Welcome to ACTS: Pre-Survey

Please scan the QR code above and complete the anonymous pre-survey!

spts

society for the prevention of teen suicide

ACTS for Nurses

Presented by the Society for the Prevention of Teen Suicide

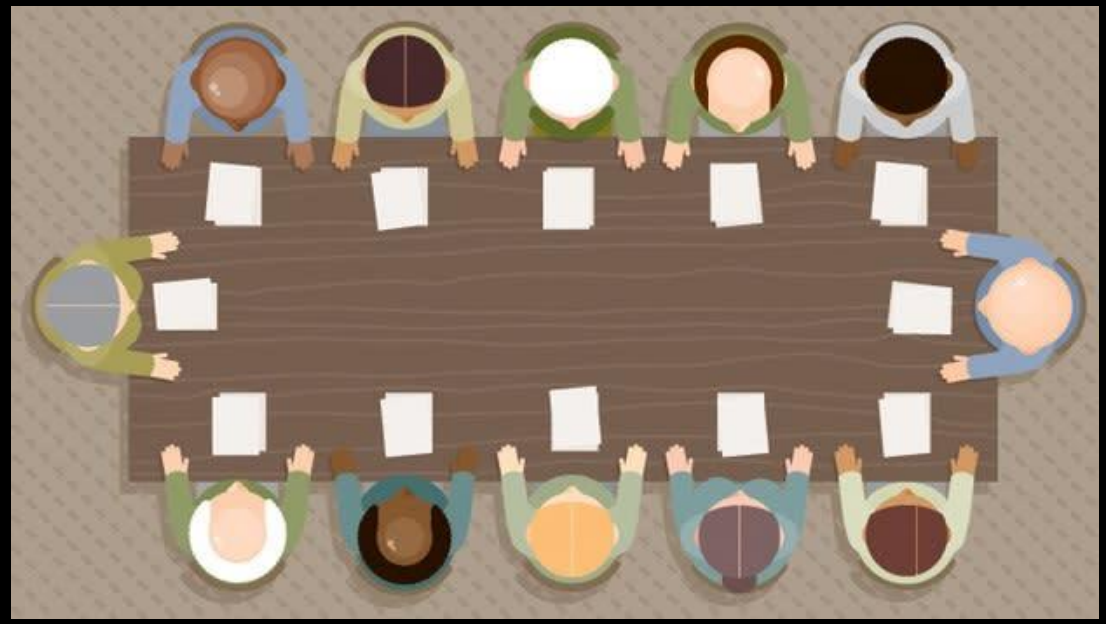
Spreading awareness; **P**romoting resilience; **T**raining professionals; **S**trengthening communities.

Introductions

- Name
- Years of experience
- Why you came to this training
- Any place you'd rather be than here!

Our Training Agenda

1. Using yourself
2. Considering risk assessment as crisis intervention
3. Understanding youth suicide
4. Responding & referring

