Fresh Approaches to Adolescent Suicide Prevention

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Kansas Youth Suicide Prevention

LifeLine: 1-800-273-TALK

(Sen Gordon and Sharon Smith)
What do we know about Adolescent Suicide?
Rolf: “Sailing is not about steering the boat straight. It is about the storms.”
What Can Jordan Burnham Teach Us About Adolescent Suicide?

I. Factors Related to Suicide Risk

II. Discrepancy: Inside vs. Outside

III. Importance of Impulsive Crises

IV. In and Out of the Tunnel: Changes Before and After an Attempt
I. Factors Related to Suicide Risk.
Shift in How We View Risk: Common Warning Signs

- Irritability and Frustration
- Signs of depression
- Increased alcohol/drug use
- Recent break-up or Conflict with parents

- Previous suicide attempt*
- Current talk of suicide*

(Processes rather than linear combinations?)
Some of the Thousands of Risk/Warning Signs

I. Suicidal Thoughts/Behaviors
   - Suicidal Ideas
   - Suicidal Plans
   - Suicidal Ideas
   - Suicide Attempts
   - Lethality of Attempts

II. Clinical Factors
   - Depression
   - Schizophrenia
   - Panic Attacks
   - Drug Use
   - Bipolar Disorder
   - Alcoholism
   - PTSD etc, etc.
   - Dissociative Dis.

III. Psychosocial Stressors
   - Loss
   - Unemployment
   - Homelessness
   - Family Shame
   - Severe Illness
   - Divorce/Conflict
   - Financial Stress
   - Death
   - Bullying
   - Job Stress etc., etc.

IV. Health Problems
   - Terminal Illness
   - Traumatic Brain Injury
   - Being White, Owning a Gun, etc.
   - Chronic Pain
   - Having Fearful or Chaotic Attachment
   - Terminal Illness
   - Having Barriers to Seeking Help, etc.

V. Genetics
   - Family History of Suicide
   - Family History of Mental Illness

VI. Kitchen Sink
   - Loss of Cognitive Function, etc.
   - Physical, Sexual, Emotional Abuse
   - Domestic Abuse/Elder Abuse, etc.
   - Impulsiveness/Labile Affect, etc.
   - HIV/AIDS, ALS, Cancer, Stroke, etc.
   - Eating Disorders, Borderline Personality
   - Shame, Agitation, Rigid Thinking
   - Narcissistic Injury, Cyberbullying
   - Legal Problems, Aloneness, Alienation
   - Hopelessness, Sense of Failure, etc.
Traditional Gatekeeper/Sentinel Approach vs. Changing Attitudes

Sentinel function (Warning Signs or Screening)

Hidden Activities/Thoughts

Visible Distress?

Help From An Adult

Changing Attitudes About Getting Help
Each Person’s “Perfect Storm”

Domain #1: Stress Leading to Pain
Leading to Crisis

Domain #2: Negative Thoughts
In Viewing the Stress

Domain #3: Clinical Symptoms
Life Stressors Trigger Pain and Distress

Domain #1: Stress Leading to Pain

Loss (variety of types)

Relationship (Peers, Break-up, Conflict with Parents)
Grades/Tests- Sense of Failure about Something
Health/Death of Loved One/

Kids: Bullying, Dating, Failing, Fighting with Parents

Pressure, Pressure, Pressure, Pressure, Pressure

Competition: Grades, Sports, College
Key Risk Group: 45-64
Increase in 15-24 Age Group Since 2009: 80%
## Stress Patterns in Different Types of Schools: Internal vs. External Stressors

Mean Ratings by School Setting

**SCALE:** 1 = None 2 = A Little 3 = Some 4 = A Lot

### External Stresses

<table>
<thead>
<tr>
<th>Stress</th>
<th>Urban</th>
<th>Rural</th>
<th>Suburban</th>
</tr>
</thead>
<tbody>
<tr>
<td>I worry about being physical harmed*</td>
<td>3.0</td>
<td>2.7</td>
<td>1.3</td>
</tr>
<tr>
<td>I worry about gun violence*</td>
<td>3.2</td>
<td>2.3</td>
<td>1.4</td>
</tr>
<tr>
<td>I am worried about stress at home*</td>
<td>2.7</td>
<td>2.6</td>
<td>1.7</td>
</tr>
<tr>
<td>I have been forced to have sex (females)*</td>
<td>2.5</td>
<td>2.2</td>
<td>1.3</td>
</tr>
</tbody>
</table>

