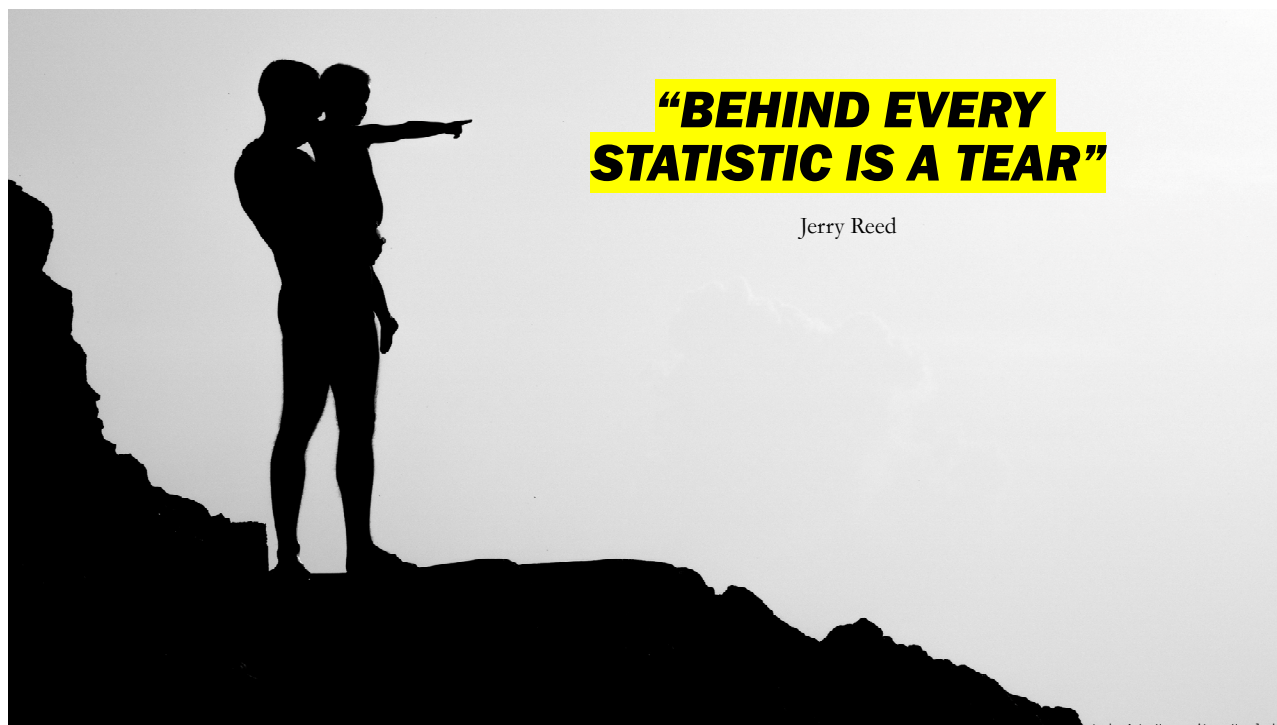
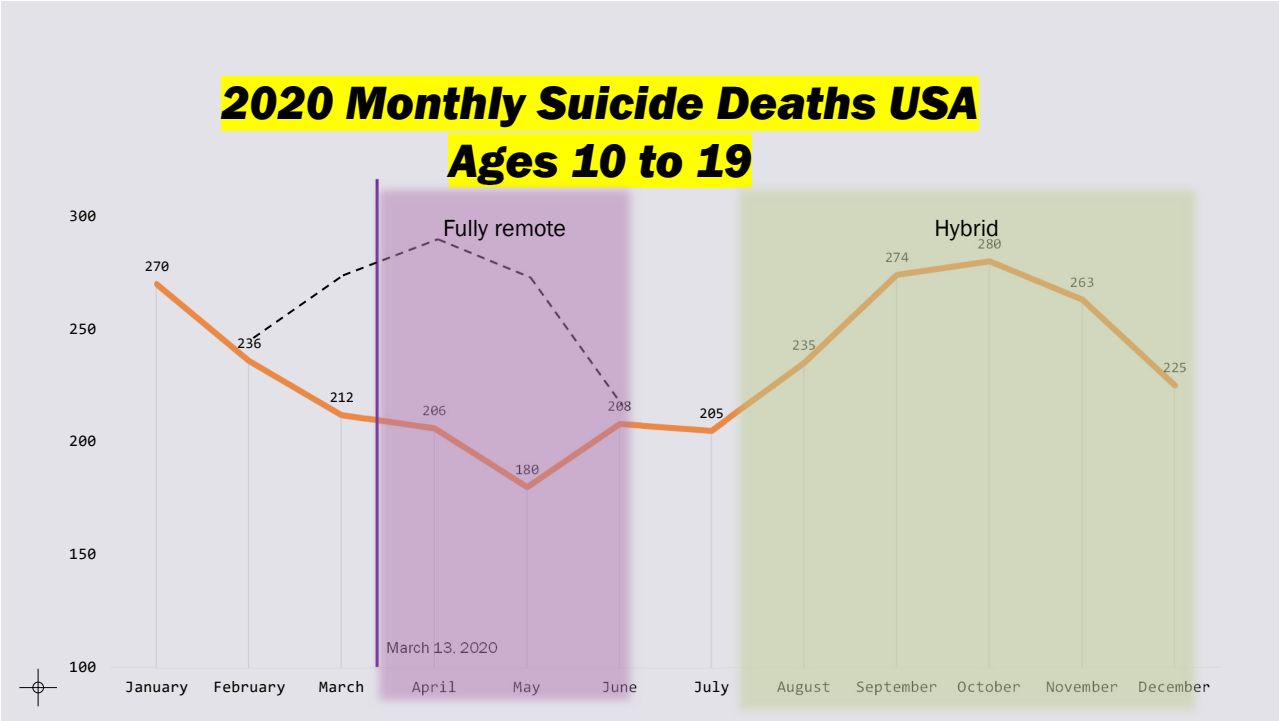
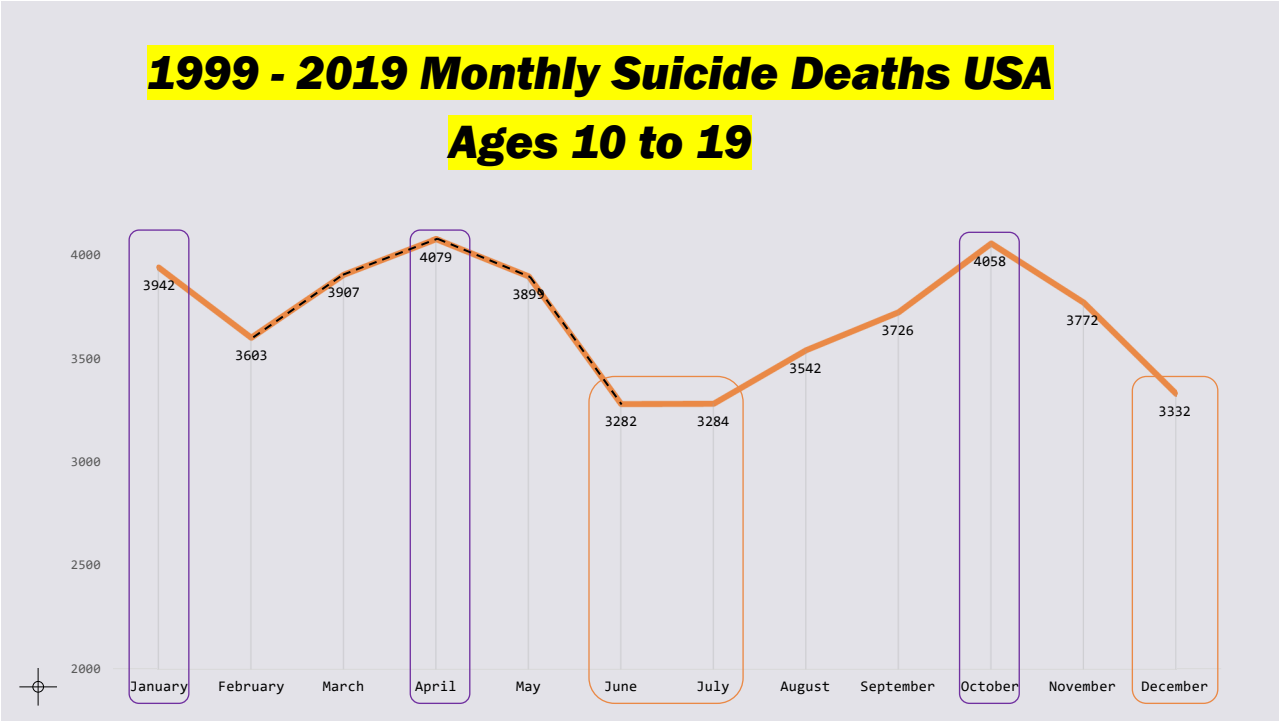


