

Making Educators Partners in Youth Suicide Prevention

Trainer's Manual



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Introduction

About this Manual

This manual is a companion resource for trainers of Making Educators Partners in Teen Suicide Prevention (MEP), which is a professional development training for teachers designed to meet state mandates for teacher education about suicide prevention. Training should be provided by persons who have undergone the MEP Trainer webinar or in person course and have received a certificate of completion. Review of this manual is not a sufficient substitute for attendance at either the in person or online versions of Making Educators Partners in Youth Suicide Prevention. Reproduction and distribution of this manual is permitted only with express consent from SPTS. Please contact: mail@SPTSUSA.org

About this Society for the Prevention of Teen Suicide

The Society for the Prevention of Teen Suicide, Inc. (SPTS), was founded in 2005 by Scott Fritz and Don Quigley, two friends who lost teenaged children to suicide. The core values that define SPTS are a passionate commitment to the value of life, a belief in the effectiveness of evidence-based and Best Practice suicide prevention strategies, dedication to removing public stigma about suicide, and a conviction that accurate information and education about suicide can save lives. Through advocacy, public awareness, and the development of educational training programs, SPTS is dedicated to the mission of reducing suicidal behavior among children and youth.

About *Making Educators Partners in Youth Suicide Prevention (MEP)*

MEP was originally developed in response to legislation passed in New Jersey in 2006 requiring all educators to have 2 hours of professional training in youth suicide prevention. SPTS founders Scott Fritz and Don Quigley were committed to ensuring that a free, accessible, and high quality resource was available to all New Jersey schools. The initial online version was launched in 2008 and a middle school module was added in 2011. Over 70,000 educators worldwide have taken the course and rate it very highly. The course is listed on the SPRC/AFSP National Best Practices Registry. A revised version with a new look and additional updated material was released in March, 2015.

Training Goals & Objectives

Goals

Making Educators Partners in Youth Suicide Prevention was created with the intention of achieving three essential goals which further the underlying mission of SPTS:

- Increase awareness of youth suicide;
- Outline the role of educators in prevention; and,
- Increase strategies for dealing with at-risk students.

Program Objectives:

As a result of participating in *Making Educators Partners in Youth Suicide Prevention*, learners will:

- Increase their knowledge of the prevalence of suicide;
- Explain the concept of the “competent community” as it relates to suicide prevention;
- Recognize at least three components of the educator’s in the prevention process;
- Describe the role of risk and protective factors in preventing suicide;
- Understand and list suicide warning signs using the FACTS acronym for identifying students at risk of suicide;
- Provide answers to common questions about suicide; and,
- Build confidence in identifying at-risk students and referring them to school resource staff for further evaluation.

Training Specifics

Intended Audience:

This training is designed to be presented in person to either a small sized or large sized group of school faculty and staff; there is no limit to the number of participants. If you are interested in using this training outside of a school setting, SPTS does have a version of this training for those working with youth in non-school settings which can be sent to trainers upon request. If the school or agency you will be training in has had a recent suicide death, it is not recommended that you deliver this training using the slides in this Trainer's Manual. Instead, you will need to adapt it to fit what we call the "survivor school" experience. The Society for the Prevention of Teen Suicide will provide additional slides (that emphasize healing and identifying other at-risk youth) and consultation to assist you in training in these types of settings.

Intended Length:

To meet legislative mandates, the training was originally designed for two hours of professional development credit. The content has been modified so you will be able to provide a 30 minute version of the presentation. Regardless of presentation length, as long as you follow suggested content guidelines, workshop goals and objectives are met.

Content:

Workshop content has been chosen carefully to reflect current knowledge in the field of youth suicide prevention from the perspective of school personnel. Language is school specific and there is a conscious attempt to avoid mental health language or jargon. The workshop is based on the premise that the mission of the school is to provide a safe learning environment for students and that questions about possible mental health diagnoses should be referred to mental health providers. As you will see as you review the PowerPoint slides, a great deal of material is covered in a short amount of time so you will probably find it challenging to incorporate any additional material.

Trainers:

While fluency with the topic is always a plus, your most important contribution as a trainer is your belief that youth suicide can be prevented and that educators have a role in that process. If you bring that conviction to this workshop, you'll find you have a tight PowerPoint presentation that flows easily and holds the attention of your audience. Throughout this Trainer's Manual you will also find listing for additional sources of information about youth suicide that may add to your familiarity with the topic. Obviously, the more you know, the more ease you will have with the content.

Training Logistics

Communication with the Host:

You may be approached by a school to provide a staff in-service training on suicide prevention. During your initial conversation with the host school, you'll want to ask the following questions:

- What prompted the school to decide to provide this training? Is it related to a legislative mandate that requires this type of training? Has the school experienced a death by suicide that is the motivation for the training?
- Who will be invited to the training? Will it be limited to a particular school or will it be district wide? Will elementary, middle and high school staff be in attendance?
- How many people will be in the audience?
- Where and when will the workshop be held? Is the date flexible?
- How long would they like the workshop to be? (Providing a two hour time slot can include time for discussion; one hour eliminates discussion; 45 minutes is minimal and very basic; this workshop content cannot be provided in shorter time frames.
- Do they require you to provide Certificates of Attendance to attendees?
- Do they want to use pre/post survey to measure the knowledge gained by participants?

Explain the goals of the workshop to the host and make sure they are in line with his/her expectations. The most frequent barrier to the meeting of expectations may be the time allocated by the host school. The workshop cannot be adapted to be shorter than 30 minutes. If a school only expects a 20 minute presentation, try to get them to understand that learning objectives cannot be met unless they provide two 20 minute slots.

Adapt Training to Time Constraints:

Setting the agenda requires that you adapt the material to the time constraints of the host school. Remember to allow about five minutes of grace time prior to the actual start of the presentation to let the audience gather and select seats. In the next section of this manual, you will find a chart that organizes the slides by content sections with suggested time frames for each. On the slide notes pages you'll find that there is a **CORE MESSAGE** at the top of each page to help you in this streamlining process. Also remember to include at least five minutes in the agenda for the resource person from the school to review the policies and procedures for dealing with students at risk for suicide. The steps below can help you adapt the workshop:

- Save and rename the PowerPoint file.
- Delete the slides for topics you have decided not to cover.
- Revise the presentation script as necessary. Use the notes pages for the slides you will be including to help you in this process. Put selected slides on flash drive.
- Add the relevant local/state information to slide 5. The notes page of the slide contained in the next section will tell you where to find source material for that slide's content.
- Review the video clips and select which ones you will use in the training. Put these on your flash drive.
- Do a practice run with the adapted PowerPoint presentation and keep track of time.

Coordinate with the Host and Review Site Logistics:

A week before the scheduled date of the workshop, contact your host or his/her designee (in schools that may be an administrative staff member) to confirm the details of the presentation. Review information like:

- Parking details (in some schools there may need to be special arrangements for parking).
- What entrance you use to enter the building.
- Where you sign in and who will be escorting you to the workshop space.
- The name of the person who will assist with setting up the PowerPoint and the video clips.
- The need for audio speakers for the video (and any other equipment they are expecting you to provide).
- Who will be available from the school to briefly review policies and protocols for responding to at-risk students during the workshop.
- Whether they will want to conduct a pre/post survey before and after the workshop to measure learning.
- Where handouts are to be located.
- How to distribute Certificates of Attendance.

- Any other information your host thinks it is important for you to know about the school prior to the presentation (this may include recent traumatic events like deaths that have occurred since your last contact).

