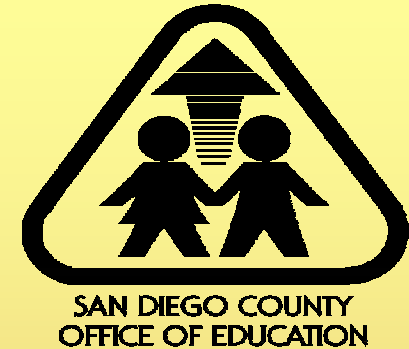


Welcome



Suicide Prevention, Intervention, & Postvention Training

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Goal

**Overview Of Our Suicide Prevention,
Intervention, & Postvention Resource Guide**

Topics

***Definitions**

***Warning Signs**

***Statistics**

***Prevention Strategies**

***Intervention Strategies**

***Postvention Services**

Section 1

- **Suicide Overview Information**
- Suicide is a form of communication
- Although most children are resilient, some may need extra support

Section 1 - Overview continued

- **Causes of Suicide**
- Individual Predisposition
 - Depressive illness/Bipolar/other
 - Character/Behavior Issues
 - Aggressive
 - Impulsive
 - Perfectionist
 - Rigid
 - Use of alcohol and other drugs

Section 1 - Overview continued

- **Causes of Suicide**
- Social Milieu
 - High or low rates in community
 - Taboos against suicide
 - Media display of suicide

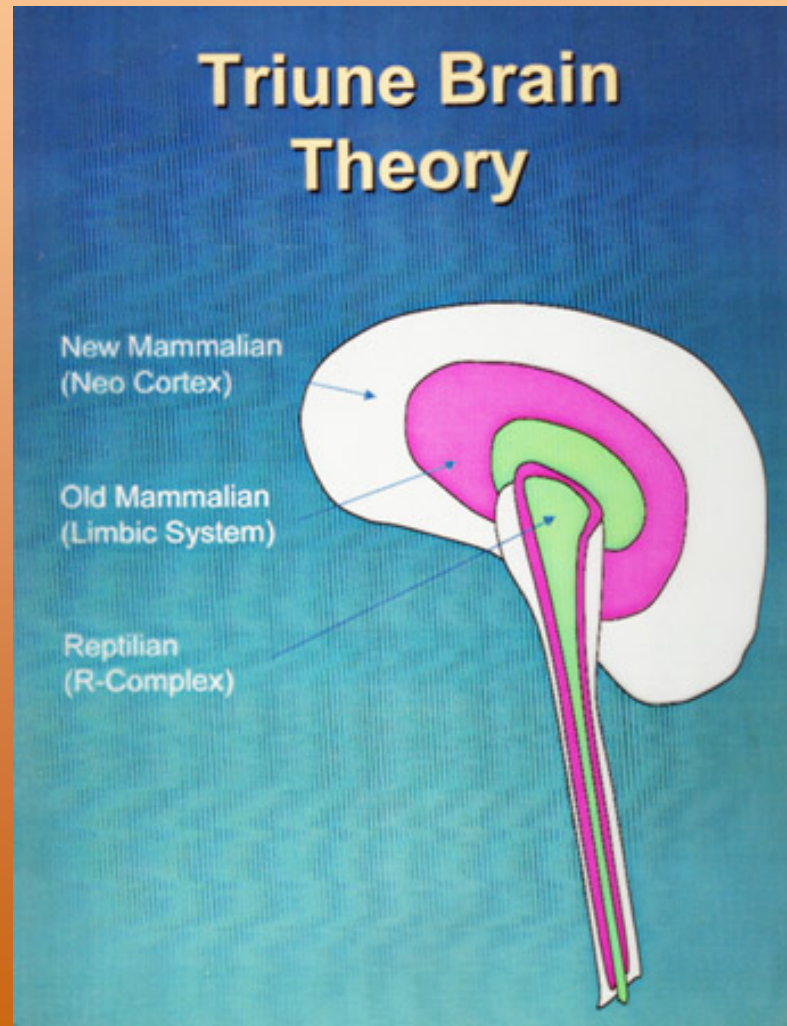
Section 1 - Overview continued

- **Causes of Suicide**
- Proximal Risk Factors
 - Stressful event
 - Suicide of a friend
 - Suicide of a relative or significant other
 - Other major losses
 - Recent severe stressors
 - Difficulty dealing with sexual orientation
 - Unplanned pregnancy

Section 1 - Overview continued

- **Causes of Suicide**
- Proximal Risk Factors
 - Altered State of Mind
 - Hopelessness
 - Intoxication
 - Rage
 - “Downshifting”

Section 1 - Overview continued



Section 1 - Overview continued

- **Causes of Suicide**
- Proximal Risk Factors
 - Opportunity
 - Available method
 - Privacy

Section 1 - Overview continued

Definition Scramble

(An Exchange)

- In your color groups, read and discuss your assigned recommendations/considerations and the implications
- Become an “expert” on your assignment
- When you hear the bell, SCRAMBLE to find a partner, present and discuss the recommendations
- At the sound of the next bell find someone with whom you have not exchanged information with
- And so on and so on and so on...

