

# SIGNS OF SUICIDE PARENT AWARENESS NIGHT

EMILY BECKMAN, TOM BOGIATZIS,  
ALEX TODD, ALEXIS GODDARD  
CAPOUSD SCHOOL COUNSELORS





“One young person contemplating suicide grips our hearts. Nine hundred thousand young people contemplating suicide grips at our collective consciousness.”

Charles Curie, Administrator  
Substance Abuse & Mental Health Service Administration



# MYTHS VS. FACTS

**FACT: Talking about suicide will not plant the idea.**

- + Bringing up the topic of suicide and discussing it openly is one of the most helpful things you can do. There is no evidence that screening youth for suicide induces suicidal thinking or behavior.

**FACT: Suicide rarely occurs on a whim or without warning.**

- + Do not ignore suicide threats or statements (no matter how casually or jokingly said). Almost everyone who has died by suicide has given some clue or warning, "I can't see any way out," or "I'd be better off dead."

**FACT: Youth who talk about suicide are not just seeking attention.**

- + All suicide threats need to be treated as if the person has the intent to die. Most suicide attempts and completions are the result of under or untreated mental health disorders, which are treatable.



# PREVALENCE OF SUICIDE AMONG YOUTH

- + 2<sup>nd</sup> leading cause of death among youth ages 10–14 (CDC, 2016)
- + For the first time, suicide rates for middle school-aged children in the U.S. have surpassed the rate of deaths in car crashes.
- + 425 reported deaths by suicide for children ages 10 – 14 were reported in 2014
- + Each day in our nation, there are an average of over 5,240 attempts by young people grades 7–12.

In Orange County, there were a total of 3,613 self-inflicted injury cases among teens between 2009 and 2013, of which 65 were fatal

# CURRENT TRENDS IN ORANGE COUNTY

## 13 Reasons Why

- + 40% increase in CAT (centralized assessment team) calls from April 1 – end of the school year
- + 45% of those students referred to 13 Reasons Why

## Blue Whale Challenge

- + 50 tasks over 50 days involving self harm and dangerous tasks, ending in suicide
- + In May 2017, Santa Ana Unified put in 21 CAT team calls in one week referring to the Blue Whale Challenge
- + If you search blue whale challenge in instagram something will pop up saying Can We Help? With resources

## Contagion does happen – Anaheim Union High School District

- + 6 kids died from November – December 2013
- + 4 at one high school



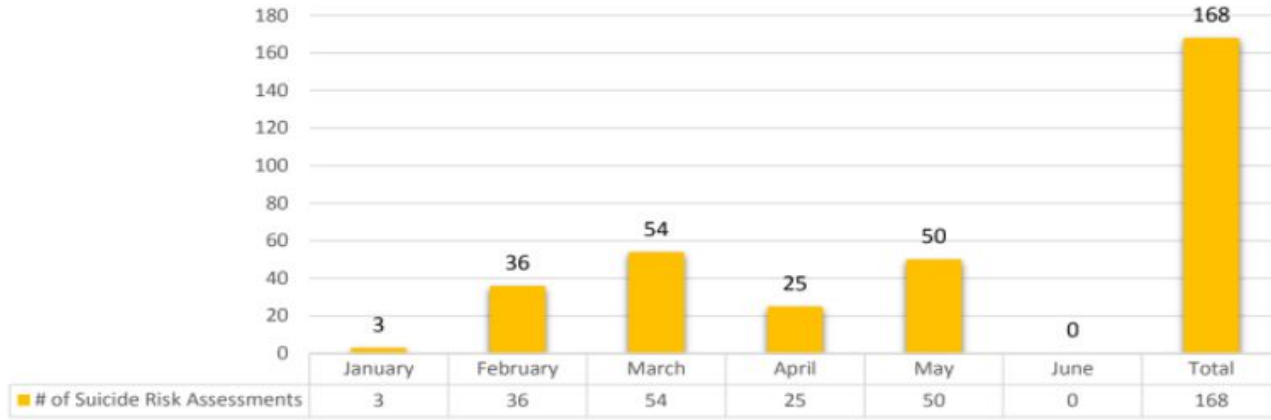
# DISTRICT WIDE SUICIDE RISK ASSESSMENTS (JAN - JUNE 2017)

Elementary  
49 Assessments

Middle School  
168 Assessments

High School  
116 Assessments

Middle School Number of Suicide Risk Assessments



# RISK FACTORS

Suicide is a multifactorial event. It is a complex behavior that is usually caused by a combination of risk factors. **No ONE event creates suicidality**; it takes a combination of stressors across different areas in one's life to reach a point where someone feels hopeless enough to attempt suicide.

