

SUICIDE PREVENTION: WHAT PARENTS NEED TO KNOW

LCPS Parent Seminar Series on Mental Health and Wellness

October 25, 2023

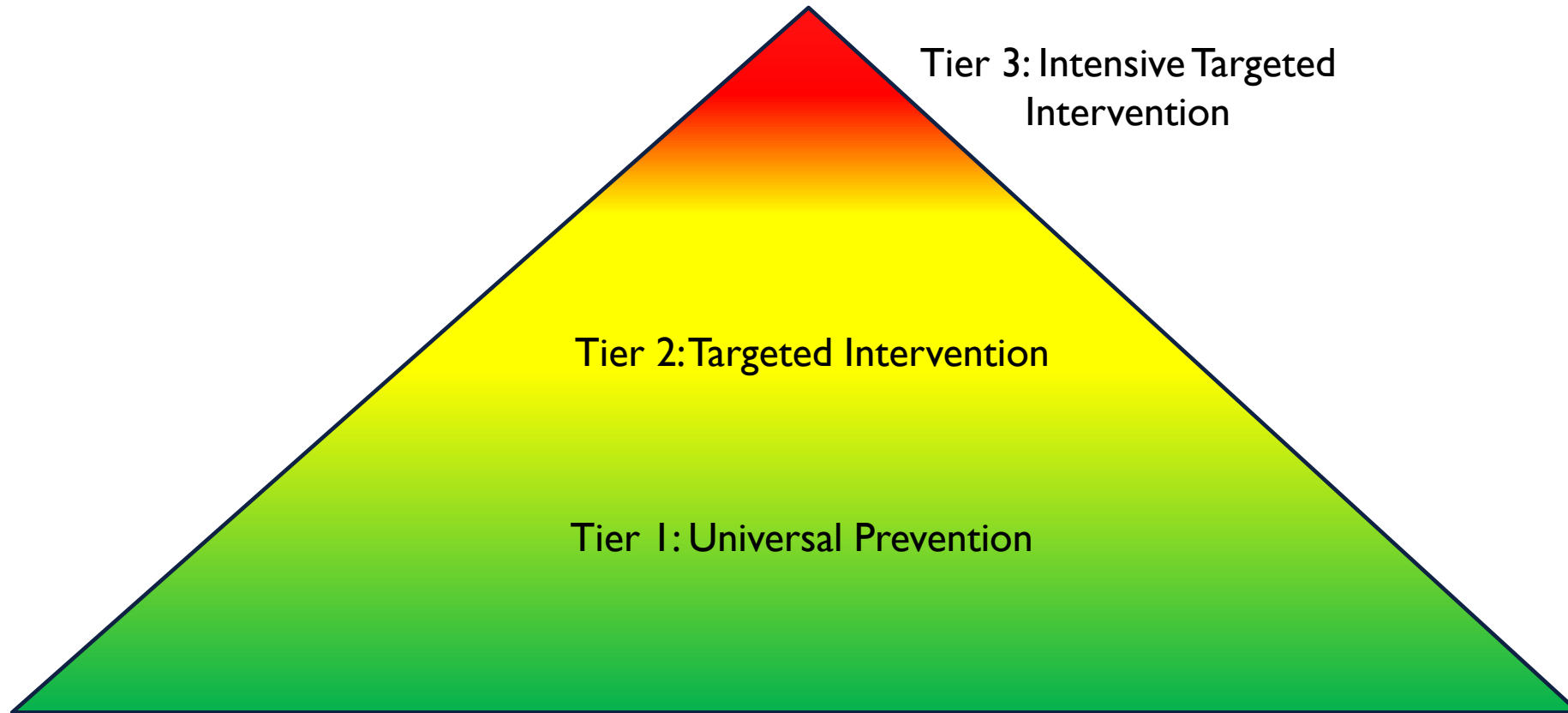
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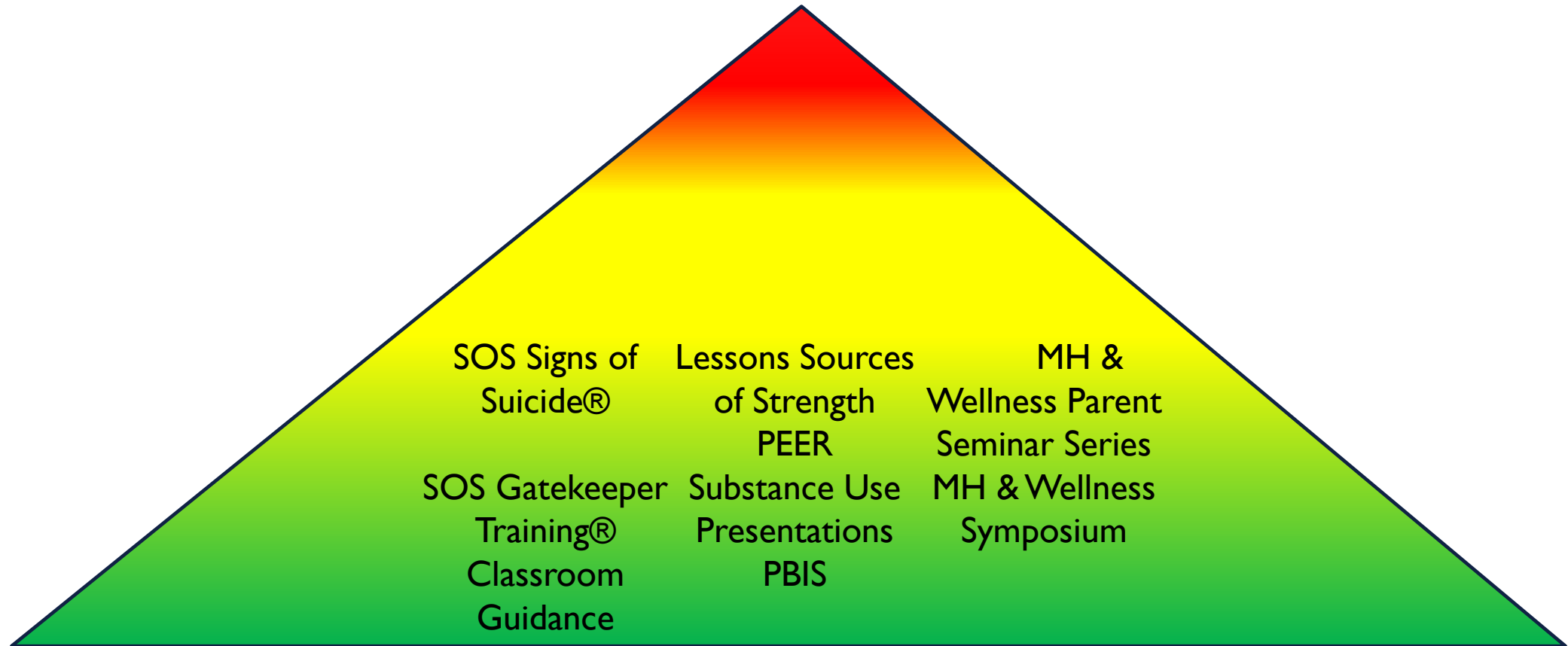
LEARNING OBJECTIVES

