DISRUPTING THE NARRATIVE OF YOUTH SUICIDE RISK

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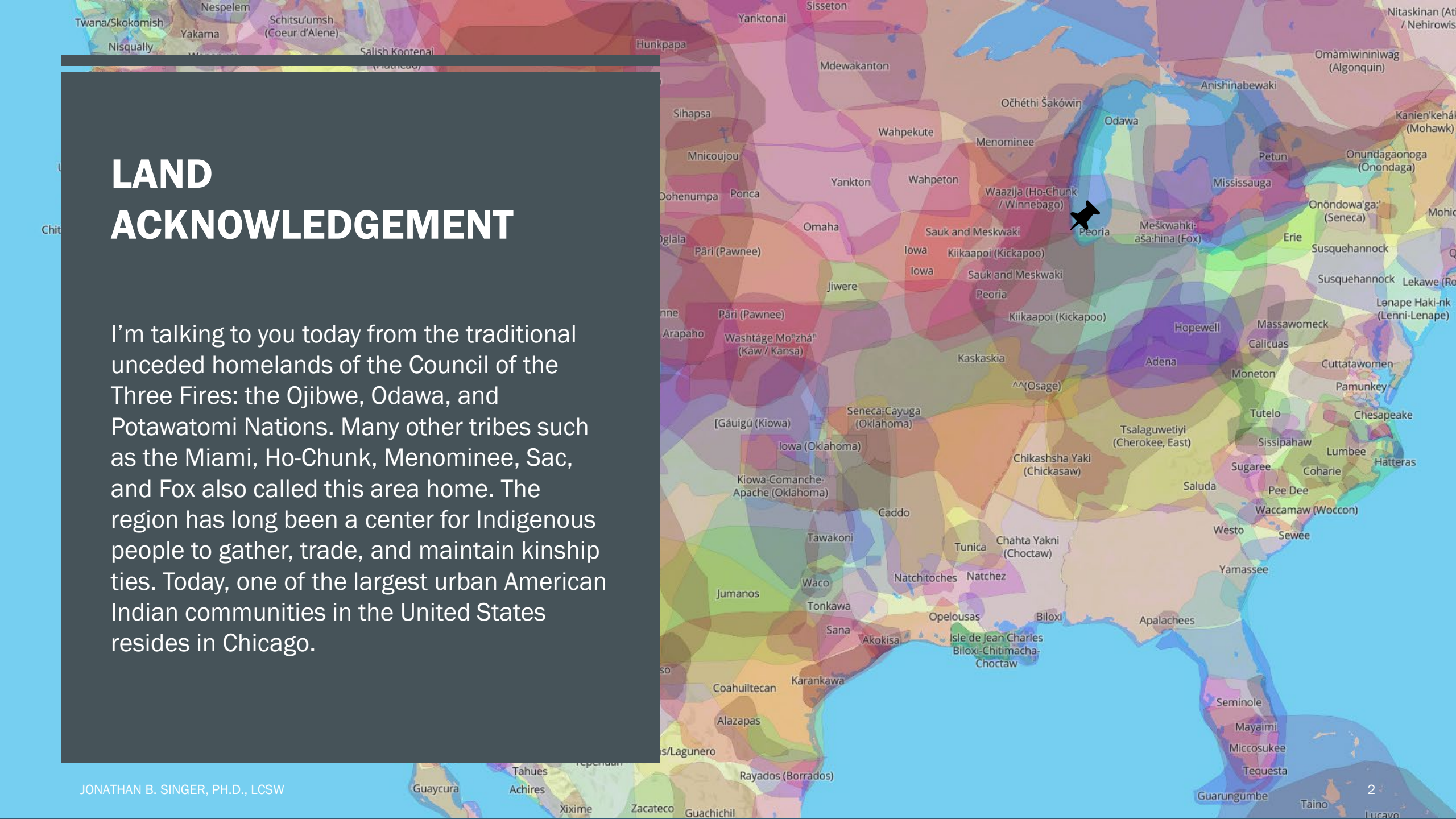
Social Work Podcast

Kutztown 7th Annual Clinical Updates Colloquium

LAND ACKNOWLEDGEMENT

I’m talking to you today from the traditional unceded homelands of the Council of the Three Fires: the Ojibwe, Odawa, and Potawatomi Nations. Many other tribes such as the Miami, Ho-Chunk, Menominee, Sac, and Fox also called this area home. The region has long been a center for Indigenous people to gather, trade, and maintain kinship ties. Today, one of the largest urban American Indian communities in the United States resides in Chicago.



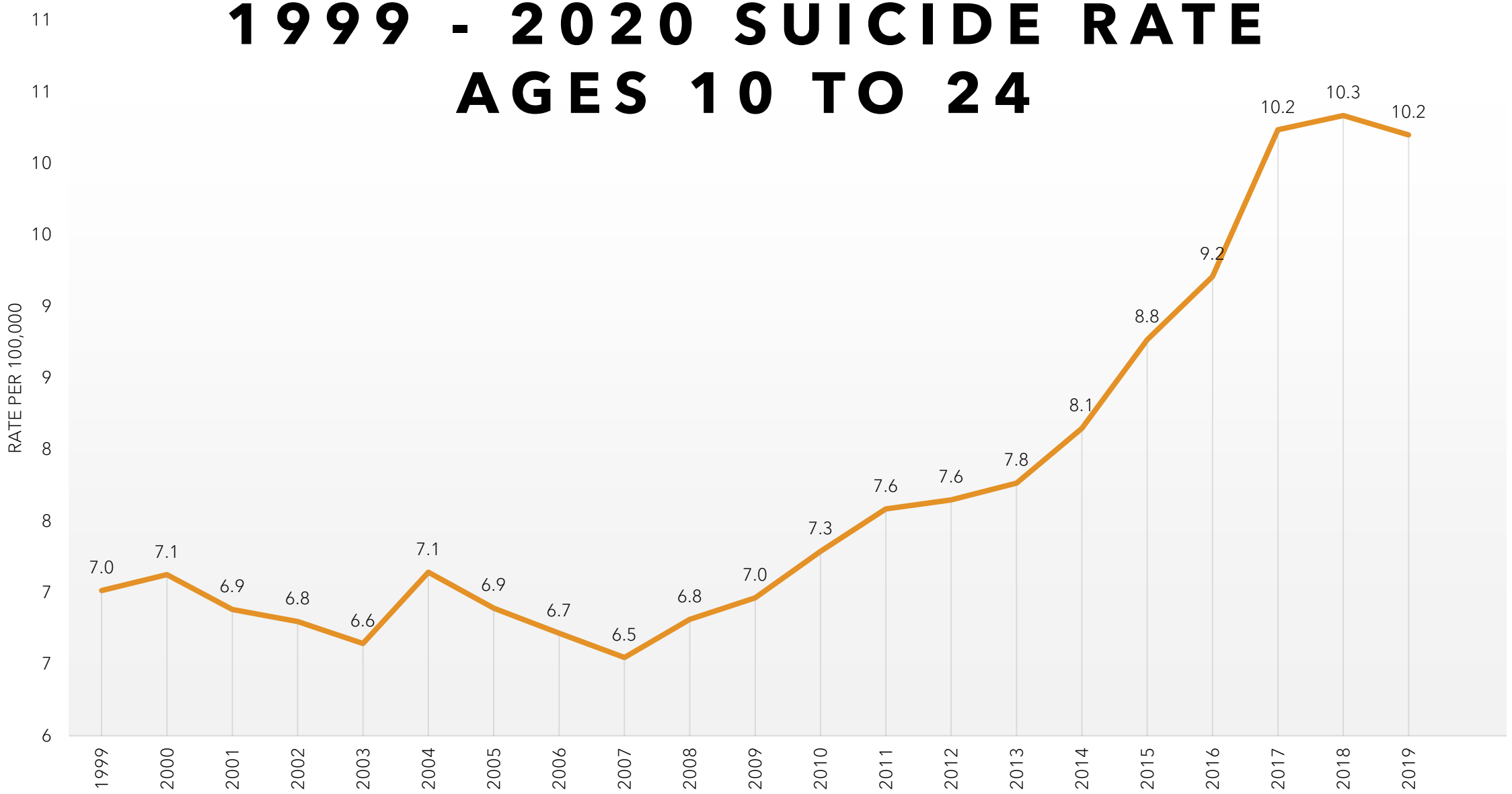

If we want a world where people feel like their **lives are worth living**, we can't have a society that says that some lives are worth more than others.

