

Strategies for adult allies to empower suicide prevention advocates while reducing suicide risk



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Overview

- Understand scope of current youth suicide problem and identify risk & protective factors as well as warning signs for youth suicidal behavior
- Discuss effective strategies for responding to youth at risk for suicide while maintaining appropriate boundaries
- Highlight novel ways to empower youth leaders to engage in meaningful suicide prevention efforts

Center for Suicide Prevention and Research (CSPR)

- Collaboration between NCH Behavioral Health and the Research Institute
- Implementation of suicide prevention programs in central/Southeastern Ohio schools at no cost
- Consultation on policy, prevention & postvention
- Support hospital best practices in suicide care
- Work with journalists on safe suicide reporting
- Examine effectiveness of prevention efforts

Setting the Stage for Effective Youth Suicide Prevention

- Suicide prevention is a critical part of youth safety
- This is not a one presentation activity
- A youth suicide prevention culture is an ongoing commitment to safety & mental health awareness
- All organizations should have clear crisis policies
- All staff need to be able to identify symptoms of depression and warning signs of suicide
- Make resources available & establish referral links

Key definitions

- **Suicide**—death caused by injurious behavior to the self with an intent to die
- **Suicide attempt**—non-fatal, injurious behavior to the self with an intent to die
- **Suicidal ideation**—Thinking about, considering, or planning suicide
- **Self injury** —Purposeful acts of physical harm to the self with the potential to damage body tissue but performed *without* the intent to die

Continuum of Suicidality

- Continuum of severity predictive of future attempts and deaths by suicide
 - Passive thoughts about wanting to be dead
 - Pervasive suicidal ideation
 - Preparatory suicidal behaviors with intent to die
 - Suicide attempts with intent to die
- **Significant marker of emotional distress**

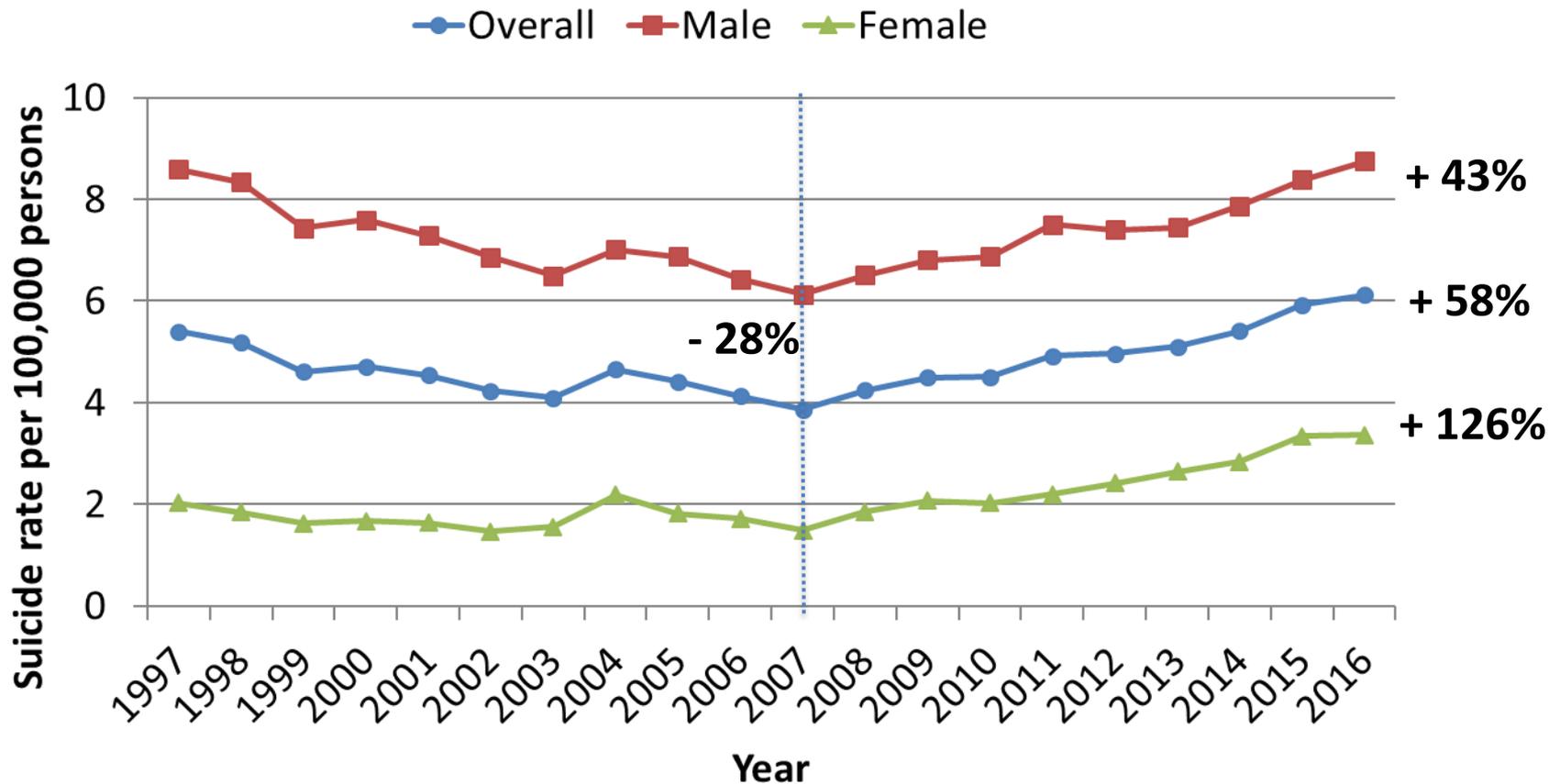
Tishler, 2007; Posner, 2007

Why suicide prevention matters

- Over 47,000 people die by suicide in U.S. each year and many states saw increase >30% from 1999-2016 (CDC, 2018)
- 2nd leading cause of death for 15-24 year-olds and 4th leading cause of death for adults ages 18-65
- Suicide affects family, friends and the community.
- Every suicide ends the life of a person.

