

**British Columbia Foster Care Education
Program**

**SUICIDE AWARENESS
(5 Hours)**

Ministry of Children and Family Development

July 2002

About the Author(s)

ASK zASSESS zACT: Suicide Intervention Training for Foster Parents Originally designed for school personnel in BC, ASK zASSESS zACT was designed with guidance of an advisory committee, the 1997 Suicide Prevention Training Needs Survey (CUPPL, UBC), and a focus group, as well as an extensive search of the literature. Program developers were Brenda A. Dafoe & Associates and Callum Consulting.

See Appendix IV for further information about the Ask zAssess zAct Program.

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INTRODUCTION

Introduction

A. RATIONALE

The Ministry of Children and Family Development has adopted a comprehensive suicide prevention and intervention training strategy for the province of BC as described in *Youth Suicide Prevention: A Framework for British Columbia* (1998). The ASK zASSESS zACT program has been revised for use as a basic level of suicide intervention training, appropriate for foster parents. This early intervention *Before-the-Fact* strategy (as described in the *Framework*) has the intent of reducing suicides and suicidal behaviours.

It has been demonstrated that significant numbers of suicide attempts and completed suicides involve youth and it is therefore logical to train foster parents about suicide intervention. Foster parents, as primary caregivers, have the most contact with children in their care and are best situated to recognize suicidal behaviour (Charles and Matheson, 1991). The only way detection can be made is through training and awareness. Similar to first aid training, suicide intervention can be a first response to a potentially life-threatening event, and individuals can be trained to look for warning signs to respond and to find out where to get help.

This special edition of the workshop has been adapted to fit the in-service training needs of foster parents. BC Council for Families agreed that it would be beneficial for all concerned to utilize the program as much as possible. As ASK zASSESS zACT was originally developed for school personnel who work with youth, it was seen as appropriate that the workshop be adapted as an in-service training tool for foster parents. LivingWorks two-day suicide intervention training is currently offered to Ministry of Children and Family Development child protection workers, foster parents, and members of multi-disciplinary teams. Components of ASK zASSESS zACT are adapted (with permission) from the LivingWorks training. A similar (but shorter) program using common language and a common risk assessment was seen as beneficial to all Ministry divisions and programs.

The intent of this module is to improve the overall competency of foster parents in the recognition and crisis management of potentially suicidal youth.

A key component of the original ASK zASSESS zACT training was evaluation. In the original school-based version, evaluation instruments were administered pre and post training. Learning is not being evaluated in this special edition for foster parents. The evaluation instruments, referred to as “quizzes,” are being used but for a different purpose. The pre-quiz encourages participants to focus on suicide and consider what they currently know; the post-quiz reinforces the learning acquired in the workshop.

B. LEARNING OUTCOMES The

caregiver can:

- x demonstrate attitudes favourable to suicide intervention, including adoption of a non-judgmental approach, demonstration of willingness to make referrals, and the foresight to seek consultation.
- x recognize youth stressors and suicide warning signs.
- x demonstrate skills in initiating intervention, assessing risk and developing action plans.

C. PREPARATION

The “Suicide Awareness” module is a single five-hour session. The chart following summarizes its components and intended outcomes. Foster parents should be familiar with the material in the module. Read it thoroughly and imagine yourself going through the various exercises and activities. Think of examples you might have from past experiences.

Refer to the “Overview.” This section provides an overview for each particular learning unit with a suggested timeframe. Make notes for yourself to supplement the material provided.

