Youth Suicide: Keeping Kids Safe

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• Why necessary?

  ● Many schools not doing anything related to suicide prevention.
  ● Generic crisis plan does not address specific nuances of suicide prevention, intervention, and postvention
Act 71

Beginning with 2015-2016 school year

• Each school entity SHALL:
  • Adopt an age appropriate youth suicide awareness and prevention policy, inform each school entity employee and parent of each student, and post policy on website. Policy may be based on policy developed by PDE
  • Include in professional development plan four hours of training in youth suicide awareness and prevention every five years for professional educators in school buildings serving students in grades 6-12
Department of Education SHALL:

• Develop a model youth suicide awareness and prevention policy
• Compile, develop, and post on its website
  • Recommended guidelines and educational materials for training of educators
  • Recommended resources and age-appropriate educational materials on youth suicide awareness and prevention
• Develop a model youth suicide awareness and prevention curriculum and make such curriculum available to all school entities. A school entity MAY incorporate it into its existing instructional program
Act 71

Model policy developed by PDE shall include

• Statement on youth suicide awareness and prevention
• Protocols for administering youth suicide awareness and prevention education to staff and students
• Methods of prevention
• Methods of intervention
• Methods of responding to student or staff suicide or suicide attempt
• Reporting procedures
PDE’s Priority Teacher Training Topics

1. Suicide Prevention 101 and Debunking Myths
2. School-Related Epidemiology
3. Risk Factors vs Warning Signs
4. Risk and Protective Factors
5. Warning Signs
7. How Educators Can Respond to Youth about Whom They are Concerned
8. Safe Messaging
9. Postvention
Why does it matter?
Understanding the National Problem of Youth Suicide

• 4,874 people under age 25 died by suicide (12.7% of total).
• 1 young person dies by suicide every hour and 47 minutes.
• Suicide is the 2\textsuperscript{nd} leading cause of death for youth ages 12-18 years (CDC, 2013 data).
• In 2013, 179 children age 15 and younger died by suicide.
Pennsylvania Statistics

- 14.5% of high school students seriously considered suicide
- 11.3% had a suicide plan
- 6.9% of youth attempted suicide
- 29% sometimes thought life was not worth living

- 2nd leading cause of death in high school students in PA
- LEADING cause of death in 10-14 year-olds in PA (37% of all deaths in 2013)
Warning Signs for Youth Suicide
Risk Factors vs. Warning Signs

• Risk Factor:
  • A measureable characteristic, variable, or hazard that increases the likelihood of the development of an adverse outcome
  • A risk factor precedes the outcome in time
    • Examples: mental illness (especially depression and other mood disorders), victimization, LGBTQ, being male?

• Warning Sign:
  • A measureable change in behavior, thoughts, feelings, or other indicators in the near future (e.g., minutes, days, up to 1 week) prior to a life-threatening suicidal behavior
    • Relates to current, episodic functioning with proximal relationship to behavior
    • This is what clinicians want to know
Risk Factors vs. Warning Signs

• Key difference = warning signs are near-term risk factors with the greatest available evidence suggesting the highest likelihood of a suicidal behavior occurring in the immediate future
So What Happens if We Search the Internet for “Youth Suicide Warning Signs?”

- Google search found “about 241,000” sites (in 0.4 secs)
- Yahoo found 31.2 million results
- Bing found 37.2 million results
- Sites for participating members in the National Council for Suicide Prevention have more uniformity
- Among the warning signs on display for the public are:
  - Visiting or calling people one cares about
  - Accident-prone (carelessness)
  - Neglecting schoolwork
  - Confusion
  - Neurotransmitter problem
SUICIDE
It's the only way out.
So What is the Message to the Public?

- Vague, inconsistent, non-observable, lacked empirical support
- Even the leading organizations have some level of disagreement
- Perhaps anything could be a warning sign, so
  - A) worry about everything
  - B) worry about nothing
- There is no consensus on what to do
  - Exception = call the Lifeline
Youth Suicide Warning Signs

1. Talking about or making plans for suicide
2. Expressing hopelessness about the future
3. Displaying severe/overwhelming emotional pain or distress
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
   • Withdrawal from or changing in social connections/situations
   • Recent increased agitation or irritability
   • Anger or hostility that seems out of character or out of context
   • Changes in sleep (increased or decreased)
If you notice warning signs for suicide in anyone, you can help!

1. Ask if they are ok or if they are having thoughts of suicide
2. Express your concern about what you are observing in their behavior
3. Listen attentively and non-judgmentally
4. Reflect what they share and let them know they have been heard
5. Tell them they are not alone
6. Let them know that there are treatments available that can help
7. If you are or they are concerned, guide them to professional help
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   - Recent increased agitation or irritability

How to Respond

If you notice any of these warning signs in anyone, you can help!