Prepare for Questions, Comments & Emotional Reactions:

Because most of the time you will be providing this presentation to a large group on a very tight time schedule, there will generally not be time for discussion or participant questions in the large group format. This doesn't mean, however, that participants won't approach you after the workshop with personal questions and concerns. Some of the most frequently asked questions are listed in the resource sheets in the last section of this manual. To help you feel better prepared to answer these and other questions, however, you may want to do further reading. The SPRC library is an excellent resource. Visit <http://library.sprc.org> to view all the available topics.

Even if you do not have time for personal questions, it's important to remember that the topic of suicide can elicit complex emotions. The ice-breaker exercise included in the slide notes in Section 3 is designed to acknowledge potential reactions and give attendees permission to 'zone out' if the content is troubling to them. It's also essential to let your participants know that if they have strong feelings or reactions even after they leave the presentation, it's important for them to let someone know. The National Suicide Prevention Lifeline is available 24 hours a day, 7 days a week at 1-800-273-TALK (8255). While this number is listed on one of the handouts, you can also order cards directly at:

http://www.suicidepreventionlifeline.org/App_Files/Media/PDF/NSPL_Order_Form.pdf

Prepare Handouts & Other Materials:

Review the resources contained in Section 5 and select relevant materials for handouts. As you review the PowerPoint slides in the next section, you will see specific handouts referenced to support core curriculum messages, although you are certainly free to include other handout material as well. In addition to having these materials available in hard copy, it may also be useful to put copies on your agency's website along with other relevant referral material. Be sure to bring business cards and information about your agency!

You can also refer to the Society for the Prevention of Teen Suicide website for additional resource material - www.sptsusa.org.

Training Guide

The PowerPoint presentation that follows contains copies of all of the slides included in your presentation.

On each page you will also see the **CORE MESSAGE** of that slide, followed by content on how to deliver that slide.



SAY:

When you see **SAY**, it will be followed by a script that addresses the slide's content. Feel free to use the suggested content or translate it into your own words. The only caveat is that the material is carefully timed to allow you to complete the presentation within specific time frames - so limit your comments unless you have two hours to present.



DO:

Each page has ample space for **NOTES**.

When you see **DO**, either a short exercise or specific direction will follow.

When you see a black box on a slide, it means a **VIDEO CLIP** is to be inserted. Prior to the presentation, select the video clip(s) you want to use and transfer it to a flash drive. On the day of the presentation, transfer the clips to the hard drive of the computer you will use to show the presentation. Run through these clips at least once with your audio-visual technical support person prior to the training to make sure they are programmed correctly and the volume is appropriate.

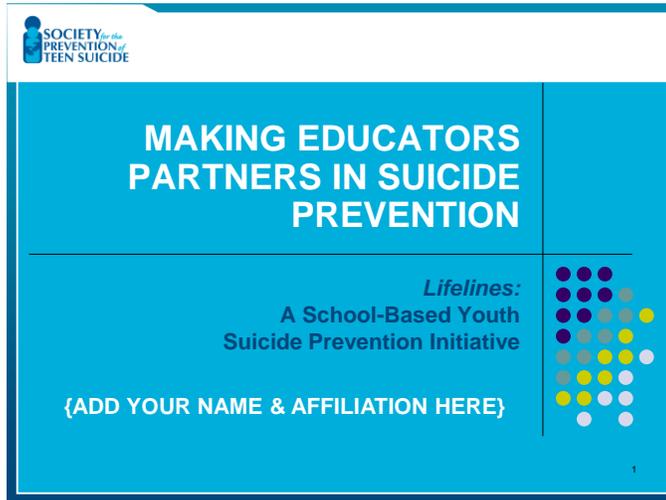
REMEMBER!

Two slides require you to add material:

Slide 1 - has a place for your name and agency affiliation.

Slide 5 - requires local or state data about suicide.

SLIDE 1



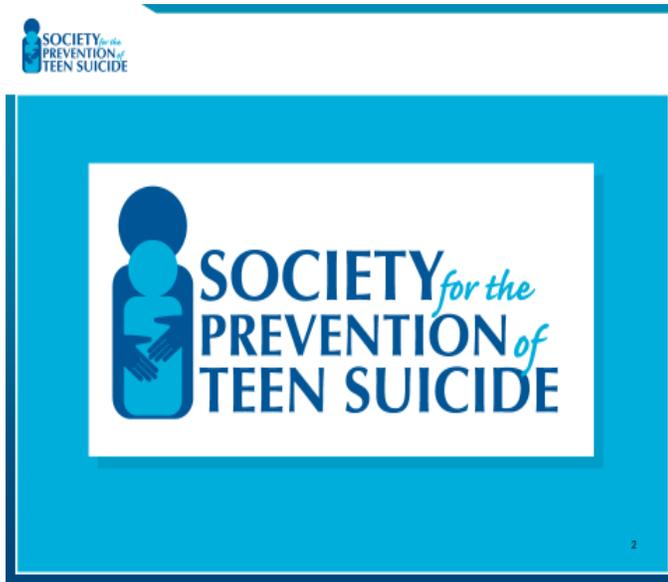
CORE MESSAGE:

Title slide that is on screen as participants enter. Your introduction will typically be provided by the school administrator or his/her designee.

PRIOR TO THE TRAINING:

- Provide host with a brief biographical sketch that describes your professional experience and the agency you're representing.
- Remember to bring your business cards as well as handouts that describe your agency's services.
- Ask host to mention that these resources will be available.

SLIDE 2



CORE MESSAGE:

Opportunity for you to introduce yourself and engage audience.

Brief summary of key points about SPTS, driving home the point that this was an organization created out of survivor commitment to providing information to other families to prevent them from having to deal with the suicide of their children.

SAY:

- Welcome to the “Making Educators Partners in Youth Suicide Prevention”!
- I am “[your name]” with “[your agency/school]” and I will be providing this important workshop today.
- SPTS is a 501(C)(3) non-profit organization founded in 2005 by two fathers, Scott Fritz and Don Quigley, who lost their teenage children to suicide within two months of each other. Once the shock of their losses had worn off, Scott and Don realized they had no idea that suicide was the third leading cause of death for youth 10 -25 years of age. They committed themselves to increasing awareness not only about the reality of youth suicide as a problem but also to empowering all members of the public to step up and become involved in youth suicide prevention.
- The mission of the Society for the Prevention of Teen Suicide is to reduce the number of youth suicides and attempted suicides by encouraging public awareness through the development and promotion of educational training programs.
- As one of their first steps in meeting this mission, Scott and Don were instrumental in having the first legislation passed in the country in 2007 in New Jersey to require all educators to receive two hours of professional development credits in youth suicide prevention and this is some of the training content I will be sharing with you today. There is also a free online

version of this training available at the SPTS website and I'll give you information on how to access this at the conclusion of our meeting today.

- Today we're here to learn about Youth Suicide. I realize that this may be a difficult topic for some members of the audience and that most of you can probably think of somewhere else they'd rather be. So rather than have you keep this information to yourself, I'd like to start this presentation by asking you to think about the following question and then taking just a minute to share your response with the person sitting next to you. The question is:

- "IF I COULD BE ANYWHERE IN THE UNIVERSE RIGHT NOW INSTEAD OF SITTING IN THIS ROOM, LISTENING TO A TALK ABOUT SUICIDE, I WOULD BE..."*



- After 2 minutes, call group back together and briefly process choices. Explain that there are several reasons you started with this exercise:



- Many people probably do wish they could be somewhere else- you recognize this and you appreciate their attention & concentration on what can be a difficult topic.

- Some people in the group will have a personal relationship with suicide. They will have known a friend, family member or student who completed suicide. Some people in the room will themselves have thought about suicide as an option at one point in their lives. If the content of the program today becomes too personal or difficult, invite them to go to that 'other' place in their imagination to avoid being stressed. Also remind them that you will be available at the end of the program if anyone would like to talk with you.

