



Act 71, Youth Suicide Education Awareness and Prevention Model Curriculum

Introduction

The following is offered as a model curriculum which can be used in classrooms, or for Local Education Agencies (LEAs) to utilize in development of a curriculum to meet the needs of the learning goals for their students.

Youth suicide education is not a quick study. This is not a one or two day, one book, and one time assembly topic. Time allocated for instruction should be incorporated into the regular curriculum for meeting the Pennsylvania Academic Standards. The LEAs must use their professional opinion and examination of content, knowledge of student achievement and targeted learning goals to determine the classroom time spent on the topic. It is recommended that this time allocation be addressed with the following factors coming into consideration:

1. knowledge of student personalities
2. prior content learning
3. teacher capacity for instruction in the subject matter
4. availability of appropriate curriculum materials

When these things have been considered, an appropriate time allocation can be determined.

The LEA should have a policy in place in support of Adolescent Suicide Awareness and Response. Please reference the document when examining the professional development for educators and the curriculum for students. The Pennsylvania Department of Education in accordance with Act 71 of 2014 has provided examples of such a policy for school-based suicide prevention that include: formally stating that suicide prevention is a school priority, describing the steps that should be taken if staff or faculty suspect a student is at-risk for suicidal behavior, and describing a school crisis response team.

Pennsylvania is leading the effort to address youth suicide prevention and awareness by providing training for adults and a curriculum model for educating students on the complicated factors that are involved.

Youth suicide is a complex topic with many varying components that need to be considered when educating students. It is not just a "mental illness" topic, or a "result of stress" topic. Those are just two of the important risk factors. It is the combination of multiple risk factors and the individual's resiliency and coping skills which must be addressed when teaching prevention and awareness.

The following curriculum is a model of what could be utilized as a minimum of response to educate students. It is not an extensive scope and sequence. It is to be used as a reference to guide professionals to develop a personalized curriculum to meet the needs of their community of learners. LEAs may use as it is presented, or use the provided resources to build content. It is a local decision to be made by professionals who know the students and the learning goals of the curriculum.

It is important to provide a resource for students to use when approaching crisis or in crisis. This curriculum introduces the **National Suicide Prevention Lifeline (1-800-273-TALK or 8255)**. It is recommended to use this as a resource to provide support, not to replace local resources.

Instruction Guidelines

Instruction in youth suicide awareness should be focused on dispelling myths and increasing correct knowledge about adolescent suicide, increasing the ability of students to recognize another student potentially at risk for suicidal behaviors, encouraging students to seek help, and providing students with the knowledge concerning school and community resources that are available should they need help or should they encounter a peer who needs help.

It is recommended that educators use content that identifies suicide as a complicated, abnormal reaction to a number of overwhelming factors. This content should also emphasize the association between suicide and mental illness. Suicide awareness should be incorporated into a mental health learning unit in the natural learning progression and not a standalone “initiative” that is not anchored in the regular curriculum.

Instruction when teaching students about youth suicide prevention and awareness should be based on the following:

- Knowing the students and the culture of the community. Be sensitive to past history.
- Having compassion for the topic.
- Using materials and resources from legitimate, responsible resources – a comprehensive listing is provided in Appendix C.
- Presenting accurate information.
- Facilitating opportunities for students to express their realizations, inquiries, confusion and/or clarification in an open, non-judgmental forum.
- Using correct terminology, vocabulary, labels and encourage students to use this vocabulary.
- Being the adult. Being the facilitator. Being the resource a student may need in seeking information for an incomprehensible event.

Curriculum Development

This curriculum model is based in research and best practice guides. A student curriculum is based on the student knowing:

1. Definitions
2. Accurate information (facts vs. myths)

3. Risk factors
4. Signs and symptoms
5. Interventions and response
6. Protective factors - resilience
7. Crisis response information for dissemination
8. Prevention - end learning experience

Content of the curriculum should be aligned with the appropriate Pennsylvania Academic Standards for the targeted student population for meeting the learning objectives as set forth by the locally elected school board.

A Model Curriculum

The model curriculum is intended for students to:

1. Increase correct information about adolescent suicide.
2. Address adolescent suicide as complex and related to mental health including, alcohol and substance abuse.
3. Reinforce suicide is a preventable tragedy.
4. Recognize at risk behaviors.
5. Give actions that can be taken as prevention or protection.

Resources and possibilities for using in classroom:

The American Psychological Association has provided a PDF of a slide show which can be used as an overview of this curriculum. It contains all the components of this curriculum but should not be considered a standalone for content. Each section of this curriculum examines the complex components of youth suicide prevention. View the slide show at: <http://www.apa.org/about/governance/president/suicidal-behavior-adolescents.pdf>.

1. Definitions

A full glossary of terms is included at the end of this document in Appendix C.

Suicide - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Note: Terms "committed" suicide, "completed suicide" and "successful suicide" are not considered unacceptable; preferred terms are "death by suicide" or "died by suicide".

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.

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.

Definitions from the American Psychological Association that are in the PDF referenced above: <http://www.apa.org/about/governance/president/suicidal-behavior-adolescents.pdf>.

2. Accurate Information: Facts vs. Myths

When introducing the topic of adolescent suicide, begin a conversation with students about the myths and facts surrounding this very difficult topic. Intended to be interactive and supportive, the activities below are designed to assist the educator in talking with students and discovering student opinions and beliefs.

Instruction when teaching students about youth suicide prevention and awareness should be based on the following:

- Knowing the students and the culture of the community. Be sensitive to past history.
- Having compassion for the topic.
- Using materials and resources from legitimate, responsible resources – they are provided at the end of the section and in Appendix C.
- Presenting accurate information.
- Facilitating opportunities for students to express their realizations, inquiries, confusion and/or clarification in an open, non-judgmental forum.
- Using correct terminology, vocabulary, labels and encourage students to use this vocabulary.
- Being the adult. Being the facilitator. Being the resource a student may need in seeking information for an incomprehensible event.

Resources and possibilities for use in the classroom:

Below are a variety of options including a handout, a fact discussion sheet and online quizzes. The content of the resources is designed to create discussion with the students. Discussions should be open and supportive, nonjudgmental in response, and provide an open forum for students to talk about a very difficult, complex topic – youth suicide prevention. Knowledge of the students' personalities and community history is always a consideration when having a conversation to dispel myths and reinforce facts.

