

SUICIDE PREVENTION

THE LCPS PARENT SEMINAR SERIES ON MENTAL HEALTH AND WELLNESS

CHRISTIANNE ESPOSITO-SMYTHERS, PH.D.
ASSOCIATE PROFESSOR
DEPARTMENT OF PSYCHOLOGY
GEORGE MASON UNIVERSITY

HEATHER APPLGATE, PH.D.
LCPS SUPERVISOR, DIAGNOSTIC &
PREVENTION SERVICES

LICENSED CLINICAL PSYCHOLOGIST

ADJUNCT FACULTY
DEPARTMENT OF BEHAVIORAL AND SOCIAL SCIENCES
BROWN UNIVERSITY
LICENSED CLINICAL PSYCHOLOGIST

LEARNING OBJECTIVES

- Identify the components of school-based behavioral and mental health supports including suicide prevention
- Review LCPS's behavioral and mental health supports and suicide prevention strategies
- Discuss suicide facts/fictions, risk factors and warning signs
- Identify what evidence-based treatment for suicidal youth looks like

SCHOOL-BASED SUICIDE PREVENTION VERSUS TREATMENT FOR YOUTH SUICIDAL IDEATION AND BEHAVIOR

SCHOOL-BASED PREVENTION

- School-wide, classroom-based or small group prevention education
- May involve suicide screenings using approaches that do not require any mental health background or training
- Cannot treat the root cause of the suicidal ideation/behavior

TREATMENT FOR SUICIDAL YOUTH

- Highly individualized and tailored treatment that addresses the underlying reasons for suicidal ideation/behavior
- Involves careful suicide assessment by a mental health professional with specialized knowledge and training
- Requires evidence-based approaches by licensed behavioral health care providers with a unique set of skills

