

Suicide Prevention, Intervention, & Postvention

Ocean CIACC Education Partnership
February 5, 2010

Suicide Prevention

National Programs

NJ Suicide Awareness Curriculum

Professional Development for Educators

Prevention

- Garrett Lee Smith Memorial Act (PL 108-355)
“An Act to amend the Public Health Service Act to support the planning, implementation, and evaluation of organized activities involving statewide youth suicide early intervention and prevention strategies, to provide funds for campus mental and behavioral health service centers, and for other purposes.”
- Created a grant program at SAMHSA to help states, tribes, and colleges/universities to develop and implement youth, adolescent and college-age early intervention and prevention strategies to reduce suicide and an authorized a suicide technical assistance center (the Suicide Prevention Resource Center) July 24, 2009 bill was passed HR 3292 to fund these programs.

Prevention

Suicide Awareness Curriculum in NJ

NJ Core Curriculum Content Standards online:

<http://www.nj.gov/njded/aps/cccs/chpe>

Gatekeeper Training: Suicide Awareness Programs for Educators

- Professional Development - 2 hours every 100 (NJSA 18A:16-11)
- Requires all teaching staff to have 2 hours of education per 100 (every 5 years)
- Need to consider other gatekeepers within the school-janitorial staff, bus drivers, cafeteria staff, etc.

Professional Development Providers of Suicide Awareness Programs for Educators

Traumatic Loss Coalition (TLC) Central

Training can be customized to meet the needs of one school or a district. Is appropriate for school personnel and parents. Certificates of completion available. Contact TLC Central at (732)235-9342. There is a fee.

Jason Foundation

Free, program for grades 7-12 however not on SPRC list so can be used for professional development www.jasonfoundation.com

MEPSP- Making Educators Partners in Suicide Prevention

Free, online interactive training program. There is a middle school model available. On the SPRC registry. www.sptsnj.org has a link to the program.

Private Practitioners

Professional Development

The following is the presentation given through TLC Central

PSYCHIATRIC DISORDERS

AND

SUICIDE ASSESSMENT

TRAUMATIC LOSS COALITIONS

FOR YOUTH

University Behavioral HealthCare

University of Medicine and Dentistry of New Jersey

WORKSHOP OBJECTIVES

At the end of this training you will:

- Understand the importance of your critical role in the identification of students at risk for suicide
- Become familiar with where to find and familiarize yourselves with school policy and procedure addressing this issue
- Learn information that facilitates identification of at-risk students and make referrals to appropriate school resources

UNDERSTANDING THE MAGNITUDE

- 29,000 people in the U.S. die by suicide every year
- 6-10 people are intimately and profoundly affected by each death
- It is the 3rd leading cause of death for people 15-24 years of age
- 86% of parents are unaware of their child's suicidal behavior

WHY IS THIS TRAINING IMPORTANT TO YOU?

- It is an essential & effective component to a comprehensive suicide prevention program
- Research indicates that most educators feel they have a large role in identifying students at risk
- Developing knowledge and skills to identify at-risk students positively affects your feeling of competence
- Training increases teacher confidence to recognize a potentially suicidal student by more than 4xs that of teachers with no training

WHY IS THIS TRAINING IMPORTANT TO YOU

- CDC Survey found training clearly delineates the roles and responsibilities of educator to **identify and refer**. Does not require you to become mental health clinicians
- Fulfills the mandate of Bill 3931
- Schools cannot achieve their mission of educating if the students' problems are a major barrier to learning and development

WHAT IS SUICIDAL BEHAVIOR?

