Suicide Prevention in Schools: Best Practices 2008

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Workshop Outline
- Suicide
  - 1. Statistics
  - 2. Prevention
  - 3. Risk Assessment
  - 4. Intervention
  - 5. Postvention

Workshop Goals
- When you leave this workshop we hope that you will have...
  1. a better understanding of the magnitude of the problem of youth suicide.
  2. considered a variety of suicide prevention strategies.
  3. increased your knowledge of suicide risk assessment.
  4. increased your knowledge of how schools should intervene with the student at risk for suicidal behavior.
  5. increased your knowledge of how to respond to the aftermath of a completed suicide.

Part 1
Introduction to the Problem of Suicide
GOAL: Develop a better understanding of the magnitude of the problem of youth suicide.

National Youth Suicide Statistics
- Third leading cause of death among 10 to 24 year olds. *
- 16.9% of high school students report having seriously considered suicide in the prior 12 months. **
- 13.0% report having made a suicide plan in the prior 12 months. **
- 8.4% of high school students report having attempted suicide. **
- 2.3% indicating that the attempt required medical attention. **
- 100 to 200 attempts for each completed suicide. ***

Other Suicide Facts: All Age Groups (2005 National Data)
- Total number of deaths = 32,637
  11th leading cause of death
- More men die by suicide
  - Gender ratio 3.8 male suicides (n = 25,907) for each females suicide (n = 6,730)
- Suicide Rate = 11.0/100,000 (males, 17.7; females, 4.5 [3.8:1])
- 53.1% of suicides were by firearms, 1,3
  - Suicide by firearms rate = 5.7
  - Suicide by firearms rate (15-19 yrs) = 3.80
  - Suicide by firearms rate (15-19 yrs male) = 6.47
  - Suicide by firearms rate (15-19 yrs female) = 0.98
- Highest suicide rate is among white men over 85 (48.42/100,000) vs 8.25/100,000 among 15-19 year olds.
  However the 5th highest rate is among American Indian/Alaskan Native 15-19 year old males.

**Youth Risk Behavior Survey (2005), www.cdc.gov/HealthyYouth/yrbs/index.htm

Dr. Stephen E. Brock & Mr. Richard Lieberman
Suicide Prevention in Schools

Suicide Rates by State (2005 Data)

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National Total 32,637 11.0

Source: McIntosh (2008)

Female Suicide Rates by Country

Female Suicide Rates

0 to 3.6 (40)
3.6 to 7.2 (19)
7.2 to 10.8 (15)
10.8 to 14.4 (10)
14.4 to 17.9 (4)

Male Suicide Rates by Country

Male Suicide Rates

0 to 14.7 (48)
14.7 to 29.4 (25)
29.4 to 44.1 (6)
44.1 to 58.8 (5)
58.8 to 73.7 (4)

World Suicide Rates by Age & Gender (2000 data)

Source: WHO (2002)

US Suicide Rates by Age & Gender (2004 data)

Source: NCIPC (2007)
Suicide Prevention in Schools

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Part 2

Suicide Prevention

GOAL:
Considered a variety of suicide prevention strategies.

Primary 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.

Primary Prevention: Suicide Prevention Curriculum

- SOS: Depression Screening and Suicide Prevention
  - http://www.mentalhealthscreening.org/highschool/
  - "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 (Acknowledge, Care and Tell) in the face of this mental health emergency."
  - Evidenced based!
**Primary 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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**Primary 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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**Primary Prevention:**

**Suicide Prevention & Crisis Hotlines**

- **Rationale**
  - Suicidal ideation is associated with crisis
  - Suicidal ideation is associated with ambivalence
  - Special training is required 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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**Suicide Prevention Resource**

- **The Surgeon General’s Call to Action to Prevent Suicide 1999**

Part 3

Suicide Risk Assessment

GOAL:
Increase your knowledge of suicide risk assessment.

Myths and Facts Quiz (True or False)

1. If you talk to someone about their suicidal feelings you will cause them to commit suicide.
2. When a person talks about killing himself, he's just looking for attention. Ignoring him is the best thing to do.
3. People who talk about killing themselves rarely commit suicide.
4. All suicidal people want to die and there is nothing that can be done about it.
5. If someone attempts suicide he will always entertain thoughts of suicide.
6. Once a person tries to kill himself and fails, the pain and humiliation will keep him from trying again.