SCHOOL-BASED SUICIDE PREVENTION VERSUS TREATMENT FOR YOUTH SUICIDAL IDEATION AND BEHAVIOR

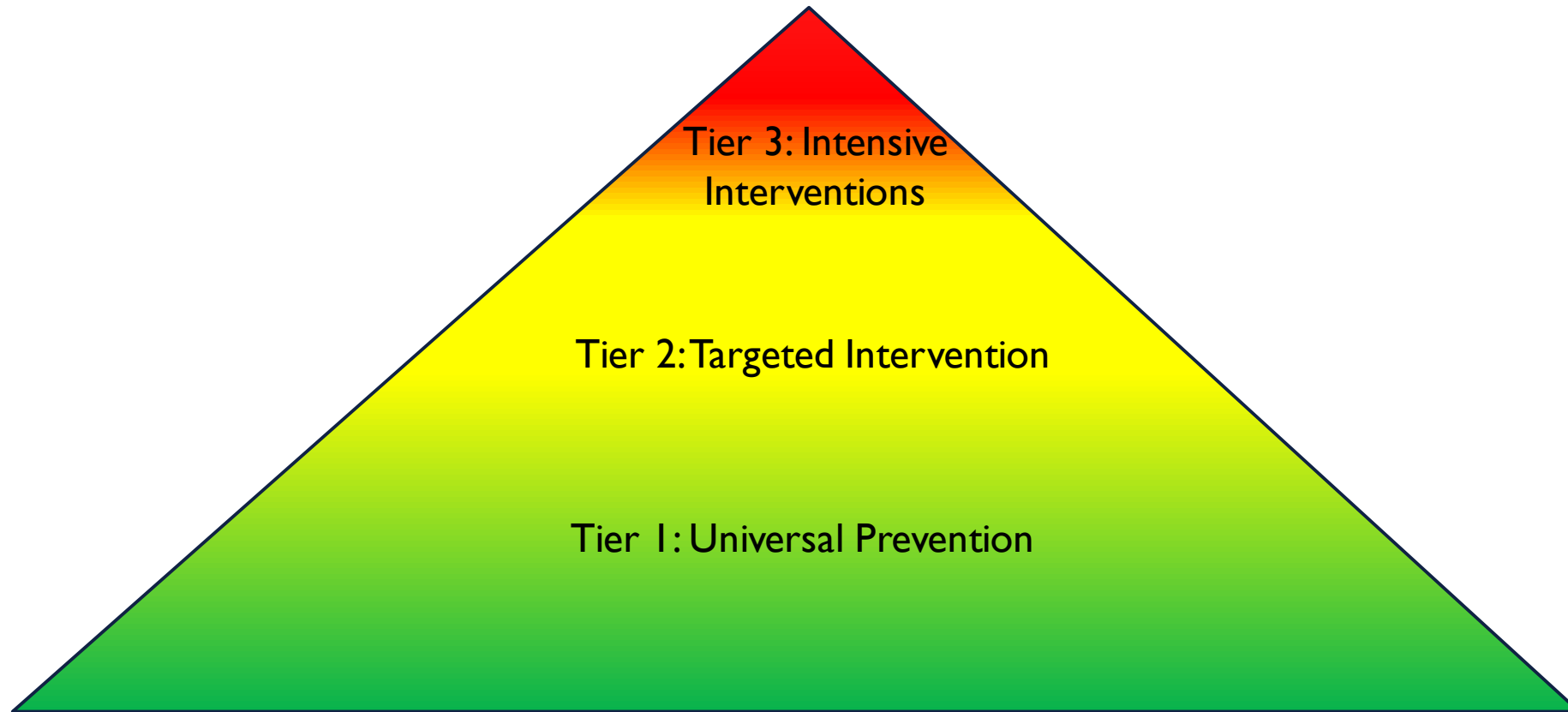
SCHOOL-BASED PREVENTION

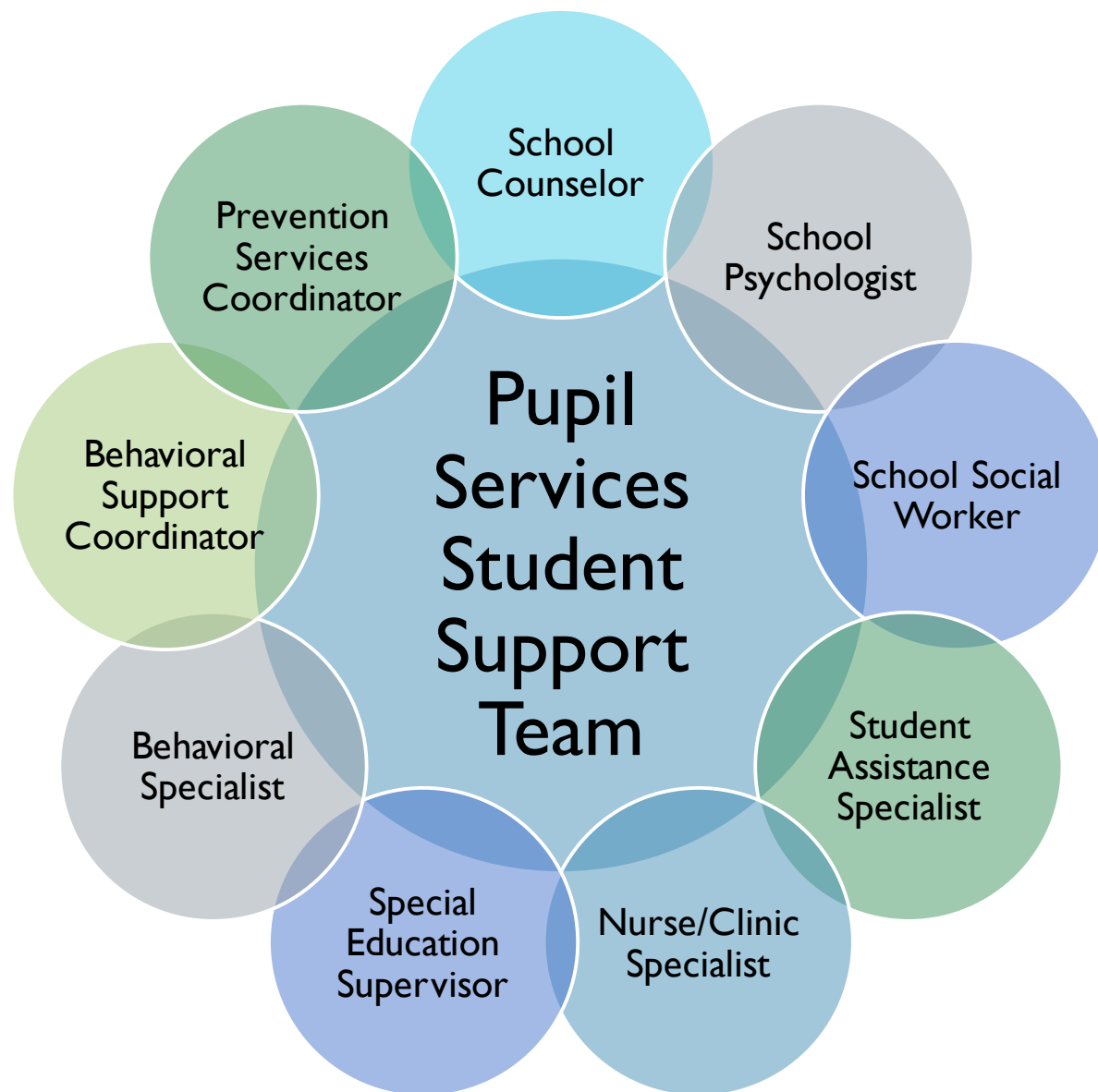
- May involve skill-building using one-size-fits-all, manualized curricula
- Never involves a mental health assessment of factors contributing to the suicidal ideation/behavior
- Does not involve monitoring suicide status
- Child focused

TREATMENT FOR SUICIDAL YOUTH

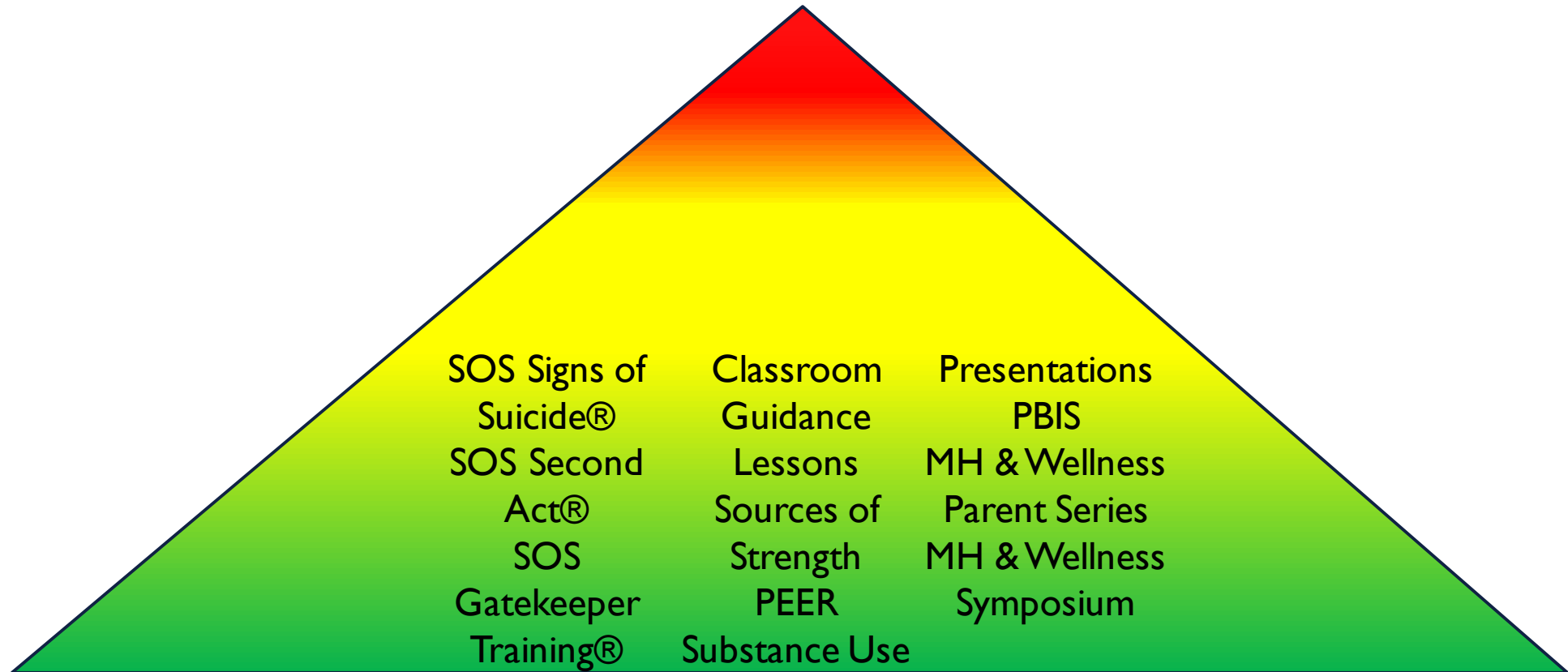
- Involves skill-building within a biopsychosocial framework with continuous assessment and adaptation as necessary for the individual
- Always involves a mental health assessment that contributes to and informs treatment of the suicidal ideation/behavior
- Involves close monitoring of suicide status, substance use, and family factors, with modification of treatment as needed
- Child focused, but family based