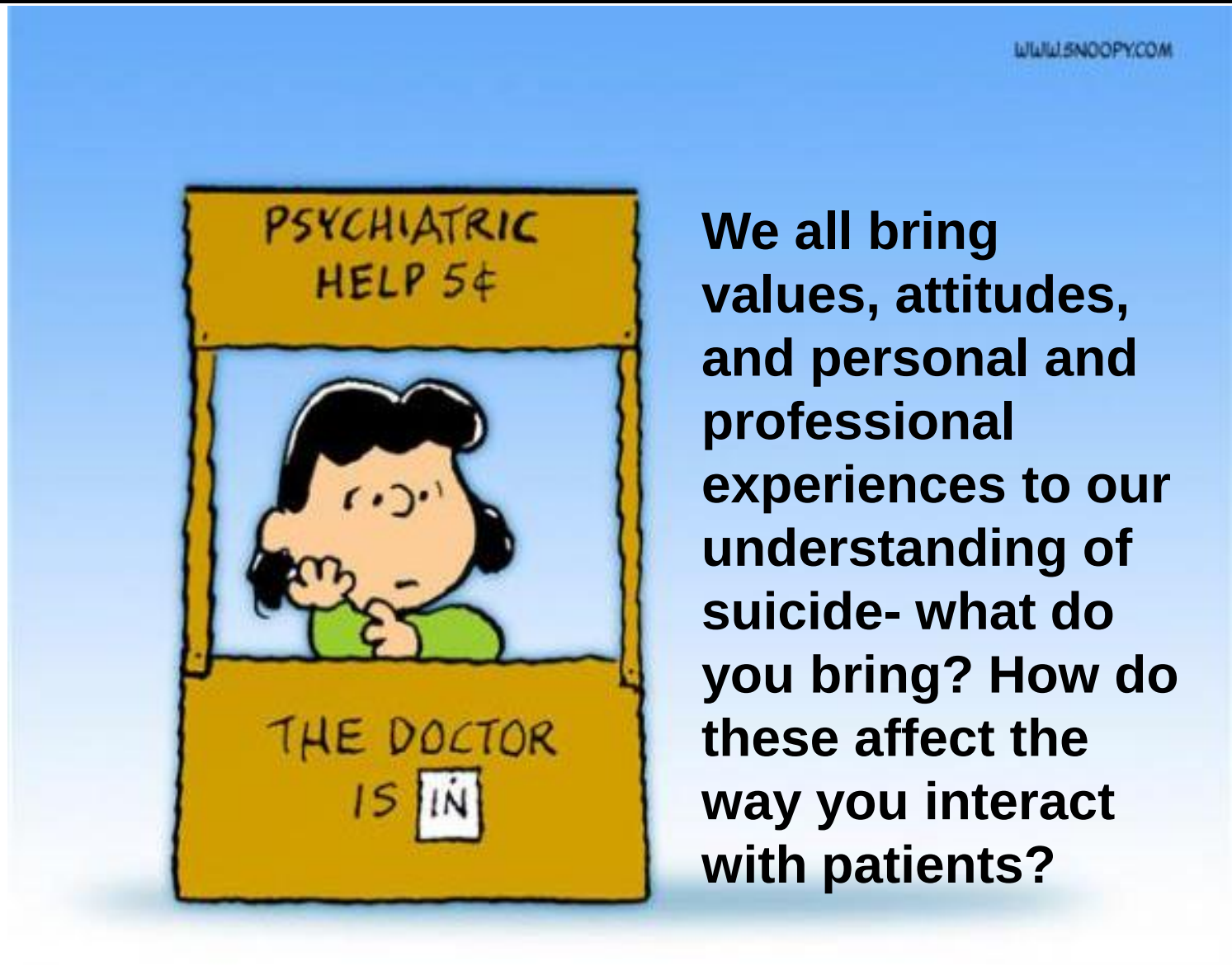


Can We Prevent Suicide With People Who “Really Want To Do It”?

Suicide is preventable. Through education and training, knowing what to look for and how to respond can save lives.

PART 1. USING YOURSELF

YOU Are Your Best Assessment Resource



We all bring values, attitudes, and personal and professional experiences to our understanding of suicide- what do you bring? How do these affect the way you interact with patients?

The Place to Begin: Share Your Answers to These Questions

1. **These are the words that describe the feelings I've observed in suicidal youth …**

2. **What would help me understand suicide better is…**

3. **This is the kind of patient who pushes my buttons…**

What We've Been Told:

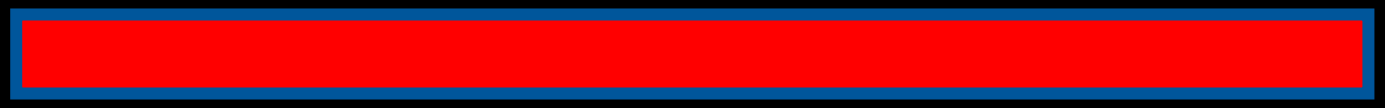
What I understand

- Person feels hopeless
- They have given up
- It's a permanent solution to a temporary problem
- Can be a response to feeling trapped

What I don't understand

- What could be so awful to make someone want to die
- Why someone doesn't use their available support
- How someone could do something so selfish

How Clinically Competent Do You Feel to Assess Suicide Risk?



