



# Summer Institute

August, 2002

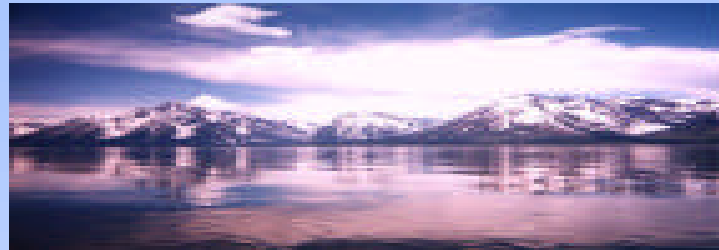
Day 2

**RICHARD LIEBERMAN**

**SHANE JIMERSON**

# WSPA Summer Institute

## Jackson Hole, Wyoming



*Monday August 5<sup>th</sup> (1pm-5pm)*

**Introduction / Overview**

**Threat Assessment**

*Tuesday August 6<sup>th</sup> (8am-4pm)*

**Suicide Prevention / Intervention**

**Psychological First Aid**

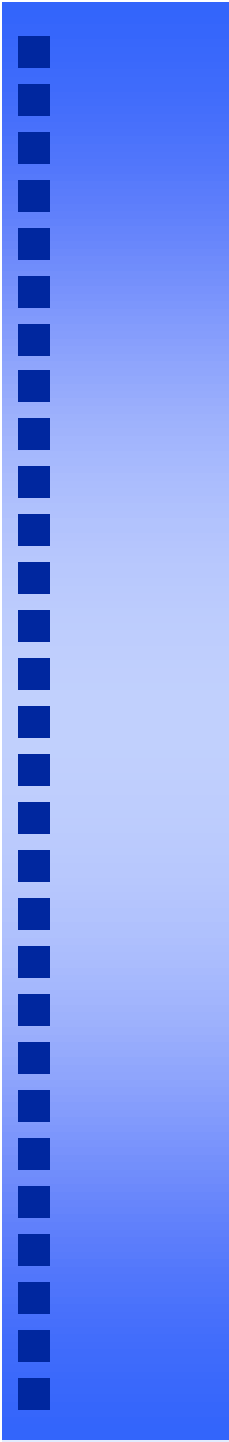
**Crisis Response / Working with Children and Schools following Trauma**

**Anniversaries / Memorials**

*Wednesday August 7<sup>th</sup> (8am-12pm)*

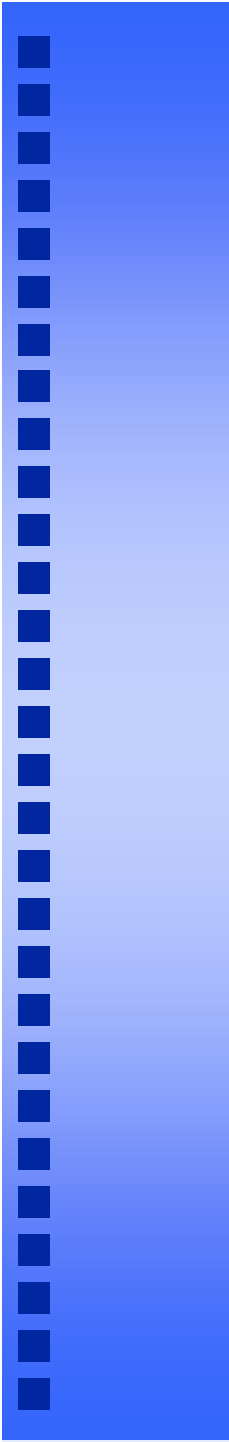
**Children and Grief / Working with Bereaved Children**





# NATIONAL STRATEGY FOR SUICIDE PREVENTION: Goals and Objectives for Action

- ➔ **GOAL 1:** Promote awareness that suicide is a public health problem that is preventable.
- ➔ **GOAL 2:** Develop broad-based support for suicide prevention.
- ➔ **GOAL 3:** Develop and implement strategies to reduce the stigma association.