A. Begin the Discussion Handout #1 in Appendix A

This is a handout for students to use as a reference for the teacher-led discussion. It can be used before, during or after instruction to support learning objectives.

B. Fact Discussion Sheet

1. The Center for Disease Control Fact Sheet

<http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf> - Fact Sheet

2. Helpguide.org is a researched based free resource for mental health and well-being.

<http://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm>

C. Online Quizzes

1. The state of Maine has a "Quiz Yourself" online for suicide prevention:

<http://www.maine.gov/suicide/youth/quizyourself/index.htm>

"There's a lot of inaccurate information about suicide. We developed this quiz for you to test your Suicide IQ. Some of the answers may surprise you or maybe you already

know a lot about this subject. One thing is for sure - you'll be better equipped to deal with suicide/suicidal behavior after you take the quiz."

- D. Youth Suicide Prevention School-Based Guide
<http://theguide.fmhi.usf.edu/pdf/2012PDFs/TRUE-FALSE.pdf>

This document is a true and false test on adolescent suicide, which could be presented to staff as well as parents as a way of increasing their awareness and knowledge. By simply giving this true and false to staff and parents and allowing for some time to discuss questions and concerns, schools can effectively increase awareness about adolescent suicide and may help prevent an incident of suicide in their school.

3. Risk Factors

There is no single cause of suicide. Several factors can increase a person's risk for attempting or dying by suicide. These do not cause suicide, but when many factors are present, these may make a difference.

Suicide affects everyone, but some groups are at higher risk than others. There are various risk categories including family, behavioral, environmental and personal.

1. Stress
2. Loss
3. Abuse
4. Depression
5. Drug and Alcohol Abuse
6. Painful Feelings
7. Access to firearms
8. Family History
9. Poor impulse control
10. Confusion/conflict about sex or sexual identity

Resources and possibilities for use in the classroom:

Review of each resource by educators will determine which best fits their teaching style and class objectives. The following resources can be used to introduce the risk factors to students. Using the knowledge from the Begin the Discussion activity, educators can reinforce and correct misperceptions of the students.

Each resource stresses that there are many factors that can increase students' risk of contemplating and acting on death by suicide.

Each web resource can be used as a class discussion with the webpage projected for all to see, or for teachers to have groups of students view each resource separately and report their findings to classmates.

- A. State of Maine - List of family, personal, behavioral and environmental factors:
<http://www.maine.gov/suicide/youth/warningsigns/risk.htm>
- B. American Foundation for Suicide Prevention, listing of suicide warning signals, talk, behavior, mood: <https://www.afsp.org/preventing-suicide/suicide-warning-signs>.

- C. Center for Disease Control - Youth suicide risk factors – listing:
http://www.cdc.gov/violenceprevention/pub/youth_suicide.html.

YouTube Videos for risk factors/identifiers

- A. Mayo Clinic - Teen Suicide Prevention:
<https://www.youtube.com/watch?v=3BByqa7bhto>.

In this 4 minute video created by Mayo Clinic, teens describe common signs that a teen is considering suicide and provide encouragement for communicating directly and immediately for support and safety. It also includes suggestions for what to say to a teen who may be at risk for suicide and ways to keep them safe.

- B. Mayo Clinic – Reach Out – Preventing Teen Suicide:
<https://www.youtube.com/watch?v=TleBxeOxFyE>.

Reach out to prevent teen suicide. This 2 minute positive music video, created by Mayo Clinic, encourages troubled teens to communicate with an adult for help and support. It also depicts how teens can talk to adults in a variety of situations.

- C. Teen Suicide Prevention Video, Suicide Awareness Voices of Education:
<https://www.youtube.com/watch?v=oAEs8L1JeGQ>

This is the 6 minute version of the Breckenridge High School video that won the Minnesota State Suicide Prevention Student Video competition. It is the story of a teen experiencing parent divorce and how her friends recognized the warning signs and reached out to her. Go to <http://www.save.org/> for more information.

- D. Teen Line Suicide Prevention
<https://www.youtube.com/watch?v=Ayx5t1quE3c>

Parents and teens share their stories about suicide. This 15 minute video was made possible with support from The Matthew Silverman Memorial Foundation and is dedicated to the memory of Matthew Silverman.

4. Signs and Symptoms

The majority of individuals who are contemplating suicide will give some warning of their intentions to a friend or family member. All suicide threats, gestures, and attempts must be taken seriously. There are outward signs the individual is giving. Once the signs are recognized then help can be sought. Students should become aware of how some of these warning signs may look. These signs may not be dramatic but they will still be significant. For example, a student who had never been known to drink alcohol begins drinking. A very mild-mannered student may begin displaying uncharacteristic behaviors of aggression. A very outgoing student may become quiet and reclusive. The key to this awareness is to make students understand that any behavior change can be a sign and request for help.

An individual in distress could exhibit behaviors that can be interpreted as a sign and symptom of possible self-harm. The individual may exhibit some or all of these signs:

1. Hopelessness
2. Rage, uncontrolled anger, or seeking revenge
3. Recklessness or engaging in risky activities, seemingly without thinking
4. Feeling trapped or like there's no way out
5. Increased alcohol or drug use
6. Withdrawal from friends, family, and society
7. Anxiety, agitation, unable to sleep or sleeping all the time
8. Dramatic mood changes
9. Expression of no reason for living or no sense of purpose in life
10. Giving away prized possessions

Warning Signs of Acute Risk:

Threatening to hurt or kill him/herself and/or:

- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary

Resources and possibilities for use in the classroom:

Knowing the warning signs is important, but knowing how the warning signs are displayed by a person can help peers identify and provide help. When using the following resources, students respond with their perception of what various warning signs look like. For example, what does agitation look like? How do you know a person is agitated or withdrawn? This will aid the student in recognizing warning signs. These can be done individually or in small groups, or as a whole class activity.

The Watch for Signs handout is designed to make students think about and describe what behaviors would be displayed or demonstrated by a person approaching crisis. There are also webpage resources available to project and share for a class discussion on the warning signs if the handout is not used.

The warning sign cards are a template to use with blank business cards, which can be printed and distributed for student use. There are various templates available that are compatible with the format.

A. Watch for the Signs - Handout #2, Appendix A

This activity is designed to make students become observers of behavior. The goal of this activity is to make students understand that any behavior change can be a sign and action for help. A teacher's guide is given to assist educators in some possible responses to guide students into identifying observable behaviors.