ASK z ASSESS z ACT Program Content, Objectives and Measures

	Content/Process	Objective	Outcome
Introduction	<ul style="list-style-type: none"> x Administer Quiz (attitudes and knowledge) x Workshop Goal x Pre -assess Participants x BC Statistics on Youth Suicide 		
Attitudes	<ul style="list-style-type: none"> x Explore individual and societal attitudes towards youth suicide and intervention 	<ul style="list-style-type: none"> x To increase the likelihood that participants will adopt attitudes favourable to intervention, including adoption of a non-judgmental approach, demonstration of willingness to make referrals, and the foresight to seek consultation 	<ul style="list-style-type: none"> x The proportion of participants who demonstrate attitudes favourable to intervention including adoption of a non-judgmental approach, demonstration of willingness to make referrals, and the foresight to seek consultation will increase.
Knowledge	<ul style="list-style-type: none"> x Youth Stressors x Suicide Warning Signs 	<ul style="list-style-type: none"> x To increase participants' knowledge in suicide warning signs. 	<ul style="list-style-type: none"> x The proportion of participants who demonstrate increased knowledge in suicide warning signs will increase.
Skills	<ul style="list-style-type: none"> x Risk Assessment Practice x Standards for Foster Homes 	<ul style="list-style-type: none"> x To improve participants' skills in initiating intervention, assessing risk and developing action plans. 	<ul style="list-style-type: none"> x The proportion of participants who demonstrate skills in initiating intervention, assessing risk and developing action plans.
Closure	<ul style="list-style-type: none"> x Other proactive programs x Administer Attitude Quiz; Knowledge Quiz 		

Instructions

**OVERVIEW OF
CARING FOR CHILDREN:
ASK z ASSESS z ACT
SUICIDE AWARENESS TRAINING FOR FOSTER
PARENTS**

1. Introductions (25 minutes)
 2. Attitudes (20 minutes)
 3. Knowledge
(2 hours)
 4. Skills (1 hour and 40 minutes)
 5. Closure (20 minutes)
-

Instructions

1. INTRODUCTIONS (25 minutes)

Objective: To introduce this module.

Materials:

Handouts

- x Handout # 1A Knowledge Quiz
- x Handout # 1B Attitudes Quiz
- x Handout #2 Canadian and BC Suicide Statistics
- x Handout #3 Module Intent and Learning Outcomes

Overheads

- x Overhead #1 Canadian and BC Suicide Statistics
- x Overhead #2 Module Intent and Learning Outcomes

Instructions: To make sure that the workshop is providing you with the necessary knowledge and skills, we are asking you to complete a “before and after” knowledge and attitudes quiz. Quiz results will assist us in ensuring the workshop is effective. The quiz also helps you focus on issues related to suicide and consider what you

currently know about suicide and youth. Please note: In this workshop we use the term "youth" to refer to all children in care. There are few children under the age of twelve who die by suicide. Of 557 suicides in 1997, two were of children under 12.

Please print off and do the quizzes (1A & 1B).

Please put your quiz aside once you have finished it and remember that you will be asked at the end of the course to repeat the quizzes.

This one-day session has been adapted to address in-service training needs of foster parents. This training is designed to give foster parents the opportunity to increase their awareness of youth stressors and of warning signs of suicide and practice basic intervention skills. The workshop is based on the "Suicide Intervention Handbook," developed in Alberta.

As a foster parent it is important to consider that children in care may be at high risk of suicide because of life circumstances related to coming into care. Many children-in-care have not had the opportunity to develop strong attachments to their family of origin. They also may have unresolved issues arising from abandonment, separation, and multiple loss which may have begun at a young age and which can contribute to suicide risk.

The large body of research on youth suicide points to the crucial importance that youth suicide intervention programs play in reducing youth suicide. We are all aware of the high incidence of youth suicide. We may not all be aware that trained "lay" caregivers are very effective in intervening with youth at risk of suicide. This awareness highlights the importance of providing training to foster parents and others involved with youth. Foster parents, as primary caregivers, have the most contact with children in their care and may be the first to recognize warning signs of suicide risk. Those who foster babies and small children will also benefit from this training. Although the number of children under 12 who commit suicide is very small, there are reported cases (one or two a year in British Columbia). Also, many babies and young children in care have teen-aged mothers or fathers to whom foster parents will be relating and who may be at risk of suicide.

By the end of this session participants should feel more knowledgeable about youth suicide and more confident in their

ability to help a youth at risk of suicide. Active participation in the session is crucial.

A two-day “Suicide Intervention Workshop” may also be available in the region. This workshop is one of several programs developed and offered through LivingWorks Education Inc. This workshop helps participants recognize and assess persons at risk of suicide and continues the development of intervention skills through the use of case studies, videos, and skill practice.

All participants, by virtue of their role as foster parents, are part of the “first responders” group responding to youth at risk of suicide. Consider the following:

- xHave you ever attended a workshop on suicide? on youth suicide?
- xHave you ever had personal experience with a youth or other person at risk of suicide?
- xHave there been any youth suicides in this community?

