

APPENDIX I: HANDOUTS

Instructor Notes:

1A and 1B will require 2 copies per participant

The following handouts should NOT BE DISTRIBUTED in advance:

#10 – Risk Assessment Exercise – Answer Key

#13 – (a) and (b) Case Study: Sandra

#14 – (a) and (b) Case Study: Tom

#15 – (a) and (b) Case Study: Jim

#17 – Key To Suicide Risk Assessment

#18 – Knowledge Quiz Key

HANDOUT #1 (A)
ASK Z ASSESS Z ACT

KNOWLEDGE QUIZ

Date:

Thank you for taking the time to complete this questionnaire. The information you provide will be used in the evaluation of this program and in future program planning.

On average, how often are you in a position to respond to a potentially suicidal youth?

1	2	3	4	5
Never		Occasionally		Frequently

Please indicate any suicide intervention training you have taken:

0	1-2 hours ½ day	1 day	2 days	2 days plus
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Intervention Knowledge Test (IKT) - Modified from Tierney, 1994

Multiple choice: For the following statements, select the best response by circling the appropriate letter. If uncertain, **please provide your best guess.** (Circle one letter only for each question) _____

1. When a youth is exhibiting the warning signs of suicide you should *immediately*:
 - a. refer the person to experienced suicide professionals
 - b. discuss the issue of suicide directly with the person
 - c. call in significant others in the person's life
 - d. encourage the person to talk about the positive aspects of his or her life

2. Active intervention by a helper:
 - a. is ineffective in suicide intervention
 - b. is unethical in suicide intervention
 - c. is the appropriate immediate mode of action
 - d. should be considered only after other approaches have failed

3. Which of the following is not true?
 - a. females attempt suicide more often than males
 - b. males complete suicide more often than females
 - c. suicide is the leading cause of death among adolescents
 - d. a high rate of suicide exists among the elderly

4. People who express suicidal intentions:
 - a. clearly want to die
 - b. are ambivalent about dying
 - c. want to punish others
 - d. are manipulative

5. Of the following, which is the most important in assessing the risk of suicide?
 - a. symptoms
 - b. stress
 - c. resources
 - d. physical health

6. If someone answers “yes” to feeling suicidal, a helper should *first*:
 - a. inquire about what is happening in their life
 - b. find out if they’ve thought of how they would do it
 - c. inform significant others
 - d. arrange for immediate referral

True/False: For the following statements, select the best response by circling either T for true, or F for false. If uncertain, **please provide your best guess.** (Circle **one** letter only for each statement).

- | | True | False |
|---|-------------|--------------|
| 7. The best determinant of suicidal intent of an individual is a “yes” response to the question “Are you thinking of killing yourself”? | T | F |
| 8. The perception of stress is unique to each individual. | T | F |
| 9. The most important stressors are often related to health. | T | F |

Fill in the blanks: For the following questions, fill in the blanks in the space provided. If uncertain, **please provide your best guess.**

11. List **5 warnings signs** of suicide:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

11. List the **3 factors** that are **most important** in assessing a person's risk of suicide:

1.

2.

3.

HANDOUT #1 (B)
ASK Z ASSESS Z ACT

ATTITUDES QUIZ

Suicide Intervention Questionnaire (SIQ) Modified from Tierney, 1994

Please circle the response, which most closely represents the extent to which you agree with each of the following statements: **Circle one response only for each line.**