1 5

1= not at all
3.5=somewhat
5= very prepared

PART 2. UNDERSTANDING CRISIS THEORY

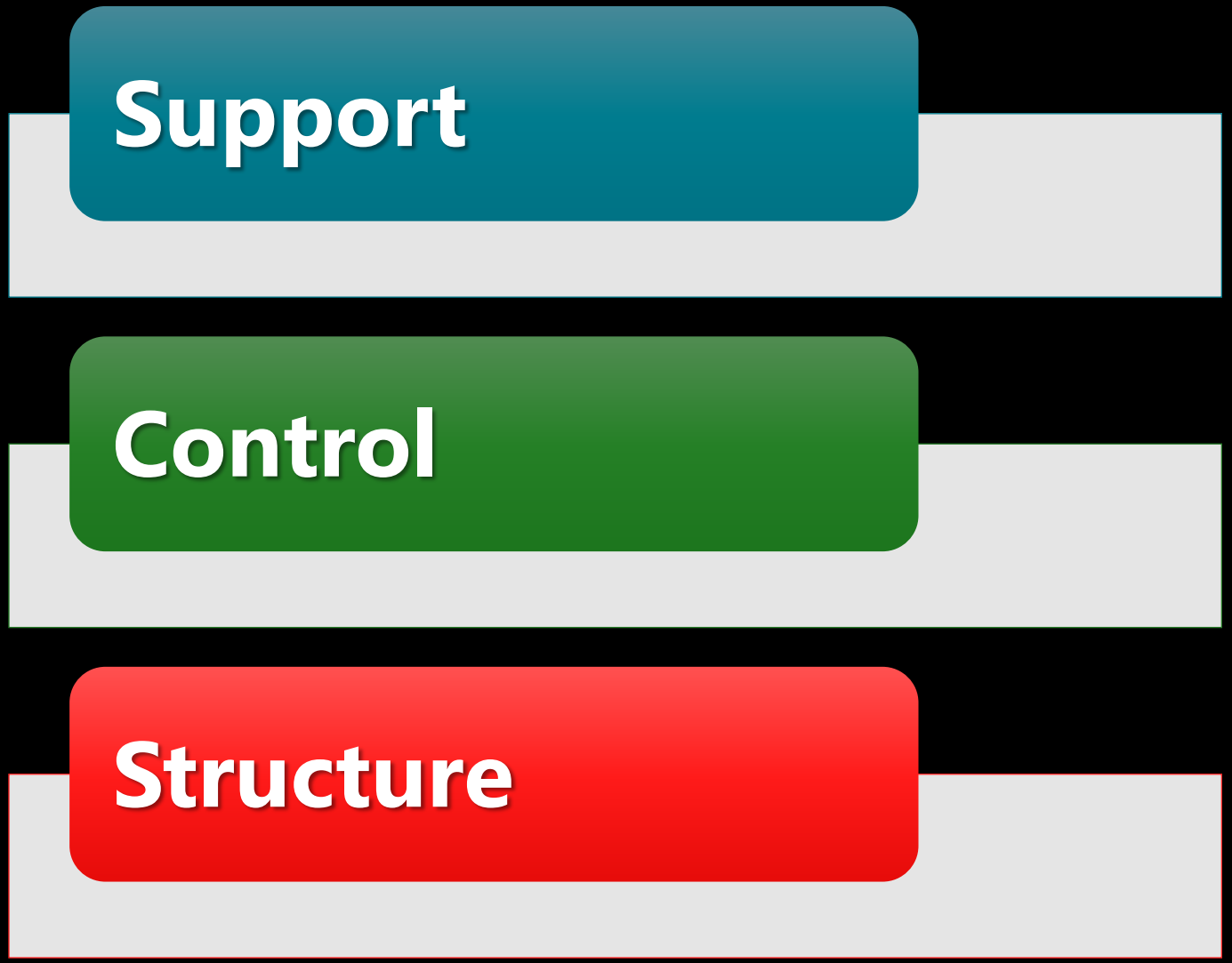
Definition of a Crisis

Anytime we perceive that our skills do not meet the demands of the environment

Goal of Crisis Intervention

To keep the client physically safe & alive until the crisis situation has resolved.

