RISK AND RESILIENCE

Suicide and marginalized youth

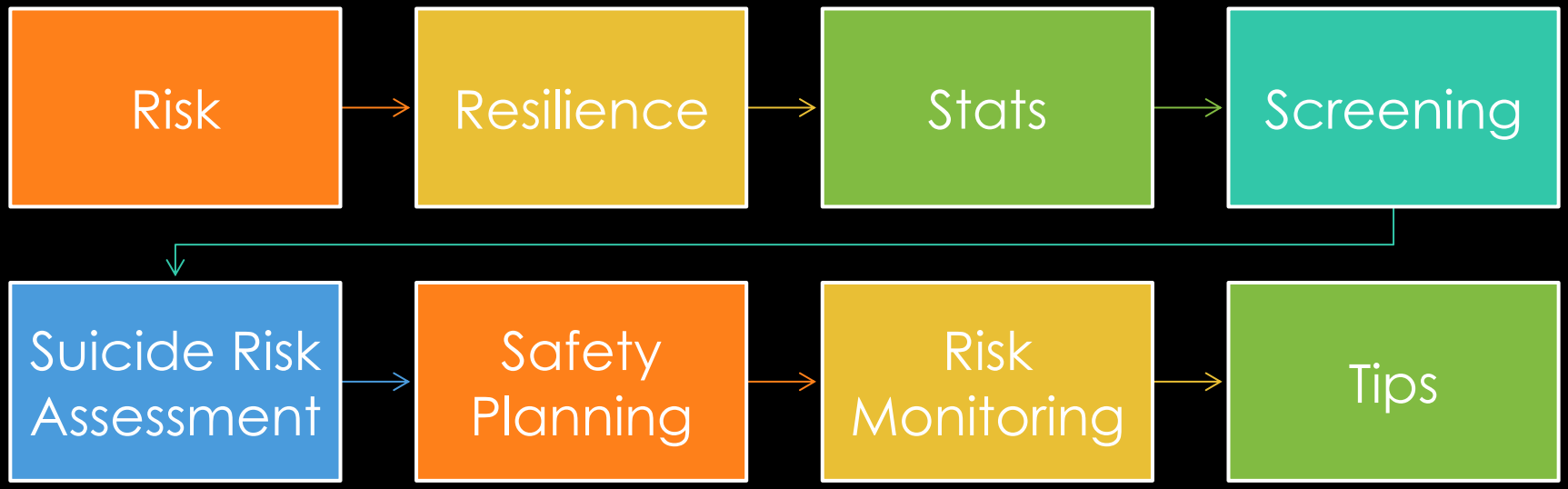
Denver, CO

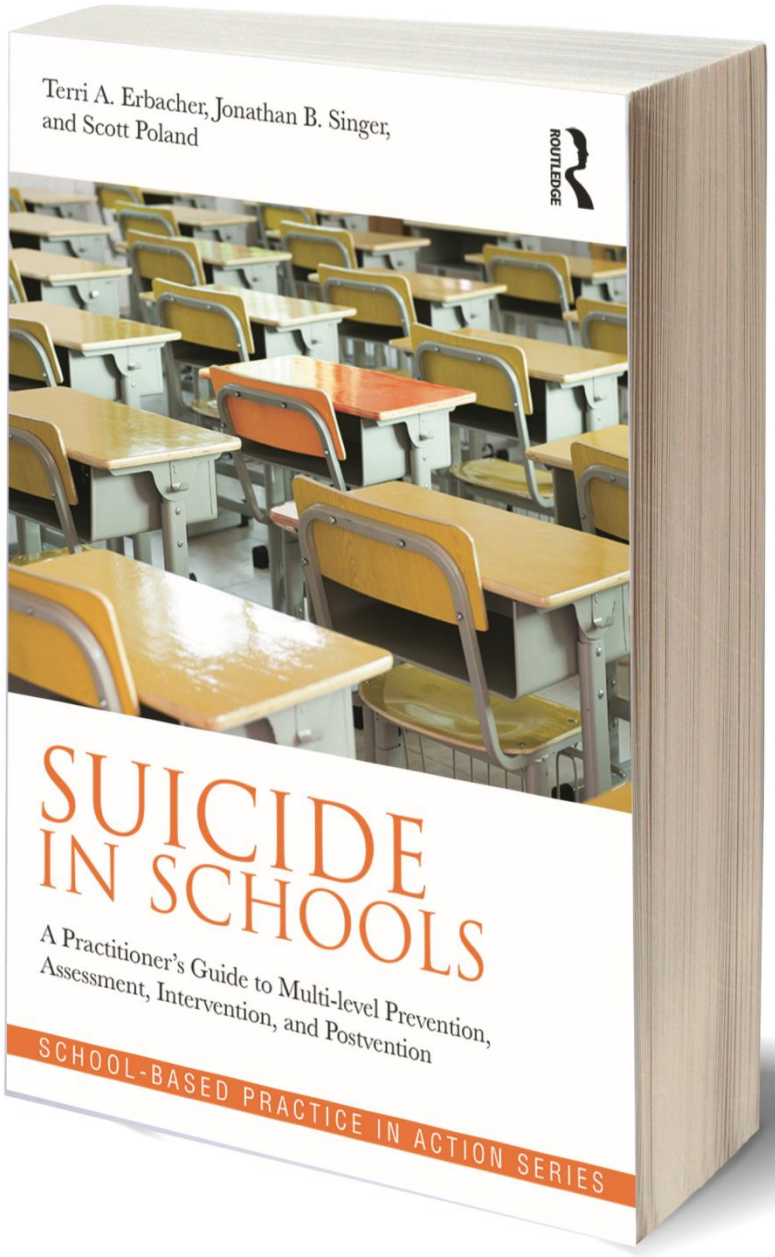
March 15, 2019

ABOUT THESE SLIDES

- This is a slightly modified version of the presentation that Jonathan B. Singer, Ph.D. gave on 3/15/19 in Denver, CO at the Building Resiliency for Suicide & Substance Abuse Prevention conference.

AGENDA


Risk
Resilience
Stats
Screening
Suicide Risk Assessment
Safety Planning
Risk Monitoring
Tips


Terri A. Erbacher, Jonathan B. Singer, and Scott Poland
ROUTLEDGE
SUICIDE IN SCHOOLS
A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention
SCHOOL-BASED PRACTICE IN ACTION SERIES

DEFINITIONS

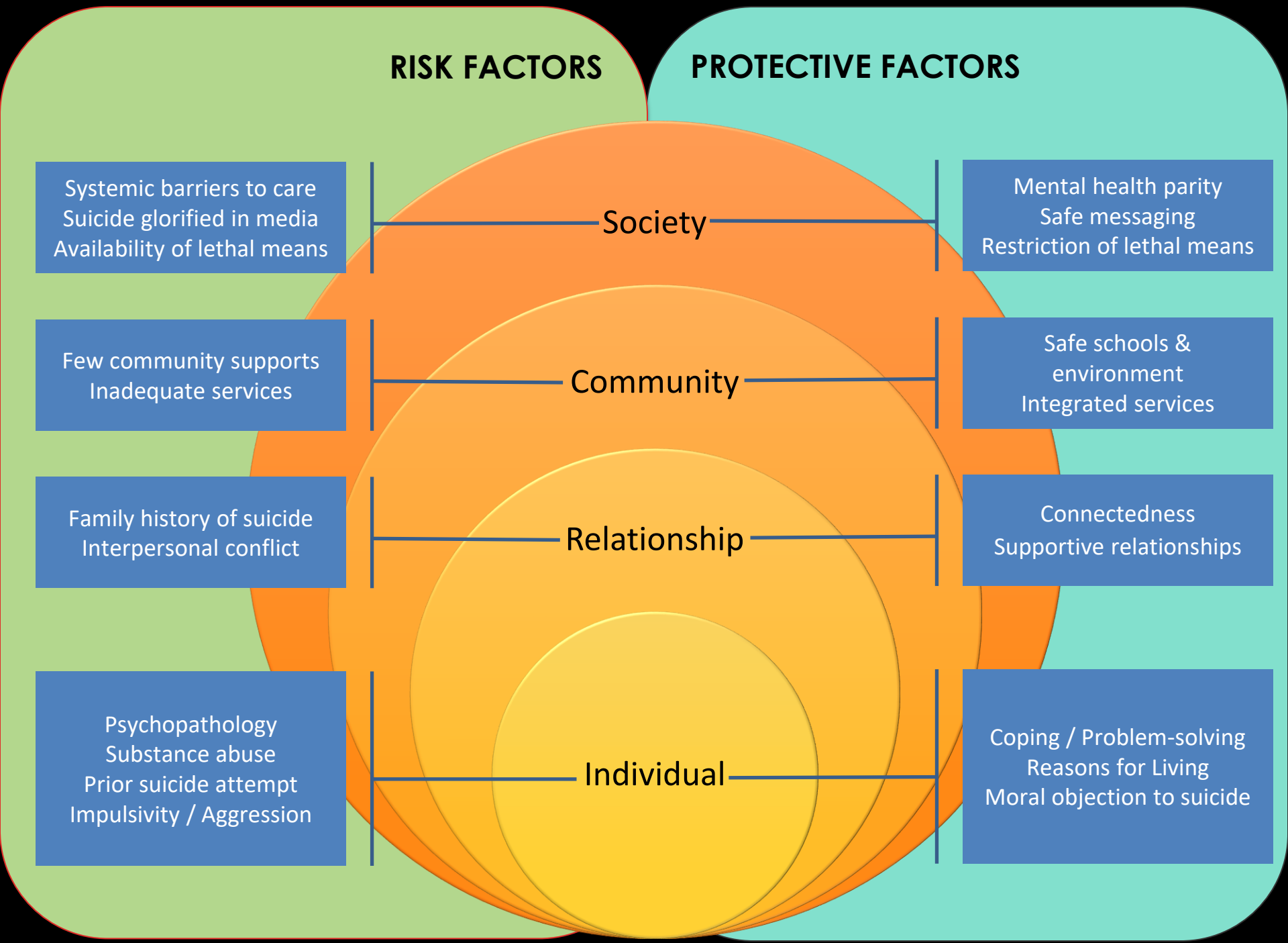
Risk factor: Variables that are more common in youth who die by suicide than youth who do not die by suicide.