- Review LCPS's behavioral and mental health supports (not treatment) and suicide prevention strategies
- Compare and contrast school-based behavioral and mental health supports aimed at suicide prevention with community-based mental health treatment targeting suicidality
- Discuss suicide facts/fictions, risk factors and warning signs
- Identify what parents can do for suicide prevention
- Identify what evidence-based treatment for suicidal youth looks like

LCPS BEHAVIORAL AND MENTAL HEALTH TIERED SUPPORTS AND SERVICES

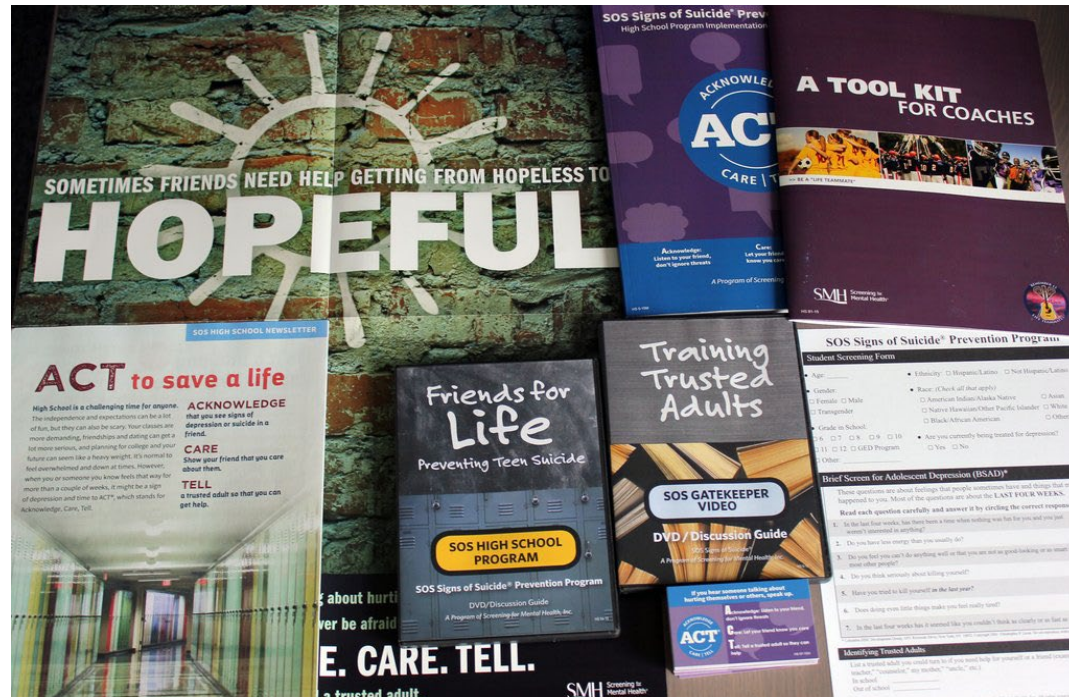


LCPS BEHAVIORAL AND MENTAL HEALTH TIERED SUPPORTS AND SERVICES



SOS SIGNS OF SUICIDE®

- Classroom-based
- 9th grade
- Depression, suicide, ACT
- 10th, 11th, and 12th grade receive booster sessions integrated with messages promoting actions students can take to build protective factors
- Parent portal



KOGNITO®

- Training simulation for all teachers to help them identify students who may need mental health support



Concerned about my
teen's mood

**Brief Screen for Adolescent
Depression**

[Take the screening ->](#)

Let's Get Started

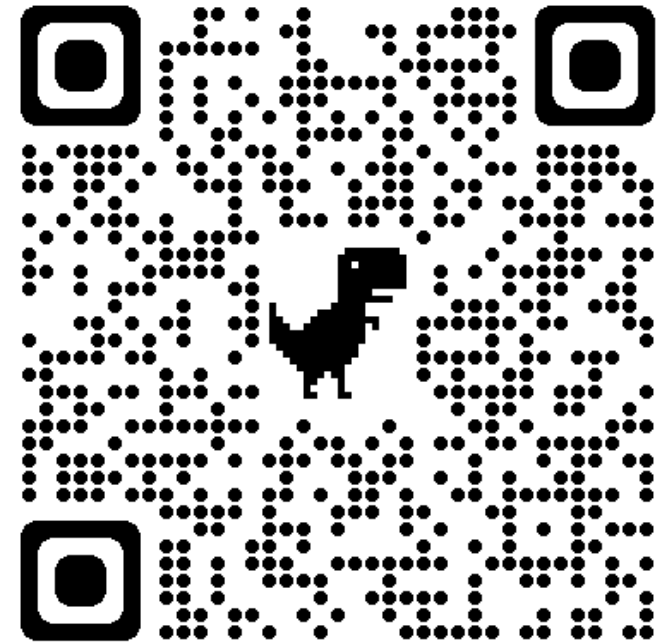
Worried about my
drinking habits

Mood changes from
very high to low

Worried about my
gambling behavior

Feeling sad, down, or
empty

Afraid of weight gain,
worried about eating
habits



PEER PROGRAM POSITIVE EXPERIENCES IN Educational RELATIONSHIPS

- All 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 prevention, healthy relationships, substance use, mental health awareness
- 1-2 PEER Sponsors, a school counselor, and school social worker train and support students
- Last year, PEER Programs organized **186** initiatives focused on bullying prevention, mental health, suicide prevention, healthy relationships, and positive school climate reaching **56,237** students at the elementary and secondary level.