# NATIONAL STRATEGY FOR SUICIDE PREVENTION: Goals and Objectives for Action

- ⇒ **GOAL 4:** Develop and implement suicide prevention programs.
- ⇒ **GOAL 5:** Promote efforts to reduce access to lethal means and methods of self-harm.
- ⇒ **GOAL 6:** Implement training for recognition of at-risk behavior and delivery of effective treatment.

# NATIONAL STRATEGY FOR SUICIDE PREVENTION:

## Goals and Objectives for Action

- ⇒ **GOAL 7:** Develop and promote effective clinical and professional practices.
- ⇒ **GOAL 8:** Improve access to and community linkages with mental health and substance abuse services.
- ⇒ **GOAL 9:** Improve reporting and portrayals of suicidal behavior, in the entertainment and news media.

# NATIONAL STRATEGY FOR SUICIDE PREVENTION:

## Goals and Objectives for Action

- ➔ **GOAL 10:** Promote and support research on suicide and suicide prevention.
- ➔ **GOAL 11:** Improve and expand surveillance systems.

U.S. Dept. of Health and  
Human Services, 2001

- ➔ [www.mentalhealth.org/suicideprevention](http://www.mentalhealth.org/suicideprevention)
- ➔ [www.surgeongeneral.gov/library](http://www.surgeongeneral.gov/library)

# SURGEON GENERAL'S CALL TO ACTION TO PREVENT SUICIDE 1999



➔ **A**WARENESS

➔ **I**NTERVENTION

➔ **M**ETHODOLOGY

# SURGEON GENERAL'S CALL TO ACTION TO PREVENT SUICIDE 1999

- ➔ ***AWARENESS***: Broaden the public's awareness of suicide and its risk factors
- ➔ ***INTERVENTION***: Enhance services and programs, both population-based and clinical care
- ➔ ***METHODOLOGY***: Advance the science of suicide

# LOS ANGELES UNIFIED SCHOOL DISTRICT

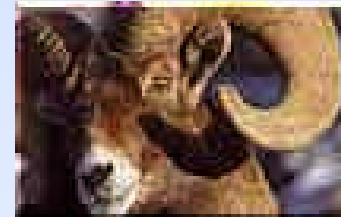
## ➔ YOUTH SUICIDE PREVENTION PROGRAM

- ➔ Prevention
- ➔ Intervention
- ➔ Postvention



# YOUTH SUICIDE

- ➔ *A Generation At-Risk*
- ➔ Rate: 300% increase since 1950
- ➔ Approximately 5000 annually
- ➔ Approximately 775,000 attempts
- ➔ 10-14 age group



# CONTINUUM OF SELF-DESTRUCTIVE BEHAVIOR



# HIGH RISK GROUPS

- ➔ White males
- ➔ African American males (10-14)
- ➔ White females (10-14)
- ➔ Hispanic youth
- ➔ Gay and lesbian youth
- ➔ Native American youth



# RISK FACTORS OF YOUTH SUICIDE

- ➔ Psychiatric disorders
  - ➔ Depression
  - ➔ Conduct disorder
  - ➔ Anxiety disorder
- ➔ Alcohol/substance abuse
- ➔ Previous suicidal behavior

# RISK FACTORS (2)

## BOYS

- ➔ Previous attempt
- ➔ Depression
- ➔ Disruptive behavior
- ➔ Substance abuse

## GIRLS

- ➔ Depression
- ➔ Previous attempt
- ➔ Anxiety disorder

# RISK FACTORS (3)

## *SITUATIONAL CRISIS*

- ➔ Loss (Death, divorce, transience, romance, humility)
- ➔ Victimization/exposure to violence
- ➔ Presence of a firearm
- ➔ School crisis (disciplinary, academic)
- ➔ Family crisis (abuse, domestic violence, running away)
- ➔ Suicide in community

# SUICIDE PREVENTION IN THE SCHOOLS

- ➔ Promotion of protective factors: caring adults/connectedness with school based on opportunities to participate and make contributions.
- ➔ Suicide prevention programs should be well grounded in theory and supported by empirical research.