LCPS BEHAVIORAL AND MENTAL HEALTH TIERED SUPPORTS AND SERVICES



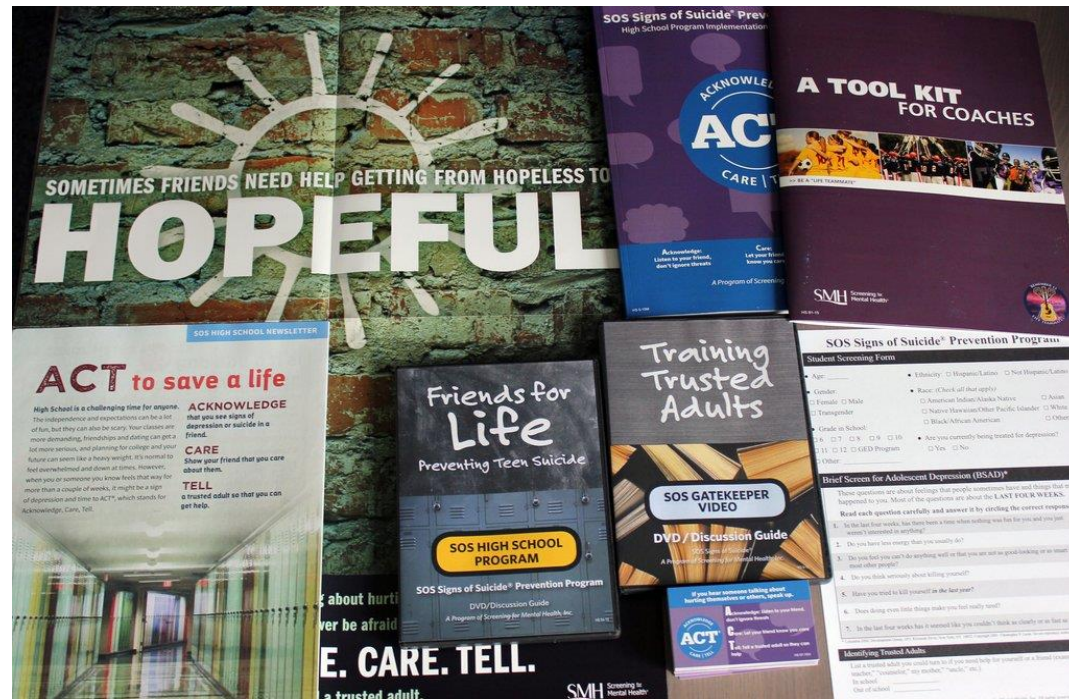


LCPS BEHAVIORAL AND MENTAL HEALTH TIERED SUPPORTS AND SERVICES



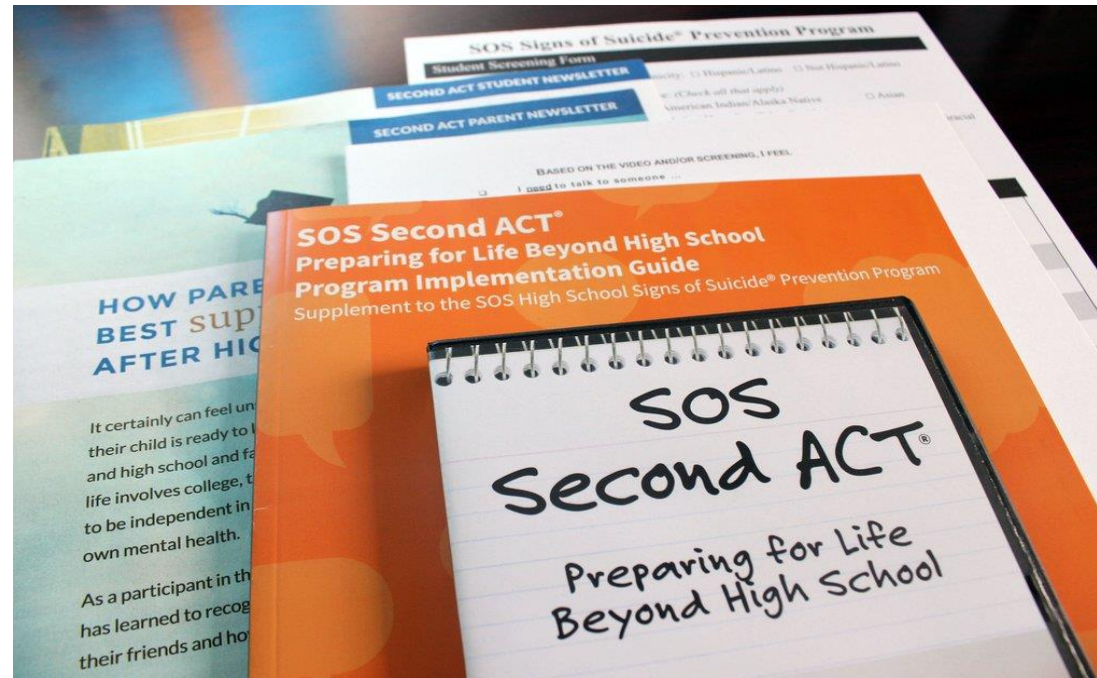
SOS SIGNS OF SUICIDE®

- Classroom-based
- 9th grade
- Depression, suicide, ACT



SOS SIGNS OF SUICIDE® SECOND ACT

- Classroom-based
- 10th, 11th, 12th
- Acknowledge – Care – Treatment



KOGNITO®

- Training simulation offered to middle school staff to help them identify students who may need mental health support

