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Afraid to Ask: Talking with Children About Suicide

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Afraid to Ask: Talking with Children About Suicide



Event Materials

Visit the **event page** to download a copy of the presentation slides and webinar resources.



Continuing Education

This webinar has been approved to offer continuing education credit. Please stay tuned until the end for CE information!

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This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Numbers 2019-48770-30366 and 2023-48770-41333.

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Part 1 with the Education Development Center



Weaving Community Safety Nets for Youth

This webinar explores the who and how of building a safety net for youth who may be at risk for suicide. Discussions include thinking comprehensively about how communities can work collaboratively with military service providers and mental health services to support military youth and families.

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Today's Presenter



Dr. Terresa Humphries-Wadsworth, PhD *(she/hers)*

Licensed Psychologist
Associate Project Director
Education Development Center

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The presenter has no relationships or conflicts of interest to report.

Learning Objectives

- Identify developmental considerations in talking with children about suicide
- Discuss an approach for talking with youth about suicide
- Identify steps to take if youth say, "Yes, I have thought about suicide," or otherwise confirm they have thought about suicide
- Describe how and when to use 988

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Pre-Webinar Check-In



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Poll

I am very comfortable asking children about their suicidal thoughts.

- a) Strongly Disagree
- b) Disagree
- c) Neither Agree or Disagree
- d) Agree
- e) Strongly Agree

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Suicide is preventable.

Image from [CDC.gov/BodyWork/Suicide-Violence-and-Injury-Prevention](#)

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Scope of the Problem

What does the data tell us?

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10 Leading Causes of Death, U.S., 2019

| | Age Groups | | | | | | | |
|----|---------------------------------|---------------------------------|-----------------------|-----------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | 10 - 14 | 15 - 24 | 25 - 34 | 35 - 44 | 45 - 54 | 55 - 64 | 65+ | All Ages |
| 1 | Unintentional Injury | Unintentional Injury | Unintentional Injury | Unintentional Injury | Malignant Neoplasms | Malignant Neoplasms | Heart Disease | Heart Disease |
| 2 | Suicide | Suicide | Suicide | Malignant Neoplasms | Heart Disease | Heart Disease | Malignant Neoplasms | Malignant Neoplasms |
| 3 | Malignant Neoplasms | Homicide | Homicide | Heart Disease | Unintentional Injury | Unintentional Injury | Chronic Low Respiratory Disease | Unintentional Injury |
| 4 | Homicide | Malignant Neoplasms | Malignant Neoplasms | Suicide | Liver Disease | Chronic Low Respiratory Disease | Cerebrovascular | Chronic Low Respiratory Disease |
| 5 | Congenital Anomalies | Heart Disease | Heart Disease | Homicide | Suicide | Diabetes Mellitus | Alzheimer's Disease | Cerebrovascular |
| 6 | Heart Disease | Congenital Anomalies | Liver Disease | Liver Disease | Diabetes Mellitus | Liver Disease | Diabetes Mellitus | Alzheimer's Disease |
| 7 | Chronic low respiratory disease | Diabetes Mellitus | Diabetes Mellitus | Diabetes Mellitus | Cerebrovascular | Cerebrovascular | Unintentional Injury | Diabetes Mellitus |
| 8 | Influenza & Pneumonia | Influenza & Pneumonia | Cerebrovascular | Cerebrovascular | Chronic Low Respiratory Disease | Suicide | Nephritis | Nephritis |
| 9 | Cerebrovascular | Chronic Low Respiratory Disease | Complicated Pregnancy | Influenza & Pneumonia | Nephritis | Nephritis | Influenza & Pneumonia | Influenza & Pneumonia |
| 10 | Benign Neoplasm | Cerebrovascular | HIV | Septicemia | Septicemia | Septicemia | Parkinson's Disease | Suicide |

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Youth Suicide Deaths, 2021

All Intents All Injury Deaths and Rates per 100,000
 Data Years: 2021, United States, 9 to 18, Both Sexes, All Races, All Ethnicities
 ICD-10 Codes: V01-Y36,Y85-Y87,Y89,*U01-*U03

| Intent | Deaths | Population | Crude Rate | Age-Adjusted Rate |
|--------------------|--------------|-------------------|--------------|-------------------|
| Unintentional | 4,459 | 42,798,942 | 10.42 | 11.96 |
| Homicide | 2,268 | 42,798,942 | 5.30 | 6.28 |
| Legal Intervention | 19** | 42,798,942 | 0.04** | 0.05** |
| Suicide | 2,292 | 42,798,942 | 5.36 | 6.26 |
| Undetermined | 149 | 42,798,942 | 0.35 | 0.39 |
| Total | 9,187 | 42,798,942 | 21.47 | 438.42 |

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Share your thoughts

What are some things that children or adolescents find stressful?