Section 1 - Overview continued

- **Definitions**

- Bereavement
- Bipolar Disorder
- Complete Suicide
- Copy cat or “Contagion”
- Debriefing

Section 1 - Overview continued

- **Definitions**

- Gatekeeper
- Lethal means of suicide/restriction
- Postvention
- Suicide Clusters
- Suicidal Idealism

Section 1 - Overview continued

- **Stages of Teen Suicide and Cues**
 - **Stage One** – History of long standing problems
 - **Stage Two** – Escalation of old problems and addition of new ones
 - **Stage Three** – Flashpoint, immediate danger

Section 1 - Overview continued

- **Take it seriously!**
 - **Verbal threats of suicide**
 - **Past attempts**
 - **Method planned out**
 - **Means to carry out the plan**
 - **A specific date or time**

Section 1 - Overview continued

- **Recognizing Possible Suicidal Behavior in the Classroom**
 - Abrupt changes in attendance
 - Dwindling academic performance
 - Sudden failure to complete assignments
 - Lack of interest in activities and surroundings
 - Changed relationships with friends and classmates
 - Increased irritability, moodiness or aggressiveness
 - Withdrawal and displays of sadness
 - Death and suicidal themes evident in reading selections and written essays

Facts/Statistics

(Section 1 – Page 7)

- Suicide ranks as the third leading cause of death for young people.
- For those ages 15-19, suicide is the second leading cause of death.
- Each year, there are approximately 14 suicides for every 100,000 adolescents.
- Approximately 14 young people between the ages of 15-24 die every day by suicide.

Source: American Association of Suicidology

Facts/Statistics

(Section 1 – Page 7)

- Every 1 hr. 40 mins. A person under the age of 25 completes suicide.
- Suicides account for 14% of all deaths a month among 15-24 year olds.
- Over the past 35 years, the youth suicide rate has tripled!
- Repeat attempters (those making more than one non-lethal attempt) use their behaviors as a means of coping with stress and tend to exhibit more chronic symptomology, poorer coping histories, and a higher presence of suicidal and substance abuse behaviors in their family histories.
- Up to 60% of high school students report having suicidal ideation.

Source: American Association of Suicidology

Facts/Statistics

(Section 1 – Page 7)

- Firearms remain the most commonly used suicide method among youth.
- Access to firearms is a significant factor in the increase of youth suicide.
- Black males (ages 15-19) have shown the largest increase in suicide rates among adolescents. Their suicide rate has increased 165% since 1980.
- Seven to sixteen percent of adolescents report a lifetime history of suicide attempt.
- Fourteen percent of all adolescents have stated on self-report surveys that they have attempted suicide.

Source: American Association of Suicidology

Suicide Risk Factors For Adolescents Include, But Are Not Limited To:

(Section 1 - Page 8)

- Presence of a psychiatric disorder (e.g. depression, manic-depression, personality disorders, conduct disorder).
- Substance abuse or dependency.
- Expressions/communications of thoughts of suicide, death, dying, or the afterlife (in the context of sadness, boredom, or negative feelings).
- Poor control over behavior or significant change in behavior.
- Impulsive, aggressive, behavior, frequent expressions of rage.

Suicide Risk Factors (cont'd)

(Section 1 - Page 8)

- Previous exposure to his or her own or others' suicidality.
- Recent severe stressors.
- Family loss or instability; significant problems in parental relationships.
- Difficulties in dealing with sexual orientation; unplanned pregnancy.
- History of running away or incarceration.

Facts About Teen Suicide and Handguns

(Section 1 - Page 9)

- **E**very six hours, a youth 10-19 commits suicide with a gun – nearly 1,400 in all in 1989.
- **G**uns are the method used in 65 percent of male teen suicides and 47 percent of female teen suicides.
- **S**uicide rates for adolescents 15-19 years of age quadrupled between 1950 and 1988, making suicide the third-leading cause of adolescent death.
- **H**andguns account for 70 percent of firearm suicides among all age groups. Access in the home and ease in handling may explain why handguns are most commonly used.
- **T**he odds that potentially suicidal adolescents will kill themselves go up 75-fold when a gun is kept in the home.

