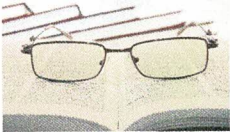


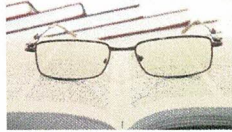
Continuum of Suicidal Behavior



Suicidal ideation - Thoughts of suicide that can range in severity from a vague wish to be dead to active suicidal ideation with a specific plan and intent

Slide: 7
Audio:
Graphic: 64-486692

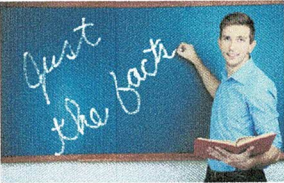
Continuum of Suicidal Behavior



Suicide attempt - A non-fatal self-directed potentially injurious behavior (may or may not result in injury) with any intent to die as result of the behavior

Slide: 8
Audio:
Graphic: 64-486692

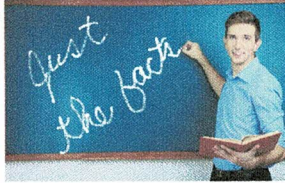
National Suicide Rates



Suicide was the tenth leading cause of death for all ages in 2013.

Slide: 9
Audio:
Graphic: 18-14-4


National Suicide Rates



There were 41,149 suicides in 2013 in the United States—a rate of 12.6 per 100,000 is equal to **113 suicides each day or one every 13 minutes**.

Slide: 10
Audio:
Graphic: 18-14-4

Influence of Drugs and Alcohol



Based on data about suicides in 16 National Violent Death Reporting System states in 2010:

- 33.4% of suicide decedents tested positive for alcohol,
- 23.8% for antidepressants, and
- 20.0% for opiates, including heroin and prescription pain killers.

* Info from the Centers for Disease Control and Prevention's *Suicide Facts at a Glance 2015*, which may be found at

Slide: 11
Audio:
Graphic: 40-268468039

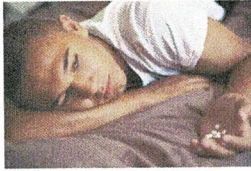
Question # 1

Drugs and alcohol play a part in over 20% of suicides nationwide.

1. True
2. False

Slide: 12
Audio: none
Graphic: none

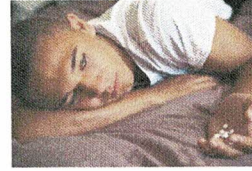
Nonfatal Suicide Thoughts and Behavior



Among students in grades 9-12 in the U.S. during 2013:
• 17.0% of students seriously considered attempting suicide in the previous 12 months (22.4% of females and 11.6% of males).

Slide: 13
Audio:
Graphic: 67-3

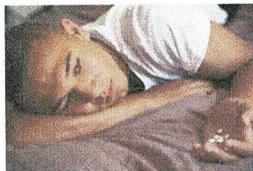
Nonfatal Suicide Thoughts and Behavior



• 13.6% of students made a plan about how they would attempt suicide in the previous 12 months (16.9% of females and 10.3% of males).

Slide: 14
Audio:
Graphic: 67-3

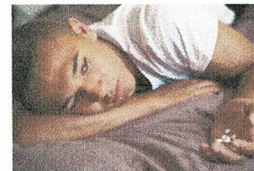
Nonfatal Suicide Thoughts and Behavior



• **8.0% of students attempted suicide one or more times in the previous 12 months** (10.6% of females and 5.4% of males).

Slide: 15
Audio:
Graphic: 67-3

Nonfatal Suicide Thoughts and Behavior



• 2.7% of students made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention (3.6% of females and 1.8% of males).

Slide: 16
Audio:
Graphic: 67-3

Question # 2

During 2013, approximately what percentage of high school students surveyed attempted suicide in the previous 12 months?

- 1. 2%
- 2. 15%
- 3. 8%
- 4. 1%

Slide: 17
Audio: none
Graphic: none

When Do These Thoughts Develop?



Suicidal thoughts, plans, and non-lethal attempts are rare before the age of 10.

Slide: 18
Audio:
Graphic: 18-319254581

When Do These Thoughts Develop?



The prevalence of suicidal ideation increased slowly between the ages of 10 and 12 years and then more rapidly after age 12.

Slide: 19
Audio:
Graphic: 18-319254581

When Do These Thoughts Develop?



The prevalence of suicidal plans and non-lethal suicide attempts did not increase much above baseline until age 12.

Slide: 20
Audio:
Graphic: 18-319254581

Question #3

When does the prevalence of suicidal ideation slowly begin to increase?

1. Between the ages of 18-20
2. Between the ages of 16-18
3. Between the ages of 13-15
4. Between the ages of 10-12

Slide: 21
Audio:
Graphic: 18-319254581

How Rapidly Do Thoughts Turn to Plans or Attempts?



When such progression occurred, it usually happened within a year after the onset of suicidal thoughts.

- In other words, when a young person developed thoughts of self harm, progression, if such progression occurred, developed fairly rapidly.

Slide: 22
Audio:
Graphic: 18-314631749

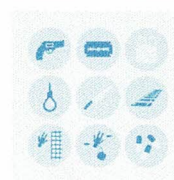
How Rapidly Do Thoughts Turn to Plans or Attempts?



- About 60% of non-lethal attempts occurred in those who had made plans; the other 40% were unplanned.

Slide: 23
Audio:
Graphic: 18-314631749


Gender Disparities



Males take their own lives at nearly four times the rate of females and represent 77.9% of all suicides.

Slide: 24
Audio:
Graphic: 67-15

Gender Disparities



Females are more likely than males to have suicidal thoughts.

Slide: 25
Audio:
Graphic: 67-15


Question # 4

Which gender is **MOST** likely to take their own life?