### Internal Stresses

<table>
<thead>
<tr>
<th>Stress</th>
<th>Urban</th>
<th>Rural</th>
<th>Suburban</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel like I need to be perfect*</td>
<td>1.9</td>
<td>2.1</td>
<td>2.8</td>
</tr>
<tr>
<td>I feel stressful competition at school*</td>
<td>1.6</td>
<td>2.0</td>
<td>2.6</td>
</tr>
<tr>
<td>I feel stress about finishing my homework*</td>
<td>2.3</td>
<td>2.5</td>
<td>3.2</td>
</tr>
<tr>
<td>I feel pressure to succeed in my life*</td>
<td>2.0</td>
<td>2.3</td>
<td>3.1</td>
</tr>
</tbody>
</table>
Differential Risk Factors by School: Internal vs. External Impingements?

Internal Influences
(Perfectionism, pressure to achieve, competition)

Parochial/ Suburban

External Influences
(Fear of violence, family disruptions, sex/drug pressures)

Urban Rural

suicidal crisis
School Setting Trajectory

Urban Pattern

Suburban/Parochial Pattern

- Depression
- Self-Esteem Injury
- Attempt
Elements of a Crisis - Suburban Teen Work Toward and Emotional IEP?

1. **Triggers/Pressure**
   - Immediate: Bad ACT Score
   - Background: High Pressure At Home

2. **Negative Thoughts:** “Filter”
   - Sense of Failure

3. **Distress Signs/Clinical Symptoms**
   - Alcohol Use
   - Depression
   - Suicidal Thoughts

4. **Reduced Coping**
   - Insomnia
   - Fights with Parents
   - DUI
Life Stress is “Filtered” Through Thoughts

Domain #2: Thought Patterns
(Negative “Filters” that Create Personal Reality – Glass ½ Empty)

- Unbearable Pain (escape)
- Hopelessness (give up)
- Self-Hatred (turn on self)
- Sense of Failure (lose faith)
- Not Belonging – Thwarted Belonging
- Feeling Like a Burden on Others/Shame
Thoughts               Emotions               Behavior

This pain will never end; I am a burden on family
Demoralization; Shame/Worthlessness
Quit School
Depression
Suicidal Action

Assumption: Change thoughts and Emotions and Behavior Will Follow
<table>
<thead>
<tr>
<th>Thought Pattern</th>
<th>Clinical Mediator</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unbearable Pain</td>
<td>Sleep Problems</td>
<td>Minimal</td>
</tr>
<tr>
<td>Sense Of Burden</td>
<td>Tormented Mentation</td>
<td>Low</td>
</tr>
<tr>
<td>Sense of Failure</td>
<td>Early Life Trauma</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extreme</td>
</tr>
</tbody>
</table>
Complex Thought-Mediator Risk Prediction

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<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unbearable Pain</td>
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<td>Minimal</td>
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<tr>
<td>Moral Inhibition to Suicide</td>
<td>Protective Factor</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extreme</td>
</tr>
</tbody>
</table>
Elements of a Crisis - Suburban Teen Work Toward and Emotional IEP?

1. **Triggers/Pressure**
   - What is BOTHERING YOU?

2. **Negative Thoughts: “Filter”**
   - Are you viewing it through an IRRATIONAL, NEGATIVE LENS?

3. **Distress Signs/Clinical Symptoms**
   - How does this child COME APART?

4. **Reduced Coping**
   - And, WHAT STARTS SPIRILING DOWN?
Overgeneralized Autobiographical Memory

How was your day? “Awful.”

How was High School? “High school sucked.”

(10 things happened, 9 were good, 1 was bad—bad day)

Movie HER (Samantha:
“The past is just a story we tell ourselves.”)

(To persons with a negative “filter,” the story is always negative.)
Overgeneralized Memory, Shame And Early Trauma

How does Early Life Trauma relate?

Why do children not get mad at the people who hurt them?

