

On the Front Lines: Addressing Stress, Trauma & Suicide Prevention in Community Responders

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Alabama Activity Center
Montgomery, Alabama

Mental Health, Guns and Suicide: Assessment and Interventions Tools

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Statement of the Problem

- 2014
 - SUICIDE IN NATION (reported)
 - 42,773 suicides in United States, all ages, all regions, all methods, all ethnic groups, men + women
 - SUICIDE IN ALABAMA (reported)
 - 715 suicides in Alabama, all ages, all counties, all methods, all ethnic groups, Ms + Fs

Statement of the Problem

– SUICIDE IN YOUTH IN NATION (reported)

- 425 aged 10 - 14 males and females
- 1,834 aged 15 - 19 males and females
- 3,245 aged 20 - 24 males and females
- 5,504 total youth, males + females, aged 10 - 24

Statement of the Problem

– SUICIDE IN YOUTH IN ALABAMA (reported)

- 10 aged 0 - 14, males and females
- 64 aged 15 - 24, males and females
- 74 total youth, males and females, aged 0 - 24

Incidence of Related Suicide Risk

- From a CDC Study (2011)
 - 2.9 million in U.S. ages 18 - 29 had suicidal thoughts
 - 2.2 million in U.S. adults in U.S. had suicide plans
 - 1.0 million adults in U.S. made a suicide attempt in the past year

All The Data, Notwithstanding...

- Suicide can happen
 - to anyone
 - at any time
 - for any reason
 - with any method
- Your client is a one-person sample when he or she is in your care



Statement of The Problem

- 2013 U.S. Data on Suicides / Methods
- 41,149 total suicides
- 21,175 by firearms, 51.46%
 - Suicides accounted for 63% of all firearm deaths (33,636) in U.S.;
 - homicide 33% of all firearm deaths
- 10,062 by Suffocation, 24.45%

Statement of The Problem

- 6,637 by poisoning, 16.13%
 - Suicides by poisoning accounted for 13.7% of the poisoning deaths in 2013, or 48,545 – 80% were unintentional

Gun Safety

- Gun Control
- Means Matter (Harvard University public health strategy)
- Lok-It-Up (Washington State program)
- Suicide Proof your home brochure
- Safety Plan means restriction component with an ally

Gun Safety

- Required gun safety consultation with parents at hospital emergency rooms before child is released
- Voluntary “do not sell” initiative, Fred Vars
- Other social movements, congress, etc.
- Other...?

Assessment Tools Who Does Assessment?

- | THE PUBLIC | CLINICIANS, PROFESSIONALS |
|--------------------------------------|--------------------------------------|
| • Gatekeepers | • First Responders |
| – Friends and Family members | – Police |
| – Non-clinical Professionals | – Fire Personnel |
| – Allied Health Professionals | – Paramedics |
| – Coaches, Teachers, Professors | • Crisis Workers, Triage specialists |
| – Coworkers | • Counselors |
| – Neighbors, associates | • Social Workers |
| – Resident Advisors | • Psychologists |
| – Peers and Peer Helpers | • Psychiatrists |
| – Administrative Support Staff | • Medical Providers and Nurses |
| – Fellow soldiers, military comrades | – Clinical Nurse Specialists |
| – Other...? | – Internists |
| | • Other....? |

Assessment Tools: When to do an Assessment

THE PUBLIC	CLINICIANS, PROFESSIONALS
<ul style="list-style-type: none"> • Any time warning signs are exhibited • Gut feeling • Past history of suicide, warning signs re-appearing • QPR moments • Asking can not make a person suicidal 	<ul style="list-style-type: none"> • At intake, screening or in detox • After treatment/sobriety has progressed awhile • If a veteran or any other high at-risk group • Continually through counseling or treatment • During early months of new medication pharmacology (3-6 mos.) • After discharge from hospital • During times of transition, personal or clinical • Times of personal failure, defeat, humiliation, loss • Times of changed relationship, break up, divorce • During crises and / or disasters • Gut feeling