1. Ask if they are ok or if they are having thoughts of suicide
2. Express your concern about what you are observing in their behavior
3. Listen attentively and non-judgmentally
4. Reflect what they share and let them know they have been heard
5. Tell them they are not alone
6. Let them know there are treatments available that can help
7. Guide them to professional help

Parents and Caregivers

If you are concerned about your son or daughter, ask your self the following questions:

1. Talk about wanting to die, be dead, or about suicide, or are they cutting or burning themselves?
2. Feeling like things may never get better, seeming like they are in terrible emotional pain (like something is wrong deep inside but they can't make it go away), or they are struggling to deal with a big loss in their life?
3. Or is your gut telling you to be worried because they have withdrawn from everyone and everything, have become more anxious or on edge, seem unusually angry, or just don't seem normal to you?

Gatekeepers

Gatekeepers are anyone who has a meaningful and important role in the lives of youth. This may include grandparents and other relatives, neighbors, teachers, coaches, mentors, etc. Gatekeepers generally have frequent and positive interactions with youth. Interaction with them on a routine basis such as those who would choose to have Gatekeepers for young people.

If you are concerned about someone, ask yourself the following questions:

1. Talk about wanting to die, be dead, or about suicide, or are they cutting or burning themselves?
2. Feeling like things may never get better, seeming like they are in terrible emotional pain (like something is wrong deep inside but they can't make it go away), or they are struggling to deal with a big loss in their life?
3. Or is your gut telling you to be worried because they have withdrawn from everyone and everything, have become more anxious or on edge, seem unusually angry, or just don't seem normal to you?
Youth Suicide

Safety Planning
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Major Challenges

1. How can a youth manage a suicidal crisis in the moment that it happens?
2. How can a clinician/counseling help the youth to do this?
Suicide Risk Assessment

Mental Health Referral/Treatment
Why We Need to Intervene Outside of Specialty Mental Health?

• Individuals often do not have a way to manage their crises

• Many of these individuals may not engage in follow-up treatment
  • Don’t perceive it as problem
  • Prefer to work on it within own family
“No-Suicide Contract”

• No-suicide contracts ask youth to promise to stay alive without telling them how to do so.
• No-suicide contracts may provide a false sense of assurance to the clinician.
What is a Safety Plan?

- Prioritized written list of *coping strategies and resources* for use during a suicidal crisis
- Provides a sense of control/framework
- Brief process
- Accomplished via an easy-to-read format using the student’s own words
- Involves a *commitment to the treatment process* (and staying alive)
Who Develops the Plan?

- Collaboratively developed by the clinician and the youth in any clinical setting
- **Youth** who have
  - made a suicide attempt
  - have suicidal ideation
  - have psychiatric disorders that increase suicide risk
  - otherwise been determined to be at high risk for suicide
When is it Appropriate and Not Appropriate?

• Usually follows a suicide risk assessment
• A safety plan may be done at any point during the assessment or the treatment process
• Safety plan may not be appropriate when youth are at **imminent** suicide risk or have **profound** cognitive impairment
• The clinician should adapt the approach to the youth’s needs—such as involving family members in using the safety plan
How is it Done?

- Clinician and youth should sit *side-by side*, use a problem solving approach, and focus on developing the safety plan.
- Safety plan should be completed using a paper form with the youth for written documentation.
- New app available – Safety Net.
### SAMPLE SAFETY PLAN

#### Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. 
2. 
3. 

#### Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
1. 
2. 
3. 

#### Step 3: People and social settings that provide distraction:
1. Name_____________ Phone________
2. Name_____________ Phone________
3. Place_________ 4. Place_________

#### Step 4: People whom I can ask for help:
1. Name_____________ Phone________
2. Name_____________ Phone________
3. Name_____________ Phone________

#### Step 5: Professionals or agencies I can contact during a crisis:
1. Clinician Name_________ Phone________
   Clinician Pager or Emergency Contact #________
2. Clinician Name_________ Phone________
   Clinician Pager or Emergency Contact #________
3. Local Urgent Care Services ________
   Urgent Care Services Address________
   Urgent Care Services Phone________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

#### Step 6: Making the environment safe:
1. 
2. 

*Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008).*

The one thing that is most important to me and worth living for is:

________________________________________________________________________

Step 1: Recognizing Warning Signs

- Safety plan is only useful if youth can recognize the warning signs
- Accurate account of the events that transpired before, during, and after the most recent suicidal crisis
  - “How will you know when the safety plan should be used?”
  - “What do you experience when you start to think about suicide or feel extremely distressed?”
- Write down the warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the youths’ own words
Step 1: Recognizing Warning Signs

Examples

• Thoughts
  - “I am a nobody.”
  - “I am a failure.”
  - “I don’t make a difference.”
  - “I am worthless.”
  - “I can’t cope with my problems.”
  - “Things aren’t going to get better.”