Refer to Handout #2, “Canadian and BC Suicide Statistics” and Overhead #1, “Canadian and BC Suicide Statistics,” emphasizing that:

- xafter accidents, suicide is the second leading cause of death among youth and young adults age 15 -24 years in most Canadian provinces.
- xapproximately 700 youth commit suicide annually.
- xthe rate for this age group tripled between 1960 and 1980. x since 1980, this trend seems to have leveled off.
- xthe risk remains high.

We have included selected information from the McCreary Centre Adolescent Health Survey from 1993. The McCreary Centre Society is a non-profit agency located in Vancouver which aims to facilitate clinical and behavioural research on adolescent issues.

Highlight the following:

The McCreary study surveyed 15,549 BC students in 48 school districts.

Findings included the following:

- x 16% of those surveyed had considered suicide at least once in the past year (2488 students).
- x 14% of those surveyed had planned a suicide (2177 students).
- x 7% of those surveyed had attempted suicide (1088 students).
- x 2% of those surveyed reported they were injured in a suicide attempt (311 students).

This study is currently being updated; the revised version should be available soon.

Review Overhead #2, "Module Intent and Learning Outcomes" and Overhead #3, "Agenda."

Please consider the sensitive nature of today's topic. Talking about suicide can be difficult. For some, suicide is still a taboo topic; for many of us, it is emotionally charged. Most of us have had personal experiences with suicide: family, friends, or

perhaps ourselves. If so, you are not alone. Most of us have been touched by suicide, either personally or professionally.

2. ATTITUDES (20 minutes)

Learning Outcome: The caregiver can:

- x demonstrate attitudes favourable to suicide intervention, including adoption of a non-judgmental approach, demonstration of willingness to make referrals, and the foresight to seek consultation.

Materials:

Handouts

- x Handout #5 Exploring Attitudes to Intervention
- x Handout #6 Standard B.2 Reportable Incidents

Instructions:

Our attitudes develop over time and are influenced by a combination of personal and societal norms about suicide as well as our own experiences with suicide. Our attitudes influence the way we respond to a youth at risk of suicide.

Exercise:

The following exercise asks you to consider three statements related to your personal attitudes to suicidal youth. Please respond by checking the category that feels most right for you at this moment. Handout #5 “Exploring Attitudes to Intervention.”

Statement 1.

I would actively intervene with a youth at risk of suicide.

Consider:

If someone is undecided about or disagrees with statement 1; what possible attitudes may lie behind the response?

Possible attitudes related to an “**undecided**” or “**disagree**” response to this question could include:

Panic: “I’m a foster parent, not a crisis worker”!

Fear: “What if I help, and he does it anyway”?

Frustration: “This is not my job. I’m already too busy.”

Resignation: “In her situation, it’s probably for the best.”

Statement 2.

I would take seriously any indication of thoughts of suicide expressed by a youth.

Consider:

If someone is undecided about or disagrees with statement 2, what possible attitudes may lie behind the response?

Possible attitudes related to an “**undecided**” or “**disagree**” response to this question could include:

Resentment: “This is simply attention-getting behaviour on her part.”

Anger: “You're not serious! Many youth have problems worse than yours”!

A common belief is that the threat of suicide is often used by young people as a form of manipulation or attention-seeking. Those who hold this opinion may be reluctant to intervene because they feel intervention may reinforce what they see as negative behaviour. Any threat of suicide must be taken seriously. Threats and gestures indicate thoughts of suicide and are recognized as behaviour that leads to increasingly serious threats and behaviour.

Conflicted: “If someone really wants to kill himself or herself, no one has the right to stop them.”

Statement 3.

I will keep confidential any information a suicidal youth shares with me.

Consider:

If someone is **undecided** about or **agrees** with statement 3, what possible attitudes may lie behind the response?

Possible attitudes related to an “**undecided**” or “**agree**” response to this question could include issues of trust between the child in care and the foster parent.

Helpful attitudes for foster parents are attitudes favourable to active intervention, breaking confidences and seeking help. The Standards for Foster Homes outline your responsibilities as a foster parent who is concerned about a suicidal youth. Standard B-2 must be followed if a youth is suicidal. Refer to Handout #6, “Standard B.2 Reportable Incidents.”

