

**Understanding & Treating Self-Injurious Thoughts & Behaviors in Youth**

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**Self-Injurious Thoughts and Behaviors**

Suicide Ideation/Plans

Suicide Attempts                      Nonsuicidal Self-Injury

Suicide Death

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**Suicide is a leading cause of death worldwide.**

> 800,000 suicide deaths per year worldwide.

~16,000,000 suicide attempts per year

~154,000,000 thinking about suicide per year

CDC (2021); Corso et al., 2007; Shepard et al., 2016; WHO (2018)

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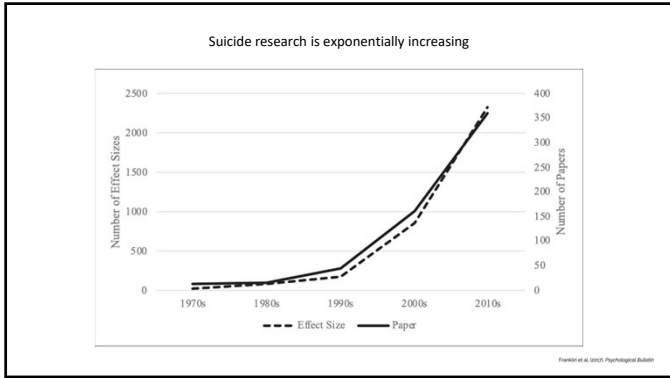
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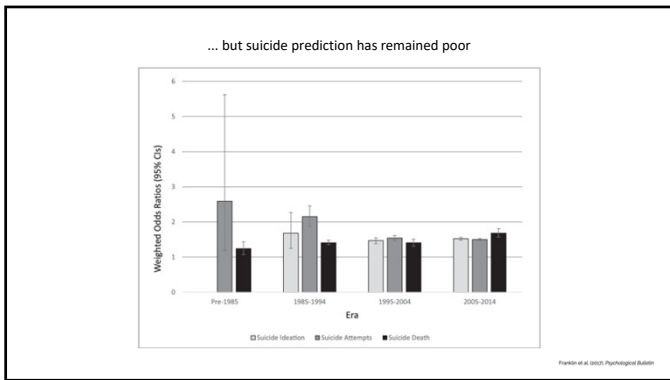
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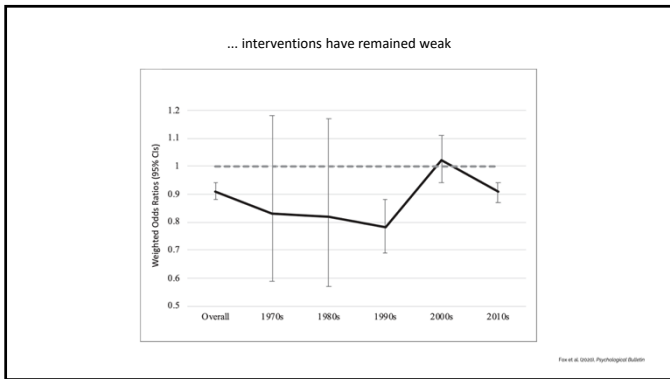
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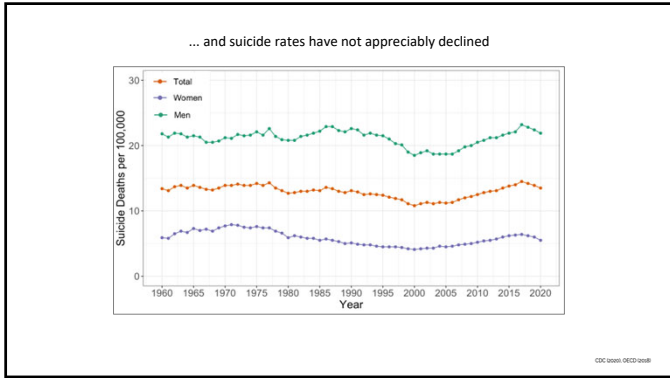
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While we have a lot of work to do across the board when it comes to suicide prevention...  
for so many reasons this work has been particularly slow among youth.