Protective factor: Variables that protect from risk.

Warning sign: Immediate (proximal) indicators of risk.

(We're really bad at predicting long-term risk)

Resilience: Performing better than your risk status would suggest.


RISK FACTORS
PROTECTIVE FACTORS
Systemic barriers to care
Suicide glorified in media
Availability of lethal means
Society
Mental health parity
Safe messaging
Restriction of lethal means
Few community supports
Inadequate services
Community
Safe schools & environment
Integrated services
Family history of suicide
Interpersonal conflict
Relationship
Connectedness
Supportive relationships
Psychopathology
Substance abuse
Prior suicide attempt
Impulsivity / Aggression
Individual
Coping / Problem-solving
Reasons for Living
Moral objection to 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 change 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).

RESILIENCE

- In the context of *exposure to significant adversity*, resilience is both the capacity of individuals to **navigate** their way to the psychological, social, cultural, and physical resources that sustain their well being, and their capacity individually and collectively to **negotiate** for these resources to be provided and experienced in culturally meaningful ways.

  Michael Ungar (2013)

RESILIENCE AND SUICIDE

- Parental support
  - Sexual abuse, depressive symptoms, peer victimization
  - Not, eating disorder symptoms, homophobic teasing
- Family functioning
  - Specific family factors such as communication skills and level of conflict
- School environment
  - School climate and presence of caring, supportive adults at school
- Friends and peers: not so much

Gallagher & Miller (2018)

LATINA YOUTH

Intersectionality: gender, ethnicity, suicide

- Familism: family cohesion & loyalty
- Mutuality: empathic and empowering relationships

- Latina youth who attempted suicide were more likely to experience sexual violence, not know about their mother's history of gender-based violence, and not know why their parents set rules.

Szlyk et al (2018)

ELEMENTARY YOUTH

- Sheftall and colleagues (2016) reviewed 693 suicide deaths for youth 5 – 14, comparing 5 – 11 with 12 – 14.
  - children who died by suicide were more commonly male, black, died by hanging/strangulation/suffocation, died at home, and experienced relationship problems with family members and friends
  - Among 5 – 11 year old decedents the most common diagnosis was ADHD (59.3%). Among 12 – 14 major depression / persistent depressive disorder was most common.
  - 29% of decedents disclosed suicide intent prior to their death

SGMY

- 58% felt unsafe at school because of their sexual orientation, 43% because of their gender expression

- 60% were sexually assaulted, 13% were physically assaulted
- 56% heard homophobic remarks from teachers / school staff 64% heard transphobic remarks.

2015 GLSEN National School Climate Survey

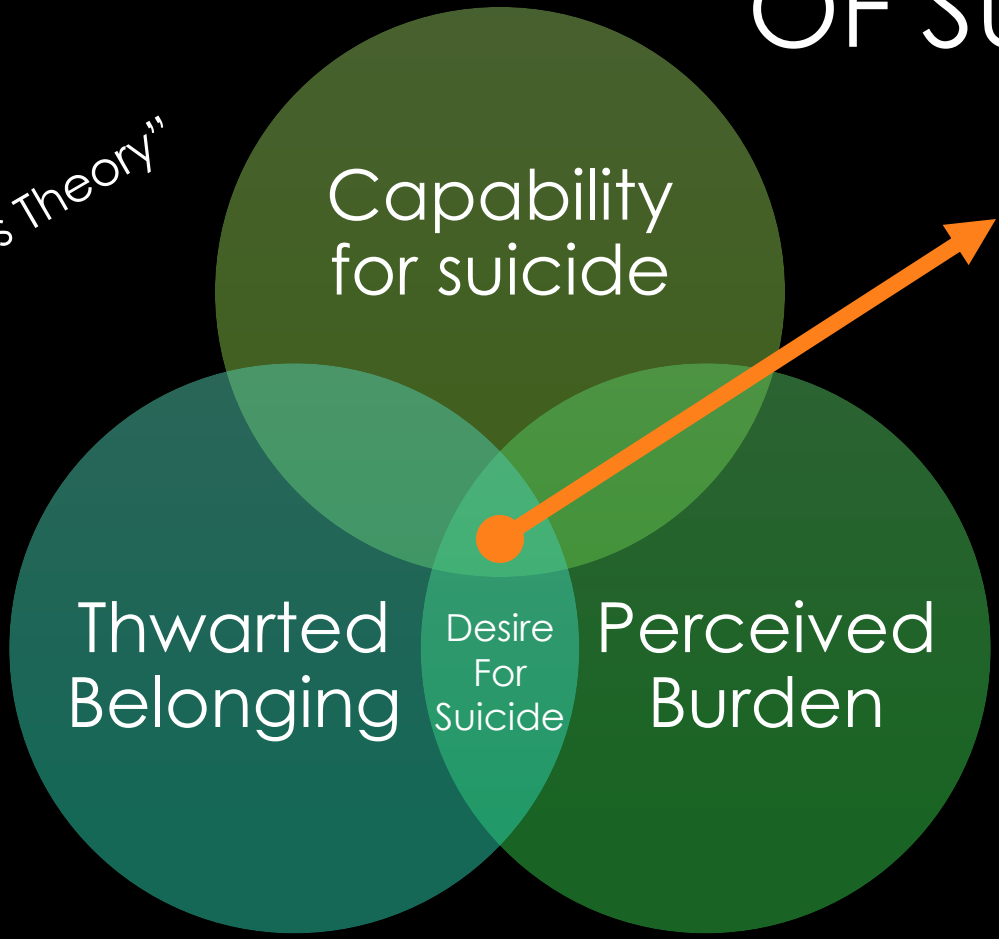
- First suicide attempt prior to coming out
- Presence of GSA reduces suicide attempts in SGMY (Davis, 2014)

When we repeatedly and pointedly deploy the narrative of the suicidal LGBTQ youth *AND* we ignore the positive aspects of being queer, we offer queer youth a script that suggests that they should expect an unhappy and dangerous life.

Adapted from Bryan and Mayock (2016)