Youth Suicide Rate 1997-2016

10-19 Years

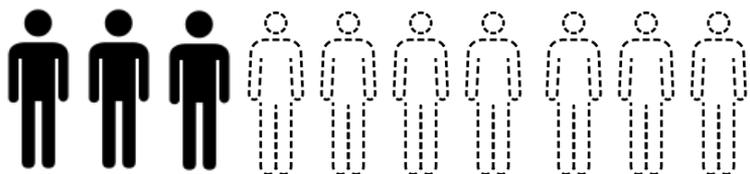


Source: CDC WISQARS, 2016, www.cdc.gov/injury/wisqars/index.html

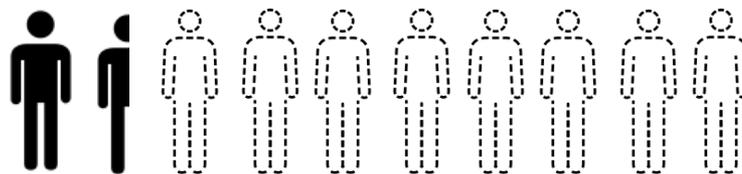
How Common Are Depression and Thoughts of Suicide?

OF US HIGH SCHOOL STUDENTS

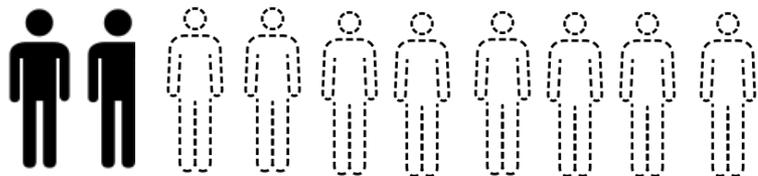
31.5% felt so sad or hopeless for 2+ weeks that they stopped doing some usual activity



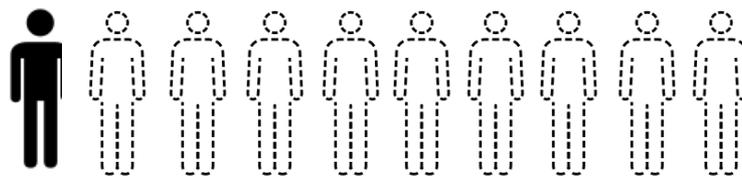
13.6% made a suicide plan



17.2% seriously considered attempting suicide



7.4% attempted suicide



2017 Youth Risk Behavior Survey



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**People who talk about suicide really
won't attempt it.**

FALSE

Almost everyone who dies by suicide has given
some warning signs.

Do not ignore anyone who talks about suicide

If a person is determined to kill themselves, nothing is going to stop them from trying. They don't want help.

FALSE



Someone considering suicide does not want to die. They want the pain to stop. They feel hopeless. They may not know how to get the help they need.

With the right tools, suicide is preventable.

Talking about suicide gives someone the idea of suicide.



FALSE

Bringing up the subject of suicide and openly talking about it is one of the most helpful things you can do.