Also refer to Standard F.2 in the Standards for Foster Homes regarding documentation requirements.

Summary Remarks:

The goal of this session is to reinforce attitudes favourable to intervention including a willingness to:

- x intervene with a youth at risk of suicide in a non-judgmental way
- x take seriously any thoughts of suicide expressed by a youth x break confidences and seek consultation if necessary.

3. KNOWLEDGE
(2 hours)

Learning Outcomes:

- The caregiver can:
- x recognize youth stressors and suicide warning signs.

Materials:

Handouts

- x Handout #7 Suicide Warning Signs
- x Handout #8 CPR – The Most Important Risk Factors
- x Handout #9 Risk Assessment Exercise
- x Handout #10 Risk Assessment Exercise – Answer Key
- x Handout # 11 Six Tasks for the Helper

Overheads

- x Overhead #4 Stressor
 - x Overhead #5 Suicide Warning Signs
 - x Overhead #6 CPR – The Most Important Risk Factors x
 - Overhead #7 Six Tasks for the Helper
-

Other

x paper x
pen

x Instructions:

What do we need to know about youth and youth suicide in order to be effective helpers? In order to help someone, we need to be able to recognize a person who is in trouble. We need to look for warning signs, specific actions or words that may indicate a youth is considering suicide. In this component of the module we will:

x consider stressors

x look at warning signs of suicide, and

x consider and practice using a risk assessment framework.

Review Overhead #4, "Stressors," to clarify what will be explored in this section.

Like most of us at various times in our lives, youth experience stress. As adults, we may consider some youth stressors relatively unimportant.

However, it is how the youth feels about the stressor that determines the significance of that stressor: Stress is in the eye of the beholder.

Exercise 1:

Draw two outlines on the paper: "Stressed out Samantha" and "Stressed out Sam."

Write stressors, and list them on Sam or Samantha.

-
- x what is the first thing you notice? (Number of stressors) x
are there different stressors for Samantha? for Sam?
 - x what is the organizing concept behind many of these stressors
- the one common factor? (Answer: Loss)

Exercise 2:

Refer to Handout #7, "Suicide Warning Signs" and Overhead #5, "Suicide Warning Signs" to clarify what is going to be explored in this section.

What can you see that could indicate a youth is at risk of suicide. Review the following points:

- x Warning signs are symptoms of youth (dis)stress; they indicate things are not going well.
- x Warning signs may indicate suicidal thoughts.
- x The more that warning signs/symptoms indicate an overall theme of hopelessness and helplessness, the greater the likelihood that these warning signs are indicators that suicide is on the youth's mind.
- x Warning signs may be verbal or non-verbal. For example, a youth may comment: "I'd rather die than..." or a youth may give away her Discman for no apparent reason. Both may be warning signs of suicide.
- x Signs of depression in pre-school children may appear in the form of anger, restlessness, worry, pains, fears, self-blame, irritability, apathy, tension or fatigue.
- x Depression in youth may be masked behind or within "acting out" behaviours.

Now refer back to the paper on "Stressed out Samantha" and "Stressed out Sam."

Identify some common warning signs that may indicate a youth is considering suicide. For example, it has been suggested that Sam feels stressed because he realizes he is gay. What are some of the warning signs Sam might exhibit?

Do this with a number of the identified stressors until most of the common warning signs have been identified. As they are identified, write the warning signs on the paper.

What is the organizing concept is that lies behind many of these warning signs or symptoms - the one common factor. (Answer: Changes).

Review Overhead #5, "Suicide Warning Signs" again.

Exercise 3:

This risk assessment framework was developed in Calgary for the Suicide Intervention Workshop by Ramsay, Tanney, Tierney and Lang (used with permission). It is based on 7 variables developed through research done at the Los Angeles Suicide Prevention Centre. The variables are age, gender, stress, symptoms, current suicide plan, prior suicide behaviour and resources.

Please jot down the 3 factors (variables) you consider to be the most important in identifying and assessing a person at risk. The answer will be evident later in the session.

Now review and discuss Handout #8, "CPR - The Most Important Risk Factors" and Overhead #6, "CPR - The Most Important Risk Factors" with participants.

Risk Assessment Factors

AGE

x Youth are at high risk of suicidal behaviours.