Sources:

Recognizing the Need for a Suicide Risk Assessment

- Risk Factors
  - Variables that signal the need to look for warning signs of suicidal thinking.

- Warning Signs
  - Variables that signal the possible presence of suicidal thinking.

Suicide Intervention Risk Factors

- Psychopathology
  - Associated with 90% of suicides
  - Prior suicidal behavior the best predictor
  - Substance abuse increases vulnerability and can also act as a trigger

- Familial
  - History
  - Stressor
  - Functioning

- Biological
  - Reduced serotongenic activity

- Situational
  - 40% have identifiable precipitants
  - A firearm in the home
  - By themselves are insufficient
  - Disciplinary crisis most common

- 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
Suicide Intervention Warning Signs

**Verbal**
- Most individuals give verbal clues that they have suicidal thoughts.
- Clues include direct ("I have a plan to kill myself") and indirect suicide threats ("I wish I could fall asleep and never wake up").

**Behavioral**

**Verbal Clues**
1. "Everybody would be better off if I just weren't around."
2. "I'm not going to bug you much longer."
4. "I'm the cause of all of my family's/friend's troubles."
5. "I wish I would just go to sleep and never wake up."
6. "I've tried everything but nothing seems to help."
7. "Nobody can help me."
8. "I want to kill myself but I don't have the guts."
9. "I'm no good to anyone."
10. "If my (father, mother, teacher) doesn't leave me alone I'm going to kill myself."
11. "Don't buy me anything. I won't be needing any (clothes, books)."

**Behavioral Clues**
1. Writing of suicidal notes
2. Making final arrangements
3. Giving away prized possessions
4. Talking about death
5. Reading, writing, and/or art about death
6. Hopelessness or helplessness
7. Social Withdrawal and isolation
8. Lost involvement in interests & activities
9. Increased risk-taking
10. Heavy use of alcohol or drugs

**Behavioral Clues (continued)**
11. Abrupt changes in appearance
12. Sudden weight or appetite change
13. Sudden changes in personality or attitude
14. Inability to concentrate/think rationally
15. Sudden unexpected happiness
16. Sleeplessness or sleepiness
17. Increased irritability or crying easily
18. Low self esteem

**Behavioral Clues (continued)**
19. Dwindling academic performance
20. Abrupt changes in attendance
21. Failure to complete assignments
22. Lack of interest and withdrawal
23. Changed relationships
24. Despairing attitude

**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.
Identification of Suicidal Intent

- 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?

Predicting Suicidal Behavior (CPR++)
(Ramsay, Tanney, Lang, & Kinzel, 2004)

- (+) 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
    (American Foundation for Suicide Prevention, 1996).

- (+) Mental Health Status?
  - history mental illness (especially mood disorders)
  - linkage to mental health care provider

Risk Assessment

- Suicide intervention script

Predicting Suicidal Behavior (CPR++)
(Ramsay, Tanney, Lang, & Kinzel, 2004)

- Current plan (greater planning = greater risk).
  - How (method of attempt)?
  - How soon (timing of attempt)?
  - How prepared (access to means of attempt)?

- Pain (unbearable pain = greater risk)
  - How desperate to ease the pain?
  - Person-at-risk’s perceptions are key

- Resources (more alone = greater risk)
  - Reasons for living/dying?
  - Can be very idiosyncratic
  - Person-at-risk’s perceptions are key

Interviewing the Suicidal Child

- Questions to ask in the evaluation of suicidal risk in children
  1. Suicidal fantasies or actions:
     - Have you ever thought of hurting yourself?
     - Have you ever threatened or attempted to hurt yourself?
     - Have you ever wished or tried to kill yourself?
     - Have you ever wanted to or threatened to commit suicide?
  2. Concepts of what would happen:
     - What did you think would happen if you tried to hurt or kill yourself?
     - What did you want to have happen?
     - Did you think you would die?
     - Did you think you would have severe injuries?
Part 4

School-Based Suicide Intervention

GOAL:
Increase your knowledge of how schools should intervene with the student at risk for suicidal behavior.