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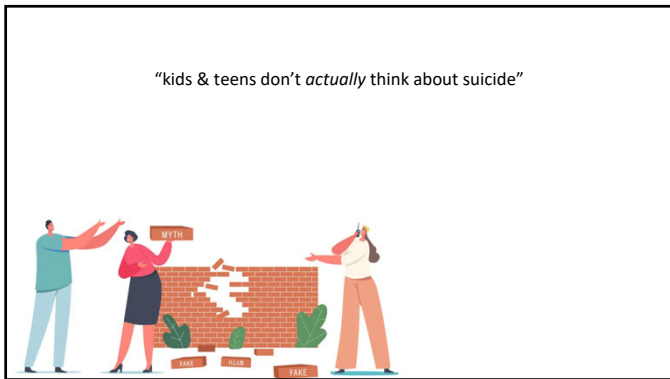
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Suicide death accounts for 8.5% of all deaths among adolescents and young adults around the world

2nd leading cause of death among youth and young adults 15-29 globally  
& 2nd leading cause of death for youth 10-14 in USA

Che et al., 2017; WHO, 2017

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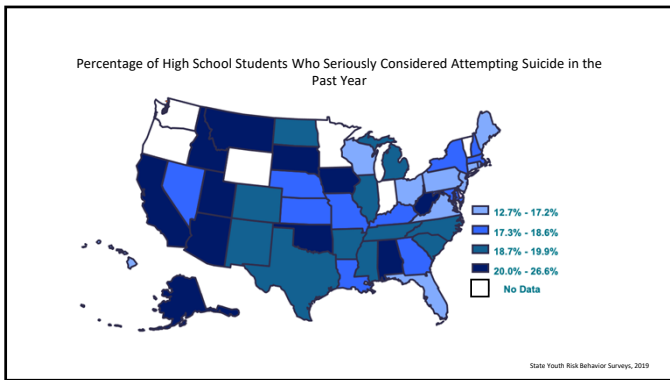
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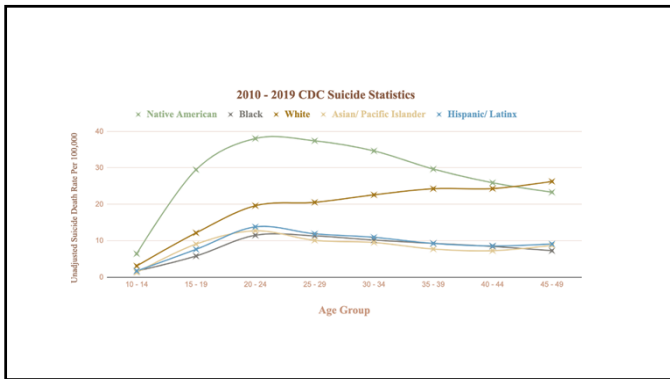
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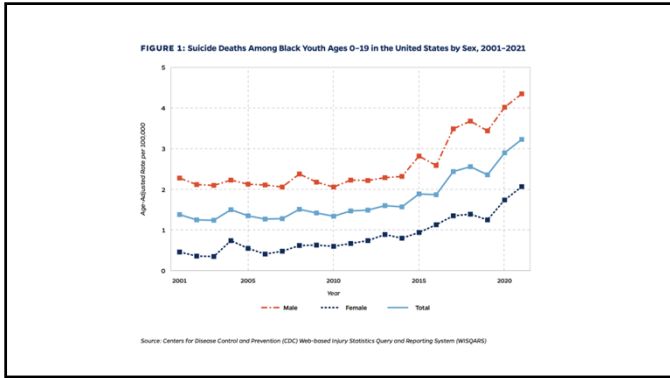
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**Sexual Orientation**

Pattern of emotional, romantic, and/or sexual attractions to others. It's often defined based on attraction to a different gender, the same gender, or multiple genders

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### Sexual Orientation

Pattern of emotional, romantic, and/or sexual attractions to others. It's often defined based on attraction to a different gender, the same gender, or multiple genders

### Gender

Personal experience of one's gender; a sense of self as man, woman, a blend of both, another gender(s), or none. This sometimes corresponds with someone's gender expression, and sometimes it is different.

