

Youth Suicide Prevention  
Training Module  
for  
Middle and High School  
Teachers

# Training Modules and Curriculum Developed for the Louisiana State Department of Education

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# Acknowledgments

- The majority of information in this training curriculum, designed for middle school and high school educators, came from the following sources:
  - Substance Abuse and Mental Health Services Administration, Preventing Suicide: A Toolkit for High Schools,
  - Center for Disease Control
  - American Foundation for Suicide Prevention, After a Suicide: A Toolkit for Schools
  - The Jason Foundation
  - The Suicide Prevention Resource Center
  - American Association of Suicidology
  - All other sources are cited within the document



**More Americans die by suicide each year than  
are killed by car accidents...**

**So why aren't we talking about it?**

*Always stay with someone who is in crisis. If you or a friend is in danger, call the  
National Suicide Prevention Lifeline, 1-800-273-TALK (8255).*

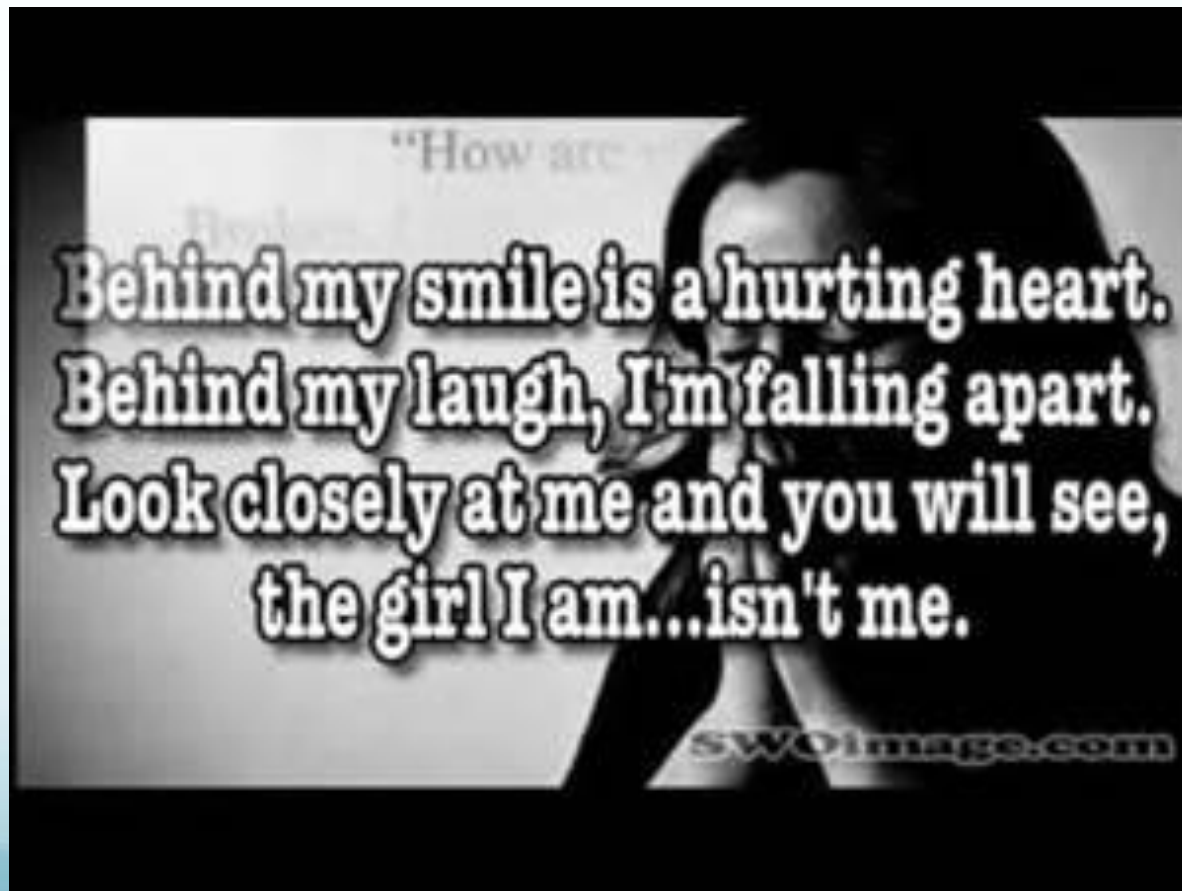
# Curriculum Objectives

- The information contained in this curriculum and other provided materials will help staff members:
  - Assess their current knowledge of facts related to suicide, mental health issues, and bullying as it pertains to suicide
  - Recognize and assess their readiness to respond to suicides and their ability to prevent them from occurring whenever possible
  - Understand their critical roles as members of the school community
  - Become familiar with and understand strategies that can help students who are at risk for suicide and bullying
  - Be able to respond to the suicide of a student or other school community member

# Curriculum Objectives

- To become familiar with best practices regarding suicide prevention
- Identify suicide prevention programs and activities that are effective for individual school communities in respect to cultural, gender, and ethnic differences
- To integrate suicide prevention with other initiatives and mandates in the schools
- Integrate suicide prevention activities that also fulfill other aspects of the school's mission such as drug and alcohol abuse prevention, bullying prevention, building stronger character traits in students, and developing safe and supportive communities.

# Are We Missing The Picture?





# Chapter 1: Introduction

# Myths and Facts

- Please take a moment to number your paper 1 – 8. This is a self-assessment to determine your baseline knowledge about suicide.



# #1

- “People who talk about killing themselves, rarely complete suicide.”

A blackboard with white chalk text. The text is arranged in five lines, reading: "NEVER LET", "A STUMBLE IN", "THE ROAD", "BE THE END OF", "THE JOURNEY".

NEVER LET  
A STUMBLE IN  
THE ROAD  
BE THE END OF  
THE JOURNEY

## #2

- “One should not try to discuss suicide with one that is depressed – it might put the idea in their head.”



# #3

- “The majority of suicides are among minority groups from lower socio-economic classes.”



## #4

- “Suicide rates are highest around Thanksgiving and Christmas.”



# #5

- “Suicide is primarily an impulsive act that occurs without warning.”

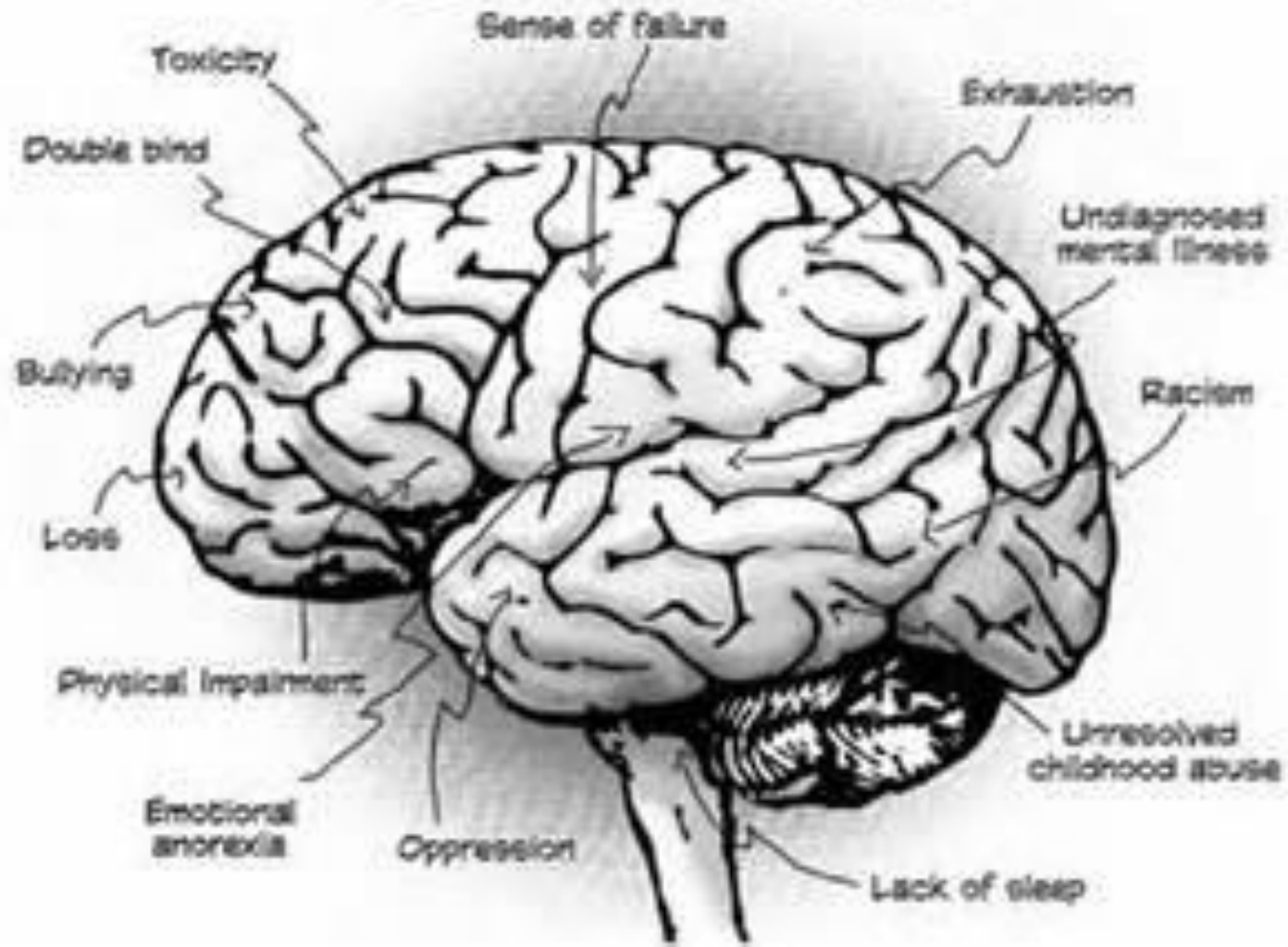


## #6

- “Suicide notes are rare because the person impulsively kills themselves before they have a chance to write a note.”



# ***SUICIDE NOTES***



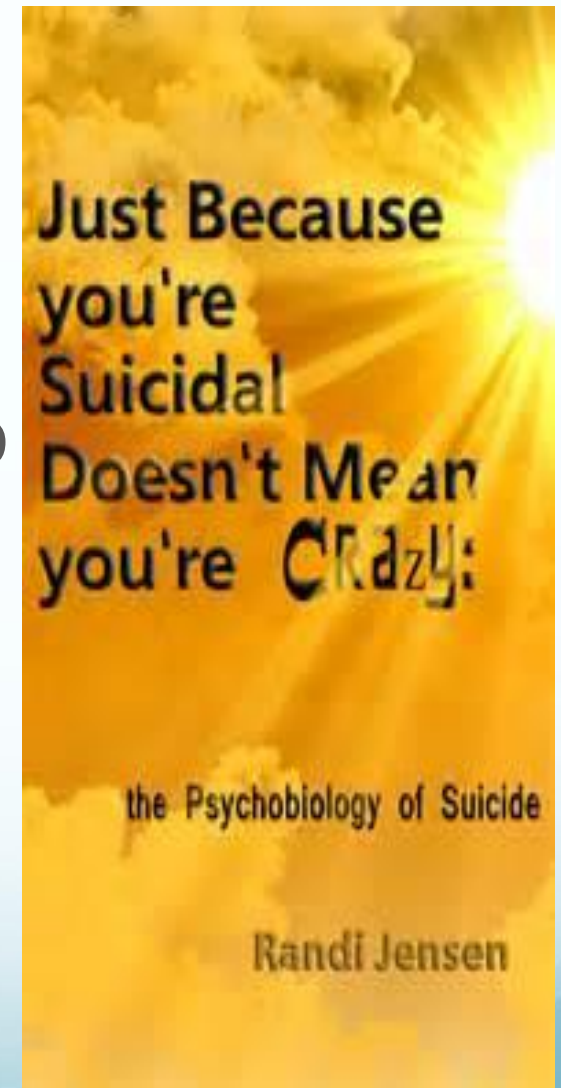
# #7

- “Improvement following a suicidal crisis means the suicide is over!”