“BEHIND EVERY STATISTIC IS A TEAR”

Jerry Reed

Photo by Ante Hamersmit on Unsplash

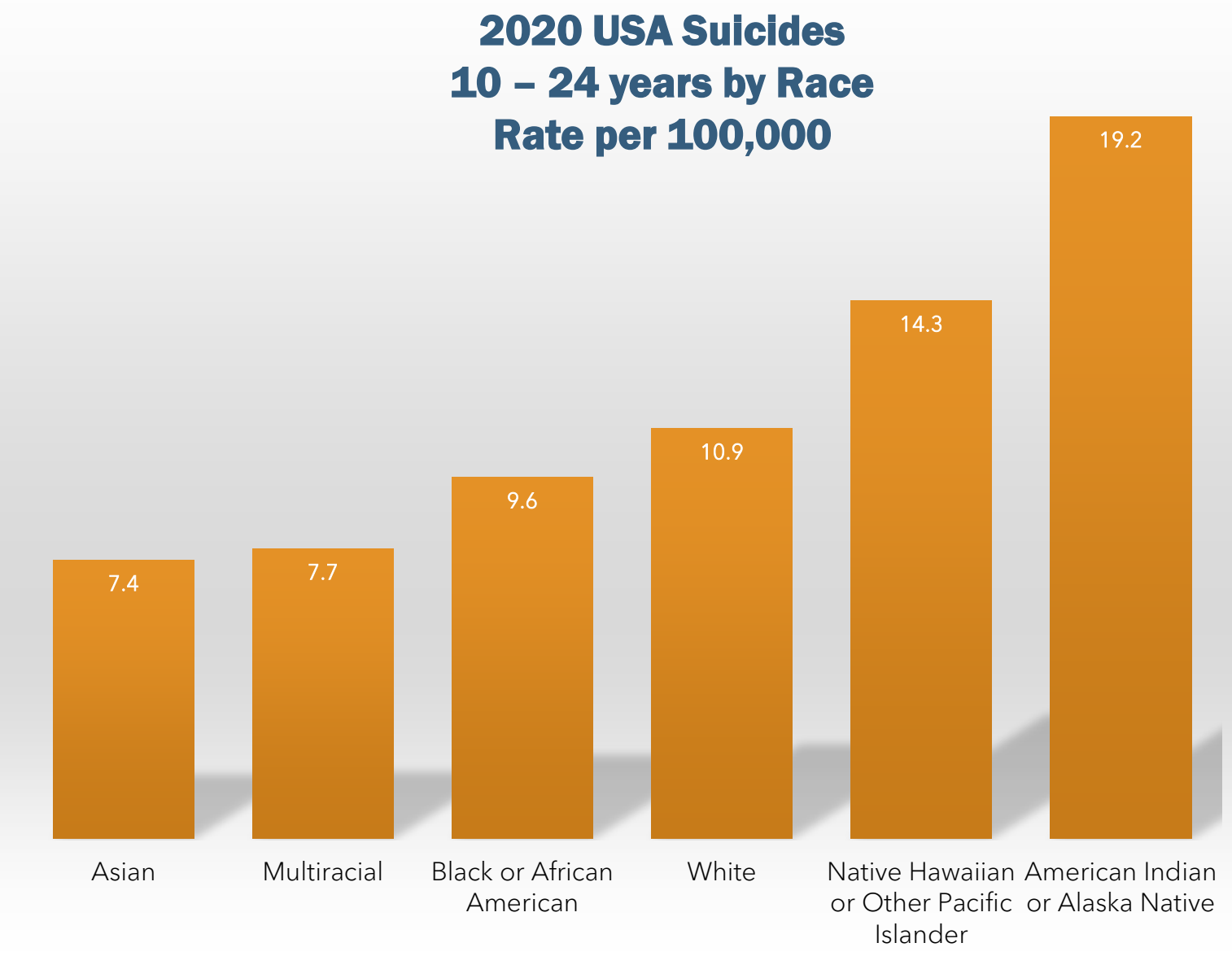
1999 - 2020 SUICIDE RATE AGES 10 TO 24



Source: Centers for Disease Control Injury Control Reports (2019) WISQARS. Accessed on March 12, 2021 | ICD-10 Codes: X60-X84, Y87.0,*U03

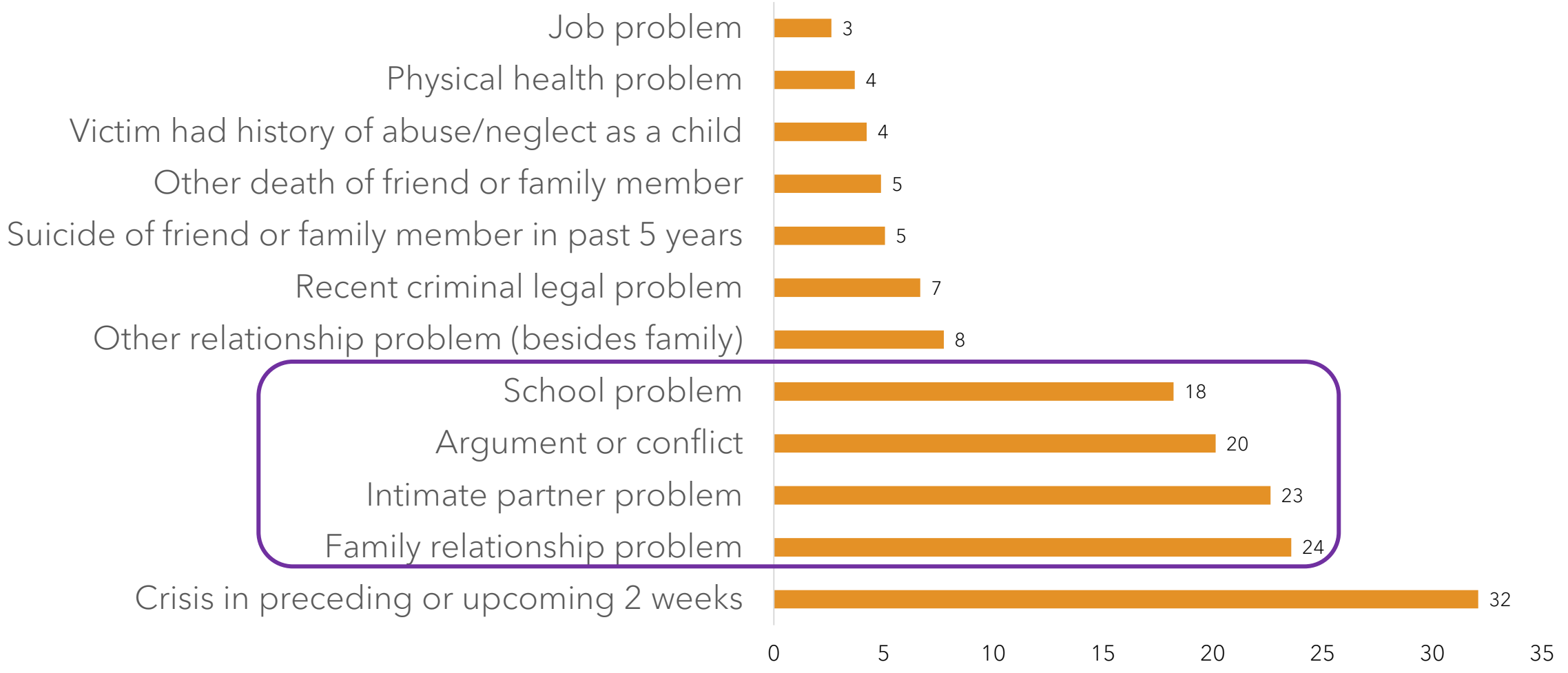
Myth: Suicide Is a "White people" problem.

Fact: Suicide kills people of all races and ethnicities.