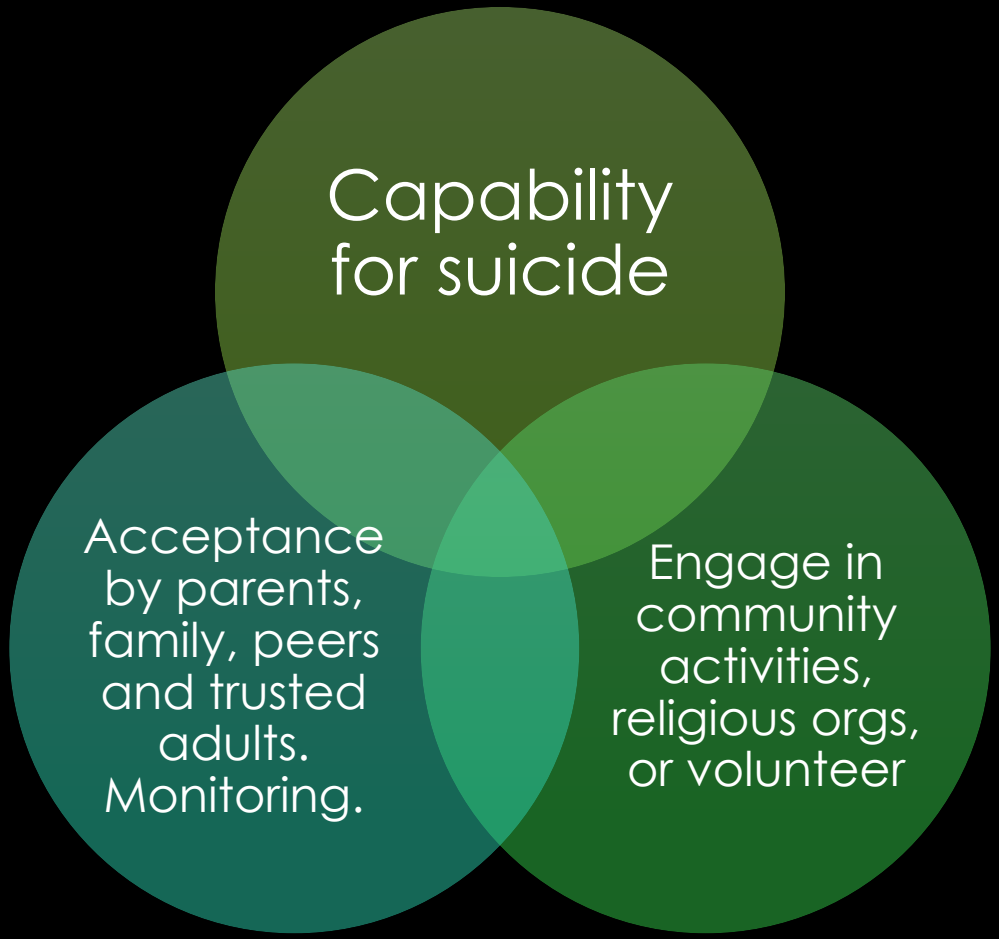
INTERPERSONAL THEORY OF SUICIDE

aka " Joiner's Theory"



Source: Van Orden et al (2010) Interpersonal Theory of Suicide

RESILIENCE AND IPTS



Source: Van Orden et al (2010) Interpersonal Theory of Suicide

Craig Miller
"How it Feels"

"When I was a kid, I was being molested by a guy in the neighborhood. It would happen under our house. I could hear my parents walking right above me, but I was too scared to scream. The neighborhood kids bullied me because I was being molested. None of the adults knew, but all of the kids knew."

Craig Miller
"How it Feels"

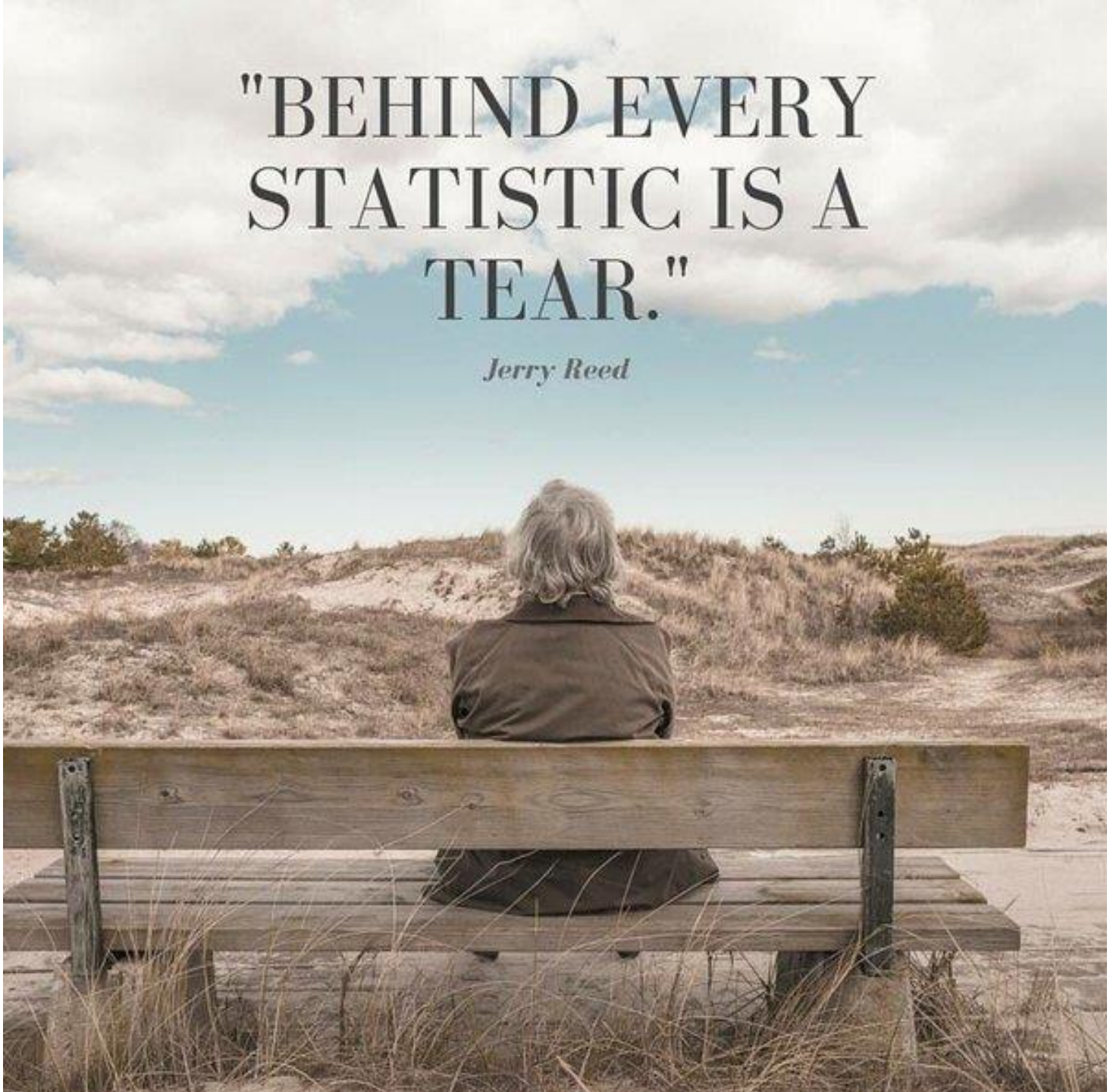
"At 15, I reached out to a friend and I told him I was suicidal. My mom brought me to a psychiatrist, I told him I needed help and he diagnosed me with OCD and sent me away. It was not helpful."

Craig Miller
"How it Feels"

"As a 42-year-old, I can look back on my life and see that there were some days that I was molested and bullied. But I can also see that there were some day that I wasn't. As a 15-year-old, depression kept me from being able to see that; I could only see the molestation and bullying. 'Now' is the tiny narrow spot you live in when you have depression. "

Craig Miller
"How it Feels"

"The question, "do you want to kill yourself" is a good question, but the answer "no" could mean that I was one inch away from wanting to die. It wasn't until I was laying in the hospital bed that my brother asked me, 'do you want to live?' I wasn't sure. We talked and cried and he asked me, "Craig, what do you want to live for?"


"BEHIND EVERY STATISTIC IS A TEAR."
Jerry Reed

YOUTH SUICIDE STATISTICS: USA 2017

Suicide is the **2nd** leading cause of death

In 2017 **6,774** 0 – 24 suicides (104,271,847)

For every suicide **1,112** attempt

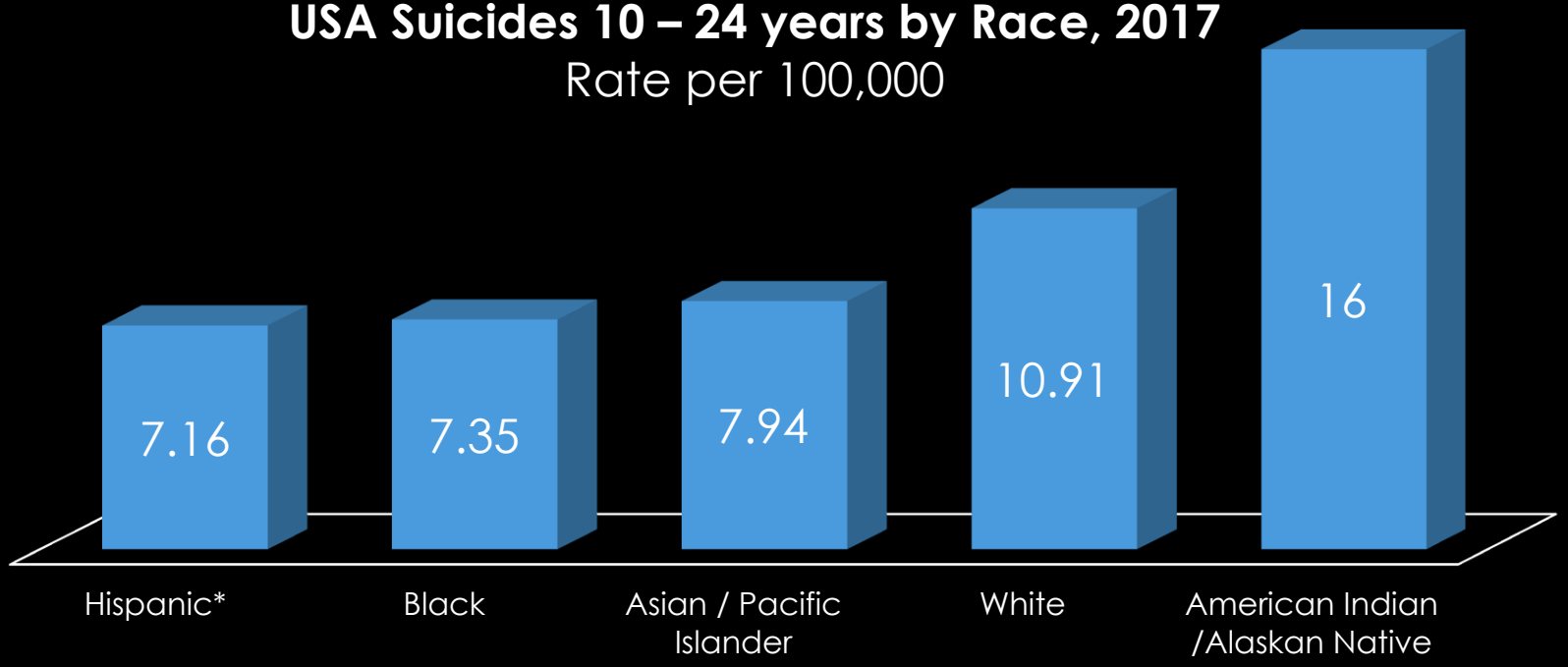
Approximately **17%** seriously consider suicide