# #8

- “There are two basic types of people who try to kill themselves – those who want to die and those that are just manipulative.”



# “What happened in our district could happen anywhere.”

“Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide...it wasn't on my agenda,” said a superintendent. “We just did not think it was going to happen here. Unfortunately, we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And, we realized we needed to involve everyone-the school staff, students, parents, and the community.”

---Superintendent in a New England School District

# First Reason Why Schools Should Address Suicide

- Maintaining a safe school environment is part of a school's overall mission.
  - Activities designed to prevent violence, bullying, and the abuse of drugs and alcohol may also reduce suicide risk among students (Epstein and Spirito, 2009)
  - Programs that support school connectedness and improve school climate help reduce the risk of substance abuse, bullying, violence, and suicide (Resnick, et al., 1997; Blum, McNeely, and Rinehart, 2002)
  - Efforts to provide caring adults and support safer schools often help protect against suicidal ideation and attempts among LGB youth (Eisenberg and Resnick, 2006)

# Second Reason Why Schools Should Address Suicide

- Students' mental health can affect their academic performance.
  - According to the Youth Risk Behavioral Survey (CDC, 2010), depression and other mental health issues can interfere with the ability to learn and can affect academic performance (YRBS, 2009).
    - 50% of high school students receiving mostly D's and F's felt sad or hopeless as opposed to only 20% of high schools receiving mostly A's and B's
    - 1 out of 5 high school students who received grades of mostly D's and F's attempted suicide, whereas 1 out of 25 who received mostly A grades attempted suicide

# Third Reason Why Schools Should Address Suicide

- A student suicide can significantly impact other students and the entire school community.
  - Adolescents can be susceptible to the suicide contagion which is often called the “copycat effect”...which may result in suicide clusters (unusually high numbers of suicides occurring in a small area over a brief period of time (Gould, Wallenstein, Kleinman, O’Carroll, and Mercy, 1990).
  - Knowing how to respond in the aftermath and doing so immediately, is key in their resiliency to bounce back.

# Fourth Reason Why Schools Should Address Suicide

- Schools have been sued for negligence for the following reasons (Lieberman, Poland, and Cowan, 2006):
  - Failure to notify a parent if their child appears to be suicidal
  - Failure to get assistance for a student at risk of suicide
  - Failure to adequately supervise a student at risk of suicide



Homicide is the **THIRD** leading cause of death among youth aged 15-24;  
*SUICIDE is the SECOND.*

**POLICE LINE DO NOT CROSS**

So why aren't we talking about it?



AMERICAN ASSOCIATION  
OF  
SUICIDOLOGY  
[WWW.SUICIDOLOGY.ORG](http://WWW.SUICIDOLOGY.ORG)

*Always stay with someone who is in crisis. If you or a friend is in danger, call the National Suicide Prevention Lifeline, 1-800-273-TALK (8255)*

# FERPA and Suicide

- Under the Family Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students' educational records. However, there are exceptions to this rule:
  - School officials can disclose information on students, without consent, to the appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals...such a threat may be determined in the case of a student who is suicidal or one who is expressing suicidal thoughts (Department of Education, 2010)
  - Activity 1: Assessing School Readiness

# Suicide Prevention and Behavioral Health

- **Behavioral Health** – “the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illnesses, and/or mental disorders” (SAMHSA, 2012, p. 14).
- SAMHSA’s Philosophy – behavioral health is essential to the nation’s health...schools have an essential role in preventing suicide and promoting behavioral health.

# School Connectedness and the Role in Behavioral Health

- According to the CDC (2009), school connectedness is “the belief by students that adults and peers in the school care about their learning as well as about them as individuals” (SAMHSA, 2012, p. 12).
- Making positive changes to the school climate, can result in positive behavioral health and improved academic achievement.
- Suicidal behavior can be reduced as connectedness increases, but strategies to increase connectedness should NOT be substituted for suicide prevention strategies.
- Activity 2: Assessing School Connectedness

# Chapter 2: Tools for Getting Started

# Statistics

- As reported by the Center for Disease Control (2010):
  - 1 out of every 53 high school students (1.9%) reported having made a suicide attempt that was serious enough to be treated by a doctor or nurse.
    - Females: 1 out of every 43 (2.3%)
    - Males: 1 out of every 62 (1.6%)
  - Suicide is the third leading cause of death among teenagers (CDC, 2009).
  - 1 out of every 16 high school students (6.3 percent) reported having attempted suicide at least once. This is 1 out of 22 male students (4.6%) and 1 out of every 12 female students (8.1%)

In the U.S., every 12.8 minutes, someone dies by suicide.

Make time to help a loved one.



AMERICAN ASSOCIATION  
OF  
SUICIDOLOGY  
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# Louisiana Statistics

- Louisiana is ranked 14 out of the 50 states for suicide. During 2012-2015, intentional self-harm rates were 12.8 for every 100,000 (America's Health Rankings, 2015).
- The highest ranked state (#50 - Montana) had 24.0 per 100,000 and the lowest ranked state (#1 - Massachusetts) had 8.3 per 100,000.





# Youth Statistics

- Suicide is the third leading cause of death in children between the ages 10 and 24 years of age.
- And the rates increase for college-aged students.
- In the U.S., it results in 4600 lives lost yearly.
- Forty percent of youth suicides are associated with an identifiable precipitating event.
- Girls are more likely to attempt suicide than boys, but boys complete more.

CDC, 2014

# Statistics

- SAMHSA (CDC, 2009) reported that in 2009, 1,852 young people between the ages of 13 – 19, died by suicide in the United States.
- Suicidal fatalities
  - Males comprised 78%
  - Females comprised 22%
- During 2009 (CDC, 2009) an additional 2,702 young people between the ages of 20 – 24, died by suicide in the United States. It is the second leading cause of death in this age group.

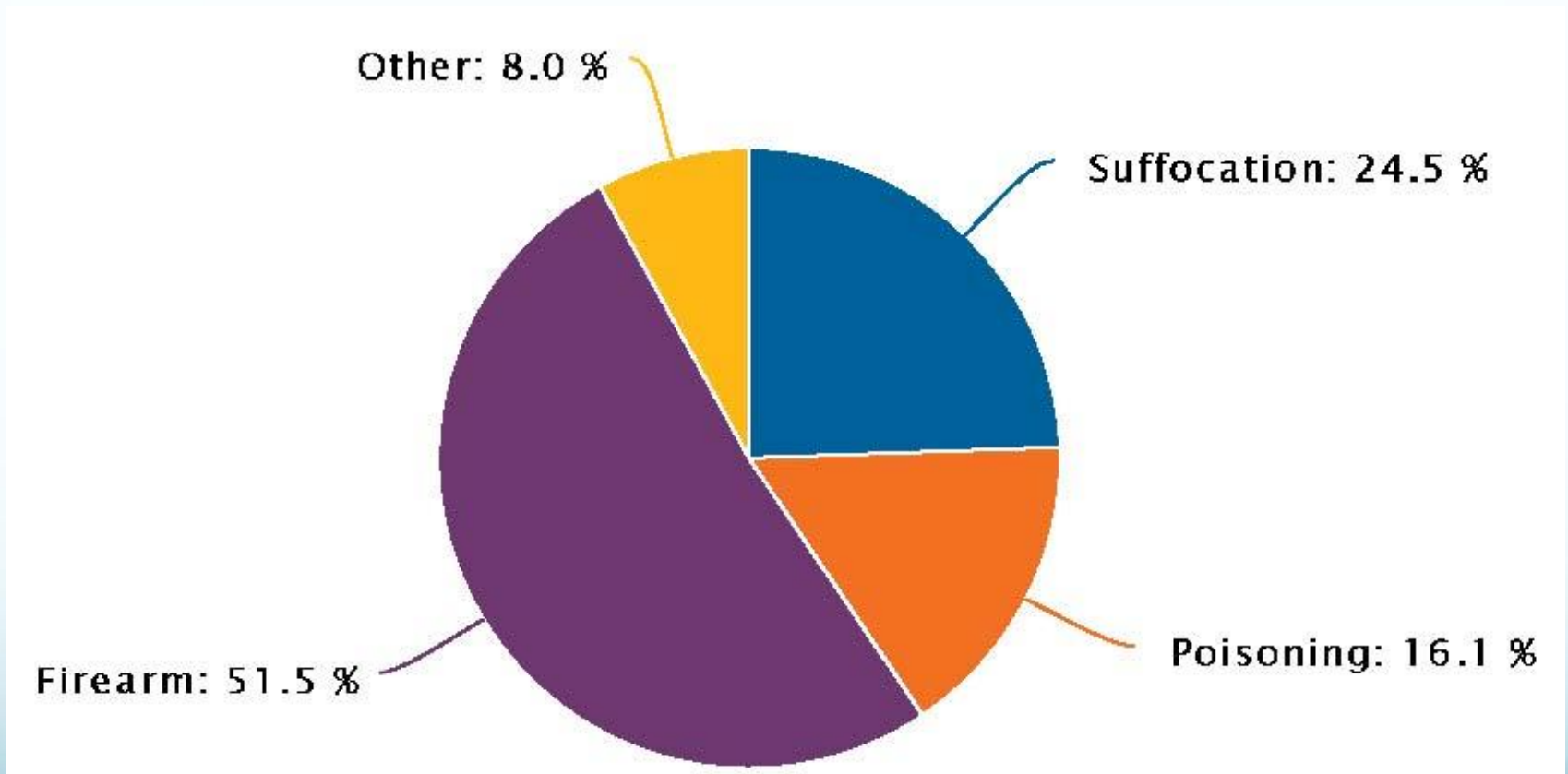
# Statistics by Ethnicity

- Suicide rates among certain ethnic groups are increasing at an alarming rate (Heron, 2007)
- The rates of suicide deaths among 13-24 year olds are as follows (# per 100,000):
  - American Indian/Alaska Native: 22.11
  - White: 9.47
  - Asian/Pacific Islander: 6.32
  - Hispanic: 6.46
  - Black: 5.74

# Suicide Methods

- The leading methods (means) by which youth ages 13-19 took their own lives:
  - Suffocation, including hanging (45.2%)
  - Firearms (42.7%)
  - Poisoning, including carbon monoxide (5.8%)
  - All other means (6.3%)
- As a whole, males choose more lethal means than females.

# Suicide Methods



# The Link Between Suicide and Substance Abuse

- According to the CDC (2006),... “the use of alcohol and other drugs might [sic] contribute substantially to suicides overall.”
- Comorbidity of substance abuse and/or depression and other health mental issues, increases suicide risk.
- Some adolescents use substances to self-medicate.
- Substance use has an impact on inhibition and critical thinking skills, which may play a role in the lethality of the means used. The CDC (2010) reported that 96% of the drug related suicide attempts (ages 12-17) who are seen in emergency departments involved prescription drug use.

# Suicide and Bullying

- Because of the increase in awareness and the number of students each year who report they have been bullied at school, Chapter 3 will cover this topic extensively.
- It is the goal of this curriculum to address the issue of bullying and suicide. By using this (6- 8 hour training curriculum, trainers will be able to redeliver materials to their school staff members and be able to address required yearly mandates:
  - Act 219 – Jason Flat Act (2 hours of suicide prevention required yearly for staff)
  - Act 861 – Bullying Prevention (4 hours of bullying prevention required yearly for staff)

# Personal Characteristics

- According to Kim, Leventhal, Koh, and Boyce (2009), some victims of bullying are at increased rate for suicide due to personal characteristics. These include:
  - Low self-esteem
  - Internalizing problems (anxiety, depression, withdrawal)
  - Low assertiveness
  - Aggressiveness in early childhood
- Both victims and perpetrators are at higher risk for suicide than their peers. They also are at increased risk for depression and other problems associated with suicide (Gini and Pozzoli, 2009).