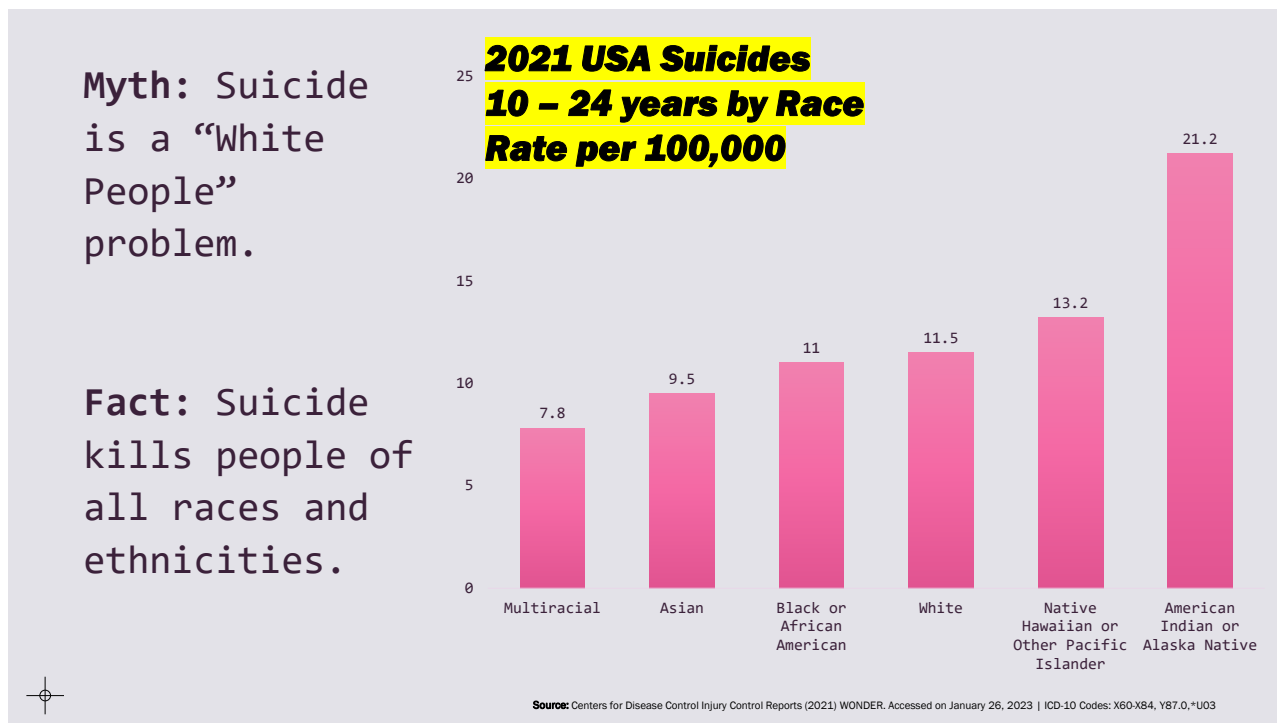
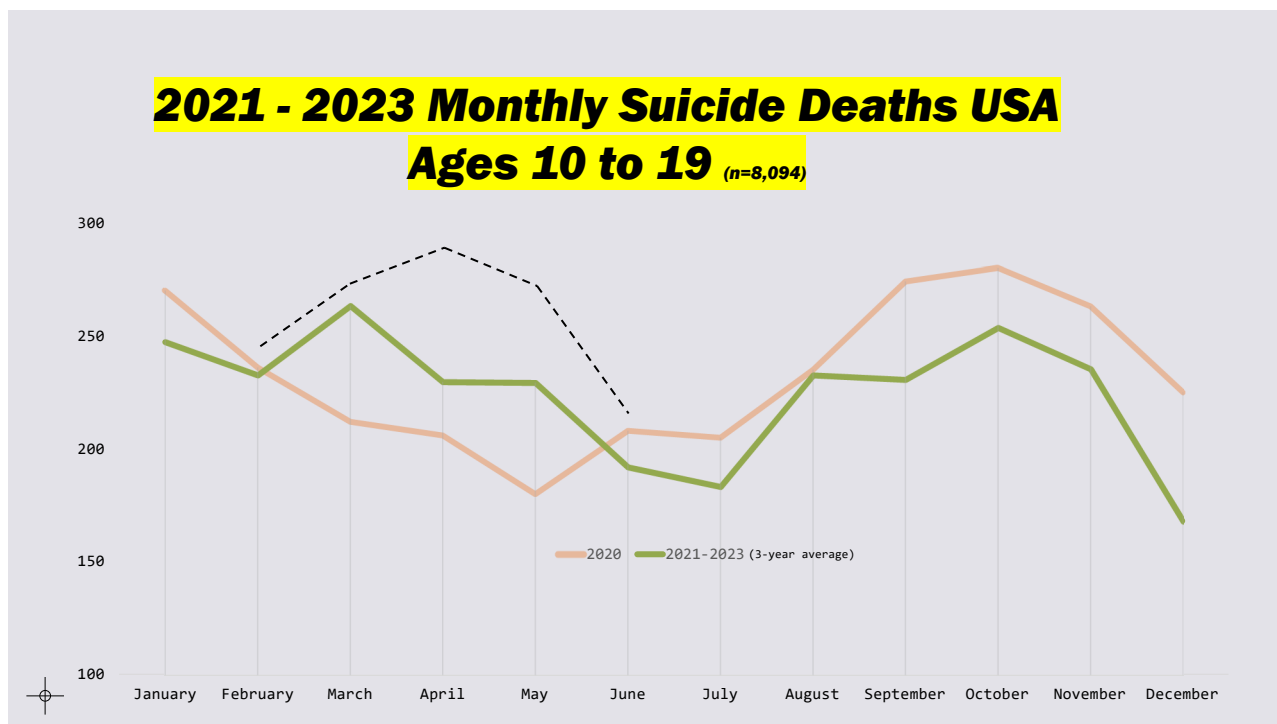
Preferred and problematic terms

Problematic	Why?	Preferred
Failed / successful suicide	Frames living as a failure and dying as a success	Suicide attempt / suicide
Non-serious vs. serious attempt	Judging the severity diminishes the pain that the person who made the attempt is experiencing. If distinctions are necessary, describing the lethality is preferred.	Low-lethality vs. high lethality
Committed suicide	The term "committed" has negative connotations, such as committed murder or committed rape.	Died by suicide / killed themselves

Erbacher, T. A., Singer, J. B., & Poland, S. (2024). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention* (2nd edition). Routledge. <https://suicideinschools.com>

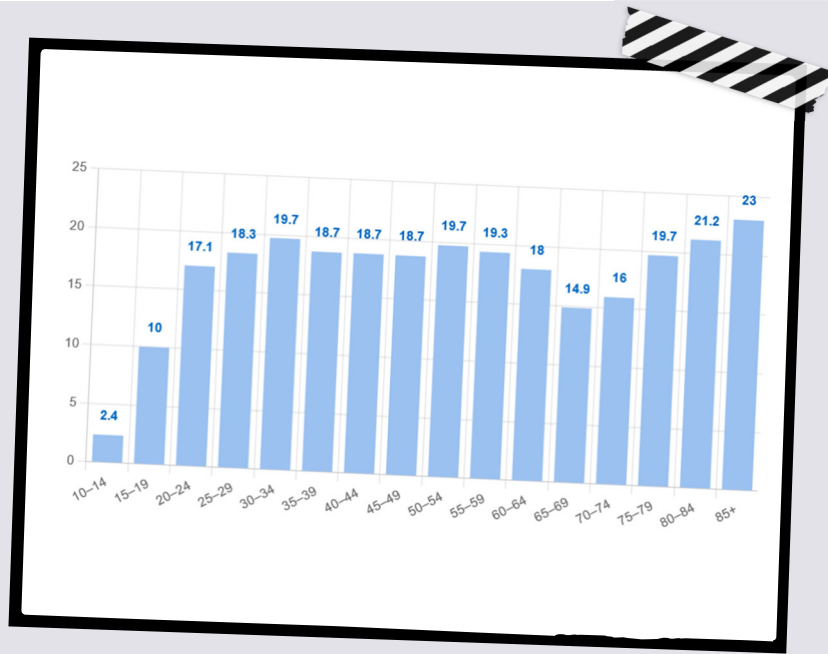






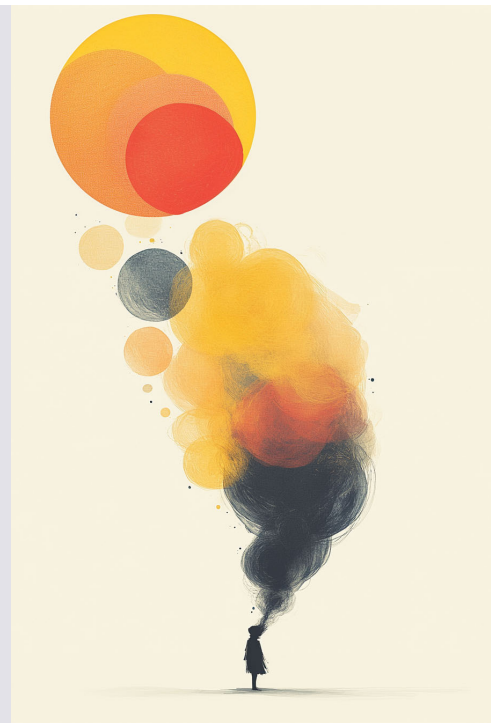
Myth: Suicide is primarily a youth problem.