Issue of Control. (If the world is bad I have no control. If I am bad, I can try to do better.)
Joey’s Suicide Note

To Whom It May Concern:

I am going to leave this for whomever stumbles across my bookmarks later.

I hate myself and I hate living. I think that if someone who knows me reads this they will know whom I am. So I will leave this unsigned. I am an a-hole. I have let everyone down and I feel as though I will never change or never improve.

I am in love with a girl, and I know I am not good enough for her.
My father had such high expectations for me and tried to give me every opportunity to improve myself. I let him down. I think I am a major disappointment to him. I have a job but I am always broke, and I am in college but barely. I show up to class but that’s about it.

The hate that rages within me, rages not for those I love so dearly or those who have crossed by path. The hate rages full force towards me and only me.
I have come to believe my life has all been meaningless. I keep trying and failing. I have thought about and attempted suicide many times in the past. I used to think of my failure as some mystical way of telling me that I was really meant for something meaningful.

The only thing I dread, besides the pain, is the way my family will suffer. I do not want my mother or father to think that it was anything they did that led me to kill myself.

There is no way to tell you or anyone else why I dread every new day.
Jordan Burnham

Domain #2: Thought Patterns

Self-Hatred  (Unbearable Pain)
“I hated myself”  “I was the Black Sheep/Scapegoat”

Sense of Failure
- “C in Class felt like a failure”

Feeling Like a Burden on Others/Shame
- Alcohol/Grades/Not Living Up to Family Standards  - Family Disappointment
After the Attempt - When he Feels Better:

“I have to be at peace with things I cannot control.”

“I will always have thoughts of whether I can make it through the day. What I do with those thoughts is what is different.”
Specific Clinical Symptoms

Domain # 3: Clinical Factors
(Not Syndromes like Depression, Bi-Polar Disorder, Anxiety)

Sleep Problems - Insomnia
Drug/Alcohol Use
Tortured Mentation
  Rumination
  Posttraumatic Intrusion
  Command Hallucinations
  Bipolar Mental Acceleration - Agitation
Early Life Trauma
Clinical Symptoms for Jordan Burnham

**Depression.** But what kind?
- Sounds more like dopamine vs. Serotonin
- Low energy, anhedonia

**Alcohol Use.** Binge Drinking? (Bipolar? Anxiety?)

**Tortured Mentation?** (Is the alcohol to get to sleep?)
- Rumination related to “pressure”
- or his feeling of being a burden?
The Morphology of the Serotonin Transporter Gene

<table>
<thead>
<tr>
<th>L/L</th>
<th>L/s</th>
<th>S/S</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image-url" alt="Image" /></td>
<td><img src="image-url" alt="Image" /></td>
<td><img src="image-url" alt="Image" /></td>
</tr>
</tbody>
</table>

The image shows a comparison of three genotypes: L/L, L/s, and S/S. The S/S genotype is highlighted with a red circle.
Do a Genogram

Ask about symptoms

Bipolar I/
Racing
Thoughts/
Alcohol

Ruminative
Worry

Anhedonia
Withdrawal

Low Energy/
Irritability/
Alcohol

Ruminative
Worry –
Racing
Thoughts

- Bipolar?
- Psychosis
- Energy
- AOD
- Rumination
- Insomnia
- Hypersomnia
- ADD
- Treatment?

Tortured
Rumination?
Two Kinds of Depression

**Serotonin Depression**
- Serotonin
- Norepinepherine/BDNF
  - Ruminative Worry
  - Anxiety
  - Guilt
  - Response to Loss
  - Overeating
  - Onset Insomnia

**Dopamine Depression**
- Dopamine
- Low Energy
- Low Motivation
- Anhedonia
- Withdrawal
- Hypersomnia
- Irritability

---

Two Kinds of Depression

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**Dopamine Depression**
- Dopamine
- Low Energy
- Low Motivation
- Anhedonia
- Withdrawal
- Hypersomnia
- Irritability
What can Jordan Burnham teach us about what is Happening in Johnson County?

