TeachME Professional Development

School Interventions to Prevent Youth Suicide

Suicide Prevention

1. Youngsters who feel unhappy, alienated or who lack a sense of purpose usually react by either internalizing, acting out, or responding in both ways at different times.

A. True
B. False

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2. The causes of negative feelings, thoughts, and behaviors among young people range from environmental/system deficits to relatively minor group/individual vulnerabilities on to major:

A. Traumatic experiences
B. Psychological disorders
C. Periods of social isolation
D. Biological disabilities

Linked Problems

3. The US Surgeon General has stressed the linkage between problems experienced by young people that may become debilitating and may lead to suicidal thoughts and behaviors, and one such link for youth is:

A. Lack of resilience and perseverance
B. Poor school and community connectedness
C. Life dissatisfaction
D. Emotional instability

General Guidelines for Prevention

4. Primary and secondary efforts to prevent youth suicide, behavioral health issues, and violence may include systemic changes designed to both minimize threats to and enhance feelings of competence, connectedness, and:

A. Self-determination
B. Purpose and resolve
C. Problem-solving abilities

D. Self-preservation

What is a Psychological Sense of Community

5. A perception of community is shaped by daily experiences and probably is best engendered when a person feels welcomed, supported, nurtured, respected, liked, and connected, and believes he or she is a valued member who is contributing to the collective identity, destiny, and vision.

A. True
B. False

Facts at a Glance-Suicide

6. Males are more likely than females to have suicidal thoughts and they take their own lives at a rate of 2-3 times the rate of females.

A. True
B. False

7. Which of the following accurately describes racial and ethnic disparities in suicidal thoughts, attempts, and completions?

A. Among American Indians/Alaska Natives ages 10-34, suicide is the fourth leading cause of death
B. The suicide rate among American Indian/Alaska Native adolescents and young adults ages 15 to 34 is 1.5 times higher than the national average for that age group
C. The percentage of adults aged 18 or older who reported having suicidal thoughts in the previous 12 months was highest among Hawaiians /Other Pacific Islanders, followed closely by those reporting two or more races
D. Among white students in grade 9-12, the prevalence of having seriously considered attempting suicide, having made a plan about how they would attempt suicide, or having attempted suicide was consistently higher than among Hispanic and black students

Common Myths

8. Commonly held myths about suicide include each of the following EXCEPT:

A. Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts
B. Young people who talk about suicide never attempt or complete suicide
C. Attempted or completed suicides generally occur after obvious signs have been presented
D. Only certain types of people become suicidal, and suicide is hereditary

9. Which of the following is an accurate statement about suicide in young people and socioeconomic status?

A. Literature regarding socioeconomic status is incomplete and there is no definitive link between SES and suicide
B. Suicide is most common in young people from higher socioeconomic status (SES) areas
C. Research clearly indicates that middle class youth are at greatest risk for suicide
D. Youth from low socioeconomic areas have the highest rate of suicide attempts and completions

Suicide Prevention Strategies

10. While the causes of suicide are complex, the goal of suicide prevention is simple, which is to reduce factors that increase risk and increase factors that promote resilience or coping.

A. True
B. False

National Strategy for Suicide Prevention

11. When individuals are receiving care for depression or thoughts of suicide, the authors recommend that resources be available within the community to offer social support, resiliency training, problem-solving skills, and that there is access to high-quality mental health services that are:

A. Comprehensive and integrated
B. Linguistically and culturally appropriate
C. Advocacy-centered and service oriented
D. Evidence-based and recovery focused

Suicide Prevention: Facts for Schools

12. Schools can play a critical role in suicide prevention, as protecting the safety of young people is part of a school's overall mission, mental health can affect academic performance, and a student's suicide can significantly impact other students and the entire school community.

A. True
B. False

Should Schools Get Involved?

13. Compared with adults, adolescents represent the most at-risk group for contagion suicides and for:

A. Suicide attempts
B. Suicide completion following psychiatric treatment
C. Suicide clusters
D. Suicide completions at initial attempt

Issues about School Involvement

14. Which of the following is NOT one of the concerns that the authors raise about suicide education in schools?

A. These programs may prompt and encourage suicidal thinking
B. Such programs may inadvertently add to the tendency to stigmatize those who are identified as needing help
C. Stigmatization may cause suffering students to be less willing to get help and exacerbate their negative feelings about self and others
D. Increased knowledge may contribute to the type of suicide contagion among students that has been reported following a peer's suicide

Best Practices

15. Evidence-based programs are those that have been rigorously evaluated and have demonstrated positive outcomes, and such programs demonstrate effectiveness for the populations and settings in which they are tested by using a data-driven planning process, addressing identified risk and protective factors, setting clear goals and objectives and tailoring programs to:

A. The geography, culture, and language of the target audience
B. Protect and promote of the rights and interests of persons with mental disorders and their families
C. Facilitate active community participation
D. Improve the knowledge, understanding and acceptance of mental illness and reduce stigma

Suicide Prevention: A Public Health Issue

16. Public health services use a population approach to improve health on a large scale and to focus on prevention approaches that impact groups or populations of people, that focus on preventing suicidal behavior before it ever occurs, and that hold a strong commitment to increasing the understanding of suicide prevention:

A. Among individuals and families
B. By educating and improving outcomes
C. Through science
D. And responding effectively to individuals in crisis

Multidisciplinary Perspective

17. Public health includes many disciplines and perspectives, and often serves a convening role in bringing together representatives from sectors such as health, media, business, criminal justice, behavioral science, epidemiology, social science, advocacy, and education, which all have important roles to play in suicide prevention.