Fact: It is primarily an adult problem.



Myth: There is no way of knowing who might be suicidal.

Fact: Most people let us know.



Warning signs

1. Talking about or making plans for suicide.
2. Expressing hopelessness about the future.
3. Displaying severe/overwhelming emotional pain or distress.

Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above.

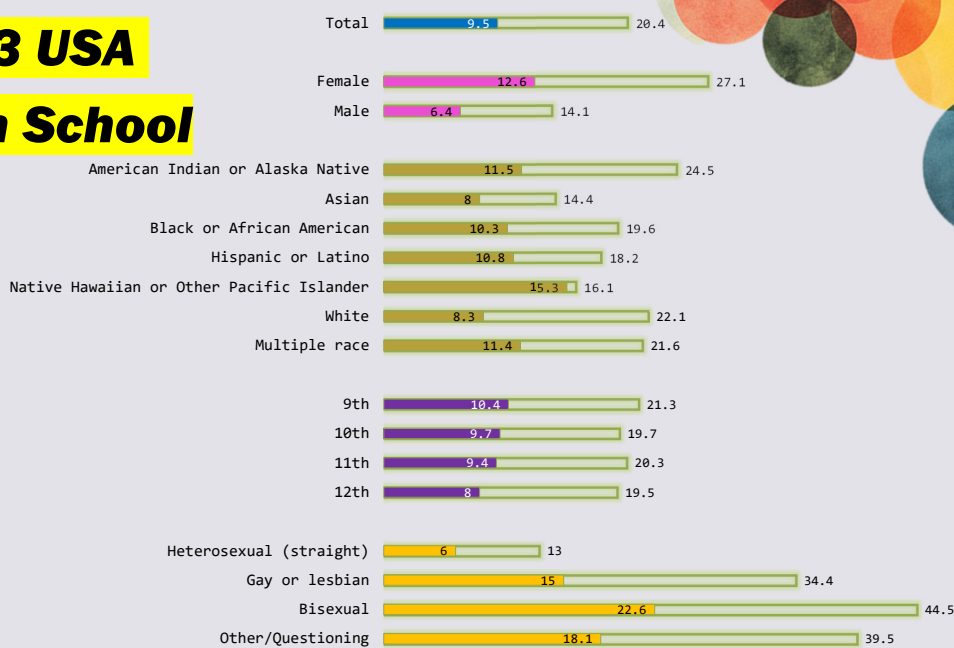
Specifically, this includes significant

- o Withdrawal from or change in social connections/situations.
- o Recent increased agitation or irritability.
- o Anger or hostility that seems out of character or out of context.
- o Changes in sleep (increased or decreased).



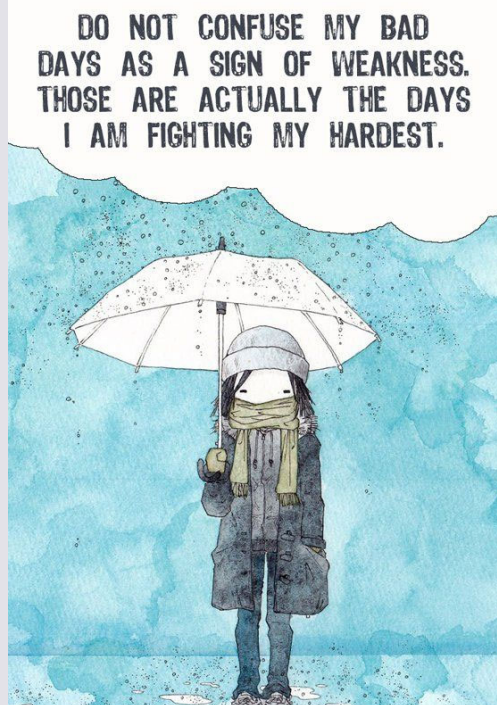
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2023 USA High School



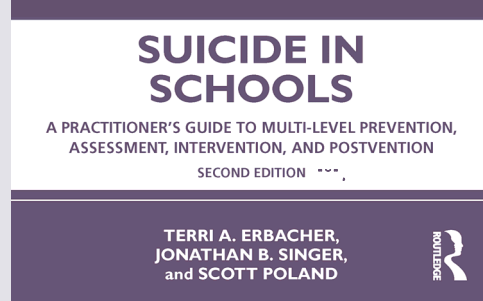
Myth: People who are suicidal are weak.

Fact: People are suicidal despite enormous strength and courage.

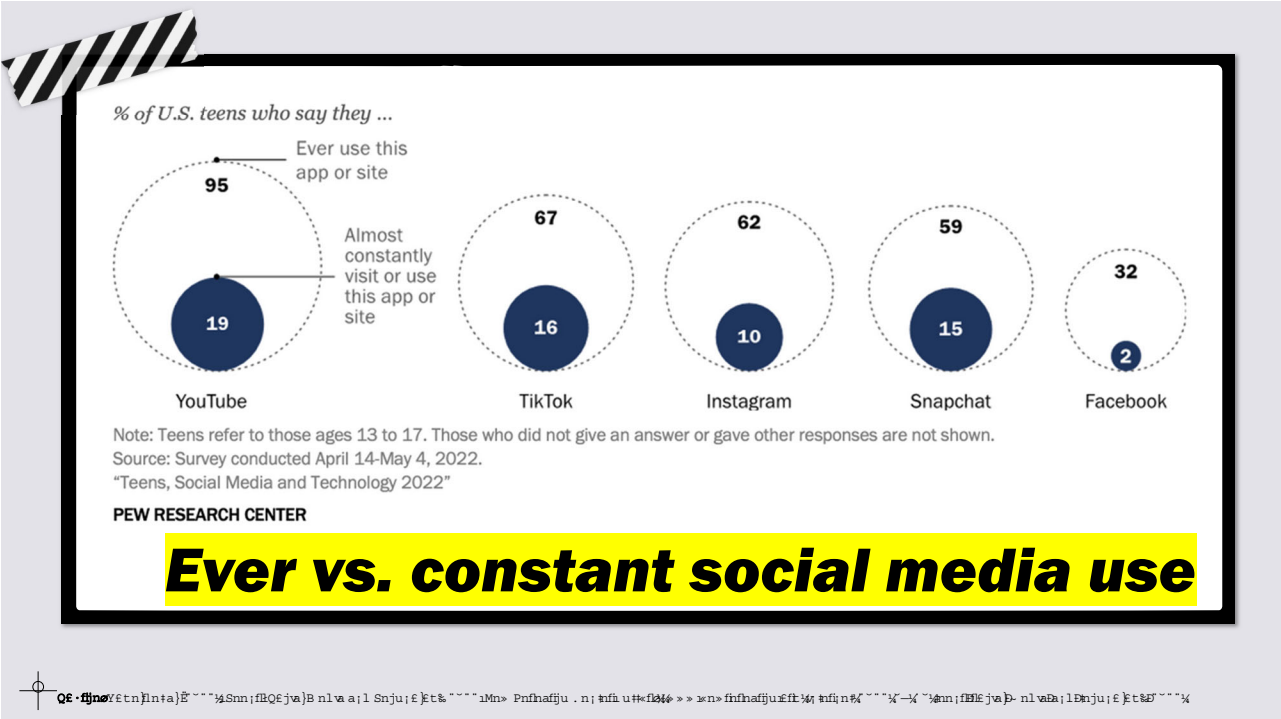


Myth: If I ask someone about suicide, I'll put the idea in their head.

Fact: Asking someone about suicide will not make them suicidal (Gould et al., 2005).







