

CFISD COMPLIANCE COURSE (2020-21)



Professional Learning > Office of Professional Learning > Active Courses > CFISD COMPLIANCE COURSE (2020-21) 1 > Module 10: Suicide Prevention > Module 10: Suicide Prevention > Edit > Expanded > Edit

Module 10: Suicide Prevention

Preview Edit Reports Grade essays

Collapsed Expanded

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add a question page here](#)

Introduction



Suicide is preventable!



Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Data on Youth Suicide



**Suicide is the second leading cause of death among young teens (10-14 years).
It is the second leading cause of death among older teens, college age, and young adults (15-34 years).**

In the United States, approximately 5 students ages 10-19 die by suicide every day, and there are one and a half times more suicides than homicides.

For every student that dies by suicide, it is estimated that 100-200 make attempts and thousands have suicidal thoughts.

In 2017, 17.2% of high school students seriously considered attempting suicide; of those 8.6% attempted suicide. (Youth Risk Behavior Survey)



Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Question 1 ⚙️ 🔍 ✖️



Think about it...

True or False. Suicide is the second leading cause of death among 10-14 year olds.

True/false

Answer 1: True

Response 1 That is correct!

Suicide is the second leading cause of death among 10-14 year olds.

Score 1

Jump Next page

Answer 2 : False

Response 2 That is incorrect!

Suicide is the second leading cause of death among 10-14 year olds.

Score 0

Jump Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Faculty and Staffs Role In Prevention ⚙️ 🔍 ✖️



For many children, school is the safest setting in their lives. School personnel have a responsibility to monitor the emotional and mental well-being of their students.

The educational system is uniquely positioned to play a key role in prevention.

According to the 2017 Youth Risk Behavioral Survey:

- More than 3 in 20 students considered suicide.
- More than 1 in 10 made a plan to commit suicide.
- More than 1 in 20 students actually attempt suicide.
- 1 in 50 students makes an attempt so severe that the student requires medical attention.

Faculty and staff members have an ethical responsibility to keep students safe.

Teachers and school personnel are critical in identifying, monitoring, and reporting suicidal behavior.



Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

School District Liability



Under certain conditions, parents have sued school employees/districts when a student dies by suicide with negligence and foreseeability stated as reasons.



Examples:

- failing to safely monitor suicidal student,
- failing to notify parents,
- failing to help a suicidal student, and
- failing to have procedures in place.

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



Think about it...

True or False. Neither the school nor I can be sued when a student dies by suicide.

True/false

Answer 1: False

Response 1 That is correct!

Under certain conditions, parents have sued school employees/districts when a student died by suicide with negligence and foreseeability stated as reasons.

Score 1

Jump Next page

Answer 2 : True

Response 2 That is incorrect!

Under certain conditions, parents have sued school employees/districts when a student died by suicide with negligence and foreseeability stated as reasons.

Score 0

Jump Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Suicide Warning Signs

There is no single cause for suicide. According to Thomas Joiner's Interpersonal Psychological Theory of Suicidal Behavior, the desire for suicide is caused by a combination of someone feeling as though he/she doesn't belong and that people would be better off without him/her. Someone may act on that desire when he/she has acquired capability through exposure of repeated painful experiences (Joiner, 2005).

WARNING SIGNS

Most people who die by suicide exhibit one or more warning signs, either through what they say or what they do. Suicide warning signs include talk, behavior, and mood:



Talk

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain



Passive



Assertive



Aggressive

Behavior

Behaviors that may signal risk, especially if related to a painful event, loss, or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue



Mood

People who are considering suicide often display one or more of the following moods:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Question 3 ⚙️ ⚙️ 🔍 ✕



Think about it...

True or False. Individuals at risk for suicide can show an improvement in mood or appear relieved.

True/false

Answer 1: True

Response 1 That is correct!

Individuals considering suicide may display extreme mood swings or appear relieved. This may be due to having a plan to die by suicide.

Score 1

Jump Next page

Answer 2 : False

Response 2 That is incorrect!

Individuals considering suicide may display extreme mood swings or appear relieved. This may be due to having a plan to die by suicide.

Score 0

Jump Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Suicide Risk Factors ⚙️ ⚙️ 🔍 ✕

Suicide risk factors are characteristics or conditions that increase the chance that a person may try to take their life. Risk factors include health factors, environmental factors, and historical factors.



- Health Factors**
- Mental Health Conditions
- Depression
 - Substance use problems
 - Bipolar disorder
 - Schizophrenia
 - Personality traits of aggression, mood changes, and poor relationships
 - Conduct disorder
 - Anxiety disorder
 - Serious physical health conditions including pain
 - Traumatic brain injury

- Environmental Factors**
- Access to lethal means including firearms and drugs
 - Prolonged stress, such as harassment, bullying, relationship problems, or unemployment
 - Stressful life events, like rejection, divorce, financial crisis, or other life transitions or loss
 - Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

- Historical Factors**
- Previous suicide attempts
 - Family history of suicide
 - Childhood abuse, neglect, or trauma

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)
- Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse.
- Chronic physical illness or disability
- Exposure to suicide of peer

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of a parent or other relative
- Problems in the parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective and highly critical)

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Navigation

Administration



Navigation

Administration

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as being overweight
- Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

Content**Content 1:** Continue**Jump 1:** Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Question 4    

Think about it...

True or False. Talking to students about suicide is a risk factor for suicide.

True/false**Answer 1:** False**Response 1** That is correct!