Facts About Teen Suicide and Handguns

(Cont'd – Section 1 - page 9)

- **A** suicidal teenager living in a home with an easily accessible gun is more likely to commit suicide than a suicidal teenager living in a home where no gun is present.
- **M**ost teen suicides are impulsive, with little or no planning, and 70 percent occur in the victims' homes.
- **A**n estimated 3.6 million high school students across the country considered taking their own lives in 1990.
- **S**uicidal teenagers who have been drinking alcohol are five times more likely to use guns than any other suicide method.
- **I**n 1970, less than one-third of the suicides by females ages 15-24 were committed with guns, compared to 42 percent with drugs. But in 1984, more than half were committed with guns and only 19 percent with drugs.
- **G**uns are the most lethal suicide method – 92 percent of attempted suicides with guns are completed.

Other Factors

(Section 1 - Page 14)

- Research has shown that most adolescent suicides occur after school hours and in the teen's home.
- Although rates vary somewhat by geographic location, within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year.
- The typical profile of an adolescent nonfatal suicide attempter is a female who ingests pills, while the profile of the typical completer suicide is a male who dies from a gunshot wound.
- Not all adolescent attempters may admit their intent. Therefore, any deliberate self-harming behaviors should be considered serious and in need of further evaluation.
- Most adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior appears to be to effect change in the behaviors or attitudes of others.

San Diego County Statistics

(Section 1 - Page 15)

- Among the age group of 15 to 24, suicide was the third leading cause of non-natural death.
- San Diego County has a suicide rate above the national average.
- On average, a teen dies from suicide each month.
- For each completed suicide, there are 8 to 25 attempts.

S. D. County Statistics (cont'd)

(Section 1 - Page 15)

- In five years, youth suicide attempts increased from 6.3% to 10.5%.
- In San Diego, as elsewhere, teenage males have higher suicide rates, while females report more attempted suicides.

Data Source: Children's Initiative

San Diego County Statistics

(Section 1 - Page 15)

- In November of 2004, the *Union-Tribune* reported that about 1 in 10 high school students in San Diego had attempted suicide during the previous year, which is higher than the national average according to a survey of 1,800 students.
- San Diego County ranked above the national average of 8.5% of students who acknowledged in a survey that they had attempted suicide.
- The number of reported suicide attempts among 9th through 12th graders was 10.9% compared to 10.5% the previous year.

Source: The San Diego Union-Tribune – Nov. 2004

San Diego City Schools Youth Risk Behavior Survey Results (Latest Available Statistics)

Percent of students who attempted suicide at least once during the last 12 months: *(Section 1 - Page 20)*

1991	1993	1995	1997	1999	2001	2003
6.3%	9.9%	10%	9.5%	9.2%	10.5%	10.9%

Percent of ninth grade student who attempted suicide at least once during the last 12 months:

1997	1999	2001	National Average
11%	10.6%	11.7%	8.3%

California Health Kids Survey

The following are questions added to the San Diego County Administration of the California Healthy Kids Survey (CHKS) beginning 2004/05: *(Section 1 - Page 21)*

During the past 12 Months. . .

- Did you make a plan about how you would attempt suicide?
- Did you ever seriously consider attempting suicide?
- How many times did you actually attempt suicide?
- If you attempted suicide, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Why Develop Suicide Prevention Intervention Protocols?

(Section 2 - Page 2)

- Given the strong correlation between suicidal and violent behavior, preparation for responding to suicide crises may also help provide a framework to aid school personnel in responding to the threat of interpersonal violence among students. The perpetrators in all of the recent high-profile school shootings in the U.S., including those in San Diego County, were also suicidal.
- While most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals and securing outside assistance when needed.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize, as much as possible in a crisis, the learning environment for everyone.

Protocols (Cont'd)

(Section 2 – Page 2)

- Special issues such as copycat behavior, misinformation, rumors and hysteria must be considered when responding to suicidal behavior.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene."
- School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults about a suicidal peer, because they do not know how they will respond or think they can't help.

