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Chapter 3

HELP!

Recognizing the Signs of Distress
Assessing Suicidal Risk

Chapter Three

Recognizing the Signs of Distress

Assessing Suicidal Risk

A student in your school approaches a staff member and informs him that her friend has been acting very strange. She goes on to say that this friend said, “I may kill myself.” This scenario has occurred several times in my career and was not taken seriously. Unfortunately, in a few instances, the results were fatal. The point is *we have to consider all threats seriously*. Every school should have a protocol to follow when a situation such as this one arises and *every* staff member in the school should be aware of the protocol.

Sample Protocol

The following is just a sample of what your school protocol might look like in the event that a student verbalizes the intention or thought that he/she is considering suicide.

- 1. Locate the student and have a staff member walk with him/her to the counseling office.*
- 2. The staff member offers to stay with the student as the counselor speaks with the student in crisis. If the staff member is a teacher, locate a staff member on prep to cover this teacher’s class.*
- 3. The counselor speaks with the student and assesses the situation.*
- 4. The counselor shares the assessment with the building principal. The student is not left alone during this time, but with a staff person.*
- 5. Principal contacts parents.*
- 6. Parents, counselor, principal and possibly the student in crisis will determine the course of action.*
- 7. Log all steps taken and what was agreed upon. Keep on file in the guidance office.*

Remember, just as important as having an established protocol is that *every* staff person is aware of and understands the protocol and the reasons for it.

Recognizing an Individual in Suicidal Crisis

It is not always easy to recognize a person in suicidal crisis, especially the student who is on the honor roll, is well liked, and seems to have a bright future. These are the students that are always there for their friends and classmates. What we tend to forget is that these students have their down days as well. These students are also vulnerable to brain chemistry imbalance that may lead to depressive episodes. My experience has taught me that it is very difficult for these students to ask for help. The smarter they are the better they are at wearing the “*depression mask*.” These are the students who are difficult to recognize. Most of the new Health Education curricula contain up-to-date lessons on depression, emphasizing that depression is

Everyday in America there are honor students and seemingly well-adjusted teens taking their own lives. Don't overlook the honor student. Good grades don't necessarily equate to a good and peaceful life. Implementing depression education and screening for all students where depression is discussed will help teens be aware of their own tendencies and needs.

a medical condition and not a character flaw. Most curricula contain a depression-screening component that can be taken by the student to evaluate if they may be susceptible to depression. In my experience as an at-risk counselor, these students come forward as a result of being exposed to or one of their friends being exposed to these effective and relevant curricula. For additional information you can consult the following websites: www.lexapro.com- to learn more about depression symptoms and methods of treatment, and www.revolutionhealth.com/drugs-treatments/rating.patient to learn about depression as a disease, screening tools, and other helpful information. There are several links you can visit from this website as well.

Signs of Crisis Situations

A majority of adolescents in crisis do exhibit signs that they are in crisis. Some of the signs to look for are:

1. *A poor self-image.*
2. *Antisocial behavior and isolation. They become introverted and withdrawn.*
3. *A drastic change in behavior and loss of interest in things the individual once cared deeply about.*
4. *Open threats or clues about ending their life. Clues may be found in writing assignments or art projects.*
5. *Excessive use of alcohol or other drugs.*
6. *A change in habits of appearance. A usually well-groomed adolescent begins to let his appearance go; appearance is usually an important issue for most teens.*
7. *Giving away prized possessions, especially for unknown reasons. Those in support groups have shared with me that they gave away possessions so they "wouldn't be forgotten."*
8. *Poor communication with family and friends.*
9. *A history of prior attempts of suicide. As mentioned before, every attempt seems to be easier and more dangerous.*



Telltale Signs

If you suspect that a person may be in crisis after assessing them from the list above, begin looking for more specific signs such as the following:

1. *Scratching or superficial cutting, especially if the cuts go vertically up the arm. **If the cuts go up and down vertically, the person needs immediate professional help.** This pattern is very painful and is done to create physical pain to take the focus off his/her emotional pain. It is also more dangerous as it can cause dangerous blood loss in a short period of time.*
2. *A recent significant loss. It may be a death in the family, divorce, friend moving away, etc. The individual in crisis may not possess the resiliency skills to cope with the situation.*
3. *Themes of death or depression in writing, artwork or conversation.*
4. *Statements like “I’d be better off dead,” or “Nothing matters,” “I won’t be a bother to you much longer.”*
5. *Discord in the home which stirs up fear of abuse.*
6. *A sudden decline of academic performance.*
7. *Acute personality changes.*
8. *Feelings of helplessness and rejection.*
9. *Previous suicide attempt(s).*

The SLAP Assessment

Although the **SLAP** Assessment does not take the place of a clinical assessment, it can serve as a guide for all who work with adolescents. **SLAP** is an acronym for the following:

- S** – How **Specific** is the plan. Ask what the plan is. The more specific the plan, the more serious the person is about following through with the suicide.
- L** – What is the **Lethality** of the proposed method? This is a question the adult usually can answer without asking the person in crisis.
- A** – Has the person in crisis **Acquired** the means? How **Available** is the means?
- P** – What is the **Proximity** of helping resources where the plan will be acted out? Helping resources can be defined as hospitals, police stations, EMS offices, or any location where help could respond quickly in the event of an attempted suicide. The seriousness of the attempt can be judged by the proximity or time it would take for someone to discover and intervene thus stopping the attempt. (e.g. if the person plans to attempt suicide in a remote area where no one might discover him, then the risk is very high that they are serious about completing suicide.)

