

# Suicide Awareness - The First Step For A Suicide Safer School Crisis Intervention

## Suicide Awareness - The First Step For A Suicide Safer School

The Drive to Save Lives:  
The Avenues for Help  
Ruth S. Harley University Center  
Adelphi University  
Garden City, NY

John Plonski - Facilitator  
Suicide Prevention Center of New York  
Director of Training  
IMAlive National Hopeline Network  
jplonskisist@gmail.com

- In 2012 suicide was listed as the cause of death for 40,600 people in the US.
- It is estimated the total number of deaths from suicide is 5-25% greater.
- It is estimated that in the same year 15,693,684 people in the United States had thoughts of suicide with over 2 million people making actual plans.

- It is the third leading cause of death among 15-24 year olds
- In 2009, almost 1 in 7 high school students (grades 9-12) reported that they had seriously considered suicide in the past year (CDC, 2010).
- That is equal to three students in a typical classroom of 20 (U.S. Dept. of Education, 2009).



The numbers tell us that the chances are great that we may encounter a person at risk of suicide and that there may be some of us whose lives have been affected by the suicide of another or we ourselves may have been at risk.

With that in mind realize that there is help out there for us. The same skills we will talk about today are the same skills that a person can use to help any of us through the events that may place us at risk. Don't keep a deadly secret. Please, be good to yourselves and reach out.



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## Some General Thoughts About Suicide and People at Risk

- Suicide is a public health issue.
- Death resulting from suicide is preventable through appropriate and timely intervention and support.
- A person at risk is trying to resolve an intolerable life issue.
- Stigma, taboo and myth-information prevent those at risk from reaching out for available help.

## Additional Observations When Working With the Person at Risk

- Suicidal activity is both a means for resolving a situation and a method of communicating the intense feelings surrounding it . . . A cry for help
- If you suspect a person is considering suicide, ask them in a direct manner.
- The person at risk of suicide will seldom self identify. However they will offer hints or clues about their intention through their *Thoughts, Feelings, and Behaviors*.

## It Can Be Difficult to Identify the Person at Risk of Suicide.

We are a suicide denying society.

- We see suicide as something a person shouldn't do.
- Some may see the act as a weakness.
- Some may cite religious or legal reasons forbidding the act.
- People fear the reactions of those they may tell and the potential loss of self determination.
- There is a societal taboo and stigma making it difficult for the person to state their intention openly.

## This Means We Need to Be Aware of the Clues a Person May Be at Risk

Nearly everyone thinks about suicide at some time in their lives.

- Most decide to live because they come to realize that the situation is temporary but death isn't.
- Some will openly state their wish to die.
- However, most offer hints and clues regarding their intent hoping the listener will hear and interpret them, listen and provide help.

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## Direct Hints Can Be Clues

- "I just can't take it anymore."
- "I want to escape."
- "I want to go to sleep forever."
- "They'll be sorry when I'm gone."
- "I can't stand this pain anymore."
- "People would be better off if I were not around"
- "I am thinking about suicide"

## People Will Send Hints by Their Thoughts

- Escape/No escape
- No future
- Guilt
- Loneliness
- Being damaged
- Helplessness
- Preoccupation with talk of suicide/death

## People Will Send Hints Through Their Feelings

- |                 |  |
|-----------------|--|
| • Desperation   | • Loneliness                                     |
| • Anger         | • Disconnection                                  |
| • Sadness       | • Hopelessness                                   |
| • Shame         | • Unbearable Pain<br>(Emotional and<br>physical) |
| • Worthlessness |  |

*The intensity or long duration of negative feelings raises the volume of the hint.*

## People at Risk Feel They Can't

- Stop the pain
- Make decisions
- See any way out
- Sleep, eat, or work
- Can't "shake" the depression
- Make the sadness go away
- See a future without pain
- See themselves as worthwhile
- Seem to get control

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## Behaviors Can Be Hints or Clues

- Emotional outbursts
- Alcohol/drug misuse
- Recklessness or impulsivity
- Fighting or law breaking
- Dropping out
- Prior suicidal behavior
- Putting affairs in order
- Inability to think clearly
- Trouble eating or sleeping
- Withdrawal

## More Behavioral Clues

- Loss of interest in things enjoyed in the past
- Making final arrangements or a will
- Giving away prized possessions
- Preoccupation with death and dying
- Loss interest in personal appearance
- Increase use of alcohol or drugs
- Unnecessary risk taking

