risk-taking
  - Heavy use of alcohol or drugs

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Suicide Risk Assessment

- Asking the "S" Question
  - The presence of suicide warning signs, especially when combined with suicide risk factors generates the need to conduct a suicide risk assessment.
  - A risk assessment begins with asking if the student is having thoughts of suicide.

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Suicide Risk Assessment

- Be direct when asking the "S" question.
  - **BAD**
    - *You're not thinking of hurting yourself, are you?*
  - **Better**
    - *Are you thinking of harming yourself?*
  - **BEST**
    - *Sometimes when people have had your experiences and feelings they have thoughts of suicide. Is this something that you're thinking about?*

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Suicide Risk Assessment

- Predicting Suicidal Behavior (CPR++)
  - **C**urrent plan (greater planning = greater risk).
    - How (method of attempt)?
    - How soon (timing of attempt)?
    - How prepared (access to means of attempt)?
  - **P**ain (unbearable pain = greater risk)
    - How desperate to ease the pain?
      - Person-at-risk's perceptions are key
  - **R**esources (more alone = greater risk)
    - Reasons for living/dying?
      - Can be very idiosyncratic
      - Person-at-risk's perceptions are key

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Ramsay, Tanney, Lang, & Kinzel (2004)

Suicide Risk Assessment

- Predicting Suicidal Behavior (CPR++)[1]
  - (+) Prior Suicidal Behavior?
    - of self (40 times greater risk)
    - of significant others
    - An estimated 26-33% of adolescent suicide victims have made a previous attempt[2]
  - (+) Mental Health Status?
    - history mental illness (especially mood disorders)
    - linkage to mental health care provider

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[1]Ramsay, Tanney, Lang, & Kinzel (2004); [2]American Foundation for Suicide Prevention (1996)

Suicide Risk Assessment Summary Sheet

Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the Risk assessment.

		Risk present, but lower	*Medium Risk*	*Higher Risk*
1.	Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	___Vague. ___Means not available. ___No specific time. ___Pills, slash wrists. ___Others present most of the time.	___Some specifics. ___Has means close by. ___Within a few days or hours. ___Drugs/alcohol, car wreck. ___Others available if called upon.	___Well thought out. ___Has means in hand. ___Immediately. ___Gun, hanging, jumping. ___No one nearby; isolated.
2.	Pain	___Pain is bearable. ___Wants pain to stop, but not desperate. ___Identifies ways to stop the pain.	___Pain is almost unbearable. ___Becoming desperate for relief. ___Limited ways to cope with pain.	___Pain is unbearable. ___Desperate for relief from pain. ___Will do anything to stop the pain.
3.	Resources	___Help available; student acknowledges that significant others are concerned and available to help.	___Family and friends available, but are not perceived by the student to be willing to help.	___Family and friends are not available and/or are hostile, injurious, exhausted
4.	Prior Suicidal Behavior of… A. Self B. Significant Others	___No prior suicidal behavior. ___No significant others have engaged in suicidal behavior.	___One previous low lethality attempt; history of threats. ___Significant others have recently attempted suicidal behavior.	___One of high lethality, or multiple attempts of moderate lethality. ___Significant others have recently committed suicide.
5.	Mental Health A. Coping behaviors B. Depression C. Medical status D. Other Psychopathology	___History of mental illness, but not currently considered mentally ill. ___Daily activities continue as usual with little change. ___Mild; feels slightly down. ___No significant medical problems. ___Stable relationships, personality, and school performance.	___Mentally ill, but currently receiving treatment. ___Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork. ___Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy. ___Acute, but short-term, or psychosomatic illness. ___Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality.	___Mentally ill and not currently receiving treatment. ___Gross disturbances in daily functioning. ___Overwhelmed with hopelessness, sadness, and feelings of helplessness. ___Chronic debilitating, or acute catastrophic, illness. ___Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher.
6.	Stress	___No significant stress.	___Moderate reaction to loss and environmental changes.	___Severe reaction to loss or environmental changes.
Total Checks				

See Handout 2

Interviewing the Suicidal Student

8 categories to assess:

1. Suicidal fantasies or actions
2. Concepts of what would happen
3. Circumstances at the time of the child's suicidal behavior
4. Previous experiences with suicidal behavior
5. Motivations for suicidal behaviors
6. Experiences and concepts of death
7. Depression and other affects
8. Family and environmental situations

Pfeffer (1986)

Handout 3: Suicide Assessment Questions

Part 5

School-Based Intervention

GOAL:

Increase your knowledge of how schools should intervene with the student at risk for NSSI and/or suicide.