Increase in Stressors?  “Pressure”
Economic Stress/Job Anxiety
Reduced Coping/Emotional Regulation Skills?
Difficulty Relaxing - Reduced Crisis Skills
Increases in Negative Thinking?
Reduced Access to Mental Health
More Untreated or Undertreated MI
What can Jordan Burnham teach us about the trends in Johnson County?

- **Key Risk Group:** 45-64
- **Increase in 15-24 Age Group Since 2009:** 80%

![Numbers of Suicides by Age Group in Kansas 1991 to 2011](chart)
Thoughts on Johnson County

Stress/Pressure?
- Economic Factors, Stressful Lives, Divorces?

Poorer Coping?
- Emotional Regulation Skills?
  - Impact of Technology?
  - Less Interpersonal Connection?

Reductions in Access/Willingness for Help and/or Quality of Mental Health Care?

Increase in Negative Thought Patterns?
Are our negative, stressful, increasingly disconnected lives impacting us?
II. Discrepancy Inside and Outside.
Jordan Burnham: Discrepancy Inside and Outside

**Outside:** Popular, Class President, Sports, Friends, “Smiling and Laughing All the Time”

**Inside:** “Still felt like I didn’t fit in.”

Family: “Black Sheep” “Disappointment”

Stigma: “Didn’t think anyone else felt this way.”

Competition: “So much pressure” Race: “Do better”
Are you feeling suicidal?

Says NO

Says “No” But Really Does Have Thoughts

Says “No” But Is Lethally Suicidal

Answer Depends More on the Relationship You Have Than The Question You Ask!

True Lethal Risk

“Yes” for Functional Reason

Says Yes
Are you Feeling Suicidal? Yes

Need to have someone understand

Expression Of Pain?

~ 93%

Ambivalence?

Unsure altogether?

Need for someone to act

Expression Of LETHAL RISK

~ 7%
Hidden vs. Overstated Suicide Verbalizations

Certain Settings:

**Tendency for Suicidal Thoughts to Be Hidden**

- Schools
- Military Settings
- Colleges/Universities

Certain Settings:

Possibility of Suicidal Thoughts to be Overstated or Used in a Functional Manner (Attention, etc.)

- Mental Health Settings
- Correctional Settings
- By Youth with Conduct Disorders
Key New Prevention Strategy: Changing Attitudes About Getting Help

Sentinel function (Outreach What you See)

Hidden Activities/Thoughts

Visible Distress?

Help From An Adult

Changing Attitudes About Getting Help
Assessing Help Pathways

● 15 Problem Situations
  – Stress, Bullying, School Problems
  – Threatening Student, Sex Prob., Gang
  – Sexual Orientation, Fear of Attack
  – Depression, Suicide-Self, Suicide-Friend
  – Drugs, Drug Sales, Date Rape, Bulimia
Teens with Various Problems: Types of Problems and Help

Where would you go?

<table>
<thead>
<tr>
<th></th>
<th>School</th>
<th>Family</th>
<th>Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Rape</td>
<td>8.5%</td>
<td>27.7%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Depression</td>
<td>9.0%</td>
<td>29.3%</td>
<td>32.7%</td>
</tr>
<tr>
<td><strong>Suicidal</strong></td>
<td>9.2%</td>
<td>25.2%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Stress</td>
<td>9.4%</td>
<td>36.9%</td>
<td>33.1%</td>
</tr>
<tr>
<td>Learning Prob.</td>
<td><strong>42.8%</strong></td>
<td>22.9%</td>
<td>20.0%</td>
</tr>
</tbody>
</table>
Help Pathways: Suburban Schools
If you had **Suicidal Feelings**?

- **Student**
  - Peer/Friend: 34%
  - Parents/Family Member: 26%
  - Adult Outside School: 6%
  - Adult Professional: 7%
  - Telephone/Crisis Line: 3%
  - Adult at School: 12%
  - Handle On My Own: 12%
Help Pathways: Urban Schools
If you have **Suicidal Feelings**?

- **Student**: Peer/Friend - 25%
- **Student**: Parents/Family Member - 30%
- **Student**: Adult Outside School - 07%
- **Student**: Adult Professional - 0%
- **Handle On My Own** - 27%
- **Telephone/Crisis Line** - 2%
- **Adult at School** - 9%
Help Pathways: **Rural Schools**

If you have **Suicidal Feelings**?

