



GLENBARD

PARENT SERIES

Navigating Healthy Families



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Conversation with
Students and Parents on Signs
and Symptoms of Youth Suicide

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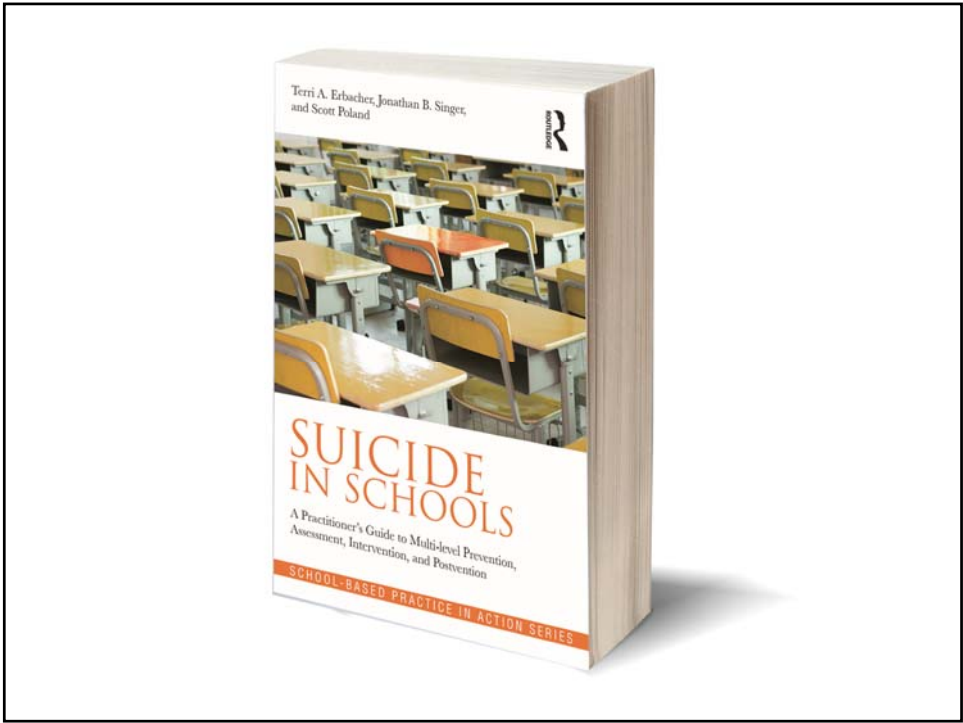
Loyola University Chicago, Social Work Podcast

@socworkpodcast

Photo: Michael Cho | Unsplash.com

Glenbard Parent Series

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DEFINITIONS

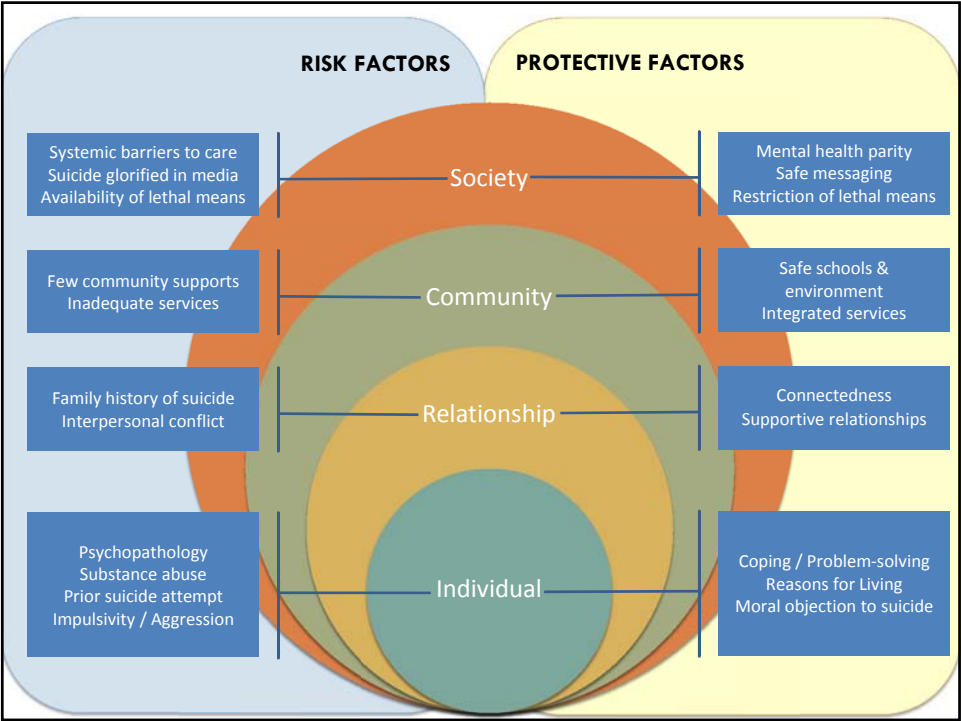
**Risk factor:** Variables that are more common in youth who die by suicide than youth who do not die by suicide.