# SUICIDE PREVENTION IN THE SCHOOLS

- ➔ Primary prevention programs that focus on coping skills development (problem solving, decision making, help seeking skill and resources).
- ➔ Programs that reduce risk in youth (alcohol and substance abuse, delinquency, violent behavior).

# SUICIDE PREVENTION IN THE SCHOOLS

- ➔ Administrative consultation (policies and procedures).
- ➔ Gatekeeper training:
  - ➔ school staff
  - ➔ parents
  - ➔ community linkages
- ➔ Curricula/Student training

# PREVENTION: *PARENTS*

- ➔ Do not be afraid to talk to your child.
- ➔ Know the warning signs.
- ➔ Take immediate action.
- ➔ Suicide proof the home.
- ➔ Utilize school and community resources.

# PREVENTION: *PEERS*

- ➔ Do not be afraid to talk to your friend.
- ➔ Know the warning signs.
- ➔ Make no deals.
- ➔ Tell an adult.

# SUICIDE INTERVENTION IN THE SCHOOLS

- ➔ Assessment of risk
- ➔ Duty to warn
- ➔ Duty to refer
- ➔ Hints:
  - ➔ Collaboration
  - ➔ Documentation

# WARNING SIGNS OF YOUTH SUICIDE

- ➔ Suicide notes
- ➔ Threats
- ➔ Plan/method/access
- ➔ Depression (helplessness/hopelessness)
  - ➔ Masked depression (risk taking behaviors, gun play, alcohol/substance abuse)
- ➔ Giving away prized possessions

# WARNING SIGNS OF YOUTH SUICIDE

- ➔ Efforts to hurt self
  - ➔ Running into traffic
  - ➔ Jumping from heights
  - ➔ Scratching/cutting/marking the body
- ➔ Death & suicidal themes
- ➔ Sudden changes in personality, friends, behaviors

# SCHOOL SITE CRISIS TEAM

## ➔ Members:

- ➔ Designated reporter

- ➔ Administrator

- ➔ Support personnel

## ➔ Assess and Advise

## ➔ Collaborate with law enforcement and local mental health resources

# LEGAL ISSUES IN SUICIDE INTERVENTION

## ➔ DISTRICT DID NOT:

- ➔ Warn Parents Immediately
- ➔ Supervise Adequately
- ➔ Provide In-service To Staff

## ➔ ISSUES

- ➔ Foreseeability
- ➔ Negligence

# ASSESSMENT

- ➔ MAPS: Measure for Adolescent Potential for Suicide
- ➔ Hilson Assessment Profile
- ➔ Suicidal Ideation Questionnaire
- ➔ The Suicide Probability Scale

# ASSESSMENT

- ➔ The Reynolds Adolescent Depression Scale
- ➔ The Children's Depression Rating Scale-Revised
- ➔ The Children's Depression Inventory
- ➔ The Hopelessness Scale for Children
- ➔ Hamilton Depression Rating Scale for Children

# ASSESSMENT

- ➔ Ideation
- ➔ Previous suicidal behaviors
- ➔ Current plan/method/access

# INTERVENTION: PARENTS

- ➔ Available?
- ➔ Cooperative?
- ➔ Assessment information
- ➔ Mental Health insurance

# SUICIDE INTERVENTION IN THE SCHOOLS (2)

- ➔ Reassure and supervise
- ➔ Suicide-proof environment
  - ➔ School/home
- ➔ Mobilize a support system
- ➔ No-suicide contracts
- ➔ Utilize police if student resists or attempts to flee