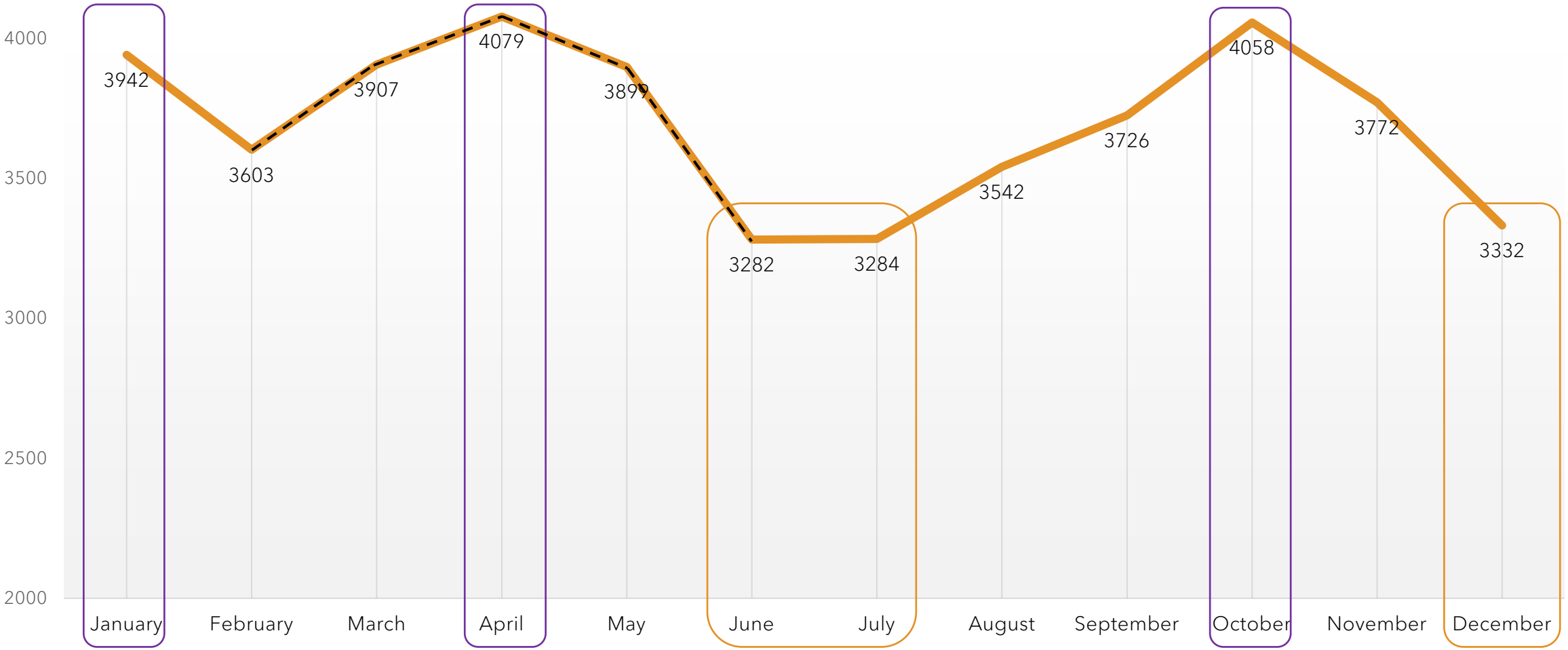


Source: Centers for Disease Control Injury Control Reports (2020) WISQARS. Accessed on February 17, 2022 | ICD-10 Codes: X60-X84, Y87.0,*U03