**Protective factor:** Variables that protect from risk.

**Warning sign:** Immediate (proximal) indicators of risk.

We're really bad at predicting long-term risk

**Resilience:** Performing better than your risk status would suggest.



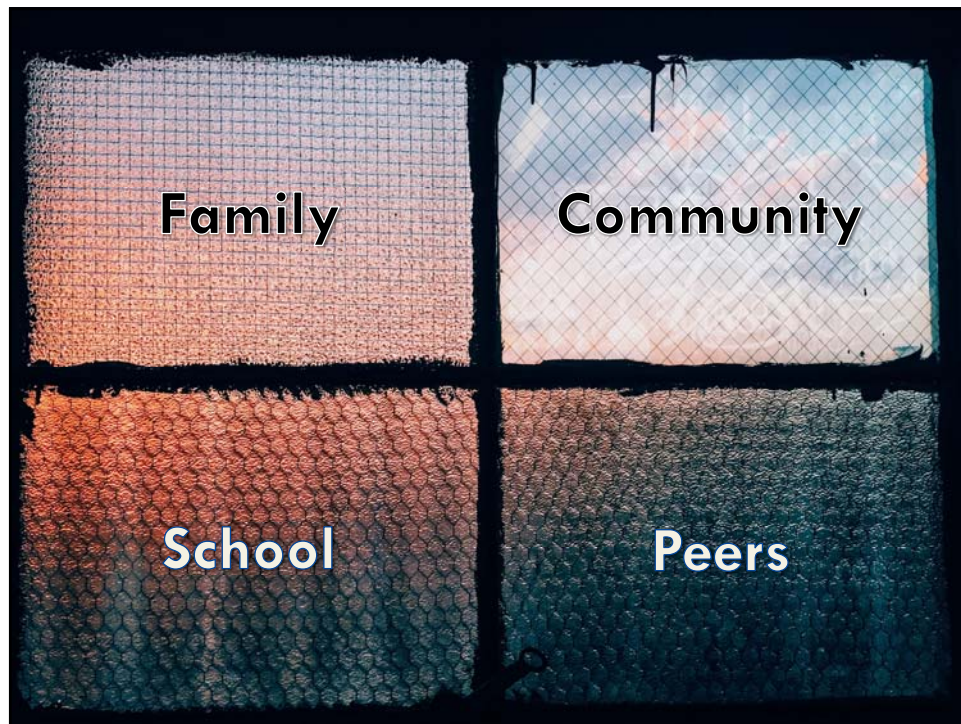
PROTECTION

- | | |
|---|---|
| Easy access to effective, culturally competent care | Nonviolent problem solving and conflict resolution |
| Support from medical and mental health care professionals | Family acceptance for their sexual orientation and/or gender identity |
| Coping, problem solving and conflict resolution skills | A feeling of safety, support and connectivity at school through peer groups like Gay-Straight Alliances |
| Restricted access to highly lethal means of suicide (e.g. firearms) | Positive connections with friends who share similar interests |
| Strong connections to family members | Cultural and religious beliefs that discourage suicide |
| Connectedness to safe schools | Positive role models and self esteem |
| Academic, artistic, atheltic achievements | |

WARNING SIGNS

1. Talking about or making plans for suicide.
2. Expressing hopelessness about the future.
3. Displaying severe/overwhelming emotional pain or distress.
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant
 - Withdrawal from or change in social connections/situations.
 - Recent increased agitation or irritability.
 - Anger or hostility that seems out of character or out of context.
 - Changes in sleep (increased or decreased).

<https://www.youthsuicidewarningsigns.org/>



7 TIPS FOR PARENTS

What can we do right now to decrease the risk of suicide in our children? (Strassberg, 2015)

1. Make your teen sleep
2. Talk with your teen
3. Model mental health treatment
4. Want the best for your child, not for your child to be the best
5. It's you and the teachers for your teen, not you and your teen *against* the teachers
6. Get a pet
7. Keep Calm