School-Based Suicide Intervention

- General Staff Procedures
  - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.

- Risk Assessment and Referral
  - The actions taken by school staff members trained in suicide risk assessment and intervention.

Suicide Intervention General Staff Procedures

- 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.

Suicide Intervention General Staff Procedures

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.

Suicide Intervention General Staff Procedures

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.

Risk Assessment and Referral

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.
Risk Assessment and Referral

4. Use risk assessment information and consultation guidance to develop an action plan. Action plan options are as follows:

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.

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.

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.

Risk Assessment and Referral

B. Crisis Intervention Referral
   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.

Risk Assessment and Referral

C. Mental Health Referral
   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.

Risk Assessment and Referral

A. Extreme Risk
   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.

Part 5

School-Based Suicide Postvention

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

Definitions

- Suicide "Postvention"...
  Postvention is the provision of crisis intervention, support and assistance for those affected by a completed suicide.

- "Affected" individuals...
  "Affected" individuals may include classmates, friends, teachers, counselors, and family members.

- "Survivors" of Suicide...
  Affected individuals are often referred to as "survivors" of suicide.
Preface

"...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

Special Suicide Postvention Issues

1. Suicide Contagion
   a. Avoid sensationalism of the suicide.
   b. Avoid glorification or vilification of the suicide victim.
   c. Do not provide excessive details.

2. Emotional Response
   a. Guilt and shame

3. Social Experience
   a. Rejection and isolation

4. Suicide Bereavement Response/Experience (vs. naturally bereaved; De Groot et al., 2006)
   a. Poorer physical, emotional, and social functioning

Developmental Issues

1. It is not until the 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.

2. While 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.

3. The risk of suicidal ideation and behaviors increases as youth progress through the school years.

Cultural Issues

1. Attitudes toward suicidal behavior vary considerably from culture to culture.

2. While some cultures may view suicide as appropriate under certain circumstances, other have strong sanctions against all such behavior.
General Suggestions for Helping Survivors

- Both survivors and educators need support.
- Survivors need ... support from outside of the family.
- to be educated about the psychodynamics of grieving.
- to be contacted in person instead of by letter or by phone after the suicide.

Grad et al., 2004

General Suggestions for Helping Survivors

- Awareness among educators of the needs of survivors.
- Using someone as a scapegoat does not help.
- Educate school-based mental health professionals how to support survivors and support each other.
  "It is absolutely necessary to train professionals, firstly to acknowledge their own feelings, and secondly to cope with them after the loss of their patient" (p. 139).

Grad et al., 2004

Suicide Postvention Protocol

1. Preparedness is an essential component of effective postvention.
2. Make sure that a postvention is needed before initiating this intervention.

Suicide Postvention Checklist

1. Verify that a death has occurred.
2. Mobilize the Crisis Response Team.
3. Assess the suicide’s impact on the school and estimate the level of postvention response.
4. Notify other involved school personnel.
5. Contact the family of the suicide victim.
6. Determine what information to share about the death.
7. Determine how to share information about the death.
8. Identify students significantly affected by the suicide and initiate a referral mechanism.
9. Conduct a faculty planning session.
10. Initiate crisis intervention services.
11. Conduct daily planning sessions.
12. Memorials.
13. Debrief the postvention response.

Item 2: Mobilize the Crisis Response Team

Crisis Response Coordinator
- Verifies that a death has occurred.
- Mobilizes the crisis response team.
- Oversees all postvention interventions.

Crisis Intervention Coordinator
- Identifies individuals in need of postvention assistance.
- Plans and implements interventions.
- Coordinates crisis intervention workers.

Item 2: Mobilize the Crisis Response Team

Media Liaison
- Provides access to information.
- Controls rumors.
- Deals with the media.

Medical Liaison
- Keeps the crisis response team informed of victim’s medical status.

Security Liaison
- Responsible for crowd control.
- Monitors common areas.
- Communicates with law enforcement.
Item 3:
Assess the Suicide’s Impact on the School and Estimate the Level of Postvention Response

- The importance of accurate estimates.
- Temporal proximity to other traumatic events (especially suicides).
- Timing of the suicide.
- Physical and/or emotional proximity to the suicide.