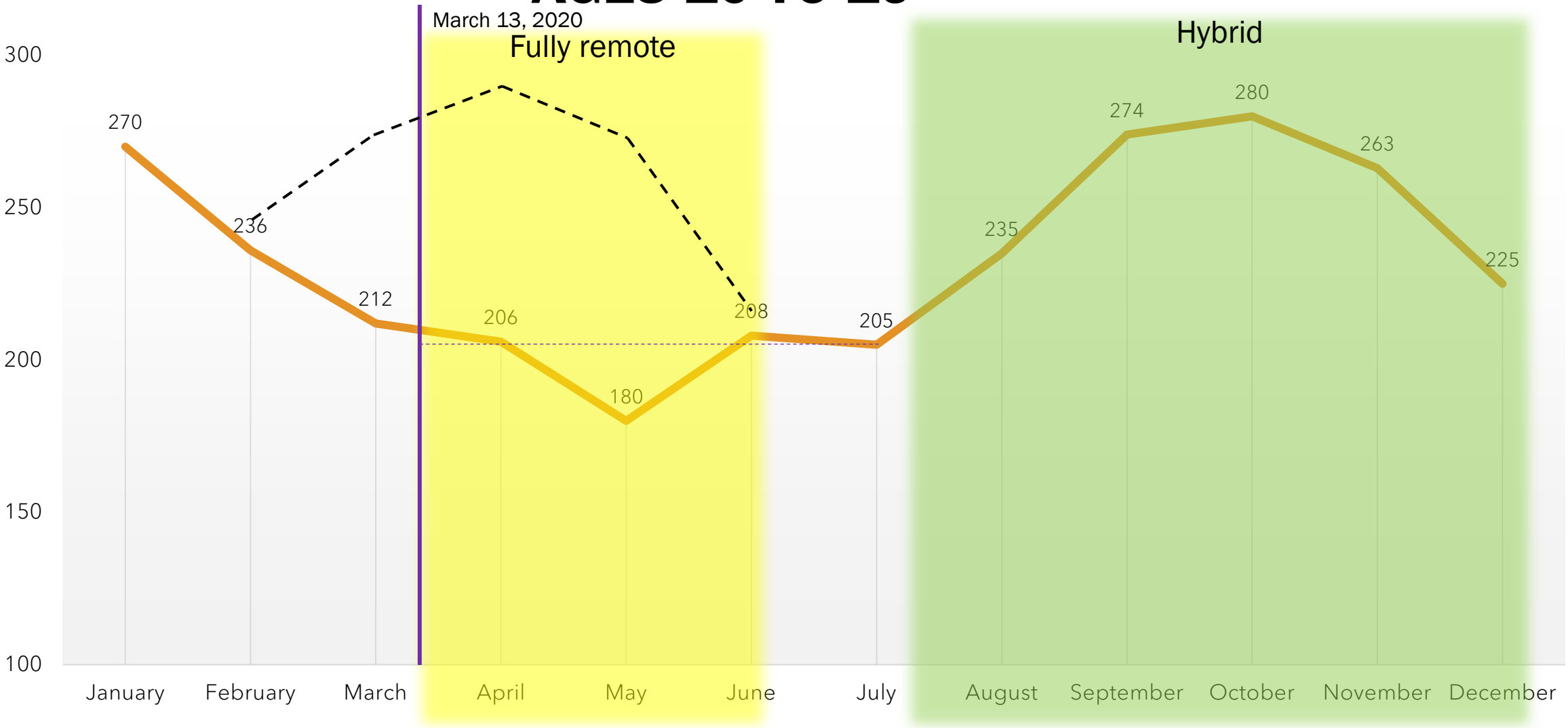
2017: 14 PROBLEMS THAT CO-OCCURRED WITH SUICIDE DEATH, AGES 10 TO 19



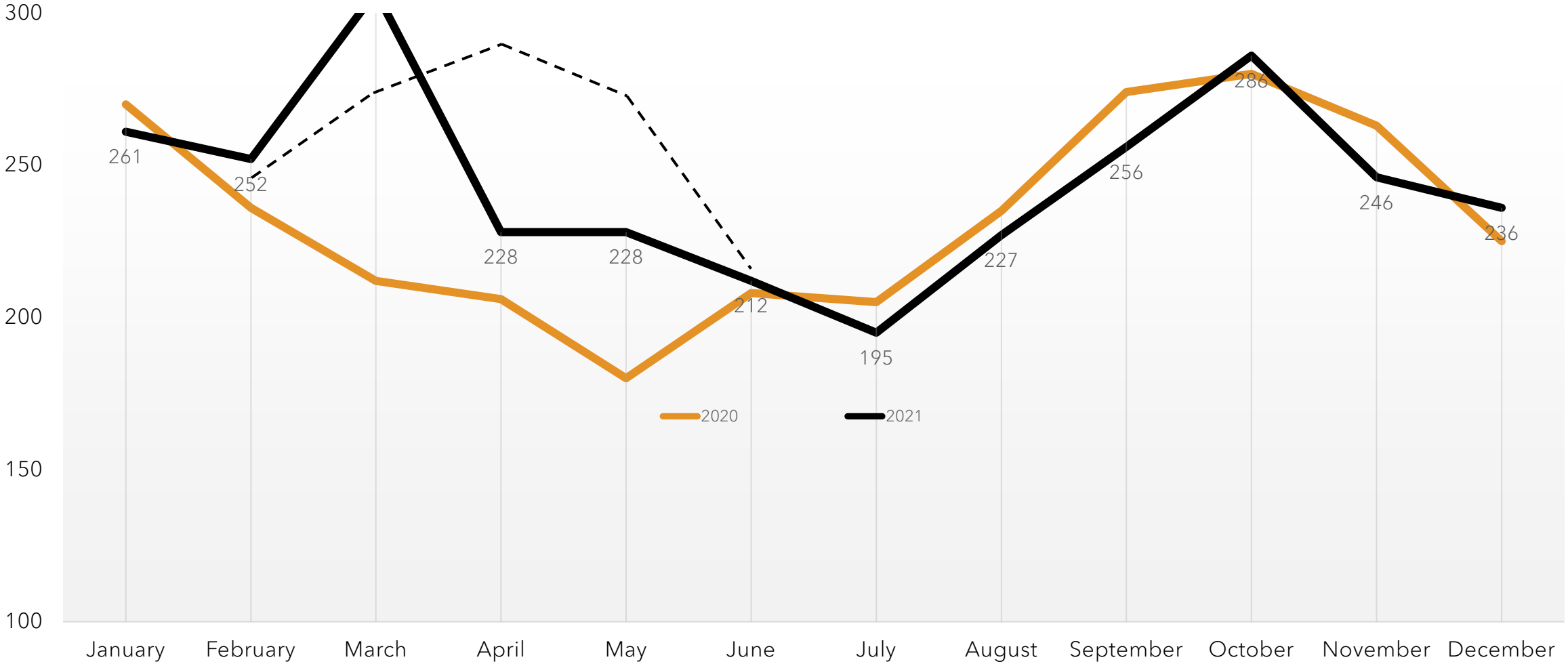
1999 - 2019 MONTHLY SUICIDE DEATHS USA
AGES 10 TO 19



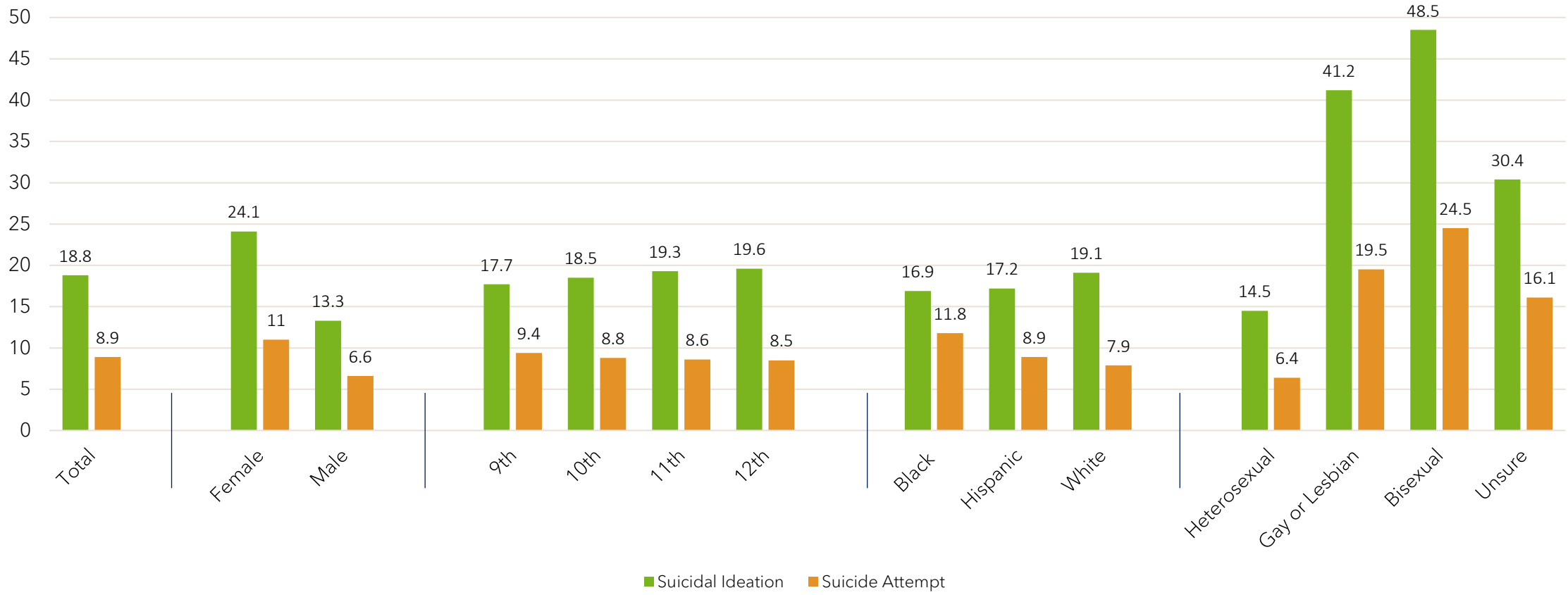
2020 MONTHLY SUICIDE DEATHS USA
AGES 10 TO 19



2021 MONTHLY SUICIDE DEATHS USA
AGES 10 TO 19 (provisional)



USA: Percentage of High School Students by Sex,† Grade, and Race/Ethnicity,† 2019



*Ever during the 12 months before the survey
†F > M; W > B (Based on t-test analysis, $p < 0.05$.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
This graph contains weighted results.


Prevention
Assessment
Intervention
•Safety Plan
Postvention
Lives worth living


PREVENTION
NOT JUST ONE PROGRAM

FIVE TYPES OF SCHOOL-BASED SUICIDE PREVENTION PROGRAMS

1. Education or awareness
2. Gatekeeper
3. Peer leadership
4. Skills training, and
5. Screening or assessment

Source: Singer, J. B., Erbacher, T. A., & Rosen, P. (2019). School-based suicide prevention: A framework for evidence-based practice. *School Mental Health*, *11*(1), 54–71. https://doi.org/10.1007/s12310-018-9245-8

MULTI-TIERED APPROACH

CHALLENGES DEVELOPING AND IMPLEMENTING EFFECTIVE SCHOOL-BASED SUICIDE PREVENTION

- Suicide risk is not evenly spread out across all schools within a district
- Suicide risk is not evenly spread out across all students within a school
- Providing culturally relevant services for Black, Indigenous, Latine, Asian American and Pacific Islander students is essential
- School staff are trained primarily in addressing student behaviors
- Parents, like school staff, have a variety of opinions about the role of schools in suicide prevention and intervention
- Legal precedent for suicide and schools is limited and at times contradictory

SCREENING

UNIVERSAL AND TARGETED

SCREENING

1. Have you ever wished you were dead? *[non-suicidal morbid ideation]*
2. Have you ever felt that you, your friends, or your family would be better off if you were dead?

   [burdensomness]
3. Have you ever had thoughts about killing yourself? *[ideation]*
4. Do you intend to kill yourself? *[intent]*
5. Have you tried to kill yourself? *[attempt]*

WARNING SIGNS

- Talking about or making plans for suicide.
- Expressing hopelessness about the future.
- Displaying severe/overwhelming emotional pain or distress.
- 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).


SUICIDE RISK
ASSESSMENT
Signature
Date

ASSESSING FOR RISK

- Understand the story of how and why someone became suicidal (Freedenthal, 2017).
- Identify points of **prevention rather than prediction** (Pisani et al., 2016).
    - After the suicide risk assessment, the social worker, client and family or friends should know what stressors or conditions might exacerbate the current suicide risk and have a plan to prevent those from happening. This contrasts with the traditional view of the suicide risk assessment as a tool for predicting the near future.
- "How confident are you that you will be able to keep yourself from attempting suicide?" (Czyk, 2018)

SUICIDE RISK ASSESSMENT

1. Ideation
2. Intent
3. Plan
4. Strengths/Resources
5. Risk factors
6. Interpersonal distress
7. School environment
8. Family environment
9. Presentation at time of assessment

X. RISK ASSESSMENT

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. 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. If the student has written a suicide note, the student is immediately considered at high risk.