6 TIPS FOR SCHOOLS

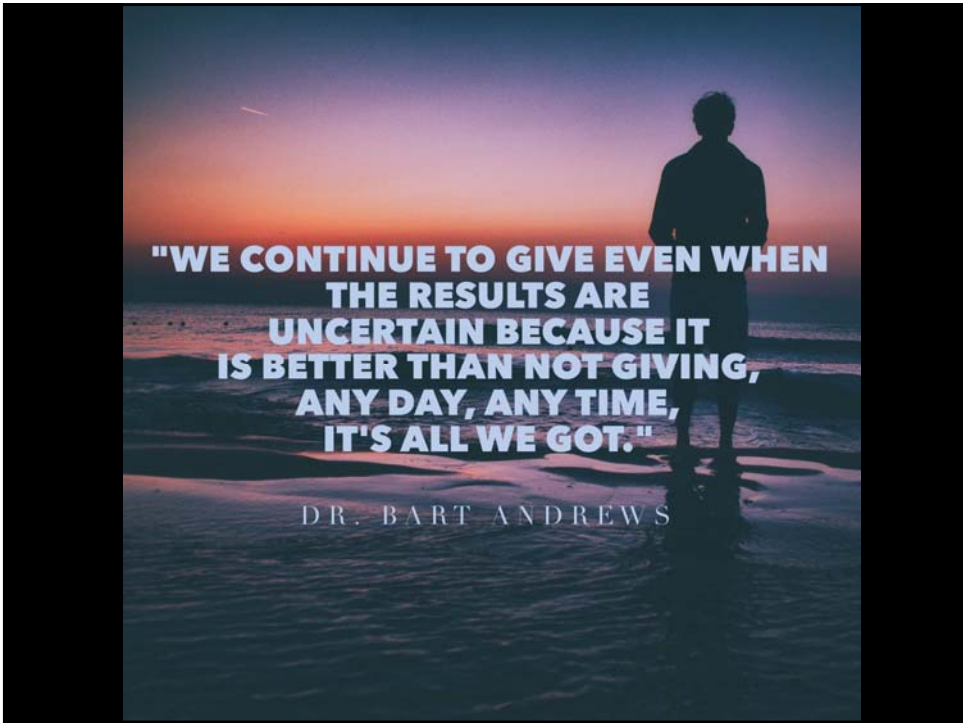
- 1. Conduct universal screening
- 2. Collaborate with parents and communities
- 3. Aspire to zero suicides
- 4. Train staff to recognize and respond to suicide risk
- 5. Recognize mistakes as learning opportunities
- 6. Care for staff

5 TIPS FOR YOUTH

- 1. Don't worry about upsetting adults
 - You have the right to your feelings
- 2. When you're going through hell, keep going.
 - Your reasons for living might not be in your life yet... #LiveYourBestLife
- 3. Don't confuse being sad, angry, scared or lonely with wanting to die.
 - Learn to sit with sadness, anger, fear and loneliness
- 4. Don't discount your experiences
 - Remember that some experiences are mirrors and some are windows
- 5. It isn't about you
 - It is all about you

4 TIPS FOR COMMUNITIES

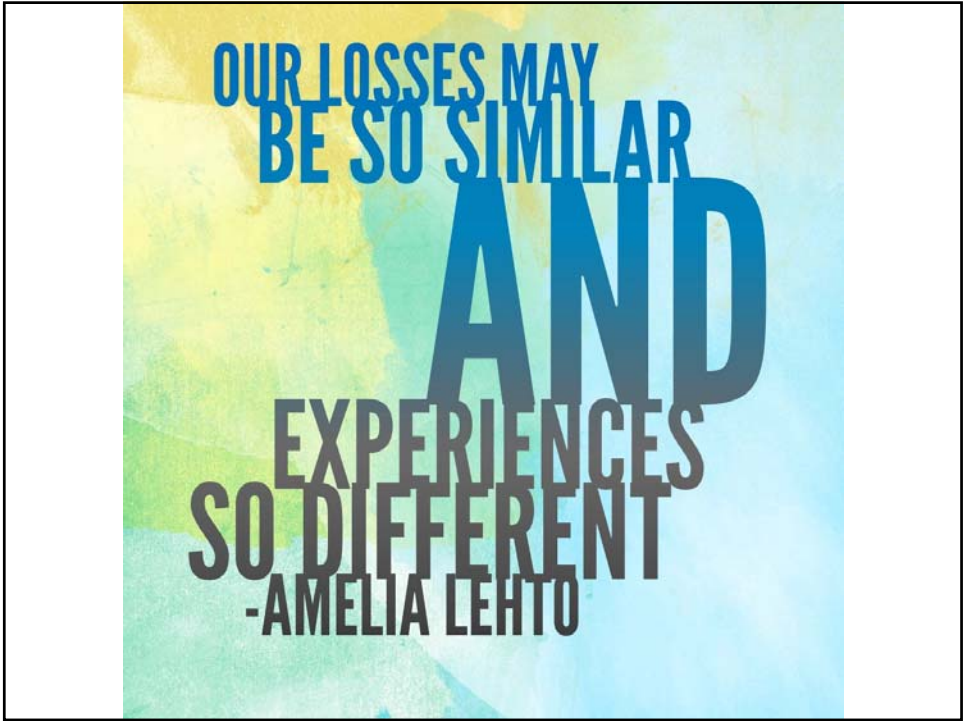
- 1. Collect better data
- 2. Invest in early intervention
- 3. Maximize least restrictive environments
- 4. Improve collaborations