# POSTVENTION

- ➔ Suicide prevention
- ➔ Grief resolution
- ➔ Postvention procedures

# POSTVENTION GUIDELINES

- ➔ Verify suicide - collaborate with ME/PD/Family
- ➔ Do not dismiss school or encourage funeral attendance during school hours
- ➔ Do not dedicate a memorial-Consider contributing to community suicide prevention efforts or establishing living memorials
- ➔ Do not release information in a large assembly or over intercom. Utilize fact sheets. Be truthful

# POSTVENTION GUIDELINES (2)

- ➔ Follow victim's classes and provide counseling rooms for individual and group counseling for students AND faculty
- ➔ Collaborate with media, law enforcement and community agencies
- ➔ Points to emphasize media/parents: prevention; no one thing/person is to blame; help is available

# ASPECTS OF NEWS COVERAGE THAT CAN PROMOTE SUICIDE CONTAGION

- ➔ Presenting simplistic explanations for suicide
- ➔ Engaging in repetitive, ongoing, or excessive reporting of suicide in the news
- ➔ Providing sensational coverage of suicide
- ➔ Reporting “how-to” description of suicide

Centers for Disease Control/American  
Association of Suicidology (202)237-2280

# ASPECTS OF NEWS COVERAGE THAT CAN PROMOTE SUICIDE CONTAGION

- ➡ Presenting suicide as a tool for accomplishing certain ends
- ➡ Glorifying suicide or persons who commit suicide
- ➡ Focusing on the suicide completer's positive characteristics

# **MEDIA GUIDELINES: RECOMMENDATIONS**

- ➡ Suicide is often newsworthy and it will probably be reported
- ➡ “NO COMMENT” is not productive response to media representatives
- ➡ All parties should understand that a scientific basis exists for concern that news coverage of suicide may contribute to the causation of suicide

# **MEDIA GUIDELINES: RECOMMENDATIONS (2)**

- ➔ Some characteristics of news coverage of suicide may contribute to contagion, and other characteristics may help prevent suicide
- ➔ Health professionals or other public officials should not try to tell reporters what to report or how to write the news regarding suicide
- ➔ Public officials and the news media should carefully consider what is to be said and reported regarding suicide.

# POSTVENTION GUIDELINES (3)

➡ American Association of  
Suicidology

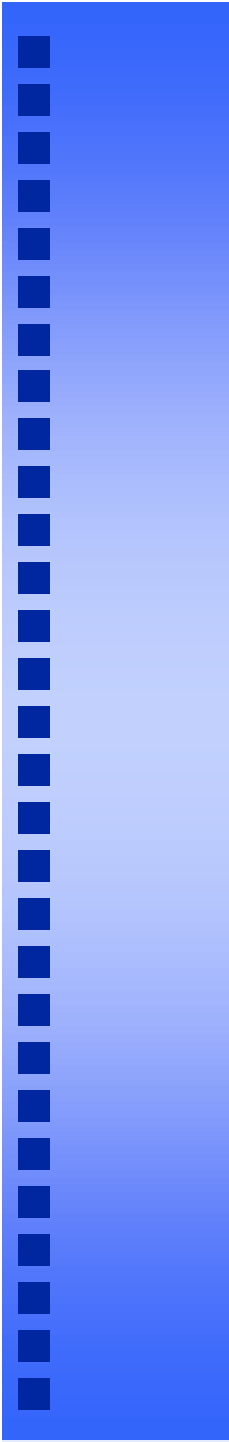
[suicidology.org](http://suicidology.org)

➡ Centers for Disease Control

[cdc.gov](http://cdc.gov)

➡ American Foundation for Suicide  
Prevention

[afsp.org](http://afsp.org)



**CHILD AND ADOLESCENT  
RESPONSES TO TRAUMA &  
PSYCHOLOGICAL FIRST  
AID**

# BASIC NEEDS

- ➔ Safety And Security
- ➔ Connection With Caregivers
- ➔ Coping With Daily Activities

Abraham Maslow

# CARNEGIE FOUNDATION

- ➔ Safety and security
- ➔ Relationships with 3 adults in addition to parents/guardians/caregivers
- ➔ 3 hours of extracurricular activities a day

*“One dollar spent in prevention will save seven dollars in detention.”*

# TRAUMA



- ➔ Trauma is a sudden, unexpected, dramatic, forceful event.
- ➔ Overwhelming, uncontrollable experience that psychologically impacts victims.
- ➔ Creates feelings of helplessness, hopelessness, vulnerability and loss of safety.