XI. OVERALL RISK LEVEL SUMMARY

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)*:

- Current risk state (compared to prior or baseline, if known):
- Available resources at school, home, and in the community:
- Foreseeable changes that might increase or decrease risk:

ELEMENTARY-AGED YOUTH

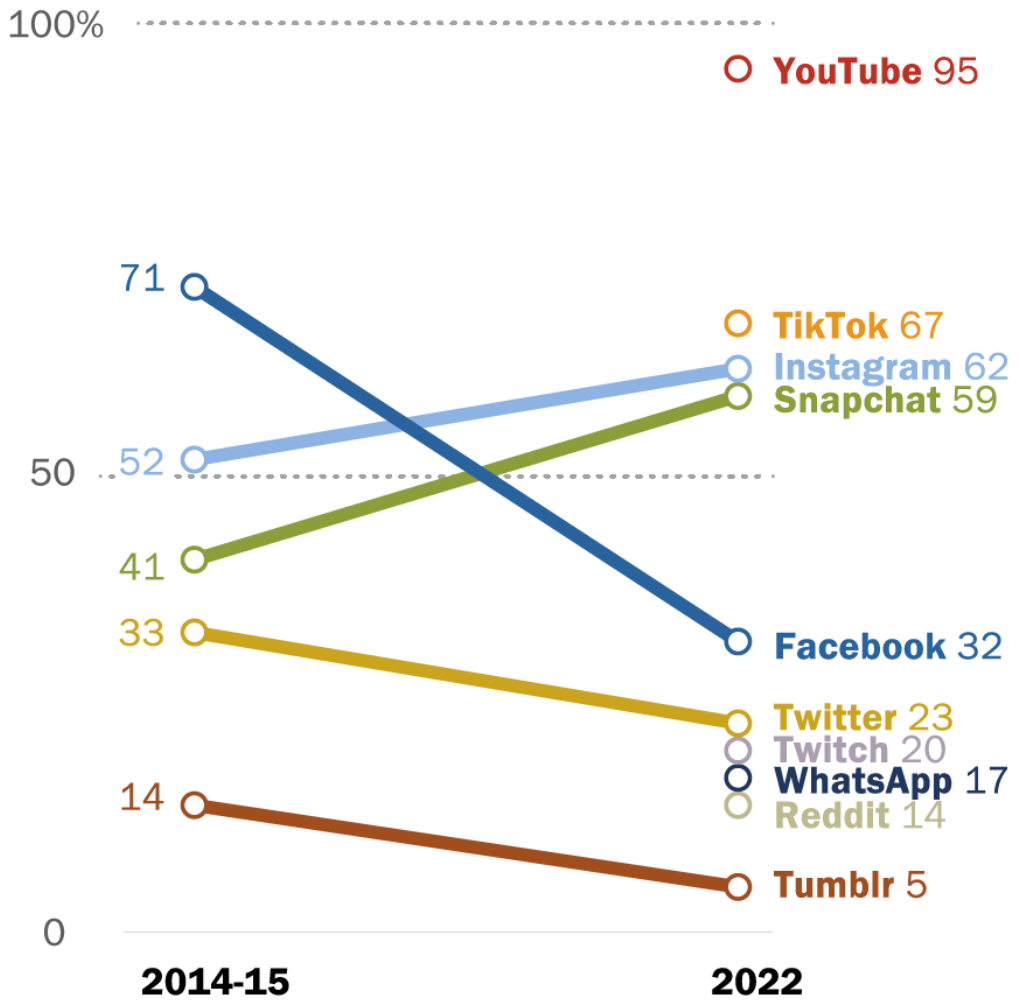
- Explain purpose of assessment
- Check to see if young children understand that death is permanent
- Verbalization might be difficult; pictures can be useful
- Ask questions more than once in different ways
- Slow pace
- Listen for stories

Most teenagers aren’t addicted to technology;
If anything, they’re addicted to each other.

danah boyd

TEENS AND SOCIAL MEDIA USE

- 46% almost constantly online
- 35% almost constantly on social media
- 41% of girls and 31% of boys say they spend too much time on social media
- 54% say it would be hard to give up social media



Source: Vogels et al (2022). *Teens, Social Media and Technology 2022.* Pew Research Center. https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/

On social media interactions are often public by default, private through effort.

danah boyd

i want to

TALKING WITH YOUTH ABOUT SOCIAL MEDIA USE

- How does social media usually fit into your life?
- Which apps/social media sites do you typically use?
- Can you tell me about how you use each site?
- What are some of the best parts of having social media?
- What are some of the most challenging or difficult parts of having social media?
- Were there times that social media/cell phone were helpful related specifically to your mental health?
- Were there times that social media/cell phone made your mental health worse or made you feel worse?

Source: Weinstein, E., Kleiman, E. M., Franz, P. J., Joyce, V. W., Nash, C. C., Buonopane, R. J., & Nock, M. K. (2021). Positive and negative uses of social media among adolescents hospitalized for suicidal behavior. *Journal of Adolescence*, *87*, 63–73. https://doi.org/10.1016/j.adolescence.2020.12.003

FAMILY

- Assessing a student's relationship with family is key, especially for historically minoritized students (Chu et al., 2020)
  - Is there conflict between you and your parents?
  - Have you had arguments with your parents about doing things that are "normal" for American teens, but they see as shameful or inappropriate?"
  - If your parents found out you were suicidal, would it bring shame on the family?

LGBTQIA+

- Are there times when your parents say or do things that suggest they reject you because you are [sexual orientation and/or gender identity], such as telling you
  - to "tone down" how you look or behave;
  - that you're just going through a phase;
  - refusing to call you by your name or use your pronouns;
  - or preventing you from seeing your LGBTQ friends?

https://lgbtqfamilyacceptance.org/

https://www.instagram.com/famacceptproj/

LGBTQIA+

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https://lgbtqfamilyacceptance.org/

https://www.instagram.com/famacceptproj/


STEPS FOR HELPING SOMEONE WITH THOUGHTS OF SUICIDE:
1. DON'T BE A DICK
2. LISTEN
3. THERE ARE NO STEPS
@chrsmaxell

HOSPITALIZATION

HOSPITALIZATION AND DISCHARGE

- Psychiatric incarceration
- Re-entry into school, community, online
  - Identify key school staff to include in re-entry meeting
  - Have parents sign release of information forms
  - Collaboratively develop plan for what to do when
    - student has intense emotions in class
    - classmates ask about absence
    - teacher asks student to complete missed homework

REGULAR MONITORING

PREVENTION AS INTERVENTION

SUICIDE RISK MONITORING TOOL 2.0

SiS: Suicide in Schools Model
Suicide Risk Monitoring Tool (SMT 2.0)

Student name _____ Today's date _____

Completed by (name / title): _____ Prior monitoring date _____

I. IDEATION

Have you had thoughts of suicide since the last time a school staff member met with you? ❑ Yes ❑ No *(jump to section II)*

Right now ❑ Yes ❑ No

Please circle / check the most accurate response:

How often do you have these thoughts? (Frequency): hourly / daily / weekly / other _____

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 **live**? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

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

III. PLAN

Do you have a plan? ❑ Yes ❑ No *(if no, jump to section IV)*

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? _____

How confident are you that you will:

be able to keep yourself from attempting suicide? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

tell someone about your suicidal thoughts? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

IV. INTERPERSONAL DISTRESS

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

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

How depressed, sad or down do you 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

Write down your biggest trigger/stressor _____

How much of a trigger/stressor is it right now? not at all= 1❑ 2❑ 3❑ 4❑ 5❑ =a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING *(things I'm 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?

Summary: Please compare this to the baseline on the SRA or prior SMT and note how the current risk state compared to prior or baseline/most recent SMT. You want to be able to answer the question: "does risk appear increased or decreased and why?"

VII. ACTIONS TAKEN / RECOMMENDATIONS:

Recommendations for further treatment and management of suicide risk should be based on their baseline SMT and the current SMT in collaboration with your school district procedure.