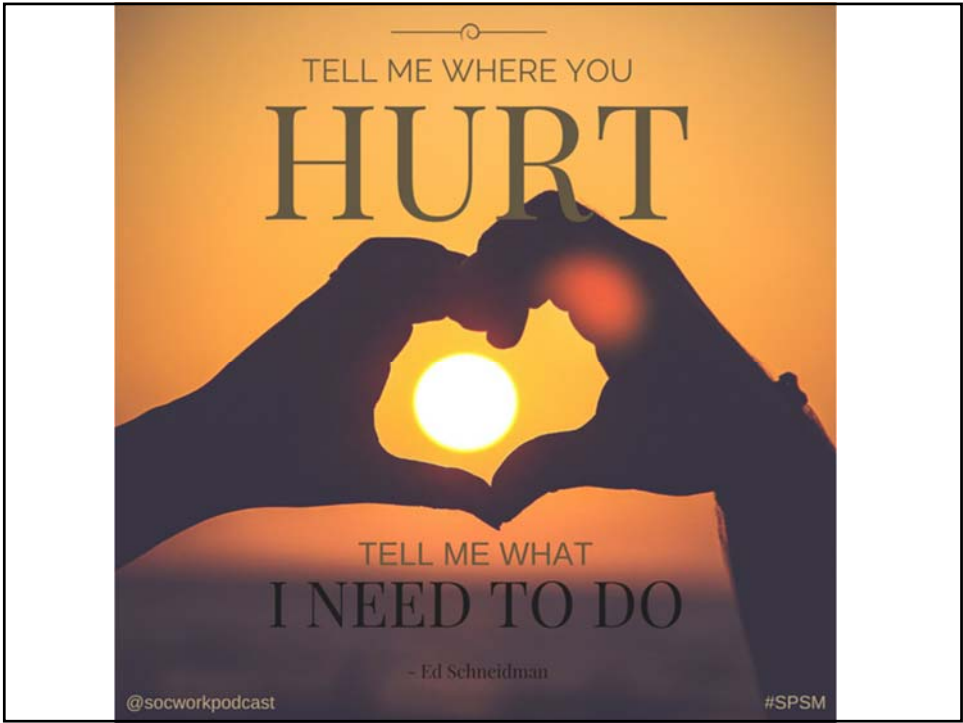




Suicide Myths & Facts

Myth: People who are suicidal are weak.
Fact: People are suicidal in spite of enormous strength and courage.
Myth: All adolescents think about suicide.
Fact: Lifetime prevalence for serious thoughts of suicide is about 12% (Nock et al, 2013)
Myth: If I ask about suicide I'll put the idea in someone's head.
Fact: Asking someone about suicide will not make him or her suicidal (Gould et al., 2005).
Myth: If someone really wants to die by suicide there is nothing I can do about it.
Fact: Suicide is preventable. Even those at the highest risk for suicide still have part of them that wants to live.
Myth: Suicide is selfish
Fact: People who are suicidal often feel like they are a burden to others. They see staying alive as selfish and suicide as a giving their loved ones a reprieve.





Leading up to the question...

Have you had thoughts of...

hurting yourself? [*self-harm*]



wanting to die? [*non-suicidal morbid ideation*]



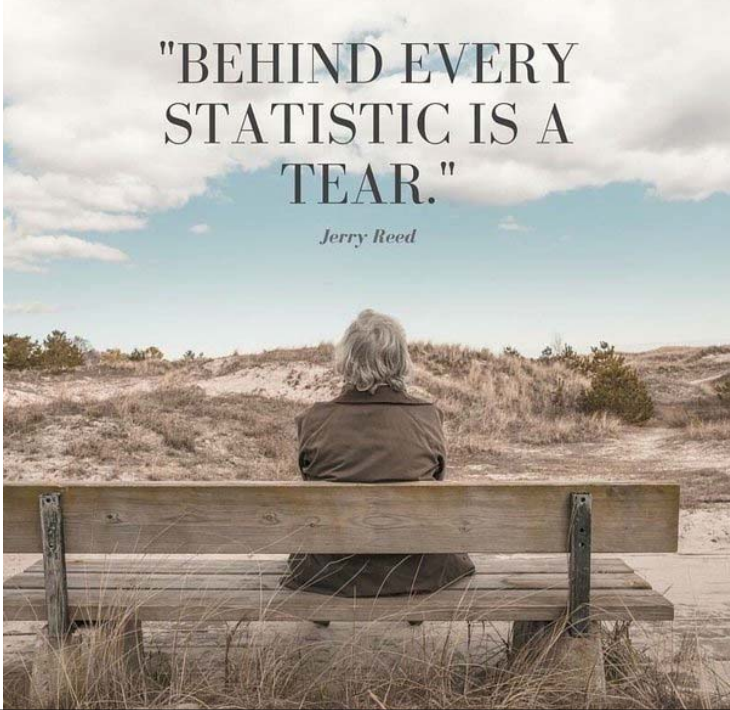
killing yourself? [*suicidal ideation*]