Depression does not discriminate

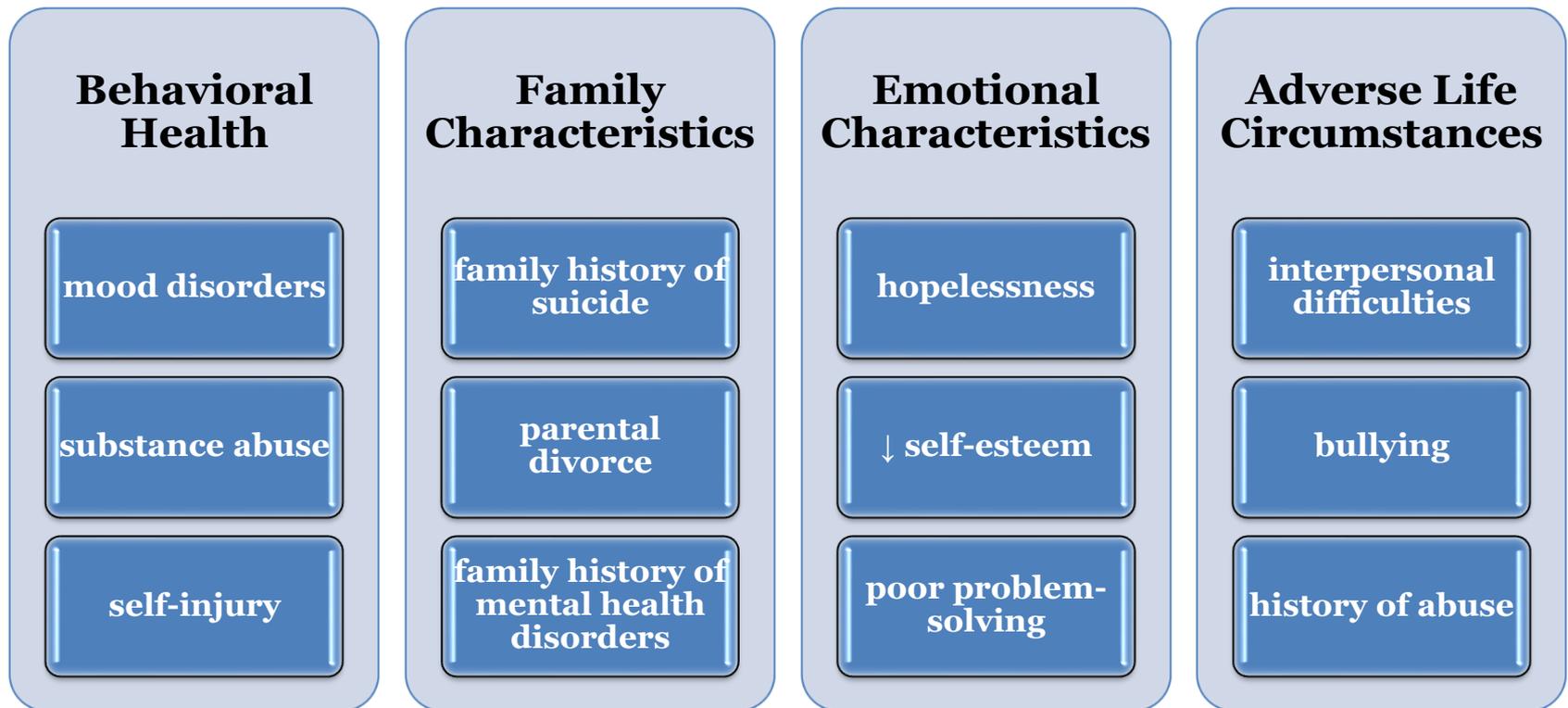


- Depression can happen to anyone of any age and of any gender, race, ethnicity, religion, level of fame or wealth. It can cause tremendous pain but is treatable.



Risk factor ≠ causation

A **risk factor** – a personal trait or environmental quality associated with increased risk of suicide



Triggering events

- No single event causes suicidality but certain events are linked with elevated risk

Examples:

- breakup
- bullying
- school problems
- rejection or perceived failure
- sudden death of a loved one
- suicide of a friend or relative
- family stressors like divorce, jail, deployment

Warning Signs

- Most people who attempt suicide give warning signs of suicide
 - Wanting to be alone all of the time
 - ↓ interest in usual activities
 - Giving away important belongings
 - Risky or reckless behavior
 - Self-injury
 - Increase in energy following a period of depression



Warning Signs



- **Seek Immediate Help**

- Threatening to attempt suicide
- Obtaining a weapon or seeking means to kill oneself
- Talking or writing about wanting to end one's life in school or social media



The Good News

Suicide is Preventable!

Timely Treatment

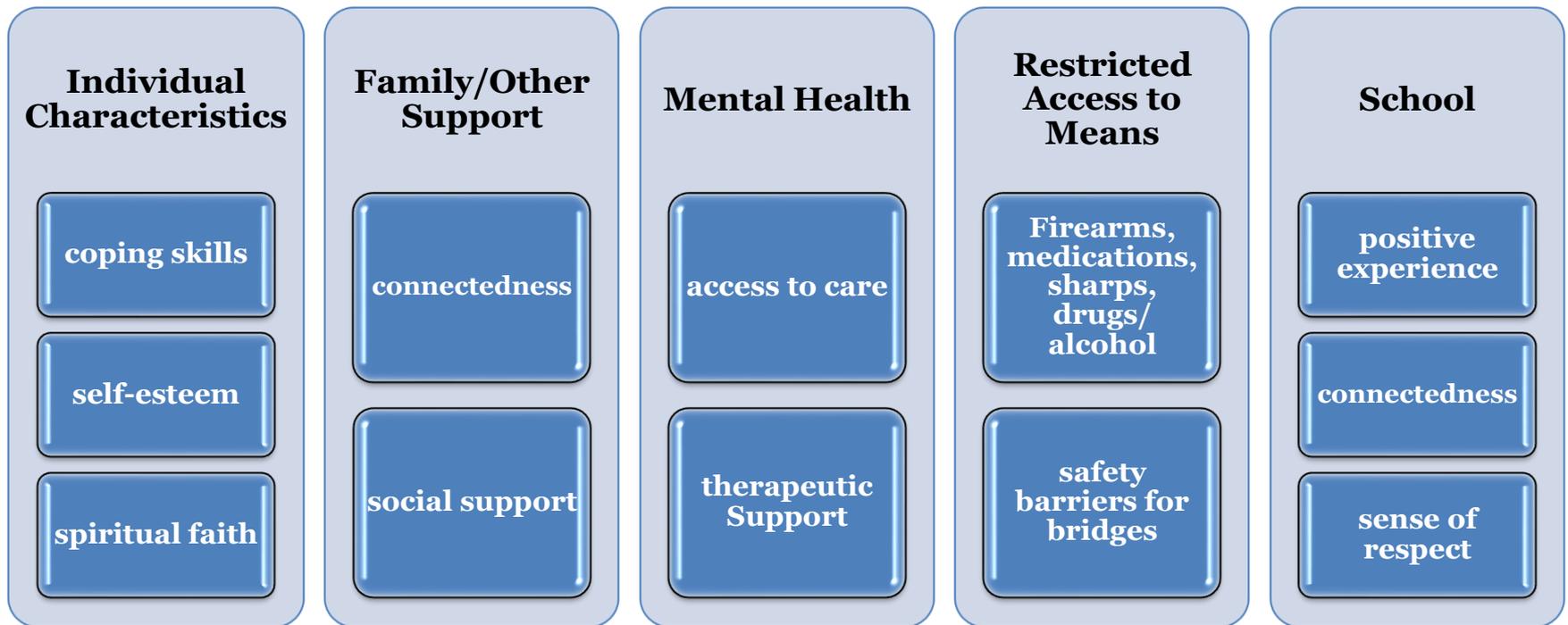
Awareness and support from our community