Consultation with other School Mental Health Provider / Suicide Prevention Coordinator / admin received?	❑ Yes	❑ No
Parent/guardian contacted?	❑ Yes	❑ No
Release of Information signed?	❑ Yes	❑ No
Released to parent/guardian?	❑ Yes	❑ No
Copy of the SRA provided to referral?	❑ Yes	❑ No
Safety plan developed/reviewed/updated?	❑ Yes	❑ No
Recommending removal of method/means?	❑ Yes	❑ No
Copies of Safety Plan provided to parent/guardian?	❑ Yes	❑ No
If currently in treatment, contact made with therapist/psychiatrist?	❑ Yes	❑ No
If not in treatment, referrals provided to parent?	❑ Yes	❑ No

❑outpatient therapy ❑Crisis center / hospitalization

❑Local crisis line ❑988 / text "home" to 741-741

Other? Please describe:

FOR THE CLINICIAN – SUMMARY PAGE

Purpose: This tool is not a comprehensive suicide risk assessment measure. At times, we must monitor ongoing suicidality of students who have already been assessed 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. As you know your student best, this form is a place to document the student's particular triggers or stressors. This will allow you to monitor and track their fluctuating suicide risk over time.

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.

With elementary and early middle school students, the clinician should complete this form through collaborative discussion with the child during each session or meeting. Alter the wording as needed to make it developmentally appropriate to ensure the child understands what you are asking.

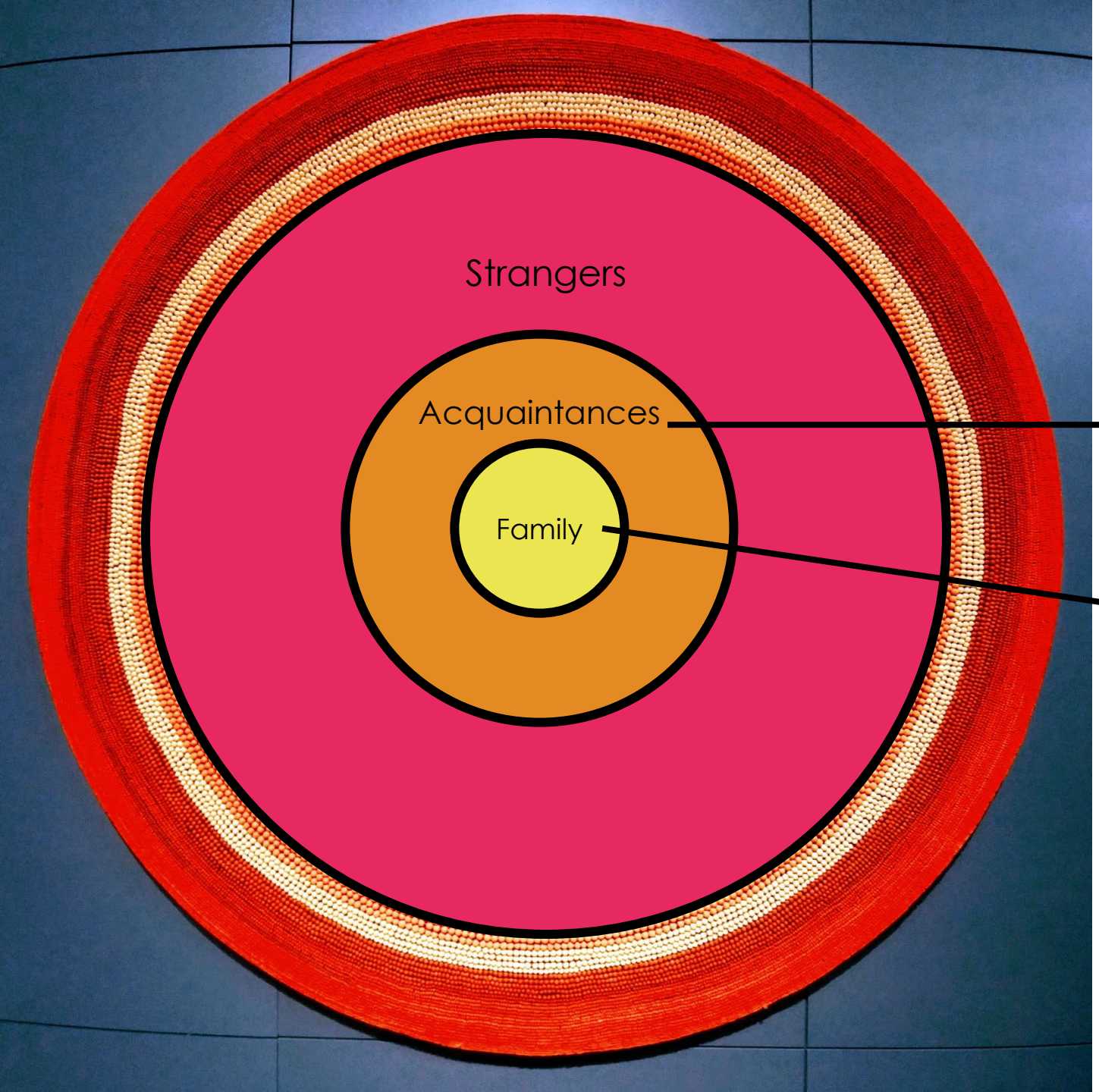
POSTVENTION

INTERVENTION
AFTER A SUICIDE
DEATH TO ADDRESS
GRIEF AND LOSS
AND PREVENT
FUTURE SUICIDE
DEATHS

POSTVENTION

Research shows that postvention is effective in addressing grief and loss, including traumatic loss, but there is no evidence that postvention is effective in preventing suicide deaths (Sokol, 2021).

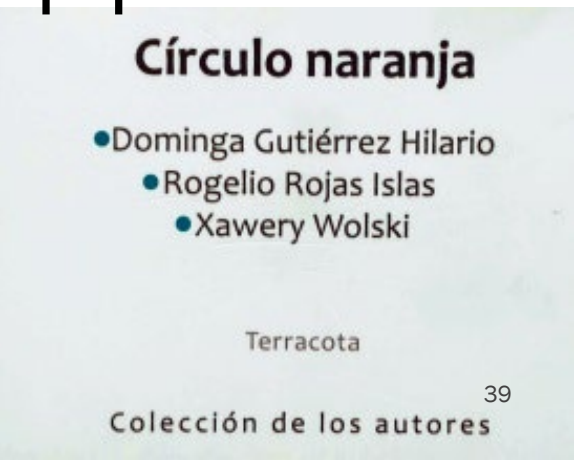
Postvention is most effective when it is planned for and is respectful of the cultural variations associated with grief and loss.



→ Most at risk

→ Most in need of grief support

Brent, 1993;
Gould et al., 2018



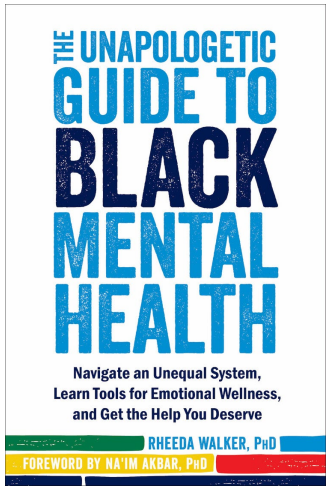
DIGITAL GRIEF AND LOSS

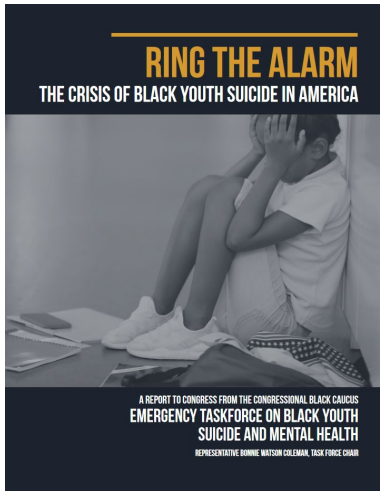
- **Don't dismiss the positive use of social media.** Digital users, particularly teens, turn to social media for immediate emotional support from their online communities. By connecting with others, they feel less isolated. Try to be understanding if someone's style of grieving is more public than yours. Family members should not discourage loved ones from reaching out to their peer groups online.
- **Find out what the family's wishes are before posting anything.** Not everyone wants their lives or their emotions to be shared online. It's important to know what the family wants to share and what they would prefer to keep out of the public eye.
- **Be thoughtful when sharing your message of grief and support.** The phrase "thoughts and prayers" has been repeated so many times that it's lost meaning. Be authentic and sincere. Share a memory. What was special about them? How did you meet, and what did you enjoy together? A short message that will remind others of what the person meant to you will be appreciated.