Assessment Tools How to do an Assessment

THE PUBLIC	CLINICIANS, PROFESSIONALS
<ul style="list-style-type: none"> • Gatekeeper Training <ul style="list-style-type: none"> – QPR <ul style="list-style-type: none"> • 1-3 hours, online, in-class, or combined, reasonably priced • Ask the question – ASIST <ul style="list-style-type: none"> • Two-day workshop, price range varies, in-class only • Goal is to get at-risk person to professional care, do not leave alone • Emphasis on collaboration 	<ul style="list-style-type: none"> • QPR Specialized Training for 1st Responders, Triage Training, Extended training for Mental Health Professionals, etc. • Clinical interview with professionally recognized acronyms or models • Paper & pencil validated assessments • Triangulation and inter-rater reliability, cross-assessment with more than one clinician and/or method (above) • Professionally recognized approaches or models • Extensive training and ongoing refreshers • Conduct assessment more than once and often if risk is high • Clinical judgment • Combination of above

Assessment Tools Clinical Interview - Acronyms

• IS PATH WARM	• PLAID
• SIMPLE STEPS	• MAP
• SAD PERSONS	• SLAP
• SUICIDAL	• PIMP
• MAN THIS ISN'T FAIR	• DEAD PIMP
• NO HOPE	• MIPIMP
• PLAID PALS	• PIMP DADS

Assessment Tools Paper and Pencil Validated Assessments

- Authenticated, validated, reliability established, robustness
- Designed for adults, youth, older
- Can be selected based on
 - Price
 - Ease in administering, Ease in scoring, Swiftiness of results

Assessment Tools Paper and Pencil Validated Assessments

- Simple or complex
- Short, quick or lengthy, time involved
- Client takes or clinician gives
- PANSI
- Adult Suicide Ideation Questionnaire (ASIQ)

Assessment Tools Paper and Pencil Validated Assessments

- Suicide Potential Rating Scale
- Risk Factors for Suicide in Adults
- Scale for Suicide Ideation
- Inventory of Suicide Orientation
- Many others....find a Comprehensive Suicide Prevention & Resources Directory at www.asparc.org click on Resource Directory click on link click on mental health professionals click on intervention / assessment

Assessment Tools Triangulation – Combinations of Assessment Data

- Clinician + Colleague + Psychiatrist
- Clinical interview + paper & pencil + consultation with colleague
- Ask the question more than one way during one session and/or over several sessions
- Red folder / chart review

Assessment Tools Triangulation – Combinations of Assessment Data

- Family consultation
- Consult with previous therapist(s)
- Consult with internist or other provider
- Multiple combinations of the above

Assessment Tools: Professionally Recognized Approaches or Models

- CAMS
 - Collaborative Assessment and Management of Suicide
 - Developed by David Jobes, Ph.D. (Catholic University)
 - Formerly book form / paper and pencil

Assessment Tools: Professionally Recognized Approaches or Models

- Now online training available through Empathos
<http://www.empathosresources.com/>
- Based on theoretical constructs, i.e. acute, chronic, Schneidman, etc.
- CASE

Assessment Tools: Professionally Recognized Approaches or Models

- Chronological Assessment of Suicide Events
- Developed by Shawn Shea, MD (former Emergency Room physician)
- Has evidence to support

Assessment Tools: Professionally Recognized Approaches or Models

- Based on five strategic interview techniques
 - www.suicideassessment.com
- RUDD
 - The Assessment and Management of Suicidality: A Pocket Guide for the Practitioner
 - Developed / written by David Rudd, Ph.D.