GENDER

x The rate of suicide and suicidal injuries varies with age and gender.

x Males complete suicide more than three times as often as females, but females attempt suicide more than twice as often as males.

Think about what might account for this difference between male and female suicide, and male and female self-injury. One possible reason is that males choose more lethal methods such as guns (although in BC, hanging was the most common method for both males and females in the under 24 age group in the years 1994 – 1995).

STRESS

- xIs there stress in the youth's life? Remember the list of possible stressors studied earlier.
 - xRemember that stress is in the eye of the beholder. x
- How does the youth feel about the stress?

SYMPTOMS

- xWhat symptoms or warning signs do you observe in the youth's behaviour (verbal, behavioural, etc.)? Remember the warning signs discussed earlier.

CURRENT SUICIDE PLAN

If you know there is significant stress in the youth's life and have noticed one or more "change in behaviour" warning signs, then you must ask directly about thoughts of suicide. Asking directly will not suggest the idea of suicide to a youth. It is the only way to find out if the youth is thinking about suicide. If asking a very young child (under 12) something like the following can be used: Are you thinking about death/dying? Are you thinking about your death?

It is important to ask directly: "Are you thinking of killing yourself"?

If the answer is "Yes," the following needs to be explored:

- xDoes the youth have a plan?
 - xIf yes, what is the plan?
 - xHow specific is the plan? How detailed?
 - xHow prepared is she to carry out the plan?
 - xDoes she have access to her chosen method? x
- When is she planning to do it?

PRIOR SUICIDAL BEHAVIOUR

Any suicide attempt must be taken seriously. Not only can suicide attempts result in serious injury or death, attempts increase the likelihood of subsequent attempts.

Past behaviour is often the best predictor of future behaviour. Previous attempts increase the risk to 40 times that of the general population. It is also recognized that the risk of suicide can increase for those who have experienced death by suicide of a significant person: relative, friend or hero.

- xIs there a history of attempted suicide?
-

-
- x Ask directly: What happened? When did it happen?
 - x Does the youth know others who have tried to kill themselves? x
 - Has a friend, relative or hero committed suicide?

RESOURCES

Supportive resources greatly lower the risk of suicide; inadequate or unavailable resources increase the risk.

- x Resources are relative to the individual and may include family, friends, counsellors, religious community, pets, work, etc.
- x Resources may offer **R**easons to Live and include **R**esponsibilities, **R**elationships, and **R**eligion

The absence, or perceived absence, of supportive resources can greatly increase the risk of suicide.

- x Does the youth have a physical and emotional support system that he feels is available?
- x Does the youth feel alone?

Consider:

“How did you assess the relevant importance of the risk factors at the beginning of this discussion”?

Summary Remarks:

Review, once again, the relative importance of the risk factors.

- x **Age** and **gender** cancel each other: males complete suicide more often; females attempt more; both are at risk
- x **Stress** is in the eye of the beholder
- x **Symptoms** may not indicate suicidal thoughts: **ASKING** is the only way to find out
- x **Resources, Prior Suicidal Behaviour** and **Current Plan** are the key **RISK ASSESSMENT** factors.

Review Overhead #6, “CPR: The Most Important Risk Factors.”

Exercise 4:

Begin the risk assessment practice section by summarizing the benefits of risk assessment:

- x provides specific risk factors to consider
 - x provides a useful guideline when gathering information about the youth’s situation
-

x provides a vehicle with which to **ACT** by talking to both the youth and others such as family members, school personnel or the Ministry worker about the reasons for your concern.

Refer to Handout #9, "Risk Assessment Exercise." Come up with a risk assessment for each of the six cases.

Instructions:

- x read the information for each case
- x decide if the information on each factor suggests an increase (-) or decrease(+) of the risk
- x for each case, combine the analysis of each factor to arrive at an overall assessment of risk
- x note whether the risk is L = Low, M = Moderate or H = High x remember that not all risk assessment factors are weighted evenly.

Remind participants that the Current Suicide Plan, Prior Suicidal Behaviour, and Resources (CPR) are more important than the other factors.

Do Person 1 as an example. Go over each category. Would you rate each category as minus (increases risk) or plus (decreases risk)?