ANNUAL PEER CONFERENCE – ANGST FILM SCREENING



LCPS hosted the Annual PEER Conference on November 6th. Over 220 students and staff from 15 high schools attended. We showed the peer leaders and supporting staff the film *Angst* and engaged them in conversation following the film about how to recognize peers that are struggling with stress or anxiety, support one another, and encourage help seeking behaviors.

All school groups were asked to develop mental health awareness initiatives and continue the conversation about anxiety.

PEER - HEALTHY RELATIONSHIPS INITIATIVES





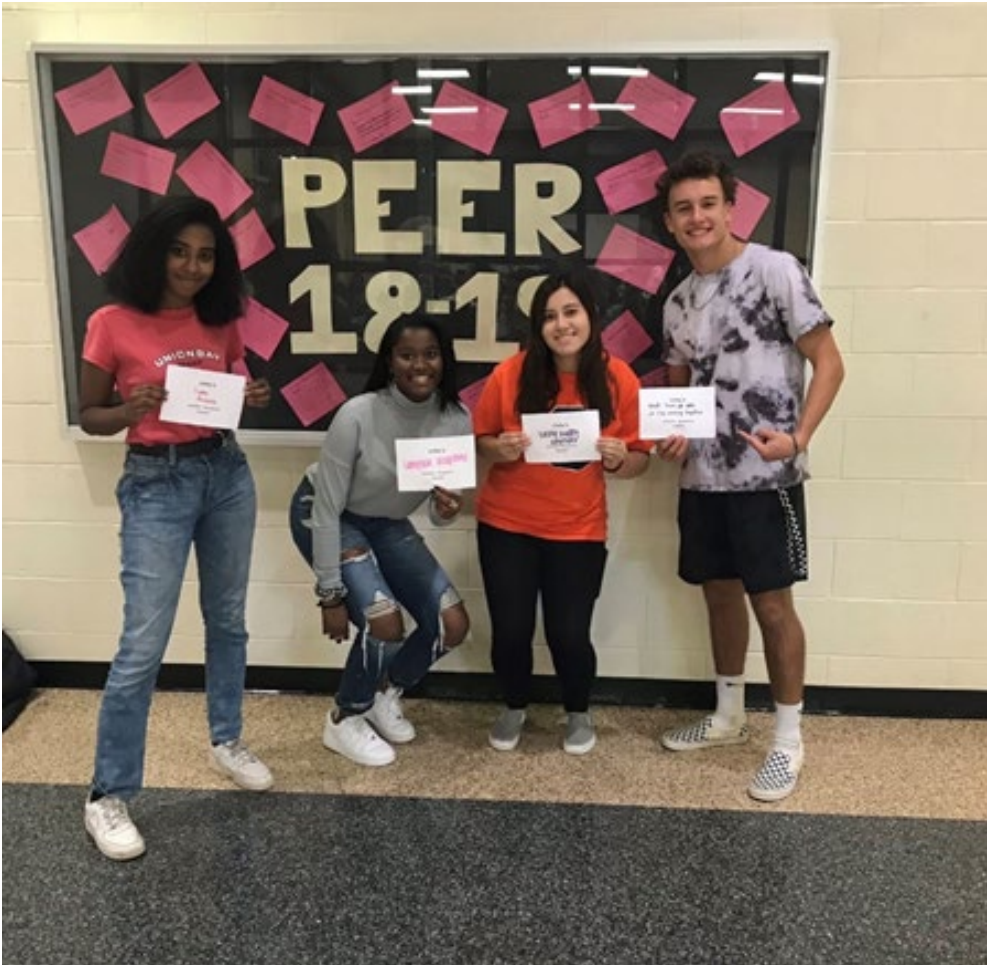
PEER - BULLYING PREVENTION INITIATIVES





PEER - MENTORING & WELCOME FOR NEW STUDENTS

PEER - SUBSTANCE USE PREVENTION INITIATIVES



SOURCES OF STRENGTH PROGRAM

- Upstream, strength-based program for prevention of suicide, violence, bullying, and substance abuse
- Most high schools and middle schools have implemented the program
- Developed through partnership with the Ryan Bartel Foundation



SOURCES OF STRENGTH INITIATIVES



WOODGROVE HS – WE'RE ALL HUMAN 5K COLOR RUN WE'RE ALL HUMAN & SOURCES OF STRENGTH





Volunteers tossed colored powders at the runners as they crossed each station during the 2022 We're All Human Color Run sponsored by the Ryan Bartel Foundation

BRIAR WOODS HS WE'RE ALL HUMAN LUMINARY WALK PEER, SOURCES OF STRENGTH, & WE'RE ALL HUMAN

You're Invited

Join Briar Woods High School
for the 2nd Annual
We're All Human Luminary Walk
Briar Woods Track
Thursday, October 4th
7-9PM

Free Community Event!