Use the chat pod to type your answers.

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Scenario

Marcus is 14-year-old African American cis-gender male. His mother, Tasha, expresses concern about his behavior.

- Withdrawn from the family (spending time in his room)
- Sleeping a lot
- Grades falling

- Benched for 2 games for an angry outburst during football practice

- Relocated to this new school 3 months ago.
- Dad is due to leave on a deployment cycle in 2 weeks.

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Approach for Parents to Talk with Children

- Put on your own oxygen mask first
 - Make sure you are calm and ready to listen
- Make time and space for the conversation
 - Use their preferred method of communication, and use healthy distraction
- Let their developmental stage guide the language of the conversation
 - Ability to identify and express thoughts and feelings
 - Understanding of death (permanent, irreversible)
 - Future concepts

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Approach for Parents to Talk with Children

- ❑ Express your concern and ask about feelings, behaviors, situations
"It seems like you've been struggling lately. What's going on?"
- ❑ Provide support (not solutions)
"What you are feeling sounds tough."
- ❑ Be honest, be direct – ask about suicidal thoughts
"Are you thinking about suicide?"
- ❑ Connect to Care and Follow up
"It's okay to not be okay. You can get through this and I am here for you. Let's get some help."
Suicidal thoughts or actions, even in very young children, are signs of extreme distress.

<https://HealthCare.Utah.edu/HealthFeed/2021/09/Talking-about-Suicide-Conversation-Could-End-Saving-Life>

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What if they say, "Yes"?

1. **Good job!** You uncovered a risk that was already there.
2. Remember, suicidal thoughts are **thoughts**.
3. Praise them for telling you. This is hard to talk about.
4. Listen. Provide emotional support.
5. Link to a behavioral health professional.

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Getting Help

988 Suicide and Crisis Lifeline

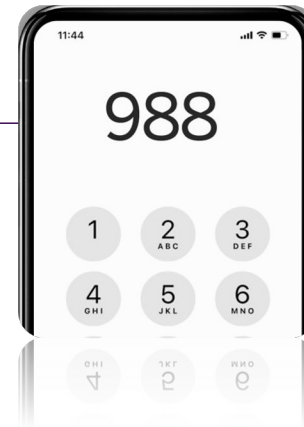
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What is 988?


- **988** is an easy-to-remember crisis line number.
- A **direct connection to compassionate, accessible support** for anyone experiencing emotional distress, including thoughts of suicide or a mental health or substance use crisis.
- People can **dial, text, or chat 988** if they are **worried about a loved one** needing crisis support.



<https://www.SAMHSA.gov/Find-Help/988/Partner-Toolkit>

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Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress.

- National Suicide & Crisis Lifeline helps thousands of people overcome crisis situations every day.

Proven to work – Lifeline studies have shown that after speaking with a trained crisis worker, most callers are significantly more likely to feel:

- less depressed
- less suicidal
- less overwhelmed
- more hopeful

<https://www.SAMHSA.gov/Find-Help/988/Partner-Toolkit>

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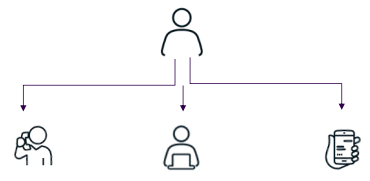
How The Lifeline Works
988


Since July 2022, the Suicide and Crisis Lifeline received over **6 million contacts**.