Person 1 is a 15 year old female

+	Current Suicide Plan	At present wants to see a worker; not threatening.
-	Prior Suicidal Behaviour	Two or three suicide attempts; overdose of sleeping pills; seen by private doctor.
+	Resources	Supportive foster family.
-	Symptoms	Sad and upset over loss; no other symptoms
-	Stress	Best friend moved away last week; feels sad and lonely.

Then:

- x Explain that the risk assessment is shared with the person at risk.
- x Ask: What three factors do you weight most heavily?
Answer: Current Suicide Plan, Prior Suicidal Behaviour, Resources.

LOW risk: none of the above three factors are rated as negative
MED risk: one of the above three factors is rated as negative

HIGH risk: two or more of the three above factors are rated as negative

Use Handout #10, "Risk Assessment Exercise – Answer Key" to explain conclusions for Person 1.

Assess the risk for the five remaining cases.

- x Do the assessment.
- x Go over your assessment of risk for each case.
- x Clarify again how these ratings were reached (Handout #10)
- x There will be an opportunity for additional practice in using the risk assessment later in the module.

The risk assessment is shared with the person at risk. Demonstrate this by saying something similar to the following:

"Susan, I am very worried about you. Everything you have told me indicates that you are headed towards suicide. You have a very specific and detailed plan and you told me you are thinking of putting that plan into action tomorrow. You have the pills available and have told me that you attempted suicide in the past. You have mentioned that you feel all alone in the world. All this suggests that you are at high risk of suicide."

Next mention the concept of ambivalence which is present in a person at risk of suicide: a wish to live, a wish to die. Illustrate with the Golden Gate Bridge story.

"In San Francisco there is a group of people who have attempted suicide by jumping from the Golden Gate Bridge. Without exception this group of suicide survivors state that as they jumped, a small part of them wanted to live. Their statements demonstrate that most suicidal people are ambivalent. There is almost always, within a person, a small part of them that wants to live even though they are determined to kill themselves."

Summary Remarks:

Refer to Handout #11, “Six Tasks for the Helper” and Overhead #7, “Six Tasks For The Helper.”

What does an intervention look like? Review the six tasks for the helper.

An intervention begins with a decision to talk to the youth because of knowledge of severe or multiple stressors, or because of behaviours that indicate possible warning signs of suicide.

Remember the example given earlier about sharing the risk assessment with the person at risk. Remember the concept of ambivalence. It is the ambivalence of the person at risk that you want to tap into and turn to advantage.

4. SKILLS

(1 hour and 40 minutes)

Learning Outcome:

The caregiver can:

- demonstrate skills in initiating intervention, assessing risk and developing action plans.
-

Materials:

Handout

x Handout #12 Player Roles and Directions for the Simulation Exercise

x Handout #13 (a) and (b) Case Study: Sandra x

Handout #14 (a) and (b) Case Study: Tom x

Handout #15 (a) and (b) Case Study: Jim

x Handout #16 Participant Observation Checklist x

Handout #17 Key to Suicide Risk Assessment

Exercise:

Review Handout #11, "Six Tasks for the Helper"

Refer to Handout #12, "Player Roles And Directions For The Simulation Exercise."

x There are three case studies.

x Now, review Handout #13 (a) and (b), "Case Study: Sandra, Handout #14 (a) and (b) "Case Study: Tom" and Handout #15 (a) and (b), "Case Study: Jim"

x Refer to Handout #16, "Participant Observation Checklist. Read the debriefing instructions on Handout #12, "Player Roles and Directions for the Simulation Exercise" and Handout #16, "Participant Observation Checklist."

x Keep brief notes on each section of the simulation including the decisions reached and the reasoning behind the decisions.

Debriefing:

Please outline:

x the situation as presented by the youth x
the findings of the probing questions.

Review Handout # 16, "Participant Observation Checklist."

Handout #17, “Key to Suicide Risk Assessment”

- x the assessment of **low, medium,** or **high risk,** and the reasons for this assessment
- x the action plan chosen and how it relates to the Standards for Foster Homes.

After reviewing the handout, please reflect on the decisions you would make.

5. CLOSURE
(20 minutes)

Objective:

To bring the session to a close

Instructions:

Please retake the following quizzes.

Print off the following:

- x Knowledge Quiz x
- Attitudes Quiz.

Review Handout #18, “Knowledge Quiz Key”

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