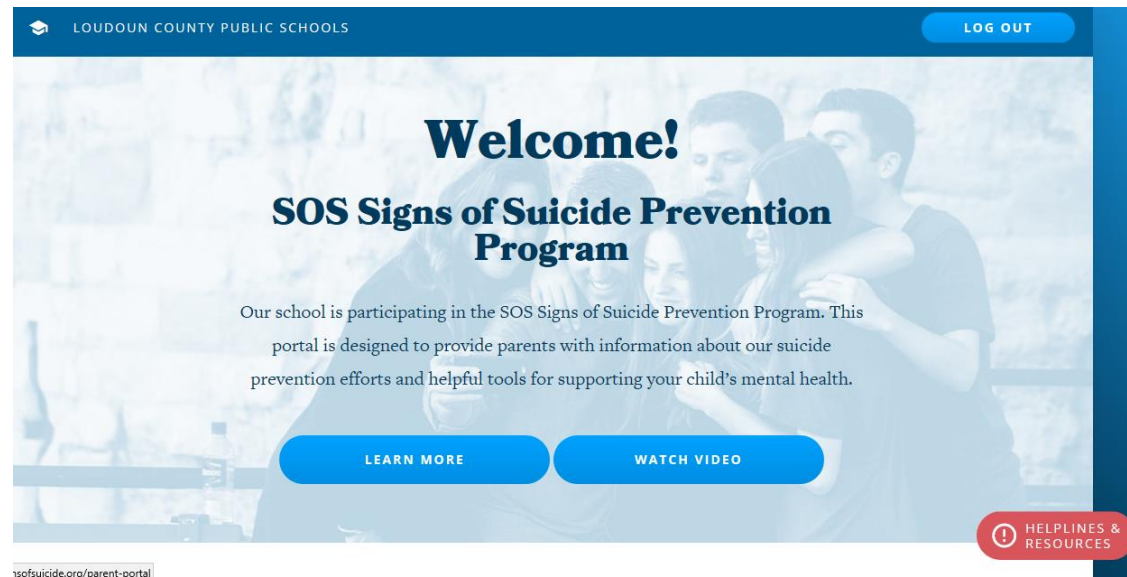


SOS SIGNS OF SUICIDE® PARENT/GUARDIAN VIDEO PORTAL

<http://sossignsofsuicide.org>

Login: lcps-par

PW: LCPSParent17



SOURCES OF STRENGTH PROGRAM

- 10 high schools and 2 middle schools implemented the program this year
- Training for additional schools in progress for 2018-2019
- 6 LCPS certified trainers and 6 provisional trainers
- Training of Trainers set for June 25-29, 2018
- 7-10 Adult Advisors and 50-100 Peer Leaders
- Upstream strength-based prevention for suicide, violence, bullying, and substance abuse.



PEER PROGRAM

POSITIVE EXPERIENCES IN Educational RELATIONSHIPS

- All 15 high schools
- PEER helper training - boundaries, ethics, confidentiality, listening, communication, assertiveness, and decision making skills
- Students provide 1:1 mentoring to other students within the school
- Focus initiatives on bullying, relationships, substance use, mental health awareness
- 1-2 PEER Sponsors, a school counselor, and school social worker support students
- **Together, PEER and Sources of Strength have organized 107 initiatives focused on bullying prevention, mental health, suicide prevention, healthy relationships, and positive school climate reaching 33,989 students at elementary and secondary level.**

HERITAGE HIGH SCHOOL PEER & WE'RE ALL HUMAN



Your Words Matter Assembly & Walk
Name your Trusted Adults, Positive
Messages, Take What You Need



TUSCARORA HIGH SCHOOL PEER



Love is Kind Campaign

Teen Dating Violence Prevention

#loco4love #thatslove

BRIAR WOODS HIGH SCHOOL PEER & WE'RE ALL HUMAN



Name your Trusted Adults and Positive Friends

Free Event **Join BWHS** **T-Shirts \$15**

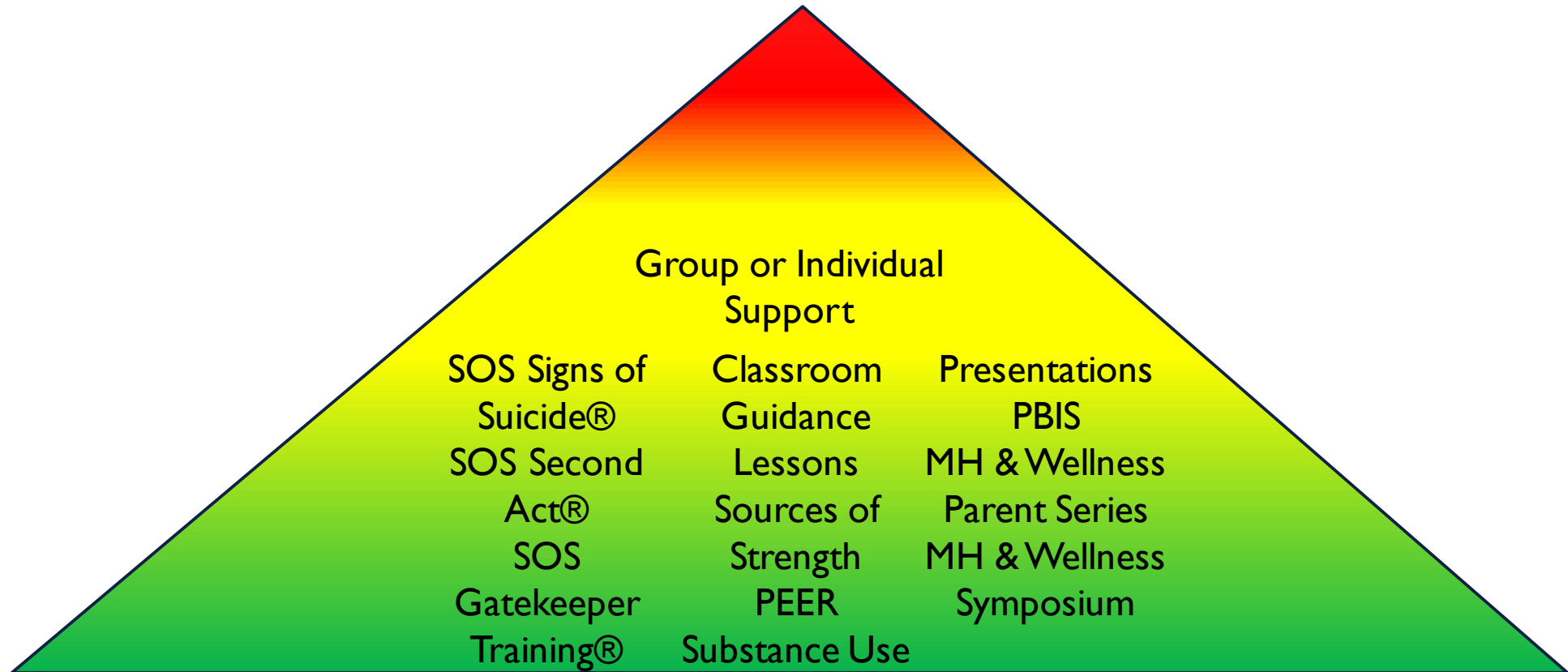
For our
We're All Human Luminary Walk
April 10th
6:30-8:30 PM
Briar Woods High School Track

- ★ Many Family Activities focused on Hope, Health & Strength
- ★ End the night with a Luminary Walk
- ★ Bring Awareness & Support to Mental Health and Suicide Prevention

#WAHWALK18

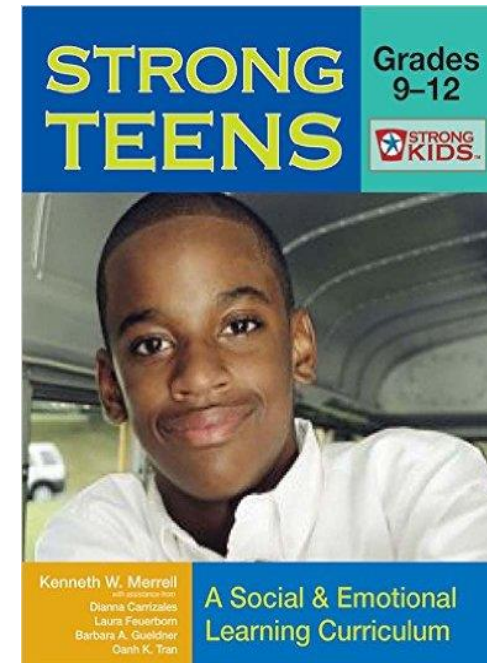
All proceeds will benefit the Ryan Bartel Foundation
For more information contact renae.sterling@kps.org