B. Warning signs and risk factors - A young person is at critical risk of suicide if s/he displays behavior on this list: <http://www.suicidology.org/ncpys/warning-signs-risk-factors>.

C. American Foundation for Suicide Prevention Warning signs in categories of Talk, Behavior and Mood: <https://www.afsp.org/preventing-suicide/suicide-warning-signs>.

5. Intervention and Response

Knowing the warning signs is important, but knowing what to say to a person in or nearing crisis is imperative. Giving students tools to help move a person away from crisis gives them a reason for why they are learning this information and empowers them.

This portion of the curriculum should be directed by the trained youth suicide awareness educator in the LEA. This could be a member of the student assistance team, the school psychologist, school counselor or other educator who has received approved training as recommended in Act 71.

Please check with the district's policy and the response team that the LEA has in place for students in crisis. If there is no plan or team in place, please see the accompanying information for educators about creating a policy and putting a response team in place as recommended in Act 71.

After consulting the local response procedures, please share the contact information with students. An adult, a hot-line number, a web site, etc. should be provided so all students know the appropriate resources in the school and the community that will secure help for a person in distress.

A. How to Respond

When a student recognizes the signs, directly or indirectly that another student may be considering suicide, the following actions should be taken:

1. Remain calm.
2. Ask the person directly if he or she is thinking about suicide.
3. Focus on your concern for their well-being and avoid accusations.
4. Listen.
5. Reassure them that there is help and they will not feel like this forever.
6. Acknowledge the emotions of the person.
7. Do not leave the person alone.
8. Remove anything that could be used for self-harm.
9. **Get help:** Peers should not keep the suicidal thoughts a secret and should tell an adult, such as a parent, teacher, or school psychologist. There is a team of adults trained and ready to help the distressed person.

The response items listed above are teaching points that can help students explore how they should respond. However, in crisis, a person needs to remember something simple to do. The following acronym has been created to help students remember how to respond: **LIFE**.

LIFE is short for **L**isten, **I**nvestigate, **F**ocus on well-being, **E**mergency

The National Suicide Prevention Lifeline (1-800-273-TALK or 8255) is introduced as a possible response for a person in crisis. It is meant to support, not replace, local resources.

Listen – to the person in crisis, listen to what they say without judgment

Investigate – ask questions of the person: “What are you going to do?”, “Why do you think that?”

Focus – on the well-being and safety of the person: “I want you to feel better.”, “I don’t want you to hurt yourself.”

Emergency – take it seriously. Don’t wait, get help.

Resources and possibilities for use in the classroom:

The YouTube videos provide a teen-centered, teen voice on this complicated topic. There is one from England that is very good to demonstrate that youth suicide is not a local problem. Teens around the world experience difficulties and struggle no matter where they live. The other videos are excellent examples of teens responding to a friend that is at risk.

A. YouTube videos

1. This is the 6 minute version of the Breckenridge High School video that won the Minnesota State Suicide Prevention Student Video competition. Go to <http://www.save.org/> for more information. It is the story of a teen experiencing parent divorce and how her friends recognized the warning signs and reached out to her. <https://www.youtube.com/watch?v=oAEs8L1JeGQ>
2. In this 5 minute video, six young people from Great Britain talk about what to look out for and what to say if you are concerned about a friend: http://youtu.be/q3bJaa-tO_U.
3. This is one teenager’s story of concern for a friend and what she did to prevent a tragedy. Always Tell Someone: Krista’s True Story of Help & Hope for Teen Suicide Prevention: <http://youtu.be/cOCMsgoM6To>.

B. Class Learning Activities

After the video presentation, directly review the response steps with students. Project to websites to a screen or give the What to Do handout to students. Modeling of appropriate responses should be done. Compose other possible responses with the LEA response team or a certified professional.

1. What to Do Cards: Handout #3, Appendix A - are the size of business cards that can be printed and given to students as a keepsake or as a handout for discussion.
2. What to Do for Self or Others-LIFE: Handout #4, Appendix A - student handout for discussion

3. National Association of School Psychologists – resources for school professionals provides a list of interventions for educators to use prior to class:

http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx

4. Helpguide.org provides extensive information on how to help someone who is suicidal:

<http://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm>

6. Protective Factors – Resilience

Protective Factors are the positive conditions, personal and social resources that promote well-being and reduce the potential for youth suicide as well as other related high-risk behaviors. Just as suicide risks rise from an interaction between familial, genetic, and environmental factors, so do protective factors. They help keep risk factors from becoming overwhelming.

Resilience is commonly described as a person's capacity to cope with changes and challenges and to 'bounce back' during difficult times.

The following actions have been determined to decrease risk factors and promote resiliency. Educators and other adults in the school environment should encourage and assist students in developing these connections and skills necessary for balancing the stressors of life.

Students should develop:

- Connections and contact with a caring adult
- A sense of connection or participation in school, whether activities or a social group.
- Positive self-esteem and coping skills
- Access to and care for mental/physical/substance disorders
- Decision-making skills
- Positive relationships with peers
- Emotional and behavioral management
- Conflict resolution skills

Resources and possibilities for use in the classroom:

The following resources can be used to have students examine the various factors to decrease risks of youth suicide. This can also be included in a mental health unit of study. The protective factors help students create a proactive approach to dealing with the stressors of adolescence and move away from the dangers of self-harm.

A. Bounce-Back: Handout #5 Appendix A - Using the graphic in the handout, have students interpret and discuss Bounce Back in their lives, their families, their school and community. Guide students with the analogy that bouncing back is resilience. Students may be grouped to address personal, families, school and community views. Encourage examples of resilience in their lives.

B. This resource on the protective factors of teen suicide prevention is for the educator to use in developing the protective factors in the classroom and school community:

<https://www.teachervision.com/education-and-social-issues/mental-health/57116.html>

C. "What are Protective Factors?" fact sheet for adolescent girls:

https://www.socialworkers.org/practice/adolescent_health/shift/documents/information/SHIFT-Protective.pdf.

D. Maine has given a comprehensive listing of protective factors which are known to decrease risk factors of youth suicide: <http://www.maine.gov/suicide/youth/warningsigns/protective.htm>.