# Risk Factors, Protective Factors, and Warning Signs

- **Risk Factors** – refers to personal or environmental characteristics that are associated with suicide. People affected by one or more of these risk factors have a greater probability of suicidal behavior.
- **Protective Factors** – are personal and environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to resist the effects of risk factors is known as **resilience**.
- **Warning Signs** – are indicators that someone may be in danger of suicide, either immediately or in the near future.

# Risk Factors: Personal Characteristics

- Low self-esteem
- Social alienation, isolation, lack of belonging
- Loneliness
- Recklessness, impulsivity, risk-taking
- Feelings of hopelessness/helplessness
- Poor problem-solving or coping skills
- Low stress and frustration tolerance
- Extreme weight perception
- Capacity to self-injure
- Perception of being a burden

# Risk Factors: Associated Behavioral Health Issues/Disorders

- Substance use or dependence
- DMDD, OCD, ICD, ODD (disruptive behavior disorders)
- Previous suicide attempts
- Depressive disorders / Bipolar
- Self-injury with intent to die
- Nonsuicidal Self-Injury
- Suicidal Behavior Disorder
- Genetic/biological vulnerability (abnormalities in serotonin)

# Suicidality as Addressed in the Diagnostic and Statistical Manual of Mental Disorders - 5

- Suicide Risk associated with other disorders
- Suicidal Ideation/Behavior as Criteria for other disorders
- Suicidal Behavior Disorder
- Nonsuicidal Self-Injury

# Suicidality in the DSM-5 → Suicidal Behavior Disorder

- Proposed disorder included in section on Conditions for Further Study
- Criteria include:
  - Suicide attempt within last 24 months Does not meet criteria for Nonsuicidal self—injury
  - Not suicidal ideation or preparatory acts
  - Not initiated during state of delirium or confusion
  - Not solely for political ore religious objective

# Suicidality in the DSM-5 → Nonsuicidal Self-Injury

- Proposed condition included in section on Conditions for Further Study
- Criteria include:
  - On 5 days of past year, engaged in intentional self-inflicted damage to the surface of the body; likely to induce bleeding, bruising, or pain → **no suicidal intent**
  - Expectations of relief from a negative feeling/cognitive state, resolution of an interpersonal difficulty, or induction of a positive feeling state
  - Behavior not socially sanctioned (e.g., body piercing, tattooing)
  - Causes clinically significant distress or dysfunction
  - Not better explained by another mental disorder or medical condition
- Most frequently begins in early teen years
- Frequently associated with comorbid or later onset of suicidal ideation/behavior

# *Non-Suicidal Self-Injury* (continued)

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- 1. Psychological precipitant**
- 2. Period of preoccupation with the intended behavior that is difficult to resist**
- 3. Thinking about self injury occurs frequently, even when not acted upon**
- 4. Contingent response → activity engaged in with expectations it will relieve an interpersonal difficulty, negative feeling, or cognitive state, or it will induce a positive feeling state during the act or shortly afterwards**

# Characteristics of Adolescent Depression and Anxiety

- Extreme sensitivity to rejection or failure
- Low self-esteem and feelings of guilt
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school
- Poor performance in school
- Threats or attempts to run away from home





# Characteristics Continued

- Sad, blue, irritable and/or complains that nothing is fun anymore
- Major changes in eating or sleeping patterns
- Eating disorders
- Low energy, poor appetite, and trouble concentrating
- Socially withdrawn and isolated



# Characteristics Continued

- Excessive worries
- Difficulty making friends
- Perfectionistic
- Rigid thinking and behavior patterns
- Phobias
- Episodes of being bullied



# Risk Factors: Adverse/Stressful Life Circumstances

- Exposure to suicide of peer
- Physical, sexual, or psychological abuse
- Chronic physical illness or disability
- Difficulty at school and / or work
- Bullying, either as a victim or perpetrator
- Disciplinary or legal problems
- Interpersonal difficulties or losses

# Risk Factors: Risky Behaviors

- Alcohol or drug use
- Delinquency and dropping out of school
- Risky sexual behavior
- Aggressiveness/violent behavior

# Risk Factors: Family Characteristics

- Parental mental health problems
- Parental divorce
- Family history of suicide or suicidal behavior
- Death of a parent or other relative
- Parent-child relationship problems

# Risk Factors: Environmental Factors

- Exposure to other suicides, leading to suicide contagion
- Access to lethal means
- Lack of acceptance of differences
- Expression and acts of hostility
- Weapons on campus
- Lack of respect for cultures of all students
- Limited access to mental health care
- Negative social and emotional environment at school

# ACE Study

- Adverse Childhood Experiences (ACE) study



# ACE Study

[http://www.cestudy.org/files/ACE\\_Score\\_Calculator.pdf](http://www.cestudy.org/files/ACE_Score_Calculator.pdf)

**Several people from Louisiana were trained in the ACE study. A list of available trainers is included in the activities packet.**



# Resilience

- Autonomy
  - Positive identity
  - Internal locus of control
  - Self-efficacy/mastery
  - Self-awareness
  - Resistance
  - Adaptive distancing
- Problem-Solving
  - Planning
  - Flexibility
  - Critical thinking
  - Resourcefulness

# Resilience

- Sense of Purpose
  - Goal directedness
  - Achievement motivation
  - Educational Aspiration
  - A special interest or hobby
  - Persistence
  - Imagination/creativity
  - Optimism/hope
  - Sense of meaning
- Social Competence
  - Responsiveness
  - Communication
  - Empathy/caring
  - Compassion
  - Altruism
  - Forgiveness

# Protective Factors: Family and Other Social Support

- Close friends and/or family members, a caring adult, and social support
- Strong family support (close relationships with parents, parental involvement, connectedness to family)
- Parental support of pro-social norms (parents disapprove of antisocial behavior, drinking, etc.)
- Family engagement with school and support for school

# Protective Factors: Individual Characteristics and Behaviors

- Adaptable temperament
- Good coping and problem-solving skills
- Emotional intelligence
- Positive mood, psychological and emotional well-being
- Internal locus of control
- Frustration tolerance and emotional regulation
- Self-esteem

# Protective Factors: School

- Being a part of a close school community
- Safe environment at school (accepting of all)
- Good academic achievement
- Respect for all cultures
- Connectedness to the school
- Positive school experience

# Protective Factors: Mental Health

- Access to care for mental, physical, and substance abuse disorders. But there must also be a willingness to utilize that care when it is needed.
- Easy access to care and support through on-going medical and mental health relationships

# Protective Factors: Restricted Access to Means

- Safety barriers for buildings, bridges, and other jump sites
- Restricted access to firearms
- Restricted access to medication
- Restricted access to alcohol

# Protective Factors



- Good communication and strong family ties
- Having a good support system of peers and close social networks...not 600 Facebook friends
- Positive school environment and being connected to the community
- Resiliency skills...problem-solving, coping, and conflict-resolution
- Easy access to mental health/medical resources
- Cultural and religious beliefs that discourage suicide and promote healthy living



# Recognizing and Responding to Warning Signs for Suicide

- The American Association of Suicidology created a group that organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs.
- Warning signs differ by age, group, individual, and culture.

# Warning Signs

- Hopelessness
- Rage, anger, seeking revenge
- Recklessness, risky behavior seemingly without thinking
- Expressions of feeling trapped (like there is no way out)
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose

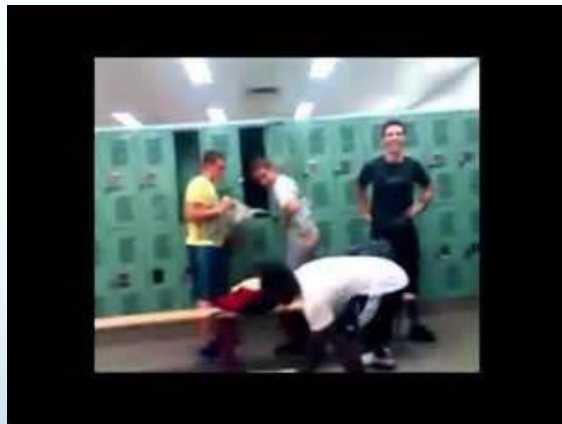
# Warning Signs and Corresponding Actions

- If...
  - Someone is threatening to hurt or kill themselves
  - Someone is looking for ways to kill themselves: seeking pills, weapons, or other means.
  - If someone is talking or writing about death, dying, or suicide, when these actions are out of the ordinary for that person
- Then...
  - Get help from a mental health provider, call 9-1-1 or your local emergency provider, or call the National Suicide Prevention Lifeline... **1-800-273-TALK (8255)**
  - **Shreveport Local Number: 1-877-994-2275**

# Chapter 3: Bullying and Suicide

# Definition of Bullying

- A **pattern** of one or more of the following:
  - Gestures, including but not limited to obscene gestures and making faces
  - Written, electronic, or verbal communications including but not limited to calling names, taunting, threatening harm, malicious teasing, or spreading untrue rumors
  - Electronic communication including but not limited to communication or image transmitted by email, instant message, text message, blog, or social networking website through the use of a telephone, mobile phone, pager, computer, or other electronic device
  - Physical acts, including but not limited to hitting, pushing, kicking, tripping, choking, damaging personal property, or unauthorized use of personal property
  - Repeatedly or purposely shunning or excluding from activities





# Three Key Components of Bullying Behavior

- Involves an **aggressive** behavior
- Typically involves a **pattern of behavior** that is **repeated over time**
- **Imbalance** of power or strength

Olweus Bullying Prevention Group, 2014



# Pattern of Behavior

- Pattern of behavior is exhibited toward a student more than once, by another student or group of students
- Occurs or is received on school property or at a school-sponsored or school-related function or activity
- Occurs in any school bus or van, at any school bus stop, or private vehicle used to transport students to and from schools or school sponsored events

# Pattern of Behavior Continued

- The pattern of behavior must:
  - Have the effect of physically harming a student
  - Place a student in reasonable fear of physical harm
  - Be damaging a student's property or they having reasonable fear of damage to their property
  - Be sufficiently severe, persistent, and pervasive to create an intimidating or threatening educational environment or have the effect of substantially interfering with a student's performance in school, or have the effect of sustainably disrupting the orderly operation of the school

# Requirements of Act 861

- **4 Hours of Bullying Prevention Conducted Yearly**
- **Review Your District's Student Code of Conduct – Bullying, Cyberbullying, Hazing, and Harassment**
- **Document and follow-through with consequences for bullying – Using the Mandated State Department Forms**
- **Provide Parents and Students a Written Copy of the Policy**
- **Students should also be informed of the proper procedure for reporting bullying – Document when this takes place at your school**

# Bullying

- Widespread and often neglected problem in schools
- In 2011...
  - 28% of students ages 12-18 reported being bullied at school during the year
  - 18% reported being the subject of rumors
  - 5% reported being threatened with harm
  - 3% reported that others tried to make them do things they did not want to do
  - 6% reported being excluded from activities on purpose
  - 3% reported having their property destroyed on purpose
  - 8% reported being pushed, shoved, tripped, or spit on and of these 21% were seriously injured

(Indicators of School Crime and Safety Report, 2012)