- **Peer/Friend**: 35%
- **Parents/ Family Member**: 20%
- **Adult Outside School**: 06%
- **Adult Professional**: 3%
- **Handle On My Own**: 19%
- **Telephone/ Crisis Line**: 3%
- **Adult at School**: 14%
# Students Who Reject Help: Percentage of Help Choice by Key Questions

<table>
<thead>
<tr>
<th></th>
<th>Depression in the past year?</th>
<th>Suicidal thoughts in the past year?</th>
<th>Suicide attempt in the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Help</td>
<td>61%</td>
<td>30%</td>
<td>17%</td>
</tr>
<tr>
<td>Peers</td>
<td>56%</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>Family</td>
<td>45%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Adults at School</td>
<td>47%</td>
<td>15%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Suicide Prevention - Barriers

Why is Linkage to Help Difficult?

-- STIGMA of Mental Illness
-- Not wanting to Worry Parents
-- Feeling Bad about Feeling Bad
  (the Shame of Internal Pain)
-- Disdain for Mental Health Treatment
-- Fear of Losing Control Over Life
Key Barriers 2009-10

**Belief**

In my family, we do not tell our problems to others. (3.29)

Parental Influence

I don’t want to have to go to a mental health center. (3.21)

Neg MH Attitude

Medicines have bad side-effects. (3.20)

Neg MH Attitude

All I will get is anti-depressant medication. (3.20)

Neg MH Attitude

I would be too embarrassed to get help. (3.20)

Interpersonal Shame
<table>
<thead>
<tr>
<th>Year</th>
<th>Before Training</th>
<th>After Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2003</td>
<td>56%</td>
<td>75%</td>
</tr>
<tr>
<td>2005-2006</td>
<td>51%</td>
<td>84%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>58%</td>
<td>84%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>54%</td>
<td>85%</td>
</tr>
</tbody>
</table>
III. Importance of Impulsive Crises.
Elements of a Crisis: Urban Teen

1. **Stressors/Triggers**
   - **Immediate:** Bullied
   - **Background:** Many Losses/PTSD/Early Life Trauma

2. **Negative Thoughts**
   - Self-Hatred
   - Loser/Failure

3. **Distress Signs/Clinical Symptoms**
   - Angry Acting Out
   - Drug Use/Skip School
   - Suicidal Thoughts

4. **Reduced Coping**
   - Insomnia
   - Withdrawal
   - Poor School Work/Staying Out Late

5. Amount of Support?
The Suicidal Crisis
(When did the idea enter you head to kill yourself?)

Study (Swahn & Potter, 2001)
153 Youth -- Medically Severe Suicide Attempts

25% of Survivors - Decision Within 5 Minutes

71% of Survivors - Decision Within 1 Hour
Crisis % same day by age (any kind of suicide attempt)

2001 Data
N=1,671
### Some Young People: Reduced Perceived Options

A narrowed response set - **Cognitive Rigidity**

**Bad Thing at School - Response Repertoire**

<table>
<thead>
<tr>
<th>Teen A</th>
<th>Teen B</th>
<th>Teen C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sleep</td>
<td>1. Talk to Friend</td>
<td>1. Cry/Hurt</td>
</tr>
<tr>
<td>2. Video Game</td>
<td>2. Study More</td>
<td>2. Suicide Act</td>
</tr>
<tr>
<td>4. Talk to Mom</td>
<td>4. Watch Movie</td>
<td></td>
</tr>
</tbody>
</table>

(This is one reason we develop Coping Cards.)
Coping Card

1) Go Out with Friends
2) Spend time/Call Girlfriend
3) Be With Family
4) Watch a Movie
5) Work Out/Exercise
6) Call Friend
7) Listen to "Up"
   Music
8) Help Someone
9) Take Shower
10) Call 273-TALK
An Emotional IEP
Jordan Burnham

1. Triggers
   Immediate:
   - Shame re Alcohol
   - “Pressure”
   - “Black Sheep”
   Background:
   - “Depression”
   - “Disappointment”