		Strongly Agree	Undecided	Disagree	Strongly
		Agree			Disagree
1.	Caregivers have the right to intervene if someone is at risk of suicide.	SA	A	U	D SD
2.	There is little that I can do to prevent suicide.	SA	A	U	D SD
3.	If someone shows signs and symptoms related to suicide, I would intervene.	SA	A	U	D SD
4.	If someone told me that they were thinking of suicide, I would get more information about their plan.	SA	A	U	D SD
5.	If a youth shared suicidal thoughts with me, I would keep the conversation confidential.	SA	A	U	D SD
6.	Suicide is preventable in the majority of situations.	SA	A	U	D SD
7.	If someone told me they were thinking of suicide, I would intervene.	SA	A	U	D SD
8.	I would reach out to an individual who appears to be at risk of suicide.	SA	A	U	D SD
9.	I don't believe that I can prevent someone from committing suicide.	SA	A	U	D SD
10.	If a person I was helping completed suicide, I would blame myself.	SA	A	U	D SD
11.	It is unlikely that someone who has decided on suicide can be prevented from carrying out the planned action.	SA	A	U	D SD
12.	I am quite comfortable working with someone who is at risk of suicide.	SA	A	U	D SD
13.	If someone I knew was at risk of suicide, I would encourage them to talk about their wish to die.	SA	A	U	D SD
14.	Caregivers have the responsibility to prevent an individual from taking their own life.	SA	A	U	D SD
15.	I am confident in my ability to help suicidal people.	SA	A	U	D SD

HANDOUT #2

CANADIAN AND BC SUICIDE STATISTICS

- After accidents, suicide is the second leading case of death among youth and young adults age 15 – 24 in most Canadian provinces.
- The rate for this age tripled between 1960 and 1980.
- Since 1980, this trend seems to have leveled off.
- However, the risk remains high.

Results from a 1998 Survey of 25,838 BC Youth (McCreary Centre Society, Vancouver)

- 14% of those surveyed had considered suicide at least once in the past year (3617 students)
- 11% of those surveyed had planned a suicide (2842 students)
- 7% of those surveyed had attempted suicide (1808 students)
- 2% of those surveyed reported they were injured in a suicide attempt (517 students)

. HANDOUT #3

MODULE INTENT AND LEARNING OUTCOMES

Module Intent: To improve the overall competency of foster parents in the recognition and crisis management of potentially suicidal youth

Learning Outcomes:

The caregiver can:

- 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
- recognize youth stressors and suicide warning signs
- demonstrate skills in initiating intervention, assessing risk and developing action plans.

HANDOUT #4

AGENDA

1. Welcome and Introductions, and Agenda
(25 minutes)
2. Attitudes (20 minutes)
- Break
(15 minutes)
3. Knowledge
(2 hours)
- Lunch Break (60 minutes)
4. Skills
(1 hour and 40 minutes)
5. Closure
(20 minutes)

Note: Due to time constraints and the content of the afternoon, there will be no afternoon break.

HANDOUT #5 EXPLORING ATTITUDES TO INTERVENTION

Please circle the response that fits best for you:

Statement 1. I would actively intervene with a youth at risk of suicide.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Statement 2. I would take seriously any indication of thoughts of suicide expressed by a youth.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Statement 3. I will keep confidential any information a suicidal youth shares with me.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Exploring Attitudes to Intervention

Please circle the response that fits best for you:

Statement 1. I would actively intervene with a youth at risk of suicide.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Statement 2. I would take seriously any indication of thoughts of suicide expressed by a youth.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Statement 3. I will keep confidential any information a suicidal youth shares with me.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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HANDOUT #6**STANDARD B.2 REPORTABLE INCIDENTS**

All information of significance to the safety and well-being of children is promptly reported to a social worker.

Commentary

If the social worker is unavailable, the report is made to another social worker or the supervisor in the same district office. After regular office hours, the report is made to an after hours social worker. After hours social workers are available 24 hours per day, seven days per week.

Results for Children

B.2. 1. Children confirm that they have been informed about reportable incidents and about what will happen if such an incident occurs.

Caregiver Practices

B.2.2. The caregiver notifies the child's social worker immediately after the occurrence of any of the following reportable incidents in order that the child's social worker can plan for the ongoing safety and well-being of the child:

- a) the death of a child or youth;
- b) accident or illness of a child or youth requiring medical treatment or hospitalization;
- c) allegations of abuse, neglect or mistreatment of a child or youth;
- d) any displays of self-injurious or high-risk behaviour by a child or youth;**
- e) gestures, threats, or attempts of suicide by a child or youth;**
- f) situations when a child or youth is missing, lost or runaway, including any subsequent information obtained about the child or youth during the absence (see Appendix 1 for more information);
- g) situations when a child or youth has observed, been involved in, or exposed to a high-risk situation or disaster, such as fire or multiple abuse situation in a school, that may cause emotional trauma or post-traumatic stress;
- h) any intervention by the police or law enforcement authorities with a child or youth;
- i) situations involving the use of physical restraint or any other prohibited behaviour management practices;

- j) the unauthorized removal or attempted removal of a child or youth from the home, facility, school or day program;
- k) marked behavioural changes exhibited by a child or youth;
- l) suspension of a child or youth from their school or day program
- m) plans, not previously authorized, for the child or youth to be cared for by another person overnight, and
- n) any other circumstance affecting the safety or well-being of a child or youth.