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School-Based NSSI Intervention

- Use a team approach to responding to students engaging in NSSI
- Provide appropriate support for students engaging in NSSI
- Screen students for NSSI as well as possible comorbid disorders and suicide risk
- Notify and provide resources to parents/caregivers of students engaging in NSSI
- Develop short-term plans for safety of students engaging in NSSI
- Collaborate with treatment providers in the community in working with students engaging in NSSI
- Effectively manage any possible contagion effects

Miller & Brock (2010)

64

School-Based NSSI Intervention

- Be aware of the warning signs of NSSI and how to accurately identify it
- Immediately and effectively responding to students exhibiting self-injury.
  - When should school personnel report a student suspected of engaging in NSSI?
  - To whom should school personnel report NSSI behaviors
  - To what extent are school administrators involved with students who engage in NSSI?
  - To what extent are school mental health professionals and the school nurse involved?
  - What is the school's policy on parental/caregiver notification and involvement with regards to NSSI?

Miller & Brock (2010)

65

School-Based NSSI Intervention

- Addressing Contagion
  - Inform staff
  - Address students individually
  - Reduce communication about self-injury among members of the peer group.
  - Reducing the public exhibition of NSSI.
  - Provide psychosocial treatments individually.

Miller & Brock (2010)

66

School-Based NSSI Intervention

- Psychosocial Treatment
  - Problem-solving therapy
  - Dialectical behavior therapy

Miller & Brock (2010)

67

School-Based NSSI Intervention

- Psychopharmacological Treatment
  - Antidepressant medication and suicidality

Miller & Brock (2010)

68

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.
- Mental Health Professional Risk Assessment and Referral Procedures
  - The actions taken by school staff members trained in suicide risk assessment and intervention.

69

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  - **A student who has threatened suicide must be carefully observed at all times** until a qualified staff member can conduct a risk assessment**.** The following procedures are to be followed whenever a student threatens to commit suicide.

70

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  1. Stay with the student or designate another staff member to supervise the youth constantly and without exception until help arrives.
  2. Under no circumstances should you allow the student to leave the school.
  3. Do not agree to keep a student's suicidal intentions a secret.
  4. If the student has the means to carry out the threatened suicide on his or her person, determine if he or she will voluntarily relinquish it. **Do not force the student to do so. Do not place yourself in danger.**

71

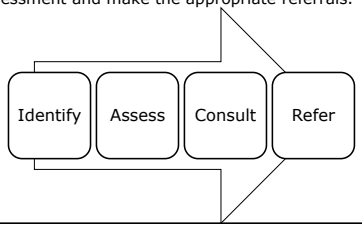
School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat (continued)
  5. Take the suicidal student to the prearranged room.
  6. Notify the Crisis Intervention Coordinator immediately.
  7. Notify the Crisis Response Coordinator immediately.
  8. Inform the suicidal youth that outside help has been called and describe what the next steps will be.

72

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  - Whenever a student judged to have some risk of engaging in self-directed violence or suicide, a school-based mental health professional should conduct a risk assessment and make the appropriate referrals.



73

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  1. Identify Suicidal Thinking
  2. From Risk Assessment Data, Make Appropriate Referrals
  3. Risk Assessment Protocol
     a) Conduct a Risk Assessment.
     b) Consult with fellow school staff members regarding the Risk Assessment.
     c) Consult with County Mental Health.