Q–fjno/etn]ln+a)E~~~~%Snn;fEQejva)B nlwa;l Snju;E)Et&~~~~lMn> Pnfinafju . n; tnf u+*f&44 >> >n>fnfinafju&ft%4; tnfjn%["""X'~%un;fBE jva) nlvaBa;lBnju;E)Et&E~~~~%</p></div>

On social media
 interactions are often
 public by default,
 private through effort.
 danah boyd

Jonathan B. Singer, PhD, LCSW

9

i want to



Instagram

Search

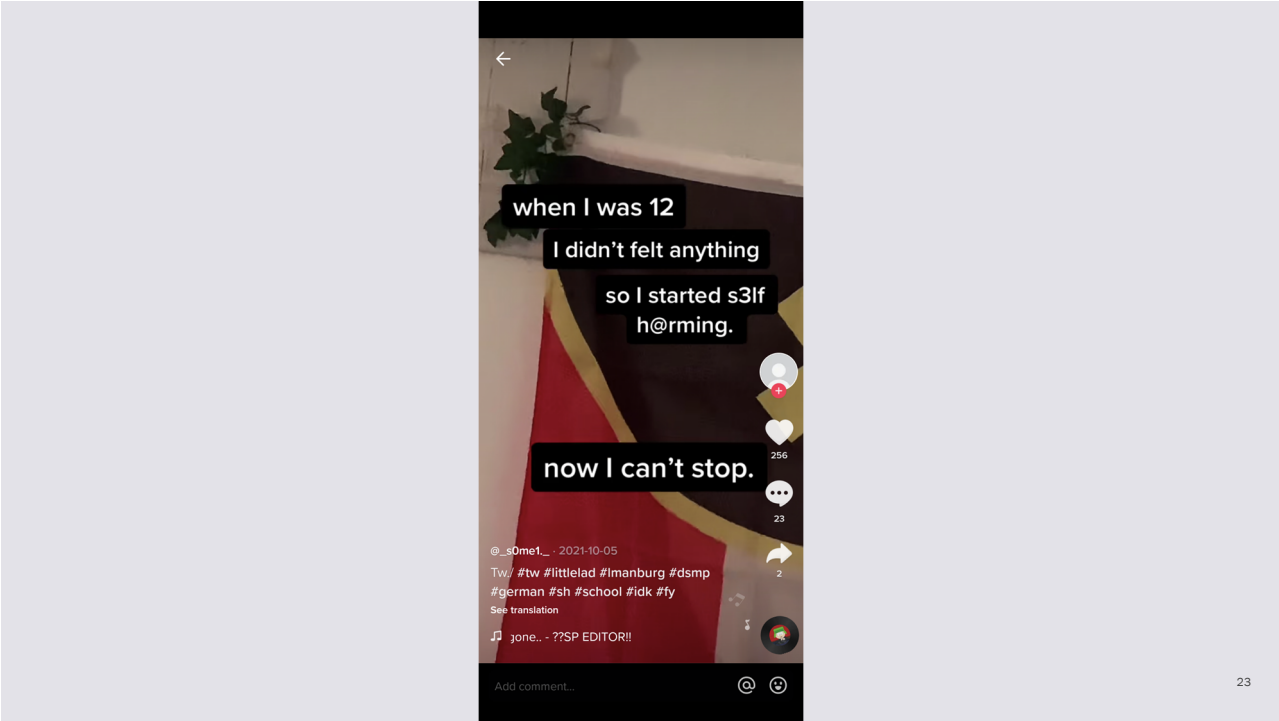
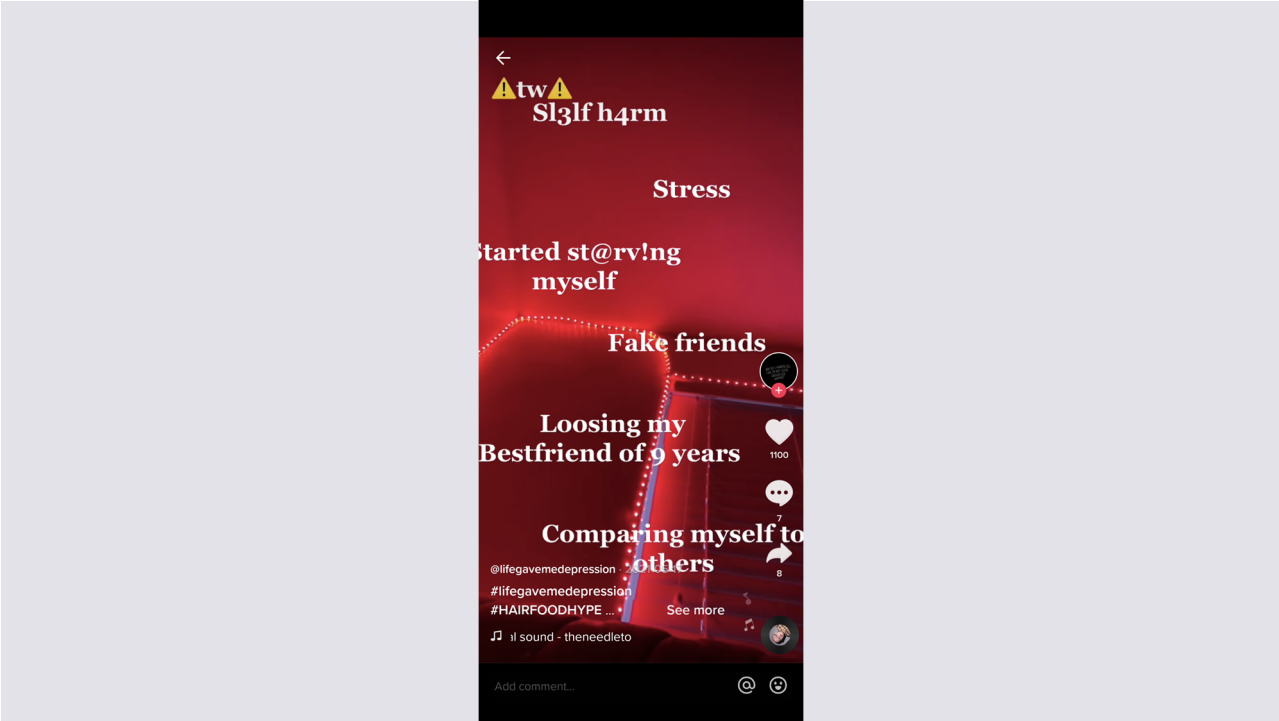
#s3lfh4rm

Can we help?

Posts with words you're searching for often encourage behavior that can cause harm and even lead to death. If you're going through something difficult, we'd like to help.

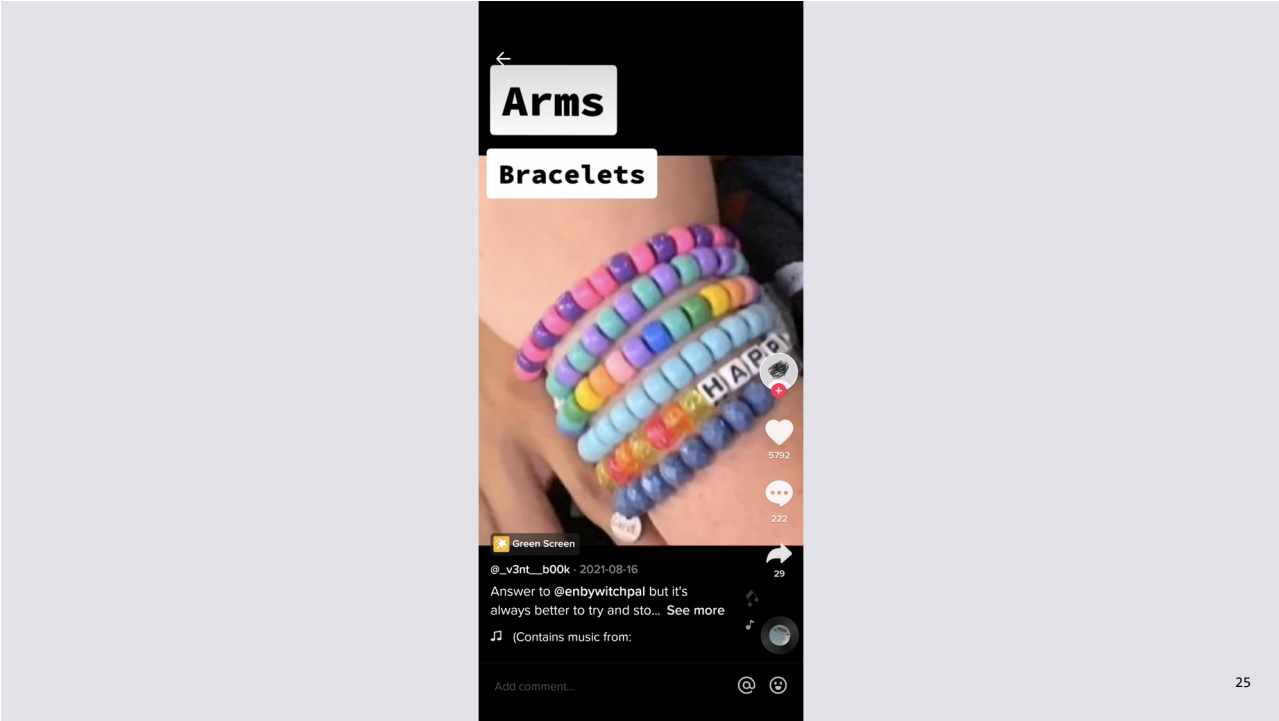
[Get Support](#)