KEY ELEMENTS OF CRISIS INTERVENTION



Why Crisis Intervention Works for Suicide :

Suicidal impulses are:

Temporal

Transient

Situation specific

Personal Reactions to Crisis

PART 3. UNDERSTANDING YOUTH & ADOLESCENT SUICIDE

Behavioral Translation of Shneidman's Theory

Suicide

An attempt to solve a problem of intense emotional pain with impaired problem-solving skills

5 Characteristics of Suicide

1. Alternative
2. Presence of crisis thinking
3. Presence of ambivalence
4. Irrational
5. Form of communication

1.Problem-solving Alternative

❑ Usually follows:

▶Disciplinary crisis
▶Humiliation
▶Loss event, Break-up

❑ May precede a feared event:

▶Test
▶Moving
▶Transition

ASK ABOUT THE PROBLEM

2. Presence of Crisis Thinking

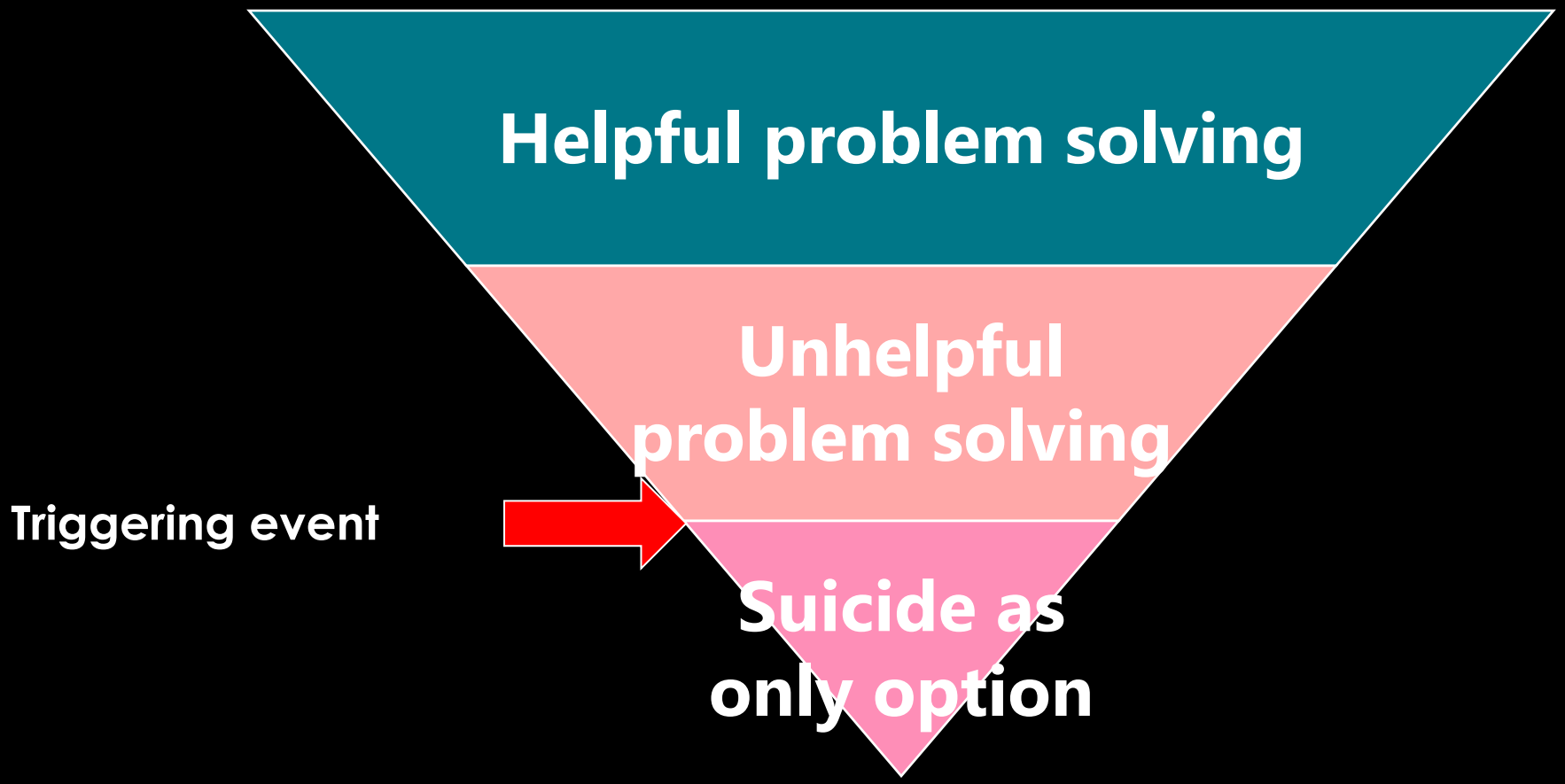
❑Crisis

Any situation in which we feel our skills do not meet the demands of the environment