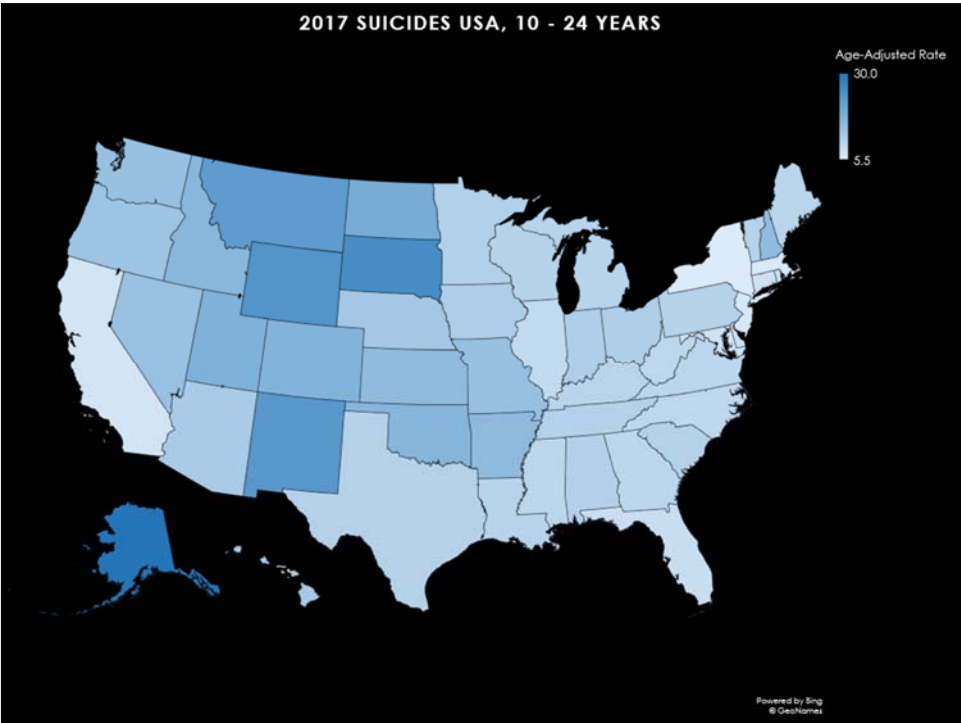
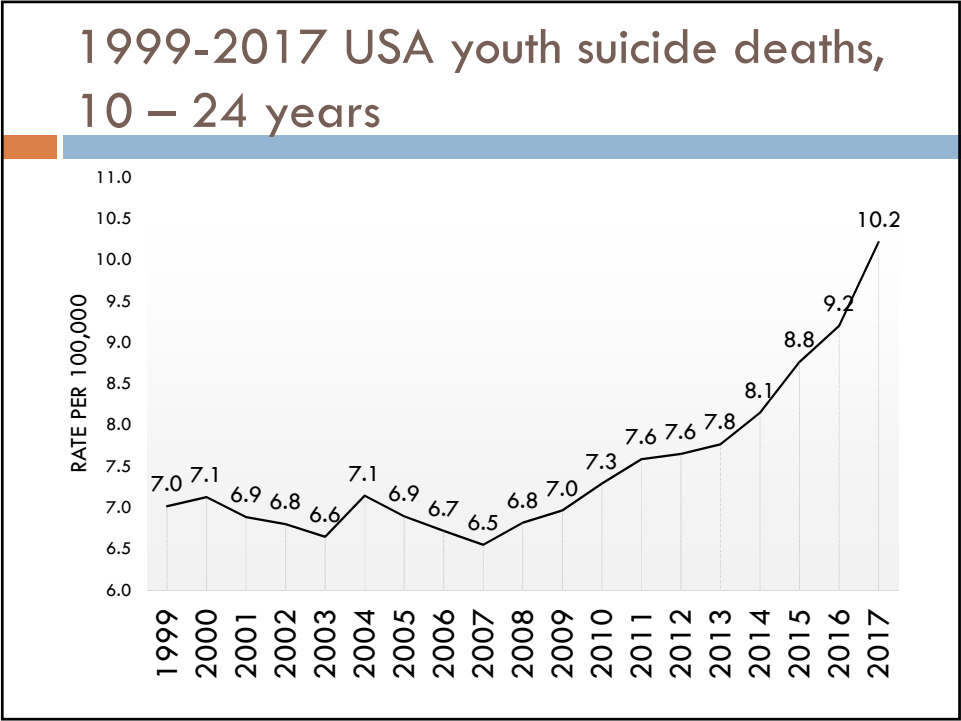
What to say: ACT