- This ability to use our imagination creatively when we are in places we don't want to be is actually a resiliency skill called 'self-soothing'. It is an important coping skill to keep in your bag of tricks and it can really calm you and help recharge your emotional battery when you feel depleted.

- Explain that if the same question were asked of a suicidal student, the answer would not be about a 'fun' or distracting activity. Most likely the answer to 'where would you rather be...?' would be 'I don't know' or 'I'd rather be dead.' Suicidal children lose the ability to use fantasy in productive ways.

- This exercise gives you a little insight into how suicidal youth lack the capacity to use their imagination to soothe themselves- it takes them, instead to dark places

SLIDE 3

SOCIETY for the PREVENTION of TEEN SUICIDE

Educational Objectives

- Review benefits
- Correct myths
- Present accurate data
- Outline roles
- Discuss interaction with students
- Provide additional resources

3

CORE MESSAGE:

Review the objectives of the training and emphasize that although it seems like a lot to accomplish, they key points are actually very simple.

SAY:

- This training will review the ways in which suicide awareness training is beneficial to your schools and community. It will:
- Correct myths and misinformation about youth suicide.
- Present accurate, evidence based data about suicide risk, warning signs & protective factors.
- Outline your role in the prevention process.
- Discuss ways for dealing with at-risk youth.
- Identify additional resources, especially those that are web-based.

SLIDE 4



Why Suicide Prevention is Important

- Third leading cause of death for teens
- Second leading cause of death in colleges
- For every completion, there are between 50-200 attempts
- CDC Youth Risk Survey: 7.8% grades 9-12 reported attempt in past year
- 15.8% high school students report suicide ideation
- Attempt rate increasing for 10-14 year olds
- Same risk and protective factors for suicide as other problem behaviors such as drugs, violence, risky sexual activities

CORE MESSAGE:

To review current data that demonstrates the magnitude of youth suicide.

SAY:

- How pervasive is the problem of youth suicide? Here's a brief review of what national data tell us:
- Suicide is the third leading cause of death for teens and the second leading cause for college-aged youth.
- A recent survey of high school students found that almost 1 in 5 had seriously considered suicide, more than 1 in 6 had made plans to attempt suicide and more than 1 in 12 had made a suicide attempt in the past year.

NOTE TO TRAINER:

If you have the local data on the following slide, you may choose to skip this national information

SLIDE 5

SOCIETY for the PREVENTION of TEEN SUICIDE *In Our State...*

- Trainer adds data about state specific rates of youth suicide

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CORE MESSAGE:

To provide data that emphasizes the local reality of youth suicide.

NOTE TO TRAINER:

Check the Center for Disease Control Youth Risk Behavior Survey to get relevant information specific to your state location:

- Go to <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- Click on box in the middle of the page that says "Enter Youth Online"
- Click on your state on the map on the left
- You can either pick each suicide related question from the "Question" drop down box on the left and click on "go" or you can choose 'All Questions' and click on "go" and scroll down to the suicide-related questions.

SLIDE 6

 **“Competent School Community”**

THE CONTEXT FOR PREVENTION

- All members of the school community are concerned about the welfare of each other
- They know how to obtain help for those who need it



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CORE MESSAGE:

The concept of "Competent Community" is the frame for youth suicide prevention efforts.

SAY:

- The overarching role of your school in the prevention of any youth self-destructive behaviors is to maintain what is called a **Competent Community**. The role of your school is critical and limited and falls within your school's mandate to provide a safe learning environment for all students.
- Schools must provide the resources and build competencies for helping to help everyone in the school better recognize kids who may be at risk for suicide - not to become experts in risk assessment! Your critical role is simply to recognize behaviors that may signal risk and to then refer these youth for more comprehensive assessment by trained mental health professionals.
- In a Competent Community, everyone is concerned about the welfare of each other and know how to come to each other's aid.
- Everyone, from the top administrator to the part-time staff and volunteers are committed to suicide prevention and engaged in activities to support this goal, which include:
 - To provide an effective initial response to these kids (not become professional counselors).
 - To know where in the community to refer them for further help.

NOTE TO TRAINER:

The theme of Competent Community resurfaces at various points in the training because it is so central to the differentiation of responsibilities that facilitate a collaborate relationship between education and mental health.

SLIDE 7

 **Staff Responsibility**

- Understand the importance of your critical but limited role in the identification of students at-risk for suicide
- Familiarize yourself with school policies and procedures that address this issue
- Learn information that facilitates identification of at-risk students
- Listen to students, verbally and nonverbally, for warning signs
- Identify those students who may be at elevated risk based on that identification
- Refer those students to appropriate resources

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CORE MESSAGE:

To insure that anyone who interacts with youth, no matter how informal or unstructured the context, knows some of the ways to identify youth who may be at risk for suicide as well as know exactly who to contact to get help for youth who may be at risk.

SAY:

- The next part of our Competent Community consists of education for all staff and volunteers including administrative staff, faculty, support staff, bus drivers, cafeteria workers - anyone who has contact with students.
- Suicide awareness training provides them with a procedure which they can utilize when they are presented with suicidal statements or concerns. By having specific intervention tools and an understanding of their role, training like this empowers them to respond to youths' needs in an appropriate and effective manner.
- The tools which are provided in this type of training also help staff manage feelings of anxiety and fear which are often generated in these types of encounters.
- It also reinforces their natural strengths as good listeners and caring/competent professionals. Staff is helped to understand that it is good professional practice to seek out other professionals as resources while helping the youth to access appropriate intervention services in a timely manner.

NOTE TO TRAINER:

This slide has a lot of content! You may want to go through it quickly and move to the next slide which summarizes this content very simply.

SLIDE 8

 **Your Role Simplified**

- **Learning**
signs of risk in students
- **Identifying**
at-risk students
- **Referring**
to appropriate resources



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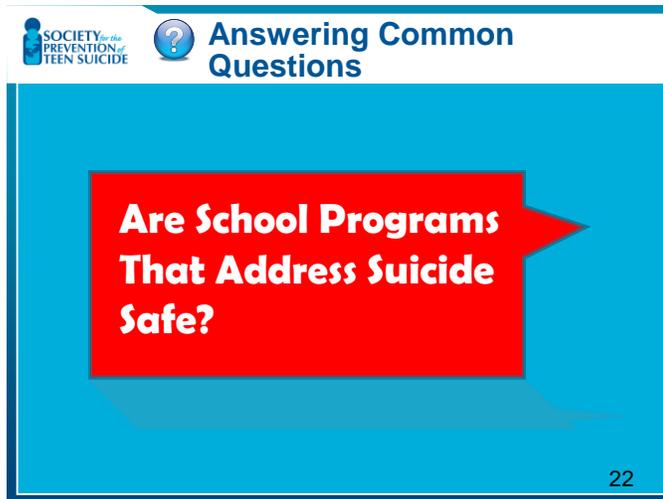
CORE MESSAGE:

Simple summary of key responsibilities.

SAY:

- Just as you as educators would not expect mental health professionals to understand educational philosophy or teaching methodologies, you do not need to understand the complexities of mental health classification or treatment.
- Your role is simple, critical and limited in scope:
 - To LEARN signs of at-risk youth and to use that learning.
 - To IDENTIFY those students.
 - To REFER them to appropriate resources.