2. Negative Perception
   - Pain/ Self-Hatred
   - Sense of Failure
     - Burden on Family
     - Disdains Help

3. Distress Signs
   “Pressure”
   Drinking
   Self-Criticism
   Suicide Attempt

4. Reduced Coping
   Sleeping Late
   Poor School Grades
   Family Problems

Case Management
Psychotherapy

Emotional Regulation
Clinical Treatment

Cognitive Therapy
Clinical/Behavioral Interventions
IV. Abrupt Changes in Mental State: In and Out of the Tunnel.
The Suicidal State: A Tunnel

A Suicidal Crisis Easily Turns Into an Altered State

THINKING can Change Dramatically
On the bridge, Baldwin counted to ten and stayed frozen. He counted to ten again, then vaulted over. “I still see my hands coming off the railing,” he said. As he crossed the chord in flight, Baldwin recalls, “I instantly realized that everything in my life that I’d thought was unfixable was totally fixable—except for having just jumped.”

What can you do? Assessment
Steps in Assessing Lethal Risk and Starting Treatment

I. Assess Stressors -

1. Triggers?
2. Distress?
3. Crisis?

If Crisis, Assess Emotional Coping
   (start Coping Card)

If Crisis, Ask About Thoughts of Self-Harm
Steps in Assessing Lethal Risk and Starting Treatment

II. Suicidal Thoughts?  Assess Imminence

- Plan/Rehearsal?
  - Means Available? / Past Attempt?
    - Imminent Risk? (Like to Harm – 24-48 Hours)
      - No -- Start Treatment
      - Yes -- Screen in Hospital
Steps in Assessing Lethal Risk and Starting Treatment

III. Screen for Other Risk -

- Thoughts?
- Protective Factors?
- Clinical Factors?

Consider Intensive Outpatient Work?
Substance Abuse Problem?
Do Zero Suicide Methods.
The Quality of the Relationship You Have with the Teenager is More Important than the Questions You Ask.
What is the chance the person I am addressing has lethal risk?

Need to have someone understand

Expression Of Pain?

~ 93%

Hidden?

Ambivalence?

~ 7%

Unsure altogether?

Need for someone to act

Expression Of LETHAL RISK
Columbia Suicide Severity Rating Scale

Have you wished you were dead or wished you could go to sleep and not wake up?

Have you actually had thoughts of killing yourself? YES/NO?

Have you been thinking about how you might do this?

Have you had thoughts and had some intention to act?

Have you figured out the details of killing yourself?
The Problem: Prediction

COLLEGE OF 5,000 Students
Suicidal Thoughts = 45%; 5% make an attempt: 3-9 per 100,000 kill themselves

College Students: Suicidal Ideation
2250 Students

College Students: Make an Attempt
250 (Lethal? 20-30)

Predicted Number of Students Who Will Kill Themselves:
Much Less ✿ 1%

Lots of False Positives
Levels of Risk Information

Risk Factors
- Background risks
  - Mental Illness
  - Previous Attempt
  - Cognitive Rigidity

Warning Signs (2200!)
- Proximate Risks
  - Hopelessness
  - Social Isolation
  - Recent Loss
  - Substance Abuse

Ideation/Intent/Plan
- Talking about death
- Rehearsing a plan

Complex Variable Prediction

Risk Factors (Watch)

Intent/Plan (Screen)

Protect

Warning Signs (Act)
What can you do? Other Prevention Activities
Implications for Teachers

1. Don’t just use warning signs; Strongly promote Help-Seeking

2. Survey your school for the risk factors, help-patterns and barriers to help among your students

3. Use “Crises” to work upstream and understand student vulnerabilities

4. Ask: Distress – Crisis – Suicidal Thoughts - Plan
Implications for Teachers

5. Measure willingness to get help before and after suicide prevention training.

6. Find Clinicians who have been Trained in Zero Suicide Methods – build referral network

7. Use data to understand the unique Risk Subgroups in your school

8. Have all the procedures consistent in handling suicide in your school
# Levels of Prevention Intervention

<table>
<thead>
<tr>
<th>Level</th>
<th>Kids</th>
<th>Depression</th>
<th>Sui. Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level I</strong></td>
<td><strong>Kids with Problems</strong></td>
<td>67%</td>
<td>22% (n=31)</td>
</tr>
<tr>
<td></td>
<td><em>(Behavior and Psychiatric Problems)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level II</strong></td>
<td><strong>Kids At Risk</strong></td>
<td>56%</td>
<td>17% (n=16)</td>
</tr>
<tr>
<td></td>
<td><em>(At Risk for Problems Due to Drug or Alcohol Use, Violence, Attendance or Sexual Behavior)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level III</strong></td>
<td><strong>General Risk</strong></td>
<td>44%</td>
<td>10% (n=139)</td>
</tr>
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<td></td>
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</tr>
</tbody>
</table>
Status of Suicide Prevention?