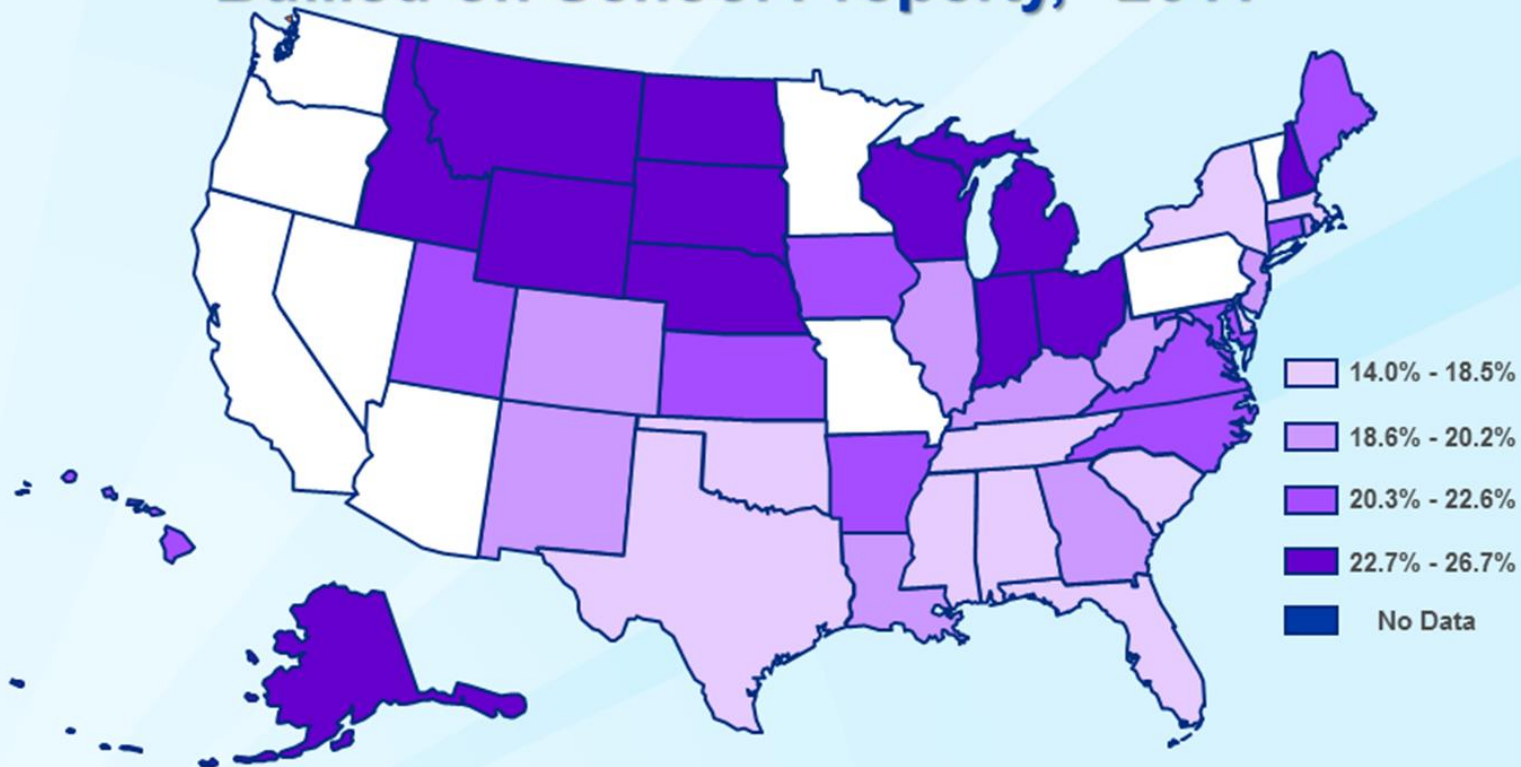
# Statistics Continued

- According to an Olweus study conducted by Clemson University (2013):
  - 16% of students involved in bullying were bullied in the past
  - Overall, 20% were directly involved
  - Approximately 7% bullied others on a regular basis
- That equates to....
  - 11 million young people (K-12) who are involved with bullying
  - Of those, 3 million have been bullied for a year or longer

# Statistics by Gender

- Nineteen percent of females and 16% of males were made fun of at school (name calling, insulted)
- Twenty-four percent of females and 13% of males were the subject of rumors
- Six percent of females and 5% of males were excluded from activities on purpose
- Males (9%) had a higher rate than females (7%) were pushed, shoved, tripped, or spit on

## Percentage of High School Students Who Were Bullied on School Property,\* 2011



\* During the 12 months before the survey.

Eaton, D., Kann, L., Kinchen, S., & et al. (2012). Youth Risk Behavior Surveillance — United States, 2011. *Morbidity and Mortality Weekly Report*, 61(SS-4), 1-162.

# Statistics by Ethnicity

- Of students ages 12-18...
  - 31% of White students were bullied
  - 27% of Black students were bullied
  - 22% of Hispanic students were bullied
  - 9% of Asian students were bullied





# Statistics by Grade

- 6<sup>th</sup> Grade – 37%
- 7<sup>th</sup> Grade – 30%
- 8<sup>th</sup> Grade – 31%
- 9<sup>th</sup> Grade – 26%
- 10<sup>th</sup> Grade – 28%
- 11<sup>th</sup> Grade – 24%
- 12 Grade – 22%

# Statistics by Location

- 32.8% Classroom
- 45.6% Hallways and stairwells
- 11.0% Locker rooms / restrooms
- 8.6% Cafeteria
- 22.1% Outside on school grounds
- 7.4% School bus
- 1.9% Somewhere else in the school



# Statistics by Frequency

## Bullying at School

- 64.5% Once or twice in the school year
- 18.5% Once or twice a month
- 9.2% Once or twice a week
- 7.8% Almost every day

## Cyberbullying Anywhere

- 71.9% Once or twice in the school year
- 19.6% Once or twice a month
- 5.3% Once or twice a week
- 3.1% Almost every day

# Bullying and Children with Disabilities

- Unfortunately, children with disabilities are more likely to be bullied than their non-disabled peers.
- Those students who are pulled out of regular classrooms to go to special education classrooms are more likely to be bullied.

# Prevalence Rates of Bullying Vary Greatly Due to Definitions

- According to the CDC, Olweus, the National Center for Violence Statistics, the Logan study and others, prevalence rates are as follows (Disabled v. Non-Disabled):
  - Intellectual Disabilities – 62% v. 41%
  - ADHD – 34% v. 22%
  - Stuttering – 38% v. 11%
  - Partial Paralysis – 45% v. 13%
  - Asperger's/ASD – 21% v. 10%
- In general, any child with physical, sensory/neurological, intellectual disabilities, learning disabilities, multiple disabilities, and chronic illnesses are more likely to be bullied than their non-disabled peers.

# Just Being Different Can Be a Risk Factor

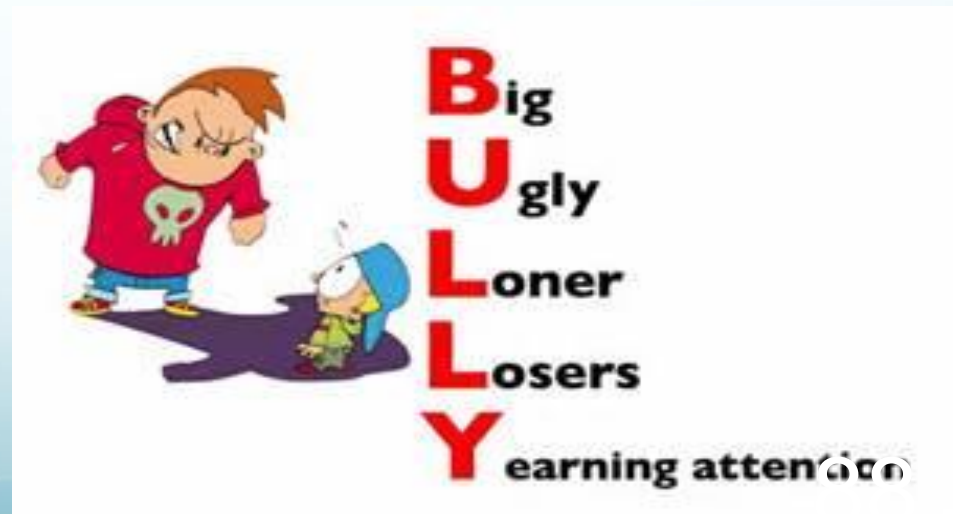
- Children are picked on due to individual characteristics such as:
  - Type of disability (observable and BD characteristics)
  - Severity
  - Communication difficulties
  - Those with fewer friends
  - Those who have more academic challenges
  - Those with higher absenteeism
- School characteristics can also be important factors:
  - Educational setting
  - Special Education status
  - Culture – acceptance of those with disabilities

# Who Is Involved in Bullying?

- **Perpetrator:** individual who bullies others
- **Victim:** individual who is bullied by others
- **Bully/victim:** bullies others and is bullied
- **Witness:** observes others being bullied
- **Bystander/Not Involved:** watches or does not report any involvement with bullying

# Bully

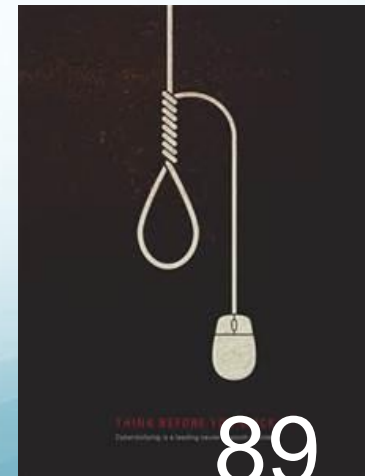
- “A bully is someone who does not care about gender, race, age, culture, ability, disability, where you live, the language you speak, ethnicity, religious affiliation, class, or socio-economic status. However, a bully does care about finding new ways to torment his or her targeted victims” (CPI, 2014)





# True Impact of Bullying

- **For Victims:**
  - Psychosomatic complaints such as difficulty sleeping, headaches, and stomachaches
  - Anxiety, depression and other psychological problems that may contribute to suicide
  - School refusal
  - Use of medicines, alcohol, and other drugs
  - Lower self-esteem



# True Impact of Bullying

- **For Perpetrators:**
  - More likely to use or carry weapons
  - Truancy issues, drop out of school
  - Increase in physical and emotional aggression with romantic partners
  - More likely to be injured in a fight
  - More likely to steal or vandalize property
  - Often perceive a negative climate at school
  - This may be a part of a mental health issue that needs to be addressed (conduct disorder) or a pattern of social maladjustment
  - This pattern may continue into adulthood
  - “Bullies” are 4 times more likely to have 3 or more convictions by age 24

# Characteristics of Bullied Students

- **Two major categories of bullied children:**
  - Submissive or Passive Victims
  - Provocative Victims or Bully-Victims

# Impact of Cyber-bullying

- **Victims are more likely to:**
  - Experience distress
  - Skip school
  - Experience isolation and distress
  - Use alcohol and other drugs
  - Carry a weapon for protection
  - Feel embarrassed that they cannot resolve the problem so they often do not inform parents
  - Report feeling vulnerable and unsafe at school



# Cyber-bullying

- According to a 2009 study on cyber-bullying conducted with teenagers (13 – 18):
  - 15% cyber-bullied; 10% by cell phone
  - 7% bullied others; 5% by cell
  - 17% of 10-11 year olds cyber-bullied others
  - 36% of 12-17 year olds cyber-bullied others
- Cyber-bullying is increasing:
  - 68% teased others
  - 53% spread lies or rumors
  - 35% had their identity stolen
- The most common technology used: Instant Messages (IM), chat rooms, and websites.