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	Diverse Sexual Orientations	Diverse Genders
Nonsuicidal Self-Injury	2x higher	3x higher
Suicide ideation	2.5x higher	2.5x higher
Suicide attempt	2-5x higher	1.5-5x higher

*Sexual orientation and gender identity (SO/GI) are not systematically or consistently recorded at time of death, so accurate estimates of risk for suicide death particularly in youth are difficult to determine.*

Journal, 2018; Surry et al., 2020; Behrman et al., 2020

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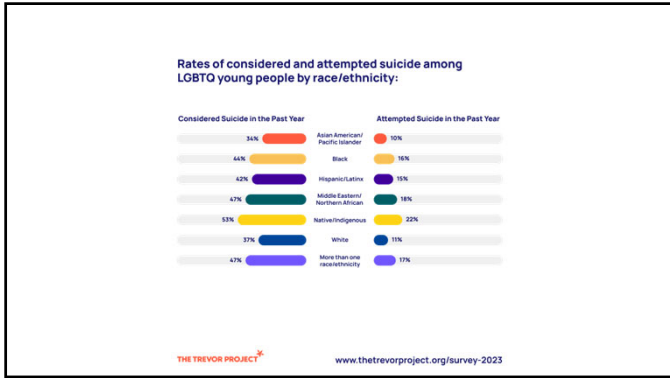
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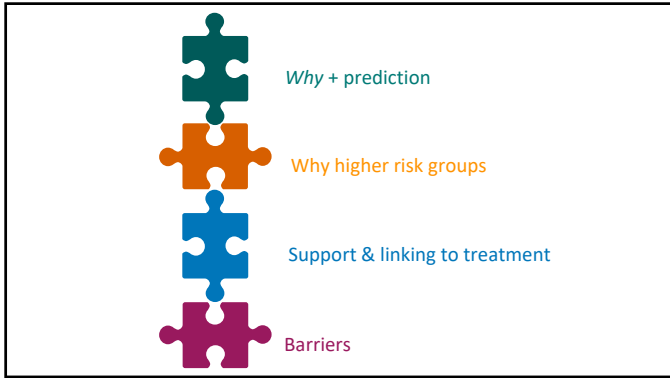
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Why + prediction

Why do people think about suicide and try to kill themselves?

And what warning signs should we look for ?

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Meta-analysis of risk factor literature

