

# **SOS: SIGNS OF SUICIDE PREVENTION PROGRAM**

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## **Training Trusted Adults**

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# Agenda

## Helping to Save Lives

- Youth suicide prevention basics
- ACT (Acknowledge, Care, Tell)

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- What to do when a child ACTs
- Building coping skills
- Resources



**Why do you think the SOS: Signs of Suicide Prevention Program is so important for our community to embrace?**

# The Importance of SOS: Signs of Suicide

- To help our community discuss mental health issues
- To differentiate between normal development and what may be a more serious mental health issue
- To encourage students to seek help for themselves or a friend
- Suicide is the second leading cause of death among people aged 11-18 (CDC, 2015)
- To know guidelines for responses
- More than 90% of youth who die by suicide have a diagnosable mental health disorder

# Warning Signs

- A **risk factor** is any personal trait or environmental quality that is associated with an increased risk for suicide
- A **warning sign** is an indication that an individual may be experiencing depression or thoughts of suicide.
- A **precipitation event** is a recent live event that serves as trigger, moving an individual from thinking about suicide to attempting to take his or her own life

# Training Trusted Adults



**What are some of the risk factors and warning signs in the video that stuck out to you?**

# Examples

## Risk Factors

- History of drugs/alcohol use
- History of mental illness
- Previous suicide attempts
- Access to lethal weapons
- Exposure to suicidal behavior in others
- Family history of mental illness
- History of significant loss
- Struggles with sexual orientation/gender identity



# Examples (cont'd)

**Warning Signs** are changes that occur over a period of two weeks

- Changes in eating or sleeping patterns
- Increased irritability/moodiness/rapid fluctuation in mood
- Decreased interest in usual activities/hobbies, isolation, involvement with the law

# Guidelines for Responses

## ACT To Help a Student In Need

Acknowledge that you are seeing signs of depression or suicide in a student and that it is serious

Care: Let the student know you **care** about them and you can help

Tell: Follow your school protocol and **tell** your mental health contact

# Acknowledge warning signs

Most people give clues they are thinking about suicide...



Anger



Big changes  
in behavior

+ withdrawal from  
family or friends



Hopelessness



Sleeping more  
or less



Drinking or  
drug use



Overwhelming  
Pain



Talking about  
suicide

# Show you Care

It's **okay** to feel that way

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Tell me **more** about it

I'm **here** for you

# Asking about suicide

It's okay to ask about  
suicide.

Asking about suicide will not put the  
idea into someone's head.

Instead, it lets them know you see  
their pain and you are not afraid to  
help.

## Indirect Questions

Do you wish you would go to  
sleep and not wake up?

T

Do you wish you were dead?

T

## Direct Questions

Have you thought about killing  
yourself?

T

Have you had thoughts about suicide?

T

# Tell a professional



If you are worried a student is thinking about suicide, you **NEED** to tell a professional (follow school protocol).



Do not promise to keep a secret.



It's worth making a friend mad at you if you are trying to save their life.

Ms. Jones, I need to tell you something. I'm getting worried....

# If a child is worried about a friend

- Listen to the child's concerns and encourage them to seek help
  - Contact their friend's parents directly and share the child's concerns
  - Contact school mental health staff/administrator so they can support the child/family
  - If you are concerned about a child's immediate safety, call 911
  - Reassure the child they did the right thing telling you. Work together to help save a life.
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## Remember, help is always available:

- Their pediatrician
- Their school counselor
- For immediate safety, call 911



**CRISIS TEXT LINE |**

Text **ACT** to 741741.



1 (866) 488-7386

# Guidelines for Responses: School Protocol

- Do not leave the child alone
- Be open
- Contact a parent/guardian/school counselor
- Stay supportive



## Guidelines for Responses (cont'd)

The school counselor will:

- Conduct a mental health screening
- Notify parents of students who are considered at-risk of suicide
- Notify school administrator/staff based on a “need-to-know” bases of possible risk
- Exit student from school pending a mental health evaluation