## What is a Risk Factor?

- A risk factor is any personal trait or environmental quality that is associated with increased risk of suicidal behavior
- Basically, anything that increases the likelihood that a person will harm themselves.
- Risk factors are **not necessarily causes**
- Depression develops as a combination of genetic predisposing factors and environmental factors (Nature AND Nurture)



# EXAMPLES OF RISK FACTORS

- + **Behavioral Health** – depressive disorders, anxiety disorders, non-suicidal self injury, substance abuse, learning difficulties, chronic medical illness
- + **Personal Characteristics** – hopelessness, social isolation, low self-esteem, poor problem solving
- + **Adverse Life Circumstances** – interpersonal difficulties, bullying, history of abuse, exposure to peer suicide, exposure to violence
- + **Family Characteristics** – history of family suicide, parental divorce, history of family mental health disorders, loss in family,
- + **Environment** – exposure to mental health stigma, limited access to mental health care, lack of acceptance of symptoms





## HIGH RISK STUDENTS

- ❖ Youth bereaved by suicide
- ❖ Youth with disabilities, mental illness, or substance use disorders
- ❖ Youth experiencing homelessness or in out-of-home settings, such as foster care
- ❖ Lesbian, gay, bisexual, transgender, or questioning youth

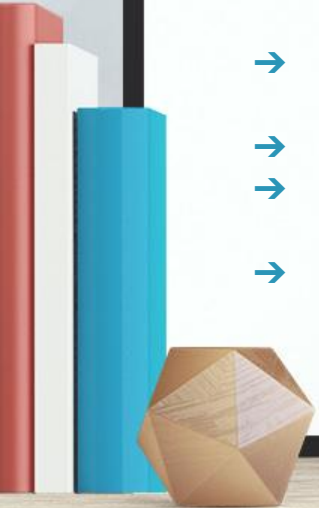


# PROTECTIVE FACTORS

A protective factor is a personal trait or environmental quality that can reduce the risk of suicidal behavior. Protective factors do not imply that anyone is immune to suicidality but they do help reduce the risk.

## Examples of Protective Factors

- **Individual Characteristics** – adaptive temperament, coping skills, positive self-esteem, spiritual faith
- **Family/Other Support** – connectedness to others, strong support system, sense of respect from others
- **School** – positive experience, connectedness to school, sense of respect from others
- **Mental Health and Healthcare** – access to care, support through medical and mental health relationships, no mental health stigma
- **Restricted Access to Means** – restricted access to firearms, medications, & alcohol, safety barriers for bridges



## PRECIPITATING EVENT

A precipitating event is a recent life event that serves as a trigger, moving an individual from thinking about suicide to attempting to take his or her own life

- + Precipitating events are often confused with causing suicide
- + **No single event causes suicidality**



A **Warning Sign** is an indication that an individual may be experiencing depression or thoughts of suicide

- + Most individuals give warning signs or signals of their intentions



# WHY DON'T THEY JUST ASK FOR HELP?



The student...

- + doesn't want to hurt their parents.
- + doesn't want to make their parent sad or fearful
- + thinks their parents will get angry with them.
- + thinks their parent would blame themselves.
- + thinks their parents might not listen to them.
- + thinks the parent is too busy to be bothered.
- + doesn't don't think their parents would take them seriously.
- + thinks their parent would say "You are just doing this for attention."
- + think their parents would "overreact" and have them committed to a mental hospital.



## WHAT ALL PARENTS SHOULD KNOW...

- + Talking about suicide will not plant the idea in their head.
- + Take **EVERY** threat seriously, make sure your child knows this isn't a subject to joke about
- + Asking direct, tough questions like "Are you having thoughts of hurting yourself?" "Are you having thoughts of suicide?" does not cause suicidal thoughts and can **reduce** anxiety in at-risk students and increase help seeking.
- + Remain calm & do not panic regardless of what you child says (remember all the reasons why kids don't reach out for help, they want to protect you)
- + Reassure them that there is help for them, that together you can get them help
- + If you child is having thoughts of self harm/suicide, they are most likely scared. Make sure you let them know you aren't angry/mad, that is isn't a burden on you as their parent, but, that you just want to help them feel better.
- + There are tons of resources for getting your child help and they can feel better, School Counselor are their resource too!!



# PARENT'S GUIDE: HOW TO TALK TO YOUR CHILD

- + **Timing is everything**, make sure you have time to talk
- + **Remain calm & do not panic**, regardless of what your child says
- + **Think about what you want to say ahead of time**, rehearse a script if necessary
- + **Ask open-ended questions**
- + **If this is a hard subject for you to talk about, admit it!** (“I never thought this was something I would be talking about with you, but I think it is really important.”)
- + **Listen to what your child has to say**. Simply consider the answers, and if you are worried about the answers, is it okay to say so but make sure they can share
- + **Don't overreact or underreact**. Both may close off future communication on the subject
- + **Don't rush to solve their problem**. Instead, ask what he/she thinks would help the situation
- + **Try talking in the car**, lack of eye contact may make it easier for kids to open up
- + **Be available and make sure your child knows it**. A simple “I'll be at my desk if you decide you want to talk later” may help.
- + **Set aside a consistent time to talk with your child**. About social, about their feelings, how they deal with stress, about how their friends are doing. Consistent open dialogue makes it easier for them to open up to you about difficult subjects.