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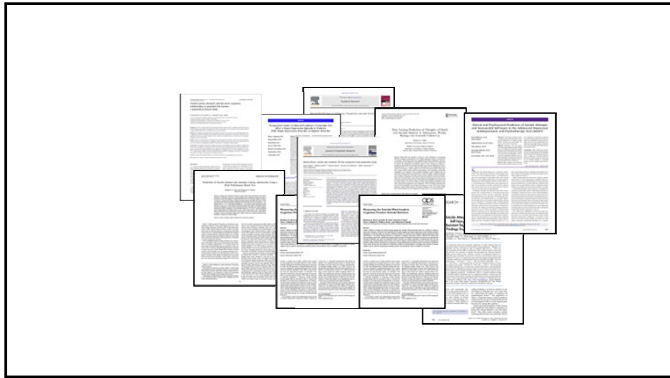
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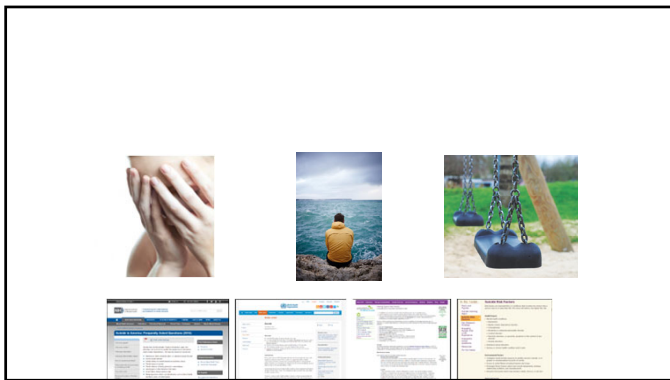
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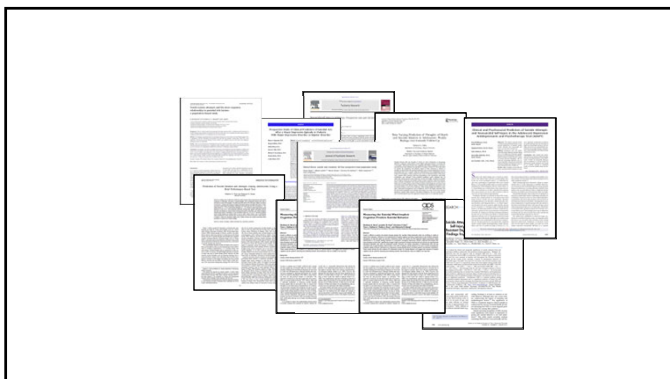
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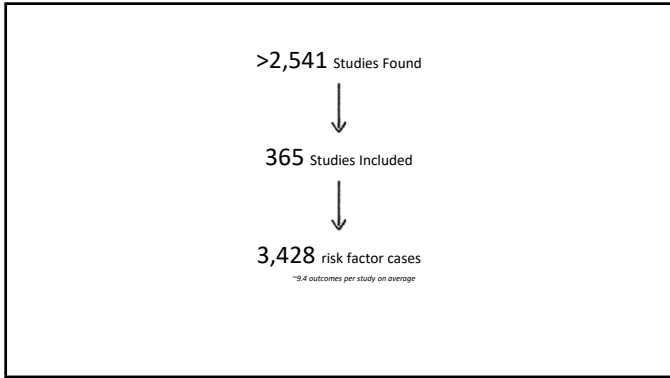
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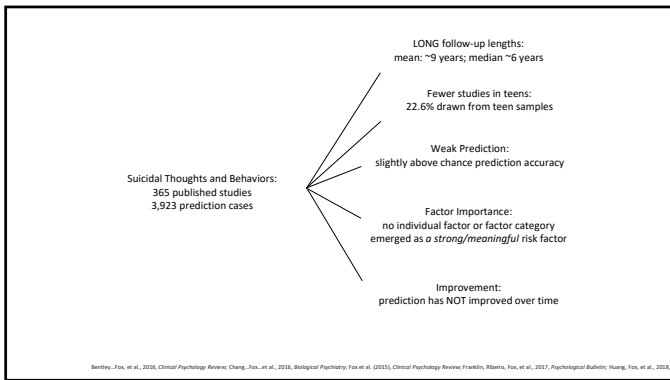
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Why do people think about suicide and try to kill themselves?

And what warning signs should we look for ?

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Self-injurious thoughts & behaviors are *multiply determined*

Specific reasons likely vary a lot across people, and even within the same person over time