7. Develop Crisis Response Information for Dissemination

A unit of study on adolescent suicide awareness should conclude with giving students a tool to use to help prevent tragedy from happening in their community. Give them the procedures specific to the LEA. If there is a local hotline, contact person, etc. use that information. Provide the information in a variety of ways, posters, cards, social media, etc. in whatever means will connect with your students.

There is also the National Suicide Prevention Lifeline, which can be the connection of choice:

National Suicide Prevention Lifeline
1-800-273-TALK or 8255

This resource is meant for a connection if nothing else is in place. It is not to replace local support.

8. End Learning Experience – Create a Public Service Announcement (PSA)

Once students know about warning signs and prevention strategies, have them create a public service announcement to educate others about the warning signs of suicide in young people, and identify action steps that can be taken to get help for someone who may be suicidal or approaching crisis.

Public service announcements (PSA's) can be utilized in three mediums:

- Newspaper (print PSA's);
- Radio (audio PSA's); and
- Television (video PSAs).

PSAs can deliver messages about an organization, its activities, or awareness issues in general. The National Association of Broadcasters suggests that PSAs "should sound like a cross between a news story and a commercial message". A PSA should be brief, well-written in a conversational manner, and interesting.

PSAs target different news mediums and different audiences. Methods for producing a print PSA for a newspaper will differ from those used to broadcast a radio, television or social media

PSA. Likewise, audiences will differ. Identify who is to receive the message. Then build content for effective delivery. Finally create the PSA for distribution.

Guidelines

The National Action Alliance for Suicide Prevention has compiled a comprehensive and interactive site to guide you towards safe messaging. Please review:

<http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/> and
<http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/narrative>

It is okay to talk about feelings, and it's ok to use the word suicide, **HOWEVER:**

- a. Do not display any images/video, etc., that explicitly show self-harm behaviors (for example, no guns, knives, etc., or illusions to such).
- b. No explicit discussion of specific suicidal behaviors.

Resources and possibilities for use in the classroom:

After creation of the PSAs, consider submitting entries into Pennsylvania's Annual Youth Suicide Prevention PSA contest. Guidelines and information on the Prevent Suicide PA (formerly Pennsylvania Youth Suicide Prevention Initiative) annual PSA contest can be found at www.payspi.org or www.preventsuicidepa.org.

This end of unit project can be used as an assessment or as a service learning project for the school community.

Sample infographics: <http://www.suicidology.org/resources/infographics>.

Messaging: <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/> and
<http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/narrative>.

Sample PSA: <http://www.afsp.org/preventing-suicide/our-education-and-prevention-programs/programs-for-teens-and-young-adults/suicide-shouldn-t-be-a-secret-psas>.

Appendix A

Handouts

The following statements are designed to create discussion with the students. Discussions should be open and supportive, nonjudgmental in response, and provide an open forum for students to talk about a very difficult, complex topic – youth suicide prevention. Knowledge of the students' personalities and community history is always a consideration when having a conversation to dispel myths and reinforce facts.

Directions: The instructor reads the numbered statement as a discussion starting point. Ask the students if they think it is true or false.

1. "Talking about suicide will cause it."

FALSE. Talking about suicide does not cause suicide to occur. In fact, it can be an excellent way to help prevent suicide. People who are not suicidal reject the idea, while people who may be thinking about it usually welcome the chance to talk about it. Often people who are suicidal are relieved because they feel that someone else recognizes their pain. Talking breaks the secrecy of the person who is feeling suicidal, and lets them know that there is help available. By not talking about suicide, the isolation and despair felt by individuals contemplating suicide can get worse.

2. "You should ignore your friend if he or she talks about suicide, because there is no way it could be serious."

FALSE. You should always take people seriously when they talk about suicide. One of the most ominous warning signs of adolescent suicide is talking repeatedly about one's own death. Adolescents who make threats of suicide should be taken seriously and provided the help that they need. In this manner, suicide attempts can be averted and lives can be saved.

3. "Most suicidal people show warning signs before attempting suicide."

TRUE. The majority of people thinking of committing suicide show various warning signs before a suicide attempt. Some early warning signs can be subtle, occurring over a period of time, or some can be very obvious to anyone who knows the person. A majority of suicidal adolescents attempt to communicate their suicidal thoughts to another in some manner. Not surprisingly, an effective way to prevent adolescent suicide is to learn to identify the warning signs that someone is at risk.

4. "Alcohol and other drug abuse increases the risk for suicide."

TRUE. Alcohol and drug abuse problems contribute to suicidal behavior in several ways. People who are dependent on substances often have a number of other risk factors for suicide. In addition to being at a higher risk for depression, they are also likely to have social and financial problems. Substance use and abuse can be common among people who are prone to be impulsive, and among people who engage in many types of high-risk behaviors that result in self-harm. Since substance abuse lowers inhibitions, it can be particularly life threatening for youth at risk for suicide.

5. “All suicidal people are mentally ill.”

FALSE. Not all people contemplating suicide suffer from mental illness. Mental illness is not the only factor that can lead to suicide. In fact, it is complex with no easy answers. We can only look at possible contributing factors and keep alert for any of the signs.

6. “Many adolescent suicides can be prevented.”

TRUE. The majority of youth who have died by suicide have given definite signs or talked about suicide. The keys to prevention are recognizing the warning signs and knowing what to do to help. A person in crisis needs help from someone else to find solutions to their difficulties. Most youth who contemplate death by suicide do not really want to die; they just want their pain to end.

7. “Suicide happens mostly for troubled individuals who come from difficult family situations.”

FALSE. People of all ages, races, faiths, and cultures die by suicide, as do individuals from all walks of life and all income levels. People who seem to have everything going for them, with a variety of resources, and those who have fewer resources, die by suicide. Youth at risk for suicide come from all kinds of families, rich and poor, happy and sad, two-parent, single parent or mixed family units. Suicide can happen to anyone if they don't seek help.

8. “People who are suicidal definitely want to die.”

FALSE. The vast majority of people who are suicidal do not want to die. They are in pain, perceived or real, and they want to stop the pain. They can see no other options or answers on their own.

9. “The only one who can help a suicidal adolescent is a counselor or a mental health professional. “

FALSE. Most adolescents who are contemplating suicide are not presently seeing a mental health professional. Rather, most are likely to approach a family member, peer, or school professional for help. Displaying concern and care as well as ensuring that the adolescent is referred to a mental health professional are ways anyone can help. We will be giving you information to help recognize and help individuals in crisis.