David Satcher, M.D
Call to Action.

$780 million spent
The Problem with Suicide Prevention – Treatment Has Not Worked!

Community Prevention

QPR

Treatment For Suicide

Standard of Practice = Syndrome Treatment

50% Never in Treatment

19% Formerly in Tx

31% In Tx
Zero Suicide: Henry Ford

Henry Ford “Perfect Depression Care” Initiative HMO (Detroit)

Robert Wood Johnson Project

2000  Rate of Suicide
     89 suicides/100,000

2002 to 2005  Rate of Suicide
     22 suicides/100,000

2009  Rate of Suicide
     0 suicides/100,000
Treatment for Suicide?

I. Much Better Crisis Management with a Focus on Emotional Regulation
   a. Immediate Emotional Regulation Skills
   b. Means Restriction Agreements
   c. Safety Plans and Family Friend Plans

II. Improved Treatment of Mental Health Conditions
    a. Genetic Underpinings of Symptoms

III. Therapy aimed at Changing Thought Patterns

IV. Much Better Follow-Ups/Continuity of Care
A Community Model of School-Based Suicide Prevention

A Model of Intervention

The Community Context

Schools  Linkage  Mental Health

Families
The Future of School Prevention
(with John Vandewalle, M.D.)
What If? In each School?

1. Full “Digital Child” Data?

2. Full Info on Risk, Help, Barriers

3. Full genetic testing – every child

4. All teachers Use Crisis Deconstruction
   Like a Mental Health IEP?

5. All Behavioral Specialists use Zero
   Suicide Methods
First Responders/Police
Implications for Police and First Responders

Shawn Reynolds, Deputy Chief, Olathe Police Department:

“It is good to reinforce that we can be direct in our dialogue about suicide and ask someone if they are thinking about suicide-- I believe the myth is still present that somehow you can implant the idea of suicide into someone's thought process.

Often [teachers and police officers] don't believe…they have the skills to engage and assist someone who is contemplating suicide. We (police) can generally handle the tactical well--but for some reason this territory seems a bit scary and nebulous to our personnel…we have an obligation to each other as human beings to care for and take care of each other.”
Implications for Police and First Responders

Thomas Keary, Overland Park Police Officer:

“In Law Enforcement it is easy to get cynical about people who are suicidal—whether or not we can actually do anything that has an effect. Or, is it just a “cry for help.”

“I believe the best message you can give [to the presentation participants] is that suicide is preventable and encourage action when signs are observed. Encourage people to “Ask the Question.” I think it is important for officers to hear that they SHOULD ask the person if they are thinking about suicide.”
Warning signs vs. Situations

Warning Signs (vs. Situations)

Dejection, Hopelessness, Mental Illness (Psychosis), History of Suicide Attempt, Substance Abuse, Availability of a Gun, Love Conflict, **Verbalized Suicide Intent**, Severe Losses, Desperate Behavior

Youth Risk Situations

1. Being Arrested on a **DUI or MIP**
2. Confronted about **LEGAL INFRACTION OR ARREST**
3. Some kind of huge **DISSAPPOINTMENT** - Huge Self-Esteem Loss?
4. Some significant **DISRESPECT** by friends - Bullying - Risk Group?
Warning Signs vs. Situations (General Population)

You may feel you are supposed to know warning signs that can readily point to suicidal risk? Not so easy

- High crisis and domestic conflict/violence situations
- Male (veteran?) – with a gun – some kind of loss
- Domestic conflict—alcohol/drugs—argument with partner
- Vengeance dispute-- custody – job-- “nothing to lose”
- Court-Orders/Conflict over Custody - Suicide by Police

(Most persons in these situations are known to police)
First Responder Help
In a High-Risk Situation

1. If “suicide” is mentioned, take seriously (don’t assume it may be manipulative)

2. Give the person space, clear people, sit down

3. 1st Question from Assessment: “What is bothering you?”
   - Don’t judge, don’t try to solve their problem
   - Don’t sermonize, advise, argue, threaten
   - Express acceptance and concern.
Example
(most suicidal persons are ambivalent)

Citizen: “There is no reason to live. My life is over. Everything I’ve worked for is over.”