# Technology

- Teens (ages 13-18) spend an average of 27 hours online (per week)
  - 91% have sent emails
  - 60% have an instant message screen name
  - 73% have a cell phone
  - 72% have a profile on a social networking site
- My Space is the most popular with over 100 million accounts (1/4 are minors)

# What's Unique to Cyber-bullying

- Anonymity (Done by another student or stranger and ½ of those bullied don't know who bullied them)
- Disinhibition
- Accessibility
- Punitive Fears (Both victims and perpetrators fear that their phone or other technology will be taken away from them)
- By-standers (take on a different role)

# Bullying and Suicide

- In 2011, the Center for Safe Schools and Dr. Mary Margaret Kerr (University of Pittsburgh) conducted research related to bullying and suicide. Of those that attempted suicide:
  - 16% were bullied 2 or more times monthly
  - 10% bullied others 2 to 3 times per month
  - Approximately 20% of girls and 25% of boys are involved in bullying
  - And 20% (girls) to 25%(boys) were bullied for a year or more; Girls are more fearful.
  - Most common forms:
    - Verbal
    - Rumor spreading
    - Social exclusion



# Those At Higher Risk of Being Bullied

- Cautious, shy, quiet
- Those with internalizing problems (withdrawal, anxiety, depression)
- Low assertiveness
- Low self-esteem
- Those with fewer friends
- Early maturing girls
- Late maturing boys
- Aggressiveness in early childhood
- Those with physical impairments, chronic health issues, obese, special needs, or LBGQTQ

# Risk Factors: The Link Between Suicide and Bullying

- Risk factors that can contribute to a child's risk of suicidal behavior can also increase the child's risk of being bullied.
- Being bullied further heightens the risk for suicide (as well as for anxiety, depression, and other problems associated with suicidal behavior).
- Personal risk factors do not cause bullying, but they act in combination with other risk factors associated with:
  - The family – domestic violence, child maltreatment, parental mental health issues
  - The school environment – inconsistent and ineffective discipline, lack of adult supervision, poor school climate and connectedness

# Mental Health Link

- Depressed and anxious children are more likely to be bullied and bully-victims are at highest risk (Gini and Pozzoli, 2011)
- Those exposed to bullying are (Klomek, et al.(2008):
  - 11 times more likely to have depression
  - 8 times more likely to have suicidal ideation
  - 6 times more likely to have attempted suicide
- Victims of cyber-bullying are two times more likely to have Suicidal Ideation and more attempts. And victimization was more strongly related to suicidal ideation (Hinduja and Patchin, 2010)

# Bullying Behavior May Violate Criminal or Civil Law

- **Physical Bullying** – assault; stalking
- **Gender Bullying** – sexual harassment or assault, dating abuse, or domestic violence
- **Intimidating for Gain** – extortion
- **Rumors/Lies** – defamation of character
- **Sexting** – child pornography
- **Cyber-bullying** – harassment by communication; stalking
- **Bullying based on race, national origin, sex, or disability (Civil Rights Violation)**

# Additional Consequences for School Districts

- Ramsey School District – Eric Smith Middle School (New Jersey) settled a lawsuit costing the district \$4.2 million dollars. The district paid the family of Sawyer Rosenstein after a series of attacks by a bully which resulted in Sawyer being paralyzed from the waist down.
- Average lawsuits being won range from \$98,000 to \$20 million
- If a teacher or administrator fails to report and take action, they can be held personally liable

# The Reality!

All schools have bullying issues. It's up to us to recognize the problem, talk about it, and intervene. Not responding can result in long-term mental health issues, loss of academic instruction time, and...lawsuits!



# Interventions

- Work on the improving the school climate
- Assess your needs and levels of bullying that may be occurring on your campus
- Seek out support
- Form a group to coordinate efforts
- Train all staff
- Establish school rules and policies
- Increase adult supervision
- Intervene consistently and appropriately
- Focus class time on bullying prevention
- Continue efforts over time

Lizzie Velasquez. She has appeared on many talk shows and Ted Talks about this subject based on her experiences with a rare disorder that doesn't allow her to gain weight. She has been called "the world's ugliest woman." The bullying she received growing up has only ignited a fire within her to overcome and to help others overcome these challenges.





[Stopbullying.gov](http://Stopbullying.gov)

# Chapter 4: Protocols for Helping Students at Risk for Suicide

# Steps to Develop Protocols to Help Students At Risk for Suicide

- Step 1: Convene a group to create protocols for helping students at risk of suicide
  - Possible group composition: school mental health professionals, administrators, teachers, resource officers, member of the school Crisis Response Team
  - Activity 3: Chart of School Staff Responsibilities

# Steps to Develop Protocols to Help Students At Risk for Suicide

- Step 2: Identify the Suicide Risk Response Coordinator
  - Designate one individual and one alternate to serve as the points of contact (Suicide Risk Response Coordinator)
  - Ensure all staff know these individuals
  - If there is a concern...take immediate action...
    - Inform the school administrator
    - Inform the Suicide Risk Response Coordinator
  - See Activity 4 (Chart of Community Partners) and Activity 5 (Questions for Mental Health Providers)

# Steps to Develop Protocols to Help Students At Risk for Suicide

- Step 3: Identify and involve mental health service providers to whom students can be referred.
- Providers may include:
  - Hospitals, emergency departments with psychiatric units
  - Community mental health providers
  - Psychiatric hospitals
  - Psychologists, social workers, psychiatrists, counselors
  - Primary care providers
  - Depending on the culture...spiritual leaders or traditional leaders

# Steps to Develop Protocols to Help Students At Risk for Suicide

- Step 4: Develop a protocol to help students at risk for suicide
  - Develop a protocol to include:
    - Assessing suicide risk
    - Notifying parents
    - Referring to a mental health service provider
    - Documenting the process
    - See Activity 6: Protocol for Helping a Student at Risk for Suicide
  - Assessing suicide risk

# Steps to Develop Protocols to Help Students At Risk for Suicide

- Assessing suicide risk
  - All students who are potentially at risk for suicide must be assessed for suicide risk (levels of risk...low, medium, high).
  - Assessing individual risk is key for getting assistance, providing support, treatment, and developing a plan to ensure safety. Only mental health professionals who have been trained to assess risk using a scientifically validated process should do so.
  - See Activity 8 (Suicide Risk Assessment Resources)

# Steps to Develop Protocols to Help Students At Risk for Suicide

- Notifying parents
  - Parents must always be notified of the potential suicide risk unless doing so would exacerbate the situation.
  - See Activity 9 (Guidelines for Notifying Parents)
  - See Activity 10 (Parent Contact Acknowledgement Form)
- Referring the student to a community provider
  - Know your school district's policy.
  - See Activity 11 (Guideline for Student Referrals)
- Documenting the process
  - Helps with communication among staff
  - Ensures safety of the student
  - See Activity 12 (Student Suicide Risk Documentation Form)



# Steps to Develop Protocols to Help Students At Risk for Suicide

- Step 5: Develop a protocol for responding to a suicide attempt in the school or on the school campus
  - See Activity 13 (Protocol for Responding to a Student Suicide Attempt)

# Steps to Develop Protocols to Help Students At Risk for Suicide

- Step 6: Plan for managing a student's return to school.
  - Returning to school from any mental health crisis or hospital stay can be very stressful and can cause emotional strain.
  - Support and monitoring are key, especially when the student first returns and on the anniversary.
  - Have a primary point of contact for the student...counselor, school psychologist, etc.
  - Parents should be involved in all stages of the process.
  - A re-entry plan is strongly recommended.
  - See Activity 14 (Guideline's for Facilitating a Student's Return to School)

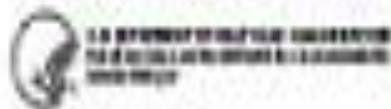
# Steps to Develop Protocols to Help Students At Risk for Suicide

- Step 7: Help staff understand the protocols
  - All staff should be briefed about protocols yearly during staff meetings or at in-service trainings
  - Review the list of all team members and select new members when ones leave
  - Periodic reminders in newsletters or emails is strongly encouraged
  - Include copies of protocols in the school crisis plan and teacher handbooks

The Lifeline  
is **FREE**,  
confidential, and  
always available.

**HELP**  
a loved one,  
a friend,  
or yourself.

Community crisis centers  
answer Lifeline calls.



Nada(202) - Free(202)  
1-800-273-8255

NATIONAL  
**SUICIDE**  
PREVENTION  
**LIFELINE**  
1-800-273-TALK (8255)

Learn the  
Warning  
Signs.

- Ask:
  - If you think the person might harm  
him- or herself, do not leave the person  
alone.
  - Say "I'm going to get you some help."
  - Call the National Suicide Prevention  
Lifeline, 1-800-273-TALK. You will be  
connected to the nearest available crisis  
center. Or ...
  - Go to SAMHSA's Mental Health  
Services Locator ([www.mentalhealth.gov/locator](http://www.mentalhealth.gov/locator)) or Substance  
Abuse Treatment Facility Locator  
(<http://www.samhsa.gov>).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Suicide Prevention Lifeline  
Nada(202) - Free(202)  
1-800-273-8255

Assessing Suicide Risk:  
Initial Tips for Counselors

NATIONAL  
**SUICIDE**  
PREVENTION  
**LIFELINE**  
1-800-273-TALK (8255)  
[nad@preventionline.org](mailto:nad@preventionline.org)

La Red Nacional  
de Prevención  
del Suicidio es  
**GRATUITA** y  
confidencial y está  
siempre disponible.

**AYUDE** a una  
persona querida  
o a un amigo,  
o ayúdese a  
sí mismo.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Suicide Prevention Lifeline  
Nada(202) - Free(202)  
1-800-273-8255

RED NACIONAL  
de  
PREVENCIÓN  
del  
**SUICIDIO**  
1-888-628-9454

Conozca  
las señales  
de peligro.

# Confidentiality

- Remember FERPA guidelines...otherwise there could be legal and ethical issues that arise!
  - Avoid classroom discussions about particular incidents and students
  - Discourage gossip
  - Know your district's policy before you allow a student to talk about their attempted suicide with others in class. If your district allows this disclosure, you should know exactly what will be discussed and both the teacher and a mental health professional should be present.
  - Safety of the student is key. Staff do not need clinical information or a detailed history. Restrict what is discussed to the student's treatment and support needs.

# Chapter 5: After a Suicide

# Chapter 5: After a Suicide

- Key Concepts
  - **Survivor** – is a person who has experienced the suicide of a family member, friend, or colleague.
  - **Attempt Survivor** – a person who attempts suicide but does not die.
  - **Suicide Contagion** – “process by which the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide” (Davidson and Gould, 1989).
  - **Postvention** – programs and interventions for survivors following a death by suicide. Activities are designed to help alleviate suffering and emotional distress of suicide providers and help prevent contagion.

# Kevin Hines





# Teen Trends

- Smoking “Smarties”
- Duct tape challenge
- Vodka gummie bears
- Pharming
- Pass out game
- Salt and ice challenge
- Cinnamon challenge



# The Choking Game

[http://www.youtube.com/watch?v=CpugH4AJJFI&feature=player\\_embedded#t=3](http://www.youtube.com/watch?v=CpugH4AJJFI&feature=player_embedded#t=3)

Note: This video is graphic, only intended for adults (real-life 911 calls). Anyone who feels they may not be able to handle this may leave the room for 5 minutes. A staff member will come into the hallway to get you at the conclusion of the video.