People who **call the Lifeline** are given three options:


- Press 1** to connect with the **Veterans Crisis Line**
- Press 2** to connect with the **Spanish Subnetwork**
- Press 3** to connect with support for **LGBTQI+ youth and young adults**
- Remain on the line** and be connected to a **local crisis center**; if local crisis center is unable to answer, the caller is routed to a national backup center

People who **text/chat the Lifeline** are connected to crisis centers equipped to respond to texts and chats




Calls


Chats


Texts

<https://www.SAMHSA.gov/Find-Help/988/Partner-Toolkit>

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Scenario

Marcus and his mom call 988.

Marcus tells the Lifeline worker that he feels down, overwhelmed, lonely, and ashamed of his bad grades and getting benched on the team. He dreads his Dad leaving on deployment.

He believes that he has let his family down, and “my family would be better off if I was dead,” but he does not have a plan for ending his life.

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Share your thoughts

What do you think should happen next?

Use the chat pod to type your answers.

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Scenario

Marcus and his mom, Tasha, work with the 988 crisis worker to:

- Develop a coping-for-now plan (safety plan)
- Discuss steps they can take to safeguard lethal means at home
- Identify additional support resources

The 988 crisis worker provides links to services on their installation and in the community.

Screening for Suicide Risk

Screening is best practice in clinical settings

Screening Tools

- ❑ Ask Suicide-Screening Questions (ASQ)
- ❑ Columbia Suicide Severity Rating Scale (C-SSRS) Triage Version
- ❑ Patient Health Questionnaire-9: Modified for Teens (PHQ-A)

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ASQ: Ask Suicide-Screening Questions

- Ages 8 – 24
- Interview questions
- Available in multiple languages
- Part of a Toolkit

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https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit.pdf

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CSSRS: Columbia Suicide Severity Rating Scale Triage

- Ages 12+
- Interview questions
- Available in multiple languages

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| Always ask questions 1 and 2. | Past Month |
|---|-------------------------|
| 1) Have you wished you were dead or wished you could go to sleep and not wake up? | |
| 2) Have you actually had any thoughts about killing yourself? | |
| If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6. | |
| 3) Have you been thinking about how you might do this? | |
| 4) Have you had these thoughts and had some intention of acting on them? | High Risk |
| 5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? | High Risk |
| Always Ask Question 6 | Life-time Past 3 Months |
| 6) Have you done anything, started to do anything, or prepared to do anything to end your life? <small>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</small> | High Risk |

988
SUICIDE & CRISIS LIFELINE

Any **YES** indicates that someone should seek behavioral healthcare.

However, if the answer to 4, 5 or 6 is **YES**, get immediate help. Call or text 988, call 911 or go to the emergency room. **STAY WITH THEM** until they can be evaluated.

Download Columbia Protocol app

<https://cssrs.columbia.edu/the-columbia-scale-c-cssrs/risk-identification/>

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PHQ-A: Patient Health Questionnaire 9 modified for Adolescents

- Ages 11-17
- Self-report form
- Screening for depression (Qs 1-8)
- Screening for suicide ideation (Q9)

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PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

| | (0) Not at all | (1) Several days | (2) More than half the days | (3) Nearly every day |
|---|-------------------|---------------------|--------------------------------|-------------------------|
| 1. Feeling down, depressed, or hopeless? | | | | |
| 2. Little interest or pleasure in doing things? | | | | |
| 3. Trouble falling asleep, staying asleep, or sleeping too much? | | | | |
| 4. Poor appetite, weight loss, or overeating? | | | | |
| 5. Feeling tired or having little energy? | | | | |
| 6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down? | | | | |
| 7. Trouble concentrating on things like school work, reading, or watching TV? | | | | |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? | | | | |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? | | | | |

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?
 Yes No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?
 Not difficult at all Somewhat difficult Very difficult Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?
 Yes No

Have you **THOUGHT** in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
 Yes No


"If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911."

Office use only: Severity score: _____

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1996) by J. Johnson (Johnson, 2002)

https://www.aacap.org/App_Themes/AACAP/docs/member_resources/tool_box_for_clinical_practice_and_outcomes/symptoms/GIAD-PC_PHQ-9


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Poll

Which of these screening tools do you use in your practice?

- a) ASQ
- b) CSSRS
- c) PHQ-A
- d) Other Screener
- e) None



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What if they are younger than 8 years old?

While some researchers have conducted studies that include younger children, there are currently no screeners with reliability and validity data for use with children under age 8.

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What if they are younger than 8 years old?