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 Why higher risk groups

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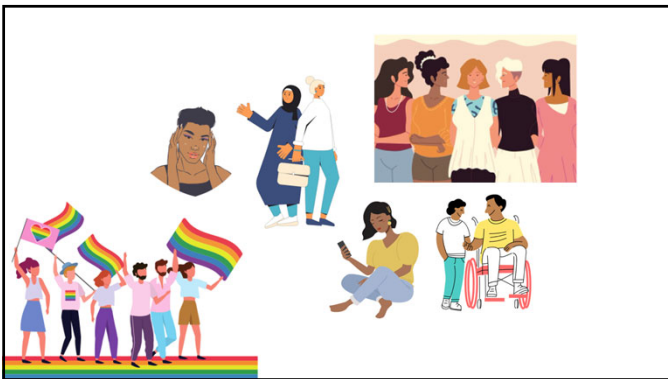
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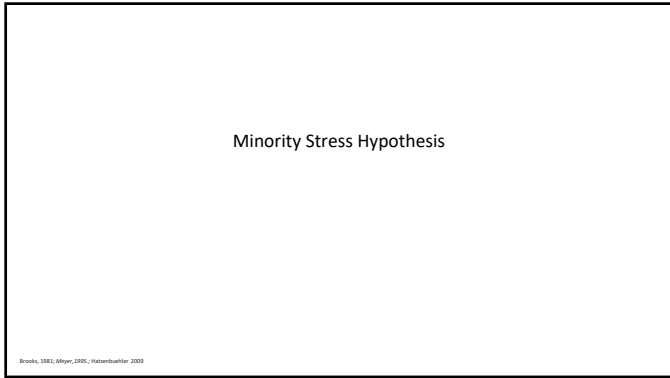
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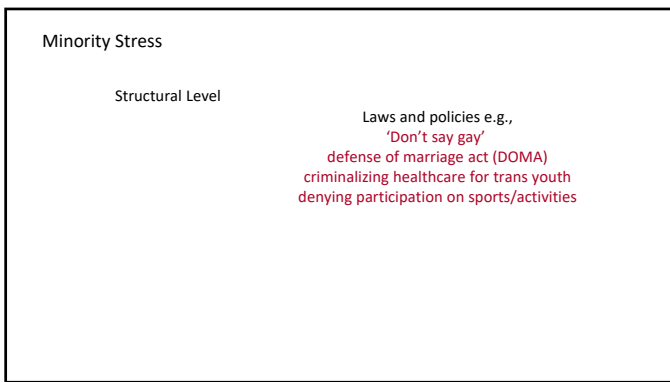
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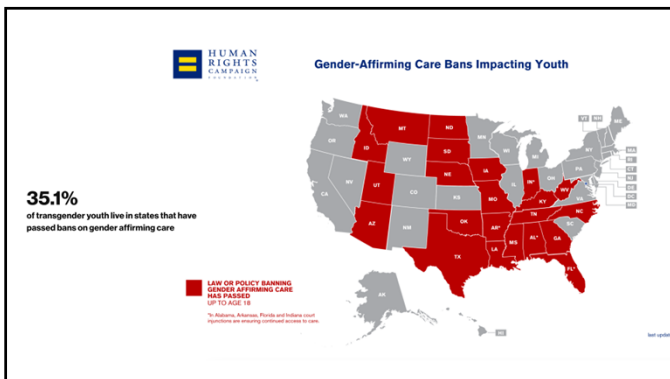
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Minority Stress

Structural Level

Laws and policies:  
"don't say gay"  
criminalization of healthcare  
denying participation on sports/activities  
denying use of appropriate bathrooms

Underlying culture:  
beliefs gender is binary  
beliefs homosexuality is a sin  
broader school/city climates

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Minority Stress

Interpersonal Level

Rejection, victimization, bullying, violence, etc.  
lack of family support/acceptance  
misgendering/deadnaming  
being made fun of or excluded  
sexual and physical violence

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Minority Stress

Individual Level

Intrapersonal factors  
internalized stigma  
rejection sensitivity  
self-criticism/self-hatred  
self-punishment  
identity concealment

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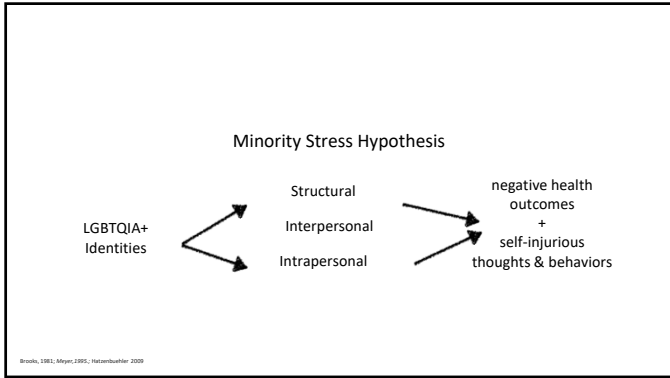
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**Structural level:**  
advocate for inclusive policies in our own workplaces