*National Organization for  
Victims Assistance*

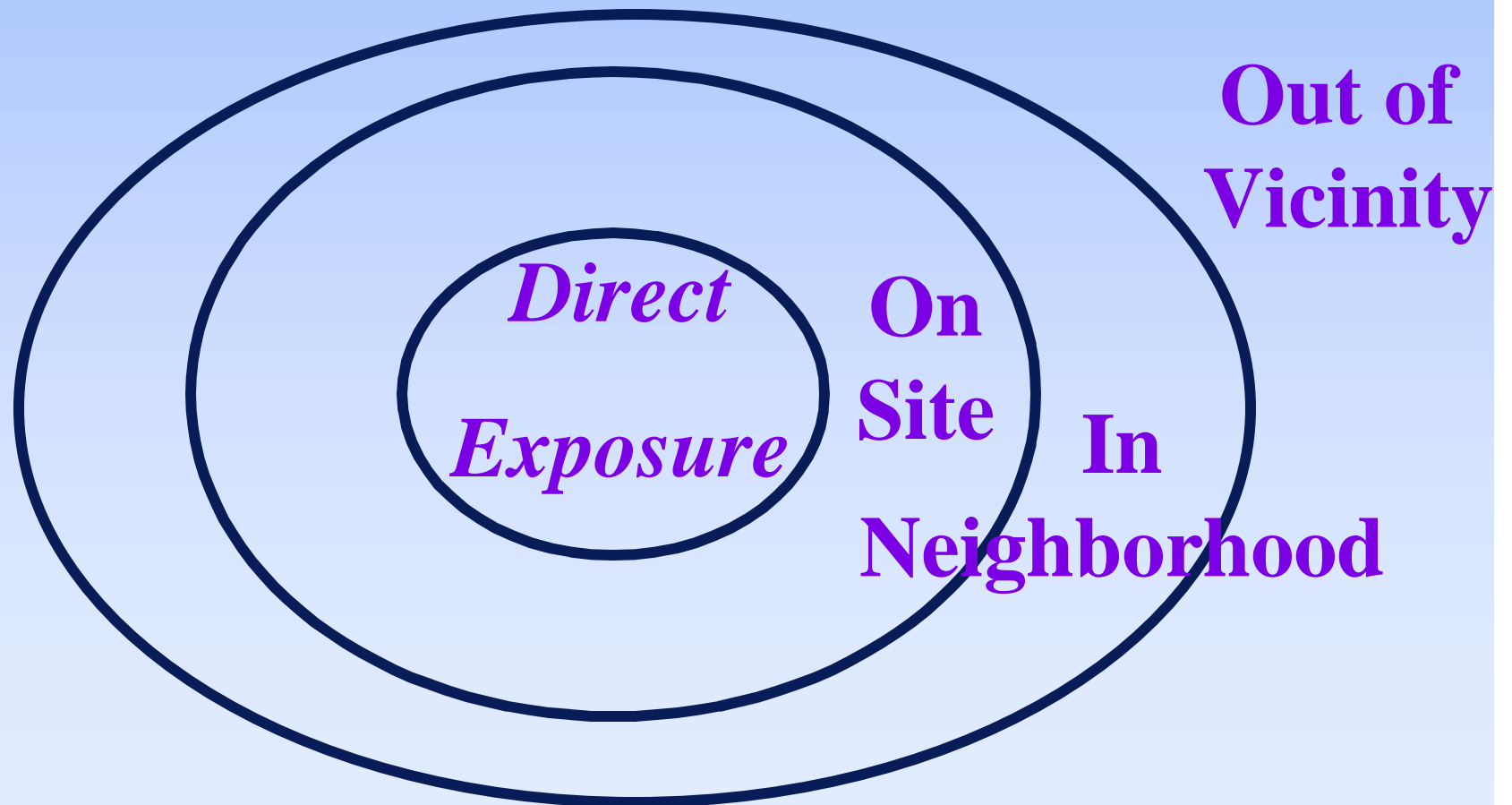
**COMMUNITY RESPONSE  
TEAM**

- ➔ Support and guide local experts and caregivers
- ➔ Identify those at risk
- ➔ Conduct community forum
- ➔ Plan for the short & long term

# NOVA GROUP CRISIS INTERVENTION

- ➔ Safety And Security (S&S)
- ➔ Ventilation And Validation (V&V)
- ➔ Prediction And Preparation (P&P)

# PSYCHOLOGICAL TRIAGE



# POSTTRAUMATIC STRESS REACTIONS

- ➔ Intrusive reactions
- ➔ Avoidance and withdrawal reactions
- ➔ Physical arousal reactions
- ➔ Grief reactions
- ➔ Depression
  - ➔ Co-morbidity with alcohol/substance abuse

# TRAUMATIC LOSS

## *COGNITIVE*

- ➔ Confusion
- ➔ Memory/time distortions
- ➔ Recurrent thoughts
- ➔ Academic regression

## *SOMATIC*

- ➔ Sleeping disorder
- ➔ Eating disorder
- ➔ Hypervigilance: startle response

# TRAUMATIC LOSS

## *BEHAVIORAL*

- Regression