A. True
B. False

Identify Students Who May Be at Risk for Suicide

18. One of the immediate risk factors for suicide that should prompt immediate action is if a young person is acting anxious or agitated, behaving recklessly, or increasing the use of alcohol or drugs.

A. True
B. False

19. The authors recommend each of the following steps when responding to a student who is at immediate risk for suicide EXCEPT:

A. Talk with the student without judgment and assess the risk of suicide and other forms of self-injury
B. Take away any potential method of harm, such as a knife or pills
C. Model appropriate reactions to the crisis and demonstrate how to cope in a healthy way
D. Collaborate with the school administrators and any other available behavioral health staff in making decisions about next steps and involve the parents/legal guardians

Address Cultural Differences

20. Differences in cultural background can affect how students respond to problems, the way they talk about death and dying, and their attitudes toward suicide, as well as how they feel about sharing personal information, speaking with adults, and seeking help.

A. True
B. False

Consider Becoming Involved in Schoolwide Suicide Prevention

21. Recommended student programs in a schoolwide suicide prevention effort include problem-solving for students who are in danger and intervention programs led by a behavioral health professional.

A. True
B. False

School-Based Suicide Risk Assessment Strategy

22. While analyzing bullying behaviors and suicide, Cooper, Clements, and Holt determined all parties involved in a bullying situation may be at risk of suicide, with the greatest risk occurring with:

A. The bullying aggressor
B. The victim
C. On-lookers who don't intervene
D. Those who have multiple roles in bullying

23. Methods that have been implemented to create change in business organizations may have positive effects in school-based suicide programs, including each of the following steps EXCEPT:

A. Analyzing previous intervention programs, including successes and failures
B. Establishing a sense of urgency, forming a powerful guiding coalition, and creating and communicating the vision
C. Empowering others to act on the vision and planning for and creating short-term wins
D. Producing still more change and institutionalizing new approaches

24. The ReACT Self-Harm Rule, a brief tool that identifies those who are at immediate risk for suicide, has been extensively studied within school settings and has been identified as the screening tool of choice for school nurses.

A. True
B. False

Examples of Models, Research, and Guides

25. In a Social Ecological Model, individual protective factors that make it less likely that a person will consider, attempt, or die by suicide include coping and problem-solving skills, reasons for

living, and:

A. Physical and mental wellness
B. Personal strength and optimism
C. Moral objections to suicide
D. Emotional self-regulation

Major Depression in Children and Adolescents

26. When assessing for suicidal ideation or crisis, experts recommend referring to a psychiatrist or behavioral health professional if symptoms are severe, there are co-morbid conditions, and if there is substance abuse and/or:

A. Considerable relief or sudden improvement in mood
B. Evidence of unbearable pain
C. Prolonged social withdrawal or isolation
D. Significant psychosocial stressors

Emotions and Moods: Sadness and Related Symptoms

27. Adolescents may experience transient depressive responses or mood changes due to stress, such as diminished self-esteem when experiencing failure or feeling sadness with losses, and at this age responses may also include:

A. Fleeting thoughts of death
B. Declining school performance
C. Apathy and low energy
D. Irritability and poor concentration

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28. When diagnosing depression in children and adolescents, symptoms must represent a change from previous functioning and either depressed or irritable mood or diminished interest or pleasure must be present to make the diagnosis.

A. True
B. False

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29. Manic episodes in children and adolescents can include psychotic features and may be associated with truancy, antisocial behavior, and school failure, and the first manic episode is often preceded by:

A. Symptoms of dysthymic disorder
B. Longstanding behavior problems

C. Chronic insomnia
D. Decreased activity and productivity

Suicide Ideations and Attempts-Commonly Comorbid Conditions

30. Recurrent suicidal behavior, gestures or threats, self-mutilating behavior, and seeking help due to recurrent suicidality is common with:

A. Substance use disorder
B. Bipolar disorder
C. Aggressive/oppositional behaviors
D. Borderline personality disorder

Responding to a Suicidal Crisis

31. Which of the following is NOT one of the recommended steps when responding to a suicidal crisis in a school setting?

A. Mobilize someone to inform an administrator and call 911, get others to help, and clear the scene of those who are not needed
B. Ensure that parents are informed of the situation and that they know that someone will call back immediately to direct them where to meet the youngster
C. Stay with the student and provide comfort, and record the circumstances of the incident as soon as possible
D. Give positive messages to the student, such as saying to them, "You're young, you have everything to live for"

More Research

32. Suicide accounts for more deaths among youth and young adults in the United States than do all natural causes combined, and an important focus for future research should be addressing strategies that:

A. Enhance coping and problem-solving skills for all youth
B. Counter feelings of hopelessness for those most at risk
C. Focus on behavior change for either oneself or a friend with regard to help-seeking for suicidal behaviors
D. Help at-risk youth stay connected to family and community

After a Suicide

33. After a suicide or other tragic death that effects school-aged youth, students need information about the death, permission to grieve and a place to grieve, information about resources within the school and community, and:

A. Outreach to those most impacted by the death
B. Guidance on how to help other at-risk students
C. Preparation on how others may react
D. A strategy for monitoring and responding to social media

Introduction and Executive Summary

34. Experts recommend that school officials have several approaches for dealing with sudden death, as a death from an illness such as cancer is very distinct from a suicide, and as such should be treated differently.

A. True
B. False

Helping Students Cope

35. Although most adolescents have mastered basic skills that allow them to handle strong emotions encountered day to day, adolescence also marks a time of increased risk for difficulties with emotional regulation, given the intensification of responses that come with puberty and:

A. Genetics and heredity
B. Environmental influences
C. The structural changes in the brain that occur during this developmental period
D. Gender differences