LCPS BEHAVIORAL AND MENTAL HEALTH TIERED SUPPORTS AND SERVICES



MANUALIZED CURRICULUM

- Prevention-oriented
- Lesson format
- No mental health training required



The ZONES of Regulation®

			
BLUE ZONE	GREEN ZONE	YELLOW ZONE	RED ZONE
Sad Sick Tired	Happy Calm Feeling Okay	Frustrated Worried Silly/Wiggly	Mad/Angry Mean Terrified

ZONES OF REGULATION CURRICULUM

- Designed to educate elementary school students about emotions and behaviors and promote self-regulation
- Includes social thinking

the Green Zone.

on the cau

schedule change

CAUTION!
TRIGGERS AHEAD

Finding solutions to control my zones

My Trigger and/or the Situation: _____

STOP
stop before you act.

OPT
Think of your options and how they may or may not help.

My options (choices):

- _____
- _____
- _____
- _____
- _____
- _____

OPT and GO to control your a trigger and/or a situation ou out of the Green Zone!

a second to think. torm your choices. Some are others. Think of many options! which option helps you r emotions and behavior I use it! es above. Cross off any choices ms or won't help you manage options.

THE ZONES of REGULATION®



BLUE ZONE

Blue Zone Tools

Stretch



GREEN ZONE

Green Zone Tools


Drink water



YELLOW ZONE

Yellow Zone Tools

Deep breaths



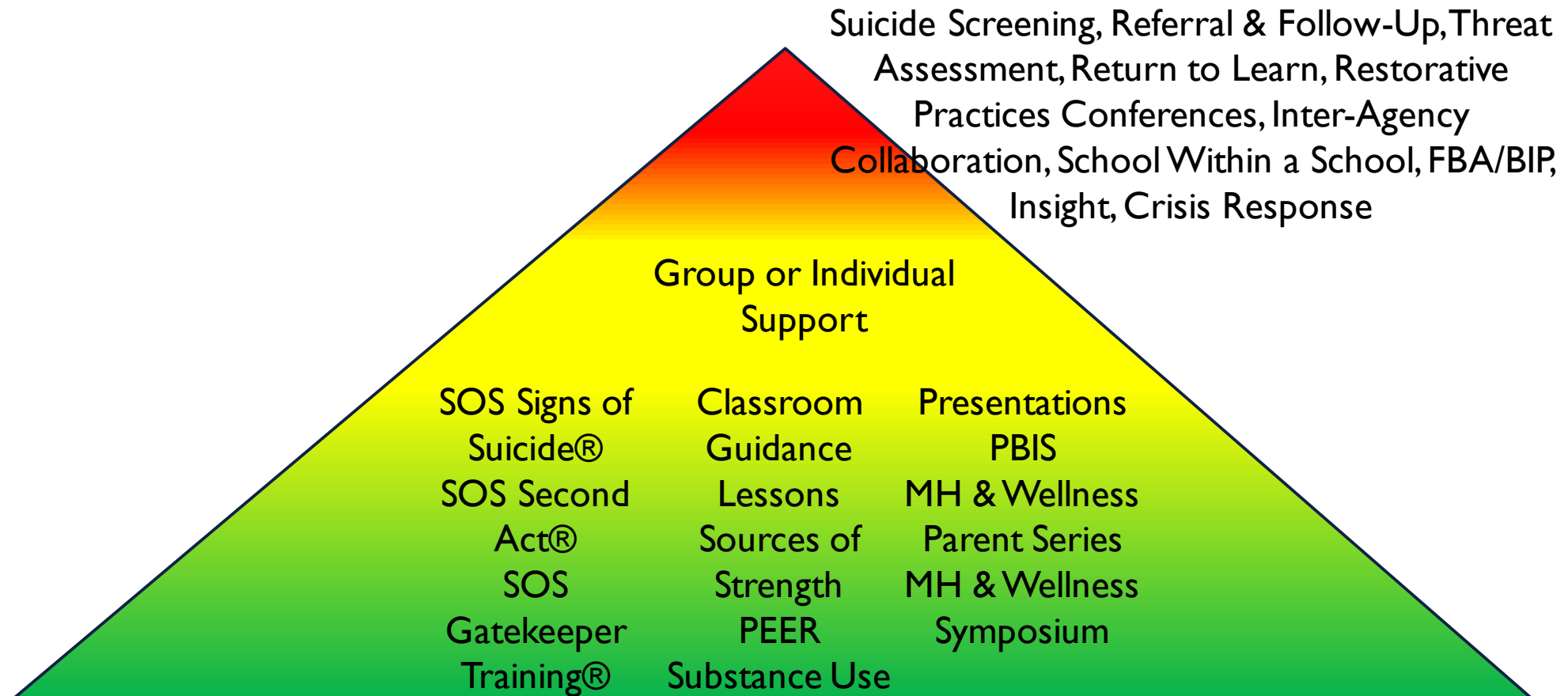
RED ZONE

Red Zone Tools

Take a break

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LCPS BEHAVIORAL AND MENTAL HEALTH TIERED SUPPORTS AND SERVICES





Loudoun County

PUBLIC SCHOOLS

since 1870

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MENTAL & BEHAVIORAL HEALTH SERVICES

[▶ Home](#)[▶ Return to Learn](#)[Home](#) > [Information](#) Mental & Behavioral Health Services

Return to Learn

Transitioning a student back to school from an extended absence requires care, communication, and coordination. Effective transitioning requires a system of care that involves teaming and collaboration among school staff, family members, and community providers (e.g. hospital staff, psychiatrists, physicians, etc.). Communication is essential among all those involved to promote a shared understanding and to help develop and implement a plan that appropriately meets your child's needs to ensure for a successful transition.

Teaming

School-based professionals, consisting of school counselors, school nurse and health clinic specialists, school psychologists, school social workers, and school administrators are available to support the transition process as your child returns to the school learning environment. These professionals will work with you, your treatment provider, and other members of the school to develop a plan for your child's return to school.