Core Competencies for Assessing and Managing Suicide Risk

- www.sprc.org
- Developed by AAS and SPRC with committee of experts
- In concert with Assessing and Managing Suicide Risk curriculum
- Accompanying form for Formulation of Risk

Core Competencies for Assessing and Managing Suicide Risk

- Must be able to determine
 - Risk factors contrasted with Warning signs
 - Low, Moderate, or High Risk
 - Chronic or Acute

Desire, Intent, and Capability

- Suicidal Desire (D) includes
 - Suicidal Ideation
 - Psychological Pain (“Psychache,” “Psychological Press” Schneidman)
 - Hopelessness

Desire, Intent, and Capability

- Helplessness
- Perceived burdensomeness
- Feeling trapped
- Feeling intolerably alone
- Reasons for dying

Desire, Intent, and Capability

Suicidal Capability (C) includes

- | | |
|---|--|
| <ul style="list-style-type: none"> – History of suicide attempts – Exposure to someone else’s suicide – History of or current violence to others – Current intoxication – Substance abuse – Means available | <ul style="list-style-type: none"> – Acute symptoms of MI, e.g. recent dramatic mood change, out of touch with reality – Extreme agitation/Rage, e.g. Increased anxiety, Decreased sleep, Recent acts and/or threats of aggression |
|---|--|

Desire, Intent, and Capability

- Suicidal intent (I) includes
 - Attempt in progress
 - Plan to hurt self/other
 - Method is known
 - Preparatory behaviors
 - Expressed intent to die

Buffers / Connectedness

- Immediate supports
- Social supports
- Planning for the future
- Engagement with the helper
(clinician, doctor, ER, crisis center,
nurse, secretary, case manager, etc.)
- Ambivalence for living

Buffers / Connectedness

- (50% want to die, 50% want to live....better than 95% want to die)
- Core values / beliefs
- Sense of purpose
- Buffers are like protective factors that mediate risk factors

Intervention Tools Key Elements

- Safety And Vigilance
 - Safety Planning
 - Means Restriction
 - Do not leave alone if in an acute state
 - Manage care when in-between care providers (e.g., between hosp. discharge & next appt.)

Intervention Tools Key Elements

- Therapeutic Alliance
 - Carry hope for the client when he / she cannot do that for self
 - No judgment, elimination of stigma, Radical Acceptance, Safe to discuss openly any thoughts of wanting to die
 - Honors the Rights of Suicidal Individuals

Intervention Tools Key Elements

- Avoid communicating myths
- Accepts the “reality of suicide as an option” while also promoting other options for coping
- Customize Treatment and Response
 - Customize safety plan, means restriction, and treatment choices

Intervention Tools Key Elements

- Joins with client in attempt to understand the “purpose” for wanting to die
- Modify treatment as counseling progresses and things change
- Assess, assess, and re-assess regularly
- Rely on CBT, DBT, and other methods for emotional regulation

Intervention Tools Key Elements

- **Manage Transitions**
 - Extra vigilance, Tweak safety plan when client in transition
 - Monitor transitions, Clinical: new level of tx, new Rx or Dose, Back to work, Recovery, Individual vs Group, etc.
 - Monitor transitions, Personal: Change in residence, losses, new job, etc.

Brief List of Treatment Considerations

- **Increase frequency and/or duration of meetings**
- **Plan follow up check points**
- **Develop a Safety Plan**
- **Contact / involve trusted family members**
- **Remove means, including alcohol, Rx drugs**

Brief List of Treatment Considerations

- **If there is Rx, engage physician to write Rx for only a few days at a time. Have family member be dispensary.**
- **Match intervention to level of risk**
- **Assess, reassess. Match interventions to the vulnerabilities discovered in the assessment**
- **Develop “life-plan” or “life skills” approach**

Brief List of Treatment Considerations

- **Develop a “syllabus” for next days/weeks**
- **Avoid power struggles**
- **Plan “no-alone” time**
- **Develop integrative therapies approach**

Safety Plan

- **Considered a best practice**
- **Research “dissuades” from doing a “no-harm contract.” Replace with a safety planning approach.**
- **Include the following:**
 - Means restriction directives, have help from family or friends to fulfill
 - Self-soothing options

Safety Plan

- **Self-care options**
- **Family involvement options**
- **Community Resources options**
- **Crisis Response (insurance cards ready, which hospital, crisis center call numbers, etc.)**
- **Phone numbers of care team allies**

Safety Plan

- Update regularly as conditions change
- Design with an affirmative tone (e.g. don't drink alcohol can be drink tea, water, non-alcoholic beverages, etc.)