SLIDE 9



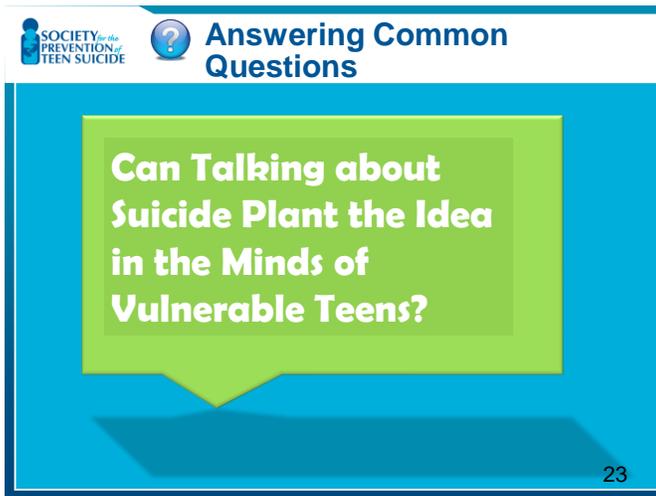
CORE MESSAGE:

To review the most common questions asked by school personnel about suicide prevention programs.

SAY:

- Read question and ask for a show of hands for yes or no.
- The answer: YES, with clarification.
- When programs for schools were first initiated in the 1980's, the prevailing thought was that they needed to be dramatic to keep youths' attention. Unfortunately, evaluation of those programs discovered that the sensationalized ways in which suicide was presented, and the fact that suicide was also discussed as a response to stress increased thoughts of suicide in youth who said they hadn't previously considered it as an option. Subsequent programs were changed and refined and adapted to follow the Best Practice guidelines derived from research. The national Suicide Prevention Resource Center (www.sprc.org) has a list of programs that either have been researched to be both safe and effective (these are on the National Registry of Evidence Based Programs and Practices- NREPP) or are listed on their Best Practices Registry.
- Unsafe programs include things like holding large assemblies where individuals reactions to the topic can't be monitored, any type of program that depicts a death by suicide, or programs where attempters talk about what they did and why they're glad to be still alive.

SLIDE 10



CORE MESSAGE:

To review the most common questions asked by school personnel about suicide prevention programs.

SAY:

- Read question and ask for a show of hands for yes or no.
- The answer: NO.
- Unfortunately, this question represents one of the most common myths about suicide... that discussing it can give kids ideas about doing it. That's just not true - just like talking about diabetes doesn't cause diabetes. Whether or not we like to admit it, suicide is a tragic reality in the current life of our students. If you were to ask a classroom of high school students, for example, if they know anyone who has attempted or completed suicide, between 75% and 100% would probably respond affirmatively.
- Suicide is a frequent topic in the media and is one of the most significant public health problems of our time. Talking about suicide provides an opportunity to address stigma, and correct misinformation. It can also enhance coping strategies that help students deal with a long-term social problem.
- Finally, if you think about the power that keeping a secret can have, you can begin to appreciate how NOT talking about suicidal thoughts or feelings can actually increase their intensity. Youth need someone who will talk openly about suicide and help them get help finding an alternative to suicide. It also helps them feel less alone - talking directly about their suicide thoughts tells them that someone cares and is willing to help.
- And once the topic is broached with students, it's really essential that your school has trained resource staff who can follow up. Remember, your job is simply to learn enough information about suicide to be able to identify students who may be at risk and to refer those students for further assessment.

SLIDE 11

SOCIETY for the PREVENTION of TEEN SUICIDE ? **Answering Common Questions**

Is Talking about Suicide Just a Way for Someone to Get Attention?

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CORE MESSAGE:

To review the most common questions asked by school personnel about suicide prevention programs.

DO:

- Read question and ask for a show of hands for yes or no.

SAY:

- The answer is NO.
- Talking about suicide is something to take seriously! Sometimes the way youth 'talk' about suicide is indirectly, through their writing or art work. Pay attention to these types of communications from your students.
- Ask the student about anything that gets your attention if it is out of the developmental norm or especially violent. Not every inquiry will need follow up - but if you get an answer that concerns you, keep your eyes open for other signs of suicide risk which we will cover soon.
- If a youth talks about suicide as a way to get attention, then you're dealing with a youth whose problem-solving skills are pretty compromised. Suicide isn't a socially acceptable way to solve problems or get attention. Any youth who talks about suicide, whether or not the threat is perceived as serious, should be referred to identified school resource staff.

SLIDE 12

SOCIETY for the PREVENTION of TEEN SUICIDE

Defining the Problem

SUICIDE
*is a self-injurious act
completed with at least some intent
to die as a result of the act*

SUICIDE
*is an attempt to solve a problem
of intense emotional pain
with impaired problem-solving skills*

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CORE MESSAGE:

A behavioral definition of suicide helps us better understand it and makes it easier to think about possible intervention strategies.

SAY:

- One of the essential tenets in the educational field is that a problem well-defined is a problem half-solved’.
- In order to insure that all members of the ‘Competent Community’ are on the same page in their basic understanding of suicide the above definitions are provided.
- The first definition of suicide is what is accepted by the World Health Organization and the Centers for Disease Control and Prevention; this second definition of suicide is used because it frames the act of suicide in a cognitive-behavioral context and suggests opportunities for intervention.

SLIDE 13

 **Characteristics of Suicide**

1. Alternative to problem perceived as unsolvable by any other means
2. Crisis thinking colors problem solving
3. Person is often ambivalent
4. Suicidal 'solution' has an irrational component
5. Suicide is a form of communication

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CORE MESSAGE:

These 5 characteristics of suicide can help us better understand what goes on in the mind of someone who is thinking about suicide.

SAY:

- Suicide is often viewed as an **alternative**. Viewing suicide from this perspective helps us understand suicide as less than a wish to die than a wish to escape the intense emotional pain generated from what appears to be an inescapable situation. We might ask the youth “What’s going on in your life right now that has you feeling so terrible you think death is the only answer?”
- It is really not helpful to present students with the cliché that suicide is a permanent solution to a temporary problem. First, that response is trite, and secondly, the way in which kids perceive the passage of time is different than adults. The future is immediate, like tomorrow or the weekend, so if I had a problem a month ago and I still have it today, it seems like it has been there forever.
- Crisis thinking** colors problem solving ability. When we think of a crisis as any situation in which we feel that our skills do not meet the demands of the environment, we realize that crises can be frequent visitors in most of our lives. And we can also realize that most of us do not do our best problem solving in crisis situations.

DO:

- Optional Activity: Ask participants to think of the last time they experienced a personal crisis and to recall their responses. Ask participants to share how they reacted to the crisis (not the specific situation that generated the crisis!) Summarize responses.
- Inquire about what strategies people use to cope in crisis. The responses you get will include ‘talking with someone’.

**DO:**

- Ask participants to describe the characteristics of the person to whom they turn for help in a crisis (the list will invariably include ‘nonjudgmental, good listener doesn’t solve the problem for me...’)
- Remind participants that these are the same qualities that youth find helpful when they are having crises in their lives. Say that once we have the opportunity to talk through the situation that’s troubling us, we often experience a decrease in the intensity of feelings surrounding it and problem-solving skills becomes less compromised.