74

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  4. Use risk assessment information and consultation guidance to develop an action plan. Action plan options are as follows:
     A. Extreme Risk
     B. Crisis Intervention Referral
     C. Mental Health Referral

75

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  - **A. Extreme Risk:** If the student has the means of his or her threatened suicide at hand, and refuses to relinquish such then follow the Extreme Risk Procedures.
    i. Call the police.
    ii. Calm the student by talking and reassuring until the police arrive.
    iii. Continue to request that the student relinquish the means of the threatened suicide and try to prevent the student from harming him-or herself.
    iv. Call the parents and inform them of the actions taken.

76

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  - **B. Crisis Intervention Referral:** If the student's risk of harming him or herself is judged to be moderate to high then follow the Crisis Intervention Referral Procedures.
    i. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
    ii. Meet with the student's parents.
    iii. Determine what to do if the parents are unable or unwilling to assist with the suicidal crisis.
    iv. Make appropriate referrals.

77

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  - **C. Mental Health Referral:** If the student's risk of harming him or herself is judged to be low then follow the Mental Health Referral Procedures.
    i. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
    ii. Meet with the student's parents.
    iii. Make appropriate referrals.
  - Protect the privacy of the student and family.
  - Follow up with the hospital or clinic.

78

School-Based Suicide Intervention

A Risk Assessment and Referral Resource

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Author. Retrieved from http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf

Handout 4: Sample Documentation of Suicide Risk Intervention

Progress Monitoring Excel Spreadsheet

79

Part 6

School-Based Suicide Postvention

GOAL:
Increase your knowledge of how to respond to the aftermath of a completed suicide.

80

School-Based Suicide Postvention

- "… the largest public health problem is neither the prevention of suicide nor the management of suicide attempts, but the alleviation of the effects of stress on the survivors whose lives are forever altered."

E.S. Shneidman
Forward to Survivors of Suicide
Edited by A. C. Cain
Published by Thomas, 1972

81

School-Based Suicide Postvention

- Special factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

82

School-Based Suicide Postvention

1. Suicide contagion
   - "…a process by which exposure to the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide."
   - "The effect of clusters appears to be strongest among adolescents."

83

O'Carroll & Potter (1994, April 22)

School-Based Suicide Postvention

1. Suicide contagion
   - Sonneck et al. (1994).
     - "Surveyed all suicide cases in Vienna, Austria that were reported in major daily newspapers and analyzed them in connection with subway suicide. …. The number of subway suicides in Vienna increased dramatically between 1984 and mid-1987. Based on the hypothesis that there was a connection between the dramatic way in which these suicides were reported and an increase in suicides and suicide attempts, the Austrian Association for Suicide Prevention developed media guidelines and initiated discussions with the media that culminated with an agreement to abstain from reporting on cases of suicide. Following the implementation of these guidelines in mid-1987, there was a 75% decrease in subway suicides that has been sustained for 5 yrs."

84

Sonneck et al. (1994, p. 453)

Suicide Contagion

- 12 to 13 year olds
  - 5 x's times more likely to have suicidal thoughts (suicide ideation) after exposure to a schoolmate's suicide
  - 7.5% attempted suicide after a schoolmate's suicide vs. 1.7% without exposure
- Exposed to suicide ⇨ have suicidal thoughts
  - 14 to 15 year olds 3x's more likely
  - 16 to 17 year olds 2x's more likely
- 16–17 year olds
  - 24% of teens had a schoolmate die by suicide
  - 20% personally knew someone who died by suicide

**** Critical we invest in school and/or community-wide interventions following a suicide!!***

http://www.cmaj.ca/site/misc/pr/21may13_pr.xhtml - study in Canada (2013)

85

School-Based Suicide Postvention

1. Suicide contagion
   - Suicide rates increase when …
     - The number of stories about individual suicides increases
     - A particular death is reported at length or in many stories
     - The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast
     - The headlines about specific suicide deaths are dramatic

American Foundation for Suicide Prevention (2001)

86

School-Based Suicide Postvention

1. Suicide contagion
   - As a consequence of "contagion" suicide clusters have been reported.
     - A suicide cluster is "… a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community."
       - Contagion accounts for approx. 1-5% of adolescent/young adult suicides.
     - How do you determine if you have a cluster?
       - Establish a baseline rate or percentage.

$$\frac{\text{Number of Suicides}}{\text{Population}} \times \text{selected proportion of population} = \text{Rate}$$