Talk therapy

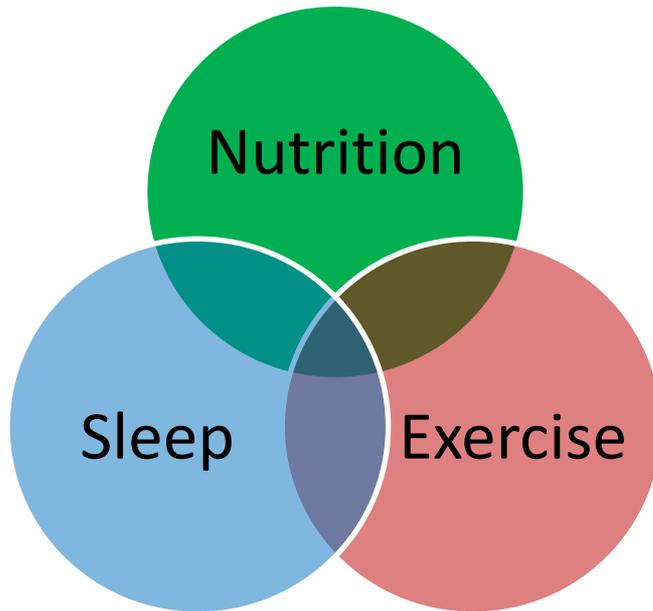
Medication

Building Protective Factors

Protective factor - personal trait or environmental qualities that can reduce risk of suicidal behavior



Healthy Habits – “Free Medicine”



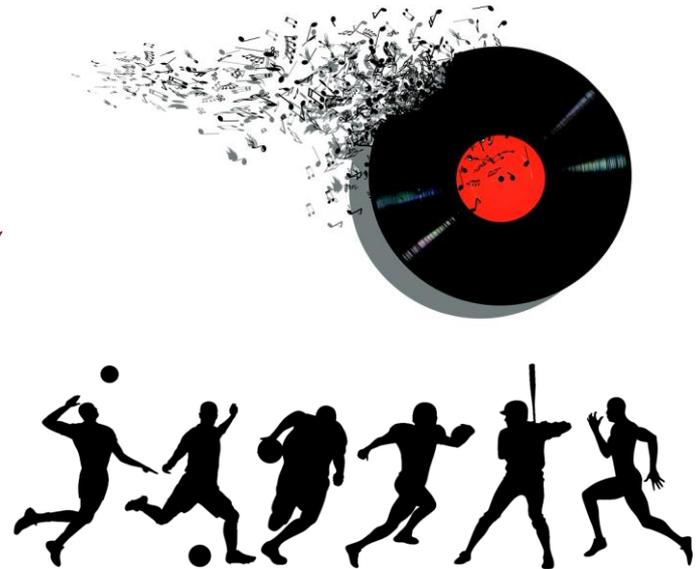
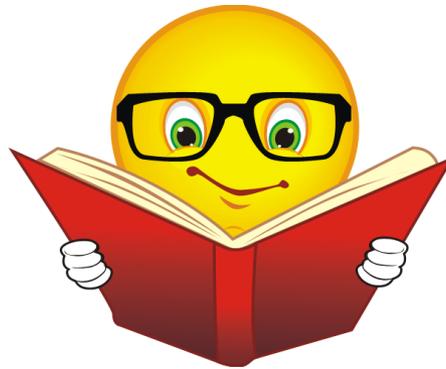
- Nutrition, Sleep and Exercise work together to keep our mind and body working at its best
- They are behaviors that can prevent and treat depression

Credit to MF-PEP, Mary Fristad

Positive Coping Skills

Get Involved with activities that improve mood, increase activity, and reduce negative thinking:

- Talk to someone you trust
- Relax
- Music
- Read
- Sports
- Drama



Normalizing mental health concerns and benefits of support

- Highlight prevalence of MH issues without suggesting suicidal thoughts or behaviors are a “typical” response to distress
 - Our best solutions involve the entire community
 - Empowering youth is vital but insufficient
 - Adults serving as guides in collaboration with youth has been shown to be effective
 - Examples: YAM, Sources of Strength, Directing for Change, Be Present, Hope Squad, Say Hello
-

How to Talk to Youth when Noticing Something seems Wrong

- “I notice you have not been yourself lately. Is there something bothering you?”
- “You seem down and have been spending a lot of time alone. I am here for you, if you want to tell me about it.”
- “I would love to know how you have been doing recently. Can we sit together at dinner tonight?”