**SAY:**

- Person who is suicidal is often **ambivalent**. What this means is that the person is feeling two things at the same time: a part of them wants to die and a part of them wants to live. When talking with a suicidal youth, we must acknowledge both of these components. While we line up with and unequivocally support the side that wants to live, this can’t be done by ignoring or dismissing the side that wants to die. Most of us want to be reassuring and tell someone who wants to die things like, ‘no, you don’t really mean that’ or “you’ve been through harder things before” when the three most important words - and the most difficult to say are simply “TELL ME MORE”
- Suicidal ‘solution’ has an **irrational** component. This is probably the hardest element of suicide to understand, especially from the perspective of rational thought. What happens in the moment someone is suicidal is that their survival instinct disconnects. Even if this just happens for a second, if the means for the suicide are lethal, that’s all it takes. Survival instinct is so profound that it is really impossible to conceptualize what must be going on in someone’s brain for this primitive instinct to be shut off. Since we can’t understand what seems to be this irrational component, it is usually more helpful to talk rationally about the reasons the person may have for living rather than try to address the irrationality about dying.
- Suicide is a form of **communication**. For people who are suicidal, normal communication has usually broken down and the suicide attempt may be the person’s way of sending a message or reacting to the isolation they feel because their communication skills are ineffective. The question that addresses this breakdown can be phrased in the following way: “Who did you want your suicide attempt to send a message to and what did you want that message to be?”

NOTE TO TRAINER: This information is adapted from material that was developed by Edwin Shneidmann (1985, Definition of Suicide, New York: Wiley). This is also a handout on www.sptsusa.org.

SLIDE 14

 **Risk Factors / Warning Signs**



- Red** - Warning Signs
- Yellow** - Risk Factors
- Green** - Protective Factors

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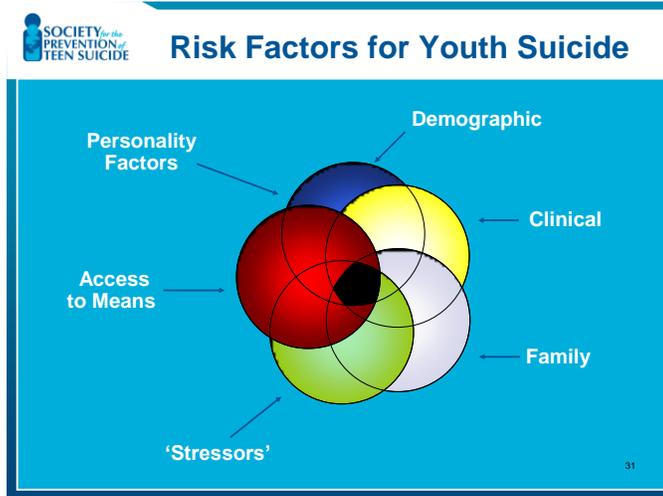
CORE MESSAGE:

A stoplight is a simple way to differentiate risk and warning as well as to incorporate protective factors.

SAY:

- As I said before, there is always a lot of talk about the risk factors and warning signs for suicide but there is sometimes confusion in how to tell one from the other. It's really important to know the difference because there are many kids - and adults - who have risk factors for suicide without being at risk for suicide.
- To make this clearer, let's conceptualize these differences in suicide risk factors and warning signs by using the model of a traffic signal.
- Consider the 'risk factors' like the 'yellow' light that tells us we need to slow down and pay attention, and the 'warning signs' as similar to the 'red' light that signals we need to stop immediately.
- There is also a 'green' light to consider – these are what we call 'protective' factors that can serve as a buffer against suicide risk. Let's consider each of these separately.

SLIDE 15



CORE MESSAGE:

Suicide is complicated with a multitude of possible risk factors.

SAY:

- This is the model of suicidal behavior that is called the 'Overlap Theory'.
- When we're looking at the 'yellow' light or risk factors, one of the first things to remember is that there is never just one risk factor for a suicide; every suicide is multi-determined. That means that there's always a combination of interactive factors underlying why the suicide happened.
- This model has been adapted to include some of the evidence-based risk factors for youth suicide. Let's look briefly at each element individually.

NOTE TO TRAINER:

Source for this slide: Blumenthal, S.J. & Kupfer, D.E. (Eds.) (1990) Suicide over the life cycle: Risk factors, assessment and treatment. Washington, DC: American Psychiatric Press.

SLIDE 16

SOCIETY for the PREVENTION of TEEN SUICIDE

Risk Factors

DEMOGRAPHIC

- Age
- Sex
- Sexual orientation/gender identity
- Race

CLINICAL

- Psychiatric diagnosis
- Drug / alcohol use
- Previous attempt

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CORE MESSAGE:

Risk factors exist that may help us identify youth at risk for suicide.

SAY:

DEMOGRAPHIC FACTORS

- When we're talking about age, youth between 15 and 19 years of age, and white males have the highest suicide rates and African American females have the lowest. As was noted earlier, with children ages 10 – 14, the suicide rates have increased [add trends for your own state].
- Sexual orientation/gender identity can be a risk factor because of the victimization, rejection, and isolation that sexual orientation and gender identity can bring.
- Because this is such a relevant topic, consider visiting The Trevor Project's website. The Trevor Project is the foremost national resource for LGBTQ youth: www.thetrevorproject.org

CLINICAL FACTORS

- Psychiatric History - many studies have shown that a large percentage of people who die by suicide had some type of mental health disorder prior to their death.
- Drug Alcohol Use - obviously, youth who have a history of drug or alcohol abuse are in a more vulnerable category, and
- Previous Attempt - a previous attempt especially when its combined with other risk factors is one of the most serious risk factors.

CONTINUED



- Group discussion can take place on any of these factors.

NOTE TO TRAINER:

For more complete information, please see www.suicidology.org, youth suicide fact sheet.

http://www.suicidology.org/c/document_library/get_file?folderId=262&name=DLFE-627.pdf

SLIDE 17

 **Risk Factors**

- FAMILY**
 - *History of suicide*
- EXPOSURE**
 - *To suicide (personally or in media)*
 - *Death of peer under any circumstance*
- RECENT, SEVERE STRESSORS**
 - *Loss*
 - *Trouble*
 - *Change – transition*



33

CORE MESSAGE:

A brief description of some additional risk factors for youth.

SAY:

- FAMILY HISTORY:** A personal history that includes physical or sexual abuse elevates risk as does a family history that includes suicide.
- RECENT EXPOSURE:** Exposure to another's suicide - even if it's through media reports or simply the death of a peer by any means - also fits into this category.
- RECENT SEVERE STRESSORS:** In combination with these other factors, the experience of stressful life events can also exacerbate risk.
- Other risks include:
 - Youth Involved In Bullying** - Current research is supporting the fact that youth involved in the cycle of bullying - from bullies - youth who are bullied - to youth who are both the target and perpetrator of bullying are at elevated suicide risk.
 - Certain Personality Factors Can Also Elevate Risk.** Youth who are impulsive, immature or anxious worriers tend to have the poor judgment and compromised problem solving skills which can increase risk. We also need to be concerned about kids who display aggressive behavior, especially outbursts of rage.
 - Access to means** is the most preventive risk factor. A study in Illinois determined that removing access to lethal means, especially guns, was effective in lowering the rate of youth suicides, (Source: University of Illinois at Chicago, Institute for Juvenile Research).

- With younger adolescents, it's also recommended to remove access to the over the counter medication acetaminophen, since it is one of the most common medications used in overdoses. And while it isn't always fatal, one of its unrecognized consequences is serious liver damage.

NOTE TO TRAINER:

You don't want to get into a prolonged discussion of risk factors. This is really the data driven part of the presentation and you want to make sure you allow enough time for the 'action' and what educators can do about at-risk youth.

SLIDE 18



CORE MESSAGE:

Despite the presence of a multitude of risk factors, there needs to be perfect alignment to create a suicide crisis. An additional message speaks to prevention - how changing just one factor can avert the perfect storm.

SAY:

- This image reflects the way these risk factors must come together in order to escalate to a warning about an imminent suicide.
- What is helpful about this analogy is that it also offers a clue for prevention - if we change the intensity of just one of those risk factors, the 'perfect storm' of risk no longer exists and we can get the person the help to stay out of harm's way.
- And one of the most effective ways to lower risk is to recognize when students are at elevated risk and get them to a resource person who can assist them in developing more permanent risk reduction strategies.