**Interpersonal level:**  
be an ally & trusted adult

**Intrapersonal level:**  
help youth get affirming care

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To help reverse these trends, brainstorm:

- steps that YOU can take to help make YOUR work with children and families more affirming and supportive for queer youth
- steps that YOU can take to let children and families know that you're an ally and someone they can trust/talk to

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Support & linking to treatment

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“kids & teens don’t *actually* think about suicide”

“asking kids & teens about suicide isn’t safe”



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It’s so painful to talk about suicide. It’s not fair to make youth share those kinds of thoughts and behaviors.

Can we ethically ask youth about self-injurious thoughts and behaviors?

Asking about suicide will give someone the idea to try to kill themselves.

There’s so much stigma around suicide. We will cause harm by asking questions about it.

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Several lines of evidence show that asking about self-injurious thoughts and behaviors does NOT increase their engagement or cause persistent negative mood

- No effect observed across randomized control trials (Harris & Go, 2017; Gould et al., 2005)
- Some evidence shows asking these questions directly *may* reduce distress, and in some cases reduce suicidal thoughts (Gould et al., 2005; Dazzi et al., 2014; Linehan et al., 2006).
- Meta-analysis including 13 studies did *not* find iatrogenic effects from assessment, regardless of prior history of these thoughts/behaviors (DeCou et al., 2017)

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Can we ethically ask youth about self-injurious thoughts and behaviors?

**YES.**

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How can we ask?

Are you having thoughts of killing yourself?

Have you thought of a way or method you would use to kill yourself?

Have you ever tried to kill yourself or purposely hurt yourself with some intent to die?

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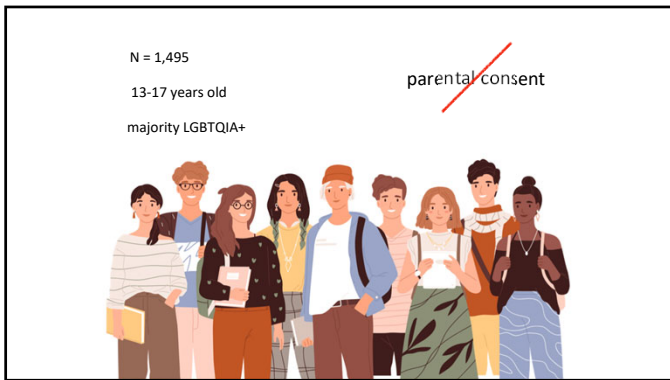
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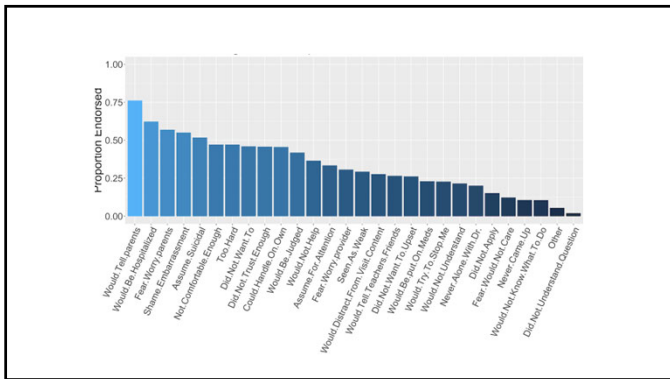
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Takeaway 1: For a lot of reasons, teens often don't share about their self-injurious thoughts & behaviors

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Discovering suicide or self-harm risk among students is often the first step

But, there are so many decision points after that must be navigated!

How to tell parents/guardians?  
How to validate and support student?

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Goal: Help Keep Kids Safe!