Young Children

- Ask about their feelings.
- Provide emotional support.
- Make the environment safer.

Note: 6- and 7-year-olds may have thoughts about wanting to be dead. These should be explored with a clinician.

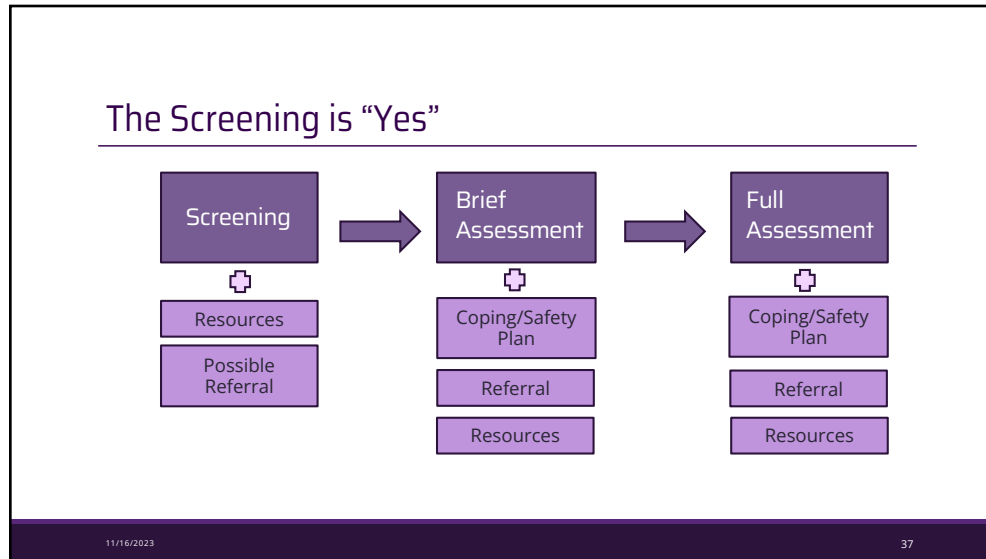
Parental concern ("gut feeling") or any warning signs indicate that a full assessment is warranted.

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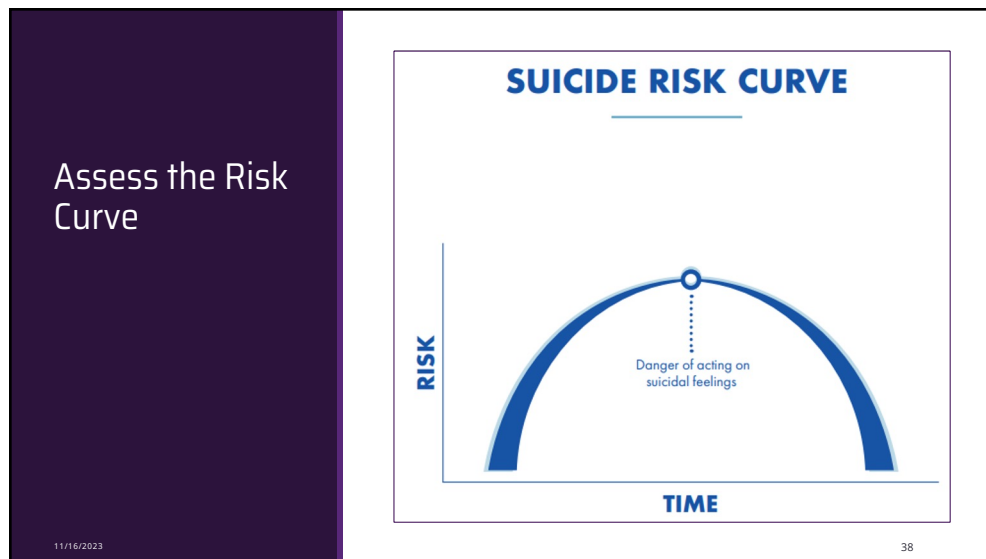
Brief Suicide Safety Assessment

Can the person be safe for now?