SLIDE 19



CORE MESSAGE:

“FACTS” is a simple way to organize the warning signs for suicide.

SAY:

The word “**FACTS**” provide a helpful acronym for identifying these **red** lights or warning signs.

- F** stands for **feelings**. Hopelessness, worthlessness, despair, emptiness, feeling anxious or trapped - these are examples of feelings that should really concern us.
- A** indicates **actions** and includes things like trying to get access to a gun or pills, reckless behaviors, increasing drug or alcohol use, fighting.
- Changes are indicated by “**C**”. This is a very important category because it means we’re looking for **CHANGES** from the student’s previous attitude, moods or behaviors. Students who were active may become withdrawn, quit athletic teams, stop paying attention to personal appearance, daydream or fall asleep in the classroom or simply cut class. Concentrating on recognition of changes from previous behaviors is the real key to making assessments in this category.
- Some students actually make or intimate **THREATS**, which are represented by the letter “**T**”. These can be specific like verbal statements of intent like “I’m tired of living” or “I’m thinking of killing myself” or worrisome innuendos in writing or other class assignments. Whether specific or vague, what these threats tell us is that the student is thinking about death or suicide, and that is what escalates our level of concern.

CONTINUED

- Finally, “**S**” refers to **SITUATIONS** that may serve as triggers for the suicide. While these are not really warning signs, they are the events that might push a youth over the edge. Situations include events like getting into **trouble** at home, in school, or with legal authorities, personal **losses** of things like relationships, opportunities or even of less tangible things like self-esteem or hopes for the future, or any type of life **change** for which the student feels overwhelmed or unprepared like moving, or the transition after high school graduation. The most worrisome time is between the occurrence of the triggering situation and its resolution - in that period of uncertainty before the outcome is known.

- These ‘red lights’ or warning signs are what usually indicate the need for referral for further evaluation of risk by a mental health professional.

SLIDE 20

SOCIETY for the PREVENTION of TEEN SUICIDE

Students at Higher Risk

- Threatening suicide
- Looking for access to means
- Talking or writing about death, dying, suicide
- Previous attempt serious enough to require hospitalization

33

CORE MESSAGE:

While this list may seem self-explanatory, these youth do sometimes slip through the cracks...



DO:

- Read through the slide.



SAY:

- These are the students you want to make sure you refer to school resource staff for further assessment.

SLIDE 21

 **3 Steps to Help**

- **RECOGNIZE THE WARNING SIGNS**
- **EXPRESS CONCERN & SEEK CLARIFICATION**
Provide support.
- **REFER STUDENT**
Provide a warm handoff to appropriate resources.



21

CORE MESSAGE:

Being able to listen to a student talk about suicide can be an important piece in a helping strategy.

SAY:

- While the typical procedure for your intervention with a suicidal student will be to make a referral to your school resource staff, you will sometimes be put in the position of having a direct conversation with a student about suicide. Remember that listening is a critical piece of the puzzle – it can be a lot more powerful than talking!
- When listening, avoid downplaying their situation (e.g., “You have a lot to live for”; “things will be better tomorrow”). If you think about times in your life when you’ve had a strong feeling and someone close to you ignores it or tells you that you don’t really feel that way, you know that this type of response only makes you feel misunderstood and unsupported, and can shut down communication for good.
- Let them talk about wanting to die - it can decrease feelings of isolation and increase hope that someone actually cares.

SAY:

- We’ve talked about the question about whether or not to ask about suicide directly earlier in the training. To reiterate, we validated the fact that asking about suicide CANNOT plant the idea in the youth’s mind but we also reviewed the fact that if your personal attitudes about suicide would make you really uncomfortable or uneasy about asking that question or listening to the youth, this isn’t a conversation you want to have. IMMEDIATELY get this student to someone in a better position to help! Even if the student feels better after chatting with you, you MUST make a referral to your school resource staff for follow up IMMEDIATELY!

SLIDE 22

 **Protective Factors**

- Contact with a caring adult
- Sense of connection or participation in school
- Positive self-esteem and coping skills
- Access to and care for mental / physical / substance disorders



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CORE MESSAGE:

Research has identified significant protective factors for youth, including the importance of a caring relationship with a trusted adult.

SAY:

- One of the most significant protective factors for youth is a caring relationship with an adult. And for many young people, that person is a teacher or someone from school. For a kid, it's knowing that at least one grown up has your back and will be there when you need them. While it's certainly great if a kid has a village of adults behind them, the good news is that it doesn't take a village - one trusted adult is enough.
- Other protections include:
 - A sense of connection or participation in school or in the community.
 - Positive self-esteem and good coping skills.
 - Access to care for emotional or physical problems..... or for substance abuse disorders, what's significant about this factor is that it doesn't say that the youth has no problems - it simply says that if there are problems, there is also access to treatment for them. And,
 - Cultural or religious beliefs that discourage suicide and promote self-preservation.

SLIDE 23

 **Fostering Protective Factors**

- Teach students it is okay to ask for help
- Give students permission to talk about traumatic events like suicide
- Help students identify trusted adults
- Encourage participation in school & community activities
- Acknowledge student efforts
- Be a good listener, as often as you can



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CORE MESSAGE:

Schools can contribute to the development of protective factors in youth.

SAY:

- Another important thing to remember is that a school that truly functions as a 'Competent Community' is actually in the position to foster the development of protective factors in its student population.
- For example, students can be: helped to identify trusted adults in their lives, and encouraged to participate in school and community activities. They can also be taught, as some current school suicide prevention programs emphasize, that it's okay to ask for help.
- Students' efforts in school can be acknowledged, something that is critical for students who are marginal performers, and faculty and staff need to be good listeners to both verbal and nonverbal student communication

SLIDE 24

 **So Here's Your Homework:**

1. Review school policy & procedures
2. Examine personal attitudes and values
3. Remember your role in the competent community
4. Review curriculum for ways in which you can foster protective factors (resiliency)



CORE MESSAGE:

Suicide prevention extends beyond the scope of this training.

SAY:

- Today's workshop is really just the start of your competence in your suicide prevention. You'll want to review your school's policies and procedures to know what's expected of you by your board and administration, but you also want to personally review your attitudes and values about suicide, especially in light of what you've learned today.
- Ideally your school would be a Competent Community when it comes to suicide prevention - where everyone cares about each other's welfare, is aware of potential risk, and knows where and how get help for those who need it.
- Finally, take a look at all your curriculum to identify ways in which you can incorporate principles of problem solving, help-seeking, and engaging trusted adults as partners, not only as resources for suicidal kids but for all students to support them through all the ups and downs of life.

SLIDE 25

 **Remember:
Your Role Simplified**

- **Learning**
signs of risk in students
- **Identifying**
at-risk students
- **Referring**
to appropriate resources



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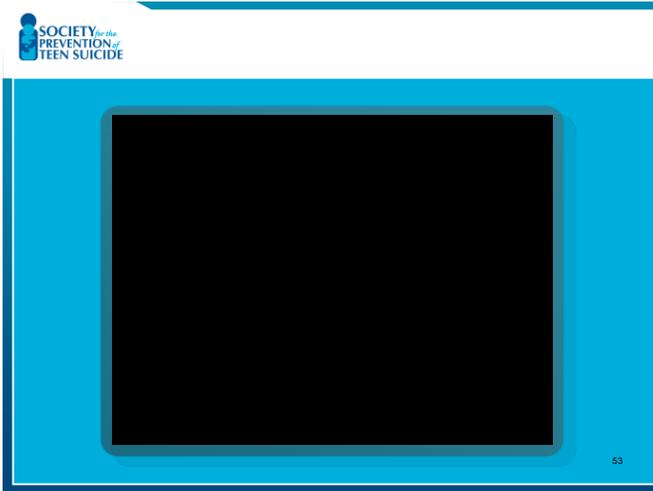
CORE MESSAGE:

Review the specific, critical, yet limited role of educators.