1. Male
2. Female

Slide: 26
Audio: none
Graphic: none


Gender Disparities



Suicide is the seventh leading cause of death for males and the fourteenth leading cause for females.

Slide: 27
Audio:
Graphic: 67-15


Gender Disparities



Firearms are the most commonly used method of suicide among males (56.9%).

Slide: 28
Audio:
Graphic: 67-15

Gender Disparities



Poisoning is the most common method of suicide for females (34.8%). (*Id.*)

Slide: 29
Audio:
Graphic: 67-15

Question # 5

What is the most commonly used method of suicide for females?

1. Firearms
2. Knives
3. Poisoning
4. Hanging

Slide: 30
Audio: none
Graphic: none

More Gender Breakdown



Boys are more likely than girls to die from suicide
• Of the reported suicides in the 10-24 age group, 81% were males

Slide: 31
Audio:
Graphic: 18-221825143

More Gender Breakdown



Girls attempt suicide more than boys, a particular problem for girls from Latina backgrounds

Slide: 32
Audio:
Graphic: 18-151721609

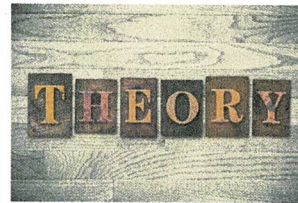
Question # 6

Which gender is more likely to attempt suicide?

- 1. Male
- 2. Female

Slide: 33
Audio: none
Graphic: none

Theory on Gender Disparities in Youth Suicide



According to Dr. William Pollack, author of "REAL BOYS: Rescuing Our Sons from the Myths of Boyhood", boys' emotional well-being and expression may be impacted by something he describes as "They Boy Code."

Slide: 34
Audio:
Graphic: 67-34

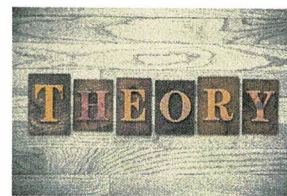
Theory on Gender Disparities in Youth Suicide



This code, described by Pollack to be society's definition of what it means to be a boy, requires boys to suppress or hide their emotions instead of expressing them publicly.

Slide: 35
Audio:
Graphic: 67-34


Theory on Gender Disparities in Youth Suicide



Dr. Pollack theorizes that boys' hiding of their emotions, vulnerability, and shame behind a "mask of masculinity" results in a hardening of those emotions and possibly losing touch with them altogether.

Slide: 36
Audio:
Graphic: 67-34


Theory on Gender Disparities in Youth Suicide



In lieu of embracing emotional expression by our boys, Pollack proposes our society encourages them to seek physical and sometimes violent outlets to obtain release. Thus, Dr. Pollack hypothesizes we are grooming our boys to use actions, not words, to express themselves.

Slide: 37
Audio:
Graphic: 67-34


Theory on Gender Disparities in Youth Suicide



If Dr. Pollack's theory is accurate, it could help explain some of the statistical differences between boys and girls with regard to youth suicide.

Slide: 38
Audio:
Graphic: 67-34


Theory on Gender Disparities in Youth Suicide



If a higher percentage of boys are dealing with their internal anguish alone, without expressing it to others or asking for help, suicide rates, which are nearly 4 times higher than their female counterparts, are easier to understand.

Slide: 39
Audio:
Graphic: 67-34

Theory on Gender Disparities in Youth Suicide



It may also explain why boys elect to use more violent and effective methods to commit suicide than girls.

Slide: 40
Audio:
Graphic: 67-34

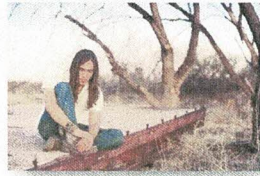
Question # 7

In his book, Dr. William Pollack coined a term for society's definition of what it means to be a boy. This term is:

1. Boy Trouble
2. Y Factor
3. Male Desensitization
4. **The Boy Code**

Slide: 41
Audio: none
Graphic: none


Racial and Ethnic Disparities



Suicide is the eighth leading cause of death among American Indians/Alaska Natives across all ages.

Slide: 42
Audio:
Graphic: 67-14


Racial and Ethnic Disparities



Among American Indians/Alaska Natives aged 10 to 34 years, suicide is the second leading cause of death.

Slide: 43
Audio:
Graphic: 67-14

Racial and Ethnic Disparities



The suicide rate among American Indian/Alaska Native adolescents and young adults ages 15 to 34 (19.5 per 100,000) is 1.5 times higher than the national average for that age group (12.9 per 100,000).

Slide: 44
Audio:
Graphic: 67-5


Question # 8

Among American Indians/Alaska Natives aged 10 to 34 years, suicide is the _____ leading cause of death.

1. first
2. **second**
3. fifth
4. tenth

Slide: 45
Audio: none
Graphic: none

Racial and Ethnic Disparities



Among Hispanic students in grades 9-12, the prevalence of having seriously considered attempting suicide (18.9%), having made a plan about how they would attempt suicide (15.7%), having attempted suicide (11.3%), and having made a suicide attempt that resulted in an injury, poisoning, or overdose that required medical attention (4.1%) was consistently higher than for white and black students.

Slide: 46
Audio:
Graphic: 18-19143537


Question # 9

Which group of students have a higher rate of suicide ideation and attempts?

1. White
2. Black
3. **Hispanic**

Slide: 47
Audio: none
Graphic: none


Suicide By Age



- Third leading cause of death among persons aged 10-14,
- Second among persons aged 15-34 years,
- Fourth among persons aged 35-44 years,
- Fifth among persons aged 45-54 years,
- Eighth among persons aged 55-64 years, and
- Seventeenth among persons 65 years and older.

Slide: 48
Audio:
Graphic: 67-6-2

Nonfatal, Self-Inflicted Injuries



In 2013, 494,169 people were treated in emergency departments for self-inflicted injuries.