❑Crisis Thinking

Reflects our reactions to the crisis and physiological reactions of fight or flight; usually emotional & constricted

Tunnel Thinking



3. Presence of Ambivalence

- ❑Alternating between two opposite feelings: live/die
- ❑ On the downside, lacking hope that things can get better
- ❑On the upside, improvement can create confusion

LEND HOPE

4. Irrational Quality to thinking

- ❑Survival instinct disconnects
- ❑Lacks logic
- ❑Reflects desperation
- ❑Desperation combined with impulsivity=attempt

PROVIDE REALITY TESTING

5. Attempt at Communication

- ❑Message usually relates back to that ‘unsolvable’ problem
- ❑With youth, may be directed at parents
- ❑May be on social networking sites

ASK THE QUESTION

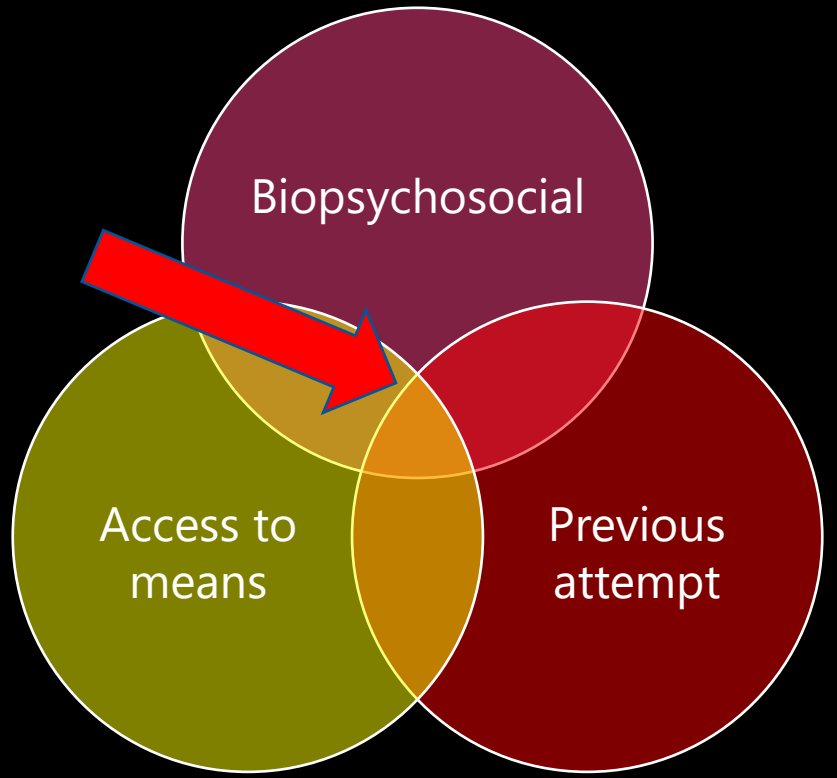
Risk Factors / Warning Signs

Red - *Warning Signs*

Yellow - *Risk Factors*

Green - *Protective Factors*

Overlap Theory of Suicide Risk Factors



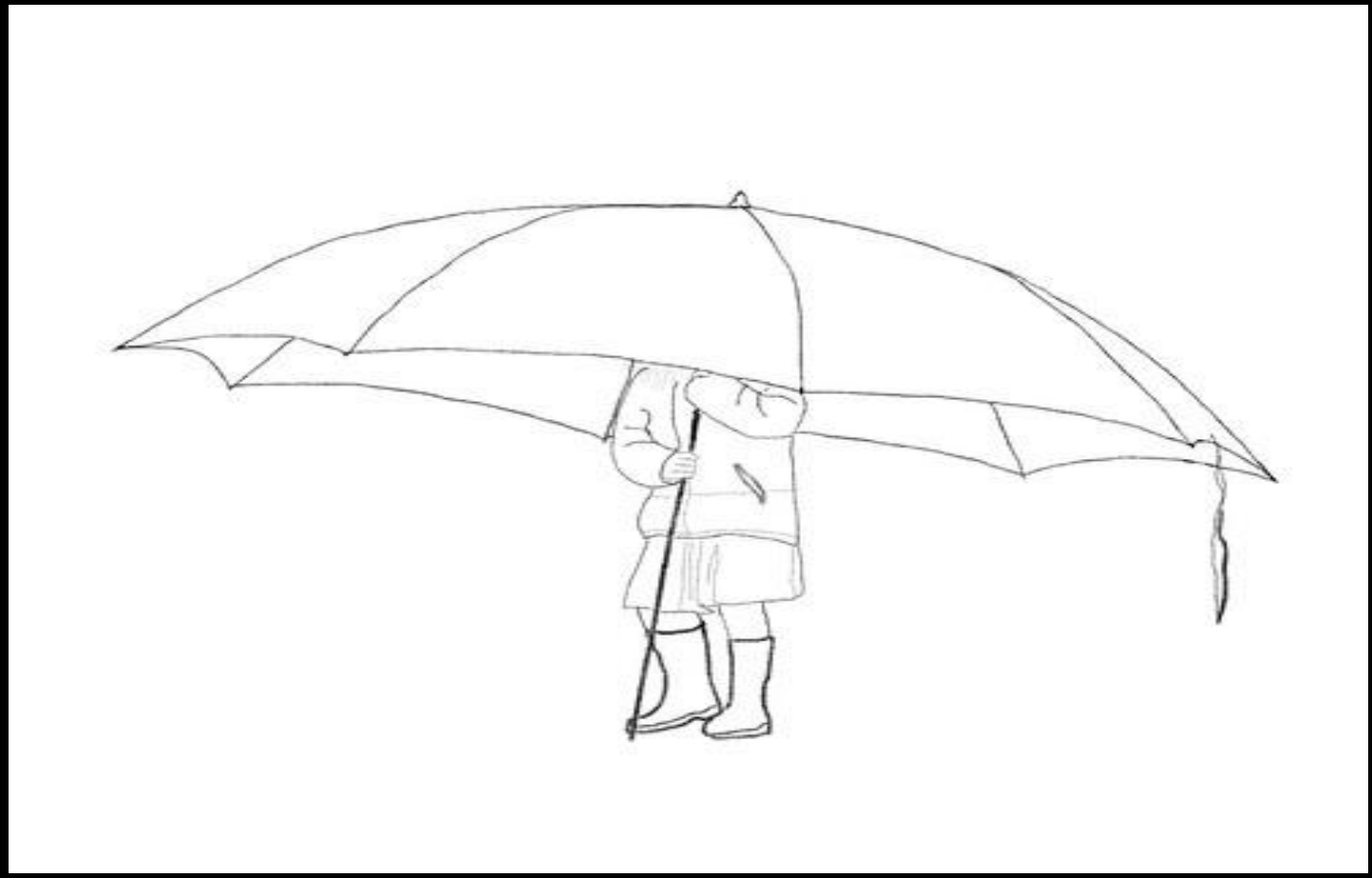
Identifying risk factors

Risk factors are a combination of characteristics that increase the probability of suicide

Warning Signs

- Feelings – Hopelessness, Fear of losing control, Helplessness, Worthlessness, Self-hate, extreme sadness or loneliness, feeling anxious or worries all the time
- Actions – Drug/Alcohol abuse, Self-injurious behavior, aggression, recklessness, looking online for ways to die
- Changes – Changes in personality, behavior, sleeping patterns, eating habits, losing interest in friends or hobbies, sudden improvement after being down or withdrawn
- Threats / Talk – Statements like, “How long does it take to bleed to death”, “I won’t be around much longer “, giving away favorite things, obtaining a weapon, suicide attempts
- Situations – Trouble at school, home or with the law, Recent loss (death, divorce/separation, loss of a relationship or dream), Life changes you feel you can’t cope with

Reviewing Protective Factors



Youth at Elevated Risk

- Threatening Suicide
- Looking for access to means
- Talking about, writing about death, dying, suicide
- Hospitalized for previous attempt
- Medical Trauma/Chronic Illness
- LGBTQ+ Youth
- Youth of Color
- Neurodivergent Youth

YOUR ROLE

- Elicit information in a caring, conversational way
- Ask the question
- Identify risks with consideration of warning signs
- Refer to Psychiatric consult or school counselor
- Document
- Follow up with patient (protective factors)