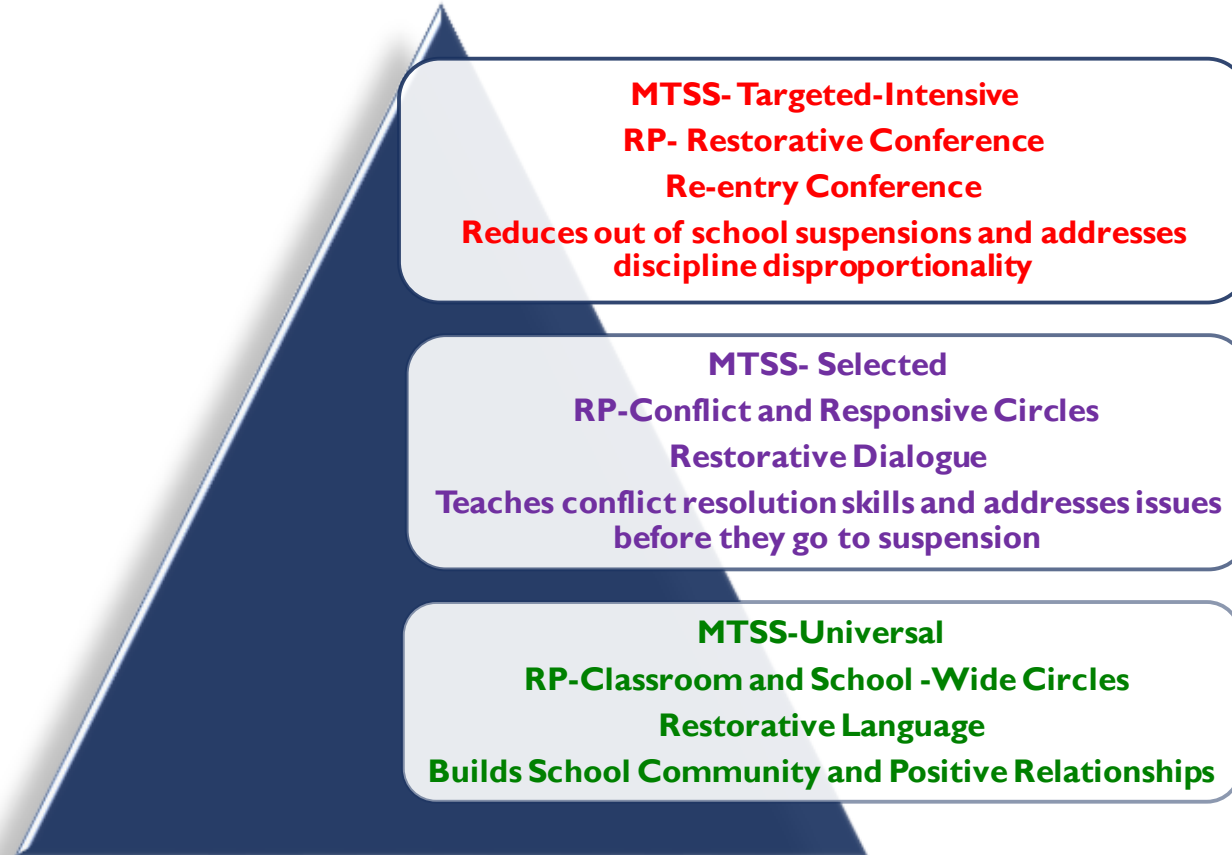
Transition Planning

The transition plan will be used to support students who are transitioning back to school from a long-term absence due to a variety of reasons (such as but not limited to physical illness, mental health treatment, concussion, hospitalization, residential treatment, etc.). The transition team will work with you and the treatment provider to determine the student's needs based on the current level of functioning and develop a plan of

WHAT ARE RESTORATIVE PRACTICES ?

- Approach derived from the Restorative Justice philosophy
- RP in the schools develops community and manages conflict and discipline by repairing harm and restoring relationships
- Our students are happier, more productive, and more cooperative when people in positions of authority to things WITH them rather than TO them or FOR them