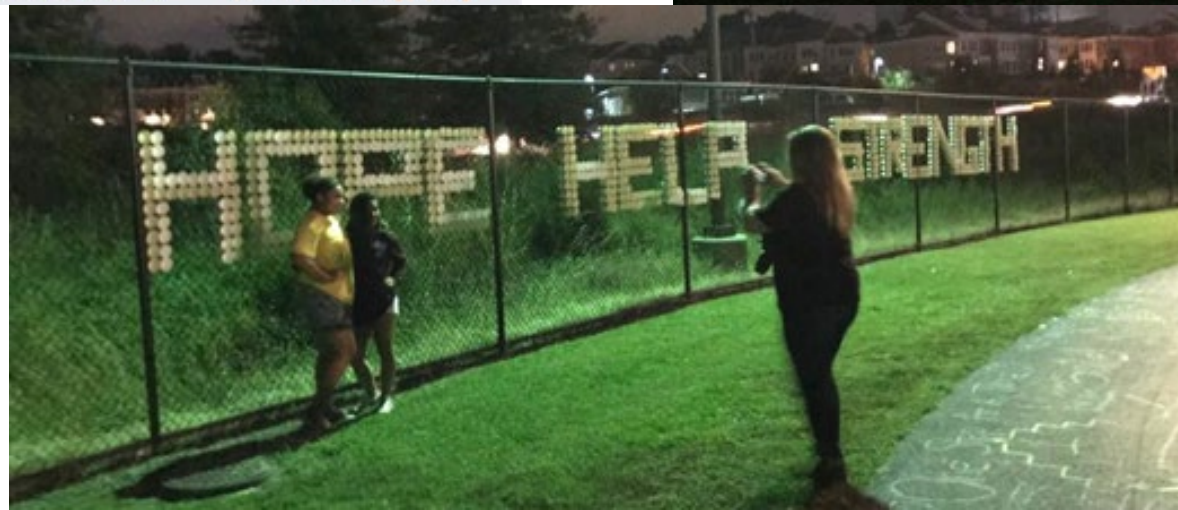
Come Shine A Light on
Mental Health Awareness
& Suicide Prevention

Family-Friendly Activities

#WAHWALK18

All Proceeds Benefit the Ryan Bartel Foundation

Questions? renae.sterling@lcps.org

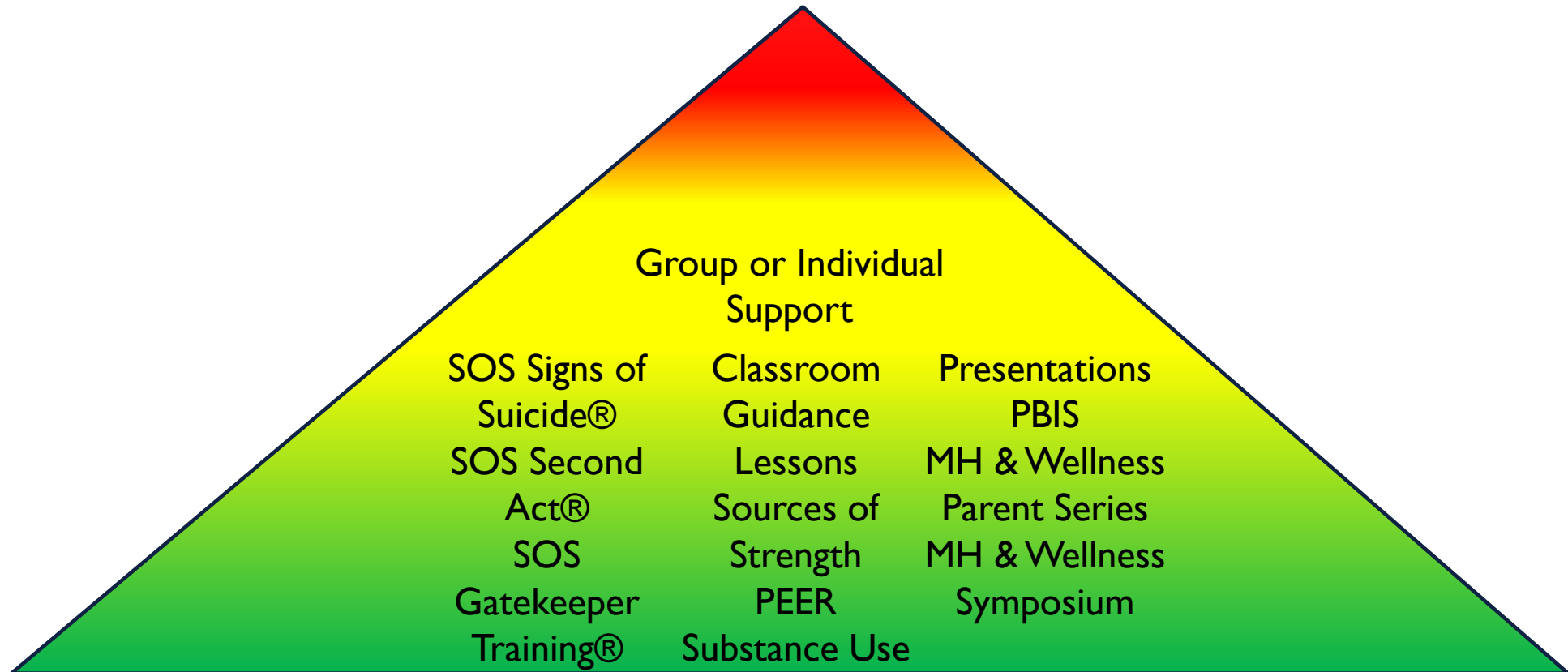


LOUDOUN VALLEY HS MENTAL HEALTH INITIATIVE

PEER, SOURCES OF STRENGTH, & WE'RE ALL HUMAN

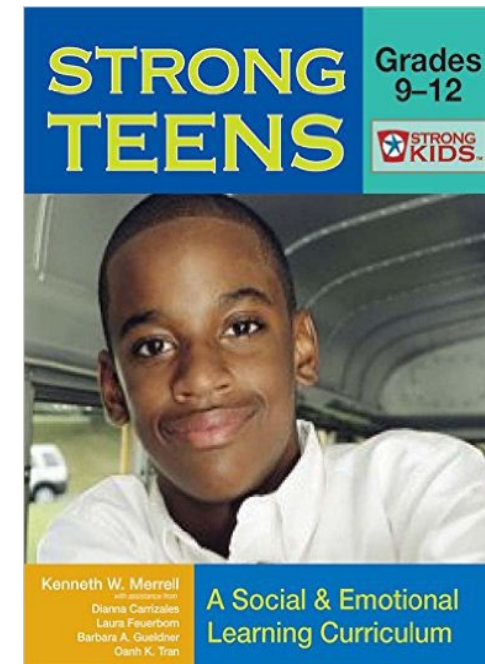


LCPS BEHAVIORAL AND MENTAL HEALTH TIERED SUPPORTS AND SERVICES







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.

form your choices. Some are others. Think of many options!

which option helps you ir emotions and behavior

use it!

es above. Cross off any choices ms or won't help you manage options.