You Tube Video Resources

- **Suicide risk assessment teens Australia 54 minutes**
<https://www.youtube.com/watch?v=WdC3nhxA66U>
- **Shawn Shea interview 15 mins**
<https://www.youtube.com/watch?v=MCqILCR5mEs>
- **Australian training tape on Suicide risk assessment 16 min**
https://www.youtube.com/watch?v=A-m_aIQfXZA

You Tube Video Resources

- **Shane Gregory Owens Basic Methods for Assessing Suicide Risk 12:47 minutes**
<https://www.youtube.com/watch?v=1L0tuT60N7A>
- **Dr. Tyler R. Black Suicide Risk Assessment in Children and adolescents Using the evidence 38 minutes**
- **Published 1/28/14**
<https://www.youtube.com/watch?v=K1VOX5h-pU4>

You Tube Video Resources

- **Kelly Posner Columbia University Suicide Risk assessment 2:38 minutes**
<https://www.youtube.com/watch?v=tWuUR-LaVal&list=PLihVtKVPddyvyloDqsPRWfPDdear2ylNd&index=16>
- **Cheryl King, Professional Resources: Suicide Risk Assessment and Formulation in Children and Adolescents 1 hour, 6 minutes**
Published 5/30/14
<https://www.youtube.com/watch?v=mWcZY9PK1hc&list=PLihVtKVPddyvyloDqsPRWfPDdear2ylNd&index=17>

You Tube Video Resources

- **Suicide Assessment in Psychiatry 20 minutes Published 5/17/14**
<https://www.youtube.com/watch?v=LEXhS.Jt0nWg&index=20&list=PLihVtKVPddyvyloDqsPRWfPDdear2ylNd>
- **J. John Mann, MD & Borenstein, Jeffrey Surviving Psychiatric Illness: Suicide Risk Assessment and Prevention 1 hour Published 12/16/14**
<https://www.youtube.com/watch?v=1kPurJIXeFE&index=22&list=PLihVtKVPddyvyloDqsPRWfPDdear2ylNd>

You Tube Video Resources

- **Military Families Learning Network Suicide Risk Assessment and Prevention 1 hour and 9 minutes**
Published 11/12/2014
<https://www.youtube.com/watch?v=3GhgwVOTboo&list=PLihVtKVPddyvyloDqsPRWfPDdear2ylNd&index=36>

You Tube Video Resources

- **Beyond Screening Impact on Suicide Risk Assessment SPRC 1 hour Published on 11/18/13**

https://www.youtube.com/watch?v=0u_ZI9rkXNM&index=44&iist=PLihVtKVPddyvyloDqsPRWfPDdeaR2yiNd

- **Identifying and managing suicide risk – Dr. Maree Inder and Kirsty Louden 31 minutes Published on 7/16/14**

<https://www.youtube.com/watch?v=S1YAak6cGj8&iist=PLihVtKVPddyvyloDqsPRWfPDdeaR2yiNd&index=54>

You Tube Video Resources

- **Do This, Not That! Providing Care for Medical Patients with Psychiatric Issues: Suicide Risk. 12 minutes Published 6/19/14**

<https://www.youtube.com/watch?v=HIOb4mS1qF4&index=70&iist=PLihVtKVPddyvyloDqsPRWfPDdeaR2yiNd>

- **Crisis and Suicide Assessment 35 minutes Published 6/16/14**

<https://www.youtube.com/watch?v=cGJVIdym9SI&iist=PLihVtKVPddyvyloDqsPRWfPDdeaR2yiNd&index=79>

You Tube Video Resources

- **Beck Institute for Cognitive Behavior Therapy Identifying Suicide Risk 5 minutes Published 4/10/13**

<https://www.youtube.com/watch?v=REBZx10LnhM&iist=PLihVtKVPddyvyloDqsPRWfPDdeaR2yiNd&index=81>

- **Suicide Risk Factors Dr. Aillon-Sohl Talks to Families about Suicide Risk Factors 7.5 minutes Published 5/13/13**

<https://www.youtube.com/watch?v=7wESdJaPemE&iist=PLihVtKVPddyvyloDqsPRWfPDdeaR2yiNd&index=82>