Show Posts Cancel

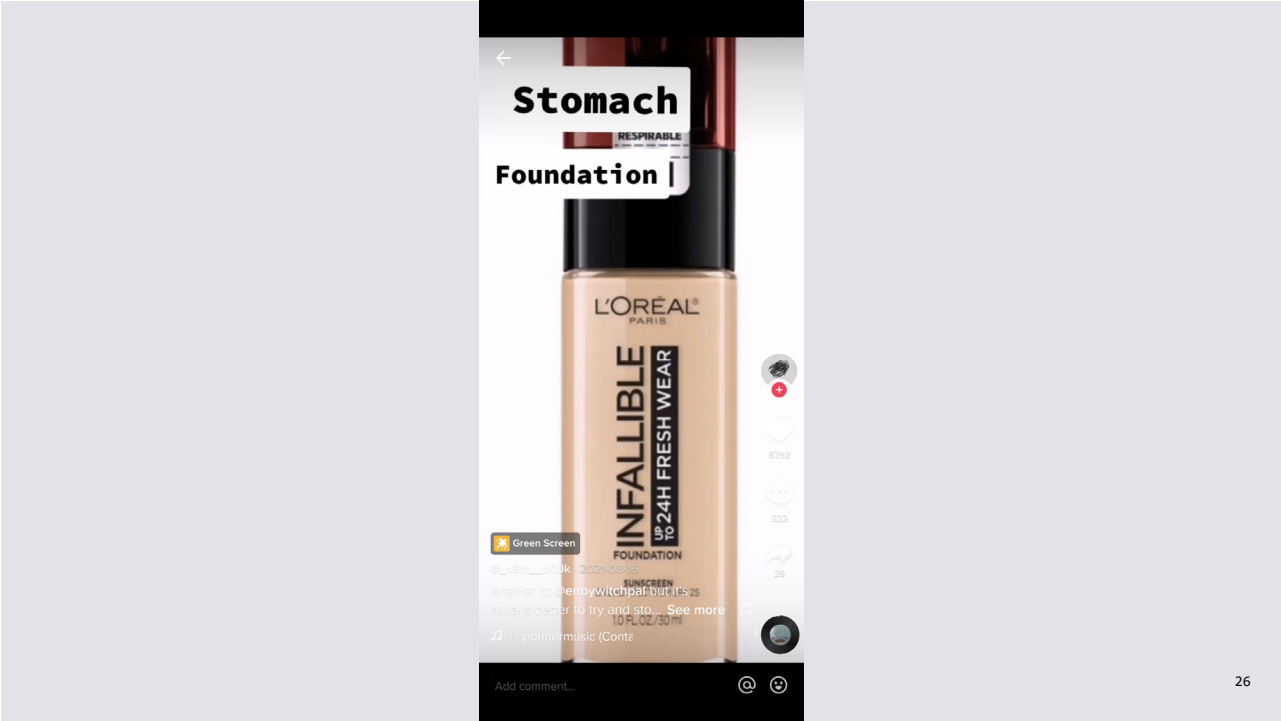




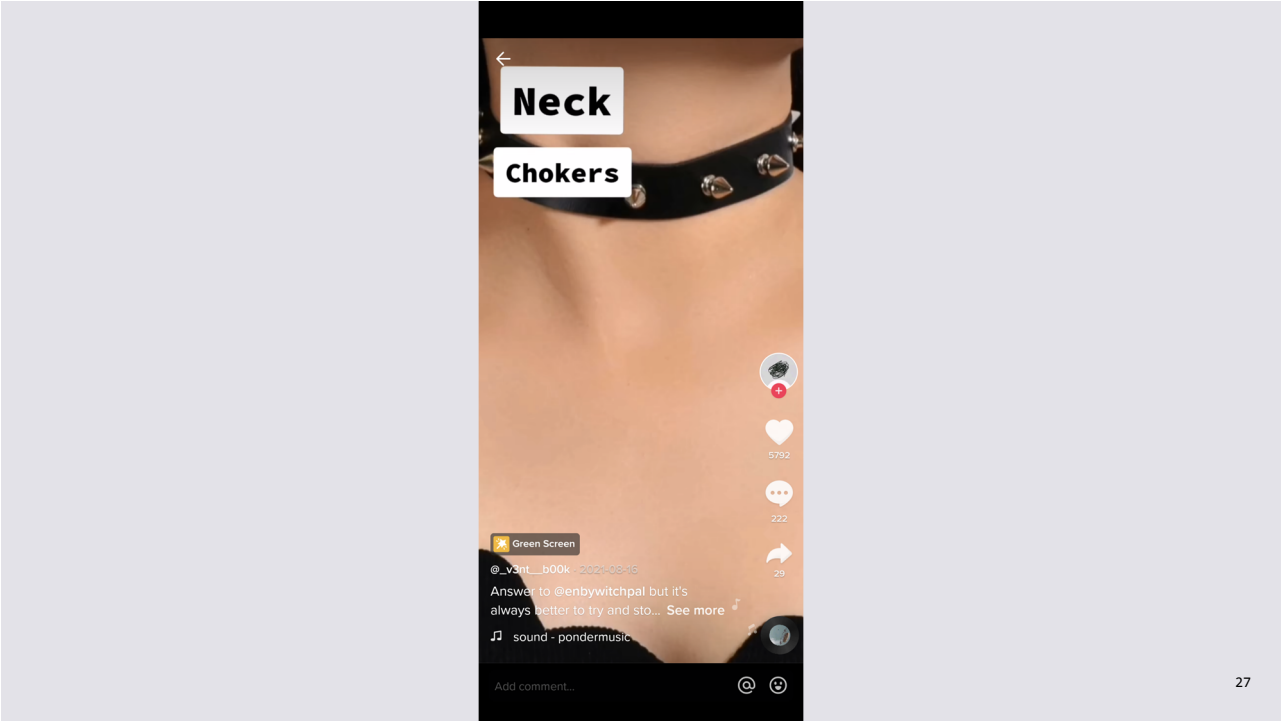
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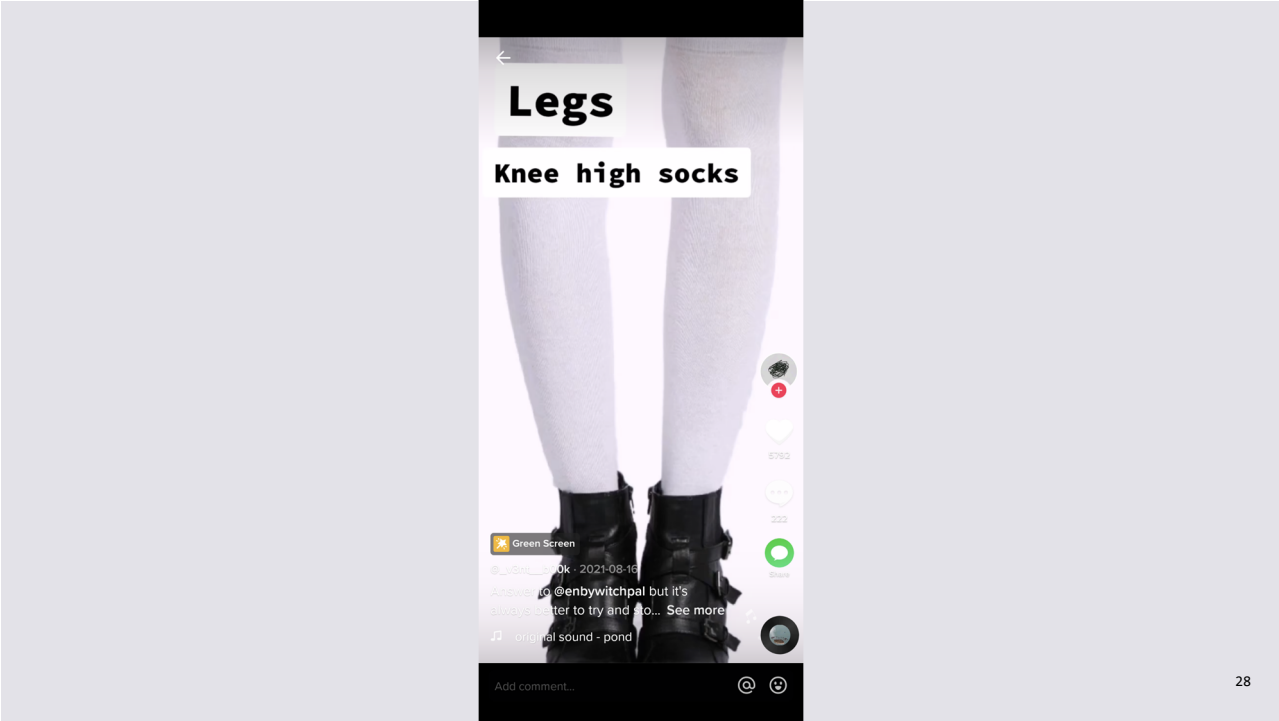
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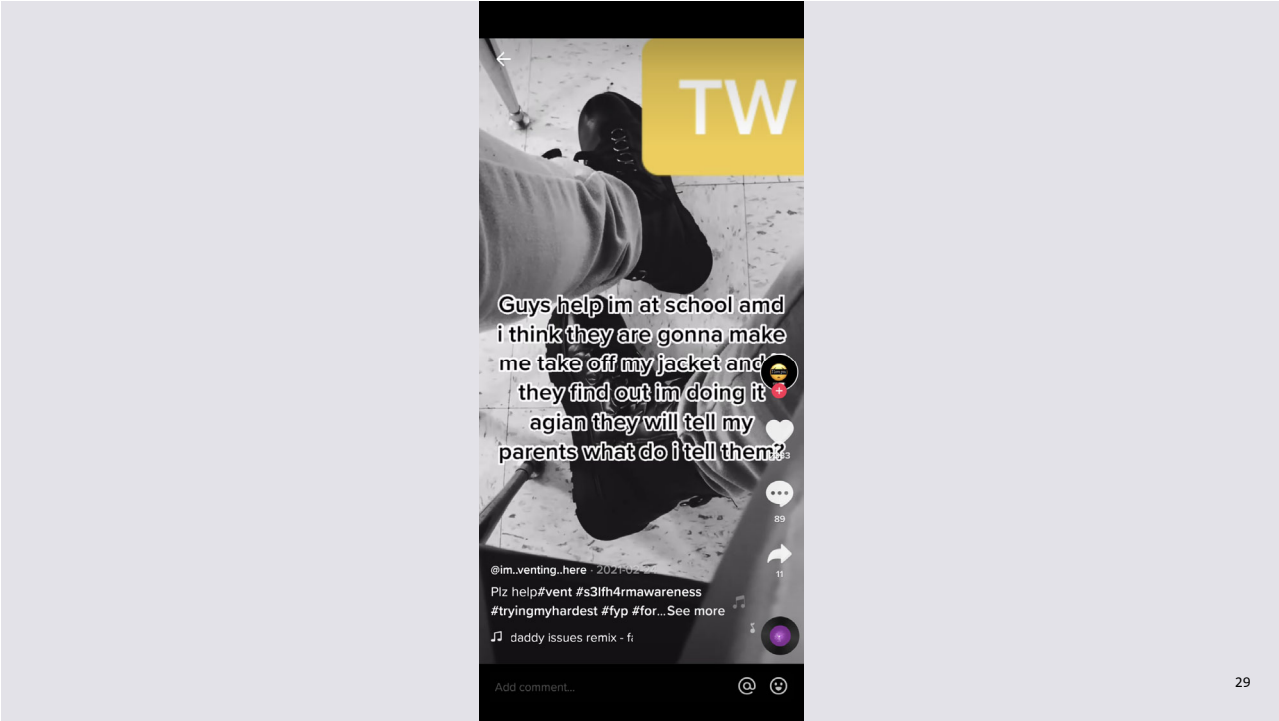
26