Talking to students about suicide does not increase the risk. Rather, talking to the student in a nonjudgmental way may reduce the risk as it shows the student that you are taking him/her seriously and responding to his/her pain.

Score 1**Jump** Next page**Answer 2 :** True

Response 2 That is incorrect!

Talking to students about suicide does not increase the risk. Rather, talking to the student in a nonjudgmental way may reduce the risk as it shows the student that you are taking him/her seriously and responding to his/her pain.

Score 0

Jump Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Protective Factors



PROTECTIVE FACTORS:

Protective Factors Include:

- Effective behavior health care
- Connectedness to individuals, family, community, and social institutions
- Healthy life skills
 - Problems solving skills
 - Coping Skills
 - Ability to adapt to change
- Positive self-esteem
- Sense of purpose or meaning in life
- Restricted access to means (e.g. weapons, medication, etc.)
- Cultural, religious, or personal beliefs that discourage suicide

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Faculty and Staff Responsibilities



WHAT YOU SHOULD DO IF A STUDENT EXHIBITS WARNING SIGNS



Staff members should:

- Inquire directly and ask whether students who give clues are thinking of harming or killing themselves.
- Encourage honest responding.
- Listen and be empathetic.
- Emphasize safe environment.
- Follow up with concerns. Do not dismiss or minimize it, even if concerned about saying the wrong thing.
- Give the student a clear message:
 - I am here to help you and I care about you. Are you thinking of harming/killing yourself?

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



It is okay to ask! Asking about suicide does not put the thought of killing themselves in someone's head but gives them a sense of relief that someone is finally hearing them and will listen!

Examples of ways to ask:

- Do you ever want to go to bed and never wake up?
- Have you ever thought about suicide?
- Do you want to kill yourself?
- Are you thinking about suicide?

Examples of what NOT to ask:

- You are NOT thinking about suicide, are you?
- You wouldn't do something really stupid, would you?

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



When you are concerned a student is at risk for suicide:

- You must supervise the student until either help arrives or until you bring them to someone who can help.
- Refer all suicidal suspicions to counselor's office IMMEDIATELY and IN-PERSON and DOCUMENT EVENT (date, time, student's behavior and exact words).
- Notify administration if counselor is unavailable!

As addressed in the section on Warning Signs, suspicions may include:

- Writings
- Verbal comments about suicide
- Drawings
- Behaviors and actions

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



DO:

- Notify the counselor in person.
- Monitor the student until you can get them to someone who can help.
 - Limit access to self-destructive objects

DO NOT:

- Send suspicions in an email.
- Leave the student unattended.

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a valuable resource for someone in crisis as well as loved ones wanting to help someone in crisis. The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. They are committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

[1-800-273-8255](tel:1-800-273-8255)

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Prevention Resources

Navigation

Administration



Navigation

Administration



Texas Suicide Prevention
click the icon for the website



American Association of Suicidology (202) 237-2280
click the icon for the website



Yellow Ribbon Suicide Prevention Foundation
click the icon for the website



American Foundation for Suicide Prevention
click the icon for the website



Suicide Prevention Awareness Network
click the icon for the website



American Psychological Association
click the icon for the website



National Association of School Psychologists
click the icon for the website

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)



CFISD Psychological Services

American Association of Suicidology

Beam, Christopher (2008). Slate Magazine

Centers for Disease Control and Prevention

Joiner, T. (2010). Myths about Suicide. Harvard University Press.

Miller, D. (2011). Child and adolescent suicidal behavior: school-based prevention, assessment, and intervention. New York: Guilford Press.

The Youth Risk Behavioral Survey (2015).

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Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

Contact



Have any questions about youth suicide? Click the link to email your CFISD contact person.

Content

Content 1: Continue

Jump 1: Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

[Moodle Docs for this page](#)



Think about it...

True or False. You are concerned about a student who reported to you directly that he wanted to "die", you should email the student's name to a counselor and ask them to check on the student.

True/false

Answer 1: False

Response 1 That is correct!
The student should be escorted to the counseling office personally by you and monitored until help arrives.

Score 0

Jump Next page

Answer 2: True

Response 2 That is incorrect!
The student should be escorted to the counseling office personally by you, and monitored until help arrives.

Score 1

Jump Next page

[Import questions](#) | [Add a content page](#) | [Add a cluster](#) | [Add an end of branch](#) | [Add an end of cluster](#) | [Add a question page here](#)

SCREENER TO ADDRESS SUICIDE RISK



CFISD has adopted the Columbia Suicide Severity Rating Scale (C-SSRS), which was developed and maintained by the Lighthouse Project at Columbia University. Our goal in adopting this particular measure is that we are able to provide specific district staff (i.e. counselors, psychological services providers, school resource officers, nurses, Club Rewind staff, and administration) with a standardized process that is intuitive, easy to follow, and readily transferable among settings. Staff members utilizing this measure will be provided with an additional training. If you have a student that you are concerned has suicidal thoughts or behaviors, you will need to escort them to an individual (e.g. counselor or administrator) as described above so they can give the student this screener and address needed follow-up.

The video below, produced by the Columbia Lighthouse project, addresses suicide and the benefits of asking about it to reduce risk. NOTE: The video addresses teachers giving the measure and teachers in CFISD are not expected to give the C-SSRS. A teacher's responsibility is escorting the student to someone who can provide them the measure, such as a counselor.

Saving Lives Worldwide - The Columbi...