MULTI-TIERED SYSTEMS OF SUPPORT PBIS WITH RESTORATIVE PRACTICES



HISTORICAL RP CONFERENCING PROGRAM SUMMARY

TIER 3

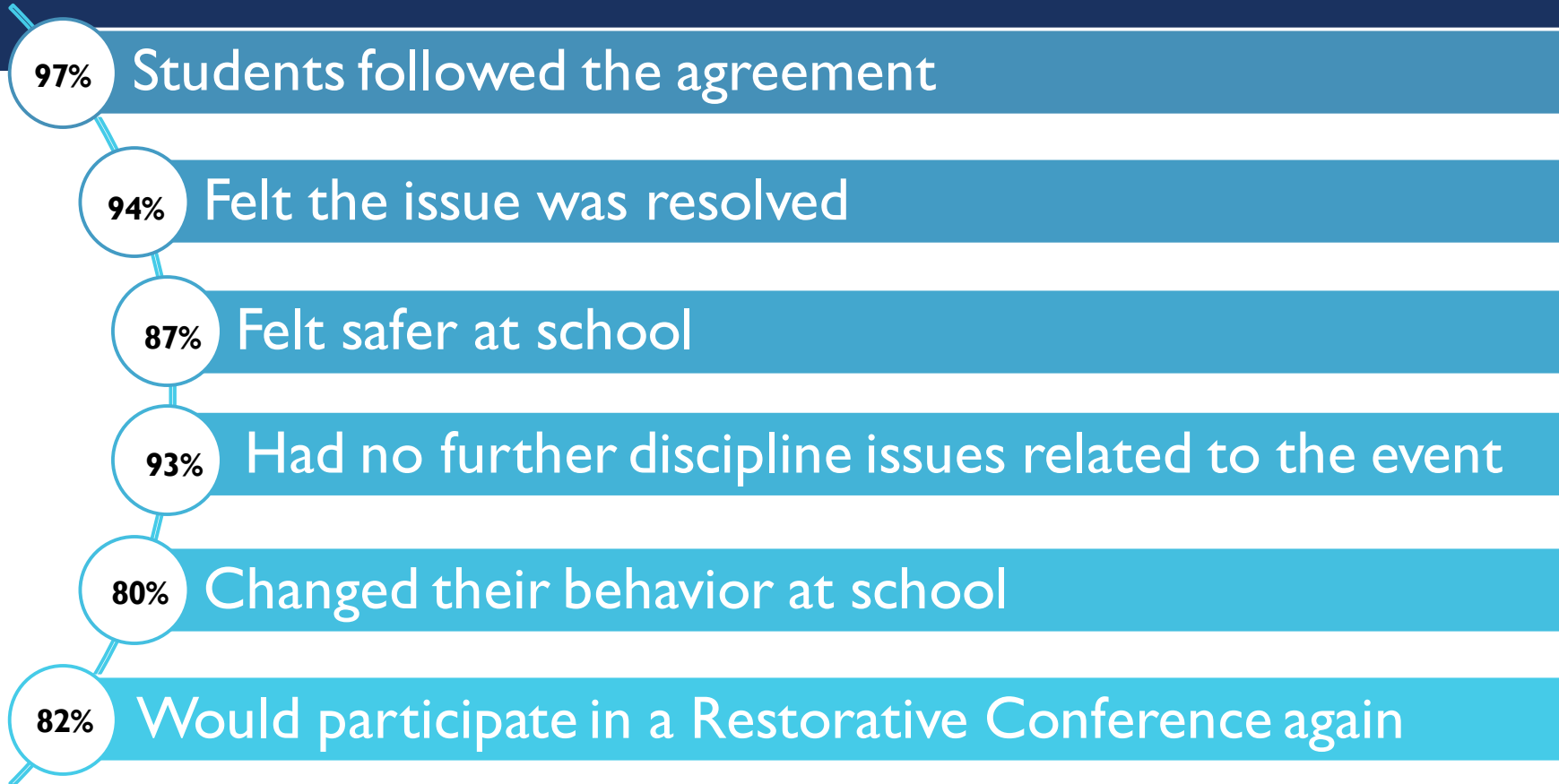
SEPTEMBER 2013 – MARCH 2018

- Facilitated **307** Restorative Practices Cases
- Total of **608** students participated in the program
- Total of **436** – General Ed, **172** – Special Education
- Total of **807** parents participated in program (all services for a case)

*Cases = pre-conferences, conferences, conflict circles, attendance circles, and re-entry circles

*Data for 17-18 as of March 20, 2018

RP STUDENTS FOLLOW-UP EVALUATION



RP CONFERENCE EVALUATION OUTCOMES 2017-2018

- **82%** of respondents were satisfied with the conference process.
- **89%** of respondents felt the process was fair.
- **85%** of respondents were happy or somewhat happy with the outcome.
- **82%** of respondents would recommend or somewhat recommend conferencing in similar situations.

Data as of March 14, 2018

A rectangular image with a sunset or sunrise background. The sky is filled with vibrant orange, yellow, and red clouds, transitioning to a blue sky at the top. The bottom of the image shows a dark silhouette of a horizon line with some trees or hills. The text "INSIGHT CLASS" is centered in white, bold, sans-serif capital letters.

INSIGHT CLASS

- 3 day education and early intervention class
- Students who violate alcohol and drug policy
- Students may attend on voluntary basis
- Key Concepts Explored - Risk Factors, Defense Mechanisms, Family Roles, Disease of Addiction, Impact on the Brain, SASSI, & JDC Tour

PEER PROGRAM

POSITIVE EXPERIENCES IN EDUCATIONAL RELATIONSHIPS

- All 15 high schools
- PEER helper training - boundaries, ethics, confidentiality, listening, communication, assertiveness, and decision making skills
- Students provide 1:1 mentoring to other students within the school
- Focus initiatives on bullying, relationships, substance use, mental health awareness
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FACT OR FICTION?

- | | |
|-------------------------------------------------------------------------------------------|----------------|
| ▪ Teens who talk about killing themselves won't do it. | FICTION |
| ▪ Asking a teen if she is thinking about killing herself will plant the idea in her head. | FICTION |
| ▪ Most teens who die by suicide have talked about it with someone. | FACT |
| ▪ If a teen really wants to kill himself, there is nothing that can be done. | FICTION |
| ▪ Improvement in a suicidal teen means the most dangerous time is past. | FICTION |
| ▪ Only teens with depression kill themselves. | FICTION |
| ▪ Most suicidal teens ask for help with their problems. | FACT |

WHO IS AT GREATEST RISK FOR SUICIDE?

- Those with prior suicide attempt (18-fold risk)
- Suicidal thoughts
- Mental health & substance abuse disorders
- Non-suicidal self-injury
- Impulsivity and aggression (including bullying)
- Trauma history (peer victimization, child abuse, etc.)
- Sexual minority status
- Family and peer suicidal behavior
- Perfectionism

Context of a difficult family environment

SUBSTANCE USE AND SUICIDALITY

- SUD associated with a 3-4 fold increase in suicidal behavior
- Substance dependence most consistently associated with the most serious suicidal behaviors
- More impairing use, "advanced" use, or use of "harder" drugs more likely to be associated with suicidality

(Esposito-Smythers & Spirito, 2004; Goldston, 2004)

WHY IS SUBSTANCE USE RELATED TO SUICIDAL BEHAVIOR?

- Acute effects (alcohol)
 - Increases impulsivity and decreases inhibition
 - Enhances suicide-specific expectancies, “provide courage to kill myself”
 - May be a method for suicidal behavior (e.g., overdose)
 - Heightens psychological distress
 - Increases aggressiveness
 - Inhibits the generation and implementation of adaptive coping strategies

(Hufford, 2001; Schuckit & Schuckit, 1989)

WHY IS SUBSTANCE USE RELATED TO SUICIDAL BEHAVIOR?

- Distal effects
 - Increases likelihood of other risk factors for suicidal behavior (e.g., depression)
 - Worsens existing mental health conditions
 - Is associated with neglect of positive activities, or reduced time spent in activities that protect or buffer against suicidal behavior

(Hufford, 2001; Schuckit & Schuckit, 1989)

PERFECTIONISM & SUICIDE

- Psychological autopsy studies - 50% to 85% of adolescents died by suicide described as “perfectionistic”
- Socially prescribed perfectionism, concern about mistakes, doubt about actions, & self-criticism all associated with suicidality
- Urgent public appeal in communities with multiple suicides...
 - Educate about pressure of achieving perfectionistic standards
 - Encourage teachers and parents to look for & seek help for perfectionistic teens

(Flett, Hewitt, & Heisel, 2014; O'Connor, 2007)

SOCIALLY PRESCRIBED PERFECTIONISM

- Socially prescribed perfectionism
 - Perception that others demand perfection from oneself
 - Heightened sensitivity to criticism & social comparison feedback
 - Perfect performance will only lead to even higher expectations
 - Ruminative and brooding style
 - Preoccupation with thoughts of not living up to “ideal” self or others expectations fuels feelings of inferiority, deficiency, & hopelessness
 - Tendency to believe one is a disappointment & burden on others

(Flett, Hewitt, & Heisel, 2014)

WHY ARE SOCIALLY PRESCRIBED PERFECTIONISM AND SUICIDE RELATED?