- Read the entire slide.

SLIDE 26



CORE MESSAGE:

Stacy, a youth reinforces how important it is for adults to notice the way in which youth may be signaling at-risk behavior and to ask about it in sensitive ways.



DO:

- Show clip on slide.



SAY:

- As Stacy's story points out, there are students like her sitting in your classrooms today who struggle with thoughts of suicide. And although we've covered a lot of important material in this training, recognizing the signs of a potentially at-risk student is only the first step in the process. Knowing what to do with your concerns about those students like Stacy may be even more important!
- We hope this training program has helped you feel better prepared to help the students in your classrooms struggling with thoughts of suicide...it has also focused on the critical role you play in not just the academic lives of your students but on your impact on their resiliency, coping and well-being.
- Always remember how influential you are in the lives of the kids you work with every day. When you combine that influence with accurate information about suicide, a clear understanding of your role in the prevention process, and compassion and concern, you really may be able to save a life!

SLIDE 27

SOCIETY for the PREVENTION of TEEN SUICIDE **Web Resources**

- www.sptsusa.org
Society for the Prevention of Teen Suicide
Sponsor of this program, focuses on resources for the competent school community, including Lifelines, an evidence-based suicide prevention program for schools. *Free on-line educator training!*
- www.suicidepreventionlifeline.org
National Suicide Prevention Lifeline
Free confidential, 24-hour hotline, free materials
- www.sprc.org
Suicide Prevention Resource Center
Resources for states, on-line library, best practices registry
- www.suicidology.org
American Association of Suicidology
Data, resources, links, journal, national conference
- www.thetrevorproject.org/
The Trevor Project
Specific information for LGBTQ youth
- www.afsp.org
American Foundation for Suicide Prevention
Survivor resources, research, and awareness



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CORE MESSAGE:

Many additional suicide prevention resources exist—here are a few of them.

SAY:

- For your colleagues who were unable to attend today's training, the Society for the Prevention of Teen Suicide has a free on-line course for educators that is very similar to this training. Please refer them to the SPTS website (www.sptsuniversity.org) to take the training.

DO:

- Handout local/state suicide prevention resources including contact information.
- Encourage them to order free materials from the National Suicide Prevention Lifeline to educate staff and students about the crisis and chat line.

SLIDE 28



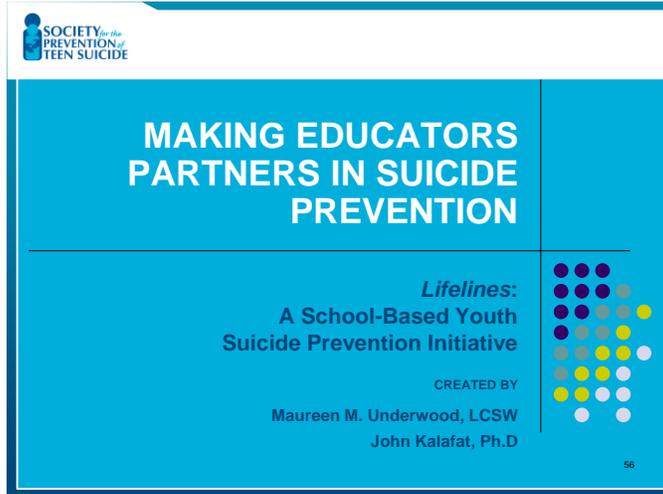
CORE MESSAGE:

To acknowledge how hard it can be to be an educator, how that job gets even harder when youth are at risk for suicide and how important it is for you to find a support system that provides support and shelter in this difficult work.

SAY:

- Thank you for your attention.
- We leave you with an Irish proverb that reminds us of why becoming a 'Competent Community' for suicide prevention is so important... because ***"It's in the shelter of each other than we live"***.

SLIDE 29



CORE MESSAGE:

[Last slide] Thank you and wrap up.

SAY:

- Thank you so much for taking the time to learn how to recognize and respond to suicide. We hope that you are leaving more ready, willing, and able to identify and respond to youth at risk for suicide.

DO:

- If you are doing a pre/post survey, have the participants complete the post test.
- If you are handing out certificates of completion, do so at this time.
- Stay after to answer any questions and/or offer necessary resources.

Training Tips

Making Educators Partners in Youth Suicide Prevention

1. Arrive 30 minutes early

Given all the things that can eat up time (parking problems, poor signage, locked doors, equipment or technology issues), it is essential to arrive at least 30 minutes early to your training.

2. Don't pretend you know all the answers

If you don't know the answer to something, admit it, and offer to find out the answer and get back to them. The suicide prevention field is vast and it's okay to take time to investigate questions.

3. Be prepared for people to want to share their stories

Some people are interested in attending suicide prevention training because they have had personal or professional experiences and want or need to talk about it. Because there is stigma and shame surrounding suicide, your training may be one of the rare invitations to talk openly about their experience. Be prepared to do some listening during the training and to stay after to provide those impacted by suicide to talk. If you find yourself short on time during the training yet you have a participant who raises their hand repeatedly to share their story, find a way to honor their experience and invite them to stay afterward to talk. You can say something like “you have a lot of experience to share and yet we are running tight on time—would you be willing to stay after to share more of your story with me and anyone else who would like to hear it?”

4. Study, and study again!

Familiarizing yourself with the notes is important to understanding the core messages of the workshop. Sometimes when people get nervous they ditch their notes and decide to ‘wing it’. Unless you've spent a good amount of time studying the slides and corresponding notes, winging it may mean that key messages get lost.

5. Always test your equipment

Murphy's Law applies to suicide prevention training! If you test your equipment when you arrive prior to the start of the training, most of the time it will work like a charm. It's the times you don't test it that the volume will fail or your PowerPoint slides freeze up. Be sure to build in time to test your equipment onsite and know who to contact (and how to contact them) in case of equipment or technology issues during your training.

6. Be positive and upbeat

Many people say “doing suicide prevention training must be depressing” but consider yourself a hope builder! You have a message of hope that more can be done. Suicide can be prevented and you are helping to build people's skills and confidence to be part of the solution.

7. Keep up-to-date on suicide prevention

Consider signing for the (SPRC) Suicide Prevention Resource Center's [Weekly Spark](#) newsletter. Find online training, archived webinars, research articles, and much more at the [SPRC](#) website. Both of these online resources offer cutting edge research, conversation, and upcoming events. There may be professional development opportunities as well – additional suicide prevention or intervention training, webinars, additional resources from the [Society for the Prevention of Teen Suicide](#) (SPTS) website – that can build on your suicide prevention knowledge base and comfort with the topic of suicide prevention.

8. Self-care is very important

Doing suicide prevention can be tough work. Be sure to reward yourself for your important work by doing something that is relaxing and provides downtime and makes you happy.

9. Join your local suicide prevention coalition/task force

Consider getting involved with your local suicide prevention efforts and if there is no formal group exists, consider starting one. Finding other people who are also passionate about preventing suicide can be inspiring and can provide a source of support to you as you build your expertise in suicide prevention. Your involvement on such as group will also strengthen your local training experiences because you will be able to speak with authority on local resources and provide examples of suicide prevention at work in your own community.

