

TEEN LIFELINE

# Suicide Intervention Clinical Training

Morgan Hines, LMSW



You're not alone. Call: 602-248-TEEN (8336)

# Teen Lifeline's Services

## Peer Crisis Hotline

- 24/7, 365 days per year
- Free, Anonymous, Confidential
- Peer Counselors 3pm-9pm
  - Partnership with Solari

## Community Education

- Classroom workshops for students
- Trainings for adults
- Mitch Warnock Act compliant trainings

## Postvention Services

## Life Skills Development

- Training for Peer Counselors
- 72 hours over three phases



**I.D. Initiative**

**Postvention**

**Caring  
Contacts**

**TSPA Month**

# Purpose of This Training:

**There are people on and off campus equipped to take the next steps when a student is referred (soon to include you!)**

## **You will learn:**

- What to do after a handoff is made
- Skills to assess level of risk
  - Background, Current Threat, Risk and Protective Factors
- What to do when risk-level is determined
  - Low, Moderate, High Risk and Next Steps
- Resources available on and off campus during/after an intervention
  - Triggers, Warning Signs, Challenges
  - Supportive Adults, Places I Feel Safe, Parent/Guardian Support
  - Coping Skills, De-escalation Techniques, Peer Support, Reasons for Living
  - Mental Health Agency Contact, On and Off Campus Plan, Community Resources



# NOT JUST THE TIP OF THE ICEBERG

**54**  
reported  
suicides

**5% - 25%**  
more unreported  
suicides

suicide attempts are  
**100 - 200 times**  
greater than number  
of suicides

A suicide loss affects **135 people**  
on average, (families, peers, schools)

**162,752 youth** ages 10-19  
had thoughts of suicide

**298,063 youth**  
experience persistent  
hopelessness or  
sadness

## DATA:

**Region:** Arizona

**Year:** 2024

**Population:**

946,233 youth  
in AZ ages 10-19

Data sourced from:  
AZ Child Fatality report  
AZ Census  
CDC



Teen Lifeline



Teen Lifeline  
602-248-8336

# Scope of Teen Suicide

The Percentage of High School Students Who:*	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total
Experienced persistent feelings of sadness or hopelessness	30	30	31	37	42	40
Experienced poor mental health <sup>†</sup>	-	-	-	-	29	29
Seriously considered attempting suicide	17	18	17	19	22	20
Made a suicide plan	14	15	14	16	18	16
Attempted suicide	8	9	7	9	10	9
Were injured in a suicide attempt that had to be treated by a doctor or nurse	3	3	2	3	3	2

Two-year changes show a recent decrease in the percentage of high school students who experienced persistent feelings of sadness or hopelessness from 2021 to 2023 . All other experiences and behaviors did not change significantly.

Youth Risk Behavior Survey Data Summary & Trends Report 2023, 2024  
CFR Annual Report 2023; CDC Health Disparities in Suicide

## Youth Risk Behavior Survey Results (2023):

**40%** - Felt sad or hopeless every day for 2 or more weeks in a row

**29%** - Experienced poor mental health

**20%** - Seriously considered attempting suicide

**16%** - Made a plan for how to attempt

**9%** - Attempted suicide

**2%** - Resulted in injury treated by medical professional

## CDC

Youth and young adults account for 15% of all suicides and suicide is the 2nd leading cause of death for this age group.

## Arizona Child Fatality Review (2024):

There were **54 suicides** in 2023, **6%** of all child deaths.

Of suicides, **64% were male** and **36% were female**.

**\*\*Children included in Child Fatality Report are 10-17 years of age. Above CFR numbers do not include teens 18 and 19-years-old.**

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# How to Intervene



# What is our role?



## **Crisis intervention and management.**

- Assessment
- De-escalation
- Next steps after assessment
- Creating safety plan
- Giving referrals and resources
- Checking in

# Crisi

**S**hort term, overwhelming disruption of an individual's normal and stable state, where the usual methods of coping and problem solving are not working.