The majority of individuals who are contemplating suicide will give some outward and visible warning of their intentions to a friend or family member. All suicide threats, gestures, and attempts must be taken seriously. Once the signs are recognized, help can be sought for the individual in crisis.

Directions: On the left is the warning sign for possible suicidal behavior. On the right, describe how that sign may be visible in the actions of an individual. There can be indirect signs and direct signs. Think of both kinds of examples.

Warning Sign	What would that look like? (<i>Examples</i>):
1. Hopelessness Feeling trapped or like there's no way out	<i>A person responds, "What's the use?" A person can look unkempt, grooming stops, appearances deteriorate. They respond inappropriately to others' conversations. "It would all be better if I wasn't here."</i>
2. Rage, uncontrolled anger, or seeking revenge	<i>They act out, physically or verbally. They hurt themselves or others in minor or major ways – striking a locker, overly aggressive in sports, etc. They are involved in altercations with teachers or peers. They could destroy personal possessions or that of others. "I'll show them. They'll be sorry."</i>
3. Acting reckless or engaging in risky activities, seemingly without thinking Increased alcohol or drug use	<i>They're in automobile, motorcycle, or ATV accidents. They engage in physically dangerous activities without respect for self-protection or other's safety.</i>
4. Withdrawing from friends, family, and society	<i>They no longer do sports without a logical reason. They quit all social clubs. They limit interaction with others. "They won't miss me." "I don't matter."</i>

<p>5. Anxiety, agitation, unable to sleep or sleeping all the time</p> <p>Dramatic mood changes</p>	<p><i>They display extreme fatigue or extreme mania.</i></p> <p><i>They have repetitive body movements, or restlessness.</i></p> <p><i>They shut down completely.</i></p> <p><i>They have inappropriate emotional displays.</i></p> <p><i>There is a lack of focus, a “dazed” look of inward thought displayed over time.</i></p>
<p>6. Expressing no reason for living or no sense of purpose in life</p>	<p><i>Their choice in reading materials and compositions is consistently dark and emotional over time.</i></p> <p><i>They verbalize their relationship with death.</i></p> <p><i>They may actually say “I have no reason to go on.”</i></p> <p><i>“My life is over.”</i></p> <p><i>“I don’t matter.”</i></p> <p><i>“They won’t ever miss me.”</i></p> <p><i>“If I weren’t here, there wouldn’t be a problem.”</i></p>
<p>7. Giving away prized possessions, saying goodbye, giving themselves closure</p>	<p><i>They apologize for transgressions from long ago.</i></p> <p><i>They return gifts or memorabilia that has significant meaning to themselves or friends.</i></p> <p><i>They talk cryptically, giving indication of further meaning, but could easily be dismissed.</i></p>
<p>8. Receiving traumatic medical, physical, or social news</p>	<p><i>Family members die or are stricken with a debilitating illness.</i></p> <p><i>The romantic interest in their lives leaves for another person.</i></p> <p><i>Social pressure or teasing goes too far.</i></p> <p><i>They are the subject of social humiliation.</i></p> <p><i>They have been diagnosed with a medical condition which will impact their social and physical networks.</i></p>

The majority of individuals who are contemplating suicide will give some outward and visible warning of their intentions to a friend or family member. All suicide threats, gestures, and attempts must be taken seriously. Once the signs are recognized then help can be sought for the individual in crisis.

Directions: On the left is the warning sign for possible suicidal behavior. On the right, describe how the sign may be visible in the actions of an individual. There can be indirect signs and direct signs. Think of both kinds of examples.

Warning Sign	What would that look like?
1. Hopelessness Feeling trapped or like there's no way out	
2. Rage, uncontrolled anger, or seeking revenge	
3. Acting reckless or engaging in risky activities, seemingly without thinking Increased alcohol or drug use	
4. Withdrawing from friends, family, and society	

<p>5. Anxiety, agitation, unable to sleep or sleeping all the time</p> <p>Dramatic mood changes</p>	
<p>6. Expressing no reason for living or no sense of purpose in life</p>	
<p>7. Giving away prized possessions, saying goodbye, giving themselves closure</p>	
<p>8. Receiving traumatic medical, physical, or social news</p>	

Student Handout # 3: What to Say Cards (“LIFE”)

Copy and paste the cells below to use in the following templates from Avery which are compatible with Microsoft Word.

Template for blank business cards: Avery # 5876, 15871, 18871, 27871, 27881, 27882, 27883, 28371, 28873, 28876, 28877, 28878, 38871, 38873, 38876, 5371, 5376, 5377, 55871, 55876, 5870, 5871, 5874, 5876, 5877, 5878, 5882, 5911, 8271, 8371, 8372, 8376, 8377, 8471, 8476, 8571, 8865, 8870, 8871, 8872, 8873, 8874, 8875, 8876, 8877, 8878, 8879.

**What to do if a person is
in crisis for potential
harm to self or others:**

- Listen
- Investigate
- Find help
- Emergency

1-800-273-TALK

**What to do if a person is
in crisis for potential
harm to self or others:**

- Listen
- Investigate
- Find help
- Emergency

1-800-273-TALK

If you know or worry that a person is in crisis, use “L.I.F.E.” to remember the steps below to offer support. Think of additional responses that you could say and add to the list.

Listen

- “Talk to me, tell me what you’re thinking.”
- “I’m listening, if you want to tell me.”
-
-
-

Investigate

- “Why don’t you tell me what you’re thinking?”
- “What are you going to do?”
- “What can I do to help you?”
- “What do you think will make this go away?”
-
-
-

Focus on your concern for their well-being.

- “Things are tough right now, but the important thing is to be safe and talk through this.”
- “You must be really hurting.”
- “What you’re doing right now isn’t good for you.”
- “I know it hurts a lot right now and it seems like there is no way out, but people can help you, if you let us.”
-
-
-

It’s an **Emergency:**

- Do not leave the person alone.
- Hang out in public places.
- Keep a group of friends around.
- Peers should not keep the suicidal thought a secret and should always tell an adult, such as a parent, teacher, school staff or trusted community member. (coach, minister, rabbi, priest, youth leader, etc).
- There’s a number to call to talk to someone you don’t know if that’s easier than talking to someone at school – it’s 1-800-273-TALK.