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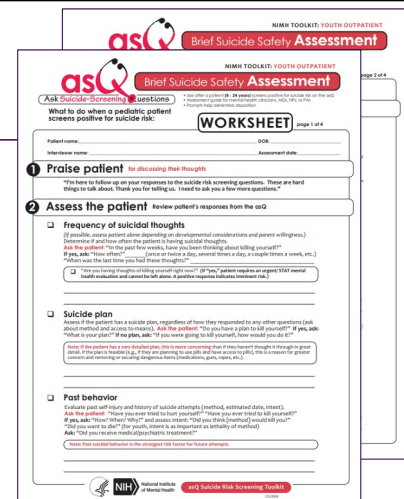


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Assess Safety

ASQ: Ask Suicide-Screening Questions - Brief Safety Assessment

- Ages 8 – 24
- After a positive screen on the ASQ
- Interview questions
- Available in multiple languages
- Part of a Toolkit



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Coping/Safety Planning

Personalized coping plan for crisis

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Stanley-Brown Safety Plan

- Personalized coping plan with safety strategies
- Interview structure
- Involve parents**

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STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:
 1. _____
 2. _____
 3. _____

STEP 2: INTERNAL COPING STRATEGIES - THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:
 1. _____
 2. _____
 3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:
 1. Name: _____ Contact: _____
 2. Name: _____ Contact: _____
 3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:
 1. Name: _____ Contact: _____
 2. Name: _____ Contact: _____
 3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:
 1. Clinician/Agency Name: _____ Phone: _____
 Emergency Contact: _____
 2. Clinician/Agency Name: _____ Phone: _____
 Emergency Contact: _____
 3. Local Emergency Department: _____
 Emergency Department Address: _____
 Emergency Department Phone: _____
 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):
 1. _____
 2. _____

The Stanley Brown Safety Plan is copyrighted by Barbara Stanley, PhD or Gregory K. Brown, PhD ©2008, 2013.
 Individual use of the Stanley Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.stanleybrown.com.

Stanley Brown
Safety Planning Intervention

<https://suicidesafetyplan.com/forms/>
<https://suicidesafetyplan.com/training/>

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Stanley-Brown Safety Plan App

Stanley-Brown Safety Plan (4+)

Two Penguins Studios LLC

Designed for iPad


★★★★★ 3.7 • 6 Ratings

Free


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**Suicide Prevention
Resource Center**



**Safety Planning
for
Youth Suicide
Prevention**

<https://sprr.org/online-courses/>

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Scenario

Marcus and his mom, Tasha, work with the 988 crisis worker to:

- Develop a coping-for-now plan (safety plan)
- Discuss steps they can take to safeguard lethal means at home
- Identify additional support resources

The 988 crisis worker provides links to services on their installation and in the community.

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Share your thoughts

What steps might Marcus' family take to safeguard lethal means at home?

Use the chat pod to type your answers.

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CALM Course

Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies.

- Learn approaches for discussing lethal means safety.
- Advise clients on strategies for increased safety at home.
- Feel more comfortable discussing and applying these strategies.

Counseling on Access to Lethal Means

[Home](#) / [Counseling on Access to Lethal Means](#)



Screenshot/images from <https://zerosuicidetraining.edc.org>, used with permission, Terresa Humphries-Wadsworth

<https://zerosuicidetraining.edc.org/enrol/index.php?id=20>

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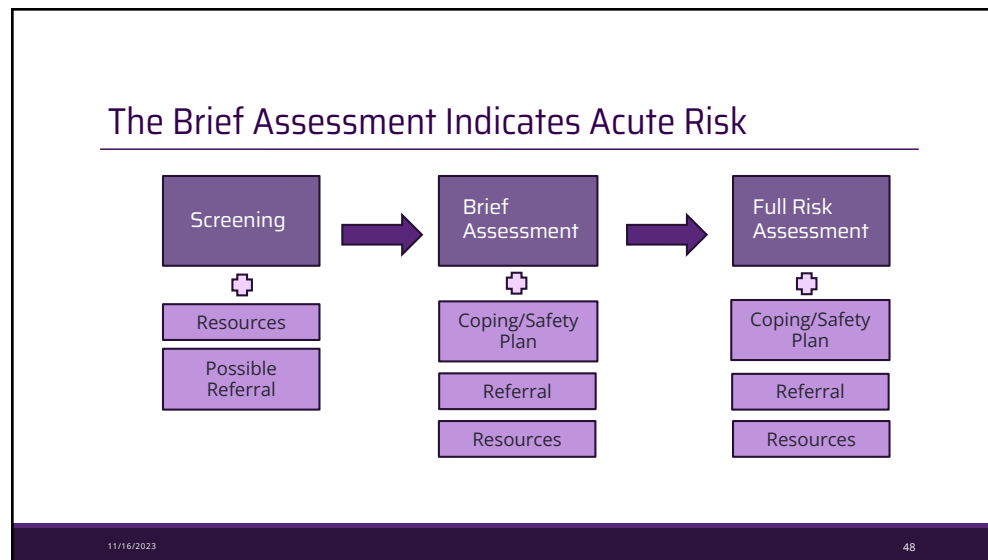
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Suicide Risk Assessment