- The 2017 suicide rate was **10.22 per 100,000** youth 10-24 years.
- Among youth, there are **19** suicides, **21,140** attempts, **49,000** serious ideators per day.
- Top 3 methods of youth suicide are firearms **45%**, suffocation **40%**, and poisoning **8%**.
- Males die by suicide **4x** more often than females.
- Rural youth are **2x** more likely to die by suicide than urban youth.
- Youth suicide statistics are underreported.

Sources: CDC, 2019; American Foundation for Suicide Prevention; *Suicide in Schools* (Erbacher, Singer & Poland, 2015)

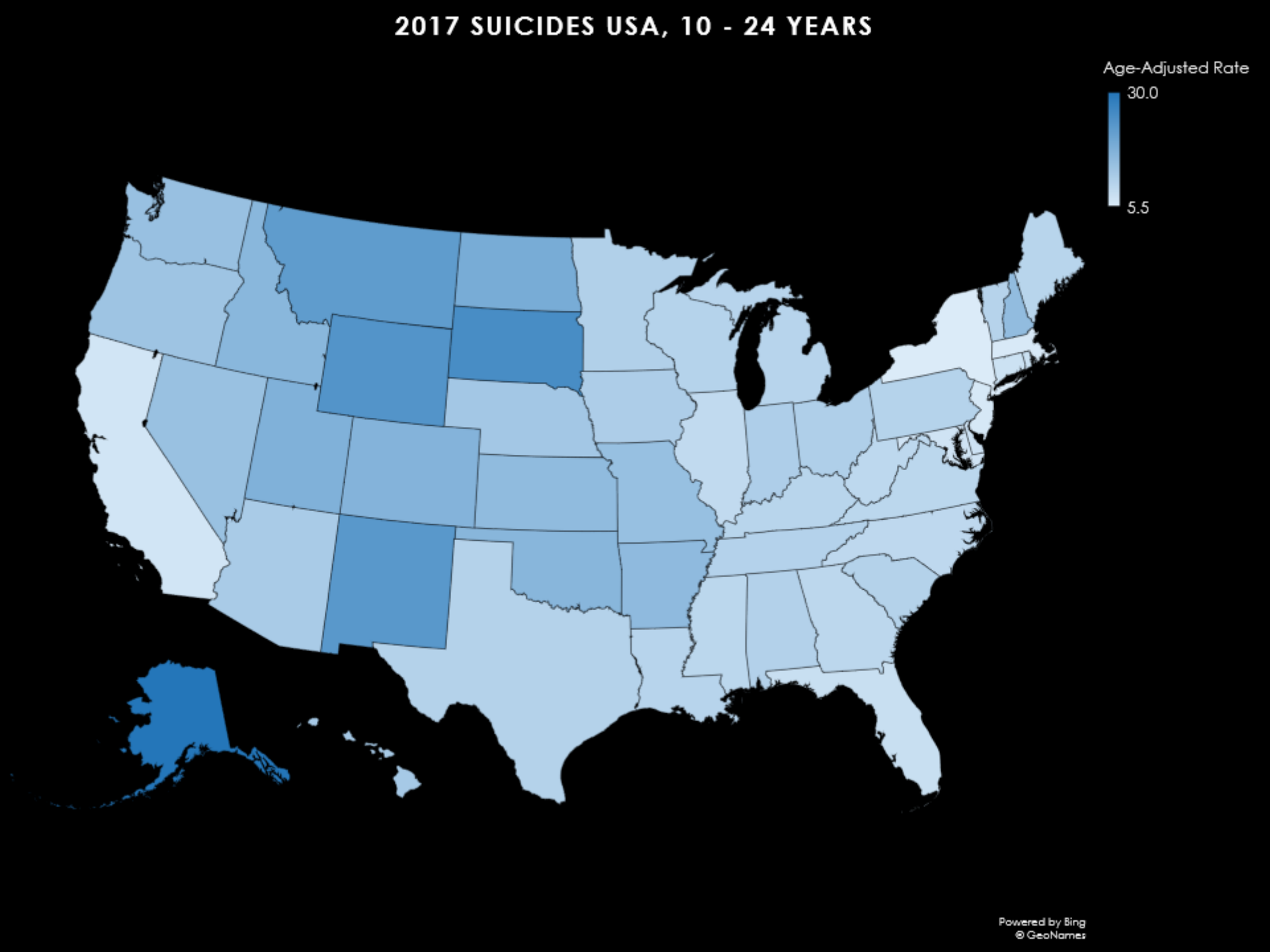
Myth: Suicide is a "white people" problem.

Fact: Suicide kills people of all races & ethnicities.

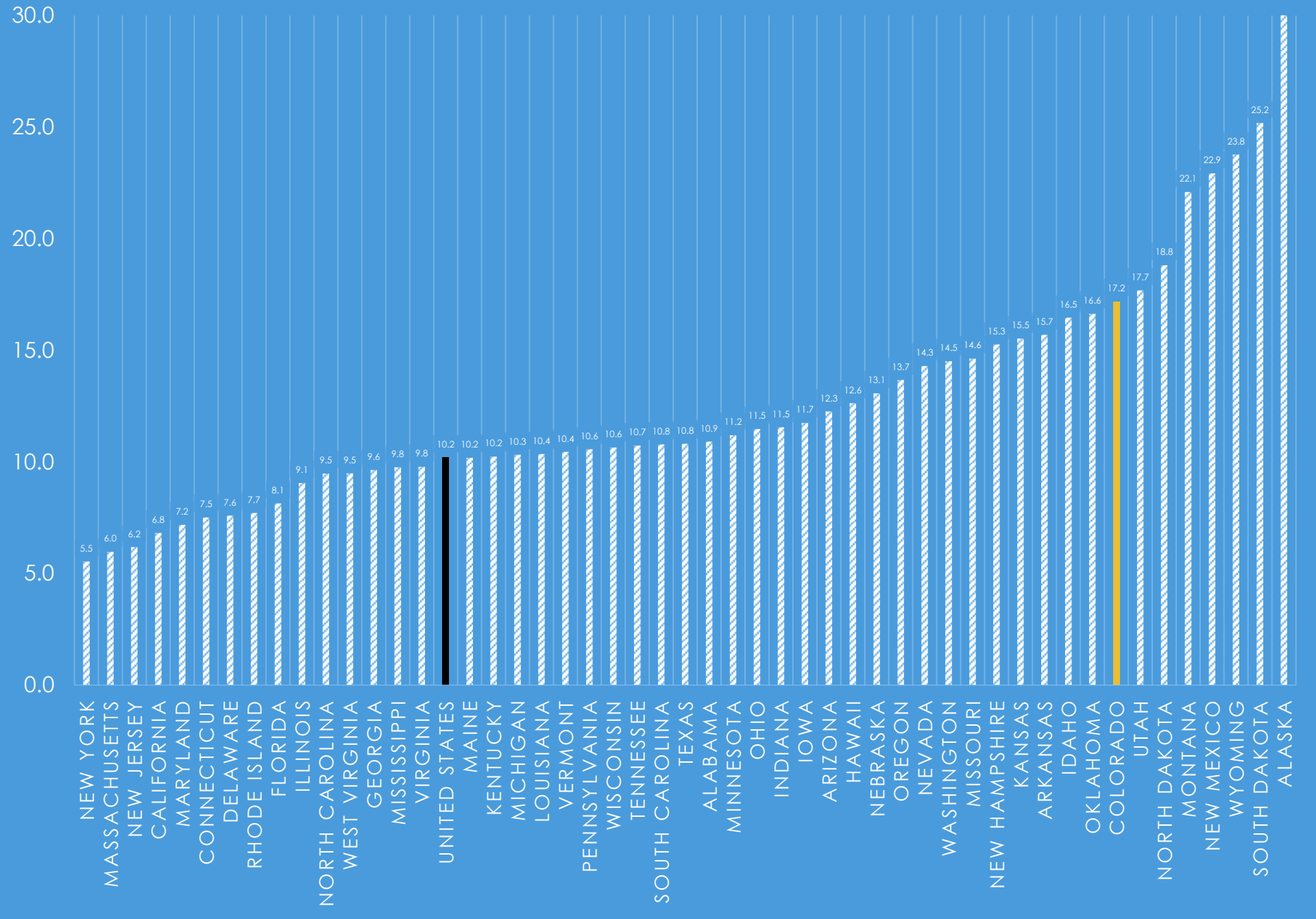


Source: Centers for Disease Control Injury Control Reports (2017) WISQARS. Accessed on March 3, 2019
ICD-10 Codes: X60-X84, Y87.0,*U03