THE ZONES of REGULATION®

BLUE ZONE

Bored
Nerv
Exhausted

GREEN ZONE

Calm
Good
Proud

Okay
Ready to learn
Content

YELLOW ZONE

Frustrated
Anxious/Worried
Embarrassed
Silly
Overwhelmed
Scared

RED ZONE

Aggressive
Mean
Terrified
Mad
Angry
Yelling

Blue Zone Tools
Stretch

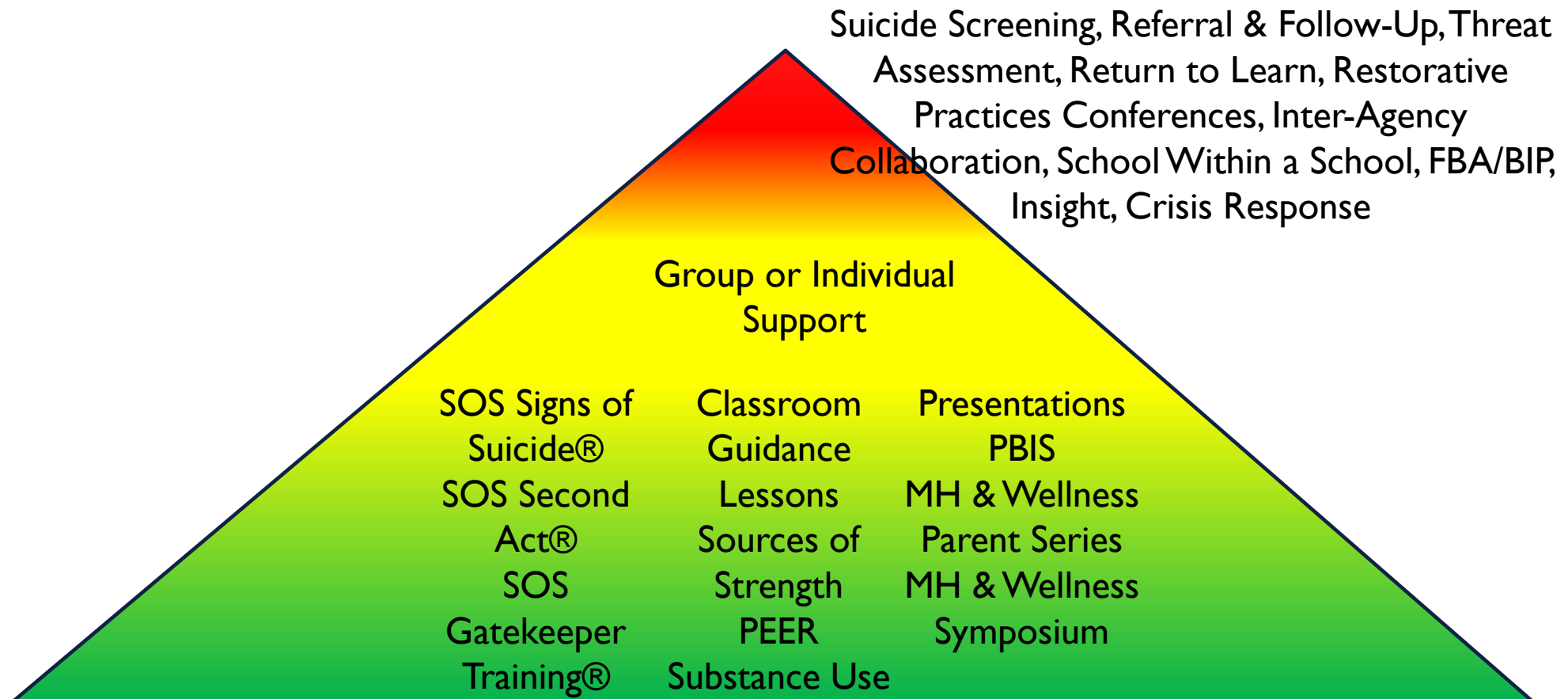
Green Zone Tools
Drink water

Yellow Zone Tools
Deep breaths

Red Zone Tools
Take a break

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LCPS BEHAVIORAL AND MENTAL HEALTH TIERED SUPPORTS AND SERVICES





Return to Learn

Guidelines for Transitioning Students Back to School from Extended Absences

Students transitioning back to school after an extended absence due to a mental illness or chronic medical condition need support as they reintegrate back into the school learning environment. The *Return to Learn* guidelines are designed to establish the rationale, roles and responsibilities, and procedures for planning and implementing accommodations and supports that a student may need to effectively transition back to school following an extended absence. An extended absence is generally defined as missing more than a week of school.

Transitioning a student back to school from an extended absence requires coordination and communication. To effectively accomplish this, transition planning requires a system of care that involves teaming and collaboration among school staff, family members, and community treatment providers (e.g. hospital staff, psychiatrists, physicians, etc.) both prior to and after the extended absence. Ongoing communication is essential to promote a shared understanding and to develop and implement an effective plan that appropriately meets the student's educational needs for successful school reintegration. It is also important that school teams identify a point of contact for the student who can case manage the transition and facilitate ongoing communication.