Slide: 49
Audio:
Graphic: 67-7

Staggering Statistics

EVERY **2 HOURS & 11 MINUTES** a person under the age of 25 dies by suicide. THAT'S **10 PEOPLE EVERY DAY**.

SUICIDE IS THE **3RD** leading cause of death for youth aged 10-34, resulting in about **4600 DEATHS** per year.

1 IN 7 High school students have **CONSIDERED SUICIDE** within the past school year.

1 IN 14 High school students have **ATTEMPTED SUICIDE** within the past school year.

90% **DIAGNOSABLE & TREATABLE** in cases with appropriate help.

Slide: 50
Audio:
Graphic: 67-8

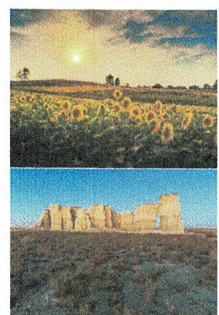
Question # 10

As people age, the number who die from suicide increases.

1. True
2. False

Slide: 51
Audio: none
Graphic: none

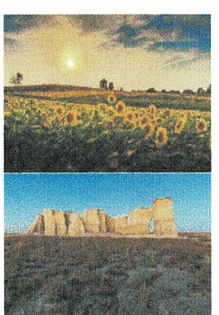
In Kansas ...



One person dies by suicide every 19 hours.

Slide: 52
Audio:
Graphic: 67-9-2

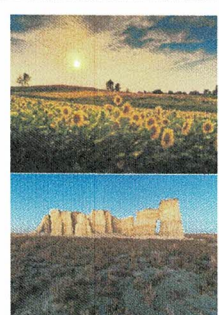
In Kansas ...



Suicide is actually the 2nd leading cause of death for ages 10-34. Accident is the leading cause of death.

Slide: 53
Audio:
Graphic: 67-9-2

In Kansas ...



Over 4x as many people die by suicide than by homicide each year.

Slide: 54
Audio:
Graphic: 67-9-2


Question # 11

In Kansas, suicide is the _____ leading cause of death for ages 10-34.

1. tenth
2. fifth
3. third
4. **second**

Slide: 55
Audio: none
Graphic: none


Diagnosable Disorders



90% of people with suicidal ideations had a diagnosable disorder, and over 96% of those who made non-lethal suicide attempts had at least one diagnosable disorder.

Slide: 56
Audio:
Graphic: 64-25335792

Diagnosable Disorders




Depressive disorders are most common.

- 57% of adolescents who had suicidal ideations, 70% of those who developed plans for suicide, and 76% of those who made a non-lethal suicide attempt had a depressive disorder.

Slide: 57
Audio:
Graphic: 64-26076997

Other Disorders



However, many different psychiatric disorders were associated with increased risks of suicidal behaviors among adolescents. These disorders included phobic disorders, conduct disorders, substance use disorders, eating disorders, and others.

Slide: 58
Audio:
Graphic: 67-11-2

Question #12

Ninety percent of adolescents with suicidal ideations had what in common?


1. They were from the same racial or ethnic group
2. **They all had a diagnosable disorder**
3. They were between the ages of 10-14
4. They had below a C average in school

Slide: 59
Audio: none
Graphic: none

Objectives

This is course one out of five in an overview of Student Suicide Prevention. By the end of this first course you should have an understanding of:

- Prevalence of Youth Suicide



Slide: 60
Audio:
Graphic: 31-153316496.3

Protection for School Staff



No cause of action may be brought for any loss or damage caused by any act or omission resulting from the implementation of the provisions of the Jason Flatt Act, or resulting from any training, or lack of training, required thereby. It shall not be construed to impose any specific duty of care on district staff.


Slide: 61
Audio:
Graphic:

Conclusion

Congratulations!
You Have Completed The
Student Suicide Prevention, Part 1
Training Course

Slide: 62
Audio: none
Graphic: none


Jason's Story



He was a B average student and had enjoyed a successful freshman football season at his private Christian school as a running back.

Slide: 7
Audio:
Graphic: 18-12371893

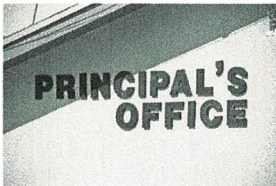
Jason's Story



He didn't use drugs or alcohol. His summer job involved pumping gas at a local marina, where he worked with his brother.

Slide: 8
Audio:
Graphic: 64-57158809


Jason's Story



His high school principal described him as one of the most personable, happy, and cheerful kids he'd met to Education Week in April of 2000.

Slide: 9
Audio:
Graphic: 18-194649140

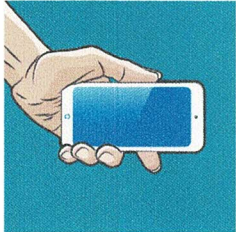
Jason's Story



On July 16, 1997, Jason told his brother he needed him to pump gas for him at the marina so he could go boating with a friend.

Slide: 10
Audio:
Graphic: 67-64952085


Jason's Story



Later that afternoon, one of Jason's friends called Jason's father to let him know Jason had been angry about something and cancelled their boating outing.

Slide: 11
Audio:
Graphic: 67-43403263-2


Jason's Story



Jason's father went to check on him, and found Jason had used his father's .38 caliber pistol to shoot himself in the head. Jason did not leave a suicide note. He was 16 years old at the time of his death.

Slide: 12
Audio:
Graphic: 52-5841475

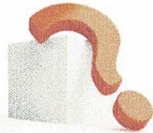
Jason's Story



Jason had never previously expressed any interest in the firearm or shot it before.

Slide: 13
Audio:
Graphic:


Jason's Story



Jason's family was shocked. They had no idea Jason was struggling and never anticipated he would try to hurt himself.