# Purple Drank

- Combination of brewing cough syrup with codeine and soft drink or candy (usually Sprite or Jolly Ranchers)
- Mostly used by tweens and teens
- Made popular in the 1990's and still is being used today
- Referred to in many Rap songs
- A single use can be lethal to an inexperienced user
- Side effects: inability to concentrate, drowsiness, feeling slowed down, constipation, nausea, vomiting, and difficulty or slowed breathing



# Bath Salts

- Sold legally in head shops as long as the label says “Not for Human Consumption”
- Outlawed in Louisiana in 2011...but different forms are constantly hitting the market...and those are still legal!
- Contain mephedrone and MDPV which cause hallucinations and psychosis
- Can be snorted, smoked, or injected
- Causes intense cravings that result in binges and can lead to suicide
- Over 3,470 calls to poison centers in only 28 states...due to bath salt use
- Called “Voodoo”, “Mardi Gras”, other catchy names with Louisiana themes

# Bath Salts Continued



# Planking

- New teen trend where they lie face down like a board and someone snaps a picture of them
- Has caused numerous injuries and a few deaths, most by falling off of a balcony or roof



# Supplement Overdose

- Overdosing on protein enhancements is becoming more common place
- Over 40% of all young athletes use protein enhancements such as power bars, powders, pills, and shakes (NIDA, 2014)
- Overdose side effects include:
  - Kidney stones
  - Calcium depletion
  - Muscle cramping
  - High blood pressure
  - Weight gain
  - Heart problems



# Vodka Eyeballing

- Vodka Eyeballing - Using a shot glass full of vodka and holding the shot glass or bottle directly to their eye
- The blood vessels in the eye quickly absorb the alcohol through the mucous membrane and it enters the bloodstream quickly through the veins in the back of the eye
- May yield a quick buzz
- Possible long-term consequences:
  - Can scar and burn the cornea
  - Can cause blindness(NIDA, 2014 and SAMHSA, 2014)



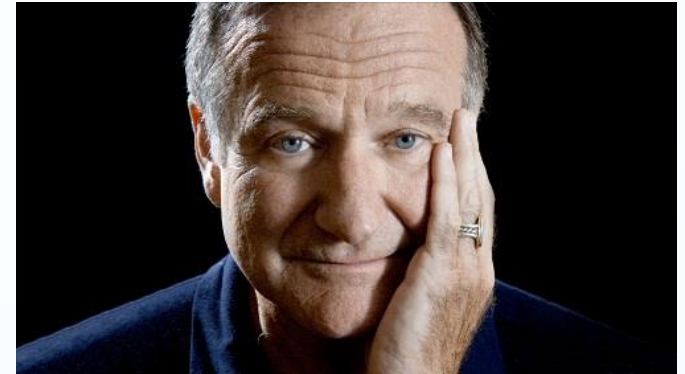


# Death and It's Impact

- Any death, but especially suicide, can:
  - Threaten the adolescent sense of vulnerability
  - Leave them susceptible to suicide contagion
  - Make it difficult for students to focus on academics and other regular activities
- Death of a role model can produce conflicting feelings, including loss and betrayal.

# Celebrity Suicide

- Robin Williams
- Lee Thompson Young
- Amy Winehouse
- Phillip Seymour Hoffman



# Suicide Contagion: Identifying Others at Risk

- Students who:
  - Are dealing with stressful life events
  - Have a history of suicide attempts
  - Are close to the deceased
  - Have fought with or who have been bullied by the deceased
  - Were eyewitnesses to the death or found the deceased
  - Received communication from the deceased

# Suicide and Social Media

- Most adolescents use social media to keep abreast of news, get information, and socialize with friends.
- Social media includes blogs, internet bulletin boards, social networking sites, and wikis.
- School staff must be informed about the type of information and misinformation reported on these sites. Staff responses (see your district's policy) could include:
  - Dispelling rumors
  - Reinforcing the connection between suicide and mental illness
  - Offering resources such as hotline numbers, etc.

# After a Suicide

- Schools should strive to treat all students' deaths the same way. At the same time, due to the vulnerability of adolescents, it's important not to glamorize, romanticize, or simplify the suicide/death inadvertently.
- Schools should emphasize that the student who died from suicide was likely struggling with a mental disorder (this may or may not have been known or diagnosed) that caused substantial psychological pain.
- Assure students that help is available for anyone who may be struggling with suicidal thoughts or mental health issues.

After a Suicide: A Toolkit for Schools (2011)

# Taking Care of Staff Who are Impacted and Responders

- Staff members may have a difficult time. They may experience guilt, if they think they could have done something to prevent the death.
- Monitor staff closely, especially those who are survivors, who were closer to the student, or who may have lost others from other means.
- First-Responders, especially those responsible for responding to the suicide or those who provide support during the event, may need additional support due to the intensity of the emotional pressure.

# Steps to Develop Protocols for Responding to a Suicide

- Step 1: Convene a group to create the protocols
  - Mental health professionals
  - Member of the school's crisis response team
  - Administrator
  - Staff members who know the school personnel and their roles, skills, and personalities
  
- Step 2: Identify community partners that can help

# Steps to Develop Protocols for Responding to a Suicide

- Step 3: Create a protocol for your school's immediate response to a suicide
  - What does your school or district currently have in place?
  - Are there procedures (local, state, Federal) to which your activities and protocols must conform?
  - Does your district have a crisis response plan? Does it include procedures for responding to a suicide?
  - Do the current protocols fit your needs?



# Steps to Develop Protocols for Responding to a Suicide

- Step 4: Include the immediate response protocol in your school's crisis plan. Include the following:
  - A **Suicide Response Coordinator** and a **Backup Coordinator**
  - A procedure for deciding when to implement the protocol
  - Contact information for people and agencies
  - Resources
- Step 5: Create a protocol for long-term response to a suicide

# Steps to Develop Protocols for Responding to a Suicide

- Step 6: Help staff understand the protocols
- Step 7: Update the protocols
  - Staff members and community resources change yearly
  - Immediate Response Protocols
    - See Activities 15 - 23
  - Long-Term Response Protocols
    - See Activity 24

# Considerations

- Confirm the cause of the death
- Sample language to use if the family refuses to permit disclosure
  - *“The family has requested that information about the cause of death not be shared at this time”*
  - *“We know there has been talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal”*
- Crisis Response Team - Usually the lead psychologist or counselor has control and responsibility for the duration of the crisis

After a Suicide: A Toolkit for Schools (2011, p. 9)

# Considerations: Meeting for Staff Prior to School

- Introduce and have crisis team members ready
- Share accurate information and how the plan will unfold throughout the day
- Give staff time to express their own emotions, ask questions, etc.
- Provide a prepared statement
- Inform staff about crisis counseling (how, when, and where they can be accessed); Refer at-risk students
- Media will be briefed by the designated spokesperson

# Memorialization

- Schools should strive to treat all deaths in the same way. However, because adolescents are vulnerable and there is risk for suicide contagion, schools must be careful not to glamorize or romanticize the student or the death.
- It is also important to emphasize the connection between suicide and underlying mental health issues.

# Our Role: To Help Students Identify and Express Their Emotions

- Emotions vary greatly:
  - Reluctant to talk
  - Overly emotional (uncontrollable crying, wailing)
  - Blank stares
  - Humor
- Some students will need help identifying their emotions. Some may manifest as physical symptoms (psychosomatic complaints):
  - Upset stomach
  - Difficulty sleeping
  - Shortness of breath
  - Changes in mood, irritability
  - Fatigue

# Coping Mechanisms

- Relaxation techniques
- Exercising
- Listing those they can lean on for support
- Focusing on their individual goals
- Engaging in favorite activities
- Reminding them of how they have coped with other difficult situations in the past; problem-solving

# Considerations: End of the First Day

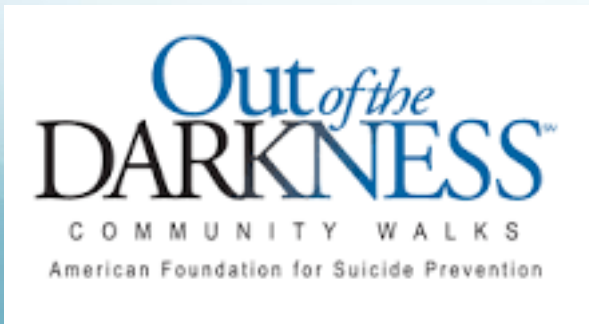
- Debrief (share experiences, concerns, ask questions)
  - Thank the staff for their assistance
  - Review challenges and successes
  - Review which students and staff may need additional support (refer accordingly)
  - Disseminate information (funeral arrangements, food, how to getting or cleaning out the child's backpack, locker, return of books, outstanding fees)
  - Discuss plans for the week
  - Document all efforts
  - Self-care....is most important



# From Tragedy to a Mission



**if** The **Jason Foundation**





Loving Mother, Friend  
and Angel to us all.



Wendy Dupuis  
3-3-66 2-23-04

# Chapter 6: Staff Education and Training

# The Importance of Staff Education

- Knowledge is power! Because suicide poses a risk to students, ensuring staff are aware of this fact is one step in reducing potential suicides. “An ounce of prevention is worth a pound of cure.”
- All staff should be trained to recognize the warning signs of suicide and take appropriate action if a student displays these warning signs.
- Appropriate mental health professionals should be trained to assess the risk of suicide.

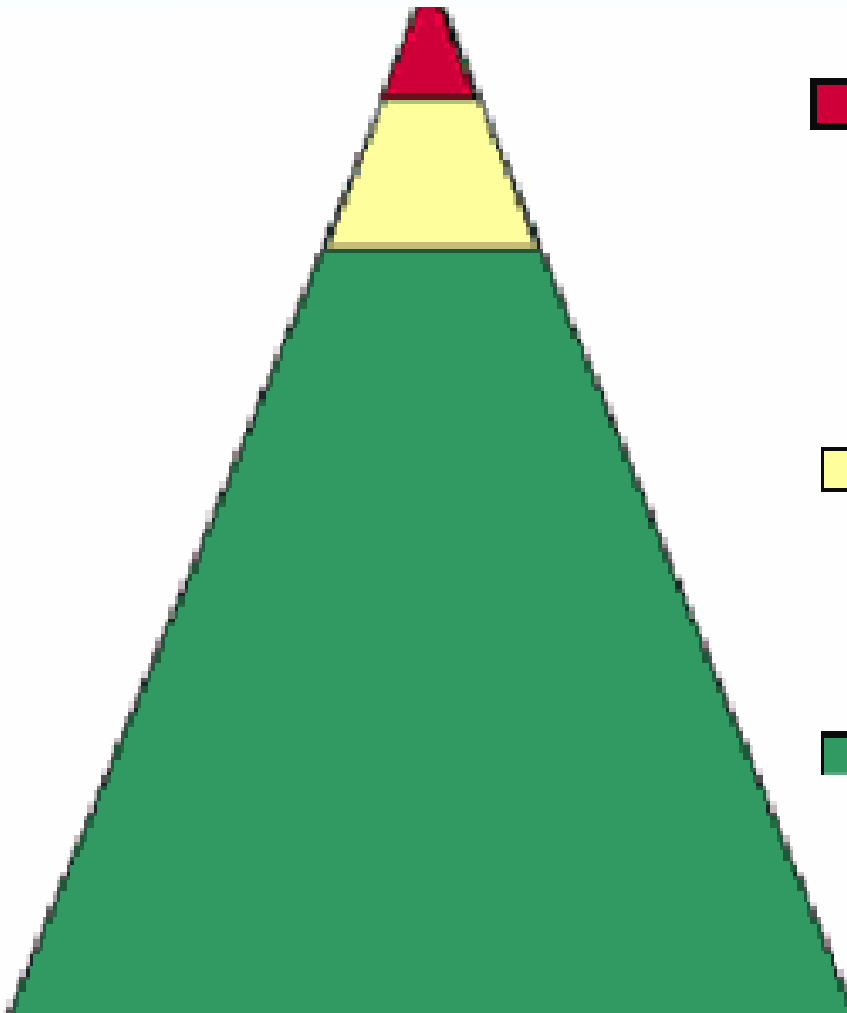
# Steps for Choosing and Implementing Suicide Prevention Education and Training for Staff

- Step 1: Convene a group to assess your staff's education and training needs.
- Step 2: Provide staff with information and awareness about suicide and the school's role in suicide prevention.
- Step 3: Train staff to identify suicide risk factors and warning signs. And teach them how to take appropriate action.
- Step 4: Train selected mental health staff to assess suicide risk in individual students.