## People Will Send Clues by Discussing Their Situations

- Losses – actual, perceived, or threatened
- Relationship problems
- Work problems/Failing grades
- Trouble with the law
- Family disruptions
- Sexual or physical abuse
- Recently publicized suicide/violence

## Some Other Situations Which Serve As Hints

- Death of a significant other (this can include an idol, role model, or a pet)
- Breakup of a relationship, divorce or separation
- Loss of a job or housing.
- Onset of illness for either the person or a significant other

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## **Some More Situational Clues**

- Anniversary of a loss
- Move to a new area
- Situation where a guardian is absent
- Onset of physical or emotional disabilities
- Successful resolution of past difficulties

## **Physical Changes Can Also Be an Clue**

- Lack of interest/pleasure in all things
- Lack of energy
- Disturbed sleep
- Loss of sexual interest
- Loss of appetite
- Increase in minor illnesses

## **If We Think About All the Hints and Clues We Can See They Have Two Things in Common**

The commonality shared by the hints and clues  
are

- Change
- And
- Loss

## **The Person's Manner of Presentation Can Be a Hint**

- Very soft or loud voice
- A voice that sounds weak or drained of energy
- Long pauses between words or thoughts
- Deep sighs
- Depressed sounding voice
- Speaking in an agitated manner

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## There Are 4 Tasks Involved in Assisting the Person at Risk:

1. Securing a Caring Relationship
2. Asking About the Suicidal Risk
3. Focusing on the Reasons for Thinking About Suicide
4. Engaging Emotional and Physical Supports

## Securing a Caring Relationship

- Talk with the person in a manner that is accepting, respectful, and empathic
- Present yourself as being patient, interested, self-assured, and knowledgeable
- Stay calm and sound confident
- Listen for and note any hints or clues the person may be thinking about suicide

## Asking About the Suicidal Risk

- Bring the issue of suicide up for open discussion by listing the reasons you think they may be thinking about suicide
- Once you list your concerns ask directly - "**Are you feeling suicidal?**"
- If they say yes evaluate the person's risk – Plan, Resources, Emotional State, Prior Suicidal History

## If They Say No and We Don't Believe Them

- Be persistent
- Review the hints you have observed – the reason for your concern
- Let the person know you are willing to talk with them and that you will not judge them
- Suggest that both of you talk to another person about what they are going through
- If you still feel they are at risk tell someone about your concerns and ask them to talk with the person

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## Focusing on the Reasons for Thinking About Suicide

- Listen for, and support any messages that reflect a reluctance to die (ambivalence)
- Let the person talk, at their own pace about their reasons for wanting to die
- Talk with the person about the loneliness and pain they are feeling
- Talk with the person about those things they feel might help

## Engaging Emotional and Physical Supports

- Review what both of you have spoken about and express your concern for their safety
- Let the person know that this is something that both of you may need help confronting
- Brainstorm who and what might be supports
- Create a concrete plan to engage those supports – ideally this plan would involve both of you reaching out to the supports

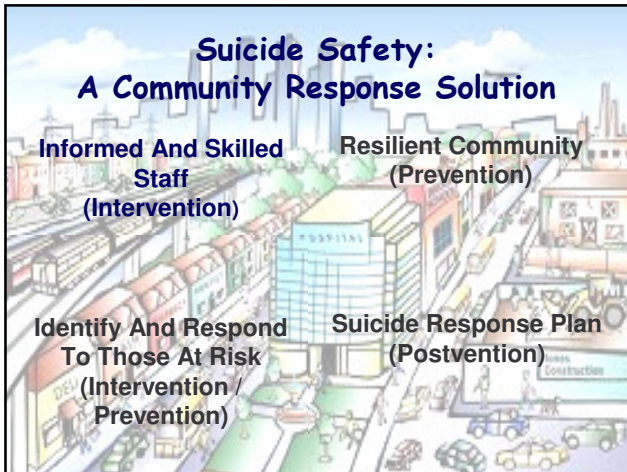
## When Working With the Person at Risk

- **Don't go it alone!**
- Don't debate whether suicide is right or wrong.
- Don't sermonize, moralize or judge the person's feelings or situation.
- Don't allow yourself to be sworn to secrecy.
- Don't minimize the person's pain or situation.
- Don't avoid talking about suicide.