Methodology for Suicide Prevention and Intervention

The Centers for Disease Control has Identified Eight Key Suicide Prevention Strategies: *(Section 2 – Page 3)*

1. School Gatekeeper Training

- **Teachers, Counselors, and Coaches**
- **Refer Students At Risk for Suicide**
- **Respond to Suicide or Other Crises in School**

2. Community Gatekeeper Training

- **Community Members**
- **Identify and Refer Youth Who are At Risk for Suicide**

3. General Suicide Education

- **Students Learn about Suicide, Its Warning Signs, and How to Seek Help for Themselves or for Others**

4. **Screening Programs** *(Section 2 – Page 3)*
 - **Screening Instruments Used to Identify High-Risk Adolescents**
 - **Provide Further Assessment and Treatment**
5. **Peer Support Programs**
 - **Foster Peer Relationships and Competency in Social Skills Among High-Risk Adolescents**
6. **Crisis Centers and Hotlines**
 - **Trained Volunteers and Paid Staff Provide Telephone Counseling and Other Services for Suicidal Persons**
7. **Restriction of Access to Lethal Means**
 - **Activities are Designed to Restrict Access to Firearms, Drugs, and Other Common Means**
8. **Intervention After a Suicide**
 - **Focus on Friends and Relatives of Persons Who Have Committed Suicide**
 - **Designed to Help Prevent or Contain Suicide Clusters to Help Adolescents and Young Adults Cope Effectively with the Feelings of Loss**

Section 2

- **Components of School-Based Intervention** (pages 11- 44)
 - Have suicide intervention protocols within the school crisis response plan
 - Have guidelines for dealing with risk of suicide
 - Have guidelines for mediation during high risk situations
 - Utilize existing crisis response model

Section 2 continued

- **Components of School Based Intervention**
(pages 11 – 44)
 - Have guidelines for responding to student suicide on school premises
 - Have procedures for assisting other students during a crisis
 - Have guidelines for a suicide attempt off school premises
 - Have guidelines for when a student returns following absence for suicidal behavior

Section 2 continued

- **Intervention continued...**
 - Watch for possible suicidal behavior in and out of the classroom
 - Know steps to help when student may be suicidal
 - Mental health professionals/trained peer assistance listeners should memorize preassessment/prevention checklist (pages 28-29)

Section 2 continued

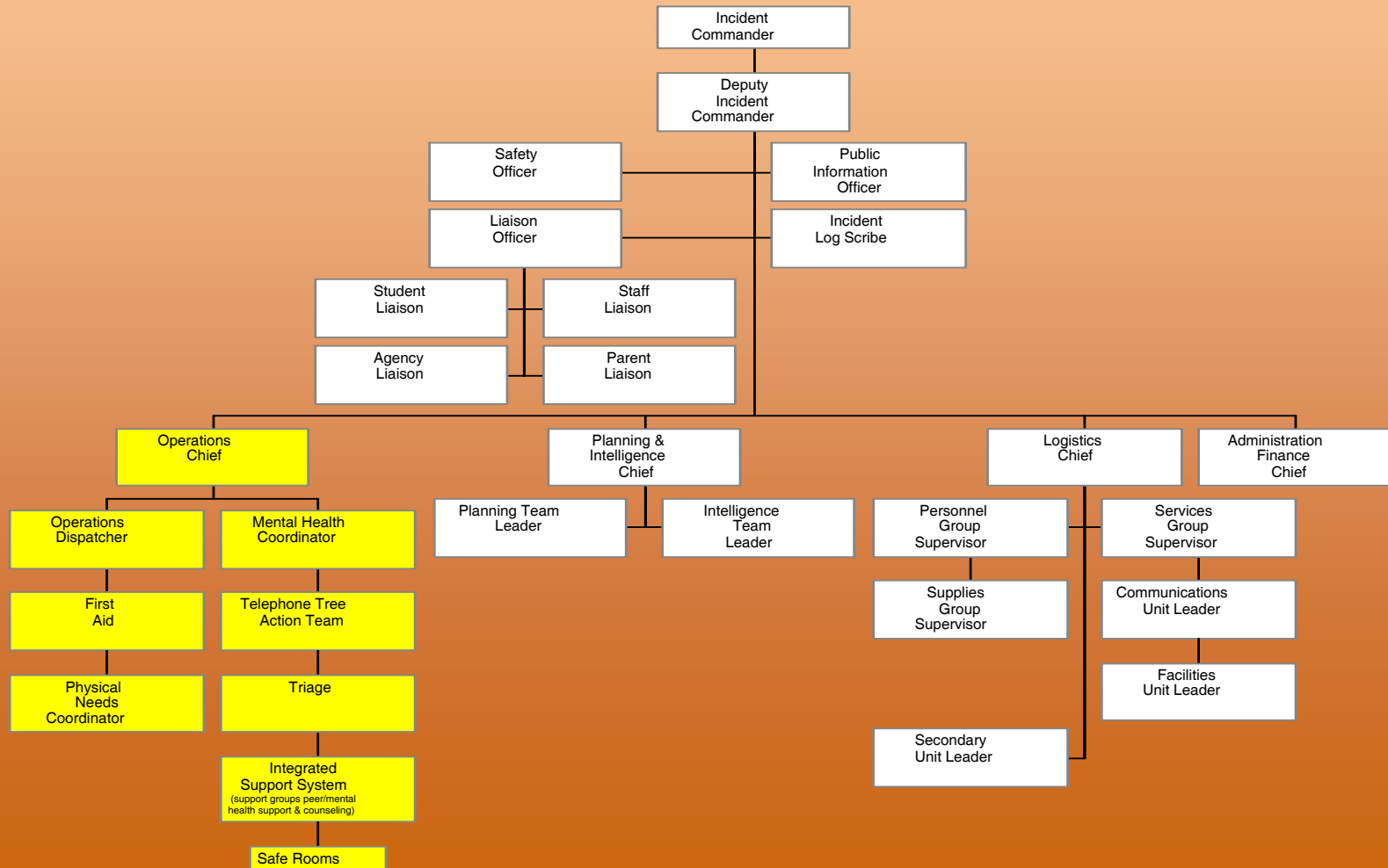
- **Intervention continued...**
 - Suicide Risk Parent Notification and documentation is crucial (page 30-31)
 - Tips for Parents (pages 35-38)
 - For mental health professionals (pages 39-40)