Source: https://www.directivecommunications.com/netiquette-experts-agree-guidelines-are-needed-on-death-in-a-digital-world/

Photo by Priscilla Du Preez on Unsplash


One life lost is
One too many

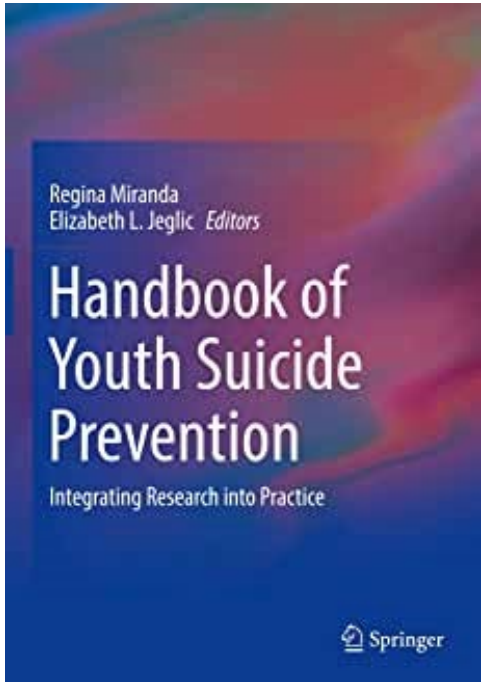


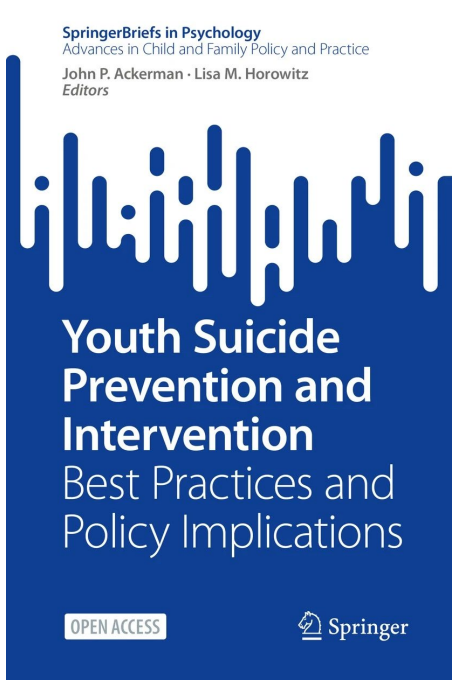


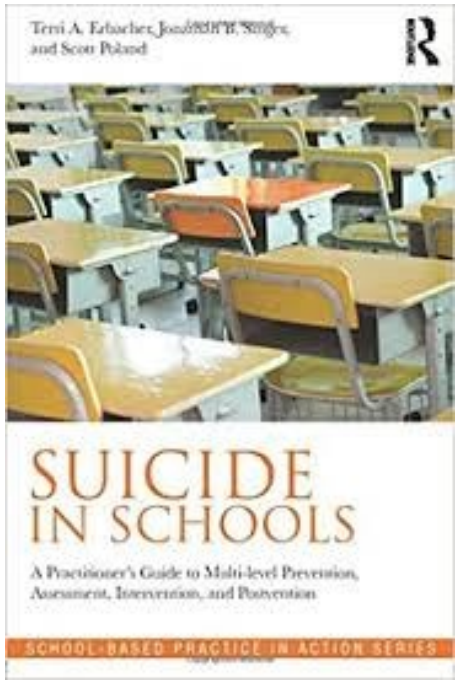
Dr. Sherry Molock
https://psychology.columbian.gwu.edu/sherry-molock
Dr. Arielle Sheftall
https://www.nationwidechildrens.org/find-a-doctor/profiles/arielle-h-sheftall
Dr. Sean Joe
https://brownschool.wustl.edu/Faculty-and-Research/Pages/Sean-Joe.aspx