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How did your therapist share with your parent/guardian?

invalidating & ineffective

non-collaborative

collaborative

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invalidating & ineffective

*"they [parents] agreed with my therapist that I was just attention seeking and selfish."*

Non-collaborative

*"My parents were called and we had a meeting and I was forced to show my cuts to them."*

*"The therapist told my mother without my permission and gave me no heads up as to what she would say."*

*"She brought my father in the room and told me I could tell Him or she was going to. Putting me on the spot."*

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collaborative

*"My therapist recommended that I sit down with one parent at a time and calmly explain my feelings in a non-confrontational manner. It worked pretty well."*

*"My therapist and I talked about how we should tell my dad and the 3 of us sat down and she told him and we all talked about it and we were going to do moving forward."*

*"My therapist helped me tell them during a family session she was present in."*

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teens who reported that their therapist shared without their permission and/or felt they were forced to share were more likely to say that they would hide or lie about these behaviors in the future

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Takeaway 2: How providers share about minors' engagement with these thoughts and behaviors matters.

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Unhelpful parent reactions

"My parent didn't even really acknowledge it.... Didn't ask anything, didn't modify the behavior that caused me to start in the first place."

"My dad just didn't really care. He brushed it off and said it's something we just have to deal with"

"she took away my phone and told me to pray"

"They[parents] dont really understand the concept of mental health, depression, and suicidal thoughts"

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Takeaway 3: Providers have an opportunity to help coach parents!

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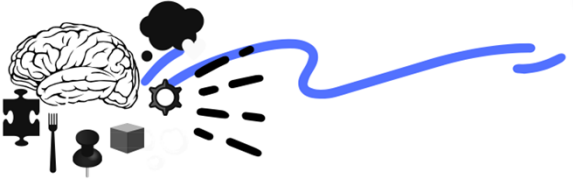
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To help counteract these trends, brainstorm:

1. How you could work collaboratively with youth if you had to talk to their parent/guardian
2. How you could help to coach parents to respond to child risk



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**ASK and LISTEN**

Are you having thoughts of killing yourself?

Have you thought of a way or method you would use to kill yourself?

Have you ever tried to kill yourself or purposely hurt yourself with some intent to die?

*Caveat: As we've discussed, MOST youth who are having suicidal thoughts don't intend to act on those thoughts right now; yet, often, by sharing this information, staff are forced to break confidentiality to tell a parent/guardian or even to bring the teen to a psychiatric emergency room that day. Before having these conversations, it's important that teens know what will happen if they share these kinds of thoughts or behaviors, so that they can make the choice to share or not knowing potential consequences. How could you help to transparently share these requirements while still opening the door to honesty?*

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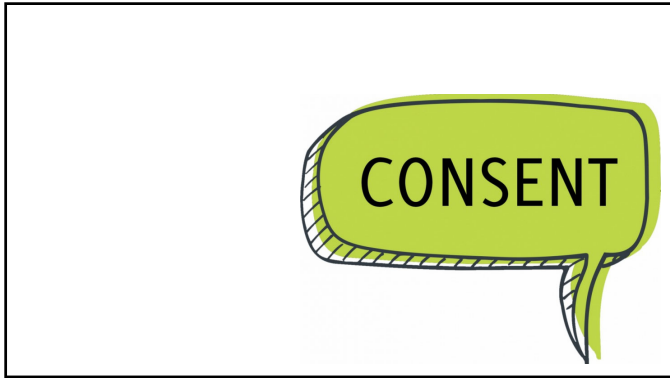
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Try not to...

1. Assume you know what they'll say or how they are feeling
2. Immediately problem solve (*listen and empathize first!*)
3. Minimize their problems
4. Tell them it's 'just a phase' or 'you'll get over it' or 'you have it so good!'

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Validate! Active listening!

Safety planning together or them by themselves!

Link to electronic resources, groups, etc...

Link to therapist/mental health resources

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2. ASK and LISTEN



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2. ASK and LISTEN

Once they're finished, try to:

- Reflect back to them what they shared (briefly!)
- Validate the emotions they are experiencing.
- Ask them whether and how you can help.



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<https://www.foxlabdu.com/copy-of-resources>



COMPLETE MENTAL  
HEALTH RESOURCE  
GUIDE

an inclusive range of mental health resources

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