# Suicide Prevention

- Although mandated by law in Louisiana (Jason Flatt Act: 219), suicide prevention is competing with other initiatives for time and resources.
- Gatekeeper programs assist in helping staff:
  - Identify individuals who may be at risk for suicide by recognizing the warning signs and understanding the risk factors
  - Verify the risk by talking with the individual
  - Refer the individual to a mental health professional or one that is trained in this area

# Tiers of Prevention



- **Tertiary (FEW)**
  - Reduce complications, intensity, severity of current cases
- **Secondary (SOME)**
  - Reduce current cases of problem behavior
- **Primary (ALL)**
  - Reduce new cases of problem behavior



# Tier I: Universal Interventions

- Goal: To raise awareness, supportiveness, and responsiveness of the at-risk youths' environment. School gatekeepers and peers who come into contact with at-risk youth:
  - Are more ready to identify them
  - Know how to obtain help for them
  - Are consistently more inclined to take action(Prevention Division of the American Association of Suicidology, 1999).
- Role of the school is critical, but limited in terms of time and effort.
- Used to help increase the capacity to identify at-risk youth and get them adequate assistance. Role of the school: to educate adults, protect students, and foster a better social leaning environment.

# Universal Interventions Continued

- Universal Interventions:
  - Usually include teaching general coping skills
  - Help provide an initial response to troubled youth
  - Enhance supportiveness and climate
  - Enhance a sense of connection and participation among members of an organization or community

# Universal Interventions with Students

- The American Association of Suicidology (1999, p. 3-4) states that the following are empirical bases for universal programs that include classes for students:
  - Most suicidal youth confide their concerns more often in peers than adults
  - Individuals who have mental health disorders prefer peer supports over adults
  - Some adolescents, particularly some males, do not respond to troubled peers in empathetic or helpful ways
  - As few as 25% of peers tell an adult about their troubled or suicidal peer

# Universal Interventions with Students

- School personnel are consistently among the last choices of adolescents for discussing personal concerns (This may be due to lack of respecting their confidentiality, not really knowing adults other than in a teacher role, guidance counselors often have disciplinary and evaluative roles, etc.)
- The inaccessibility of and reluctance of students to seek out helpful adults is considered a risk factor. Conversely, contact with helpful adults is considered to be a protective factor.

# Tier II: Secondary or Selective Interventions

- Goal: To target subpopulations that are characterized by some exposure to some epidemiologically determined risk factors (Ex. Students who are at critical transitional periods such as entering middle or high school can be at greater risk for a variety of adjustment and/or academic problems).
- Gatekeeper training ( such as SafeTALK) helps to increase identification and referral.
- Students are more likely to:
  - Use anonymous telephone and crisis referral services that don't require fees, transportation, or appointments.
  - Use wallet cards
  - Use self-screening tools

# Tier III: Tertiary or Indicated Interventions

- Goal: To reduce the incidence of suicidal behaviors among students who already display risk factors or early warning signs such as depression, substance abuse, self-harm, frequent thoughts, previous attempts, etc. Many already are considered preclinical...those that self-identify v. those that are identified by others.
- At this level, there must be a presence of mental health personnel who are trained to screen students and provide services, interventions, and appropriate programs.
- Screeners

# Staff Education Training Tools

- Activity 25: Staff Education and Training Programs
- Activity 26: Review of Screening Tools

# Your Role as a Middle or High School Teacher

- Prevention starts with you!
- Teachers should:
  - Help to foster the emotional well-being of all students
  - Promote connectedness and belonging in their classroom and throughout the school
  - Contact the school's mental health provider and discuss your concerns.
  - Reach out to the student
    - Listen nonjudgmentally
    - Discuss your concerns and the changes you have noticed in their behavior
    - Encourage them to talk with you and assist them in getting professional help...connecting them to a counselor, school psychologist, social worker, or other mental health counselor.



# Things Not To Say

- You'll get over it!
- You have so much to live for.
- Suicide is a sin.
- You have it good compared to...
- Suicide is selfish.
- Only cowards kill themselves.
- Hang in there, things will blow over.
- Suicide is no way to solve your problems.



**Capuzzi, 2009; Jobes, 2008**

# Instead, Use These Statements...

- I'm really worried about you.
- You know, it's okay to ask for help.
- It seems like you are having a rough time.
- We can get through this together.
- This is really serious...let's talk.
- Tell me who you like talking with...



# Chapter 7: Parent/Guardian Education and Outreach

# The Importance of Educating Parents

- Parent education is vital for many reasons:
  - Suicide prevention education for students is more effective when it is reinforced at home (same messages).
  - Efforts may help parents identify and get help for children at-risk (or at a subclinical level).
  - By targeting parents, it ensures cultural competency and provides for the community as a whole

# Things Parents Need to Know

- Current trends regarding risky behavior
- Statistics...prevalence of suicide and suicide attempts among youth
- Warning signs of suicide
- Risk and protective factors
- How to respond when they recognize their child or another child is at risk
- How to talk openly with this child
- Where to get assistance or help from the community

# Steps for Developing Suicide Prevention Education Outreach for Parents

- Step 1: Convene a group to plan and implement parent education and outreach activities
- Step 2: Select existing or develop parent education and outreach programs
  - Use other opportunities to engage parents (back-to-school night, freshman orientation, donuts for mom, etc.)
  - Use different formats
    - Flyers, newsletters, email, blogs, school website, posters, presentations, etc.
  - Distribute existing fact sheets
  - Ask others such as bus drivers, cafeteria staff, security for ideas.

# Steps for Developing Suicide Prevention Education Outreach for Parents

- Step 3: Introduce ways to increase participation among parents at events and activities
  - Accommodate for culture, language, socioeconomic status, religion
  - Ask parents what they need
  - Refrain from using the word “suicide” in the title or event
  - Seek parents in their domains...community agencies, churches, coaching venues, doctors offices
  - Clarify privacy issues
- Step 4: Integrate parent education into existing programs
- Activity 27: Parent/Guardian Education and Outreach Programs
- Activity 28: Fact Sheets

# SUICIDE AWARENESS

WITH CLINICAL PSYCHOLOGIST:  
William Schmitz Psy. D

- Board of Directors of the American Association of Suicidology (AAS)
- Forensic Suicidologist
- Past-President of the AAS

**Dr. Schmitz will be discussing things such as:**

- Reasons For Increase In Suicide
- What To Do With Suicide Threats
- Warning Signs
- Help That Is Available
- Social Media
- Things Parents Can Do
- What role does bullying play

FOR MORE INFORMATION CALL: (318)-746-3914 Or Email: [karen@bellairebaptist.org](mailto:karen@bellairebaptist.org)

**FOR CONCERNED CITIZENS WANTING  
TO KNOW HOW TO PREVENT SUICIDE!!!!!!**

**BELLAIRE BAPTIST CHURCH**

**JAN. 28TH  
@ 6:00 P.M.**



**JAN. 28TH  
@ 6:00 P.M.**

**1210 BELLAIRE BLVD.  
BOSSIER CITY, LA 71112**



# Chapter 8: Student Programs and Screening Tools

# Need for Student Programs

- Most youth who are suicidal talk with peers rather than adults. Unfortunately, fewer than 25% of peer confidants tell an adult about their friend in need.
- Programs that address suicide can play a significant role in reducing risk.
- Before implementing any student program, schools must first have these components in place:
  - Protocols to respond to students at risk and in crisis
  - Suicide prevention education and training for all staff

# Three Types of Student Programs

- Curricula for all students
  - Provide information about suicide prevention
  - Increase students' ability to recognize if they or their peers are at risk for suicide
  - Promote positive attitudes
  - Encourage students to seek help for themselves or their peers
- Skill-building programs for at-risk students
  - Help protect at-risk students from suicide by building their coping, cognitive, and problem-solving skills
  - Address problems that can lead to suicide (mental health issues, anger, substance use/abuse)
- Peer leader programs
  - Teach selected students skills needed to help students at risk
  - Empower selected students so that they can take action to improve the school environment

# Steps to Develop or Select Student Programs

- Step 1: Convene a group to plan and implement student programs
- Step 2: Determine what types of student programs will fit the needs of your school
- Step 3: Choose or develop the specific program you want to implement at your school
- Step 4: Adapt student programs for your school community
- Step 5: Integrate suicide prevention programs into other initiatives to improve behavioral health

Activity 29: Student Programs

# The Importance of Screening

- Goal: To identify students who are at-risk for suicide, exhibit suicidal behaviors, and have suicidal ideation.
- Because parents may not recognize that their child may be suicidal or at-risk for other mental and behavioral health issues, general screening tools can capture those who may need additional assistance and services.
- Screening programs can help assess for suicide and underlying behavioral/mental health problems which may place youth at greater risk. Those who screen positive, can be further assessed or evaluated by mental health professionals.
- Activity 30: Screening Tools

# Steps to Plan and Implement a Screening Program

- Step 1: Convene a group to plan and conduct a screening program
- Step 2: Secure support from your district and administrators
- Step 3: Determine which mental health providers to use for referrals
- Step 4: Select a screening program to use for students in your district or at your school
- Step 5: Engage parents in the screening program

# Alternative Approaches to Identifying Students at Risk

- Some school staff rate all students on the following:
  - Academic achievement
  - Effort
  - Conduct
  - Attendance
  - Negative report card comments
  - Involvement with school police or outside agencies
  - Disciplinary concerns
- Students who show difficulty in three or more of these areas are referred to a school counselor. Then the counselor meets with the students.
  - Academic plan
  - Mental health needs
  - Coping skills and resiliency
  - Risk and protective factors (may also be assessed)

# Criteria for Selecting Videos

- **How to choose an Educational Video:**
  - Teaching young people how to help a friend is an important part of a comprehensive school based suicide prevention strategy. Educational videos that teach basic suicide prevention skills are often a helpful part of the instruction. Videos are most effectively used with an accompanying curriculum and as part of a larger presentation on mental health, mental illness and helping friends in distress.

(American Association of Suicidology, 2016)



# How to Select Appropriate Videos

- Look for...
  - Videos that teach, model and emphasize developmentally appropriate help-giving and help-seeking behaviors and that provide information on finding help. The focus should be on "HOW TO RESPOND" or "HOW TO GET HELP". In-house resources and local crisis numbers should be highlighted along with instruction.
  - Videos that emphasize prevention and teach students that suicide is preventable. Videos in which the heroes, or main characters, are the helpers.
  - Videos that highlight effective treatments for underlying mental health problems.

(American Association of Suicidology, 2016)

# Avoid Videos That...

- Depict someone engaging in suicidal behavior or that describe methods of suicide.
- Primarily depict previously depressed or suicidal youth describing their depression and/or suicidal behavior.
- Present suicide/suicidal thinking as normal in teens or as a common reaction to stress.
- Focus on someone who has died by suicide.
- Are presented in large groups or assemblies.

(American Association of Suicidology, 2016)



# U OK? Friends Ask!

Peers engaging peers to prevent suicide.

# Resources

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255) – [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) to order materials & get other resources. They also have a crisis chat feature.
- Video clips on making homes safer in crisis:  
<http://www.hennepin.us/residents/emergencies/mental-health-emergencies#make-a-safer-home>
- Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)
- SAFE-T (Suicide Assessment Five-step Evaluation & Triage) app (for counselors & health care providers) - free
- Means Matter – [www.meansmatter.org](http://www.meansmatter.org)
- The Trevor Project – [www.thetrevorproject.org](http://www.thetrevorproject.org)

# References

Adverse Childhood Experiences Study (2016). [www.acestudy.org](http://www.acestudy.org)  
American Association of Suicidology (1999, 2016). Prevention Division.  
[www.suicidology.org](http://www.suicidology.org)

American Association of Suicidology (2016). Retrieved from  
<http://www.suicidology.org>

American Foundation for Suicide Prevention and Suicide Prevention Resource Center (2011). *After a Suicide: A Toolkit for Schools*. Newton, MA: Education Development Center, Inc.