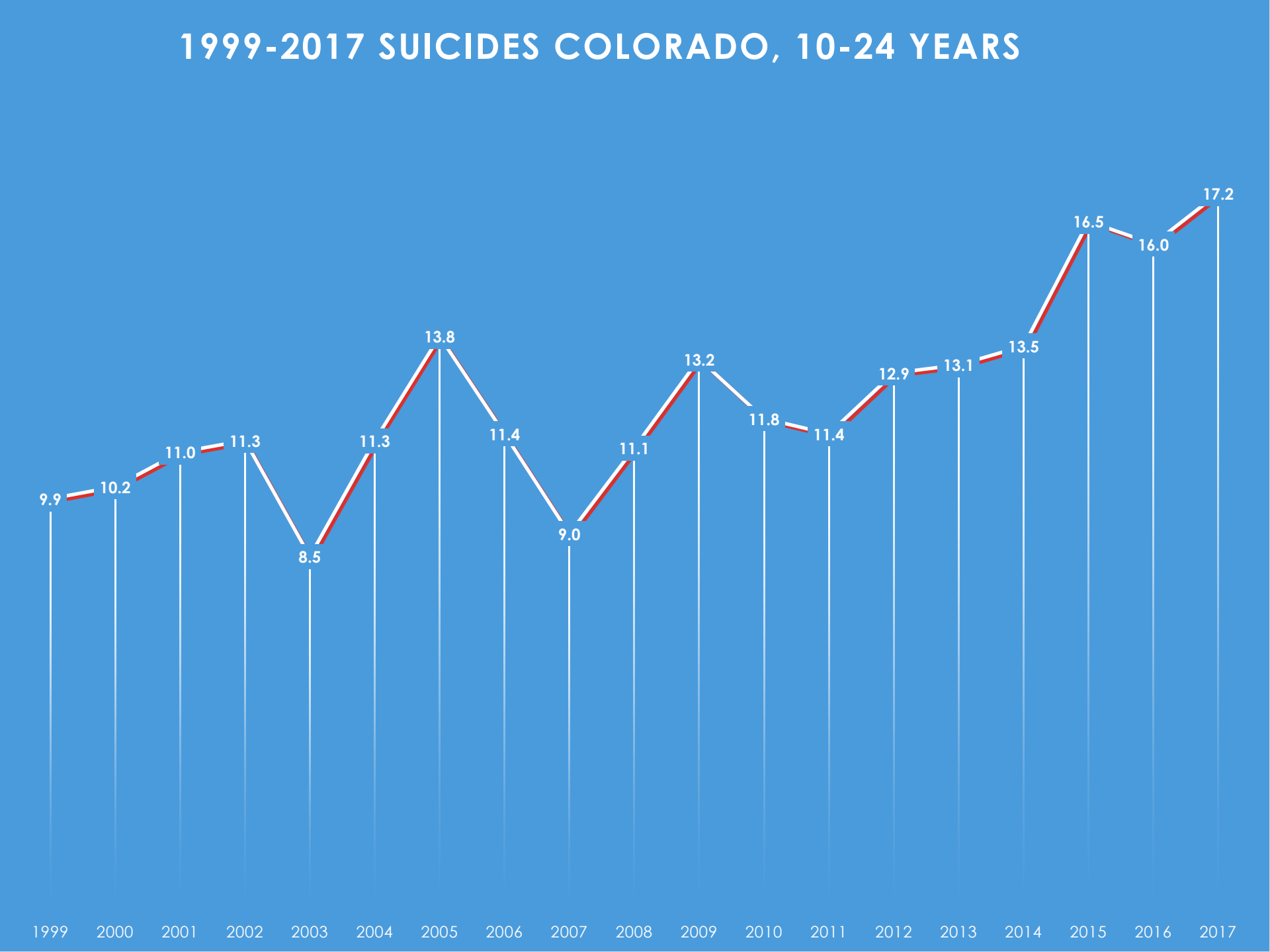
2017 SUICIDES USA, 10 - 24 YEARS



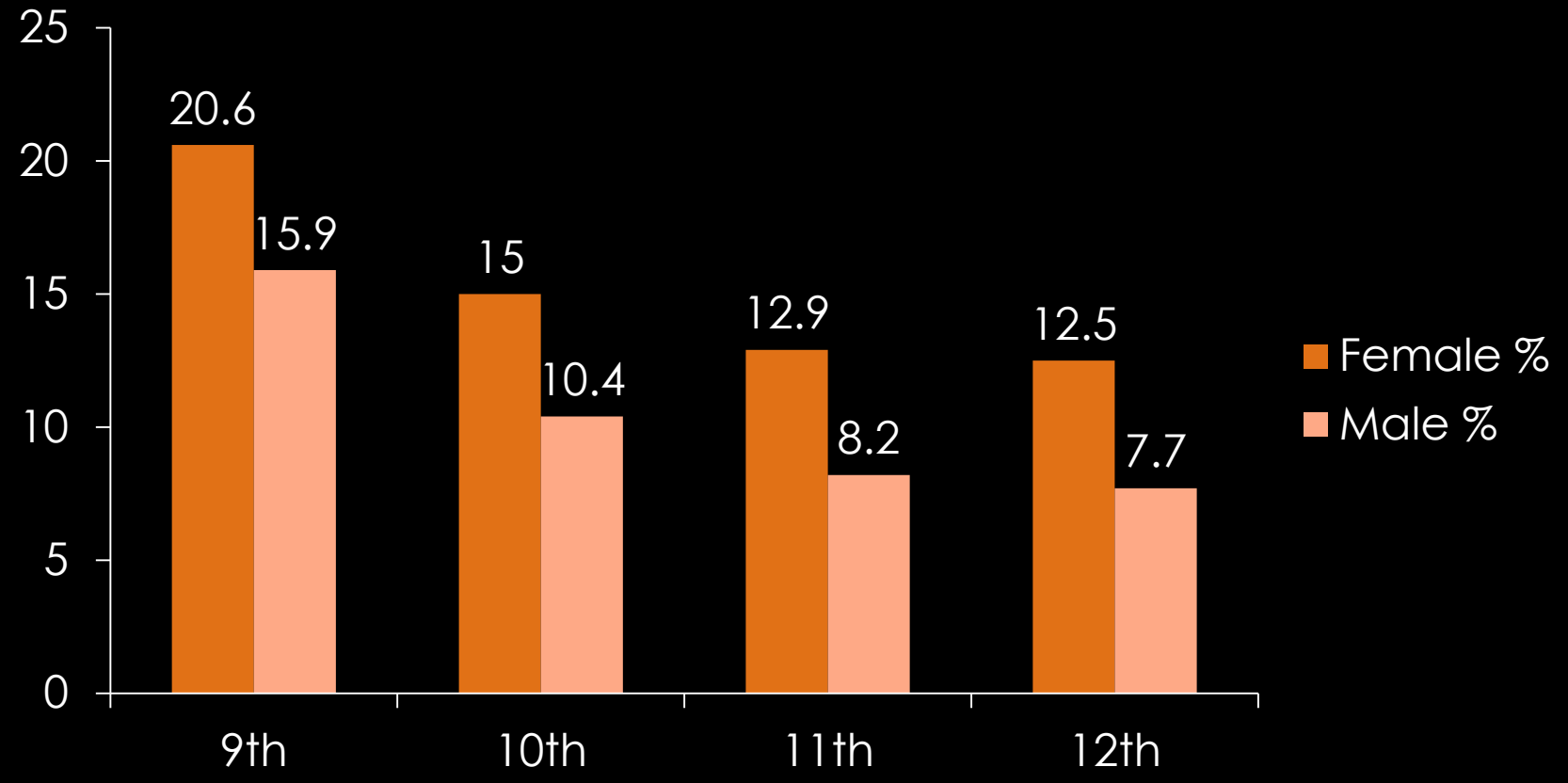
2017 SUICIDES USA, 10 - 24 YEARS



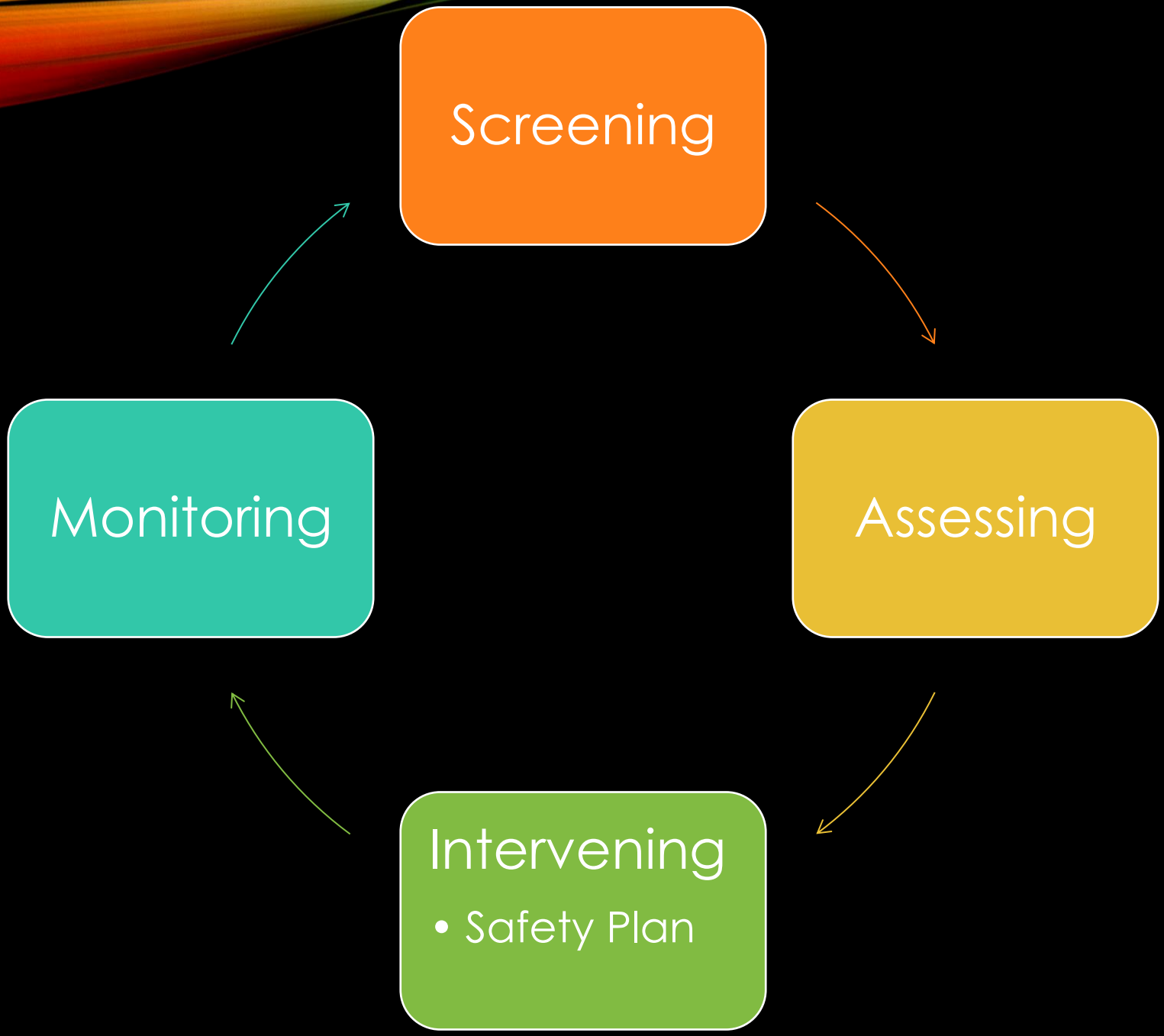
1999-2017 SUICIDES COLORADO, 10-24 YEARS



MADE A PLAN (COLORADO)



ASSESSMENT AND INTERVENTION


Screening
Assessing
Intervening
• Safety Plan
Monitoring

SCREENING

SCREENING QUESTIONS

1. Have you wished you were dead?
2. Have you felt that you , your friends, or your family would be better off if you were dead?
3. Have you had thoughts about killing yourself?
4. Have you tried to kill yourself?
5. Do you have a plan to kill yourself?

(Erbacher, Singer & Poland, 2015)

Youth Suicide Risk Screening Form

Student name _____ Date of screen _____

	Past 24 hours	Past week	Past Month
1. Have you wished you were dead?	❑	❑	❑
2. Have you felt that you, your friends, or your family would be better off if you were dead?	❑	❑	❑
3. Have you had thoughts about killing yourself?	❑	❑	❑
4. Have you tried to kill yourself? ❑ No ❑ Yes	❑	❑	❑
a. If yes, how?			
b. If yes, when and where?			
c. Did you stop yourself, or did someone stop you?			
d. How do you feel now that they stopped you?			
5. Do you plan to kill yourself? ❑ No ❑ Yes			
a. If yes, how, when, and where?			

If student checks "past 24 hours" or "past week" to any question, reports a suicide attempt at any time, or checks "yes" to question 5, a full suicide risk assessment **must** be conducted for safety. This may be done by school-based mental health staff or by referral based on school district policy.