**AN ATTEMPT TO SOLVE THE PROBLEM
OF INTENSE PSYCHOLOGICAL PAIN**

SUICIDE RISK FACTORS

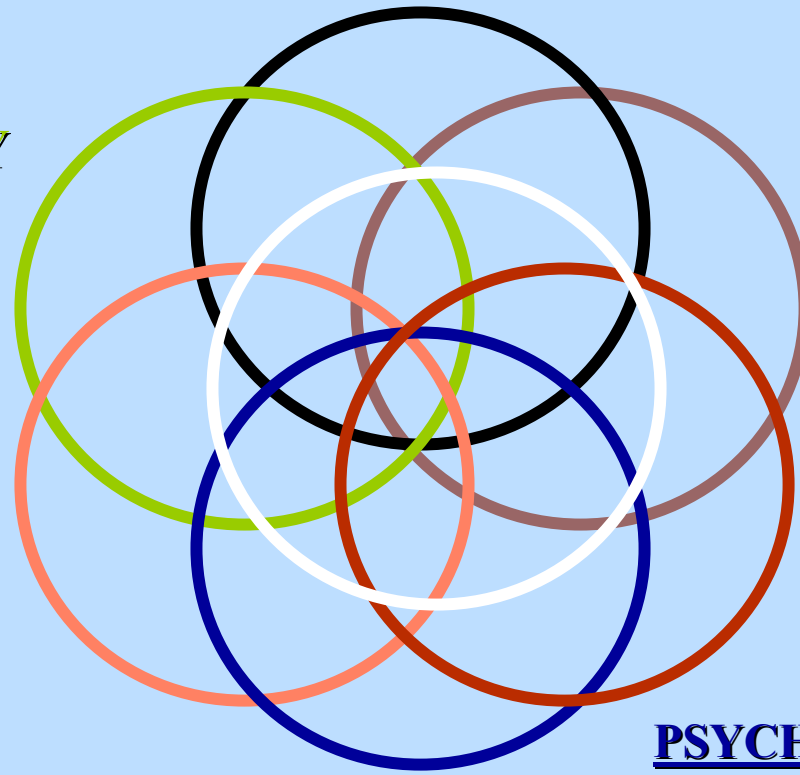
LIFE EVENTS
CHRONIC ILLNESS

**PERSONALITY
TRAITS**

BIOLOGY

**FAMILY HISTORY
& GENETICS**

**SOCIAL/
CULTURAL**



**PSYCHIATRIC
DISORDER**

SUICIDE RISK FACTORS

PSYCHIATRIC DISORDERS IN YOUTH

Over 90% of those that go on to complete suicide have at least 1 diagnosable psychiatric disorder at the time of their death. Many have more than one.

SUICIDE RISK FACTORS

These disorders put youth at higher risk for suicide:

- Bipolar Disorder
- Major Depressive Disorder
- Conduct Disorder
- **Anxiety Disorder

BIPOLAR DISORDER

Symptoms of Mania

- Severe changes in mood
- Unrealistic highs in self esteem
- Excessive confidence / omnipotence
- Racing thoughts
- Great increase in energy and activity
- Increased talking
- Distractibility
- Little need for sleep
- Irritability
- Agitation
- Aggression
- High risk-taking behaviors

BIPOLAR and UNIPOLAR DEPRESSION

Symptoms of Depression

- Sadness and tearfulness
- Decrease in energy
- Decrease in motivation
- Decreased interest or pleasure in activities
- Persistent boredom
- Inability to concentrate or focus
- Isolation
- Low self esteem
- Excessive guilt
- Extreme anxiety

BIPOLAR and UNIPOLAR DEPRESSION

Symptoms of Depression *continued*

- Extreme sensitivity to rejection or failure
- Frequent complaints of physical illness
- Frequent absences from school
- Decrease in school performance
- Major change in eating or sleeping patterns
- High risk behaviors
- Irritability, anger or hostility
- Impulsive or volatile outbursts
- Suicidal thoughts, plans, behaviors
- Hopelessness

CONDUCT DISORDER

- Conduct Disorder is not just “bad behavior”. It is a serious and often debilitating disorder that causes youth and those close to them much distress.
- The development of conduct disorder is complex and the risk factors include biological components, family components and societal components.
- These youth have many skill deficits that prevent them from effective problem solving, emotional regulation and relating effectively with those around them

CONDUCT DISORDER

- Conduct disordered youth are often rejected by pro-social peers, and tend to associate with other CD youth which reinforces the problem behaviors
- Some conduct disordered youth grow up to be adults who are unable to hold jobs, maintain relationships, parent effectively, are often depressed and many times turn to substance abuse. They are at a higher risk for many maladaptive behaviors including suicide
- Those that have the worst prognosis have an early onset of the disorder (prior to age 10)

CONDUCT DISORDER

Symptoms of Conduct Disorder

- Often bullies, threatens, or intimidates others
- Often initiates physical fights
- Has used a weapon that can cause serious injury
- Has been physically cruel to people or animals
- Has stolen while confronting a victim
- Has forced someone into sexual activity
- Has deliberately engaged in fire setting with the intention of causing serious damage
- Has broken into someone's home, building or car
- Often lies to obtain goods or favors or to avoid obligations

CONDUCT DISORDER

Symptoms of Conduct Disorder

- Often stays out at night despite parental prohibitions
- Has run away from home overnight at least twice
- Is often truant from school
- Has stolen items with value without confronting a victim