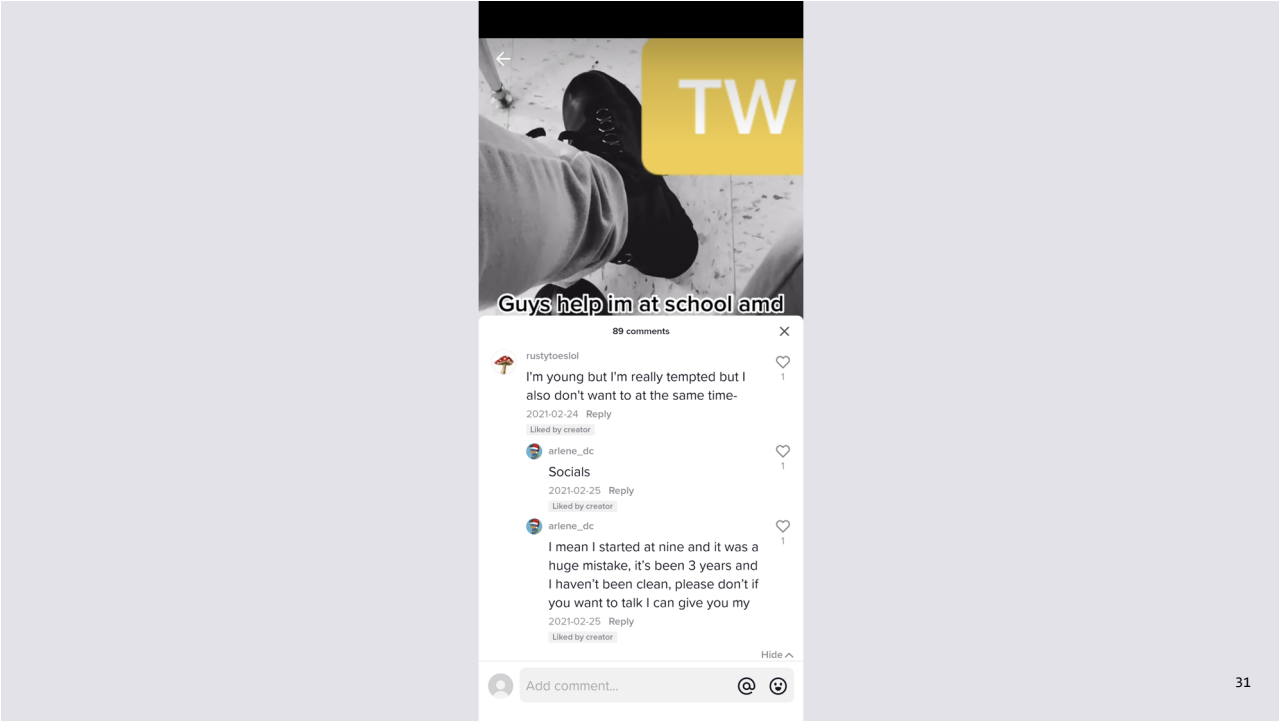
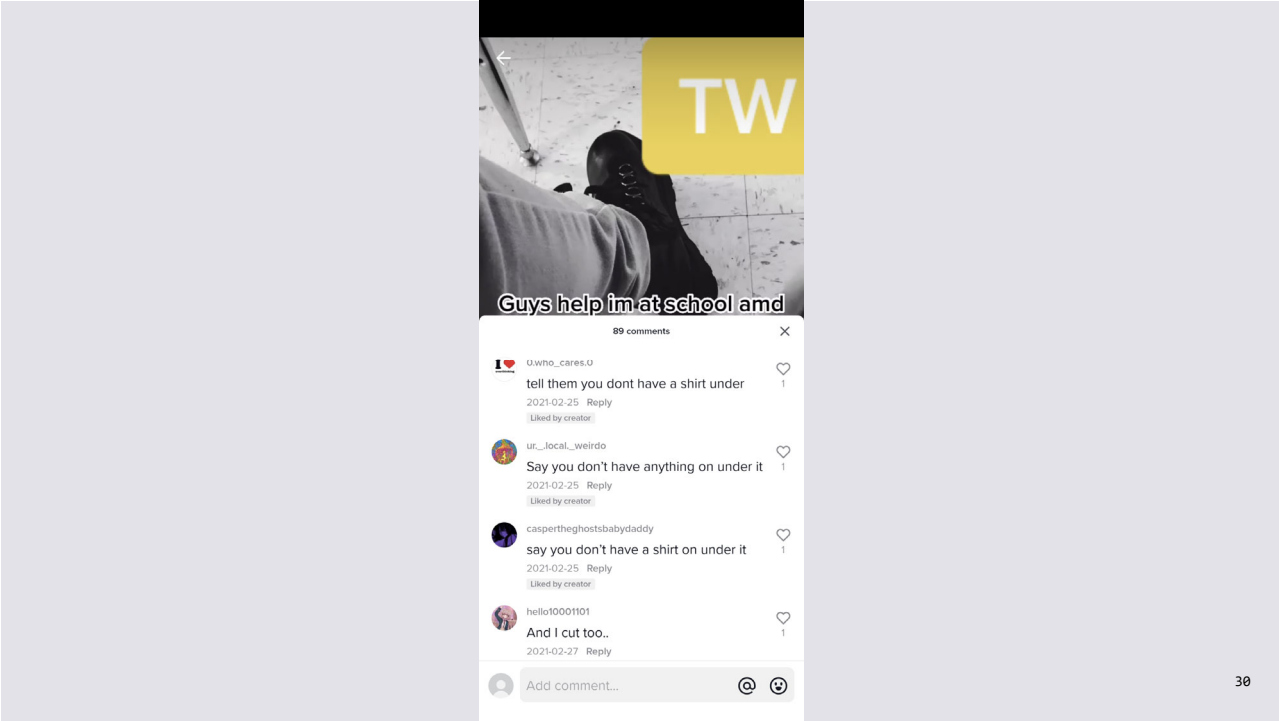
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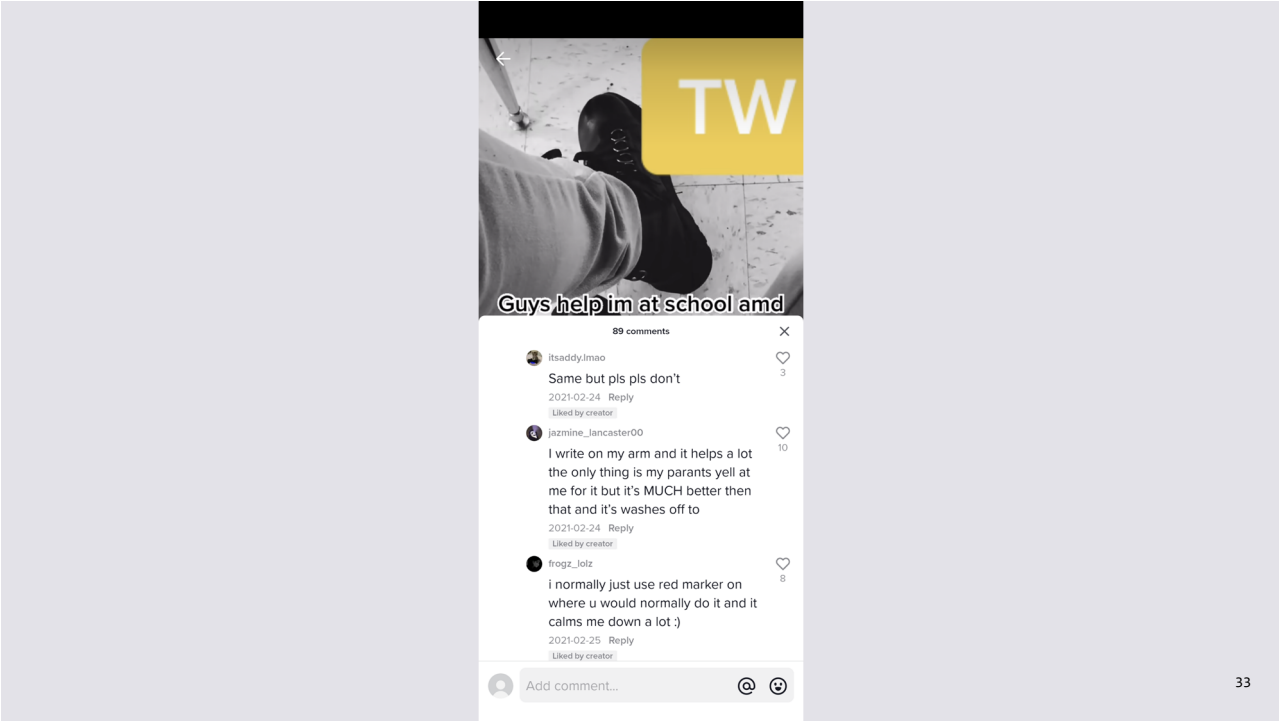
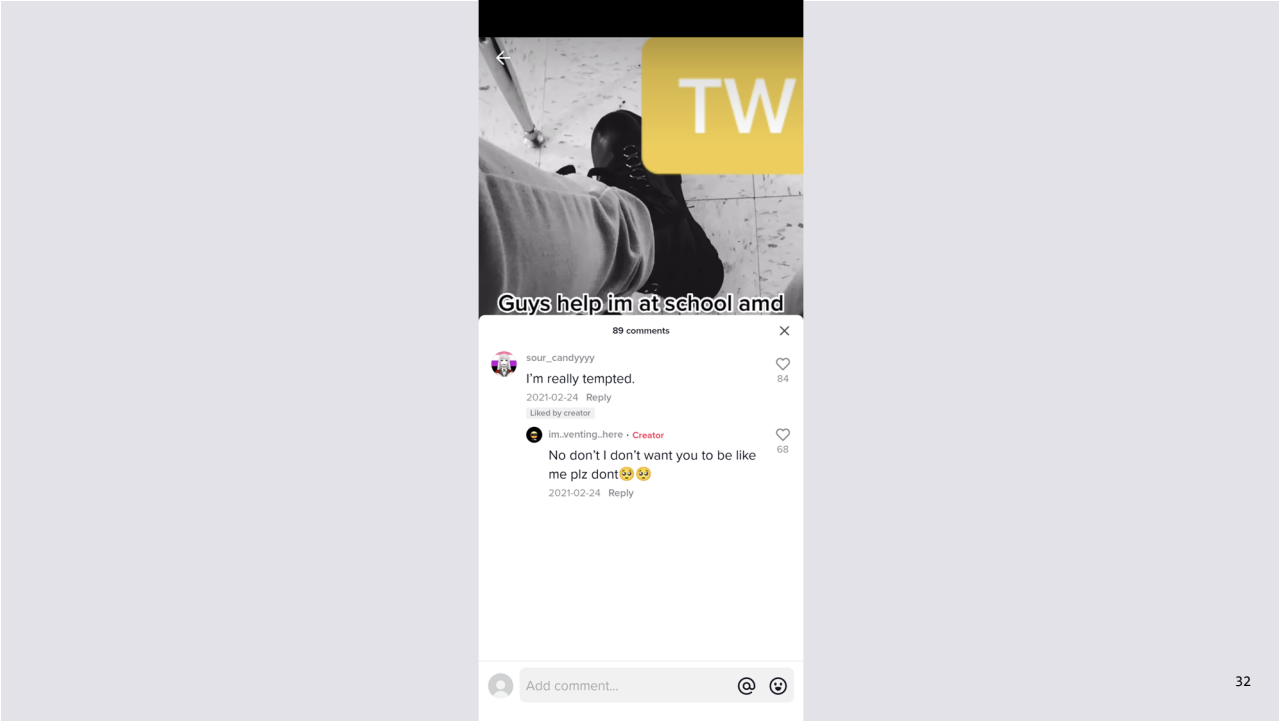