Although the **SLAP** technique may not be a foolproof method in assessing suicidal risk, it can give you a very good indication about how serious the teen may be about suicide. Once again, it does not take the place of a clinical assessment.



I strongly suggest however that if a teen approaches you stating that he is thinking about suicide that you take them seriously, even if they don't score significantly on the **SLAP** assessment. It will be very helpful to consult with at least one other knowledgeable adult. A second opinion may save a person's life and relieve your anxiety as well.

Robertson Risk Factor Assessment

The *Robertson Risk Factor Analysis for Violence and Suicide* (pages 82-84) is a simple tool to help a person assess an individual's predisposition to violence toward themselves and others. This tool combines various familial, psychological, personality and sociocultural factors to help identify these risk factors. The general assessment will lay the foundation to determine violence directed towards self and others. The specific assessments are helpful to determine suicidal or violent tendencies.

Prevention Tips

In making suicide prevention a major emphasis of this work, I need to stress the following points:

- 1. Removal of guns from the home** – *Impulsivity tends to be a dominant personality factor in adolescents. Removing guns will make it less likely for teens to act on impulse. Many avid hunters are very likely to resist this tip, so my plea to them is to keep hunting firearms under lock and key, keep ammunition out of the home, and/or keep firing pins in a separate place under lock and key. Most teens that complete suicide use firearms. Removing them has many times prevented a suicide.*
- 2. Early detection of substance abuse** – *Many times, substance abuse is the result of unmet needs in a teen's life. The reason **why** the teen is using drugs is an issue that must be addressed. What needs are they trying to fill by using drugs? How can adults identify and help the teen satisfy these unmet needs? The earlier these issues are addressed, the more effective we will be in helping the teen get his life in order. **Substance abuse is one of the leading causes of suicide at all age levels.***
- 3. Family therapy for families experiencing multiple stressors** – *Many times the parent(s) forget or don't realize that they also need therapy or professional counseling in helping them deal with their suicidal teen. They send the teen to counseling, thinking the counselor or therapist can "fix" the problem. The teen in crisis will have a better chance to recover if parents and counselor work together to improve the living environment of the teen and gain greater insight into the life of their troubled teen.*

It is also important to note that most of the time, a healthy teen will not attempt suicide just because a friend did. The teen at risk is the teen that was at risk before the incident occurred. This is especially true for teens that are:

- *Abusing alcohol or other drugs*
- *Being abused or neglected by parents*
- *Experiencing family stress*
- *Experiencing a series of frustrating events in their lives*



What Happened

Situation 1

Completed suicide. Studying Rhonda's situation we can see these caution flags:

- *Youngest child, older siblings very successful, both parents work and may be less available than Rhonda needs them to be, few friends and lack of ability to share.*

Situation 2

Completed suicide. Studying John's situation we can see these caution flags:

- *Family under stress, break up in a relationship, headaches and daydreaming, which is indicative of unresolved conflict. A need to find a purpose and place in life –why the need to “go steady?”*

Situation 3

Completed suicide. Studying Julie's situation we can see caution and red flags:

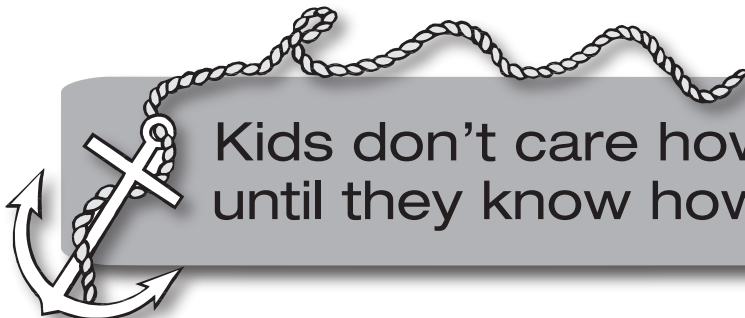
- *Break up of the family, change in mood and withdrawal from friends, claims withdrawal period is over (which may mean she is suppressing the issues), and quick recovery (which may mean she has actually made the decision to go ahead with the suicide). Gave away prized possessions.*

Situation 4

Completed suicide. Studying Jacob's situation we see the following issues:

- *Feels he doesn't belong or fit in, family conflict, no role model from his father, frustrated with schoolwork and knows college will be harder but can't talk to his parents about not wanting to go to college.*

Most schools in the United States have students such as the ones we have studied. It is important that all school personnel have some training in recognition, assessment, and procedure. Also, schools and communities should have policies in place should a suicide occur. Appropriate prevention services should also be offered along with strategies in place so intervention can occur with people who pose a potential threat to their personal safety.



Kids don't care how much you know until they know how much you care.”



Answering The Cry for Help