SUICIDE RISK FACTORS

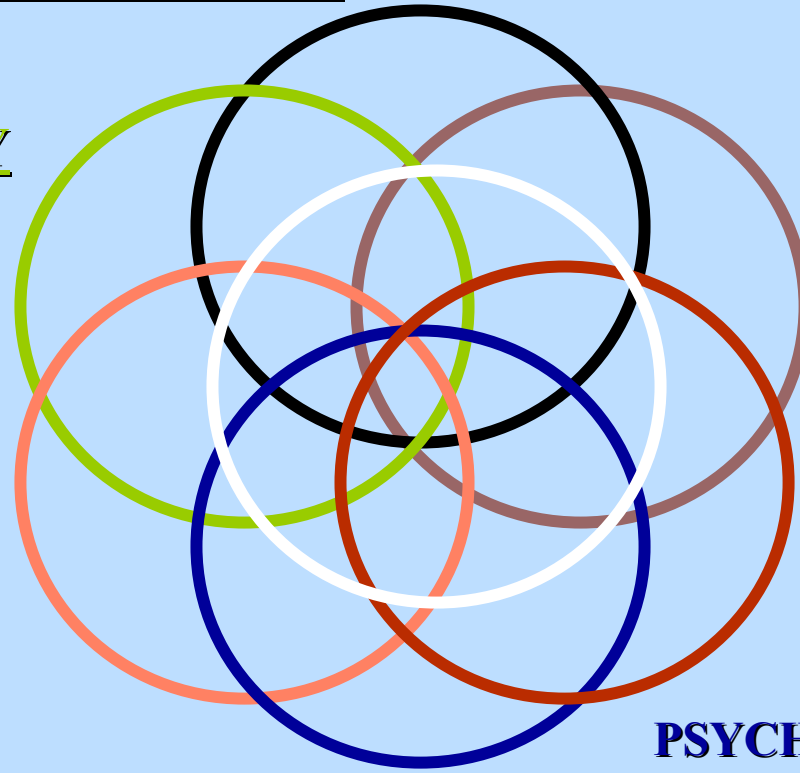
LIFE EVENTS
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PSYCHIATRIC
DISORDER

SUICIDE RISK FACTORS

Biology

- Decrease in neurotransmitters
 - depressive disorders
 - anxiety disorders
 - disruptive disorders
- Effects of drugs (prescribed and illegal)
- Effects of alcohol

SUICIDE RISK FACTORS

Family History and Genetics

- Family psychopathology
- Previous familial suicide attempts or suicidal behavior
- Environmental influence (identification, imitation)

SUICIDE RISK FACTORS

Personality Traits

- Aggression
- Impulsivity
- Extreme sensitivity

SUICIDE RISK FACTORS

Life Events

- Relational or social loss
- Increase in negative experiences (bullying, ridicule, legal or disciplinary problems, school problems)
- Extreme sensitivity
- Physical or sexual abuse
- Ongoing witnessing of violence

SUICIDE RISK FACTORS

Social / Cultural Influences

- Lack of social supports
- Barriers to accessing mental health and substance abuse treatment
- Stigma of help seeking
- Access to firearms

WARNING SIGNS

- **Risk factors** are the **Yellow Warning Lights** that tell us to slow down and pay attention
- **Warning signs** are the **Red Stop Lights** that tell us to Stop and Call For Help

WARNING SIGNS

- Warning signs suggest imminent danger
- Warning signs will often persist for more than 2 weeks however some youth may act out quickly and impulsively
- The following list of warning signs was compiled by a task-force of expert clinical researchers

Red Flags

Is Path Warm?

- **I** Ideation
- **S** Substance Abuse (excessive or increased)
- **P** Purposeless (no reason for living)
- **A** Anxiety (agitation/insomnia)
- **T** Trapped (feeling no way out)
- **H** Hopelessness

- **W** Withdrawal (from friends, family, society)
- **A** Anger (uncontrolled/rage/revenge seeking)
- **R** Recklessness (risky acts, unthinking/ impulsive behavior)
- **M** Mood (changes, dramatic)

WARNING SIGNS FOR SUICIDE

- Thoughts about suicide or overt threats to commit suicide
- Statements about hopelessness, helplessness, sadness or worthlessness
- Making a last will and testament
- Putting things in order/giving away favorite possessions
- Hinting-verbal, written, art work
- Psychosis/bizarre behavior