Goal:

- De-escalation
- Stabilization
- Build support
- Find a resolution of underlying issue
- Ensure safety

## General Guidelines:

- Remove distractions, disruptions or upsetting influences
- Be aware of body language
- Be aware of voice tone
- Remain calm
- Be comfortable asking questions
- Try to understand cause of behavior
- Hand off as necessary
- Seek consultation
- Know you limits



# De-escalation Techniques

- **Active listening skills- making the person feel heard**
  - Open questions
  - Reflections
  - Minimal encouragers
  - Purposeful silence
- **Empathy and Validation**
- **Grounding techniques**
- **Deep breathing exercises**
- **Respect of personal space**
- **Focus on feelings**
- **Allow control or perception of control**



# Case Study

A middle school student is in the Social Worker's office after being referred by one of her teachers who has noticed the student falling behind in class, refusing to participate, and appearing disengaged. These behaviors are strange for this student, who is usually very talkative, is involved in clubs and sports, always turns in her work, and even helps others who are struggling with the material. The student tells the Social Worker that things have been hard at home since her mom and step-dad had a new baby. She feels forgotten and unimportant, especially since her biological dad isn't in the picture. She has tried to talk to her mom about how she's feeling, but her mom says she's being dramatic and trying to get attention. She feels like a burden on her family because she knows she needs help, but her mom is too busy with the baby and money is tight. She tells the Social Worker it would be better off if she was gone.

# Tool 1: Suicide Risk Assessment

## Purpose of a suicide risk assessment:

- Assess if a person is suicidal
- Find out background information about what's going on
- Assess level of threat they pose to themselves/others
- De-escalation!

# Tool 1: Suicide Risk Assessment

What would be the most important information to gather in a suicide risk assessment?

What questions would best get us those answers?



# Tool 1: Suicide Risk Assessment

## Part 1: *Background*

- Relationships
- Feelings
- Situation

# Tool 1: Suicide Risk Assessment

Part 2:

## *Current Threat*

- S- How SPECIFIC
- L- How LETHAL
- A- How ACCESSIBLE
- P- What PEOPLE are around/know

# Tool 1: Suicide Risk Assessment

## Part 3:

### *Risk and Protective Factors*

- Past suicidal thoughts or attempts
- Changes in mood/actions
- Past or current trauma
- SMI or Substance use
- \*\*see safety planning tool for protective factors

# Scaling

Scaling is an additional assessment tool that allows for us to understand current level of risk.



- 1 being you are not suicidal at all, to 10 being you want to kill yourself right now, what number are you on that scale right now?
- What does that number mean?
- What is that number like on a normal day?
- Check in several times throughout the assessment to ensure de-escalation.

## Tool 2: Determining Next Steps

### Purpose of Determining Next Steps:

- Determine what level of risk the person is at- Low, Moderate or High
- Depending on the level of risk, the appropriate next steps need to follow
- Documentation and policy adherence for liability
- Youth safety and other adult involvement (parents, outside resources, etc.)

## Tool 3: Safety Planning

### Purpose of Safety Planning:

- Additional assessment tool- if youth is not willing to work toward safety, higher risk can be assumed
- Work with youth collaboratively to come up with realistic and doable plan
- Identifying possible challenges and preparing for them
- Supporting and exploring strengths and relationships
- De-escalation strategies

# Tool 3: Safety Planning

## Planning and Preparing for Challenges

**Triggers**

**Warning Signs**

**Challenges**

# Tool 3: Safety Planning

Exploring Strengths, Supports and Relationships

**Coping Skills and Healthy Behaviors**

**Support from Others**

**Personal Strengths and Reasons for Living**

# Tool 3: Safety Planning

## De-escalation Strategies

**There are many ways we can help people that are in crisis. The following are different de-escalation techniques:**

- Use active listening skills to show engagement and care/concern
- Empathize and validate feelings and experience(s)
- Deep breathing and grounding techniques

## On and Off Campus Plan

- Outside therapist contact information, possible ROI
- Steps on what to do if suicidal ideation occur on or off campus

# Re-entry and Resources

Re-entry

**General Guidelines**

# Re-entry and Resources

## Resources

**When giving a person additional resources, it is important to give a of variety reliable, simple and accessible options.**

**These should include the following:**

- A 24/7 crisis line number
  - Teen Lifeline 602-248-8336
- The number to a Crisis Team or Mobile Team that can be dispatched to their location
  - Solari- 602-222-9444
- Individual or family therapy/counseling resources
  - Sondermind Psychologytoday.com- Find a Therapist Tool Doorways, Terros, JFCS, Arizona Youth and Family Services, use private insurance
- Intensive Outpatient Program
  - Charlie Health, Aurora, Quail Run
- Inpatient Program/Hospitalization
  - Check what is covered through insurance

# QUESTIONS?

[Morgan@teenlifeline.org](mailto:Morgan@teenlifeline.org)

602-248-8337



FACEBOOK

@TeenLifeline



TWITTER

@602248TEEN



INSTAGRAM

@Teen\_Lifeline



**Teenlifeline.or**

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