Helpful Ways to Address Children

- ALWAYS take youth seriously when they make a remark - no matter what their age.
- Look for warning signs (behavior problems, signs of depression, irritability, impulsivity, risky/dangerous acts)

Be DIRECT

“Are you doing this to kill yourself?”

“Do you ever wish you weren’t alive?”

“Do things ever get so bad that you want to die?”

- Teach them coping skills (breathing, pounding play-doh, playing) to assist them with managing feelings.

Strengthening Connections with Youth

- Reinforce you are available if they need to talk.
- Set the stage
 - Increase opportunity (e.g., meals, hikes)
 - Be willing to talk about difficult topics
- Full attention and support
 - Take a curious approach
- Be consistent and persistent
- Guide by example (self-care)
- Advocate when appropriate



Strengthening Connections with Youth

- Regular check-ins with the child
- Validate the youth's emotional experience
- Encourage meaningful activities, regular routines, support networks



Healthy Boundaries

- Talk about your responsibilities, what you can and can't do, including confidentiality limits.
- There are additional resources out there for you
 - Who can you get support from?

Remember:

- Youth need boundaries to feel safe, healthy and cared for.
- Youth grow and mature by testing boundaries.
- Once a youth learns what works to break you down, they will use it in the future.

Poor Boundaries

- **Poor boundaries can result in:**
 - Club staff or youth feeling that he or she cannot say no to, or disagree with, one another
 - Anxiety and discomfort on both sides
 - Club staff or youth being too dependent on the other
 - Unclear expectations
 - A youth who feels like a victim
 - Development of one-sided relationships
 - Feelings of over-responsibility
 - Red flag: if you find yourself saying, “I will do this just this one time ...”

Your Program's Response to Warning Signs

If you see warning signs, take the following steps right away in accordance with your policy:

- **Supervise** the youth constantly (or make sure youth is in a secure environment supervised by caring adults) until he or she can be seen by the mental health contact.
- **Escort** the youth to see the designated leader.
- **Provide** necessary information to the leader while prioritizing youth safety and communication with the youth's parents. Do not attempt to manage a crisis related to suicidal thoughts or behaviors alone.

Responding to a Crisis

- Consult with supervisor, follow policy, provide support to family, and do not leave youth alone
- Consider local crisis options or ED
- Call 911 or the National Suicide Prevention Lifeline at: 1-800-273-TALK
- Text “4HOPE” to CTL at 741-741
- When in Franklin County caregivers, supportive adults, or youth themselves can contact the Franklin County Crisis line: 614-722-1800.



Development of a Suicide Prevention Program for Youth in the Community



- Collaboration between Boys and Girls Clubs, Nationwide Children's Hospital and AAS
- Goal to create gold standard suicide prevention model for out-of-school space
- Evaluated existing models with a focus on youth needs, club resources, effectiveness, and scalability
- Workgroup has been meeting regularly for past 6 months to refine model

Effective Suicide Prevention Should:

- **Decrease** youth risk by increasing knowledge about depression and suicide warning signs
- **Reduce** stigma: mental illness, like physical illness, requires timely treatment
- **Encourage** help-seeking for oneself or to obtain support for a friend
- **Engage** parents and club staff as partners in prevention through education and action steps

SOS Teaches Students to:

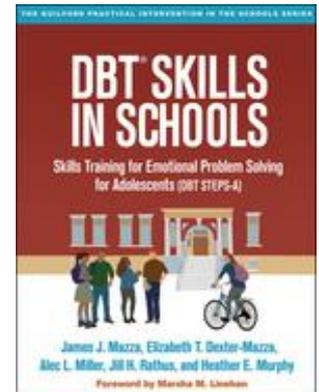
1. Know the symptoms of depression including changes in thinking, feeling, and behavior
2. Understand that suicide is usually a symptom of a mental health condition and is to be responded to quickly and thoughtfully
3. Take steps to help a friend in need
4. Reach out to a trusted adult if signs of depression or suicide are present

Evaluation of a School-Based Model

- In 3 separate randomized controlled studies, SOS Program has shown a reduction in self-reported suicide attempts by 40%-64%
- A recent replication study published in 2016 found SOS to be associated with:
 - Increased knowledge and adaptive attitudes about depression and suicide
 - 64% fewer suicide attempts among intervention youths relative to untreated controls
 - decrease in suicide planning for “high risk participants” with a lifetime history of suicide attempt (Schilling et al., 2016)

An Upstream Skills Model

- Based on a program called DBT STEPS A: Skills Training for Emotional Problem Solving in Adolescence (Mazza et al., 2016)
- Dialectical Behavioral Therapy (DBT) skills help youth manage intense distress and reduce suicidal behavior
- Modified strategies that help youth learn basic social and emotional life skills
- Program is used to help youth to:
 - Increase mindfulness
 - Identify distress and stay safe in a crisis
 - Regulate intense emotions
 - Strengthen relationships and communicate needs



Gatekeeper Training

- Staff and administrators will learn about:
 - current statistics and trends in youth suicide
 - myths and misconceptions
 - how to identify risk factors & warning signs of suicide
 - protective factors and how to enhance these for youth
 - setting appropriate boundaries to ensure youth safety and personal wellness
 - maintaining a trauma-informed approach
 - steps for helping a youth access support, manage distress, and increase safety during a crisis
 - role-plays to increase skill and comfort when engaging at-risk youth