For a student who is absent for an extended period of time, such as for hospitalization, it is

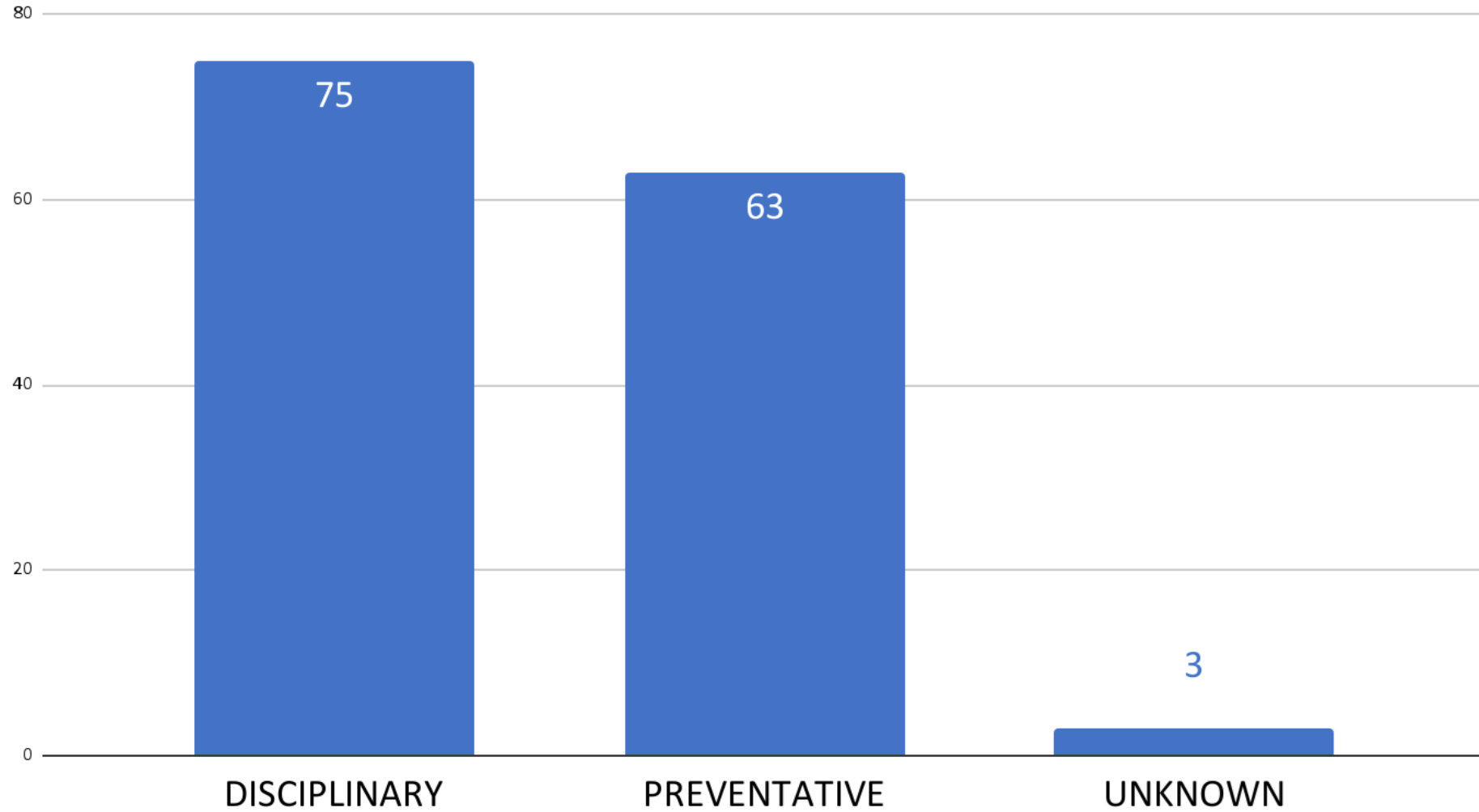
WHAT ARE RESTORATIVE PRACTICES ?

Approach derived from the
Restorative Justice
philosophy

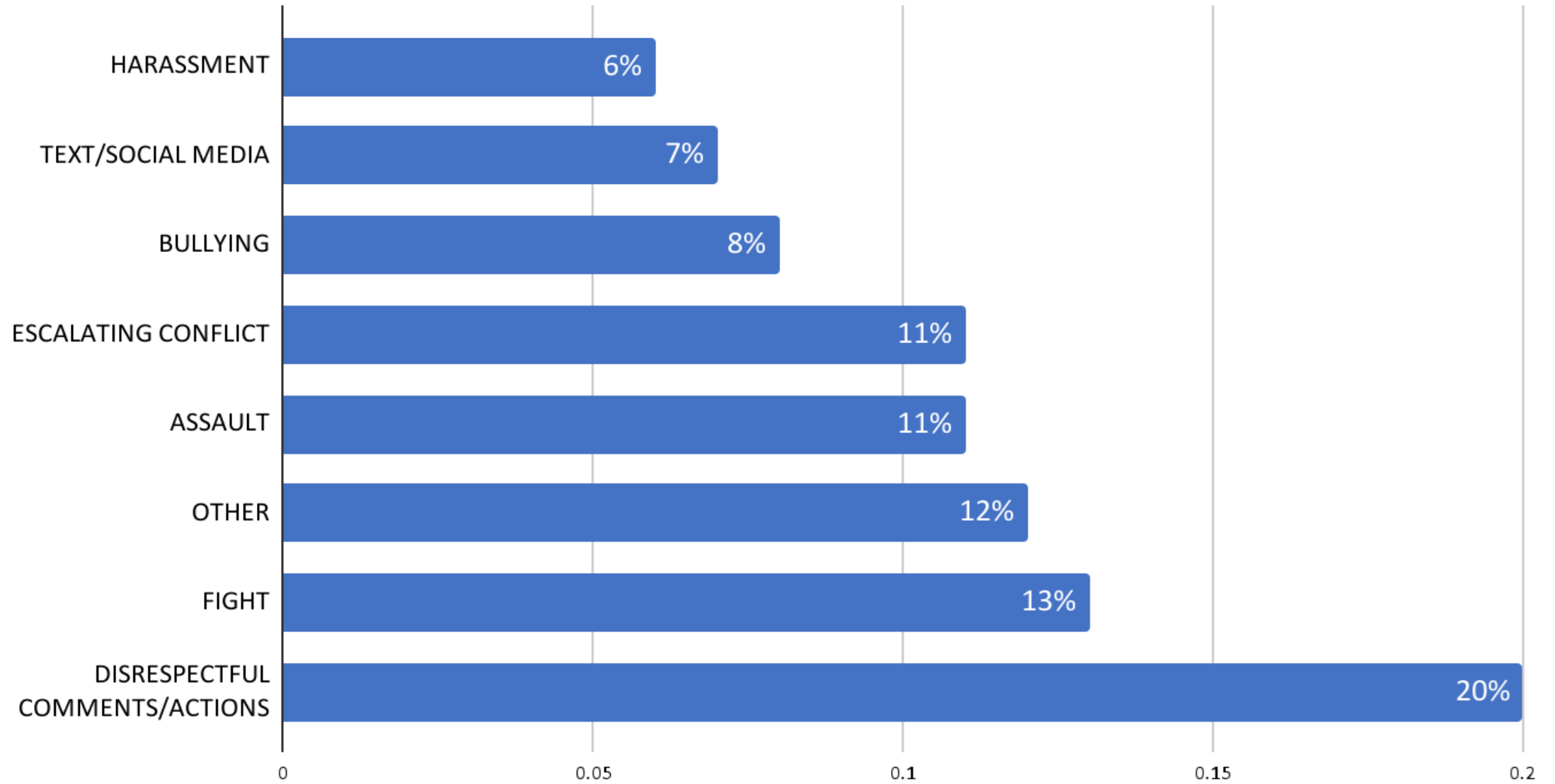
RP in the schools develops
community and manages
conflict and discipline by
repairing harm and restoring
relationships

