THINK STRENGTH
THE SOURCES OF STRENGTH
PROGRAM AND SUICIDE PREVENTION

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Helping Idaho Youth Choose to Live
## Suicide Statistics: U.S. and Idaho

<table>
<thead>
<tr>
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<th>US 2014</th>
<th>ID 2014</th>
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<tbody>
<tr>
<td>Total Deaths</td>
<td>42,773</td>
<td>320</td>
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<tr>
<td>Deaths/week</td>
<td>823</td>
<td>6</td>
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<tr>
<td>Suicide Rate</td>
<td>13.4</td>
<td>19.6</td>
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Youth Suicide Facts

- 2nd leading cause of death among Idaho’s youth. 38%

### Idaho Teen (age 14-19) Mortality
Idaho Bureau of Vital Records and Health Statistics, 2013

- Accident (47%)
- Suicide (38%)
- Other (5%)
- Heart diseases (3%)
- Malignancies (3%)
- Congenital malform (2%)
- Homicide (2%)

Based on 58 deaths
Youth Suicide Facts

• Idaho high school students, 2015 YRBS shows (9th – 12th grades)

  1 in 5 have considered suicide
  1 in 6 actually have a suicide plan
  1 in 10 have attempted suicide
Special Populations

• LGBTQ
  – LGB youth are 4X more likely, and questioning youth are 3X more likely, to attempt suicide as their straight peers.
  – 25% of transgender people report having made a suicide attempt.
  – LGB youth who come from highly rejecting families are 8.4X more likely to have attempted suicide than LGB peers reporting no or low levels of family rejection.

• Hispanic youth
  – Hispanic youth have slightly higher rates of suicidal thinking and attempts than youth overall
  – One study showed Hispanic girls have higher rates of suicide ideation and behavior that any other youth BUT only 32% received mental health treatment.

• Other groups
  – Foster children have higher rates of suicide than youth overall
  – Juvenile justice affected children have higher rates than youth overall
School-Age Children

- Idaho has lost 96 school-aged children to suicide in the last 5 years (2010-2014).

- 20 of those children were age 14 or younger
College-Age Youth

- Idaho has lost 155 college-aged youth (age 19-24) to suicide in the last 5 years (2010-2014).
WHY?

THE SUICIDAL MIND
Thomas Joiner, PhD

- Distinguished Research Professor and The Bright-Burton Professor in the Department of Psychology at Florida State University
- Author of over 400 peer-reviewed publications
- Editor-in-Chief of the journal Suicide & Life-Threatening Behavior
- Author of
  - *Why People Die by Suicide*
  - *Myths About Suicide*
  - *Lonely at the Top*
  - *Perversion of Virtue*
Interpersonal-Psychological Theory of Suicide
Thomas Joiner, PhD

Perceived Burdensomeness

Thwarted Belongingness

Fearlessness about Pain, Injury & Death
Acquired Ability for Self-Harm

Serious Attempt or Death by Suicide

Those Who Desire Suicide
Those Who Are Capable of Suicide

Derived from Sketch of a Theory
Power Point presentation, 2013
Thomas Joiner, PhD
ACE Study

• Adverse Childhood Experiences Study

• Ongoing study of the effects of childhood trauma on life-long health.

• ‘The likelihood of childhood/adolescent and adult suicide attempts increased as ACE Score increased. An ACE Score of at least 7 [categories] increased the likelihood of childhood/adolescent suicide attempts 51-fold and adult suicide attempts 30-fold (P<.001).’’
Upstream Prevention

• Promote Student Well-being
  – School Climate
  – Belongingness
  – Capability
  – Viewing unwanted behavior through a “trauma lens”
School-wide Prevention

• Train Gatekeepers
  – Ensure community resources are in place
  – Train adults and youth separately

• Train Students
  – Choose curriculum carefully
  – Must emphasize: code of silence, trusted adults, rarity and warning signs – NEVER normalize suicidal behavior

• Screen: individually with properly-trained screeners
Prevention Tools Online

• List of school-based belongingness activities
• Guidelines for school gatekeepers
• Positive Behavior Supports
• Other web resources

www.spanidaho.org/schools
Intervention Best Practice Planning

• Train entire school community
• Pre-screen mental health help
• Involve emergency personnel and police in planning
• Have protocols for when parents are unavailable or refuse to get child help
• Prepare for cultural and language barriers
How to Ask

• Direct:
“Are you thinking of suicide/killing yourself?”

• Less Direct:
“You seem to be __________. Sometimes when people are __________, they think about suicide. Are you thinking of suicide/killing yourself?”
How NOT to Ask

“Are you thinking of hurting yourself?”

“You’re not suicidal, are you?”

You’re not thinking of doing something crazy, are you?”
Listening

DON’T PANIC!

- Put your fear on hold
- Listen to the problem and give full attention
- Use reflective listening
- Do not problem solve
- Do not rush to judgment
Get Help

• Get a commitment to accept help and make arrangements and contact family/friends
• Ensure student is not left alone
• Notify parents
• If student is deemed to be at high risk, also contact mental health agency where the student can go for further help.
• 1-800-273-TALK (8255)
• Call police if student is in possession of a weapon
• Follow up with parent and mental health agency
• Debrief staff involved – self care
• Document everything!
Other Intervention Considerations

• Assessment tools
  – Find the best for your school/district
  – Should include:
    • plan determination
    • asking about means
    • finding all relevant information
    • inform administration of results

• Contracts
  – Not a good idea/↑ hopelessness
  – Use safety plan/care card instead
Intervention Tools Online

- Questions for guiding intervention
- Student interview questions
- Sample parental contact form
- Self-care document
- Sample student re-entry plan
- Sample student record of actions taken
- Sample incident report
- Sample care care/safety plan

www.spanidaho.org/schools
Most Critical for Youth to Know

1. They have strengths and resilience
2. They have trusted adults to tell and must tell
   *Life and Death Issue = No code of silence*
3. Warning signs
4. Suicide is rare
5. Suicide is NOT a common response to bullying
6. 1-800-273-TALK (8255)
What to Avoid in Talking to Youth

- Suicide statistics
- Suicide means/methods
- Excessive detail about suicide death
- Stories that are sad, shocking or traumatic
SOURCES OF STRENGTH

- Medical Access
- Mental Health
- Family Support
- Positive Friends
- Spirituality
- Generosity
- Mentors
- Healthy Activities
Messaging is Everything

20% of High School Students Smoke
Messaging is Everything

80% of High School Students Don’t Smoke
Upstream Prevention
Sources of Strength’s Primary Mission

Intervention
Sources of Strength’s Secondary Benefit

Postvention
Sources of Strength Teams can be Activated
How is *Sources of Strength* Different?

- Uses Strength-based resilience model to increase eight protective factors
- Uses **DIVERSE** Peer Leaders to influence norms and behaviors
- Trains adults **AND** youth
The Process

• ILP provides suicide prevention gatekeeper training to all participating school’s staff

• ILP provides training to 4 – 6 Adult Advisors who commit to the process in Sources of Strength, ~ 40 hours/year.
The Process

• All staff nominate Peer Leaders

• ILP trains Peer Leaders in Sources of Strength
The Process

With Adult Advisor support and guidance, Peer Leaders

- Meet regularly
- Take hope, help and strength messages school-wide with a variety of activities
The Result
Contact Us

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