For More Resources

- **Comprehensive suicide prevention and resources directory**
- **www.asparc.org**
- **Then click on Resource Directory in upper right corner,**
- **Click on link when on that page**



Resources for Future Reference Phone Apps for Professionals and Consumers

- **For Mental Health Professionals and Suicide Prevention Allies**
- **Suicide SAFE Mobile App for Providers and Suicide Prevention Allies**
- <http://store.samhsa.gov/apps/suicidesafe/>
- **CDC Updates News on Rising Suicide Rates**

Resources for Future Reference Phone Apps for Professionals and Consumers

- http://www.cdc.gov/nchs/data/hestat/suicide/rates_1999_2014.htm
- **SAMHSA Mobile Apps (Disaster, Suicide, Bullying, TALK They Hear You Underage Drinking)**
- http://store.samhsa.gov/apps/?WT.mc_id=EB_20160509_SuicideSafePromo
- **Safety Plan**
- <https://itunes.apple.com/us/app/safety-plan/id695122998?mt=8>

Resources for Future Reference Phone Apps for Professionals and Consumers

- **Suicide Safety Plan**
- <https://itunes.apple.com/us/app/suicide-safety-plan/id1003891579?mt=8>
- **SAMHSA Behavioral Health Disaster Response**
- https://itunes.apple.com/us/app/samhsa-behavioral-health-disaster/id787518271?mt=8&WT.ac=LP_20140206_DISASTERAPP_ITUNES

Resources for Future Reference Phone Apps for Professionals and Consumers

- **Talk They Hear You (preventing underage drinking)**
- <https://itunes.apple.com/us/app/talk-they-hear-you/id932083938?mt=8>
- **KnowBullying by SAMHSA**
- https://itunes.apple.com/us/app/knowbullying-by-samhsa-put/id899639011?mt=8&WT.ac=LP_20140722_KNOWBULLYING_ITUNES

Resources for Future Reference Phone Apps for Professionals and Consumers

- **Psychological First Aid (PFA)**
- <https://itunes.apple.com/us/app/pfa-mobile/id551079424?mt=8>
- **PTSD Coach**
- <https://itunes.apple.com/us/app/ptsd-coach/id430646302?mt=8>
- **PTSD eraser**
- <https://itunes.apple.com/us/app/ptsd-eraser/id480699807?mt=8>

Resources for Future Reference Phone Apps for Professionals and Consumers

- **Virtual Hope Box**
- <https://itunes.apple.com/us/app/virtual-hope-box/id825099621?mt=8>
- **Simple & Free DBT App**
- <https://itunes.apple.com/us/app/simple-free-dbt-skills-diary/id666921665?mt=8>
- **T2 Mood Tracker**
- <https://itunes.apple.com/us/app/t2-mood-tracker/id428373825?mt=8>

Resources for Future Reference Phone Apps for Professionals and Consumers

- **Psych Decision Trees for Diagnosing**
- <https://itunes.apple.com/us/app/psych-decision-trees/id730681821?mt=8>
- **Psychology Terminology**
- <https://itunes.apple.com/us/app/psychology-terminology/id406132315?mt=8>
- **Nervous System Anatomy**
- <https://itunes.apple.com/us/app/nervous-system-anatomy/id313549669?mt=8>

Resources for Future Reference Phone Apps for Professionals and Consumers

- **Pocket Pharmacist**
- <https://itunes.apple.com/us/app/pocketpharmacist-drug-information/id387365379?mt=8>
- **iCBT**
- <https://itunes.apple.com/us/app/icbt/id355021834?mt=8>
- **iSTRESS**
- <https://itunes.apple.com/us/app/istress/id308147604?mt=8>

**Resources for Future Reference
Phone Apps for Professionals
and Consumers**

- **Alcohol's Effects on the Brain: A Reach Out Now Mobile Application`**
- <https://itunes.apple.com/us/app/alcohols-effects-on-brain/id992971998?mt=8>
- **Mood Tools Depression Aid**
- <https://itunes.apple.com/us/app/moodtools-depression-aid/id1012822112?mt=8>