Slide: 14
Audio:
Graphic: 64-7042229

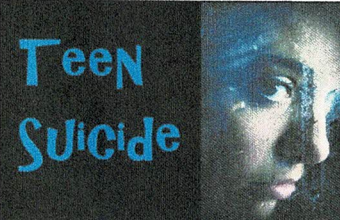
Jason's Story



As it turned out, Jason's girlfriend of 3 months broke up with him less than 24 hours before he took his own life, and family and friends of Jason assume this event spurred his suicide.

Slide: 15
Audio:
Graphic: 67-heartbreak


Jason's Story



In the wake of Jason's untimely death, his family took it upon themselves to raise awareness about teen suicide. Eventually this campaign to raise awareness morphed into model legislation.

Slide: 16
Audio:
Graphic: 64-16

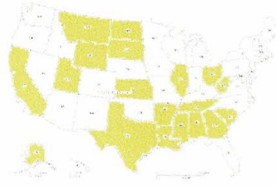
A National Movement



In 2001, The Jason Foundation began working with organizations in New Jersey and Colorado to influence legislation for including youth suicide awareness prevention training within teachers' in-services.

Slide: 17
Audio:
Graphic: 67-13

A National Movement



19 states have now passed the Jason Flatt Act, including our state of Kansas.

Slide: 18
Audio:
Graphic: 64-usmap4


Question #1

What has the Jason Foundation been working towards?

1. Building a memorial for Jason Flatt
2. Increasing awareness on teenager drug addiction
3. Influencing legislation to include youth suicide awareness prevention training in teachers' in-services

Slide: 19
Audio: none
Graphic: none


Suicide Prevention: Sub. For SB 323



The Jason Flatt Act requires all school personnel to have one hour of suicide prevention training annually (based on State Board approved programs).

Slide: 20
Audio:
Graphic: 67-14-2


Suicide Prevention: Sub. For SB 323



The board of education of each school district shall also notify the parents or legal guardians of students enrolled therein that the training materials provided under such programming are available to parents or legal guardians.

Slide: 21
Audio:
Graphic: 67-14-2

Suicide Prevention



Suicide training may be satisfied through independent self-review of suicide prevention training materials.

The Crisis Plan, developed for each school building must include:

- Steps for recognizing suicide ideation;
- Appropriate methods of interventions; and
- A crisis recovery plan.

Slide: 22
Audio:
Graphic: 67-15

Question # 2

Under the Jason Flatt Act, how frequently must school staff have training on suicide prevention?


1. Semi-annually
2. Every 5 years
3. Every 3 years
4. Every year

Slide: 23
Audio: none
Graphic: none

Objectives

This is course two out of five in an overview of Student Suicide Prevention. By the end of this second course you should have an understanding of:

- The Jason Flatt Act



Slide: 24
Audio:
Graphic: 31-153316496-3

Protection for School Staff



No cause of action may be brought for any loss or damage caused by any act or omission resulting from the implementation of the provisions of the Jason Flatt Act, or resulting from any training, or lack of training, required thereby. It shall not be construed to impose any specific duty of care on district staff.

Slide: 25
Audio:
Graphic: 67-61

Conclusion

Congratulations!
You Have Completed The
Student Suicide Prevention, Part 2
Training Course

Slide: 26
Audio: none
Graphic: none

KASB Workers Compensation Fund, Inc.

Student Suicide Prevention, Part 3

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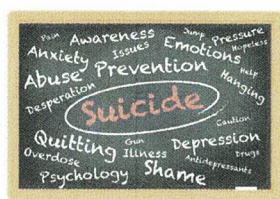
Slide: 1
Audio:
Graphic: none

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Slide: 2
Audio:
Graphic: none

KASB Workers Compensation Fund, Inc.



Student Suicide Prevention, Part 3

Slide: 3
Audio:
Graphic: 67-1

Objectives

This is course three out of five in an overview of Student Suicide Prevention. By the end of this third course you should have an understanding of:

- Steps for Recognizing Suicide Ideation



Slide: 4
Audio:
Graphic: 31-153316496-3

Steps for Recognizing Suicide Ideation



Slide: 5
Audio:
Graphic: 67-16


What Was Suicide Ideation Again?



Suicidal ideation is defined as thoughts of suicide that can range in severity from a vague wish to be dead to active suicidal ideation with a specific plan and intent.

Slide: 6
Audio:
Graphic: 67-17

Risk Factors




Risk factors increase the likelihood that a young person will engage in suicidal behavior.

- Intrapersonal, Social/situational, Cultural/environmental

Slide: 7
Audio:
Graphic: 67-18

Protective Factors




Protective factors mitigate or eliminate risk.

- Intrapersonal, Social/situational, Cultural/environmental

Slide: 8
Audio:
Graphic: 67-18

Risk and Protective Factors



Consider the balance between the two in assessing risk.

Slide: 9
Audio:
Graphic: 67-18

Question #1

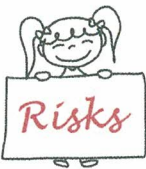
Which factors mitigate or eliminate risk?

1. Risk factors
2. Protective factors

Slide: 10
Audio: none
Graphic: none

Risk Factors: Intrapersonal


- Recent or serious loss
- Mental disorders (particularly mood disorders)
- Hopelessness, helplessness, guilt, worthlessness
- Previous suicide attempt



Slide: 11
Audio:
Graphic: 64-nks.3

Risk Factors: Intrapersonal

- Alcohol and other substance use disorders
- Disciplinary problems
- High risk behaviors
- Sexual orientation confusion



Slide: 12
Audio:
Graphic: 64-nks.2

Question #2

Which is NOT an Intrapersonal Risk Factor?