87

CDC (1998, August 19)

$$\frac{\text{Number of Suicides}}{\text{Population}} \times \text{selected proportion of population} = \text{Rate}$$

School-Based Suicide Postvention

Suicide rates and identifying clusters

- **19,180 US youth committed have suicide (1999-2013; ages 14-18 years)**
  - A nation-wide 14 year average of 1,370 suicides per year
    - Among 14-18 year olds, a nation-wide average annual rate of 6.04 per 100,000 individuals.

$$\frac{19{,}180}{317{,}333{,}193} \times 100{,}000 = 6.04$$

    - A 1,000 student high school can expect a completed suicide about **once every 16 years** (.06 x 16 ≈ 1).

$$\frac{19{,}180}{317{,}333{,}193} \times 1{,}000 = 0.06$$

    - A 2,500 student high school can expect a completed suicide about **once every 6.5 years** (.15 x 6.5 ≈ 1).

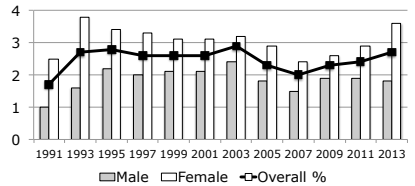
$$\frac{19{,}180}{317{,}333{,}193} \times 2{,}500 = 0.15$$

88

CDC (2015)

School-Based Suicide Postvention

1. Suicide contagion
   - Percent of US high school students with a self-reported attempt (in the 12 months prior to survey) that required medical attention



   - Annual overall average (2001-2013) = 2.5%

89

CDC (2014)

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

90

School-Based Suicide Postvention

2. A special form of bereavement
   - Survivors report …
     - Guilt and shame
     - More depression and complicated grief
       - Less vitality and more pain
     - Social stigma, isolation, and loneliness
     - Poorer social functioning, and physical/mental health
     - Searching for the meaning of the death
     - Being concerned about their own increase suicide risk

91

Cain (1972); De Groot et al. (2006)

School-Based Suicide Postvention

2. A special form of bereavement
   - Multiple levels of grief reactions
     a) Common grief reactions
        e.g., sorrow, yearning to be reunited
     b) Unexpected death reactions
        e.g., shock, sense of unreality
     c) Violent death reactions
        e.g., traumatic stress
     d) Unique suicide reactions
        e.g., anger at deceased, feelings of abandonment

92

Jordan & McIntosh (2011)

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

93

School-Based Suicide Postvention

3. Social Stigma
   - Both students and staff members may be uncomfortable talking about the death.
   - Survivors may receive (and/or perceive) much less social support for their loss.
     - Viewed more negatively by others as well as themselves.
   - There may exist a reluctance to provide postvention services.

94

Jordan (2001); Roberts et al. (1998)

School-Based Suicide Postvention

3. Social Stigma
   - Suicide postvention is a unique crisis situation that must be prepared to operate in an environment that is not only suffering from a sudden and unexpected loss, but one that is also anxious talking openly about the death.

95

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

96

School-Based Suicide Postvention

4. Developmental Differences
   - Understanding of suicide and suicidal behaviors increases with age.
     - Primary grade children appear to understand the concept of "killing oneself," they typically do not recognize the term "suicide" and generally do not understand the dynamics that lead to this behavior.
     - Around fifth grade that students have a clear understanding of what the term "suicide" means and are aware that it is a psychosocial dynamic that leads to suicidal behavior.
   - The risk of suicidal ideation and behaviors increases as youth progress through the school years.

97

Mishara (1999)

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

98

School-Based Suicide Postvention

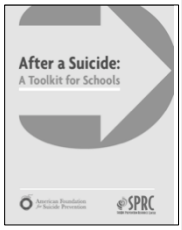
5. Cultural Differences
   - Attitudes toward suicidal behavior vary considerably from culture to culture.
   - While some cultures may view suicide as appropriate under certain circumstances, other have strong sanctions against all such behavior.
   - These cultural attitudes have important implications for both the bereavement process and suicide contagion.