## More Things to Remember When Working With the Person at Risk

- Avoid statements such as , "It could be worse", "Don't worry, things will get better."
- Don't give advice
- Control your personal feelings of stress and anxiety by reflecting them to the person at risk
- Keep in mind that now is **NOT** the time to solve all of their problems. Now is the time to do something that allows the person at risk to keep safe.

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## Informed And Skilled Staff (Intervention)

- Gatekeeper training for all staff
- Intervention & risk assessment skills for staff who respond to suicide risk
- Does staff know how you want them to respond to a person at risk?
- Is there a strategy for ongoing training?
- Does training and policy address immediate response and hand off?
- Is there an accessible document for staff reference?
- Are community resources provided?

## Resilient Community (Prevention)

- Work with groups to increase community connectedness
- Organize activities to promote respect and acceptance of differences
- Encourage and support suicide prevention education at community events
- Provide safe messaging guidelines to groups addressing suicide
- Ensure that hopeful, help-seeking messages are emphasized

## Identify and Respond to Those at Risk (Intervention/Prevention)

- Mental health or suicide screening programs
- Collaborative risk assessment and safety planning process
- Notification protocols
- Documentation of risk, safety and follow-up.
- Train staff that follows up in risk assessment and intervention skills
- Agreement on documentation of suicide risk and safety
- Referral relationships with community mental health resources and crisis support



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## Suicide Response Plan (Postvention)

- Internal and external communications
- Outreach to family
- Managing the media and interfacing with police
- Identifying and following up with vulnerable groups
- Grief support
- Memorial activities
- Monitoring electronic media and social networking sites
- Managing community helpers

## Engaging Community Support

- Inform stakeholders
- Educate community & provide them with resources
- Enlist community support
- Join local suicide prevention coalitions
- Engage external referral resources
- Develop community protocols for follow up on suicidal events
- Post the National Suicide Prevention Lifeline number and other helpful resources



### safeTALK

SafeTALK is a two-and-a-half to three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. Most people with thoughts of suicide invite help to stay safe. Alert helpers know how to use these opportunities to support that desire for safety. Powerful video clips illustrate both non-alert and alert responses. Discussion and practice help stimulate learning. Learn steps that contribute to saving lives.



### ASIST

ASIST is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and review risk, and intervene to prevent the immediate risk of suicide. Professionals, volunteers and informal helpers all need to know how to help persons with thoughts of suicide in ways that increase their suicide safety.

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## QPR

QPR stands for Question, Persuade, and Refer -- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. QPR can be learned in our Gatekeeper course in as little as one hour.



## CONNECT (Postvention)

CONNECT postvention training is designed to reduce risk and promote healing following a suicide death and is a designated National Best Practice program. CONNECT helps communities prepare for suicide deaths and to mobilize to prevent suicide clusters. The one day training provides specific knowledge and skill development for various professions who might be involved in suicide response.

Creating Suicide Safety in Schools  
Workshop



## Creating Suicide Safety In Schools

CSSS is a one-day interactive workshop designed to engage high school teams in a process to:

- Evaluate existing suicide prevention and intervention readiness
- Receive evidence-based and best practice guidance
- Develop a comprehensive suicide prevention and response plan
- Learn about resources to enhance safety and health of your school environment that are subsidized or available at low or no cost.



## Lifelines Trilogy

Lifelines is an Evidence Based, whole-school program made up of three unique components: Prevention, Intervention and Postvention. The Lifelines trilogy is based on over 20 years of suicide-in-youth research that indicates an informed community can help to prevent vulnerable teens from ending their lives

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## Columbia Suicide Severity Rating Scale (C-SSRS)

The C-SSRS is a questionnaire used for suicide assessment. Training can be administered through a 30-minute interactive slide presentation followed by optional case study questions. Online learning modules are also available. Following training, raters receive a certificate of completion, which is valid for two years.



## Safety Planning Intervention (SPI)

SPI is a clinical intervention that can greatly reduce suicide risk. When individuals are in suicidal crises, their ability to consider options aside from suicide diminish substantially. Much like a fire drill in preparation for a fire, the SPI provides people with a developed and rehearsed plan of action when they become suicidal, which may make them more likely to survive a suicidal crisis. Online learning modules are available, as well as a no-cost Safety Plan App for Smartphones and similar devices.



**Any questions?**

For more information go to:

<http://www.preventsuicideny.org/>

John Plonski

[jplonskisist@gmail.org](mailto:jplonskisist@gmail.org)