Parents contacted? ❑ Yes ❑ No
Full assessment completed by school staff? ❑ Yes ❑ No
Outside referral for assessment made? ❑ Yes ❑ No

Referred to: _____ Phone: _____
Email: _____

_____ _____
Screener name and credentials Date

Adapted from the Ask Suicide-Screening Questions form (ASQ; Horowitz, 2012), the Columbia Suicide Severity Rating Scale (C-SSRS; Posner, 2009) and the Suicide Ideation Questionnaire-JR (SIQ-JR; Reynolds, 1997).

ASSESSMENT

1. Ideation
2. Intent
3. Plan
4. Strengths & Resources
5. Risk factors
6. Presentation
7. Assessment of school / parents
8. Actions / Recommendations

Youth Suicide Risk Assessment Form

Student name _____ Date of assessment _____

Referral source (name / title): _____
Assessed by (name / title): _____
Reason for referral:

Student description of problem (use student's words):

I. IDEATION

Does the student report thoughts of suicide? ❑ Yes ❑ No

Timeframe:

Right now ❑ Yes ❑ No
Past 24 hours ❑ Yes ❑ No
Past week ❑ Yes ❑ No
Past month ❑ Yes ❑ No
Past year / lifetime ❑ Yes ❑ No

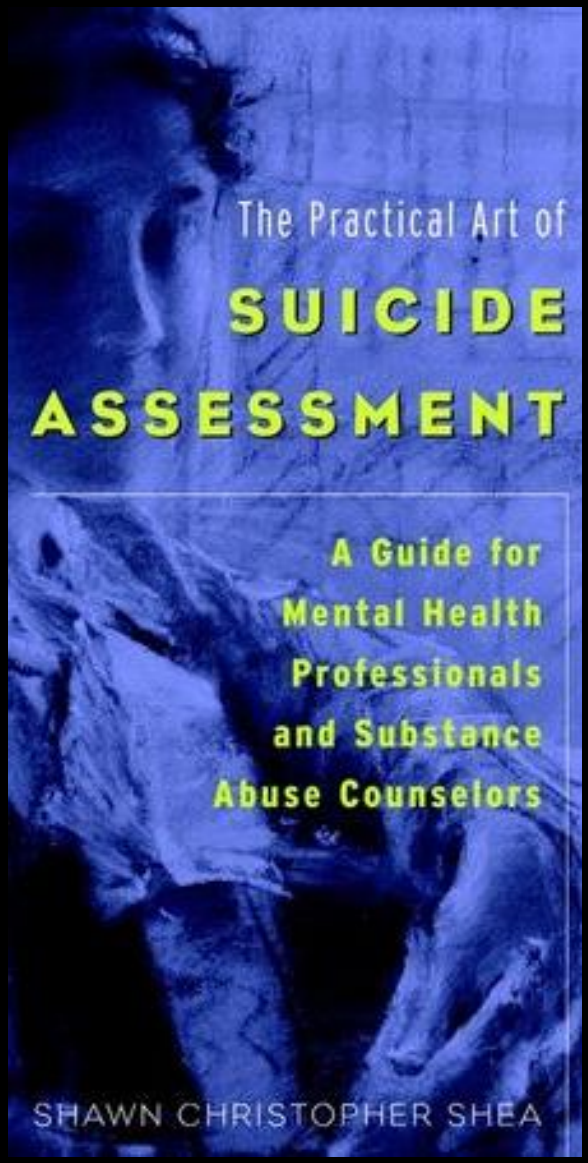
When does the student first remember having thoughts of suicide? _____
Describe ideation in student's words:

Frequency (every minute / hourly / daily / weekly): _____
Duration (a few seconds / minutes / hours / days): _____
Intensity (not disruptive → completely disruptive): _____
Location (where the ideation occurs): _____

What stops or interrupts the ideation? When and where is it **not** present?