Facilitator Training

- Support select adult allies with the following tasks for implementation:
 - Increasing knowledge and comfort in discussing youth suicide in accordance with safe messaging guidelines
 - Delivering suicide prevention program modules with fidelity
 - Build skills to recognize warning signs of suicide in youth
 - Learn how to respond when concerned or during a crisis
 - Linking youth to resources following engagement
 - Maintaining self-care and boundaries

Program Modules

- Youth training will occur for 1 week for 120 min/day (shorter duration for younger ages)
 - 90 minutes of activities and content
 - Additional 30 minutes for skills practice and debriefing
- Core elements include:
 - Module 1: Youth Awareness and Peer Learning
 - Module 2 (DBT STEPS A): Core Mindfulness
 - Module 3 (DBT STEPS A): Emotion Regulation
 - Module 4 (DBT STEPS A): Interpersonal Effectiveness
 - Module 5: Managing Crisis / Universal Safety Planning

Module 1: Awareness & Peer Learning

- Youth will gain an understanding of the following:
 - suicide risk factors, protective factors, and warning signs
 - critical skills to identify when they or a friend are in need of support
 - how to engage support from trusted adults to enhance safety
 - “S3” – See, Say, Support
- Discussion of myths about depression and suicide
- Roleplay scenarios to identify risk factors and respond to warning signs of suicide using “S3” approach
- Perspectives from AAS Youth Advisory Board with Q&A
 - teens with lived experience of suicidal thoughts and/or behaviors
 - survivor of suicide loss in her family,
 - an individual who benefitted from suicide prevention programming

Module 2: Core Mindfulness

- Goal: introduce mindfulness skills that can serve to increase ability of youth to pay attention “in a particular way, on purpose, in the present moment nonjudgmentally” (Kabat-Zinn, 1994)
 - Content
 1. Define mindfulness and describe benefits
 2. Differentiate “emotional mind,” “reasonable mind,” and “wise mind”
 3. Observe and describe reactions in the present without judgement
 4. Learn to be effective in all situations without focusing on how things “should” be
-

Module 3: Emotion Regulation

- Goal: Youth will identify and manage distressing emotions. Youth will develop improved emotion vocabulary and learn to identify intensity of emotions. They will learn strategies to evaluate whether their reactions are helping vs harmful.
- Content
 1. Understand the function and goals of emotions
 2. Review and observe basic emotions
 3. Learn to slow down and decide if emotions fit situation
 4. Apply “opposite action” to change negative mood states
 5. Learn to “ride the wave” of emotions

Module 4: Interpersonal Effectiveness

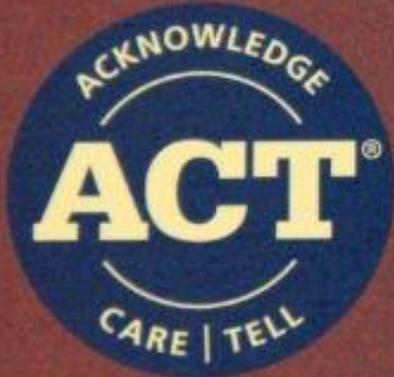
- Goal: Youth taught to communicate effectively, understand goals in relationships, ask for help, cope with conflict, be assertive, & maintain self-respect.
- Content
 1. DEARMAN skill used to get or keep a good relationship
 2. GIVE skill used to get or keep a good relationship
 3. FAST skill used to keep or improve liking for self
- All skills will have videos, roleplays, skits, and feedback opportunities

Module 5: Managing a Crisis and Universal Coping Plan

- Goal: Youth will understand their own response to a crisis and how to increase personal safety through coping, connection, means safety and crisis resources
 - Content
 1. What is a “crisis” and how can we respond?
 2. Managing “fight or flight” response
 - Survival skills help us tolerate pain (accept/distract)
 - TIP skills focus on how body responds to intense emotion
 - Temperature
 - Intense exercise
 - Paced breathing
 3. Each member will develop a coping plan in a way that is personal and creative
-

How can Adult Allies Empower Youth: ACT message

If you hear someone talking about hurting themselves or others, speak up.



Acknowledge: Listen to your friend, don't ignore threats

Care: Let your friend know you care

Tell: Tell a trusted adult so they can help

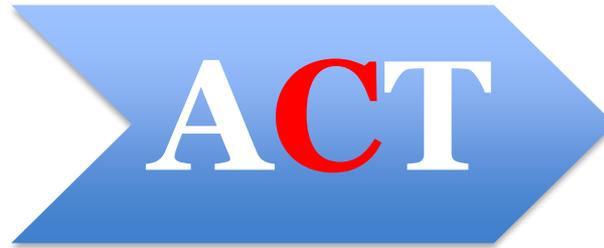
HS 67-15W

ACT

Acknowledge
your friend
has a
problem and
it's serious

- How do we acknowledge?
- Why are people afraid to acknowledge?
- How do we ask a friend about suicide?





Care—let
them know
you are
concerned
and want to
help

- How can we show we care?
- How can we say we care?

ACT

Tell a
Trusted
Adult

- How do we Tell?
- Who do we Tell?
- Why are people afraid to Tell?