10. Avoid saying or implying that all suicides are preventable

While suicide can be prevented there will be cases where it cannot--someone is identified and referred but they refuse treatment or hide their suicidal feelings; the treatment they receive is substandard; there were seemingly no warning signs, etc. For whatever reason, someone may not get the help they need and they die by suicide. It can be painful for survivors of suicide loss to hear someone say that all suicides are preventable because it can imply they should have or could have done more to prevent their loved one's death. It is most accurate to say that "suicide is largely preventable" because it is.

11. Use safe messaging if interviewed by the media and when creating educational materials

If you are interviewed by the media or if you decide to create educational materials or awareness campaigns focused on preventing suicide, use the Suicide Prevention Resource Center's *Safe and Effective Messaging for Suicide Prevention* to craft your talking points or materials (<http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf>).

There are even *Recommendations for Reporting on Suicide* for you to share with the media before your interview that helps them report on suicide safely and effectively (see <http://reportingonsuicide.org/>). Articles and materials on suicide prevention should always include a positive message (it can be prevented), information on how to recognize risk, and a resource for those who are thinking of suicide (the National Suicide Prevention Lifeline, 1-800-273-TALK (8255)).

Frequently Asked Questions about

Making Educators Partners in Youth Suicide Prevention

Educator Training

1. How do you get a school interested in providing the training?

If you live in a state where educator training is required by law, your agency may be approached by a school to provide a presentation either on an in-service day or at a faculty meeting. The amount of time that is allocated for the training will probably correspond to the legislative requirements, which usually range from one to three hours.

Interest in presentations from school districts that have recently experienced suicides or high profile attempts will also be higher than from schools that have not felt personally touched by suicide. Sometimes the request is generated by the parent teacher organization. You can also reach out to the administration of any school to let them know you have the ability to address this issue with their faculty and staff. And don't forget about non-public schools - just because legislative mandates for training usually don't apply to them, their students are still at risk. The bottom line? Wherever you can generate interest- respond!

2. How much time is needed to provide an effective training?

A comprehensive training that parallels the online version takes between 1.5 and 2 hours. Sometimes, however, you won't have that much time. It's really hard to effectively condense this material to less than 45 minutes and we encourage you to try to insist on at least that much time. You may need to be creative in your scheduling. We've known schools that have allocated only 20 minutes for a staff meeting presentation. Several trainers report that they've responded to these time constraints by successfully lobbying for two 20 minute slots.

3. What are the questions most frequently asked by participants?

The PowerPoint actually includes the questions that have been asked most consistently (along with suggested responses). What is not included, however, is specific information about the policies and protocols that are used by a school when there is concern about a student's suicide risk. This is an important area to highlight and it is usually done best by a member of the school's resource team. So prior to finalizing the details for the training, be sure to ask if someone from the school can briefly explain- no more than 5 minutes- how the school responds when a student is in crisis. The most important detail to identify is to whom the staff in the school make referrals if they have any concern about a student's level of risk.

4. Is this training different in a school that has experienced a death by suicide?

A school that has had a death by suicide, especially within the last academic year, is considered to be a 'survivor school'. When the presentation is done in the survivor school, it begins with an acknowledgement of the loss to the school community and recognition that there may be many in the audience for whom this topic has very personal meaning.

It is usually wise to skip the initial video clip with Scott Fritz and Don Quigley talking about the deaths of their children. (It is included in the regular presentation to put suicide into a personal context; in a

school where someone has died by suicide, that personal context is already present and does not need to be reiterated).

Depending on when the death occurred, it can be helpful to include a few slides on the impact of a sudden death on the school community (these are attached in a file called ‘Survivor School Inserts’).

The key points that are made in these slides are derived from the LIFELINES POSTVENTION manual and include the following:

- While school life returns to normal fairly quickly following a death, the residual, personal impact can be felt for quite some time, especially by those who had a close relationship with the deceased.
- The adults in the school community need the opportunity to express their reactions to a death before they’ll be able to effectively help students deal with theirs.
- Even though grief is individualized, there are some common reactions to a death by suicide that complicate our responses to it.
- When we have information about the types of challenges a death like a suicide place on all members of the school community, we’re better able to respond proactively.
- Everyone needs to keep an eye out for students who might be especially affected by the death so these youth can be provided with support and resources if they need them.

5. Does SPTS offer additional training if a school is interested?

SPTS provides comprehensive consulting and training services to schools and communities around the issue of child and youth suicide prevention. Maureen Underwood, Clinical Director of SPTS, is the author of *Making Educators Partners* and the *Lifelines Trilogy* of school suicide prevention workshops and Pat Breux, Program Director, is the author of *Creating Suicide Safety in School Workshop*. All are recognized as national best practice. Trainings can be presented as individual training sessions or in a “Train the Trainer” model.

Lifelines: A Suicide Prevention Program

This comprehensive suicide prevention program is a whole-school program. *Lifelines* educates students on the facts about suicide and the students’ role in suicide prevention. It provides information on where to find suicide prevention resources in the school and community. Training materials are included for faculty and staff that provide accurate and practical information on identifying and referring students who might be at risk for suicide. *Lifelines* also includes a presentation for parents that answers questions about youth suicide and prevention; and it involves them in the school’s suicide prevention activities.

Designed for implementation in middle and high schools, it targets the whole school community by providing suicide awareness resources for administrators, faculty and staff, parents and students. It fits easily into health class programming and lesson plans.

Lifelines Intervention: Helping Students At Risk for Suicide

Research shows that when schools implement a suicide prevention program, self and peer-generated referrals increase. *Lifelines Intervention: Helping Students at Risk for Suicide* is designed for those in school who follow up with students at risk for suicide and educates on the ways to be fully prepared and how to address and respond to threats or signs of suicide and intervene-before it's too late.

Lifelines Postvention: Responding to Suicide and Other Traumatic Death

The American Association of Suicidology defines suicide postvention as “the provision of crisis intervention, support and assistance for those affected by a completed suicide.” Survivors of a death by suicide often include everyone in a school community, including classmates, friends, teachers and family members.

Lifelines Postvention: Responding to Suicide and Other Traumatic Death prepares those in the school community who respond to crisis in the school. It offers a high quality manualized approach to practice and preparation, including policies and tabletop exercises specifically designed for middle and high school communities. This unique program offers guidance for everyone in the school community on how to successfully address and respond to not only suicide, but also any type of traumatic death that profoundly affects the school population.

With in-depth references and detailed plans, this resource outlines a response strategy that reflects the challenges schools face in dealing with a death within the school community. Also included are references and support materials that allow school leaders to recognize and reduce the risk of suicide contagion (or “copycat”) behavior within the school.

Creating Suicide Safety in School Workshop

Creating Suicide Safety in Schools (CSSS) is a one-day workshop designed for school-based interdisciplinary teams, empowering them to establish realistic short-term plans for effective suicide prevention and response planning. Participants spend time planning and problem solving for specific actions needed for suicide-safer schools.

The workshop's format includes didactic presentations coupled with small workgroup discussions, checklists, group planning documents, and exposure to free and low-cost resources that meet best practice recommendations and/or evidence-based practice standards. *Creating Suicide Safety in Schools* incorporates key aspects of the Social-Ecological Prevention Model, public health perspectives, and recommendations for school-based suicide prevention practices (e.g., Berman, Jobes, & Silverman, 2006; Miller, 2011).

Further, the workshop explores six broad categories of school-based suicide safety: (1) policies, procedures, and standardized protocols; (2) staff training; (3) promotion of student protective factors; (4) identification and reduction of student risk factors; (5) postvention planning; and (6) engagement of family and community.

These trainings may be available through your state or regional training coordinator.

Inquiries can also be directed to:

Society for the Prevention of Teen Suicide

sptsusa@gmail.com

(732) 410-7900

www.sptsusa.org

www.sptsuniversity.org