ELICITING SUICIDAL IDEATION

- Shawn Shea (2002) has identified six techniques for eliciting suicidal ideation that are intuitive and can be used regardless of the age of your client and regardless of the issue at hand.
- These techniques were designed to elicit sensitive information, e.g. drug use, sexual assault, food addiction as well as suicidal ideation and attempts.



VALIDITY TECHNIQUES

- Shame Attenuation
- Normalization
- Behavioral Incident
- Gentle Assumption
- Symptom Amplification
- Denial of the Specific

ASSESSMENT

1. Ideation
2. Intent
3. Plan
4. Strengths & Resources
5. Risk factors
6. Presentation
7. Assessment of school / parents
8. Actions / Recommendations

IV. STRENGTHS AND RESOURCES

What are the student's **reasons for living**?

What **family member** or adult does the student identify as a support?

What **friends / peers** does the student identify as supports (online or offline)

What is the student good at / likes to do / enjoys doing? What does the student look forward to doing?

V. RISK FACTORS (check all that apply)

- ❑ Prior suicide attempt
- ❑ Failing a grade / repeating a grade
- ❑ Suspended from school
- ❑ Recent humiliation in front of peers
- ❑ Recent suicide death of friend / family
- ❑ Victim of intimate partner violence
- ❑ Sleep disturbance / insomnia
- ❑ Depression / bipolar depression
- ❑ Perceived burden to others
- ❑ Other _____
- ❑ Gun in the home
- ❑ Dissatisfied with grades
- ❑ Disciplinary crisis
- ❑ Socially isolated
- ❑ General dislike of school
- ❑ Sexual abuse
- ❑ Victim of (cyber) bullying
- ❑ Perpetrator of (cyber) bullying
- ❑ Self-injurious behavior (NSSI; cutting, etc.)
- ❑ Chronic illness
- ❑ Conflict with staff
- ❑ Conduct disorder
- ❑ Anxiety
- ❑ Stressful events
- ❑ Physical abuse
- ❑ Substance abuse
- ❑ PTSD
- ❑ Legal involvement

VI. PRESENTATION AT TIME OF ASSESSMENT (Check all that apply)

Emotional state

- ❑ Numb
- ❑ Irritable
- ❑ Other _____
- ❑ Depressed
- ❑ Angry
- ❑ Anxious
- ❑ Scared

Cognitive state

- ❑ Hopeless about future
- ❑ Rigid thinking
- ❑ Auditory, visual, tactile hallucinations
- ❑ Poor judgment
- ❑ Blaming self
- ❑ Poverty of speech
- ❑ Poor insight
- ❑ Other _____
- ❑ Blaming others
- ❑ Confused
- ❑ Unrealistic

Behavioral state

- ❑ Lethargic
- ❑ Abnormal movements
- ❑ Other _____
- ❑ Agitated
- ❑ Threatening
- ❑ Impulsive
- ❑ Risk-taking

SAFETY PLAN

1. Think of the most recent crisis
2. What thoughts and behaviors let you and others know you were in crisis?
3. What can you do on your own to distract yourself? What do you like to do? What have you done in the past?
4. Who can help distract you?
5. Plan: List your coping strategies from above, starting with the most enjoyable.
    - I agree to remove access to things that I could use to harm / hurt / kill myself
6. Emergency numbers: If things get worse after using the above coping strategies, I will call: [ED / Therapist / trusted adult]

Safety Plan

Think of the most recent suicidal crisis. Write a one to two sentence description of what triggered the suicidal crisis.

Triggers

-
-

Suicidal thoughts and behaviors: What are the thoughts, emotions, or behaviors that let you (and those around you) know that you were in crisis?

Suicidal Thoughts Behaviors

-
-

Internal coping: What can you do on your own to distract yourself from suicidal thoughts? What do you like to do? What have you done in the past?

Internal Coping

-
-
-

External coping: Who can help distract you from your suicidal thoughts?

External Coping

-
-
-

Plan: List your coping strategies from above, starting with the most enjoyable.

Safety Plan

-
-
-
-
-

❑ I agree to remove lethal means from the house _____ (initials)

Emergency numbers I will call in the event that my suicidal thoughts continue or get worse after using the coping strategies listed above:

People to call

- Safe and trusted adult: _____
- School personnel: _____
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- 911

If no one is available and I have tried all of the coping strategies listed above, and still I believe I might do something to end my life, I will go to the emergency room _____ or call 911.

By signing below I agree that I have been part of the creation of this safety plan and that I intend to use it when I am having thoughts of suicide. I realize that my signature below does not make this a legal contract, but rather a plan for my continued well-being and happiness.

Student	Signature	Date
School Personnel / Credential	Signature	Date
Supervisor/Administrator / Credential	Signature	Date
Parent / Guardian	Signature	Date

MONITORING

- Students who have previously been assessed and found to have low, moderate, or high suicide risk need to be monitored regularly for changes in suicide risk.
  - Screening for suicide risk is redundant – we know the kid is at some risk.
  - Detailed suicide risk assessment is too time-consuming and would detract from the important task of therapy.
- We developed a Suicide Risk Monitoring tool that:
  - Captures ideation, intent, plan, warning signs, protective factors, mood & cognition.
  - Can be administered or used as a self-report
  - Takes a few minutes to complete & can be repeated at every session
  - Can visually track changes in risk.

MONITORING

1. Questions are rated on a 5-point scale
2. Warning signs address burdensomeness, hopelessness, depression, disconnection, and triggers.
3. Protective factors include reasons for living, and support people.

Suicide Risk Monitoring Tool – Middle/High School Version

Student name _____ Date _____

Completed by (name / title): _____

I. IDEATION

Are you having thoughts of suicide?	❑ Yes	❑ No
Right now	❑ Yes	❑ No
Past 24 hours	❑ Yes	❑ No
Past week	❑ Yes	❑ No
Past month	❑ Yes	❑ No

Please circle / check the most accurate response:

How often do you have these thoughts? (Frequency): less than weekly / weekly / daily / hourly / every minute

How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more

How disruptive are these thoughts to your life (Intensity): not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

II. INTENT

How much do you want to **die**? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

How much do you want to **live**? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

III. PLAN

Do you have a plan?	❑ Yes	❑ No	
Have you written a suicide note?	❑ Yes	❑ No	
Have you identified a method?	❑ Yes	❑ No	
Do you have access to the method?	❑ Yes	❑ No	❑ N/A
Have you identified when & where you'd carry out this plan?	❑ Yes	❑ No	❑ N/A
Have you made a recent attempt?	❑ Yes	❑ No	

If so, When / How / Where? _____

IV. WARNING SIGNS

How hopeless do you feel that things will get better? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

How much do you feel like a burden to others? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

How depressed, sad or down do you currently feel? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

How disconnected do you feel from others? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

Is there a particular trigger/stressor for you? If so, what? _____

Has it improved? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING *(things good at / like to do / enjoy / other)*	SUPPORTIVE PEOPLE *(family / adults / friends / peers)*

What could change about your life that would make you no longer want to die?

MONITORING

- The back provides instructions, reviews levels of risk, and provides documentation of actions / recommendations.

FOR THE CLINICIAN – SUMMARY PAGE
MIDDLE SCHOOL / HIGH SCHOOL STUDENTS

Purpose: This tool is meant to be a suicide risk management screening. It is not a comprehensive suicide risk assessment measure. At times, we must monitor ongoing suicidality of students who have already been assessed either by you, an outside mental health professional or in a hospital setting. Clinicians working with suicidal students often report being unsure when a student may need re-hospitalization or further intervention and when levels of suicidality are remaining relatively stable for that *individual* student. Monitoring suicidality and managing risk over time is the purpose of this form.

We have created two versions of this tool as older middle school and high school students are better able to identify responses when provided with more choices than elementary and early middle school students. With older middle school and high school students, complete this form with them the first time, explaining each area and ensuring they understand how to complete it. During subsequent sessions, they can complete the form independently, followed by a collaborative discussion of risk and treatment planning.

As you know your student best, we have created within this form a place to document the particular triggers or stressors for this individual. This will allow you to monitor and track their unique stressors over time.

V. LEVEL OF CURRENT RISK:

Recommendations for further treatment and management of suicide risk should be a direct result of the ratings of risk as identified below in collaboration with your school district procedure. In all cases, parents should be notified to inform them you met with their child.