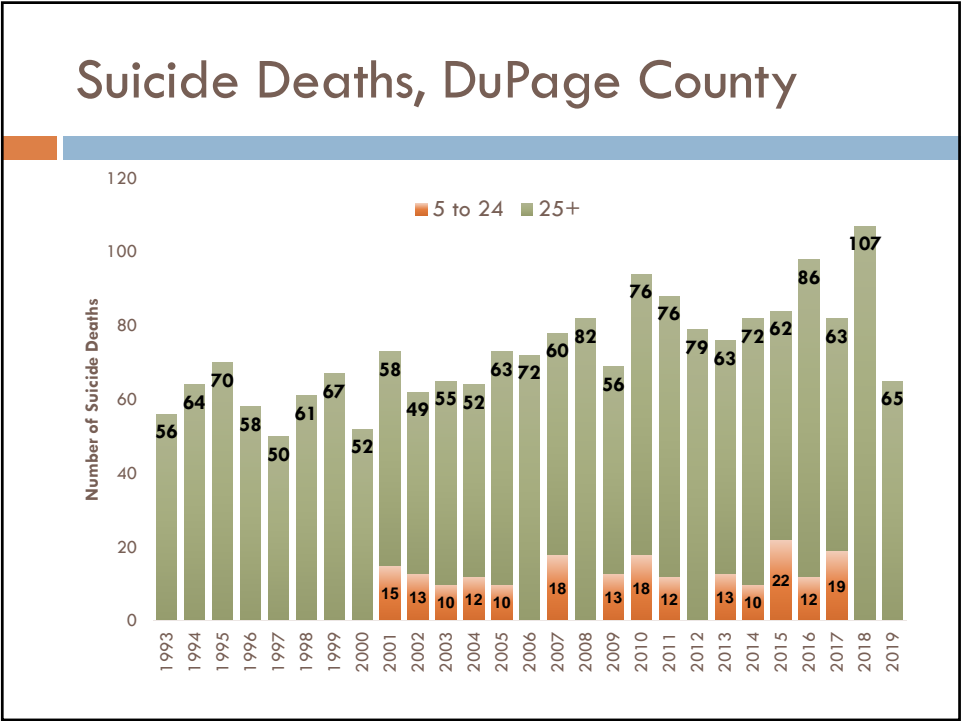
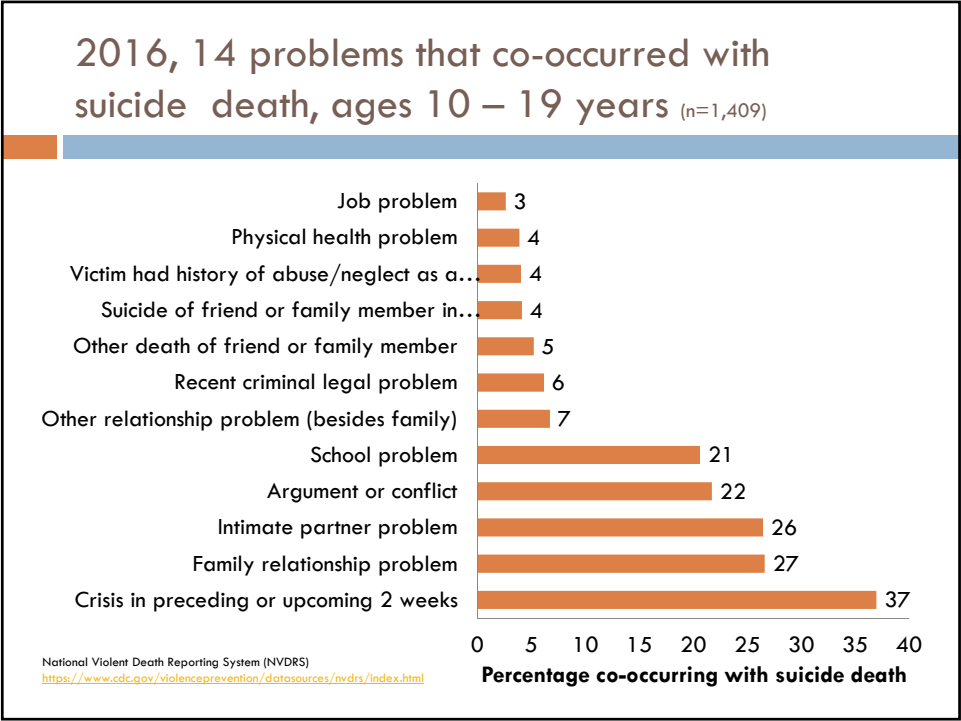
- **Acknowledge.** Validate rather than dismiss their thoughts and feelings. It can be difficult for someone to bring up suicidal thoughts, and if you don't take them seriously, they may shut down and not come to you again.
- **Care.** Show that you care by listening carefully and taking what they say seriously. It might be hard for you to hear, but listen without judgment. You can't help them if you don't know what they're experiencing. It might also be good to ask them how you can help. You may not know what to do, and they may not either, but offering to help and asking what they need can be a great first step in showing that you care that they're here and stay here.
- **Tell/Treatment.** You can help them get treatment by offering to accompany them, or suggesting a step they can take. But you also may not be the best person to get your friend or family member the help they need. If not, you may need to tell someone in the person's life what is going on.