PART 4. RESPONDING & REFERRING

Hospitalization: What Inpatient Care is Supposed to Do

- Medical management of attempt injuries
- Removal of sources of environmental stress and immediate change in patient-system dynamics
- Maximum control over possibility of unresisted self-harm
- Multiple sources of observation & assessment
- 24 hour support
- Decreased interpersonal isolation and increased behavioral activity
- Stepwise attainment of goals leading to a planned discharge to follow-up outpatient care

Key Elements of Outpatient Care For Suicidal Youth

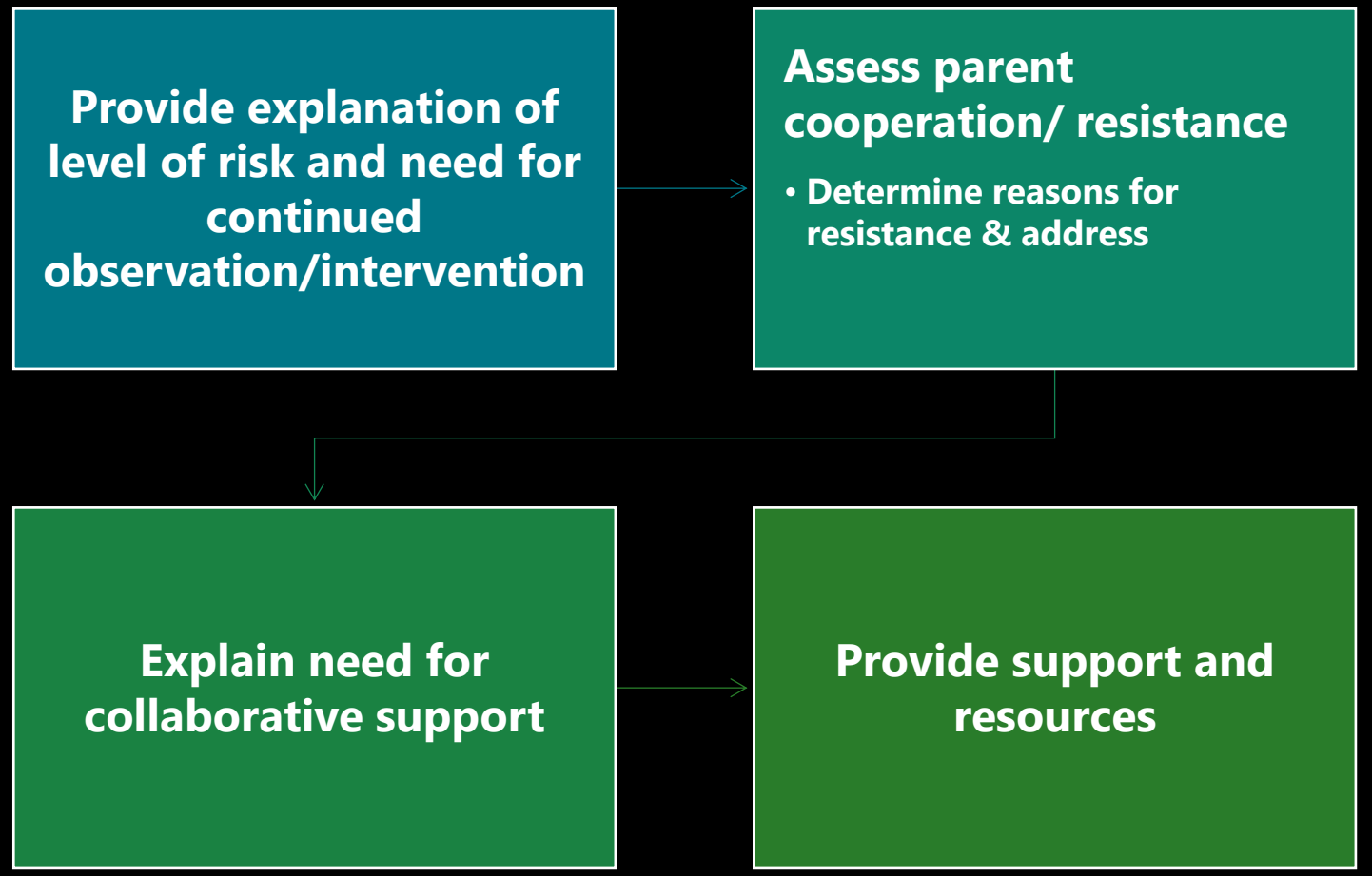
- Structuring the treatment
- Protecting from self-harm
- Getting medication evaluation
- Decreasing agitation
- Providing therapist accessibility & availability
- Restricting access to lethal means

