Understanding Suicide: Prevention and Intervention
The Role of the Educator in Preventing Suicide

› Educators have daily contact with students, and are therefore able to observe students’ behaviors and act when they suspect a student may be at risk for self-harm.

› Educators also play an active role in suicide prevention by fostering the emotional well-being of all students, not just those who are at risk. Educators are well positioned to promote feelings of connectedness—feelings that the school care about them.

– Connectedness is an important factor in improving achievement and healthy behaviors, and is also significantly related to reductions in suicidal thoughts and attempts
Suicide touches everyone— all ages, incomes, races, ethnicities, religions and locations.

Suicide is the 3rd leading cause of death among teenagers. In addition:

- Approximately 1 in 6 high school students seriously consider attempting suicide
- 1 in 13 high school students attempt suicide 1 or more times.

(CDC, 2010)
Why Suicide

› It is important to realize that suicide “works” at some level; it provides a solution to intense pain. As life ends, the pain ends. Humans are a solution focused species.

› Acceptance of the effectiveness of suicide and a non judgmental attitude is an important first step in a professional’s understanding of why suicide is a perceived rational option and builds the rapport to help the student find another solution.
Problems/Predispositions that Increase Suicide Risk

- Mood and anxiety disorders (depression, PTSD)
- Internal Conflict (low self-esteem, cognitive distortions, fewer perceived accomplishments)
- External Stressors (death, illness, public humiliation, rejection)
- Engaging in at risk behavior
- Alcohol and drug abuse
- Prior suicide attempt(s)
- Access to means to kill oneself (lethal means)

› Suicide risk is usually greater among people with more than one risk factor
Young people are particularly susceptible to having their thinking compromised by anxiety.

They **lack enough prior experiences** to understand that critical periods in one’s life will eventually pass. Adolescents frequently act as if they will “**never get over**” their current crisis.

- **Extreme thinking:** “It’s the end of the world if I don’t get into the college I want!”
- **Either/or thinking:** “Either I accomplish...or I am a total failure!”
- **Tunnel Thinking:** “There’s only one way out ...there's nothing else I can do!” “I’ve tried everything!”
For individuals already at risk, a “triggering event” causing shame or despair may make them more likely to attempt suicide.

These events can include problems in school, family problems or abuse, relationship problems or break-ups, bullying and legal difficulties.

The trigger does not cause the suicide, per se. It’s the individuals prior risk factors and interpretation/perception of the stressor that will guide the hand.
Adolescence and Triggering Events

› Probably during no other period of human development are individuals more apt to be subjected to public humiliation and peer denigration than in the ego-vulnerable years of adolescence.

› Shame and humiliation may be generated in relation to the perception that one has failed one’s parents’ expectations, or has been repeatedly humiliated by violence and abuse within the home, or is regarded as an outsider by one’s peers.
Signs for Immediate Risk of Suicide

› Talking about wanting to die or kill oneself

› Looking for a way to kill oneself (such as searching online or obtaining a gun)

› Talking about feelings of hopelessness or having no reason to live
Other behaviors that may indicate a serious risk

Especially if the behavior is new, has increased; and/or seems related to a painful event, loss or change

› Talking about feeling trapped or in unbearable pain
› Talking about being a burden to others
› Increasing the use of alcohol or drugs
› Acting anxious or agitated, behaving recklessly
› Sleeping too little or too much
› Withdrawing or feeling isolated
› Showing rage or talking about seeking revenge
› Displaying extreme mood swings
Responding to a Student at **Immediate Risk**

If a student is at **immediate risk (slide 9)**, take the following steps immediately:

1. Supervise the student constantly (or make sure they are supervised by another adult) until he/she can be seen by counselor. **It is very important that the child is never left alone**

2. Escort the student to the counselor.

3. Provide any additional information to the counselor to help in the assessment process. That person will notify the parents if necessary.

The student's well-being supersedes any promises of confidentiality you may have made to the student. Let the student know that you care, that he or she is not alone, and that you are there to help.
Responding to a student who May Be at risk

To help students who may be at risk (slide 10), take the following steps:

1. Talk to the school’s counselor about your concerns. They may decide to obtain information about the student from other school staff to best help the student.

2. Reach out to the student and ask how he/she is doing. Listen without judging. You may mention changes you have noticed in his/her behavior and that you are concerned. If the student is open to talking further with someone, suggest that he/she sees the school counselor.
Self Injury

› A deliberate, intentional injury to one’s own body that causes tissue damage or leaves marks.
› Done as a way to cope with an overwhelming or distressing situation, as a way to decrease tension.
› Increased number of adolescence are participating in self injurious behavior.

› Self injury is rarely a suicidal act, but it must be taken seriously because accidental deaths can occur and because of the underlying causes for the self injurious behavior. Over time, the depressed feelings can spiral into suicide ideations/attempts.
Why Self Injury

› Is the result of not having learned how to identify and/or express difficult feelings in a healthy way.
› Is linked to a poor sense of self-worth
› The person can think if they feel the pain on the outside, it will numb the pain on the inside. If the pain can be scene, it has the chance to heal.
› The person can believe that the wounds, which now have physical evidence, are real/validated.

The relief they feel is only temporary. The pain eventually returns without any real healing taking place.
Self Injury can

› regulate strong emotions
› distract from emotional pain
› express things that cannot be put into words
› exert a sense of control over your body
› self-soothing behavior

People who self-injure have some common traits:

› Expressions of anger were discouraged while growing up
› They have co-existing problems with obsessive-compulsive disorder, substance abuse or eating disorders
› They lack the necessary skills to express strong emotions in a healthy way
› Often times there is a limited social support network
› History of abuse
School Counselors and Community Resources

› Glen Ridge High School
  – Grades 9-12: Lindsey Deptula, Joe Mazzarella, Vivian Petrosino
  – Grades 7- 8: Jill Landgraber
  – SAC: Heather Kobylinski

› Ridgewood Ave School: Lauren Bas

› Forest/Linden Ave Schools: Odalie Curtis

› Mountainside Hospital Emergency Room: 973-429-6200

› Mountainside Hospital Mental Health Evaluations for School Age Children in Crisis: 973-429-6963

› Essex County UMDNJ- University Behavioral HealthCare: 908-468-7334
National Suicide Prevention Lifeline

› The lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress.

› 1-800-273-TALK (8255)

› For a Lifeline wallet-sized card listing the warning signs of suicide and the toll-free number, go to http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx
Quiz

http://www.classmarker.com/professional/