Section 3

- **Postvention**
- Proactive services offered following a traumatic event or death

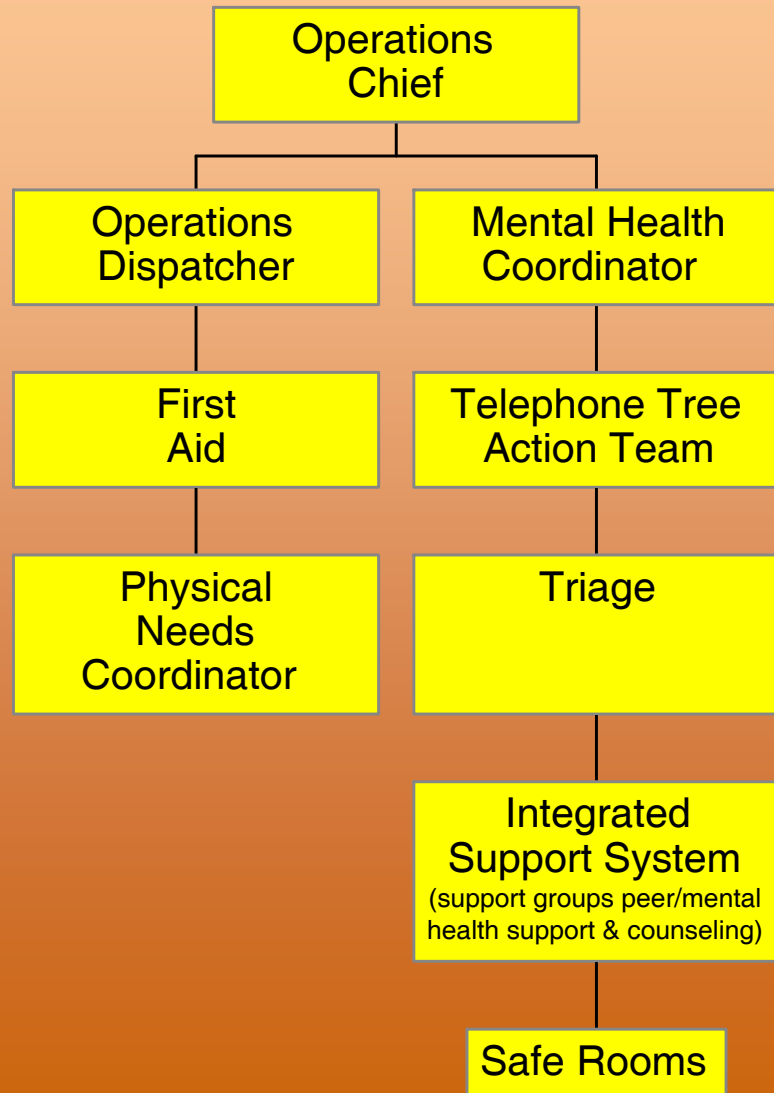
Section 3 continued

San Diego County School Crisis Response Model



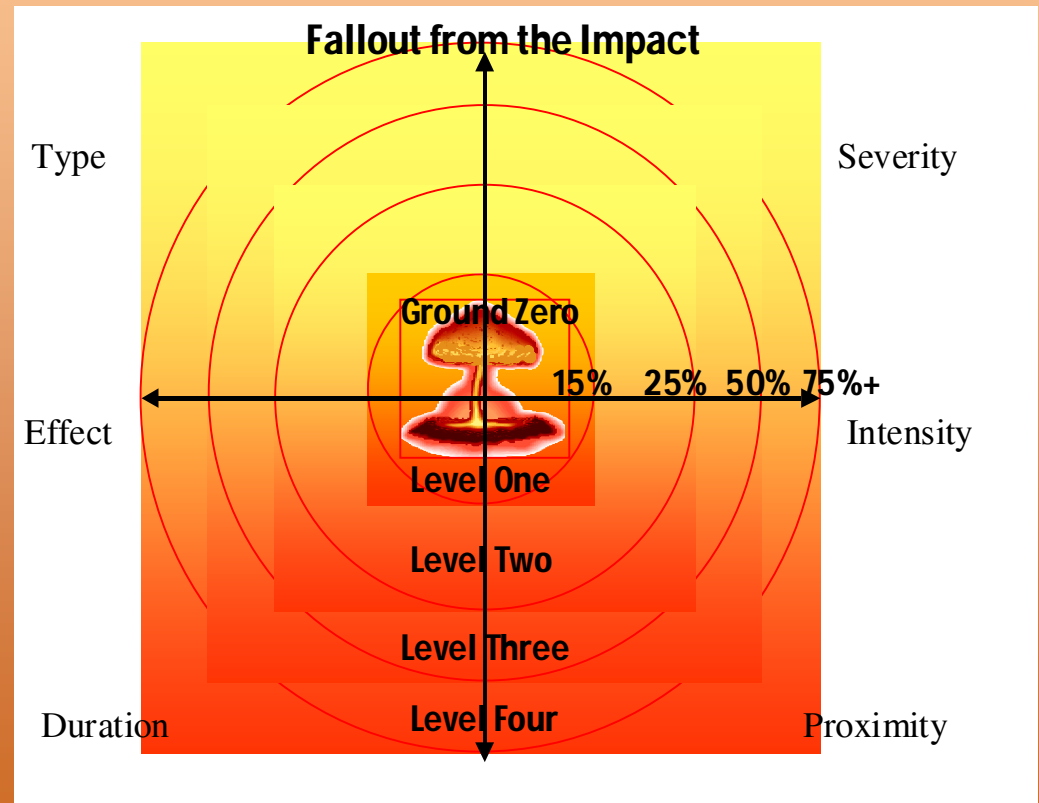
Section 3 continued

School Crisis Response Model **OPERATIONS**



Section 3 continued

Determine needs from the center to the periphery of the circle [diagram epicenter (ground zero)] from most effected to least effected



Section 3 continued

- **Postvention**
- Three periods in coping process
 - Immediate aftermath (day following the suicide death)
 - Short-term – from day 2 to day 7 to 10 days after
 - Long-term – a period of resolution of indeterminate length (page 3)

Section 3 continued

- **Goals**

- What administrators should do
- What the teacher should do
- Components of postvention planning
- Advanced planning
- Clear messages
- Suicide prevention education for staff and students

Section 3 continued

- **Goals continued...**
 - Self care
 - Staff debriefing
 - Responsibilities of
 - Administration
 - Crisis team
 - Staff

Section 3 continued

- **Postvention Activities to Help Prevention Copycat Suicide**
 - Grief counseling
 - Grief processing after suicide
 - Funeral arrangements
 - Keep the school open
 - Inappropriate memorial activities
 - Appropriate memorial activities

Section 3 continued

- **Issues and Options** (pages 11-12)
 - Handouts for survivors, teachers and administrators (pages 12-27)
 - Plans for Following a Death or Suicide (page 28)