WARNING SIGNS FOR SUICIDE

continued

- Changes in eating, sleeping, self-care
- Withdrawal from friends and family
- Personality and mood changes
- Difficulty concentrating
- Poor performance in school
- Physical complaints
- Boredom/low energy

WARNING SIGNS FOR SUICIDE

continued

- Obsessive preoccupation / attraction to death
- Frequent accidents
- Extreme sensitivity to rejection or failure
- Frequent absences from school
- Drug and/or alcohol use
- Irritability, aggressive or rebellious behavior
- Becoming suddenly cheerful after being depressed

TALKING WITH AT-RISK YOUTH

Positive Communication Skills

- Pay attention as if the youth's life depended on it
- Listen
- Reflect
- Accept the feelings (does not imply agreement)
- Ask direct questions about suicidal thoughts and plans

REFERRAL PROCEDURES

- Never leave a suicidal youth alone
- Never promise or make deals around confidentiality
- Alert a member of the crisis team immediately
- Alert school administration

REFERRAL PROCEDURES

- Mental health professional needs to contact screening center prior to sending a child
- Needs to contact screening center the same day!
- Needs to provide as much information as possible
- Information should be concrete (behaviors, statements made, notes)

RESOURCES FOR STUDENTS

- Learn about local mental health resources, especially the nearest Mental Health Emergency Screening Center
- List of local agencies and private providers
- Mental Health Association of NJ –
Mental Health Cares Helpline

SUICIDE PROTECTIVE FACTORS

Protective Factors

- Access to and care for mental / physical / substance abuse disorders
- Lack of access to means for suicidal behavior

SUICIDE PROTECTIVE FACTORS

Protective Factors *continued*

- Family cohesion
- Stable environment
- Perceived connection to school, group, team
- Social integration
- Opportunities to participate
- Academic achievement
- Sense of worth and confidence

SUICIDE PROTECTIVE FACTORS

Protective Factors *continued*

- Impulse control
- Good coping skills
- Problem solving
- Conflict resolution abilities
- Help-seeking behavior / advice seeking
- Acceptance of diagnosis

Prevention and Intervention

Best Practices/ Evidence Based Models

Prevention & Intervention

- School Screening Programs
Consider those that focus on helping behavior. Who do children/teens talk to?
“Better to lose a friendship than a friend”
- SPRC Best Practices Registry and Evidence Based Programs (www.sprc.org)
- Funded by SAMHSA as part of the Federal Law Garrett Less Smith Memorial Act

SPRC Screening Programs for Students

- Lifelines: 4 45-minute classes for students. 4 part: administrative consultation, faculty and staff training, parent workshop, and student curriculum. Contact lstrapon@hazelden.org
- Signs of Suicide (SOS): High school and middle school programs, nationally recognized. Includes video, screening form, handouts. Encourages help seeking behavior. www.mentalhealthscreening.org
- Columbia TeenScreen: Voluntary program, parental and teen consent required, screening questionnaire, debriefing interview, referral and case management. <http://www.teenscreen.org/>
- Signs of Self-Injury: For high schools. Based on SOS model utilizing ACT (Acknowledge, Care, Tell)

Suicide Intervention

Crisis Hotlines

Psychiatric Emergency Screening
Services (PESS)

Intervention

Crisis Hotlines

Psychiatric Emergency Screening Services (PESS)
(732) 886-4474 or 1(866) 904-4474

2nd Floor Youth Helpline (run by Masters level clinicians-
Endorsed by New Jersey Dept of Ed)
(888) 222-2228

<http://www.2ndfloor.org>

National Suicide Prevention Lifeline
(800) 273-TALK

Intervention

Psychiatric Emergency Screening Svcs (PESS)

- County designated screening center
- 24/7 availability (732) 886-4474
- Services provided throughout Ocean County: local emergency rooms, schools, homes, off-site location at St. Barnabas in Toms River

****preference is to see children
outside of emergency room setting****

Intervention: PESS

- Provides assessment to determine level of care needed
- Imperative that school personnel call prior to sending student directly to emergency room or referring parent to PESS
 - Triage of cases
 - Alternatives to seeing child in ER
 - Sharing information that may otherwise not be available (What are you seeing? What's going on in school?)
 - Assess if PESS is best referral (versus criminal justice, existing mental health resources, or mobile response)
 - Access to Family Child Clinicians for case review.

Intervention: PESS

- Cannot provide medication changes or initiate new meds. Most clients will not see psychiatrist face to face though he does hear each case.
- Does not provide ongoing counseling.
- Will see students who are dually diagnosed but not substance abuse primary.
- Does not provide letters guaranteeing safety.
- Parental consent required.
- No commitment law for 17 year-olds and younger.