If risk appears imminent, conduct a full mental health and suicide risk assessment.

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Suicide Risk Assessment

- Personal history:
 - Strengths, challenges
 - Impulsivity, substance use
 - Suicide specific ideation, plans, past behaviors, previous attempts
- Life stressors, precipitating events, potential future events/situations
- Behavioral health diagnosis
- Personal investment/engagement
- Coping Resources and Safety Planning

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Making the Environment Safer During a Crisis

“Very few people who have their suicide plans delayed or interrupted go on to die by suicide.”

(Daigle, 2005; Owens, Horrocks, & House, 2002)

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Talking with Children About Suicide

Connect to Protect

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Resources



- [ACT to Prevent Suicide](#)
- [Ask Suicide-Screening Questions](#)
- [Assessing and Managing Suicide Risk](#) (\$ Paid Training)
- [Collaborative Assessment and Management of Suicidality \(CAMS-4Teens\)](#) (\$ Paid Training)
- [Counseling on Access to Lethal Means](#)
- [Columbia Suicide Severity Rating Scale](#)
- [Patient Health Questionnaire – Modified for Adolescents \(PHO-A\)](#)
- [Patient Health Questionnaire – Modified for Teens](#)

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Resources

- [Preventing Suicide: A Toolkit for High Schools](#)
- [Recognizing and Responding to Suicide Risk](#) (\$ Paid Training)
- [Stanley-Brown Safety Plan](#)
- [Understanding Child Suicide: For Military Parents](#)
- [Warning Signs of Suicide: A Fact Sheet for Clinicians](#)
- [Warning Signs of Suicide: A Fact Sheet for Family and Community Members](#)
- [Your Words Matter](#)

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OneOp Webinar



Understanding Childhood Traumatic Loss Through the Lens of Multidimensional Grief Theory

Starting with the three needs as a foundation, Dr. Dave uses stories and humor as he provides four principles for becoming better after experiencing the bitter, including some simple science-backed "happy hacks" to boost both our positivity and productivity as well as our mood and attitude at home and at work—starting today.

OneOp.org/Learn/160002/ 

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OneOp Webinar



Addressing Maladaptive Grief Reactions Among Youth

Starting with the three needs as a foundation, Dr. Dave uses stories and humor as he provides four principles for becoming better after experiencing the bitter, including some simple science-backed “happy hacks” to boost both our positivity and productivity as well as our mood and attitude at home and at work—starting today.

[OneOp.org/Learn/160003/](https://oneop.org/Learn/160003/) 

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Citations

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Questions? Closing Comments?

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Continuing Education

This webinar has been approved for **1.5 continuing education (CE) credit hours** from the following:

- The University of Texas at Austin, Steve Hicks School of Social Work
- The Commission for Case Manager Certification
- The National Council on Family Relations
- The Patient Advocate Certification Board
- American Association for Family and Consumer Sciences
- Certificates of Attendance

Evaluation Link

Go to the event page for the evaluation and post-test link.

[Continuing Education](#)

Questions?

Email us at OneOpFamilyDevelopment@gmail.com

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Upcoming Webinar



Supporting Military Teens: Community Healthy Living and Food Security Programs

Thursday, December 7, 2023

11:00 am – 12:30 pm EST

Join us to learn more about programs and initiatives bridging the gap between resources and teens and families needing those resources.

Continuing education credits are available!



RSVP on the webinar event page!

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Topics of Interest

- Family strengthening
- Early intervention
- Prevention and treatment of family violence






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