1. Alcohol disorders
2. Loss of appetite
3. Guilt
4. Sexual orientation confusion

Slide: 13
Audio: none
Graphic: none

Risk Factors: Social/Situational




- Recent or serious loss (e.g., death, divorce, separation, broken relationship; self-esteem; loss of interest in friends, hobbies, or activities previously enjoyed)
- Family history of suicide
- Witnessing family violence

Slide: 14
Audio: none
Graphic: 67-19

Risk Factors: Social/Situational

- Child abuse or neglect
- Lack of social support
- Sense of isolation
- Victim of bullying or being a bully



Slide: 15
Audio: none
Graphic: 67-19-3


Question #3

Social/Situational Risk Factors include:

1. Witnessing family violence
2. Child abuse or neglect
3. Sense of isolation
4. All of the above

Slide: 15
Audio: none
Graphic: none

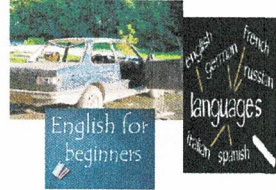
Risk Factors: Cultural/Environmental



- Access to lethal means (e.g. firearms, pills)
- Stigma associated with asking for help
- Cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma)

Slide: 17
Audio: none
Graphic: 67-18-2

Risk Factors: Cultural/Environmental



- Barriers to accessing services (lack of bilingual service providers, for example)
- Unreliable transportation
- Financial costs of services

Slide: 18
Audio: none
Graphic: 67-19-2


Question #4

Which is NOT a Cultural/Environmental Risk factor for suicide?

1. Financial costs of services
2. Stigma associated with asking for help
3. Mental disorder
4. Cultural and religious beliefs

Slide: 19
Audio: none
Graphic: none


Protective Factors



- Skills in problem solving, conflict resolution, and handling problems in a non-violent way
- Strong connections to family, friends, and community support
- Restricted access to highly lethal means of suicide
- Cultural and religious beliefs that discourage suicide and support self-preservation

Slide: 20
Audio: none
Graphic: 67-22

Protective Factors



- Easy access to a variety of clinical interventions
- Effective clinical care for mental, physical, and substance use disorders
- Support through ongoing medical and mental health care relationships

Slide: 21
Audio: none
Graphic: 67-22


Question #5

Having support through ongoing medical and mental health care relationships is an example of Protective Factors.

1. True
2. False

Slide: 22
Audio: none
Graphic: none


Specific Warning Signs



Talking About Dying - Any mention of dying, disappearing, jumping, shooting oneself, or other types of self harm

Slide: 23
Audio: none
Graphic: 18-255908731


Specific Warning Signs



Change in Personality - Sad, withdrawn, irritable, anxious, tired, indecisive, or apathetic

Slide: 24
Audio: none
Graphic: 41-239897347

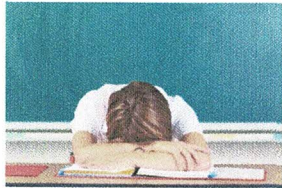
Specific Warning Signs



Changes in Behavior - Difficulty concentrating on school, work, or routine tasks

Slide: 25
Audio:
Graphic: 41-231762169


Specific Warning Signs



Change in Sleep Patterns - Insomnia, often with early waking or oversleeping, nightmares

Slide: 26
Audio:
Graphic: 41-1309454


Specific Warning Signs



Change in Eating Habits - Loss of appetite and weight, overeating

Slide: 27
Audio:
Graphic: 41-29402152

Specific Warning Signs



Fear of losing control - Acting erratically, harming self or others

Slide: 28
Audio:
Graphic: 41-281119607


Question #6

Insomnia is NOT a warning sign of suicide.

1. True
2. False

Slide: 29
Audio: none
Graphic: none


More Warning Signs



- signs of depression
- social isolation
- giving away possessions
- drug and alcohol use and abuse
- self-destructiveness

Slide: 30
Audio:
Graphic: 67 26


More Warning Signs



- high degree of self-criticism
- acting out
- extreme passivity
- psychosomatic complaints
- little or no communication with anyone
- outburst of anger/rage

Slide: 31
Audio:
Graphic: 67:26


More Warning Signs



- serious accident
- declining grades
- variable school problems
- promiscuity
- feelings of rejection
- withdrawal

Slide: 32
Audio:
Graphic: 67:26

More Warning Signs



- lack of emotion
- feeling hopeless
- loss of reality
- Pessimism
- pressure to achieve
- distorted reality

Slide: 33
Audio:
Graphic: 67:26

Question #7

Which is NOT a warning sign of suicide ideation?


1. Feeling hopeless
2. Outburst of anger/rage
3. Optimism
4. Declining grades

Slide: 34
Audio: none
Graphic: none

Objectives


This is course three out of five in an overview of Student Suicide Prevention. By the end of this third course you should have an understanding of:

- Steps for Recognizing Suicide Ideation



Slide: 35
Audio:
Graphic: 31-153316496-3

Protection for School Staff



No cause of action may be brought for any loss or damage caused by any act or omission resulting from the implementation of the provisions of the Jason Flatt Act, or resulting from any training, or lack of training, required thereby. It shall not be construed to impose any specific duty of care on district staff.

Slide: 36
Audio:
Graphic:

Conclusion

Congratulations!
You Have Completed The
Student Suicide Prevention, Part 3
Training Course

Slide: 37
Audio: none
Graphic: none

KASB Workers Compensation Fund, Inc.

Student Suicide Prevention, Part 4

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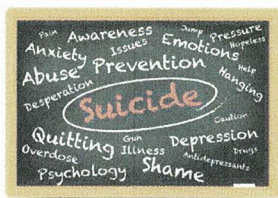
Slide: 1
Audio:
Graphic: none

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Slide: 2
Audio:
Graphic: none

KASB Workers Compensation Fund, Inc.