# Columbia-Suicide Severity Rating Scale

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)		
RISK ASSESSMENT VERSION		Item mark
Ask questions that are in bold and underlined.		YES NO
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> <i>Person endorses thoughts about a wish to be dead or, not alive anymore, or wish to fall asleep and not wake up.</i> <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b> <i>If yes, please explain:</i>		
<b>2) Non-Specific Active Suicidal Thoughts:</b> <i>General non-specific thoughts of wanting to end one's life by suicide without general thoughts of methods, intent, or plan.</i> <b><u>Have you had any actual thoughts of killing yourself?</u></b> <i>If yes, please explain:</i>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) Active Suicidal Ideation with Any Methods/Means (Not Plan) without Intent to Act:</b> <i>Person endorses thoughts of suicide and has thoughts of at least one method, e.g. "I thought about using an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."</i> <b><u>Have you been thinking about how you might do this?</u></b> <i>If yes, how? (mean)</i> <i>If yes, do you have access to the methods/means?</i>		
<b>4) Active Suicidal Ideation with Some Intent to Act, without Specific Plans:</b> <i>Active suicide thoughts of killing oneself and reports having some intent to act on such thoughts, e.g. "I have the thoughts but I definitely will not do anything about them."</i> <b><u>Have you had these thoughts and had some intention of acting on them?</u></b> <i>If yes, please explain:</i>		
<b>5) Active Suicidal Ideation with Specific Plans and Intent:</b> <i>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</i> <b><u>Have you started to work out, or worked out the details of how to kill yourself?</u></b> <i>If yes, do you intend to carry out this plan?</i> <i>If yes, do you have a telephone [where]?</i> <i>If yes, do you have a location [where]?</i>		
<b>6) Preparatory Acts or Behaviors:</b> <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow them, took a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump or usually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i> <b><u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u></b> <i>If yes, please explain:</i>		<b>1-6/None</b>
<b>6a) If yes, ask (Yes, did you within the past 2 months?)</b>		<b>Part 2 How far</b>

# Parent Contact Acknowledgement Form

## Sample Parent Acknowledgement Letter

Caddo Parish Schools  
School Name  
Address  
Phone Number

Date:

Dear Mr., Mrs., Ms., Miss, or Dr. \_\_\_\_\_

Your child, \_\_\_\_\_ has been referred to the counselor's office due to suicidal ideations, or a suicide threat. It is our belief that \_\_\_\_\_ is at risk therefore \_\_\_\_\_ must seek a medical/mental health professional for assessment before he/she returns to school. Enclosed is a list of some of the mental health providers in the area or you may select any counselor, psychologist, social worker, pediatrician, psychologist, or medical doctor of your choosing (at the parent's expense). In addition, I understand that the District School Psychologist, **Dr. Barzanna White** should be contacted prior to my child being readmitted back to school. Her contact information is **603-6484** to schedule an appointment.

Please bring a copy of the letter/statement from the medical/mental health professional stating that \_\_\_\_\_ has been evaluated and is not considered to be a "danger to self or others at this time." **Only one adult and the above referenced student is needed to attend the appointment.** Others will have to remain outside due to COVID-19 and social distancing.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# HIPAA: “Need-to-Know”

Health Insurance Portability Accountability Act



**A need-to-know basis is sort of a requirement for healthcare organizations according to HIPAA**

...You only tell people the facts they need to know at the time they need to know them.  
Nothing more.

# HIPAA: “Need-to-Know”

01

Privacy Rule

- Ensure student confidentiality
- Keep track of disclosures
- Disclose minimum amount of information
- Notify individuals of the use of their PHI

02

Security Rule

- Administrative safeguards
- Physical safeguards
- Technical safeguards

03

Breach Notification Rule

- Know your school district’s Security and Privacy Protocol

# Building protective factors

Encourage: connection to school, participation in activities, and strong connections to friends.



# Building coping skills

A coping skill helps people deal with unpleasant feelings and hard times.



Exercise



Writing down what you are grateful for



Talk to friends and family



Listen to music



What are your teen's favorite coping skills?

# Protective Factors

- Strong problem-solving skills
- Positive self-image
- Spiritual faith
- Close family relationships
- Strong peer support system
- Involvement in hobbies/activities
- Community connectedness
- Access to treatment
- Restrictive access to firearms and other means



# Together we can make a difference

Deaths per 100,000; Population Ages 15-19



**Suicide is the  
Second-Leading  
Cause of Death for  
Teenagers in the  
US**

Source: Population Reference Bureau analysis of Centers for Disease Control and Prevention, National Center for Health Statistics, "Underlying Cause of Death 1999-2014," CDC WONDER Online Database, accessed at <http://wonder.cdc.gov/ucd-icd10.html>, on May 27, 2016.

# Thank you!

Together we can ensure that every student has a trusted adult to turn to.

We appreciate your support of youth suicide prevention in our school and community.

# Questions?

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