Things to do for yourself:

If your feelings become so overwhelming that you can’t see any solution besides harming yourself or others, you need to get help *right away*. And yet, asking for help when you’re in

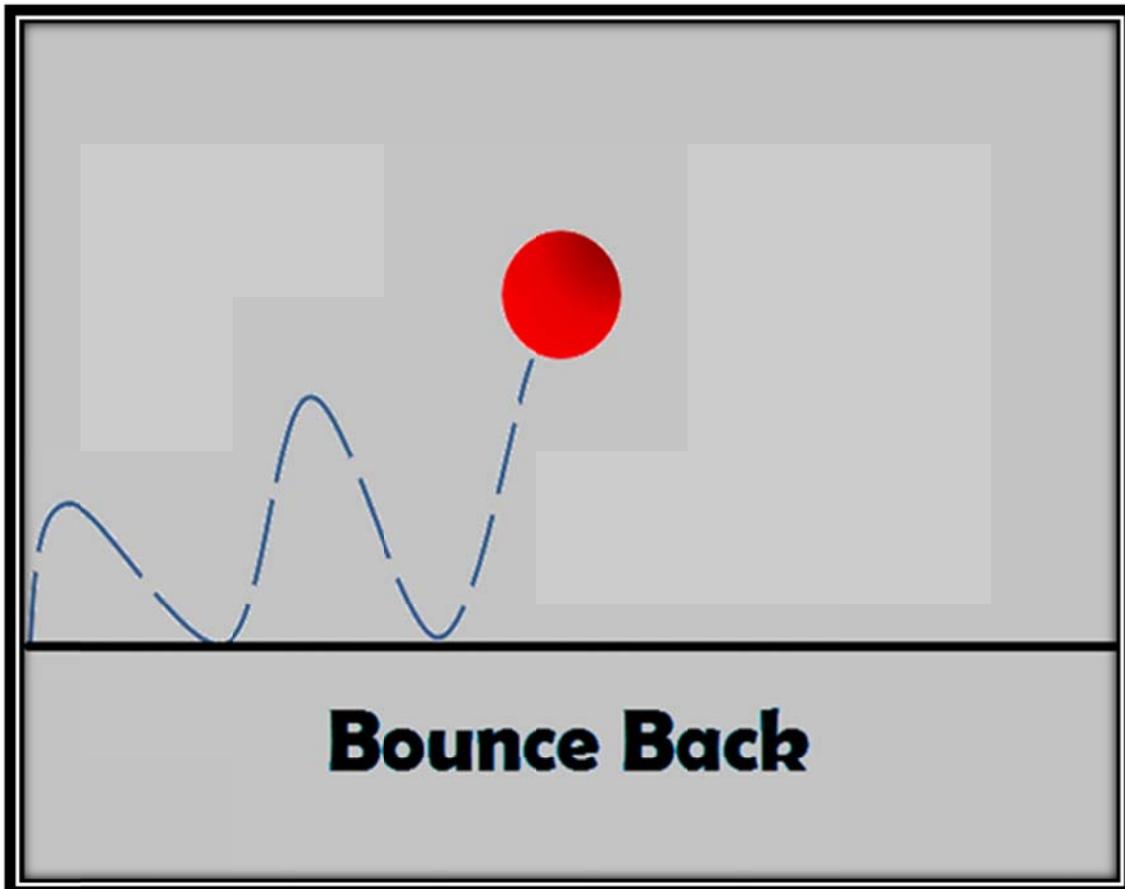
the midst of such strong emotions can be really tough. If talking to a stranger might be easier for you, call **1-800-273-TALK** in the U.S. to speak in confidence to someone who can understand and help you deal with your feelings.

Coping with Suicidal Thoughts

In the meantime, the following suggestions can help get you through until you feel ready to talk to someone:

- **There is ALWAYS another solution, even if you can't see it right now.** Remember that no matter how bad you feel, these emotions will pass.
- **Having thoughts of hurting yourself or others does not make you a bad person.** Depression can make you think and feel things that are out of character. No one should judge you or condemn you for these feelings if you are brave enough to talk about them.
- **If urges to self-harm are uncontrollable, tell yourself to wait 24 hours before you take any action.** This can give you time to really think things through and give yourself some distance from the strong emotions that are torturing you. During this 24-hour period, try to talk to someone—anyone—as long as they are not another suicidal or depressed person. Call a hotline or talk to a friend. What do you have to lose? call **1-800-273-TALK** or go to a trusted adult, a teacher, coach, minister, rabbi or family member.
- **If you're afraid you can't control yourself, make sure you are never alone.** Even if you can't verbalize your feelings, just stay in public places, hang out with friends or family members, or go to a shopping area—anything to keep from being by yourself and in danger.
- Above all, do not do anything that could result in permanent damage or death to yourself or others. **There is help available if you reach out.**

How do you interpret “Bounce Back” as it relates to the topic of youth suicide awareness?



Appendix B

Resources

1. Definitions

A complete Glossary is included in Appendix C.

2. Accurate Information: Facts vs. Myths

A. Begin the Discussion Handout #1 in Appendix A

B. Fact Discussion Sheet

1. The Center for Disease Control Fact Sheet

<http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf> - Fact Sheet

2. HelpGuide.Org is a researched based free resource for mental health and well-being.

<http://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm>

C. Online Quizzes

1. The state of Maine has a “Quiz Yourself” online for suicide prevention:

<http://www.maine.gov/suicide/youth/quizyourself/index.htm>

“There’s a lot of inaccurate information about suicide. We developed this quiz for you to test your Suicide IQ. Some of the answers may surprise you or maybe you already know a lot about this subject. One thing is for sure - you’ll be better equipped to deal with suicide/suicidal behavior after you take the quiz.”

D. Youth Suicide Prevention School-Based Guide

<http://theguide.fmhi.usf.edu/pdf/2012PDFs/TRUE-FALSE.pdf>

This document is a true and false test on adolescent suicide, which could be presented to staff as well as parents as a way of increasing their awareness and knowledge. By simply giving this true and false to staff and parents and allowing for some time to discuss questions and concerns, schools can effectively increase awareness about adolescent suicide and may help prevent an incident of suicide in their school.

3. Risk Factors

Resources:

A. State of Maine - List of family, personal, behavioral and environmental factors:

<http://www.maine.gov/suicide/youth/warningsigns/risk.htm>.

B. American Foundation for Suicide Prevention, listing of suicide warning signals, talk, behavior, mood: <https://www.afsp.org/preventing-suicide/suicide-warning-signs>.