Student Suicide Prevention, Part 4

Slide: 3
Audio:
Graphic: 67-1

Objectives

This is course four out of five in an overview of Student Suicide Prevention. By the end of this fourth course you should have an understanding of:

- Appropriate Methods of Intervention



Slide: 4
Audio:
Graphic: 31-153316496-3

Appropriate Methods of Intervention



Slide: 5
Audio:
Graphic: 67-20-2

Interacting With The Student



- Listen and allow for the discussion of experiences, thoughts, and feelings.
- Talk in a calm, non-accusatory manner.
- Let them know you care.
- Convey that they have value and importance.
- Focus on concern for their well-being

Slide: 6
Audio:
Graphic: 18-284502020


Question #1

When interacting with a student who is talking about suicide, you should:

1. Talk in a calm, non-accusatory manner
2. Let them know you care
3. Convey they have value
4. All of the above

Slide: 7
Audio: none
Graphic: none

Interacting With The Student



- Convey you have empathy for their stress.
- Encourage seeking professional help.
- Reassure them they will not feel like this forever and that help is available.
- As long as it does not put you or others in danger, attempt to remove the suicide means, if present.

Slide: 8
Audio:
Graphic: 18-284502020


Question #2

When interacting with a student who is talking about suicide, you should:

1. Try to solve their problems yourself
2. Encourage seeking professional help

Slide: 9
Audio: none
Graphic: none


Confidentiality



Confidentiality cannot and will not be honored in the circumstances where a student's life, or that of another, is in danger.

Slide: 10
Audio:
Graphic: 67-21

Confidentiality



School employees will respect confidences between students, staff, and community members **EXCEPT** when it is revealed that a student is a danger to herself/himself or to others.

Slide: 11
Audio:
Graphic: 67-21


Question #3

Student confidences will always be honored.

1. True
2. False

Slide: 12
Audio: none
Graphic: none

Appropriate Action



In the event that a student attempts, is reported to be at risk, or expresses a desire to commit suicide, the staff should:

- Secure student's safety – **DO NOT LEAVE THE STUDENT ALONE or ALLOW THE STUDENT TO LEAVE SCHOOL AND GO TO AN UNSUPERVISED SETTING.**

Slide: 13
Audio:
Graphic: 49-141593962


Question #4

A student told you that he has been having suicidal thoughts and knows how he would kill himself. You've seen some warning signs, but it's 2:50 on a Friday afternoon, and school is out in 10 minutes. When should you make the report in accordance with your crisis plan?

- Now
- Monday morning

Slide: 14
Audio: none
Graphic: none

Contact




Consult your school's crisis plan, but many provide for contacting the following:

- Counselor, Social Worker, School Psychologist or Nurse,
- Building Administrator/Designee
- District Suicide Prevention Resource Team
- Campus Police

Slide: 15
Audio:
Graphic: 67-22

Keep Parents in the Loop



"Reasonable" efforts should be made to contact parents via all available phone numbers, including those obtained from schools that siblings attend. If these efforts fail, then Campus or City Police will be asked to assist in locating them.

Slide: 16
Audio:
Graphic: 67-23

Question #5


Once a student is deemed at risk, reasonable efforts should be made to contact the parents. What happens if they cannot be contacted by all available phone numbers?

- You wait for them to come home
- You keep trying the phone numbers you have
- You leave messages with the neighbors
- The Police are asked to assist in locating them

Slide: 17
Audio: none
Graphic: none

Remember, you should:


- Remain calm and avoid panic
- Treat the concern as real, be patient, and LISTEN
- Be supportive and let the student know she/he is doing the right thing in sharing the suicidal concern



Slide: 18
Audio:
Graphic: 67-24.2

Remember, you should:

- Let the student know you cannot keep their concern confidential, and you need to talk with appropriate school personnel
- Refer to the building counselor or social worker, if available



Slide: 19
Audio:
Graphic: 67-24-2


Question #6

After a student confides in you that they are thinking about suicide, you calmly listen and treat their concern as real. The building counselor (or social worker) is available. Do you refer the student to them?

- Yes, they're better able to deal with the situation
- No, the student is probably more comfortable with me

Slide: 20
Audio: none
Graphic: none

Definitely DO NOT:



- Dismiss the student's problems as trivial
- Judge or be critical
- Jump to overly quick or easy solutions
- Look for "causes" of the student's problem
- Be abrupt and hurried

Slide: 21
Audio:
Graphic: 67-25-2

Question #7

You overhear Suzie tell a friend she's talking about suicide. Suzie is a hypochondriac and tends to whine a lot to get attention. Do you dismiss Suzie's words or take action?


- Dismiss Suzie's words
- Take action

Slide: 22
Audio: none
Graphic: none

Objectives


This is course four out of five in an overview of Student Suicide Prevention. By the end of this fourth course you should have an understanding of:

- Appropriate Methods of Intervention



Slide: 23
Audio:
Graphic: 31-153316496-3

Protection for School Staff



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Slide: 24
Audio:
Graphic: 67-61

Conclusion

Congratulations!
You Have Completed The
Student Suicide Prevention, Part 4
Training Course

Slide: 25
Audio: none
Graphic: none

Crisis Team



One of the key functions of the crisis team is to identify the types of crises that may occur in schools and define what events would activate the plan.

Slide: 7
Audio: none
Graphic: 67-26


Question #1

What is a key function of a crisis team?

1. To gather after crises have occurred to best determine how to proceed
2. Identify types of crises that may occur in schools and define what events would activate the plan

Slide: 8
Audio: none
Graphic: none

What is a Crisis?




Crises could include:

- Natural disasters (earthquake, tornado, hurricane, flood)
- Severe weather
- Fires
- Chemical and hazardous material spills
- Bus crashes
- School shootings

Slide: 9
Audio: none
Graphic: 67-27-4

What is a Crisis?



