

SUICIDAL IDEATION AND BEHAVIOR: RECOMMENDATIONS FOR SCHOOLS IN PREVENTING AND ADDRESSING ADOLESCENT SUICIDAL IDEATION AND BEHAVIOR

Prevention:

Integrate lessons about suicide into the traditional academic curriculum and/or adopt a “packaged” prevention program. For example, suicide prevention programs can be featured in social studies, health, and physical education courses. These programs can also be taught as a special program. For example, stress reduction and problem-solving programs could be taught. Classroom programs may include lectures, discussion of relevant issues, media use (films), and discussion groups (on topics such as growth, emotions, social skills, depression, suicide, drugs and alcohol, etc.).

Make efforts to reduce pressure and competition. Take a closer look at homework, tests, projects, papers, and sports, and make them more appropriate for students. Overall, realistic and positive expectations will lead to greater success for most students.

In addition to educating students regarding adolescent suicide, **it is also essential to prepare those adults who come in contact with adolescents to recognize pre-suicidal and suicidal behaviors and to react appropriately to this highly intense situation.** All those working with adolescents should be aware of the warning signs associated with suicide: see following pages.

Teachers should also be trained in active listening skills because they are in daily contact with the students and can observe overt changes in students’ behavior and can listen for “cries for help.” They can function as the front line of suicide prevention and can refer those at-risk students to those trained to deal with these issues.

Teachers should also be knowledgeable about the outside community and school resources available to those students who may be considering suicide. Knowledge about the various resources demonstrates the teacher’s genuine concern for the students and also offers the students a sense of hope in facing life’s challenges.

Teachers need to know in advance the school’s policy and procedures about responding to suicidal threats. This knowledge will not only help students, but possibly avoid lawsuits.

Warning Signs:

All teachers and staff members should be aware of possible warning signs of suicide. Of particular concern should be a combination of such signs.

Behavioral Clues

- Any sudden or unexpected changes in behavior or personality.

- Homework quality declines and grades drop.
- Daydreaming and inability to concentrate may be evident. Persistent boredom. Lack of energy.
- Withdrawal. The student may begin isolating him/herself from peer activities and associations.
- Loss of interest in previously pleasurable activities.
- Prevailing sadness. Crying.
- Changes in sleep and eating habits.
- Unusual neglect of personal appearance.
- Inability to tolerate praise or rewards.
- An easygoing student may become “touchy” or “irritable.”
- Violent or rebellious behaviors may occur. The student may become reckless, restless, defiant, or physically aggressive.
- Unexplained absences from school.
- Drug and/or alcohol abuse may be evident.
- Pursues risk or thrill-seeking stimulation.
- Runs away from home.
- A withdrawn person may become outgoing and cooperative, due to a sense of relief after reaching the conclusion to commit suicide.
- Prized possessions are given away.
- Collects pills, razor blades, knives, ropes, or firearms.
- Accident prone.
- Sudden mood swings.
- Self-destructing or self-mutilating acts.
- Insufficient problem-solving skills.
- Student suffers from depression, as well as other disorders, such as conduct disorder, schizophrenia, and panic disorder.

Verbal Clues

- Preoccupation with talking or writing about death. Talk about committing suicide.
- Verbal or written remarks about sense of failure, worthlessness, and/or isolation.
- Frequent complaints about physical symptoms that are often related to emotions, such as stomachaches, headaches, or fatigue.

Situational Clues

- Loss of a relationship or personal relationship problems.
- Death of a friend or family member, especially from suicide.
- Loss of self-esteem. School failure. Failure to achieve expectations.
- Family disharmony, such as divorce of parents or alcohol abuse.
- Family history of psychiatric difficulties or suicidal behavior.
- Experiencing a major life event or chronic stressor.
- Rootlessness and family mobility.
- Serious physical illness.

- Physical and sexual abuse.
- Mental problems. Previous suicide attempts.
- Student is rejected by peers and/or lacks social support.

Other Factors to Consider

- Gender: Men commit suicide successfully 4.5 times more often than women, but women attempt suicide 2-4 times more than men.
- Ethnicity: African-Americans, Hispanic-Americans, and Asian-Americans have lower rates than Euro-Americans. However, Native Americans have rates 1.6-4.2 times the national average.
- Sexual orientation: Homosexual teens are three times more likely to attempt suicide than heterosexual teens.
- Previous suicide attempts: Of all completed suicides, 10-40% have previously attempted suicide.

Ways to Intervene:

Know the escalation process for your school. Escalate as appropriate.

Be prepared to drop everything to take time to deal with the situation. Take every complaint and feeling the child expresses seriously. Do not attempt to minimize the problem by telling him/her everything they have to live for. This will only increase feelings of guilt and hopelessness.

Be calm, supportive, and nonjudgmental. Listen actively and encourage self-disclosure. It is okay to acknowledge the reality of suicide as a choice, but do not “normalize” suicide as a choice. Assure the student that he or she is going the right thing by confiding in you.

Do not express discomfort with the situation. Your willingness to discuss it will show the person that you do not condemn him or her for having such feelings.

Stay with the student. Never leave him/her alone until further action has been taken. If you are talking to someone via phone, do not hang up; get someone else to call for help on another line.

Recognize that talking about suicide will not plant the idea! Your questions show that you are paying attention and that you care.

Ask direct, straightforward questions. (“Are you thinking of suicide?”) Be aware that students will usually respond “no.”