C. Center for Disease Control - Youth suicide risk factors – listing:

http://www.cdc.gov/violenceprevention/pub/youth_suicide.html.

YouTube Videos for risk factors/identifiers

A. Mayo Clinic - Teen Suicide Prevention:

<https://www.youtube.com/watch?v=3BByqa7bhto>.

In this 4 minute video created by Mayo Clinic, teens describe common signs that a teen is considering suicide and provide encouragement for communicating directly and immediately for support and safety. It also includes suggestions for what to say to a teen who may be at risk for suicide and ways to keep them safe.

B. Mayo Clinic – Reach Out – Preventing Teen Suicide:

<https://www.youtube.com/watch?v=TleBxeOxFyE>.

Reach out to prevent teen suicide. This 2 minute positive music video, created by Mayo Clinic, encourages troubled teens to communicate with an adult for help and support. It also depicts how teens can talk to adults in a variety of situations.

C. Teen Suicide Prevention Video, Suicide Awareness Voices of Education:

<https://www.youtube.com/watch?v=oAEs8L1JeGQ>

This is the 6 minute version of the Breckenridge High School video that won the Minnesota State Suicide Prevention Student Video competition. It is the story of a teen experiencing parent divorce and how her friends recognized the warning signs and reached out to her. Go to <http://www.save.org/> for more information.

D. Teen Line Suicide Prevention

<https://www.youtube.com/watch?v=Ayx5t1quE3c>

Parents and teens share their stories about suicide. This 15 minute video was made possible with support from The Matthew Silverman Memorial Foundation and is dedicated to the memory of Matthew Silverman.

4. Signs and Symptoms

Resources

A. Watch For the Signs - Handout # 2, Appendix A

This activity is designed to make students become observers of behavior. The goal of this activity is to make students understand that any behavior change can be a sign and action for help.

A teacher's guide is given to assist educators in some possible responses to guide students into identifying observable behaviors.

B. Warning Sign Cards: Handout #3, Appendix A

Template for blank business cards: Avery # 5876, 15871, 18871, 27871, 27881, 27882, 27883, 28371, 28873, 28876, 28877, 28878, 38871, 38873, 38876, 5371, 5376, 5377, 55871, 55876, 5870, 5871, 5874, 5876, 5877, 5878, 5882, 5911, 8271, 8371, 8372, 8376, 8377, 8471, 8476, 8571, 8865, 8870, 8871, 8872, 8873, 8874, 8875, 8876, 8877, 8878, 8879.

- C. Warning signs and risk factors- A young person is at critical risk of suicide if s/he displays behavior on the list: <http://www.suicidology.org/ncpys/warning-signs-risk-factors>
- D. American Foundation for Suicide Prevention Warning signs in categories of Talk, Behavior and Mood: <https://www.afsp.org/preventing-suicide/suicide-warning-signs>
- E. American Psychological Association: PDF of slide show which includes all components of the curriculum Guidelines for Youth Suicide Prevention: <http://www.apa.org/about/governance/president/suicidal-behavior-adolescents.pdf>

5. Intervention and Response

Resources:

A. YouTube videos

1. This is the 6 minute version of the Breckenridge High School video that won the Minnesota State Suicide Prevention Student Video competition. Go to <http://www.save.org/> for more information. It is the story of a teen experiencing parent divorce and how her friends recognized the warning signs and reached out to her. <https://www.youtube.com/watch?v=oAEs8L1JeGQ>
2. In this 5 minute video, six young people from Great Britain talk about what to look out for and what to say if you are concerned about a friend: http://youtu.be/q3bJaa-tO_U.
3. This is one teenager's story of concern for a friend and what she did to prevent a tragedy. Always Tell Someone: Krista's True Story of Help & Hope for Teen Suicide Prevention: <http://youtu.be/cOCMsgoM6To>

B. Handouts and resources

1. What to Do Cards: Handout #3, Appendix A - Are the size of business cards that can be printed and given to students as a keepsake or as a handout for discussion.
2. What to Do for Self or Others-LIFE: Handout #4, Appendix A - student handout for discussion
3. National Association of School Psychologists – resources for school professionals provides a list of interventions for educators to use prior to class: http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx
4. Helpguide.org provides extensive information on how to help someone who is suicidal: <http://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm>

C. Protective Factors

Resources:

- A. Helpguide.org provides extensive information on how to help someone who is suicidal. <http://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm>

B. TeacherVision.com resources for teachers to use in classrooms [Teen Suicide Prevention: Protective Factors](https://www.teachervision.com/education-and-social-issues/mental-health/57116.html) <https://www.teachervision.com/education-and-social-issues/mental-health/57116.html>

6. Develop Crisis Response Information for dissemination National Suicide Prevention Lifeline: 1-800-273-TALK or 8255

A. Bounce-Back: Handout #5, Appendix A - Using the graphic in the handout, have students interpret and discuss Bounce Back in their lives, their families, their school and community. Guide students using the analogy that bouncing back is resilience. Students may be grouped to address personal, families, school and community views. Encourage examples of resilience in their lives.

B. This resource on the protective factors of teen suicide prevention is for the educator to use in developing the protective factors in the classroom and school community: <https://www.teachervision.com/education-and-social-issues/mental-health/57116.html>

C. What are protective factors fact sheet for adolescent girls: https://www.socialworkers.org/practice/adolescent_health/shift/documents/information/SHIFT-Protective.pdf.

D. Maine has given a comprehensive listing of protective factors which are known to decrease risk factors of youth suicide: <http://www.maine.gov/suicide/youth/warningsigns/protective.htm>.

7. Develop Crisis Response Information for Dissemination

National Suicide Prevention Lifeline
1-800-273-TALK or 8255

This resource is meant for a connection if nothing is in place. It is not to replace local support.

**8. End Learning Experience – create a Public Service Announcement (PSA)
Resources:**

1. Sample infographics <http://www.suicidology.org/resources/infographics>.

2. Messaging The National Action Alliance for Suicide Prevention has compiled a comprehensive and interactive site to guide you towards safe messaging. : <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/> and <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/narrative>

3. Sample PSA: <http://www.afsp.org/preventing-suicide/our-education-and-prevention-programs/programs-for-teens-and-young-adults/suicide-shouldn-t-be-a-secret-psas>

4. Guidelines and information on the Prevent Suicide PA (formerly Pennsylvania Youth Suicide Prevention Initiative) annual PSA contest can be found at www.payspi.org or www.preventsuicidepa.org.