Blum, R. W., McNeely, C., & Rinehart, P. M. (2002). Improving the odds: The untapped power of schools to improve the health of teens. Minneapolis: Center for Adolescent Health and Development, University of Minnesota. Retrieved from  
[http://www.med.umn.edu/peds/ahm/prod/groups/med/@pub/@med/documents/asset/med\\_21771.pdf](http://www.med.umn.edu/peds/ahm/prod/groups/med/@pub/@med/documents/asset/med_21771.pdf)

Bullying Prevention, Act 861 (2013). [www.legis.la.gov](http://www.legis.la.gov)

CDC (2014). Bullying surveillance among youths. Uniform definitions for public health and recommended data elements. Version 1.0. Atlanta, Georgia: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC) and the United States Department of Education.

Centers for Disease Control and Prevention (CDC). (2009). School connectedness: *Strategies for increasing protective factors among youth*. Atlanta, GA: U.S. Department of Health and Human Services.

Centers for Disease Control and Prevention. (2009). Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>

Centers for Disease Control and Prevention. (2010a). Youth risk behavior surveillance—United States, 2009. Surveillance Summaries. *Morbidity and Mortality Weekly Report*, 59(SS–5). Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>

Centers for Disease Control and Prevention. (2010b). Youth risk behavior surveillance—United States, 2009. Retrieved from [http://www.cdc.gov/healthyouth/health\\_and\\_academics/pdf/yrbs\\_slides\\_violence.ppt](http://www.cdc.gov/healthyouth/health_and_academics/pdf/yrbs_slides_violence.ppt)

CPI (2014). Nonviolent Crisis Intervention Training website. [www.crisisprevention.com](http://www.crisisprevention.com).  
Dan Olweus, Ph.D., University Health, University of Bergen, Norway, Published by  
Hazelden Foundation, 2014.

Dazzi, T., Gribble, R., Wessely, S., & Fear, N.T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the Evidence? *Psychol Med*, 44 (16): 3361-3. doi: 10.1017/S0033291714001299. Epub 2014, Jul7. Retrieved from: [www.ncbi.nlm.gov/pubmed/24998511](http://www.ncbi.nlm.gov/pubmed/24998511)

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5 [www.dsm5.org](http://www.dsm5.org)

Eaton, D., Kann, L., Kinchen, S., & et al. (2012). Youth Risk Behavior Surveillance – United States, 2011. *Morbidity and Mortality Weekly Report*, 61 (SS-4), 1-162.

Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health*, 39(5), 662–668.

Epstein, J. A., & Spirito, A. (2009). Risk factors for suicidality among a nationally representative.

Family Educational Rights and Privacy Act (FERPA). [www.law.cornell.edu](http://www.law.cornell.edu)



Fosse, G.K. (2006). Mental health of psychiatric outpatients bullied in childhood. Doctoral thesis. Trondheim: Department of Neuroscience, Faculty of Medicine, Norwegian University of Science and Technology.

G Gini, G., Pozzoli, T., and Hauser, M. (2011). [Bullies have enhanced moral competence to judge relative to victims, but lack moral compassion.](#)

Gould, M., Jameison, P., & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist*, 46 (9), 1269-1284.  
Doi:10.1177/0002764202250670.

Haynie, D., Nansel, T., Eitel, P., Crump, A., Saylor, K., Yu, K., and Simons-Morton, B. (2001). Bullies, victims, and bully victims: Distinct groups of at-risk youth. *Youth Risk Behavior Surveillance, US, 2011, Morbidity and Mortality Report*, 61, 1-162.

Haynie, D.L., Nansel, T., Eitel, P., Davis-Crump, A., Saylor, K., Yu, K., & Simons-Morton, B. (2001). Bullies, victims, and bully/victims: Distinct groups of at-risk youth. *Journal of Early Adolescence*, 21,29-49.

Heron, M. (2007). Centers for Disease Control and Prevention. [www.cdc.gov](http://www.cdc.gov)

Hinduja, S. and Patchin, J. (2010). Cyberbullying and self-esteem. Journal of School Health, Vol. 80, pp. 614-621.

Hines, K. (2013). Cracked Not Broken: Surviving and Thriving After a Suicide Attempt. Washington, DC: Rowman and Littlefield. Retrieved from [www.kevinhinesstory.com](http://www.kevinhinesstory.com)

<http://www.bullyingstatistics.org>

[http://www.legis.state.la.us/leg\\_docs/01RS/CVT1/OUT/0000IV8L.PDF](http://www.legis.state.la.us/leg_docs/01RS/CVT1/OUT/0000IV8L.PDF)

<http://www.nasponline.org/resources/principals/Suicide%20>

<http://www.nytimes.com/2010/03/30/us/30bully.html>

[http://www.stopbullyingnow.hrsa.gov/hhs\\_psa/pdfs/sbn\\_tip\\_6.pdf](http://www.stopbullyingnow.hrsa.gov/hhs_psa/pdfs/sbn_tip_6.pdf)

<http://www.webmd.com/parenting/features/teachers-who-bully>

<http://yale.edu>

[Intervention%20in%20Secondary%20Schools%20NASSP%20Oct%202006.pdf](http://www.yale.edu/interim/Intervention%20in%20Secondary%20Schools%20NASSP%20Oct%202006.pdf)

Jason Flatt Act – Act 219 (HB 719). (2008). [www.jasonfoundation.com](http://www.jasonfoundation.com)

Jason Foundation (2016). Retrieved from: <http://www.jasonfoundation.com>

Jobes, D. A. (2008). Ethical and competent care of suicidal patients: Contemporary challenges, new developments, and considerations for ethical practice. [www.psycnet.apa.org](http://www.psycnet.apa.org) Journal of Personality and Individual Differences

Kim, Y. S., Leventhal, B. L., Koh, Y. and Boyce, W. T. (2009). Bullying increased suicide risk.

[www.slstoday.org/images/Suicide\\_and\\_Bullying\\_2013.docx](http://www.slstoday.org/images/Suicide_and_Bullying_2013.docx)

Klomek, A., Kleinman, M., Altschuler, E., Marrocco, Amakawa, L. and Gould, M. (2008). Suicidal Adolescents' Experience with bullying perpetration and victimization during high school for later depression and suicidality. Journal of Adolescent Health, 53, (2013), s37-s42.

Lieberman, R., Poland, S., & Cowan, K. (2006, October). Suicide prevention and intervention:

Limber, S. and Kerr, M. (2011). Center for Safe Schools. [www.safeschools.info](http://www.safeschools.info)

Olweus Bullying Prevention, (2013; 2014) Harlan Luxenberg, M.A., Professional Data Analysts, Inc. Susan P. Limber, Ph.D., Clemson University.

Olweus, D. (1991). Bully/victim problems among schoolchildren: Basic facts and effects of a school based intervention program. In D. J. Pepler & K. H. Rubin (Eds.), *The development and treatment of childhood aggression* (s. 411–448). Hillsdale, NJ: Erlbaum.

Olweus, D. (2004). The Olweus Bullying Prevention Program: Design and implementation issues and a new national initiative in Norway. In P.K. Smith, D. Pepler, and K. Rigby (eds.), *Bullying in schools: How successful can interventions be* (pp. 13-36). Cambridge: Cambridge University Press.

Olweus, D. (2010). The Olweus Bullying Prevention Program: Implementation and evaluation over two decades. In Jimerson, S.R., Swearer, S.M., Espelage, D.L. (ed), *Handbook of bullying in schools: an international perspective* (s. 377-401). Routledge: New York.

Olweus, D. (2011). Bullying at school and later criminality: Findings from three Swedish community samples of males. *Criminal Behavior and Mental Health*, 21 (2), 151-156.

Olweus, D. & Breivik, K. (2014). Plight of victims of school bullying: The opposite of well-being. In A. Ben-Arieh, F. Casas, I. Frønes & J. E. Korbin (Eds.), *Handbook of child well-being* (pp. 2593-2616): Frankfurt: Springer Verlag.

Olweus, D., & Breivik, K. (2015). Mobbing i skolen – grunnleggende fakta og tiltak med Olweusprogrammet. I K.-I. Klepp & L.E. Aarø (ed.), *Ungdom, livsstil og helsefremmende arbeid*. Oslo: Gyldendal Akademisk. (In press)

Olweus, D., & Limber, S. P. (2010). The Olweus Bullying Prevention Program: Implementation and evaluation over two decades. In S. R. Jimerson, S. M. Swearer, & D. L. Espelage (Eds.), *The handbook of school bullying: An international perspective* (pp. 377–402). New York: Routledge.  
Principal leadership, 11–15.

Robers, S., Zhang, A., Morgan, R.E., and Musu-Gillette, L. (2015). *Indicators of School Crime and Safety: 2014*. (NCES 2015-070/NCJ 248036). National Center for Education Statistics, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, Office of Justice Programs, U.S. Department of Justice. Washington, DC. Retrieved from: <http://nces.ed.gov> or <http://bjs.ojp.usdoj.gov>

safeTALK. [www.livingworks.net/programs/safetalk/](http://www.livingworks.net/programs/safetalk/)

Sample of high school students. *Suicide and Life-Threatening Behavior*, 39(3), 241– 251.

Snell, J.L., MacKenzie, E.P., & Frey, K.S. (2002). Bullying prevention in elementary schools: The importance of adult leadership, peer group support, and student social-emotional skills. In M.A. Shinn, H.M. Walker, & G. Stoner (Eds.) *Interventions for academic and behavior problems: Preventive and remedial approaches*. (2nd ed., pp.351-372). Bethesda, MD: National Association of School Psychologists.

Substance Abuse and Mental Health Services Administration (2012). *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration (SAMHSA), (2012). [www.samhsa.gov/nctic](http://www.samhsa.gov/nctic)

Suicide Prevention Resource Center (2008). *Is Your Patient Suicidal?* Retrieved from [http://www.sprc.org/sites/sprc.org/files/library/ER\\_SuicideRiskPostrVert2.pdf](http://www.sprc.org/sites/sprc.org/files/library/ER_SuicideRiskPostrVert2.pdf)

Suicide Prevention Resource Center (2016). [www.SPRC.org](http://www.SPRC.org)

The Choking Game.

[http://www.youtube.com/watch?v=CpugH4AJJFI&feature=player\\_embedded#t=3](http://www.youtube.com/watch?v=CpugH4AJJFI&feature=player_embedded#t=3)

U.S. Department of Education , National Center for Educational Statistics (2013). *Student reports of bullying and cyber-bullying: Results from the 2011 school crime supplement to the national crime victimization survey*. Retrieved from: <http://nces.ed.gov/pubs2013/2013329.pdf>.

US Department of Education (1998). Preventing bullying: A manual for schools and communities. Retrieved 3 April 2003 from: <http://www.cde.ca.gov/spbranch/ssp/bullymanual.htm>

US Department of Education (1998). Preventing bullying: A manual for schools and communities. Retrieved 3 April 2003 from: <http://www.cde.ca.gov/spbranch/ssp/bullymanual.htm>

Velasquez, L. The Lizzie Velasquez Story. A Brave Heart. [www.imwithlizzi.com](http://www.imwithlizzi.com)

[www.abcnews.go.com](http://www.abcnews.go.com)

[www.mwpuab.com/bullycide.html](http://www.mwpuab.com/bullycide.html)

[www.reportingonsuicide.org](http://www.reportingonsuicide.org)

[www.StopBullyingNow.hrsa.gov](http://www.StopBullyingNow.hrsa.gov)



# The End