Postvention

Coordinated response to Traumatic Loss
Best Practices for Crisis Teams and
Memorialization

Postvention

Media and their role in decreasing or causing contagion.

Verification of information and family wishes. Not a suicide until confirmed by medical examiner.

Small groups to avoid hysteria, manage triggering of prior trauma/loss

Rumor Control- establishing incident command protocol- NIMS training. Who provides public information.

Coping Groups/Debriefing:

Coordinated response to traumatic loss and crisis affecting youth.

Grief counseling

Grief process after suicide

Funeral arrangements

Opening the school?

Postvention: Crisis Teams

Crisis Teams in Schools

- Well organized, well trained critical incident response team that can implement best-practice, standard protocols to respond to critical incidents.
- The existence and function of this team should be well known to the students and staff so the entire school knows and understands there is a system in place to manage critical emergencies.
- Team should have opportunity to skill-drill/practice before an event.

Postvention: Crisis Teams *continued*

Decreasing contagion/ preventing clusters

CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Cluster (online .pdf)

- Maintain Routines
- Crisis or critical incidents cause normal routines to be disrupted and can lead to feeling that everything is out of control
- Remember not everyone is impacted. Schools primary role is to educate.

Postvention: Memorialization

Consistency

Timing

- Should not be undertaken too soon-can divert from the emotional and psychological needs
- May mistakenly be interpreted as closure
- Can be led by emotion rather than procedure if done too soon

Postvention: Memorialization

Pitfalls of Permanent memorials

- Establishing precedents that may be difficult to follow in the future
- Comparisons to other memorial events
- Equity- popular students, glamorizing suicide
- Avoid: plaques, stones, trees, benches

Other memorials

- “Shrines”
- Let students know timeframe and what will be done with items after (i.e. give to family, donate)
- May invite others to consider suicide as an option
- If spontaneously happen move closer to counseling sites in school
- No “public” memorials, i.e. those held in auditoriums

Postvention: Memorialization

School newspapers and yearbooks

- Same space for all students despite popularity or means of death
- Appropriate to include name, date of birth/date of death, photograph.

Diploma awards

- Consistency
- Plan ahead: when, where, how and to whom and under what circumstances will you award honorary diplomas, letters, awards.

Postvention: Memorialization

Survivors may feel a need to express grief in tangible ways

Positive Messaging:

- Other solutions to problems, where to go for help
- Channel energy into constructive projects that help the living cope
- Personal expressions that are given to family after a time period i.e. book with memories, artwork, recollections, poetry, pictures (all need to be reviewed by staff prior to giving to family).
- Activity focused memorials- organizing a day of community services, sponsoring a mental health awareness program.

Involve family but consider needs of all

For assistance with a crisis response

- Ocean County Traumatic Loss Coalition (through Ocean County Screening) Coordinator Karen Bright
(732) 886-4474
- Emergency Response Committee
Can be accessed through screening center, Ocean Traumatic Loss Coordinator, or directly through the Department of Human Services
(732) 506-5374
- TLC Central (covers state)
Program Director Donna Amundson (732) 235-2818
- DRCC Disaster Response Counselor Certification
<http://www.njdisasterresponsecrisiscounselor.org/>

Resources

- SPAN Suicide Prevention Action Network
www.spanusa.org
- AFSP American Foundation of Suicide Prevention
www.afsp.org
- Suicide Prevention Lifeline
www.suicidepreventionlifeline.org
- SPRC Suicide Prevention Resource Center www.sprc.org
- Maine Youth Suicide Prevention Guidelines- great resource for developing crisis plan
<http://www.maine.gov/suicide/docs/guidelines.pdf>
- The Youth Suicide Prevention School-Based Guide
<http://theguide.fmhi.usf.edu>

Resources

- AID/NJEA: A free and confidential 24 hour telephone helpline and support system for NJ educators, school staff members, and their families is staffed by active and retired educators and school mental health professionals trained to counsel and support their colleagues. Callers dial 866-AID-NJEA or 866-243-6532 to access support, telephone counseling and/or referral services.
- TLC Central- lists of handouts/websites/other resources
<http://ubhc.umdny.edu/brti/TLC.htm>
- Ocean Resource Net
www.oceanresourcenet.org
- PerformCare
(CSA of New Jersey- to access Mobile Response, YCM, etc.)
1(877)652-7624 www.performcarenj.org