Our students are happier,
more productive, and more
cooperative when people in
positions of authority do
things **WITH** them rather
than **TO** them or **FOR** them

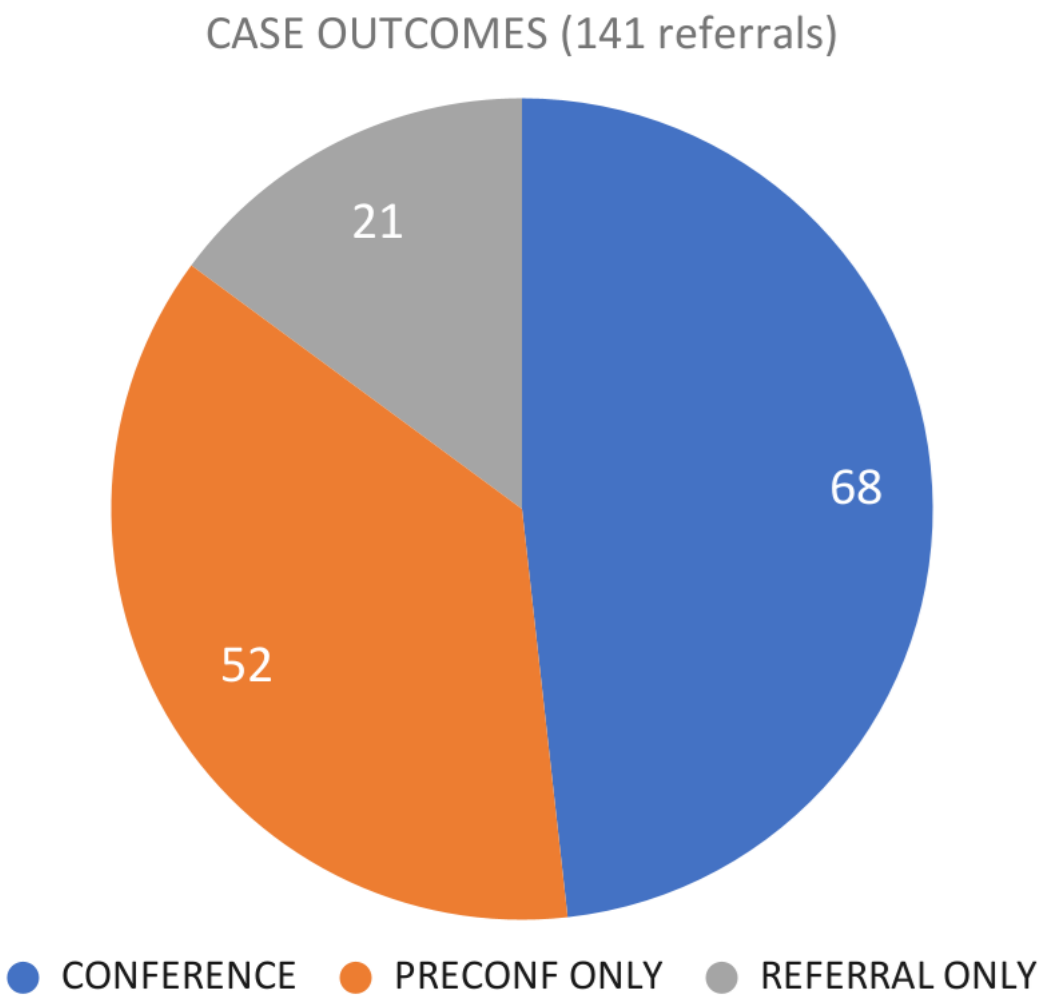
Referral Type



TYPE of INCIDENT



Outcome	Percentage
Conference	48%
PreConf Only	37%
Referral Only	15%



SUBSTANCE USE PREVENTION & EDUCATION PROVIDED BY STUDENT ASSISTANCE SPECIALISTS

- Awareness presentations to 6th, 8th, 10th grade students, as well as staff and parents within school and community settings
- Substance use assessments for at-risk students and make referrals for appropriate school and community-based services;
- Facilitate school-based prevention and intervention groups and individual support
- Facilitate the three-day Substance Use Education Insight Class for students who violate the school alcohol and drug policy throughout the year
- Facilitate meetings for parents of LCPS students referred to the Insight Class. Conduct appropriate follow-up services for students

SCHOOL-BASED SUICIDE PREVENTION COMPARED TO TREATMENT

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
- Are not equipped to 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 providers with a unique set of skills (not generalists)

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

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Adjunct Faculty, Brown University
Licensed Clinical Psychologist



FACT OR FICTION?