Practice **ACT**

Pair up or work in small group

Look for:

- Warning Signs
- Risk Factors

What would you say?

What would you do?

Practice **ACT**: Marcus

Shawn is talking to Marcus about the upcoming weekend. They usually make plans to and play basketball on Saturdays but Marcus hasn't wanted to play for the last few weeks. Shawn asks him about it, but he becomes annoyed and angry and tells him to back off. Shawn thinks it is strange considering Marcus is typically energetic, happy, and always up for playing basketball.

Marcus

- Risk factors
 - Being male
 - Warning Signs
 - Significant ↓ in usual activities
 - Change in mood – angry, annoyed
 - Suggestion for ACT
 - A— “I miss playing basketball with you. You don’t seem like yourself.”
 - C— “I care about you. What can I do to help?”
 - T — “It sounds like you’re dealing with a lot. Have you talked about it with your dad?”
-

Practice **ACT**: Alex

Kris calls Alex to see if Alex is still coming to her birthday party on Friday night. Alex has known about it for months and was initially excited. But ever since her parents split up a few months ago, Alex has been crying out of the blue at school and during gym, her favorite class. She has also been quiet and withdrawn around friends. Kris has a feeling that Alex will not come to the party, but Kris is unsure how to show her concern.

Alex

- Risk Factors
 - Parents split up
 - Warning Signs
 - Change in mood that has lasted months
 - Uncontrollable crying
 - Withdrawing from friends
 - Suggestion for ACT
 - A–“You seem really sad since your parents split. Are you okay?”
 - C–“What you’re going through is really stressful. I am here for you.”
 - T– “Let’s talk with the counselor at school. She’s helped a lot of other people with issues like this.”
-

Youth-led suicide prevention



Engage for Community Change

Adult Allies Empowering Youth

- How can suicide prevention be part of young people's experience without being overwhelming?
 - Provide clear, relevant information
 - Provide unambiguous action steps
 - Provide permission to seek out support even if a friend is uninterested in help
 - Identify and discuss barriers and anxiety
 - Make learning activities engaging with opportunities for deep processing
 - Challenge youth to be advocates

Activity #1: Spot the Change Game

1. Request 3-4 volunteers and have remaining youth closely look at their appearance.
2. Volunteers leave classroom and change something about their appearance (e.g., pull out pockets, remove earring, taking off glasses, tucking in or untucking shirt).
3. When the volunteers return, ask class to spot changes.
4. Link spotting the changes to identifying warning signs in friends and how we recognize them.

Activity #1: Spot the Change Game (cont.)

Discussion Question: How would you notice the difference in yourself or your friends?

- We notice what we attend to; friends do not always openly share emotional changes but changes can show up in behavior, activity, language, or personality
- Ask: If you are worried for a friend or yourself, who can you turn to?
- Next say: Name 3 trusted adults you could go to if you or a friend needed help or as many as you can list.

Activity #2: Identify a Trusted Adult

1. Ask students to write down names of 2 people they can contact when they have good news to share.
2. Then ask students to write down the names of 2 people they can contact if they have bad news to share.
3. Then ask students to write down the names of 3 trusted adults (at home or at school) they can contact if a friend tells them they are thinking about suicide.

Activity #2: Identify a Trusted Adult (cont.)

4. Ask: Why did you choose those 3 trusted adults?
5. Indicate that you (and other key staff) are trusted adults who they can come to if they or a friend is thinking about suicide.
6. Inform students that trusted adults can be family members, caregivers, family friends, teachers, counselors, coaches, faith leaders, mentors, laws enforcement officers, and more.

Applying skills

- Explore how youth might act in the following situations:
 - What would you do if you recognized warning signs in a friend?
 - Who would you tell if a friend told you they were thinking about suicide and asked you to promise not to tell anyone?
 - What would you say to the trusted adult?
 - Would you tell your friend who confided in you that you had told a trusted adult, even if they asked you to keep it a secret?

Using Responsible Messaging in PSAs



Create Effective and Responsible Messaging

- Youth are in an ideal position to create messaging that resonates with other youth but require guidance
 - Adults need to be versed in prevention strategies that work and knowledgeable of what is problematic
 - Highlight suicide reporting/media guidelines
 - <https://mha.ohio.gov/Researchers-and-Media/Reporting-on-Suicide>
 - Youth should have a voice in planning, decision-making, implementing and evaluating processes
 - Highlight youth creativity and strengths
-

What is suicide contagion?

- Occurs when suicidal behavior spreads quickly and spontaneously through a group (Gould, 1990)
- A suicide leads to an increase in suicidal behaviors of others (USDHHS, 2008)
- Accounts for up to 5% of teen suicides

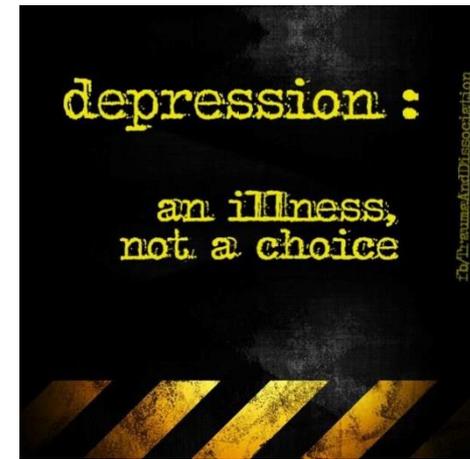


What elements increase suicide contagion?