99

Ramsay et al. (1999)

School-Based Suicide Postvention

1. Verify the death
2. Mobilize the Crisis Team
3. Assess impact & determine response
4. Notify affected school staff members
5. Contact the deceased's family
6. Determine what to share
7. Determine how to inform others
8. Identify crisis intervention priorities
9. Faculty planning session
10. Provide crisis intervention services
11. Ongoing daily planning sessions
12. Memorials
13. Debrief

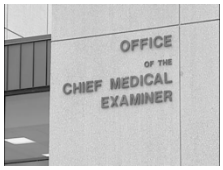


100

American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

1. Verify that a death has occurred
   - Confirm the cause of death
     - Confirmed suicide
     - Unconfirmed cause of death

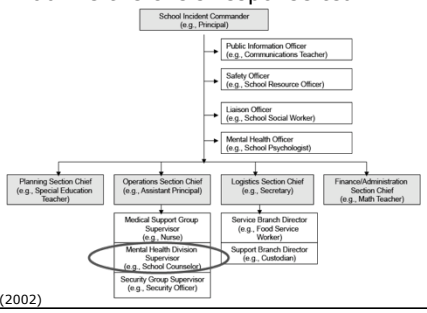


101

Brock (2002)

School-Based Suicide Postvention

2. Mobilize the crisis response team



102

Brock (2002)

School-Based Suicide Postvention

3. Assess the suicide's impact on the school and estimate the level of response required.
   - The importance of accurate estimates.
     - Make sure a postvention is truly needed before initiating this intervention.
   - Temporal proximity to other traumatic events (especially suicides).
   - Timing of the suicide.
   - Physical and/or emotional proximity to the suicide.

103

Brock (2002)

School-Based Suicide Postvention

4. Notify other involved school staff members.
   - Deceased student's teachers (current an former)
   - Any other staff members who had a relationship with the deceased
   - Teachers and staff who work with suicide survivors.

104

Brock (2002)

School-Based Suicide Postvention

5. Contact the family of the suicide victim.
   - Purposes include...
     - Express sympathy and offer support.
     - Identify the victim's friends/siblings who may need assistance.
     - Discuss the school's response to the death.
     - Identify details about the death could be shared with outsiders.

105

Brock (2002); American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

6. Determine **what** information to share about the death
   - Several different communications may be necessary
     - When the death has been ruled a suicide
     - When the cause of death is unconfirmed
     - When the family has requested that the cause of death not be disclosed
     - Templates provided in *After a Suicide: A Toolkit for Schools*


Sample Death Notification Statement for Students

Option I – When the death has been ruled a suicide

106

Brock (2002); American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

6. Determine **what** information to share about the death
   - Avoid detailed descriptions of the suicide including specific method and location.
   - Avoid over simplifying the causes of suicide and presenting them as inexplicable or unavoidable.
   - Avoid using the words "committed suicide" or "failed suicide."
   - Always include a referral phone number and information about local crisis intervention services
   - Emphasize recent treatment advances for depression and other mental illness.

107

Brock (2002); American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

7. Determine **how** to share information about the death.
   - Reporting the death to students...
     - Avoid tributes by friends, school wide assemblies, sharing information over PA systems that may romanticize the death
       - Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.
       - Provide information in small groups (e.g., classrooms).

108

Brock, 2002

School-Based Suicide Postvention

7. Determine **how** to share information about the death.
   - Reporting the death to the media...
     - It is essential that the media not romanticize the death.
     - The media should be encouraged to acknowledge the pathological aspects of suicide.
     - Photos of the suicide victim should not be used.
     - "Suicide" should not be placed in the caption .
     - Include information about the community resources.
     - Sample media statement provided in *After a Suicide: A Toolkit for Schools*

109

Brock, 2002; American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

7. Determine **how** to share information about the death.
   - Reporting the death to the media: Guidelines from the World Health Organization
     1. Suicide is never the result of a single incident
     2. Avoid providing details of the method or the location a suicide victim uses that can be copied
     3. Provide the appropriate vital statistics (i.e., as indicated provide information about the mental health challenges typically associated with suicide).
     4. Provide information about resources that can help to address suicidal ideation.