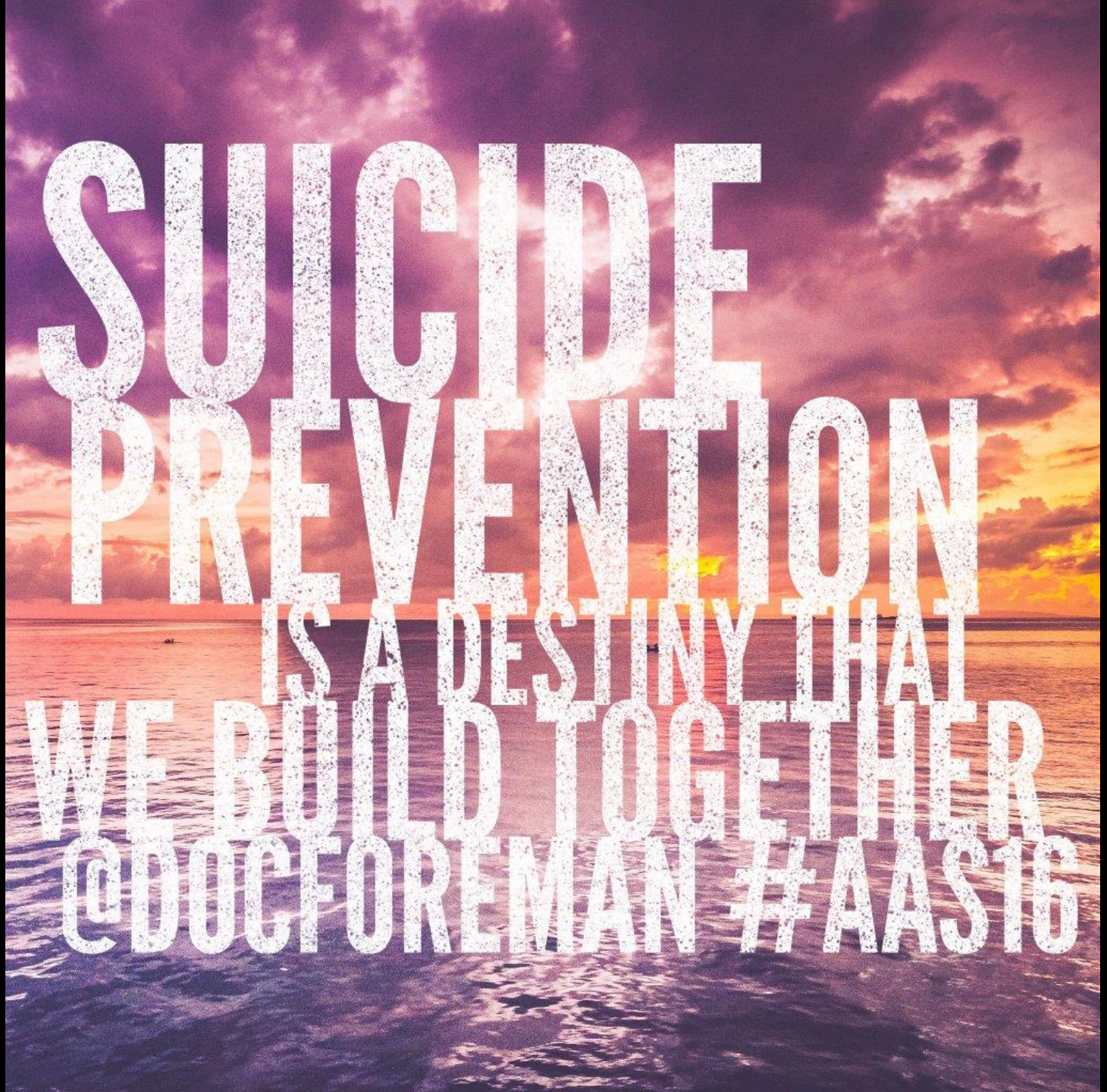
Student meets criteria for low / moderate / high suicide risk based on the following information (If a student falls between levels, err on the side of caution and assume higher risk category):

1. **Low risk:** None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e. intent), has no specific plan, exhibits few risk factors and has identifiable protective factors.
2. **Moderate risk:** Reports frequent suicidal ideation with limited intensity and duration; has some specific plans to die by suicide, but no reported intent. Demonstrates some risk factors, but is able to identify reasons for living and other protective factors.
3. **High risk:** Reports frequent, intense, and enduring suicidal ideation. Has written suicide note or reports specific plans, including choice of lethal methods and availability / accessibility of the method. Student presents with multiple risk factors and identifies few if any protective factors.

VI. ACTIONS TAKEN / RECOMMENDATIONS:

Parent/guardian contacted?	❑ Yes	❑ No
Released to parent/guardian?	❑ Yes	❑ No
Referrals provided to parent?	❑ Yes	❑ No
Safety plan developed?	❑ Yes	❑ No
Recommending removal of method/means?	❑ Yes	❑ No
If currently in treatment, contact made with therapist/psychiatrist?	❑ Yes	❑ No
Outpatient therapy recommended?	❑ Yes	❑ No
Recommending 24-hour supervision?	❑ Yes	❑ No
Hospitalization recommended?	❑ Yes	❑ No

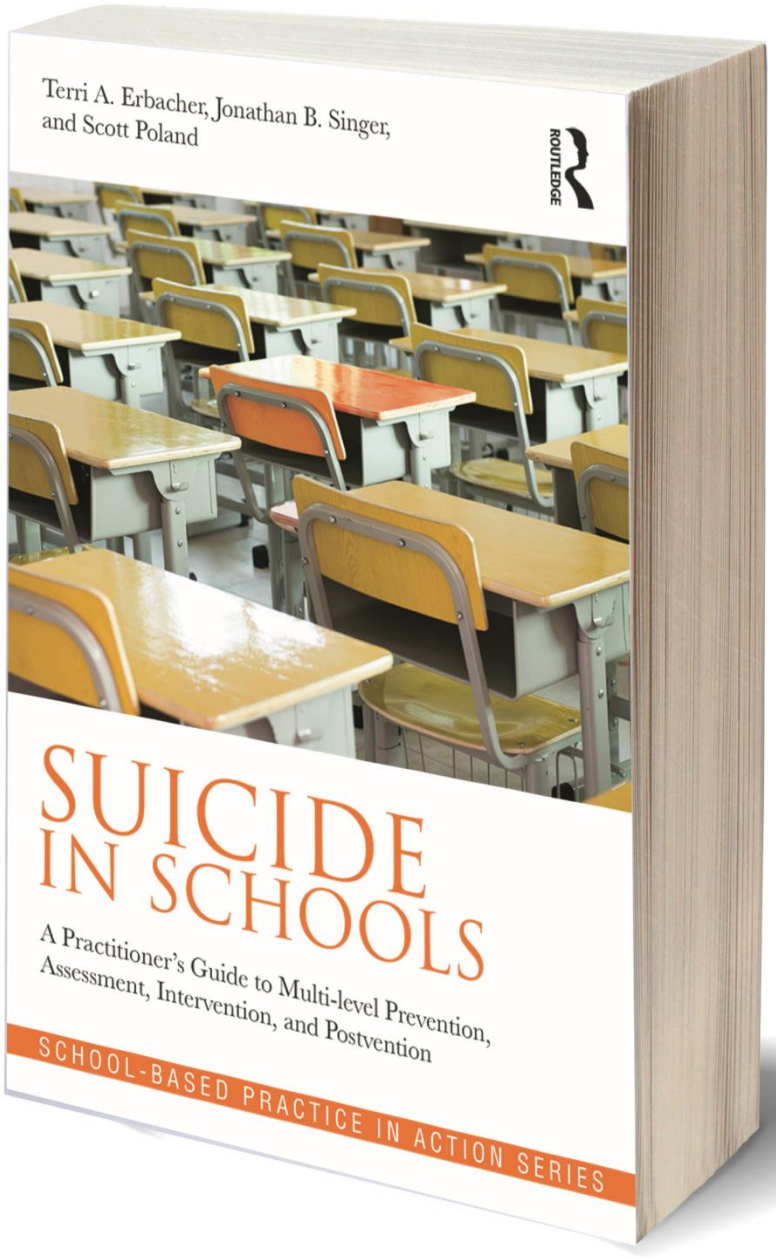
Other? Please describe:


SUICIDE
PREVENTION
IS A DESTINY THAT
WE BUILD TOGETHER
@DOCFOREMAN #AAS16

TO LEARN MORE

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York: Routledge.

eResources for the book can be found at the Routledge Press website: https://www.routledge.com/Suicide-in-Schools-A-Practitioners-Guide-to-Multi-level-Prevention-Assessment/Erbacher-Singer-Poland-Mennuti-Christner/p/book/9780415857031



THANK YOU!

Jonathan B. Singer, Ph.D., LCSW
Loyola University Chicago

Social Work Podcast
@socworkpodcast

Photo: Michael Cho | Unsplash.com