




Welcome to ACTS: Pre-Survey

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



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ACTS for Nurses

Presented by the Society for the Prevention of Teen Suicide

Spreading awareness; Promoting resilience; Training professionals; Strengthening communities

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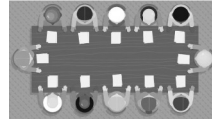
Introductions

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

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Our Training Agenda

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



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

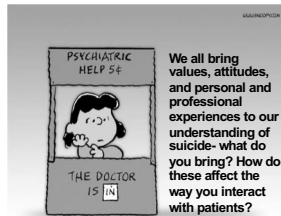
Suicide is preventable. Through education and training, knowing what to look for and how to respond can save lives.

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PART 1. USING YOURSELF

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YOU Are Your Best Assessment Resource



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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...**

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What We've Been Told:

What I understand	What I don't understand
<ul style="list-style-type: none">• Person feels hopeless• They have given up• It's a permanent solution to a temporary problem• Can be a response to feeling trapped	<ul style="list-style-type: none">• 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

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How Clinically Competent Do You Feel to Assess Suicide Risk?

1 5

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

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**PART 2. UNDERSTANDING
CRISIS THEORY**

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Definition of a Crisis

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

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Goal of Crisis Intervention

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

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KEY ELEMENTS OF CRISIS INTERVENTION

Support

Control

Structure

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Why Crisis Intervention Works for Suicide :

- Suicidal impulses are:
- Temporal
- Transient
- Situation specific

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Personal Reactions to Crisis



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PART 3. UNDERSTANDING YOUTH & ADOLESCENT SUICIDE

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Behavioral Translation of Shneidman's Theory

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

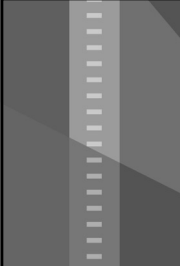
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- 5 Characteristics of Suicide**
1. Alternative
 2. Presence of crisis thinking
 3. Presence of ambivalence
 4. Irrational
 5. Form of communication

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- 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

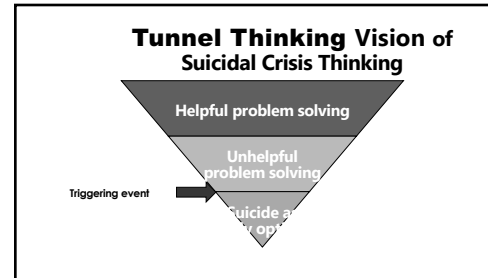
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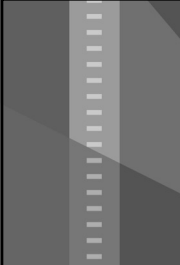
2. Presence of Crisis Thinking

- 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

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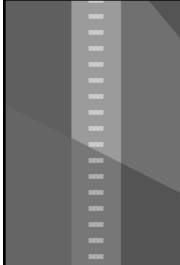


3. Presence of Ambivalence

- 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

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4. Irrational Quality to thinking

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

PROVIDE REALITY TESTING

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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

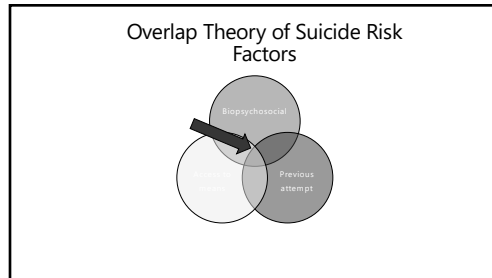
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Risk Factors / Warning Signs

- Red - Warning Signs*
- Yellow - Risk Factors*
- Green - Protective Factors*



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Identifying risk factors

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

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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

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Reviewing Protective Factors



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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



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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)

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PART 4. RESPONDING & REFERRING

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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

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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

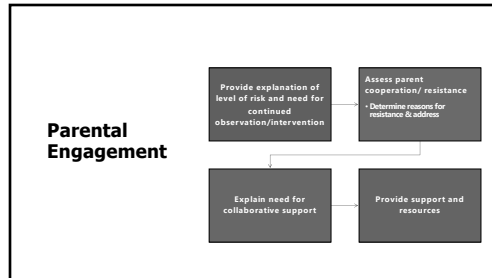
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Restrict Access to Lethal Means

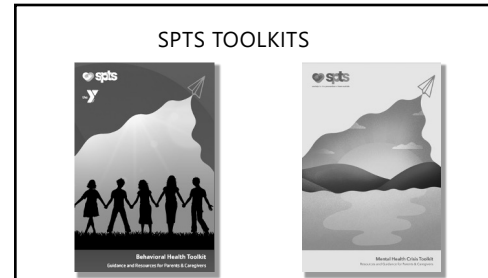
Be explicit!

Decide on removal or restriction of access:
DOCUMENT!!

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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."


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DOCUMENTATION DOMAINS

- Actions and decisions
- Safety and crisis support Planning
- Options considered and rejected
- Actions and referrals for unmet needs
- Consultation

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

1  5

1= not at all
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ABC's of Self Care


Awareness

Balance

Connection






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ACTS for Nurses: Post-Survey

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



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