• Images
  - Flashbacks
Step 1: Recognizing Warning Signs
Examples

• Thinking Processes
  - “Having racing thoughts”
  - “Thinking about a whole bunch of problems”

• Mood
  - “Feeling depressed”
  - “Intense worry”
  - “Intense anger”
Step 1: Recognizing Warning Signs

Examples

• Behavior
  - “Crying spells”
  - “Isolating myself”
  - “Using drugs”
Step 2: Using Internal Coping Strategies

• List activities that youth can do without contacting another person
• Activities function as a way to help youth take their minds off their problems and promote meaning in the youth’s life
• Coping strategies prevent suicidal ideation from escalating
Step 2: Using Internal Coping Strategies

- It is useful to try to have youth cope on their own with their suicidal feelings, *even if it is just for a brief time*
  - “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”
Step 2: Using Internal Coping Strategies

- Examples
  - Going for a walk
  - Listening to music
  - Playing an instrument
  - Take a hot shower
  - Walking the dog
Step 2: Using Internal Coping Strategies

• Ask “How likely do you think you would be able to do this step during a time of crisis?”
• Ask “What might stand in the way of you thinking of these activities or doing them if you think of them?”
• Use a collaborative, problem solving approach to address potential roadblocks
Step 3: Socializing with Family Members or Others

• Coach youth to use Step 3 if Step 2 does not resolve the crisis or lower the risk
• Family, friends, and acquaintances who may offer support and distraction from the crisis
Step 3: Socializing with Family Members or Others

• Ask “Who do you enjoy socializing with?”
• Ask “Who helps you take your mind off your problems, at least for a little while?”
• Ask youth to list several people in case they cannot reach the first person on the list
Step 4: Contacting Family Members or Friends for Help

- Coach youth to use Step 4 if Step 3 *does not resolve the crisis* or lower risk
- Ask “How likely would you be willing to contact these individuals?”
- Identify potential obstacles and problem solve ways to overcome them

- **WARNING:** Always include adults on the list!
Step 5: Contacting Professionals and Agencies

• Coach youth to use Step 5 if Step 4 does not resolve the crisis or lower risk
• Ask “Which clinicians should be on your safety plan?”
• Identify potential obstacles and problem solve ways to overcome them
Step 5: Contacting Professionals and Agencies

- List names, numbers, and/or locations of
  - Clinicians
  - Urgent care centers
  - Local Crisis Number
  - National Suicide Prevention Lifeline

1-800-273-TALK (8255)

*(press “1” if veteran)*
Step 6: Reducing the Potential for Use of Lethal Means

• Ask youth what means they would consider using during a suicidal crisis

• Regardless, the clinician should *always ask* whether the student has access to a firearm
Step 6: Reducing the Potential for Use of Lethal Means

• For methods of low lethality, clinicians may ask youth to remove or restrict their access to these methods themselves

  - For example, if youth are considering overdosing, discuss throwing out any unnecessary medication
Step 6: Reducing the Potential for Use of Lethal Means

• For methods of *high lethality*, collaboratively identify ways for a responsible person to secure or limit access

  - For example, if youth are considering shooting themselves, suggest that they ask a trusted family member to store the gun in a secure place
Implementation: What is the Likelihood of Use?

1. Ask: “Where will you keep your safety plan?”
2. Ask: “How likely is it that you will use the Safety Plan when you notice the warning signs that we discussed?”
Implementation: What is the Likelihood of Use?

3. Ask: “What might get in the way or serve as a barrier to your using the safety plan?”

- Help the youth find ways to overcome these barriers

- May be adapted to brief crisis cards, cell phones or other portable electronic devices, must be **readily accessible** and **easy-to-use**.
Implementation: Review the Safety Plan Periodically

• Periodically review, discuss, and possibly revise the safety plan after each time it is used

  - The plan is *not* a static document
  - It should be revised as youth’s circumstances and needs change over time
Safety Planning Resources

• Videos on How to Develop a Safety Plan:
  • [http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/sp/course.htm](http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/sp/course.htm)

• PAYSPI Act 71 Support Page
  • Under “Suicide Prevention Webinars...” (halfway down page)

• FREE Safety Plan Template
Youth Suicide Training Modules - Video Clips Available on www.payspi.org

• Teachers, Caregivers, and Others:
  • Myths
  • Epidemiology
  • Definitions
  • Risk Factors vs. Warning Signs
  • What You Can Do to Help

• Clinical Professionals and Paraprofessionals:
  • Collecting Valid Data
  • Risk Assessment
  • Safety Planning
For more information or to learn how you can prevent youth suicide, please go to:

www.payspi.org
For more information, contact:

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