Section 4

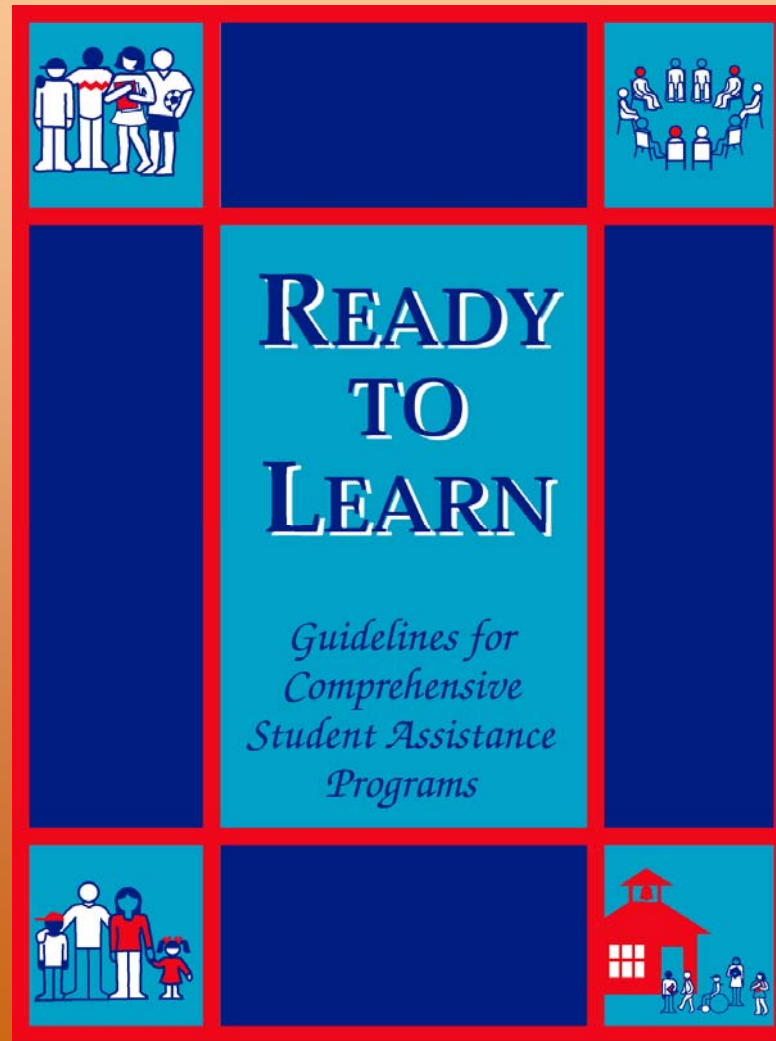
- **Resources**
 - Documentation/Maintenance of Files

Section 4 continued

Ready to Learn

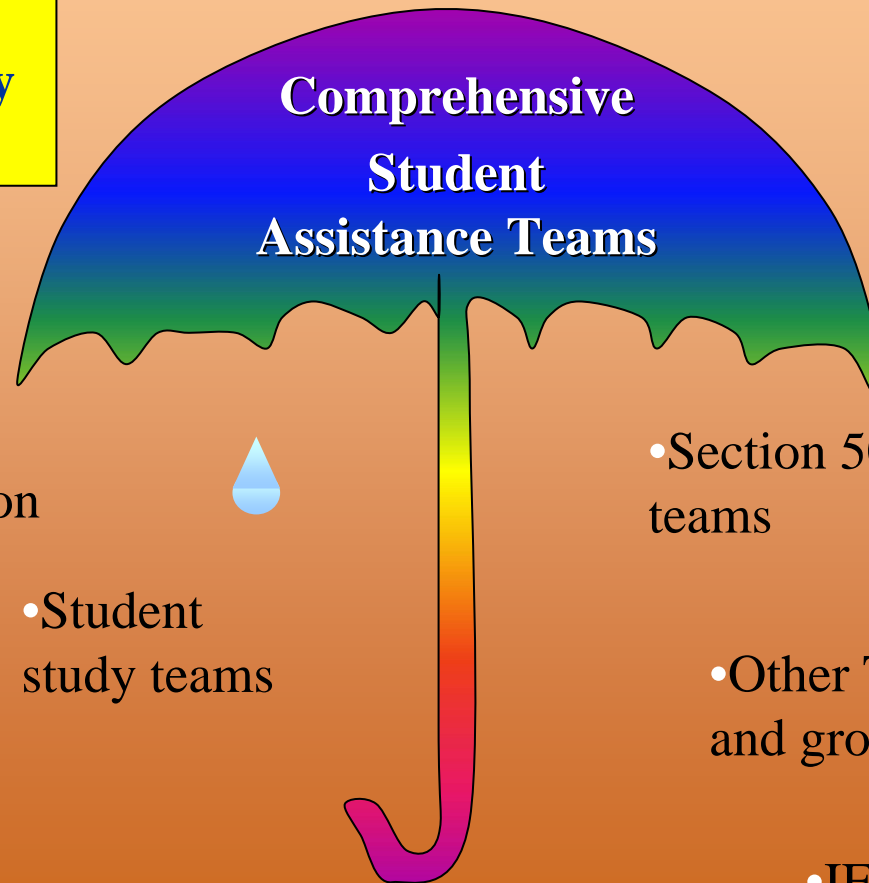
***A Comprehensive
System of
Intervention
Services***