28



29





Take home points

- Kids self harm at school
- Kids use social media to reach out when they are distressed
- Kids are afraid of the consequences of adult intervention more than the benefits of talking with adults
- Kids support each other
- Kids distract each other
- Kids encourage each other NOT to hurt themselves

We should be talking with kids about their social media use



34

Talking with youth about social media use

- How does social media usually fit into your life?
- **Which apps**/social media sites do you typically use?
- Can you tell me about **how you use** each site?
- What are some of the **best** parts / most **challenging** or difficult parts of having social media?
- Were there times that social media/cell phone were **helpful** related specifically to your mental health?
- Were there times that social media/cell phone made your mental health **worse** or made you feel worse?



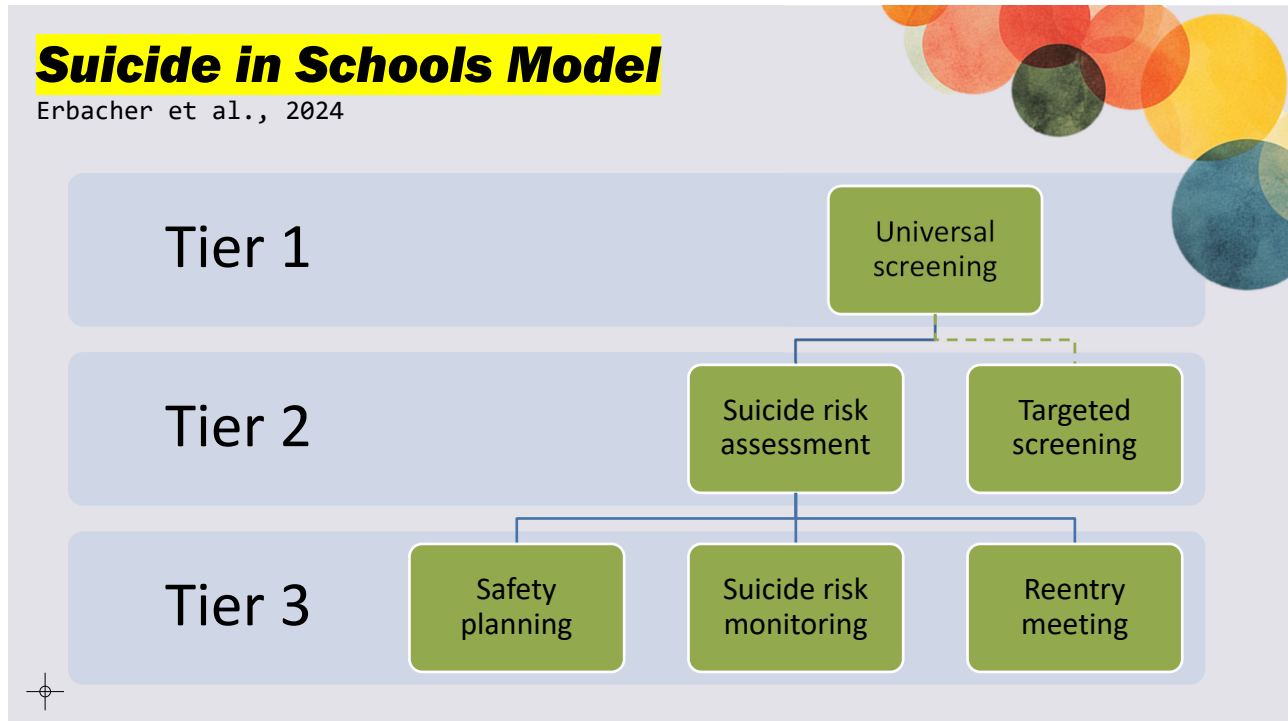
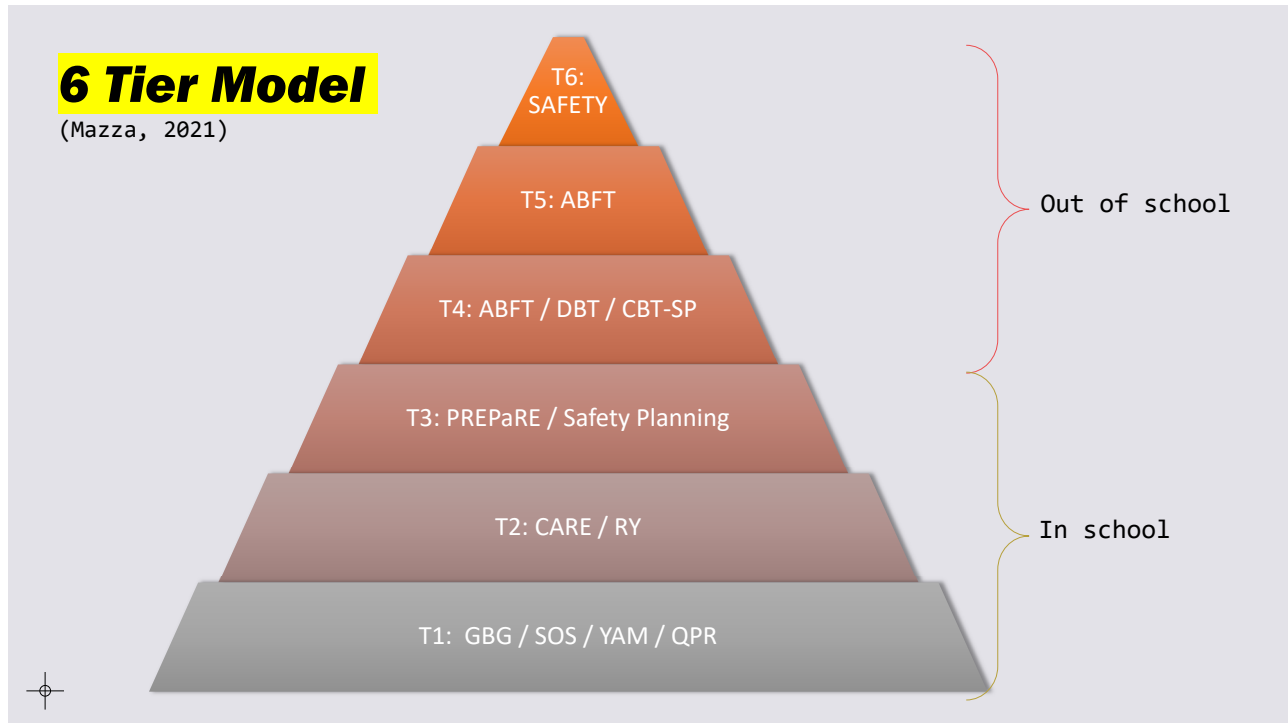
Source: Weinstein, E., Kleiman, E. M., Franz, P. J., Joyce, V. W., Nash, C. C., Buonopane, R. J., & Nock, M. K. (2021). Positive and negative uses of social media among adolescents hospitalized for suicidal behavior. *Journal of Adolescence*, 87, 63–73. <https://doi.org/10.1016/j.adolescence.2020.12.003>

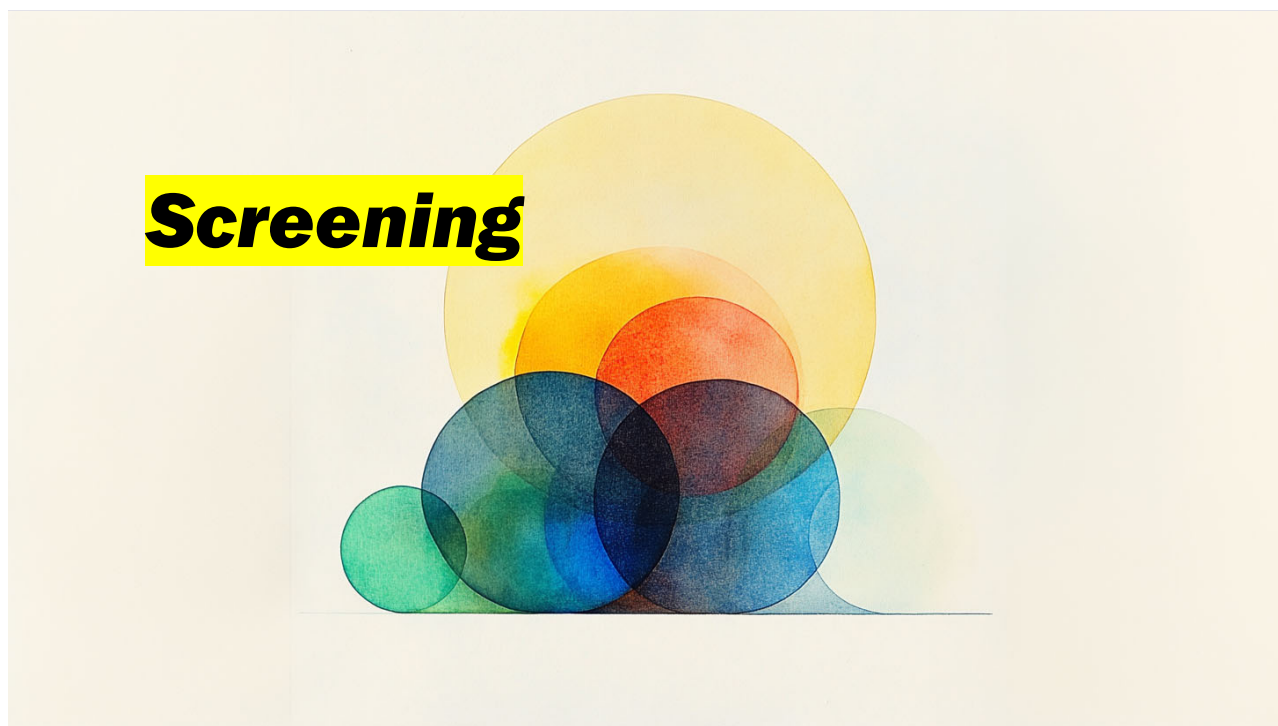


Mental health is not about feeling good.

It's about having the *right feelings*
at the *right time* and being able to
manage those feelings effectively.

Avla# a~ £·fz#u0
The Emotional Lives of Teenagers





**SiS: Suicide in Schools Model
Youth Suicide Risk Screening Form 2.0**

Student name _____ Date of screen _____
 Completed by (Name/Title) _____
 Reason for completing this form _____

	Past 24 hours	Past week	Past Month
1. Have you ever wished you were dead?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you ever felt that you, your friends, or your family would be better off if you were dead or gone?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Have you ever had thoughts about killing yourself?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you tried to kill yourself? a. if yes, how, when, where, and why?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Did you stop yourself, or did someone else stop you?			
c. How do you feel now that they stopped you?			
5. Do you plan to kill yourself? a. if yes, how, when, and where?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