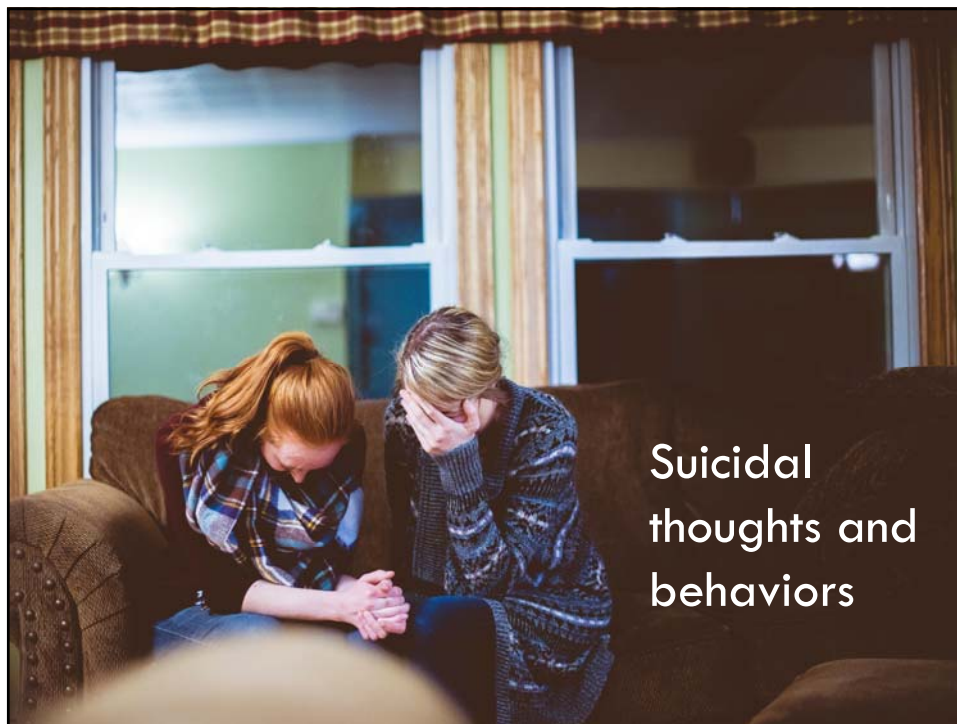
WHAT NOT TO SAY

- “You have so much to live for.”
- “Things could be worse.”
- “Suicide is a permanent solution to a temporary problem.”
- “Don’t you know I would be devastated if you killed yourself?
How could you think of hurting me like that?”
- “Suicide is selfish.”
- “You’re just going to give your pain to everyone else.”
- “You don’t mean that. You don’t really want to die.”