Section 4 continued



Section 4 continued

Types of Multi-disciplinary Teams



Comprehensive
Student
Assistance Teams

- Crisis intervention teams

- Student study teams

- Section 504 teams

- Other Teams and groups

- Administrative hearing teams

- School Attendance Review Teams/Boards

- IEP teams

Comprehensive Student Assistance Approach

Clear set of norms

(policy & expectations of behavior) developed & distributed to student and parents

Identification by:

- Administrative intervention
- Referrals from staff, students, parents, community
- Self-referral

Disciplinary actions

(when necessary) fairly and consistently

Pre-assessment & Referral

To appropriate menu of resources/services

Educational Component

- Skills to live the norms
- Skills to maintain the norms
- Skills to expand opportunities
- Skills to cope

Support

- Group
- Peer
- Adult/Parent
- Community

Positive Activities

- Schools Clubs
- Youth Serving Organizations
- School/After School Activities
- Personal Best Physical Fitness Training

Follow-up reinforcement & rewards

Monitoring & Evaluation for attendance, behavior & academic achievement

Sample Student Assistance Menu of Services for Referral

Assessment Services

- **School Services**
 - **Special Needs**
 - Psychological
 - Emotional
 - Intellectual
 - Health screening/
Healthy start
 - English Language
Proficiency Issues
 - **Outside Assessments**
 - Alcohol & Other
Addictions
 - Psychological
 - Physical

Other Intervention Svcs (Team Processes)

- **Formal Intervention**
- **Student Study Team**
- **Section 504 Team**
- **School Attendance
Review
Team (SART)**
- **School Attendance
Review
Board (SARB)**
- **Crisis Intervention
Team**
- **Other Truancy
Mediation
Programs**
- **Student Court**

Disciplinary Options

- **Partial Schedules**
- **Alternative
Scheduling**
- **Saturday/Evening
Schools**
- **In-School Suspension**
- **Suspension**
- **Involuntary transfer
to
Continuation School**
- **Suspended Expulsion**
- **Expulsion**
- **Probation Referral**
- **Court Referral**
- **Law Enforcement**

Sample Student Assistance Menu of Services for Referral

Educational (Skills) Component

- **Insight**
 - *Why Try* program
 - Attendance Deficit Disorder Courses
 - Alcohol/other drug use
 - Coping skills
 - Assertiveness Training
 - Conflict/Anger Management Training
 - English Language Proficient Courses
 - Mini Town/Anytown Retreats
 - Crisis Intervention
 - **Suicide Intervention**
 - Regional Occupational Program (ROP)
 - Advancement Via Individual Determination (AVID)
 - Teen Parenting Classes

Integrated Support Services

- **School Counseling**
- **Counseling Groups**
- **Student Support Groups**
- **Twelve-Step Groups**
- **Peer Resource Services (examples)**
 - assistance
 - listening
 - tutoring
 - buddy systems
 - adult mentorship*(see page 45 for more)*
- **Community Agency Treatment Support Groups**
- **Parent/Family Support Groups**
- **Healthy Start**
- **Adult Mentorship**

Positive Activities

- **Friday Night Live Clubs**
- **Club Live Clubs**
- **Youth to Youth**
- **“Just Say No” clubs**
- **Rites of Passage**
- **Ropes or “Survival” Courses**
- **Graffiti Clean-up Projects**
- **Restorative Justice Programs**
- **Community Service**
- **Midnight Basketball**
- **Personal Best Physical Fitness**
- **Community-Based Youth Development Activities**

Resources

(Section 4 – Page 1)

- San Diego County Office of Education (SDCOE)
- San Diego County
- State of California / National
- Documentation/Maintenance of Files; Sample Forms and Letters (for Administrators and School Mental Health Personnel)
- Sample Handouts (for Student and Parents)

Thank You!

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Please Complete Evaluation!