110

Brock (2002); World Health Organization (2000)

School-Based Suicide Postvention

8. Identify students significantly affected by the suicide and initiate referral procedures.
   - Risk Factors for Imitative Behavior
     - Facilitated the suicide.
     - Failed to recognize the suicidal intent.
     - Believe they may have caused the suicide.
     - Had a relationship with the suicide victim.
     - Identify with the suicide victim.
     - Have a history of prior suicidal behavior.
     - Have a history of psychopathology.
     - Shows symptoms of helplessness and/or hopelessness.
     - Have suffered significant life stressors or losses.
     - Lack internal and external resources

111

Brock (2002); Brock & Sandoval (1996)

School-Based Suicide Postvention

9. Conduct a faculty planning session.
   - Share information about the death.
   - Allow staff to express their reactions and grief..
   - Provide a scripted death notification statement for students.
   - Prepare for student reactions and questions
   - Explain plans for the day.
   - Remind all staff of the role they play in identifying changes in behavior and discuss plan for handling students who are having difficulty.
   - Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
   - Apprise staff of any outside crisis responders or others who will be assisting.
   - Remind staff of student dismissal protocol for funeral.
   - Identify which Crisis Response Team member has been designated as the media spokesperson and instruct staff to refer all media inquiries to him or her.

112

Brock (2002); American Foundation for Suicide Prevention et al. (2011)

School-Based Suicide Postvention

10. Initiate crisis intervention services
    a) Initial intervention options…
       - Individual psychological first aid.
       - Group psychological first aid.
       - Classroom activities and/or presentations.
       - Parent meetings.
       - Staff meetings.

    b) Walk through the suicide victim's class schedule.
    c) Meet separately with individuals who were proximal to the suicide.
    d) Identify severely traumatized and make appropriate referrals.
    e) Facilitate dis-identification with the suicide victim…
       - Do not romanticize or glorify the victim's behavior or circumstances.
       - Point out how students are different from the victim.

    f) Parental contact.
    g) Psychotherapy Referrals.

113

Brock (2002)

School-Based Suicide Postvention

11. Consider memorials
    - "A delicate balance must be struck that creates opportunities for students to grieve but that does not increase suicide risk for other school students by glorifying, romanticizing or sensationalizing suicide."

Center for Suicide Prevention (2004)

School-Based Suicide Postvention

11. Consider memorials
- Do **NOT** . . .
  - send all students from school to funerals, or stop classes for a funeral.
  - have memorial or funeral services at school.
  - establish permanent memorials such as plaques or dedicating yearbooks to the memory of suicide victims.
  - dedicate songs or sporting events to the suicide victims.
  - fly the flag at half staff.
  - have assemblies focusing on the suicide victim, or have a moment of silence in all-school assemblies.

115

Brock & Sandoval (2006)

School-Based Suicide Postvention

11. Consider memorials
- **DO** . . .
  - something to prevent other suicides (e.g., encourage crisis hotline volunteerism).
  - develop living memorials, such as student assistance programs, that will help others cope with feelings and problems.
  - allow students, with parental permission, to attend the funeral.
  - Donate/Collect funds to help suicide prevention programs and/or to help families with funeral expenses
  - encourage affected students, with parental permission, to attend the funeral.
  - mention to families and ministers the need to distance the person who committed suicide from survivors and to avoid glorifying the suicidal act.

116

Brock & Sandoval (2006)

School-Based Suicide Postvention

12. Debrief the postvention response.
- Goals for debriefing will include…
  - Review and evaluation of all crisis intervention activities.
  - Making of plans for follow-up actions.
  - Providing an opportunity to help interveners cope.

117

Brock (2002)

School-Based Suicide Postvention

- "… the person who commits suicide puts his psychological skeleton in the survivor's emotional closet; he sentences the survivor to deal with many negative feelings and more, to become obsessed with thoughts regarding the survivor's own actual or possible role in having precipitated the suicidal act or having failed to stop it. It can be a heavy load" (p. x).

118

Shneidman (1972)

Suicide and Nonsuicidal Self-Injury: Prevention, Intervention, and Postvention

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