If the student answers YES to any question, a comprehensive suicide risk assessment should be completed either by school-based mental health staff or by referral based upon school district policy. It is recommended that parents are contacted in all cases where a screening is conducted, even if a student denies risk. It is also important to consult with other school staff on suicide risk cases, such as other school-based mental health professionals (SMHP), a Suicide Prevention Coordinator (SPC), crisis team members, and/or administrators.

Name of parent contacted _____ Date _____ Time _____
 If Parent unreachable, list person/agency contacted _____
 If yes to any question, referred to school staff for Suicide Risk Assessment? Yes No
 Outside referral for assessment made? Yes No
 Consulted with other SMHP, SPC, crisis team member or administrator? Yes No

Referred to: _____ Phone: _____
 _____ Email: _____
 _____ Date _____

Screening name and credentials _____

Adapted from the Ask Suicide-Screening Questions form (ASQ; Horowitz, 2012), the Columbia Suicide Severity Rating Scale (C-SSRS; Posner, 2009) and the Suicide Ideation Questionnaire-JR (SIQ-JR; Reynolds, 1997).

SiS Screening Form 2.0

Erbacher, T. A., Singer, J. B., & Poland, S. (2024). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention* (2nd edition). Routledge. <https://www.routledge.com/Suicide-in-Schools-A-Practitioner's-Guide-to-Multi-level-Prevention-Assessment/Erbacher-Singer-Poland/p/book/9780367141707>

**SiS: Suicide in Schools Model
Youth Suicide Risk Screening Form 2.0**

Saved to this PC

Student name _____ Date of screen _____
Completed by (Name/title) _____
Reason for completing this form _____

		Past 24 hours	Past week	Past Month+
1. Have you ever wished you were dead?	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever felt that you, your friends, or your family would be better off if you were dead or gone?	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had thoughts about killing yourself?	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you tried to kill yourself?	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how, when, where, and why?				
b. Did you stop yourself, or did someone else stop you?				
c. How do you feel now that they stopped you?				
5. Do you plan to kill yourself?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
a. If yes, how, when, and where?				



Assessment