**Resources for Future Reference
Phone Apps for Professionals
and Consumers**

- **Depression Screening Tool**
- <https://itunes.apple.com/us/app/depression-screening-tests/id1006280166?mt=8>
- **Anger Management Tips**
- <https://itunes.apple.com/us/app/anger-management-tips/id875149444?mt=8>
- **Asperger's Test**
- <https://itunes.apple.com/us/app/aspergers-test-determine-your/id684261444?mt=8>



**Current Nomenclature
Best-practices**

<http://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf>

- **Centers for Disease Control:**
 - **SUICIDE:** Death caused by self-directed injurious behavior with an intent to die as a result of the behavior

**Current Nomenclature
Best-practices**

<http://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf>

- **SUICIDAL SELF-DIRECTED VIOLENCE:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself
There is evidence, whether implicit or explicit, of suicide intent

**Current Nomenclature
Best-practices**

<http://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf>

- **SUICIDE ATTEMPT:** A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior
- **SUICIDE IDEATION:** Thinking about, considering or planning suicide

**Current Nomenclature
Best-practices**

<http://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf>

- **NON-SUICIDAL SELF-DIRECTED VIOLENCE:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself
There is no evidence, whether implicit or explicit, of suicidal intent

Current Nomenclature Best-practices

NOW CONSIDERED "UNACCEPTABLE" AS PER CDC

- **UNACCEPTABLE:** Chose to end life, Committed suicide, Completed suicide
- **UNACCEPTABLE:** Failed attempt
- **UNACCEPTABLE:** "Successful" suicide
- **UNACCEPTABLE:** Nonfatal suicide
- **UNACCEPTABLE:** Parasuicidal, attention-seeking, suicide gesture, manipulative act, and suicide threat
- **PREFERRED:** Suicide or died from suicide
- **PREFERRED:** Suicide attempt, or suicidal self-directed violence
- **PREFERRED:** Suicide (only prevention is successful)
- **PREFERRED:** Suicide Attempt
- **PREFERRED:** Non-suicidal self-directed violence or suicidal self-directed violence

Resources



- **The Guide**
- **A comprehensive suicide prevention, intervention, and postvention model for schools, easily adaptable to other settings, recognized as a best practices resource:**
<http://theguide.fmhi.usf.edu/>
produced by the University of South Florida

Resources

- **SAMSHA TIP Treatment Improvement Protocols**
- **...on a host of clinical topics, some for clinicians, some for administrators, substance abuse featured in several, including suicide and substance treatment centers:**
- <http://store.samhsa.gov/list/series?name=TIP-Series-Treatment-Improvement-Protocols-TIPS->
- **Noteworthy to today's topic, see TIP #s 31, 32, and 50**

National Suicide Prevention Call Centers

- **National Suicide Prevention Lifeline
1-800-273-8255**
- **National Suicide Prevention Lifeline
1-800-SUICIDE**
- **Youth 1-800-252-TEEN**
- **ChildHelp 1-800-4-A-CHILD**
- **GLBT Teens 1-800-4UTREVOR**



National Suicide Prevention Call Centers

- **Girls & Boys Town National Hotline
1-800-448-3000**
- **National Graduate Student Crisis Line
1-877-4723-475**
- **Crisis Hotline 1-800-442-4673**
- **Samariteens 1-800-252-8336**
- **Youth America Hotline (YAH!)
1-877-968-8454**
- **Youth Crisis Hotline 1-800-448-4663**

Alabama Call Centers

- **Crisis Services of North Alabama
(Huntsville region)**
- **www.csna.org 1-800-691-8426**
- **Family Counseling Center of Mobile,
Inc. (Gulf Coast region)**
- **www.helplinemobile.org
1-800-239-1117**

Alabama Call Centers

- The Crisis Center, (Birmingham, Central Alabama)
- www.crisiscenterbham.com,
(24 hours) 205-323-7777
 - Teen Link
205-328-5465
 - Kids' Help Line
205-328-5437
 - Senior Talk Line
205-328-8255