Police Officer: “I can see you are at the end of your rope. How’d it get that way?”

Let him/her talk, talk, talk.

Ever this bad before? Even close? Bad and got better?
(Do you think it could get better like it did then, but you cannot see that now?)

Is there anyone in your life you trust? Can we get them here?
(At some point….Plan?..................Method in the Plan? (Gun, car…)
Means Available?.......Rehearsal?.....Past Attempt?....)
Important Role of Means Reduction

Does the Plan Involve a Method to Hurt Self? (What is the death fantasy in the person’s head, if available?—Share with friend/family.)

**Guns** (85% of those who use, die)  Gun locks, trunk of car, gun safe, neighbor. If locked in the trunk, put keys around your neck on a chain.

**Pills**  Lock up in a box - dispense as needed  (Keep keys around neck)

**Car in the Garage**  Keep ALL keys around your neck  (Hidden keys?)

**Jump off High Place**  Restrict travel, access to these place.  Railway deaths:  It is generally within walking distance.

**Ropes, Knives, Poisons, Cords, etc.**  Lock in the trunk of YOUR car.  Or put a LOCK Box in your car.
Youth Attempts & Suicides

Youth Attempt and Death Methods:

- **Poisoning**: 45%
- **Cutting**: 26%
- **Other**: 25%
- **Suffocation**: 44%
- **Firearm**: 43%
- **Pills**: 8%
## Suicide Deaths by All Ages

<table>
<thead>
<tr>
<th></th>
<th>Fatal</th>
<th>Nonfatal</th>
<th>Total</th>
<th>All Ages % Fatal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Firearm</strong></td>
<td>16,869</td>
<td>2,980</td>
<td>19,849</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Suffocation</strong></td>
<td>6,198</td>
<td>2,761</td>
<td>8,959</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Poisoning/overdose</strong></td>
<td>5,191</td>
<td>215,814</td>
<td>221,005</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Jump/High Place</strong></td>
<td>651</td>
<td>1434</td>
<td>2,085</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Cut/pierce</strong></td>
<td>458</td>
<td>62,817</td>
<td>63,275</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>1,109</td>
<td>35,089</td>
<td>36,198</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Unspecified</strong></td>
<td>146</td>
<td>2097</td>
<td>2,243</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30,622</td>
<td>322,991</td>
<td>353,613</td>
<td>9%</td>
</tr>
</tbody>
</table>

This table covers all U.S. suicide deaths in 2001.
Doing Means Reduction

Family? Buddy (Veteran Buddy)? Spouse?

- **Supporter:** Don’t hide  Lock in the trunk and keep both keys

- **Suicide Risk often Comes Quickly** - Make Sure Nothing is Available. (People tend not to go to something else.)

- Get this information to the Clinical Provider/Hospital.

- **Teach** those involved with the person the value of restricting means.
Linking to Help

Departmental Criteria for Involuntary Commitment? (New Crisis Center?)

Even if a person does not meet this criteria, Make a Link to take them (or a family member take them) to talk to someone.

We need to create possibilities for Viable Intensive Outpatient Therapy for Suicide
Jordan Burnham
Rolf: “Sailing is not about steering the boat straight. It is about the storms.”

Video of Jordan Burnham
Age 18
Using Crisis DeConstruction
A Crisis Contains the Elements

1. **Triggers**
   Immediate:

   Background:

2. **Negative Perception**

3. **Distress Signs**

4. **Reduced Coping**

Family/Friends?

---

Case Management
Trauma Care

Cognitive
Therapy

Emotional Regulation
Clinical Treatment

Clinical/Behavioral
Interventions