- Bomb threats
- Medical emergencies
- Student or staff deaths (suicide, homicide, unintentional or natural)
- Acts of terror or war
- Outbreaks of disease or infections

Slide: 10
Audio: none
Graphic: 67-27-4


Question #2

Which is considered a crisis?

1. Bomb threats and fires
2. Bus crashes and medical emergencies
3. Severe weather and school shootings
4. All of the above

Slide: 11
Audio: none
Graphic: none

Four Phases of Crisis Management



Mitigation/Prevention - What schools and districts can do to reduce or eliminate risk to life and property.

Slide: 12
Audio: none
Graphic: 67-28-2

Four Phases of Crisis Management

Preparedness - The process of planning for the worst-case scenario.

Slide: 13
Audio:
Graphic: 67-28-2

Four Phases of Crisis Management

Response - The steps to take during a crisis.

Slide: 14
Audio:
Graphic: 67-28-2

Four Phases of Crisis Management

Recovery - How to restore the learning and teaching environment after a crisis.

Slide: 15
Audio:
Graphic: 67-28-2

Question #3

Which is not a phase of crisis management?

1. Mitigation/Prevention
2. Preparedness
3. Procrastination
4. Recovery

Slide: 16
Audio: none
Graphic: none

Mitigation & Prevention

Schools need to consider the full range of what they can do to avoid crises (prevention).


Slide: 17
Audio:
Graphic: 67-29-2

Mitigation & Prevention

They need to brainstorm how to lessen their impact (mitigation). This involves taking inventory of the dangers in a school and community and identifying what to do to prevent and reduce injury and property damage.

Slide: 18
Audio:
Graphic: 67-29-2

Mitigation & Prevention Action Steps

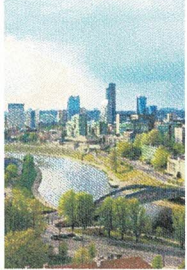


Know the school building(s). Assess potential hazards on campus.

Slide: 19
Audio:
Graphic: 18-134745437


Mitigation & Prevention Action Steps

Know the community. Work with the local emergency management director to assess surrounding hazards.



Slide: 20
Audio:
Graphic: 64-49280056


Mitigation & Prevention Action Steps



Make regular school safety and security efforts part of mitigation/prevention practices. Consult the comprehensive school safety plan to identify what types of incidents are common in the school.

Slide: 21
Audio:
Graphic: 18-134745437

Mitigation & Prevention Action Steps



Establish clear lines of communication. Communication with families and the community are important to convey a visible message that schools and others are working together to ensure public safety.

Slide: 22
Audio:
Graphic: 18-134745437


Question #4

Which of the following is a Prevention Action Step?

1. Assessing potential hazards on campus
2. Communicating with families and the community
3. Know the community and assess surrounding hazards
4. All of the above

Slide: 23
Audio: none
Graphic: none

Preparedness




Despite everyone's best efforts at crisis prevention, crises will occur in schools.

Good planning facilitates a rapid, coordinated, effective response when a crisis occurs.

Slide: 24
Audio:
Graphic: 67-30-2

Preparedness



Being well prepared will involve an investment of time and resources.

Every school needs a crisis plan that is tailored to its unique characteristics.

Slide: 25
Audio:
Graphic: 67-30-2

Question #5


Through crisis prevention and everyone's best efforts, crisis can be avoided.

1. True
2. False

Slide: 26
Audio: none
Graphic: none

Preparedness

While it is reasonable to feel a sense of urgency about the need to be prepared for a crisis, a complete, comprehensive crisis plan cannot be developed overnight.



Slide: 27
Audio:
Graphic: 67-31-2

Preparedness

Set a realistic timetable for the preparation process.


Take the time needed for collecting essential information, developing the plan, and involving the appropriate people.



Slide: 28
Audio:
Graphic: 67-31-2

Preparedness Action Steps- General


- Identify and involve stakeholders
- Consider existing efforts
- Determine what crises the plan will address
- Define roles and responsibilities
- Develop methods for communicating with staff, students, families, and the media



Slide: 29
Audio:
Graphic: 67-32

Preparedness Action Steps- General

- Obtain necessary equipment and supplies
- Prepare for immediate response
- Create maps and facilities information
- Develop accountability and student release procedures
- Practice, practice, practice
- Address liability issues



Slide: 30
Audio:
Graphic: 67-32


Question #6

Which of the following is NOT a Preparedness Action Step?

1. Determine what crisis the plan will address
2. Put together healthy snacks for easy access, if needed
3. Obtain necessary equipment
4. Create maps and facilities information

Slide: 31
Audio: none
Graphic: none


Preparedness Action Steps - Death



Partner with community mental health providers. Consider developing a Memorandum of Understanding (MOU) with local mental health organizations to provide training, counseling services, and assistance.

Slide: 32
Audio: none
Graphic: 67-32

Preparedness Action Steps - Death




Have proper policies in place, including:

- Managing and screening community volunteers who may show up at school to lend support
- Protocol for memorials
- Handling the media (designate a spokesperson)

Slide: 33
Audio: none
Graphic: 67-32

Practice Makes Perfect




Having a plan does nothing to aid in the efficiency and rapidity of response unless:

- The plan is communicated to all staff
- The plan is accessible
- The plan is rehearsed

Slide: 34
Audio: none
Graphic: 67-33-2

Response



A crisis is the time to follow the crisis plan, not to make a plan from scratch.

Slide: 35
Audio: none
Graphic: 67-36

Question #7


To have the response of a crisis plan be effective, all of the following must occur EXCEPT:

1. The plan must be put together quickly
2. The plan must be communicated to all staff
3. The plan must be accessible
4. The plan must be rehearsed

Slide: 36
Audio: none
Graphic: none

Response Action Steps


- Expect to be surprised.
- Assess the situation and choose the appropriate response.
- Respond within seconds.
- Notify appropriate emergency responders and the school crisis response team.