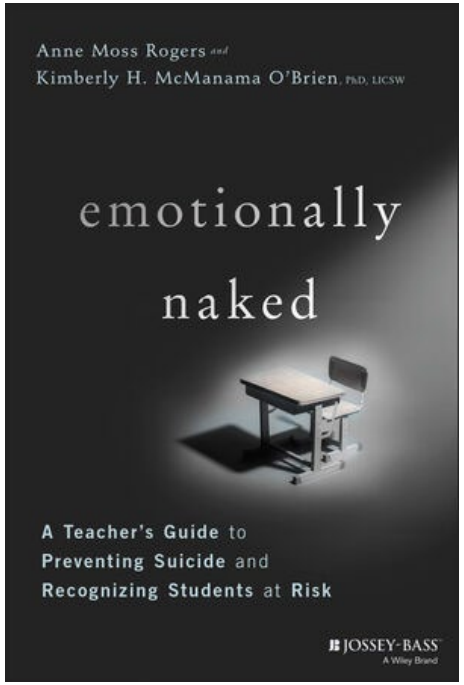
TEXTS ABOUT SUICIDE AND BLACK AMERICANS

PRACTICAL TEXTS ON YOUTH SUICIDE

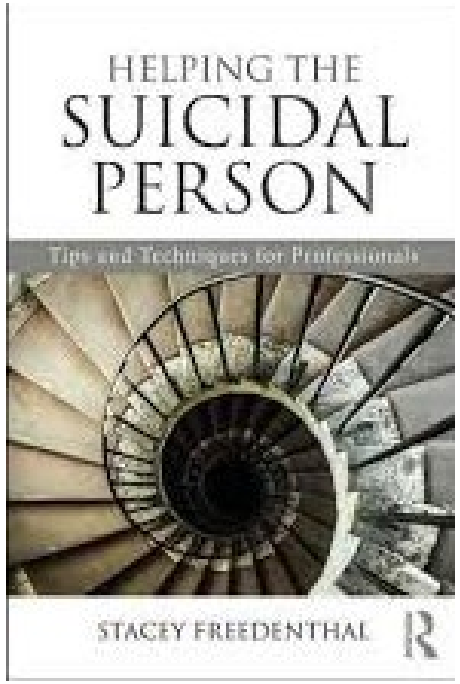


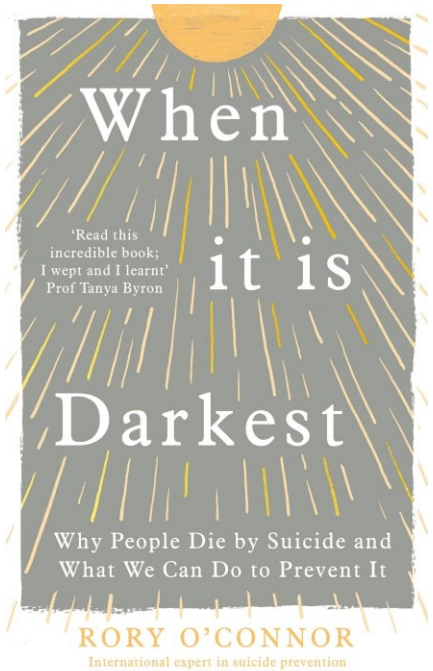


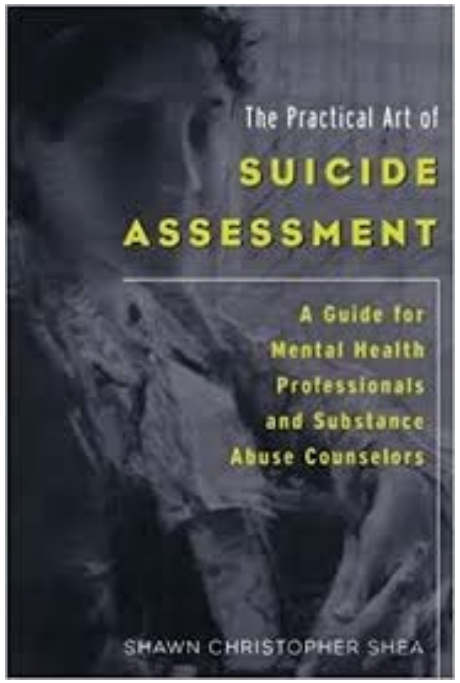


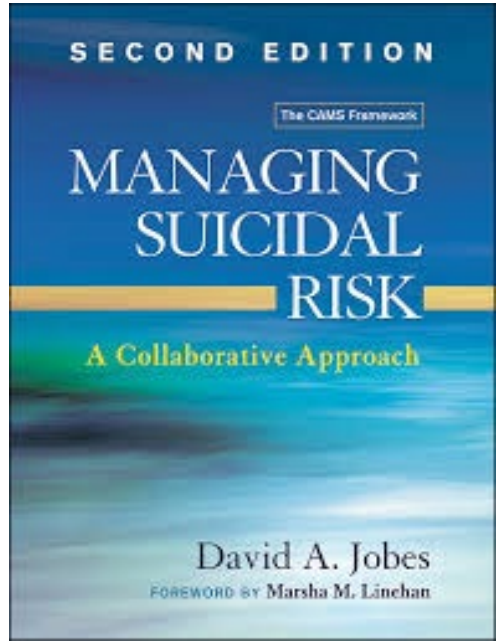


PRACTICAL TEXTS ON SUICIDE & ASSESSMENT

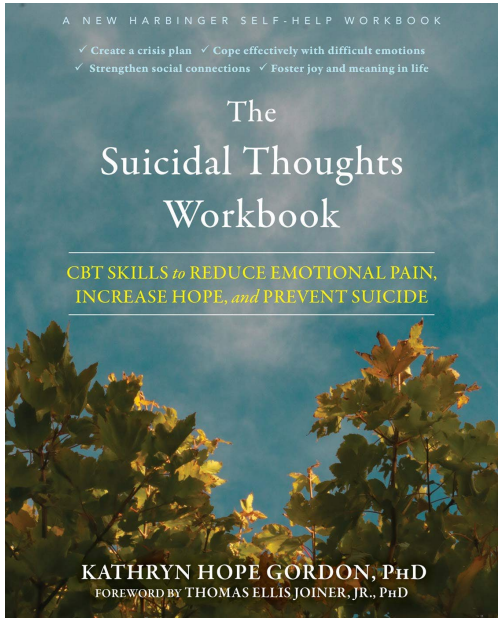


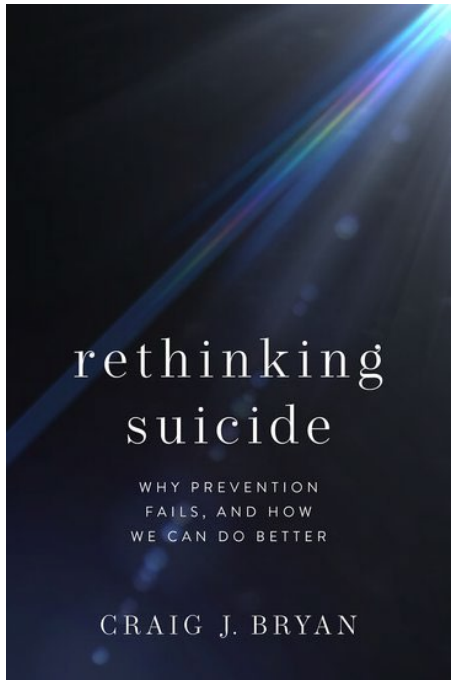


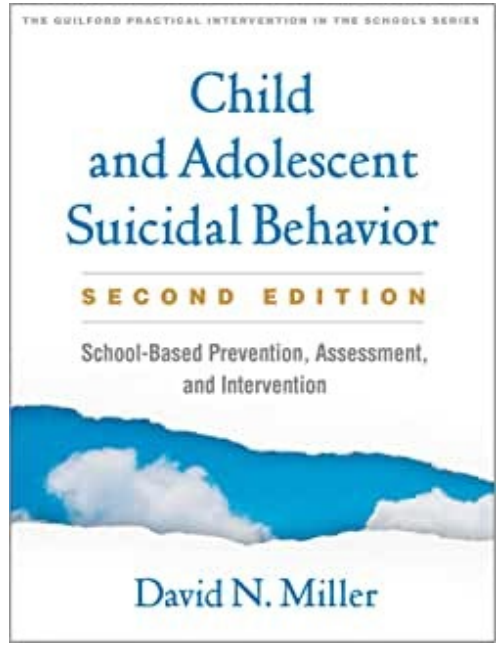




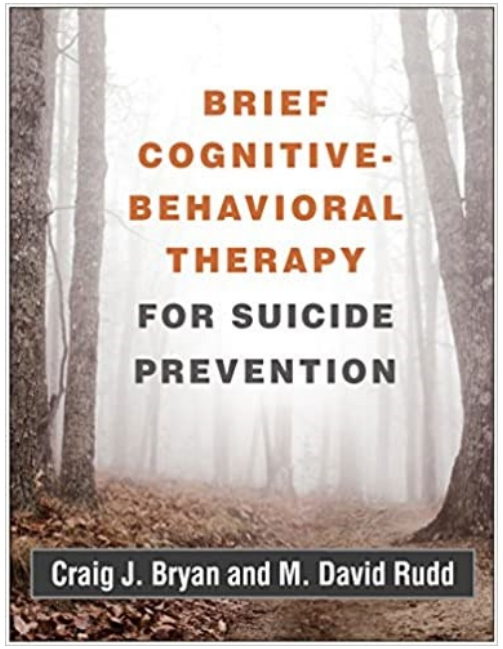
PRACTICAL TEXTS ON SUICIDE & ASSESSMENT

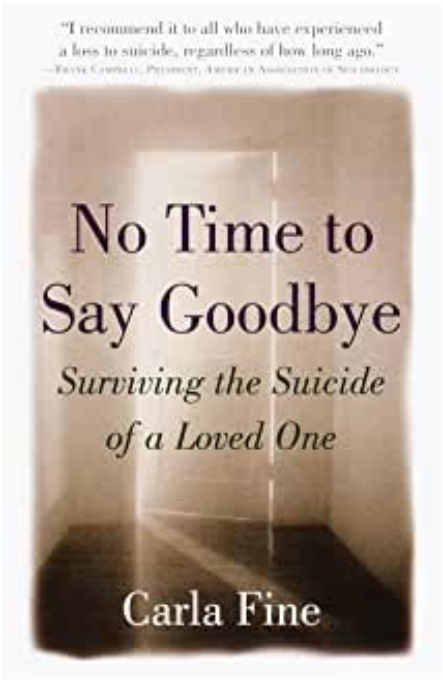


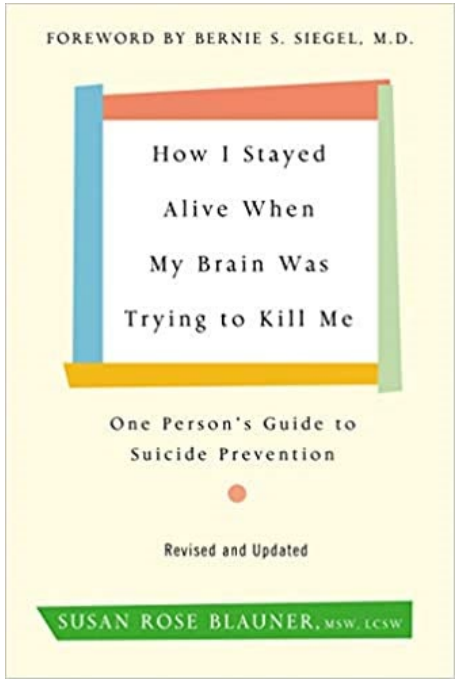


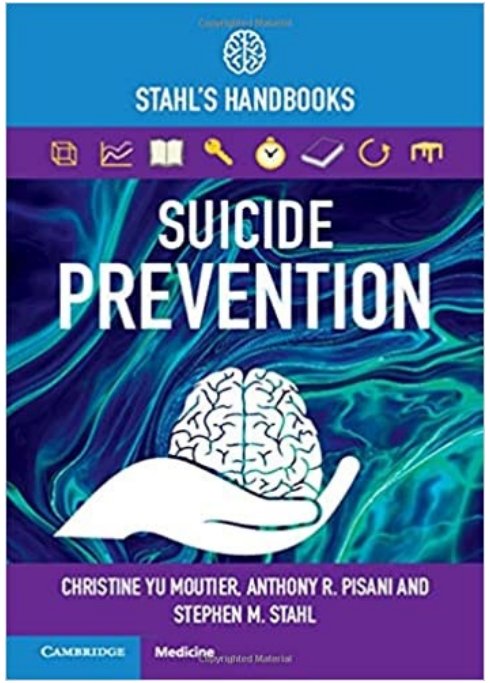


PRACTICAL TEXTS ON SUICIDE & BEREAVEMENT







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THANK YOU!

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