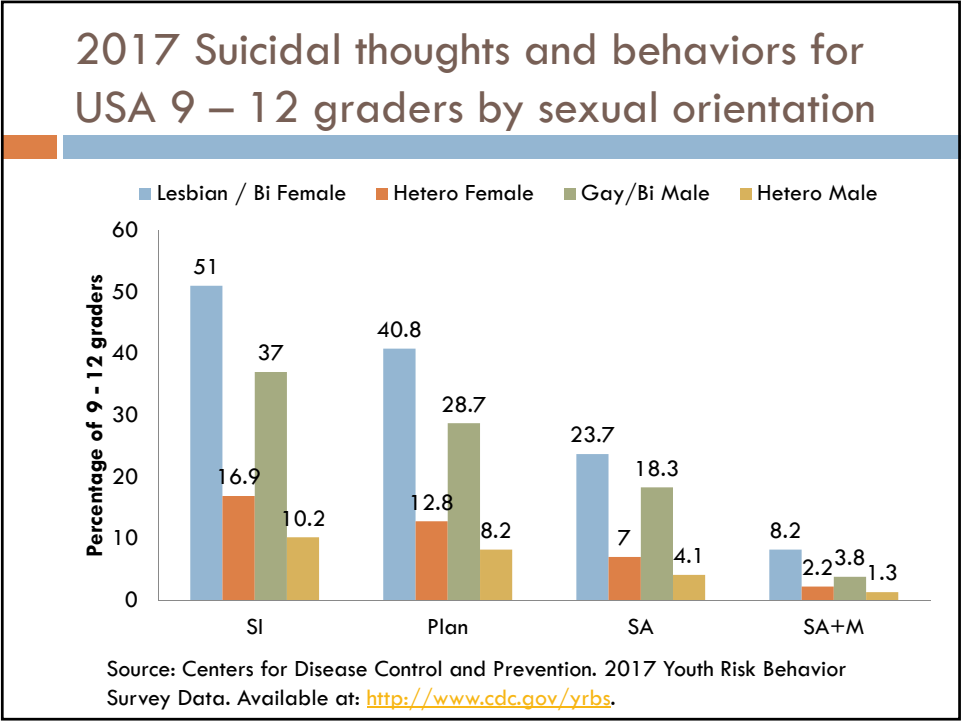




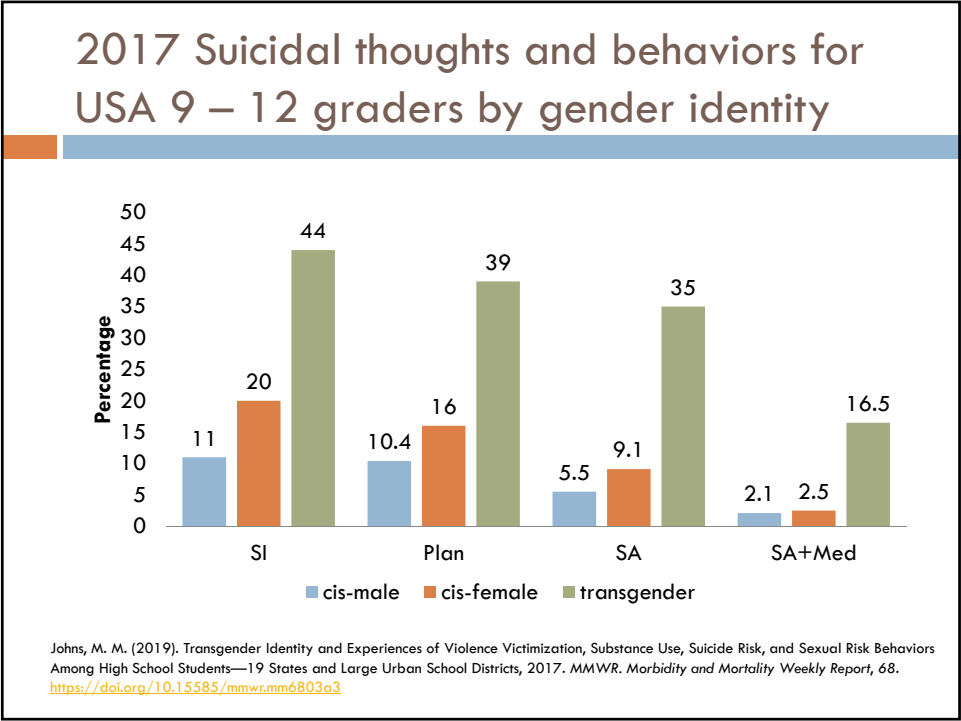


Suicidal thoughts and behaviors

- Suicidal ideation: thoughts of suicide
- Suicide attempt: any action taken with the intention of ending one's life
- Non-suicidal morbid ideation: thoughts of death without suicidal intent
- Non-suicidal self-injury: intentional destruction of body tissue without an intention to die



- ### Lesbian, Gay and Bisexual youth
1. Research suggests that LGB youth have the same underlying mechanisms of suicide risk as non-LGB youth (Birkett, Newcomb, & Mustanski, 2015; Kuper, Adams, & Mustanski, 2018; Mustanski & Liu, 2013), but are at increased risk for suicidal thoughts and behaviors because of rejection, sexual and physical harassment from family, peers, teachers, and other important adults due to sexual orientation (Liu & Mustanski, 2012; Rimes et al., 2019; Ryan, Huebner, Diaz, & Sanchez, 2009);
 2. LGB stigma and discrimination experiences are modifiable through psychosocial programs and interventions such as Gay Straight Alliances and LGB-affirmative curricula (see the 2017 GLSEN study for an example).



You might see your child as the problem, but we see your family as the solution

- Guy Diamond
co-developer of
Attachment-Based Family Therapy

RESILIENCE

In the context of *exposure to significant adversity*, resilience is both the capacity of individuals to **navigate** their way to the psychological, social, cultural, and physical resources that sustain their well being, and their capacity individually and collectively to **negotiate** for these resources to be provided and experienced in culturally meaningful ways.

Michael Ungar (2013)



TO LEARN MORE

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York: Routledge.

eResources for the book can be found at the Routledge Press website:

<https://www.routledge.com/Suicide-in-Schools-A-Practitioners-Guide-to-Multi-level-Prevention-Assessment/Erbacher-Singer-Poland-Mennuti-Christner/p/book/9780415857031>