Restrict Access to Lethal Means

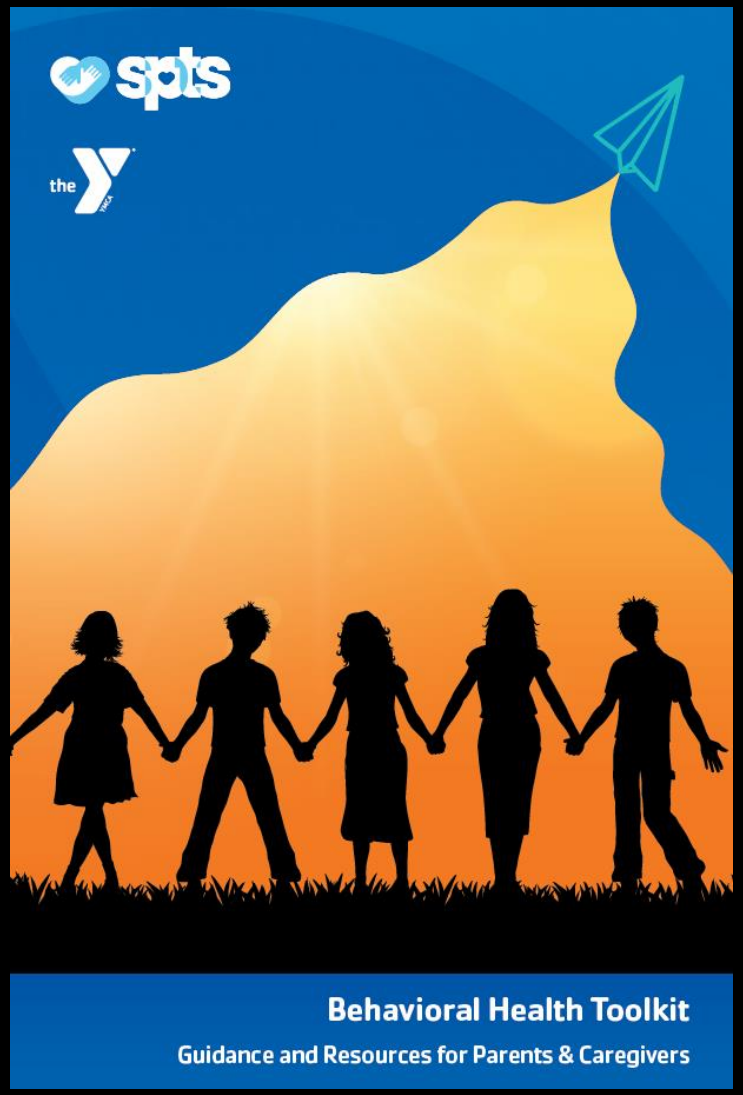
Be explicit!

Decide on removal or restriction of access: DOCUMENT!!

Parental Engagement



SPTS TOOLKITS



Caring Contacts

- **Transitions are a high-risk period.**
- **Caring contacts are brief communications, one-time or recurring, designed to promote a feeling of connectedness.**
- **Contacts can be postcards, letters, email, text messages, or phone calls.**
- **Contacts are non-demand contacts e.g., not appointment reminders**
- **Example: “We are thinking about you.”**

DOCUMENTATION DOMAINS

Actions and decisions

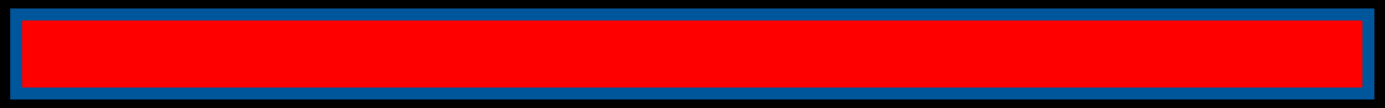
Safety and crisis support Planning

Options considered and rejected

Actions and referrals for unmet needs

Consultation

How Clinically Competent Do You Feel Now to Assess Suicide Risk?



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ABC's of Self Care

Awareness

Balance

Connection

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Sptsusa.org

732-410-7900

@sptsusa

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ACTS for Nurses: Post-Survey

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