- Repetitive play
- Aggression

## *AFFECTIVE*

- Numbness
- Fear
- Anger
- Guilt
- Shame
- Grief

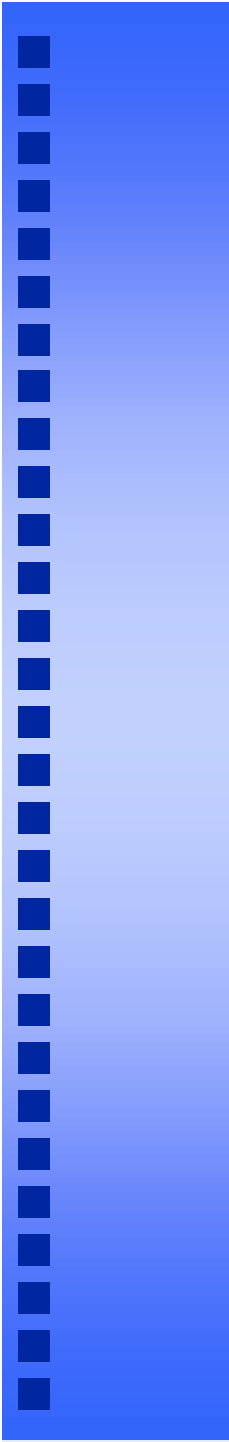
# SENSORY PERCEPTIONS & EMOTIONAL RESPONSES

## SENSORY

- Pictures
- Sounds
- Touch
- Smell
- Taste

## EMOTIONAL

- Fear
- Anger
- Confusion
- Guilt
- Shame
- Grief



# **POSTRAUMATIC STRESS REACTIONS: Exacerbating factors**

- ➔ Trauma reminders
- ➔ Loss reminders
- ➔ Current life stressors or adversities

# PSYCHOLOGICAL FIRST AID ISSUES

- ➔ Inability to understand the permanence of death
- ➔ Children's communication styles differ from adults: Utilize age appropriate techniques.
- ➔ Duration of grief may be extended for years
- ➔ Lack of coping skill development

# NEEDS OF TRAUMATIZED STUDENTS

- ➔ To know they are not alone.
- ➔ To hear stories and see reactions of peers.
- ➔ The opportunity to express their terror, fear and sadness.