Slide: 37
Audio:
Graphic: 67-37-3


Response Action Steps

- Trust leadership.
- Communicate accurate and appropriate information.
- Activate the student release system.
- Allow for flexibility in implementing the crisis plan.
- Document.



Slide: 38
Audio:
Graphic: 67-37-3


Response Action Steps - Death



Verify the information. This can be done through family members, local police or disaster relief agencies.

Slide: 39
Audio:
Graphic: 64-28426351

Response Action Steps - Death



School personnel should contact family members to determine what information they want disclosed.

Slide: 40
Audio:
Graphic: 64-28426351


Question #8

When releasing information, what should be disclosed?

1. Name, age, cause of death
2. Name, date of death, parents name
3. Name, date of death, memorial arrangements
4. **Whatever family members want released**

Slide: 41
Audio: none
Graphic: none


Response Action Steps - Death



When sharing the news with the school community, the degree of information shared and the audience it is shared with will vary depending on the type of death.

Slide: 42
Audio:
Graphic: 64-16001174-2


Response Action Steps - Death



School officials and crisis team members must adapt their approach to match the particular circumstance.

Slide: 43
Audio:
Graphic: 64-16001174-2


Response Action Steps - Death



Strategies for talking with children and young adults about death varies greatly depending on the age and maturity level of the audience.

Slide: 44
Audio:
Graphic: 64-16001174-2

Response Action Steps - Death



The crisis team should have a plan in place to assist in classrooms where the teacher does not feel comfortable notifying the class.

Slide: 45
Audio:
Graphic: 64-16001174-2


Question #9

When talking with children and young adults about death, strategies depend greatly on _____.

1. the type of death
2. parental permission of the audience
3. the age and maturity of the audience
4. the time of day you're talking to them

Slide: 46
Audio: none
Graphic: none

Assess the Potential Effect of the Death




How well-known was the deceased?

- The death of a popular student or staff member may generate a lot of attention, but it is important to be consistent with the way death is dealt with.

Slide: 47
Audio:
Graphic: 64-7042229

Assess the Potential Effect of the Death




What was the cause of death?

- Deaths by homicide, accident, and suicide are unexpected and often create a higher level of emotion.

Slide: 48
Audio:
Graphic: 64-7042229

Assess the Potential Effect of the Death




Where did the death occur?

- Deaths that occur on campus are especially traumatic for students and staff.

Slide: 49
Audio:
Graphic: 64-7042229

Assess the Potential Effect of the Death




Have there been prior tragedies that have affected the school community?

- Emotions from previous losses will likely surface, further complicating efforts.

Slide: 50
Audio:
Graphic: 64-7042229

Assess the Potential Effect of the Death



Was there a perpetrator who caused an accident or committed a homicide?

- If students and staff members were acquainted with the perpetrator, many additional issues may surface.

Slide: 51
Audio:
Graphic: 64-7042229


Question #10

Because it can occur in different ways, it is not necessary to be consistent in the way death is dealt with at school.

- True
- False

Slide: 52
Audio: None
Graphic: None

Recovery



The goal of recovery is to return to learning and restore the infrastructure of the school as quickly as possible.

Focus on students and staff.

Slide: 53
Audio:
Graphic: 67-38-2

Recovery



School staff can be trained to deal with the emotional impact of the crisis, as well as to initially assess the emotional needs of students, staff, and responders.

One of the major goals of recovery is to provide a caring and supportive school environment.

Slide: 54
Audio:
Graphic: 67-38-2

Question #11

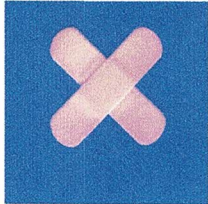
The goal of recovery is to return to learning and restore the infrastructure of school as quickly as possible.

1. True
2. False

Slide: 55
Audio: none
Graphic: none

Recovery Action Steps

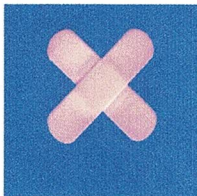
- Plan for recovery in the preparedness phase.
- Assemble the Crisis Intervention Team.
- Keep students, families, and the media informed.
- Focus on the building, as well as people, during recovery.
- Provide assessment of emotional needs of staff, students, families, and responders.



Slide: 56
Audio: none
Graphic: 16-3687388-3

Recovery Action Steps


- Provide stress management during class time.
- Conduct daily debriefings for staff and others assisting in recovery.
- Take as much time as needed for recovery.
- Remember anniversaries of crises.
- Evaluate.



Slide: 57
Audio: none
Graphic: 16-3687388-3

Recovery Action Steps - Death


- Monitor and refer persons needing additional support
 - Close friends of the deceased
 - Students and/or staff who shared a class or group activity with the deceased
 - Students or adults who had a difficult relationship with the deceased
 - Students with pre-existing mental health problems



Slide: 58
Audio: none
Graphic: 67-41-3

Recovery Action Steps - Death

- Arrange for opportunities for small group or individual discussions
- Attending funerals and memorial services
- Removing personal effects in a timely fashion
- Ongoing support



Slide: 59
Audio: none
Graphic: 67-41-3

Question #12

Which of the following is a recovery action step?


1. Attending funerals or memorials
2. Arranging for small group discussions
3. Monitor people needing extra support
4. Remove personal effects in a timely manner
5. All of the above

Slide: 60
Audio: none
Graphic: none

Objectives


This is course five out of five in an overview of Student Suicide Prevention. By the end of this fifth course you should have an understanding of:

- Crisis Recovery Plans



Slide: 61
Audio:
Graphic: 31-153346496-3

Protection for School Staff



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Slide: 62
Audio:
Graphic:

Conclusion

Congratulations!

You Have Completed The

Student Suicide Prevention, Part 5

Training Course

Slide: 63
Audio: none
Graphic: none