## DEPRESSION: RECOGNIZE THE SIGNS & SYMPTOMS

Present for more than two weeks and affects daily functioning

- + Frequent sad, angry or irritable mood
- + Difficulty sleeping or concentrating
- + Change in grades, getting into trouble at school, or refusing to go to school
- + Change in eating and/or sleeping habits
- + Mood swings
- + Feeling worthless or restless
- + Frequent sadness or crying
- + Withdrawing from friends and activities
- + Loss of energy
- + Low self-esteem

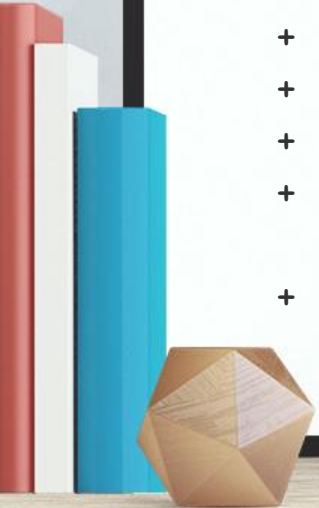




# ANXIETY: RECOGNIZE THE SIGNS & SYMPTOMS

Present for more than two weeks and affects daily functioning

- + Consistent or excessive worry
- + Complaints of physical problems such as headaches, stomachaches, or tiredness with no physical cause.
- + Problems sleeping.
- + Being overly critical of himself or herself or doubting their abilities.
- + Low self-esteem.
- + Continually seeking the approval of their teachers, parents or other adults
- + Continually checking and rechecking schoolwork or chores to make sure it has been completed correctly.
- + Avoidance of social activities, a withdrawal from friends or not wanting to go to school.



## SELF-INJURY

- + Unhealthy coping strategy for extreme and painful emotions
- + Behaviors: cutting (**most common**), burning, hitting, poking, picking, hair pulling
- + Self-injury is typically not a suicide attempt
- + It is an expression of inner pain by causing physical pain

## Signs of self-injury

- + Frequent, unexplained scars, cuts, bruises, or burns
- + Possession of sharp objects
- + Consistently wearing long clothes to cover scars
- + Secretive behavior and unusual amount of time alone in their room, bathroom, or secluded area
- + Social/emotional isolation or disconnectedness
- + Extreme emotions and/or extreme risk-taking behaviors





**Suicide  
Prevention  
Program**

# TIME TO ACT

A Middle School Signs of Suicide & Depression Program



## GOALS OF THE PROGRAM

- + **Help** youth understand that depression is a treatable illness
- + **Educate** youth that suicide is not a normal response to stress, but a preventable tragedy that is often a result of untreated depression
- + **Inform** youth of the risk associated with alcohol use to cope with feelings
- + **Increase** help-seeking by providing students with specific action steps: **ACT**
- + **Encourage** students and their parents to engage in discussion about these issues



# STUDENTS WILL BE LEARNING HOW TO A.C.T

## Acknowledge

That you see signs of depression or suicide in a friend

## Care

Show your friend that your care by listening and offering support

## Tell

A trusted adult so that you can help.

■ [Clip](#)

# MIDDLE SCHOOL IMPLEMENTATION

**Who:** All 7th Graders

## When & What Classes

***Arroyo Vista K-8***

Monday 12/4

***Ladera Ranch Middle School***

***PE Classes***

Thursday 11/30 & Friday 12/8

***Las Flores Middle School***

***Social Science Classes***

Wednesday 12/6, Monday 12/11,

Wednesday 12/13

**Lead By:** School Counselor & School Counselor Interns

## **Details:**

- Class discussion
- Viewing of Time to Act video
- Brief Screen for Adolescent Depression Student Screening
- Exit Ticket
- Student Resources Provided



## WHERE TO GO FOR HELP?

- Suicide Prevention Crisis  
Line: 877-727-4747
- National Suicide  
Prevention Hotline:  
800-273-8255
- Teen Line
  - Call: 800-852-8336
  - Text: 839-8663
- Apps:
  - A Friend Asks
  - My 3
- Mission Hospital
  - Mission Viejo &  
Laguna Beach
- American Foundation for  
Suicide Prevention
- Children & Youth Services
- SAFE Alternatives
- LifeSIGNS
- The Trevor Project

\*All contact information and locations are  
provided in your packet



# QUESTIONS? ASK YOUR SCHOOL COUNSELOR!

**Emily Beckman**

Arroyo Vista K-8

(949) 234-5951

[ekbeckman@capovsd.org](mailto:ekbeckman@capovsd.org)

**Tom Bogiatzis &  
Alex Todd**

Ladera Ranch Middle School (949) 589-6543

(949) 234-5922

[tobogiatzis@capovsd.org](mailto:tobogiatzis@capovsd.org)

[adtodd@capovsd.org](mailto:adtodd@capovsd.org)

**Alexis Goddard**

Las Flores Middle School

(949) 589-6543

[aagoddard@capovsd.org](mailto:aagoddard@capovsd.org)