For More Information About Youth Suicide

- American Association of Suicidology (AAS) www.suicidology.org
- American Foundation for Suicide Prevention (AFSP) www.afsp.org
- The Suicide Awareness Voices of Education (SAVE) www.save.org
- Harvard Injury Control Research Center www.meansmatter.org

For More Information About Youth Suicide

- Suicide Information and Organizations from NLM's MedlinePlus (en Español)
- The University of South Florida "The Guide"
www.theguide.fmhl.usf.edu
- Youth Suicide Prevention Program
www.yspp.org

For More Information About Youth Suicide

- The Jed Foundation
www.jedfoundation.org
- The Jason Foundation
www.jasonfoundation.com
- Screening for Mental Health Youth Programs
www.mentalhealthscreening.org/schools

For More Information About Youth Suicide

- Teen Screen
TeenScreeninfo@childpsych.columbia.edu
- American Academy of Child and Adolescent Psychiatry Teen Suicides & Symptoms www.aacap.org

For More Information About Youth Suicide

- Olweus Bullying Prevention Program
www.olweus.org
- Cyberbullying
www.guardingkids.com
- Bullycide.com
www.bullycide.org
- Bully Police USA
www.brendahigh.com

**For More Information
About Youth Suicide**

- Bullypolice.com
www.bullypolice.com
- Childhelp
www.childhelp.org
- Suicide Prevention Resource Center:
Youth Suicide Basics
www.sprc.org/suicide_prev_basic_s/youth.asp

**For More Information
About Youth Suicide**

- National Youth Violence Prevention
Resource Center
www.safeyouth.org/scripts/facts/suicide.asp
- Center for Disease Control and
Prevention Youth Suicide
- www.cdc.gov/ncipc/dvp/suicide/youthsuicide.htm

**For More Information
About Youth Suicide**

- The Prevention Researcher: Teen
Suicide www.tpronline.org
- Youth Conflict Resolution Center
www.youngmediators.org/
- Youth Suicide Problems: Gay
Bisexual Male Focus
www.youth-suicide.com/gay-bisexual

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<http://www.cdc.gov>

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About Your Presenter

- Facilitator of the Birmingham Crisis Center Suicide Survivors of Loss support group since 1999-2013
- Member of the National Suicide Prevention Lifeline Training and Standards Committee 5 years (SAMHSA)
- Approved Trainer for the American Association of Suicidology and the Suicide Prevention Resource Center
- Past President of the Alabama Suicide Prevention Task Force
- Professor and developer of 3 credit hour graduate Counseling Class, UAB and U of Montevallo, *Suicide Prevention Intervention Postvention* course, 2008 to present
- SAMHSA Grant Garrett Lee Smith Youth Suicide Prevention, 2012 to 2015
- Textbook Chapter author, crisis intervention and introduction to counseling
- Jason Flatt Act Advisory Committee, 2016 to present.

Mass Shootings v. Suicides

- **Orlando Night Club Shooting:**
49 victims
- **Gun Suicide: 58 victims each day**
(21,175 in 2013)

Cheryl Hanna



- Vermont law professor Cheryl Hanna bought a handgun and used it the next day to commit suicide.
- Hanna had been battling depression.
- In the days leading up to her suicide, she had twice voluntarily admitted herself to a hospital for psychiatric treatment.
- In doing so, she gave up nearly all of her liberty trying to get better, but not her right to buy a gun.

Proposal

- Individuals who fear suicide could confidentially put their own names into the existing federal background check system and thereby prevent gun purchase
- People could choose to leave open the door to having their name removed from the system at a later date, after a waiting period or a judicial hearing

Facts

- Hundreds, perhaps thousands, of people each year commit suicide with recently acquired firearms
- Firearms are the deadliest suicide method
- 90% of suicide attempt survivors go on to die of something other than suicide

Would anyone sign up?

- In a survey of 1,050 internet users, 31% said they'd sign up.
- Among 200 UAB psychiatric patients, 46% said they'd sign up.
- Hanna's husband: "I think she would have signed up for this."