Item 5:
Contact the Family of the Suicide Victim

1. Contact should be made in person within 24 hours of the death.
2. Purposes include:
   - Express sympathy.
   - Offer support.
   - Identify the victim’s friends who may need assistance.
   - Discuss the school’s postvention response.
   - Identify details about the death could be shared with outsiders.

Item 6:
Determine What Information to Share About the Death

1. The longer the delay in sharing facts, the greater the likelihood of harmful rumors.
2. Several different communications will likely need to be offered.
   - Before a death is certified as a suicide.
   - After a death is certified as a suicide.
   - Provide facts and dispel rumors.
   - Do not provide suicide method details.

Item 7:
Determine How to Share Information About the Death

1. Reporting the death to students...
   - Avoid sharing information about the death over a school’s public address system.
   - Avoid school wide assemblies.
   - Provide information simultaneously in classrooms.
2. Reporting the death to parents...
   - Written memos.
   - Personal or phone contacts.

Item 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.

Note: Adapted from information provided by American Association of Suicidology (1998); Brent et al. (1989); Davidson (1989); Davidson, Rosenberg, Mercy, Franklin, & Simmons (1989); Gould (1992); O’Carroll et al. (1988); Ruof and Harris (1988); and Sandoval & Brock (1996).
Item 9:
Conduct a Staff Planning Session

1. Staff should be provided...
   - current information regarding the death.
   - if available, news articles about the death.
   - information about suicide contagion.
   - suicide risk factors.
   - plans for the provision of crisis intervention services.

2. Specific activities/responsibilities for teachers include...
   - replacing rumors with facts.
   - encouraging the ventilation of feelings.
   - stressing the normality of grief and stress reactions.
   - discouraging attempts to romanticize the suicide.
   - identifying students at risk for an imitative response.
   - knowing how to make the appropriate referrals.

3. Address staff reactions.

4. Staff members should be given permission to feel uncomfortable.

Item 10:
Initiate Crisis Intervention Services

1. Intervention options...
   - Individual meetings.
   - Group psychological first aid.
   - Classroom activities and/or presentations.
   - Parent meetings.
   - Staff meetings.
   - Referrals to community agencies.

2. Walk through the suicide victim’s class schedule.

3. Meet separately with individuals who were proximal to the suicide.

4. Identify severely traumatized and make appropriate referrals.

5. 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.

6. Parental contact.

Crisis Intervention Procedures Following a Suicide

1. Without excessive detail, provide students with the facts about the suicide.
2. State that the only one ultimately responsible for the suicide is the victim.
3. Acknowledge the suicide was an avoidable and poor choice.
   - Portray the act as a permanent solution to temporary problems.
4. Discuss how survivors are different from the suicide victim.
   - Portray the suicide victim as very upset, disturbed, and as someone who had not found an effective way to work out problems.
   - Help survivors to dis-identify with the suicide victim (without abusing the victim’s character).
5. Facilitate the expression of feelings about the suicide.

6. State that there is no “right way” to feel after a suicide.
7. Point out that painful reactions to the suicide will be alleviated with time and talk.
8. Acknowledge that people may have suicidal thoughts following the suicide of a significant other.
9. Provide information about the warning signs of suicidal behavior and available mental health resources.
10. If appropriate, prepare students for the funeral.

Adapted from information provided by: American Association of Suicidology (1998); Berman & Jobes (1991); Davis & Sandoval (1991); Carroll et al. (1990); Poland & McCormick (1999); and Ruof and Harris (1988).
Item 12: Memorials

Do not . . .

- send all students from school to funerals, or stop classes for a funeral.
- have memorial or funeral services at school.
- put up plaques in memory of the suicide victim, or dedicate yearbooks, 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.

Do . . .

- something to prevent other suicides.
- 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.
- 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.

Item 13: Debrief the Postvention Response

Goals will include...

- Review and evaluation of all crisis intervention activities.
- Making of plans for follow-up actions.
- Providing an opportunity to help intervenors cope.

Suicide Postvention Resources

- Handout

Concluding Thought

"...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. 154)

E. S. Shneidman (2001)