# NEEDS OF TRAUMATIZED STUDENTS

- ➡ A vehicle to express feelings in safety and security.
- ➡ To be educated as to normalcy of their reactions.
- ➡ The opportunity to re-attach emotionally to the adult world.

# **SYMPTOMS AND PSYCHOLOGICAL FIRST AID: Preschool-2nd**

## **➔ Helplessness and passivity**

- ▶ Provide support, rest, food, opportunity to draw/play

## **➔ Generalized fear**

- ▶ Reestablish adult protective shield

## **➔ Lack of verbalization**

- ▶ Help to verbalize general feelings

# SYMPTOMS AND PSYCHOLOGICAL FIRST AID: Preschool-2nd

- ➔ **Sleep disturbances:** night terrors and nightmares; fear of being alone
  - ◆ Encourage them to let parents know
- ➔ **Anxious attachment:** clinging; separation problems, excessive worrying
  - ◆ Provide consistent care-taking: assurances
- ➔ **Regressive symptoms:** thumb-sucking; enuresis; speech
  - ◆ Understand, Validate Tolerate!

# SYMPTOMS AND PSYCHOLOGICAL FIRST AID:3rd-5th grade

- ➔ **Preoccupation with own actions:**  
issues of responsibility and guilt
  - ▶ Help to express secret imaginings
- ➔ **Fears:** triggered; of others safety;  
disturbing parents
  - ▶ Help to identify and articulate/express
- ➔ **Retelling and replaying event**
  - ▶ Permit; address distortions; validate

# **SYMPTOMS AND PSYCHOLOGICAL FIRST AID:3rd-5th grade**

- ➔ Impaired learning and concentration**
  - ▶ Collaborate with school
- ➔ Sleep/eating disturbances & Somatic complaints**
  - ▶ Monitor; stress reduction techniques
- ➔ Concern for victims and their families**
  - ▶ Constructive grief activities/activism

# **SYMPTOMS AND PSYCHOLOGICAL FIRST AID: Adolescents**

## **➔ Detachment, shame, guilt**

- ◆ Discuss event; realistic expectations

## **➔ Posttraumatic acting out behaviors**

- ◆ Help to understand behaviors as an effort to numb responses; coping with anger

## **➔ Desires and plans for revenge**

- ◆ Assess threat; promote constructive activities to lessen helplessness

# SYMPTOMS AND PSYCHOLOGICAL FIRST AID: Adolescents

- ➔ **Signs of depression:** sudden changes; mood disorder; alcohol/substance abuse; self-mutilation
- ➔ **Warning Signs:** homicidal/suicidal thoughts (expressed home/school), behaviors, plans; risk taking behaviors; giving away possessions

**SEEK IMMEDIATE HELP**

# ***PARENTS: WAYS TO HELP YOUR TRAUMATIZED CHILD***

- Pay more attention, spend more time, be more nurturing and comforting.
- Do not be surprised by any significant changes in behavior or personality.
- Let them know where you are going, when you will be back. Call if out for a long time and reassure.
- Let them tell their story. Listen and normalize reactions they are having.
- Help them to understand that defiance, aggression and risk behavior is a way to avoid feeling the pain, the hurt and terror they experienced

# PARENTS: *WAYS TO HELP YOUR TRAUMATIZED CHILD*

- ➔ Collaborate with the school support services.
- ➔ Tolerate regressive behaviors such as nail biting, thumb sucking, night light needs.
- ➔ Help them to understand relationship between their anger and their trauma and find safe ways to express (drawing, exercise, talking).
- ➔ Share your own trauma or frightening experiences.
- ➔ Emphasize if they are feeling guilt/shame that they did not choose for this to happen and they are not responsible.

William Steele: *Kids on the Inside Looking Out After Loss*. (1994) Institute for Trauma & Loss in Children