- Detailed descriptions of method/location
- Romanticizing or glamorizing the suicide
- Simplifying suicide to a single cause
- Highlighting that suicide serves a purpose
- Suggesting that suicide is inevitable when a person is in distress
- Relaying common suicide myths

Do not reinforce common myths



- Depression = weakness
- People who talk about suicide won't really do it
- Asking about suicide may give someone the idea
- Anyone who tries to kill themselves must be “crazy”
- People who complete suicide don't want help
- If someone wants to kill him/herself, nothing will stop him/her

Language matters

Say this	Instead of this
Died of suicide; Killed him/herself (themselves); took his or her (their) life	Committed suicide; suicided
Suicide death	Successful attempt
Suicide attempt	Unsuccessful attempt
Person living with suicidal thoughts or behavior	Suicide ideator or attempter
Suicide	Completed suicide
(Describe the specific behavior)	Manipulative, parasuicidal, “frequent flyer”, cry for help, or suicidal gesture

Tag every story with resources

If you're feeling suicidal, please talk to somebody. You can reach the [National Suicide Prevention Lifeline](#) at 1-800-273-8255; the [Trans Lifeline](#) at 877-565-8860; or the [Trevor Project](#) at 866-488-7386. If you don't like talking on the phone, consider using the [Lifeline Crisis Chat](#) at www.crisischat.org or text "START" to the [Crisis Text Line](#) at 741-741 or in Ohio text "4HOPE."

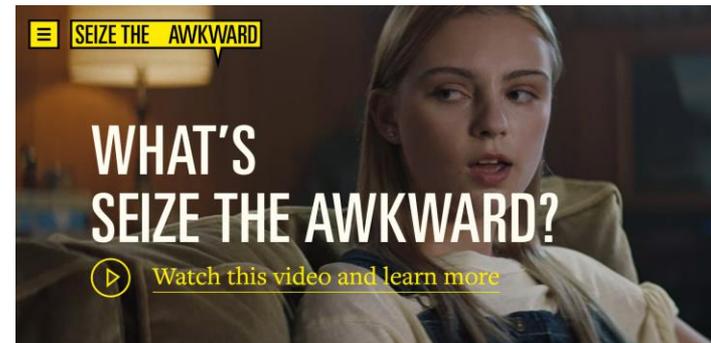
Other recommendations



- Use school/work or family photo NOT photos of the location or method of death, grieving family or friends, or memorials or funerals
- Be creative but cautious about images- is it needed?
- Be mindful of those viewers impacted by suicide
- Include warning signs and risk factors in your PSA
- Instill hope by emphasizing depression is treatable and suicide is preventable

Effective Public Service Announcements (PSAs)

- Seize the Awkward (ASPF, JED, Ad Council)
- Child Mind Institute #MyYoungerSelf
- NCH #OnOurSleeves



More Effective PSAs

- <https://www.youtube.com/watch?v=cOCMsgoM6To>
- <https://www.youtube.com/watch?v=3BByqa7bhTo>
- <https://www.youtube.com/watch?v=E8lhx1j5hEM>
- <https://www.nationwidechildrens.org/giving/on-our-sleeves/lp/julias-story>
- <https://childmind.org/myyoungerself/>



Take-home points

- Humanize mental health struggles but do not simplify suicide's causes
- Follow suicide reporting guidelines
- Depict suicide as preventable
- Share resources for coping with emotional crises
- Educate to reduce stigma
- Practice self care
- Role-play
- Process by creating
- Sustain efforts

Pain Isn't Always Obvious

KNOW
THE SIGNS

Suicide Is Preventable



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Key Lessons

- Suicide prevention programs thrive with joint planning and support from leadership
- Empower local “champions” & cultural brokers
- To reduce staff anxiety provide mock classes and make examples culturally specific
- Make sure youth are involved in the development and evaluation of efforts
- Pay attention to how program will sustain efforts from the very beginning

Suicide Prevention Resources

Ohio

- <http://www.nationwidechildrens.org/suicide-research>
- <https://franklincountyspc.org/>
- <http://www.ohiospf.org/>
- <http://franklincountyloss.org/>
- <https://mha.ohio.gov/Families-Children-and-Adults/Suicide-Prevention>

Apps for Teens

- My3
- A Friend Asks

National

- <http://afsp.org/>
- <https://www.suicidology.org>
- <http://jasonfoundation.com/>
- <http://www.thetrevorproject.org/>
- <http://www.crisistextline.org/>
Crisis Text Line “4HOPE” to 741-741
- <http://www.suicidepreventionlifeline.org/>
National Suicide Prevention Lifeline
1-800-273-TALK (8255)
- Spanish Suicide Prevention Lifeline
1-888-628-9454
- Signs of Suicide (SOS)
<https://www.mindwise.org/>

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OhioMHAS

Ohio Suicide Prev. Foundation

FC Suicide Prevention Coalition

American Assoc. of Suicidology

Franklin County LOSS

Columbus City Schools

Mindwise Innovations

****All school staff, district leaders,
MH partners, students and
families dedicated to preventing
youth suicide!**

Questions & Comments

The Center for Suicide Prevention and Research

<http://www.nationwidechildrens.org/suicide-prevention>

Phone: 614-355-0850

Email: suicideprevention@nationwidechildrens.org