- Asking teens if they are thinking about killing themselves will plant the idea in their head. **FICTION**
- Most teens who die by suicide have talked about it with someone. **FACT**
- If teens really wants to kill themselves, 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?

- Prior suicide attempt
- Suicidal thoughts
- Mental health & substance use disorders
- Non-suicidal self-injury
- Impulsivity and aggression
- Abuse and trauma
- Sexual and gender minority status
- Family and peer suicidal behavior
- Perfectionism
- Social isolation
- Access to lethal means
- Lack of access to healthcare

ADOLESCENTS AND COVID 19



Rates of depression and anxiety doubled worldwide for children and adolescents

31% increase in the mental health-related emergency department visits from 2019 to 2020

Mean weekly number of emergency department visits for suspected suicide attempts was 22% to 39% higher

Almost 70% report COVID-19 had a negative impact on their mental health

Limited access to protective factors

SUBSTANCE USE AND SUICIDALITY

- Alcohol and drug use disorders increase risk for suicide attempts and death by suicide
- Associated with the most serious suicidal behaviors
- More impairing use, "advanced" use, or use of "harder" drugs more likely to be associated with suicidality
- 1 in 4 youth under the influence of alcohol or drugs at time of death

(Bagge & Sher, 2008; Darvishi et al., 2015; Poorolagal et al., 2016; Miranda-Mendizabal et al., 2019)

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

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

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



WHAT CAN PARENTS DO TO DECREASE RISK FOR SUICIDE?

PREVENTION STRATEGIES: ENCOURAGE SELF-CARE

Emotional

Social
connectedness

Positive and
healthy pleasant
events

Reduce
unnecessary
stress

Be kind to self

Physical

Sleep

Nutrition

Exercise

Medication

EARLY INTERVENTION: ENCOURAGE HELP-SEEKING WHEN FIRST NOTICE CONCERNS

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

EARLY INTERVENTION: ENCOURAGE HELP-SEEKING WHEN FIRST NOTICE CONCERNS

Acting out
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

Suddenly cheerful
after period of
depression

IMMEDIATE ACTION: KNOW IMMINENT WARNING SIGNS FOR 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.

IMMEDIATE ACTION: KNOW IMMINENT WARNING SIGNS FOR 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 or 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

WHAT TO DO IF YOU NOTICE IMMINENT WARNING SIGNS?

- ALWAYS take warning signs seriously
- Ask teen if ok and whether teen is having thoughts of suicide
- Express concern about what you are observing in teen's behavior
- Listen attentively and non-judgmentally
- Reflect on what the teen shares and let teen know he/she has been heard
- Tell the teen he/she is not alone
- Immediately seek help for teen, including after hours.

(See <https://www.youthsuicidewarningsigns.org/parents caregivers>)

PARENTAL STRATEGIES FOR TEEN SUICIDE PREVENTION

- **Remove/lock up means** of a suicide attempt in the home
 - Firearms, all medications (including over-the-counter), razors, etc.
- All medications should be given to the teen **by parent** and must make sure it is swallowed
- These changes are only temporary while the teen is in a high-risk period

PARENTAL STRATEGIES FOR TEEN SUICIDE PREVENTION

- Create a **monitoring plan**
 - Teen should not be left home alone.
 - Brief planned check-ins each day, after any negative events, and if any warning signs are noticed.
- Engage in and maintain **strategies** that support your teen
 - Avoid heated arguments
 - Attend all therapy and doctor appointments
 - Seek own mental health, substance abuse, and/or marital counseling, if needed
 - Protect teen from encounters with individuals who are abusive or neglectful

PARENTAL STRATEGIES FOR TEEN SUICIDE PREVENTION

- Know how to seek immediate help
- Write down or enter phone numbers of **professionals** who can help in your cell phone
- Know the numbers and/or locations for 24-hour suicide hotlines, 24-hour crisis centers, and local ERs
- Familiarize yourself with after-hour policies of therapists and doctors
- If teen does not have a therapist, know how to find one who has expertise in treating suicidal thoughts and behavior

WHAT TO LOOK FOR IN A PROVIDER

- 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 thoughts 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)

FOLLOWS 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

OBTAINS 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

ASSESSES PARENTAL THOUGHTS ABOUT TEEN'S SUICIDAL IDEATION AND BEHAVIOR AND PLAN ACCORDINGLY

- Stresses the importance of taking all suicidal statements seriously
- Makes sure parents can provide for safe keeping
 - Can remove means, monitor, avoid volatility, protect
- Develops a safety plan with teens and parents

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

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

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 teen'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

EXPERTISE IN EVIDENCE-BASED TREATMENT FOR SUICIDALITY

- George Mason University Center for Community Mental Health
 - <https://ccmh.gmu.edu/>
- Potomac Behavioral Solutions
 - <https://www.pbshealthcare.com/>
- Dr. David Jobes
 - <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>

IMMEDIATE 24-HOUR RESOURCES

- Local emergency room
- Suicide and Crisis Lifeline: Call or text 988 (988 lifeline.org)
- Crisis Text Line: Text HOME to 741741
- Crisis Text Hotline: Text “CONNECT” to 85511
- Crisis Link Hotline: 703-527-4077
- National Suicide Prevention Lifeline: 800-273-TALK (8255)
- CR2: 844-627-4747 or 571-364-7390 (<https://www.cr2crisis.com/>)
- The Trevor Project's Trevor Lifeline (for LGBTQ+ individuals): 866-488-7386
- The Steve Fund (individuals of color): Text STEVE to 741741
- Veterans Crisis Line (for Veterans): 800-273-8255, Press 1
- Trans Lifeline (for the trans community): 877-565-8860