- Low self-disclosure
 - Distinguishes those who think about vs. engage in suicidal acts
 - Heightened sense of alienation, isolation, loneliness
- Greater degree of planning = more lethal attempts
- Intense shame over failed attempts increases future risk
 - Perfectionistic attitudes predict SI 6 months later post-hospitalization
- Co-occurring states
 - Psychache (unbearable psychological pain)
 - Hopelessness (can't change a negative future)

(Flett, Hewitt, & Heisel, 2014)

TRAUMA & SUICIDE

- Childhood sexual, physical, emotional abuse and neglect
- Relation with sexual and emotional abuse strongest
- Additive effects with each form of abuse
- Sexual abuse associated with greater suicidality
 - Greater severity of sexual abuse
 - Closer degree of relatedness to victim
 - Parental denial
 - Parental anger toward child rather than perpetrator
 - Low satisfaction with current supports

Miller, Esposito-Smythers, Weismore,
& Renshaw (2013)

TRAUMA & SUICIDE

- Dating violence
- Peer victimization
- Sexual assault
- Exposure to domestic violence

TYPES OF SUICIDAL IDEATION AND BEHAVIOR

- Passive death wish
- Suicidal thoughts without plan or intent
- Suicidal thoughts with plan or intent
- Suicidal threat
- Aborted attempt
- Interrupted attempt
- Suicide attempt – with explicit or inferred intent to die

WARNING SIGNS FOR IMMINENT SUICIDAL BEHAVIOR

- Talking about or making plans for suicide.
 - Via words, writing, artwork, posts, etc.
 - Putting affairs in order (e.g., giving or throwing away favorite belongings)
 - Stock piling medications, internet research
- Expressing hopelessness about the future.
 - Verbal hints (e.g., “Why try?” “Things will never change”, “I won’t be a problem much longer”)
- Displaying severe/overwhelming emotional pain or distress.

WARNING SIGNS FOR IMMINENT SUICIDAL BEHAVIOR

- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the other three warning signs. Specifically, this includes significant:
 - Withdrawal from or change in social connections/situations (e.g., friends, family, activities)
 - Changes in sleep (increased or decreased)
 - Anger or hostility that seems out of character or out of context
 - Recent increased agitation or irritability

OTHER CONCERNING SIGNS

- Suddenly cheerful after period of depression
- Complaint of being a bad person
- Change in eating habits
- Significant weight loss or gain
- Frequent complaints of physical symptoms
- Loss of interest
- Persistent boredom
- Difficulty concentrating

OTHER CONCERNING SIGNS

- Acting out behavior, delinquent behavior, truancy, and/or running away
- Alcohol and drug use
- Decline in grades
- Neglect of personal appearance
- Personality change
- Signs of psychosis (hallucinations, delusions)
- Intolerance for praise or reward

WHAT TO LOOK FOR IN A PROVIDER FOR SUICIDAL YOUTH

- First, do your homework.
- Requires special training.
- Treatment should be evidence-based.
 - What does that mean?
 - What treatments are evidence-based?

HOW CAN YOU TELL IF A PROVIDER OFFERS EVIDENCE-BASED CARE FOR SUICIDALITY?

1. Follows best practices in suicide risk assessments
2. Obtains a thorough medical and mental health history, including family history and substance use history
3. Assesses parental attitudes about the teen's suicidal ideation and behavior and plans accordingly
4. Develops a suicide safety plan with the teen AND parent
5. Relies on research-based treatments
6. Consistently involves parents and initiates collaboration with other providers (e.g., psychiatrists, pediatricians, school counselors)

EVIDENCE-BASED PROVIDERS WILL ENGAGE IN BEST PRACTICES IN SUICIDE RISK ASSESSMENT

- Intensity, frequency, duration
- Precipitants to suicidal thoughts
- Intent
- Reasons for living
- Methods (including perceptions of lethality)
- Expected outcome
- Details of planning
- Intoxication
- For previous attempts, was the underlying goal achieved?
- Lifetime history of suicidal ideation and behavior, including family members

EVIDENCE-BASED PROVIDERS OBTAIN A THOROUGH MEDICAL AND MENTAL HEALTH HISTORY

- Obtains thorough medical history
 - Recommends physical exam and bloodwork if not up to date to
 - Important to rule out potential medical causes of symptoms
- Obtains a lifetime history of mental health conditions and substance use among teens and family members
 - NOT just those associated with presenting problem
 - Includes assessment of teen trauma history
 - Provides parents with mental health referrals as needed

EVIDENCE-BASED PROVIDERS ASSESS PARENTAL ATTITUDES ABOUT THE TEEN'S SUICIDAL IDEATION AND BEHAVIOR AND PLANS ACCORDINGLY

- Often best to do with parents alone
- Stress the importance of taking all suicidal statements seriously
- Can parents provide safe keeping?
 - Availability to teen & ability to monitor
 - Quality of relationship
 - Abuse or neglect
 - Parental mental illness or substance abuse
 - Volatility in the home
 - Willingness to remove/lock up lethal means (firearms, medications, substances, razors, etc.)

EVIDENCE-BASED PROVIDERS DEVELOP SAFETY PLANS WITH THE TEEN AND PARENT

Make the Environment Safe: Remove Access	Warning Signs and Vulnerabilities	Things I Can Do on my Own	People who Can Help Distract Me	Adults I Can Ask for Help

Phone numbers of professionals I can ask for help:
Therapist, Emergency services, 24-hour hotlines, 911

EVIDENCE-BASED PROVIDERS RELY ON RESEARCH-BASED TREATMENT FOR MANAGING SUICIDALITY

- Providers have explicit training in the treatment of youth suicidality
- Knows the youth suicide literature and can speak intelligently about treatment
- Uses research-based therapeutic approaches to treat the suicidal ideation and behavior and can describe the studies that support their effectiveness
- Begins each individual session with an assessment of current suicidality
- Asks about events and stressors over past week and prioritizes work on those that increase suicide risk
- Teaches teen skills that will aid in own improvement
- Assigns practice assignments between session
- Knows when to refer teen to a higher level of care

EVIDENCE BASED PROVIDERS CONSISTENTLY INVOLVE PARENTS IN TREATMENT

- Meets with parent(s) every session
- Reviews warning signs for acute suicide risk
- Updates parents on level of suicide risk at every session (per teen report)
- Asks parent about child's mood, suicidal thoughts/behavior, substance use, and stressors
- Engages parent in safety planning and skill instruction
- Updates parents on nature of skills covered with teen
- Initiates and coordinates care with other providers (psychiatrists, pediatricians, **school counselors**, hospital staff, etc.)

RESOURCES FOR PARENTS – WEBSITES TO HELP IDENTIFY EVIDENCE-BASED THERAPISTS

- <http://effectivechildtherapy.org/>
- <http://effectivechildtherapy.fiu.edu/parents>
- <http://www.abct.org/Help/?m=mFindHelp&fa=HowToChooseTherapist>

LOCAL RESOURCES FOR PARENTS

- George Mason University Center for Psychological Services
 - <http://psyclinic.gmu.edu/> (expertise in evidence-based treatment for youth suicidality)
- Dr. David Jobes (expertise in evidence-based treatment for adolescent/adult suicidality)
 - <http://www.wpcdc.com/jobes>
- Loudoun County Crisis Intervention Team (CIT) 703-777-0320: 24 hours/7 days
- Additional local resources located at Loudoun County Public Schools
<https://www.lcps.org/Page/171117>

PRIMARY SOURCES

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