General Resources:

<http://www.suicidology.org/resources/recommended-videos>

www.suicidology.org makes the following recommendation about how to choose an educational video to support a learning unit in youth suicide awareness:

“Teaching young people how to help a friend is an important part of a comprehensive school based suicide prevention strategy. Educational videos that teach basic suicide prevention skills are often a helpful part of the instruction. Videos are most effectively used with an accompanying curriculum and as part of a larger presentation on mental health, mental illness and helping friends in distress.”

Look For:

- Videos that teach model and emphasize developmentally appropriate help-giving and help-seeking behaviors and that provide information on finding help. The focus should be on how to respond or how to get help. In-house resources and local crisis numbers should be highlighted along with instruction.
- Videos that emphasize prevention and teach students that suicide is preventable. Reinforce the idea that there are preventative actions students can take to help protect themselves and their friends.
- Videos in which the heroes, or main characters, are the helpers.
- Videos that highlight effective treatments for underlying mental health problems. Students should know that effective treatments for illnesses like depression and addiction are available and that getting treatment is an important way to prevent suicide.
- Videos that are short enough to allow time for discussion as part of the day's lesson. Always end instruction on a positive note about prevention.

Avoid:

- Videos that depict someone engaging in suicidal behavior or that describe methods of suicide, as this can actually increase risk of suicidal behavior among vulnerable youth.
- Videos that primarily depict previously depressed or suicidal youth describing their depression and/or suicidal behavior, as this can inadvertently glorify or romanticize suicidal thinking and behavior.
- Videos in which the primary focus is on someone who has died by suicide
- Videos that present suicide/suicidal thinking as normal in teens or as a common reaction to stress. Most young people who experience stress do not consider suicide.
- Showing videos on suicide prevention to large groups or assemblies of young people. This topic is best addressed in small groups and with support staff on hand.

Referenced Websites		
	Web Address	Resource Name
1	www.suicidology.org	American Association of Suicidology
2	http://theguide.fmhi.usf.edu/	Youth Suicide Prevention School-Based Guide
3	http://store.samhsa.gov/product/SMA12-4669	SAMHSA: Toolkit for High Schools
4	http://www.sptsusa.org/educators/suicide-curriculum.html	Society for the Prevention of Teen Suicide
5	http://www.yspp.org/	Youth Suicide Prevention Program
6	http://sspw.dpi.wi.gov/sspw-suicideprevcurriculum	Wisconsin Classroom Curriculum on Youth Suicide Prevention
7	http://www.sprc.org/bpr/section-i-evidence-based-programs	Suicide Prevention Resource
8	http://www.cdc.gov/violenceprevention/pub/youth_suicide.html	Center for Disease Control
9	http://www.save.org/	LEADS: Suicide Awareness Voices of Education
10	http://www.afsp.org/preventing-suicide	American Foundation for Suicide Prevention
11	http://www.afsp.org/preventing-suicide/our-education-and-prevention-programs/programs-for-professionals/more-than-sad	More than Sad Program
12	http://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm	The Help Guide
13	http://www.nasponline.org/resources/crisis_safety/suicide_prevention.aspx	The National Association of School Psychologists
14	http://www.maine.gov/suicide/youth/index.htm	The State of Maine's Youth Suicide Education Website

15	http://www.mattsfoundation.org/resources-for-suicide-prevention/	Matthew Silverman Foundation (Based in California, this site provides support for teens at risk or in crisis)
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Appendix C

Definitions

At-risk for suicide shall mean any youth with risk factors or warning signs that increase the likelihood of suicidal behavior.

Behavioral health shall mean the promotion of emotional health; the prevention of mental illness and substance use disorders; and treatments and services for substance abuse, addiction, substance abuse disorders, behavioral /mental illnesses, and/or mental disorders.

Nonsuicidal morbid ideation shall refer to thoughts or communicated thoughts whereby one expresses thoughts of being dead. These thoughts are not connected to any intention of harming oneself. For example, "People would be better off without me," and "I'm not sure I would care if I didn't wake up tomorrow."

Nonsuicidal self-injury (NSSI) shall mean a self-directed injurious behavior with which there is no intent to die. It is important to note that NSSI and a suicide attempt are only distinguishable by intent. The severity of the injury does not matter.

Postvention shall mean programs and interventions for survivors following a death by suicide. These activities help alleviate the suffering and emotional distress of suicide survivors and help prevent suicide contagion.

Preparatory acts shall refer to acts or preparation towards making a suicide attempt, but before the potential for harm has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for death by suicide (e.g., writing a suicide note, giving things away).

Risk factors shall mean the personal or environmental characteristics associated with suicide. People affected by one or more of these risk factors have a greater probability of suicidal behavior.

Suicide death shall refer to death cause by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicidal attempt shall mean a potentially self-injurious behavior for which there is evidence that the person probably intended to kill him/herself; a suicidal act may result in death, injuries, or no injuries.

Suicide attempt survivor shall refer to an individual who engaged in a self-directed behavior with the intent to die and survived.

Suicide crisis response team shall refer to the administrators, guidance counselors, the school nurse, social worker, and school resource officers, and/or other members of the Student Assistance Program (SAP), as designated. Community mental agency resources may be called for assistance.

Survivor of suicide loss shall refer to a person who has experienced the suicide of a family member, friend, or colleague. A person who attempts suicide but does not die is an **attempt survivor**.

Warning signs shall refer to evidence-based indicators that someone may be in danger of suicide, either immediately or in the very near future.

<p>What to do if a person is in crisis for potential harm to self or others:</p> <p>Listen Investigate Find help Emergency</p> <p>1-800-273-TALK</p>	<p>What to do if a person is in crisis for potential harm to self or others:</p> <p>Listen Investigate Find help Emergency</p> <p>1-800-273-TALK</p>	<p>What to do if a person is in crisis for potential harm to self or others:</p> <p>Listen Investigate Find help Emergency</p> <p>1-800-273-TALK</p>	<p>What to do if a person is in crisis for potential harm to self or others:</p> <p>Listen Investigate Find help Emergency</p> <p>1-800-273-TALK</p>	<p>What to do if a person is in crisis for potential harm to self or others:</p> <p>Listen Investigate Find help Emergency</p> <p>1-800-273-TALK</p>
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