Ask questions to assess lethality.

- What has happened to make life so difficult?
- What has been keeping you alive so far?

- Are you thinking of suicide?
- Do you have a suicide plan? (If so, at higher risk)
- Have you attempted suicide in the past?
- Is there anyone to stop you?
- Do you use alcohol or drugs? (If so, at higher risk)
- When you think about yourself and the future, what do you visualize?
- Is the means available to you? (If so, at higher risk) Remove the means if possible.
- What do you think the odds are that you will kill yourself?

Consider the SLAP method of determining the risk of the student's plan:

S = How (S)pecific are the details of the plan?

L = What is the (L)evel of lethality of the plan? (Guns vs. aspirin)

A = What is the (A)vailability of the proposed method?

P = What is the (P)roximity to helping resources?

Try to get the person to discard the lethal implement by requesting strongly that they do so, **but do not ever attempt to physically restrain a suicidal person who is armed with a gun, knife, or other dangerous weapon.**

Take a positive approach. Emphasize the person's most desirable alternative. Help the student see the temporary nature of the problems and that the crisis will pass. Explain that suicide would be an absolutely permanent resolution to the situation. **However, remember that as a teacher, you are not a trained therapist. Your more immediate job is to serve as a referral agent to help the student get the services they need.**

Identify social supports available to the child and ask him/her if he/she has talked about this with any of them – often a child contemplating suicide is unaware of the different social supports (e.g., counselors, family, friends) that are available.

Mention the person's family as a source of strength, but if they reject the idea, back away quickly. For children, the source of pain is usually either the family or the peer group. When you know which it is, you are in a better position to help or refer for help.

Use constructive questions to help separate and define the person's problems and remove some of their confusion. To help the person understand their situation, use active listening and respond empathically. ("It sounds like you feel...")

Provide reassurance that help is available, these feelings are treatable, and that suicidal feelings are temporary.

Make crisis management decision. Be decisive. Rapid decision making on the part of the intervener is extremely important.

- Report the incident to the appropriate school personnel.

- Write contracts. (Seek the guidance of a counselor or psychologist as to what is appropriate. Also be aware of your school's policy regarding such contracts.) If you do not use a contract, see if the student will agree to a verbal promise not to commit suicide.
- Notify parents.
- Consider hospitalization.
- Organize suicide watches.

Always enlist the help of a health care professional – do not keep the person's threat a secret, but do respect their privacy.

Actions to Avoid:

Do not promise anything that cannot be delivered. This is a situation where it is never appropriate to promise confidentiality.

Do not ignore or lessen a student's suicidal threat.

Try to avoid sounding shocked at a student's suicidal thoughts. Do not stress the shock, embarrassment, or pain that the suicide may cause their family before you are certain that is not exactly what the student hopes to accomplish.

Don't moralize.

Do not argue with a student who may be suicidal. You may not only lose the debate, but also the person. Don't criticize, ridicule, or infer that the person is crazy.

Additionally, **do not tell students in this situation that you "know how they feel"** or relate personal stories.

Don't be concerned by long periods of silence. Allow the student time to think.

Do not ignore your own intuitions about a student's behavior or changes.

Do not try to handle the situation alone. Do not attempt in-depth counseling. Contact a professional to provide more extensive counseling.

Additional Information Regarding Suicide:

If a suicide does occur, it is essential that the students be provided with accurate facts about the suicide as soon as possible. This information should be given to all students simultaneously. It is necessary to provide sufficient time for discussion and also support for the students.

Of all people whom complete suicide, **about 75% do things beforehand to indicate that they need help.** Most have told someone they were thinking about hurting themselves.

Suicide has increased 300% in the past 30 years. Among children between the ages of 10-14, suicide has gone up 112%.

For every completed suicide, there are between 50-200 attempts.

Remember that suicidal adolescents are a heterogeneous group.

Be aware of the ripple effect. Research shows an increase in adolescent suicide following media coverage of a high profile suicide.

Additional Resources:

Brock, S. & Sandoval, J. (1997). Suicidal ideation and behaviors. In G.G. Bear & K.M. Minke, Children's needs II: Development, problems, and alternatives. Bethesda, MD: National Association of School Psychologists.

Kirk, W. (1993). *Adolescent suicide: A school based approach to assessment and intervention*. Research Press.

Miller, A. & Gliniski, J. (2000). Youth suicidal behavior: Assessment and intervention. *Journal of Clinical Psychology, 56(9)*, 1131-1152.

Miller, L. & Rose, P. (2000). *Suicide*. San Diego, CA: Greenhaven Press, Inc.

Poland, S. & Lieberman, R. (2002). Best practices in suicide prevention. In A. Thomas & J. Grimes, Best practices in school psychology IV. Bethesda, MD: National Association of School Psychologists.

Stoelb, M. & Chiriboga, J. (1998). A process model for assessing adolescent risk for Suicide. *Journal of Adolescence, 21*, 359-370.

www.odedodea.edu/schools/pdfiles/january05_ssnwsltr.pdf: Safe School News: Intervention Strategies: Recognizing and Responding to Suicidal Students.

www.safe-learning.com/o101suic.html: Safe Learning: How to Handle Suicide Threats.

www.suicidology.org/index.html: Suicide in Youth – What You Can Do About It.

Contributors:

Scott Daniels
Kristi Ewing
Chrissy Gray
Dana Murphy
Laura Navaleza

Robin Ryan
Lindsay Simpson