B.2.3. The caregiver notifies at least the resource social worker of the following incidents in order that the resource social worker can support the caregiver in planning for the short- and long-term viability of the placement for the child or youth.

- a) limitation in the ability of the caregiver to meet the safety and well-being needs of a child or youth placed, or about to be placed with the caregiver;
- b) limitation in the ability of the caregiver to meet other written caregiver service expectations;
- c) criminal charge or conviction of a caregiver or other member of the household;
- d) court supervised parole or probation of a caregiver or other member of the household;
- e) the onset or recurrence of a physical, emotional or mental condition or substance abuse problem of a caregiver or other member of the household, that could reasonably be expected to impair the caregiver's ability to care for the child;
- f) serious illness or injury of a caregiver or other member of the household;
- g) changes in the household composition (for example, people moving in or out of the household);
- h) significant change in the caregiver's financial circumstances that have potential to affect the care of the child or youth; and
- i) significant increase in the use of alternative care arrangements of the child or youth.

HANDOUT #7

SUICIDE WARNING SIGNS

- Warning signs are symptoms of youth (dis)stress; they indicate things are not going well.
- Warning signs may indicate suicidal thoughts.
- 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.
- Warning signs may be verbal or non-verbal. For example, a youth may comment: "I'd rather die than..." or give away her Discman for no apparent reason. Both may be warning signs of suicide.
- Depression in youth may be masked behind or within "acting out" behaviour.
- 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.

HANDOUT #8**CPR: THE MOST IMPORTANT RISK FACTORS****C**urrent Suicide Plan
Prior Suicidal Behaviour
Resources**AGE**

- Youth are at high risk of suicidal behaviours.

GENDER

- The rate of suicide and suicidal injuries varies with age and gender.
- Males complete suicide more than three times as often as females, but females attempt suicide more than twice as often as males.
- Males tend to choose more lethal methods, such as guns, although in BC hanging was the most common method for both males and females under 24 in the years 1994 - 1995.

STRESS

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

SYMPTOMS

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

CURRENT SUICIDE PLAN

- **Ask** the youth if he/she is thinking about suicide. If you are asking a young child, under age 12, say something like: "Are you thinking about death/dying? Are you thinking about your death? Ask an older youth: "Are you thinking about killing yourself?"
- If the answer is "Yes," explore the following:
 - Does the youth have a plan?
 - If yes, what is the plan?
 - How specific is the plan? How detailed?
 - How prepared is she to carry out the plan?
 - Does she have access to the chosen method?

- 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.
- The risk of suicide can also increase for those who have experienced death by suicide of a significant person: relative, friend or hero.
- Consider:
 - Is there a history of attempted suicide?
 - Ask directly: "What happened? When did it happen"?
 - Does the youth know others who have tried to kill themselves?
 - Has a friend, relative or hero of the youth committed suicide?

RESOURCES

- Supportive resources greatly lower the risk of suicide.
- Inadequate resources increase the risk. The absence, or perceived absence, of supportive resources can greatly increase the risk of suicide.
- Resources are relative to the individual and may include family, friends, counsellors, teachers, religious community, pets, work, etc.
- Resources may offer **R**easons to live and include: **R**esponsibilities, **R**elationships, and **R**eligion.
- Consider:
 - Does the youth have a physical and emotional support system that he feels is available?
 - Does the youth feel alone?

HANDOUT #9**RISK ASSESSMENT EXERCISE**

- **Mark with a + to indicate a positive variable that decreases the risk of suicide.**
- **Mark with a - to indicate a negative variable that increases the risk of suicide.**

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.

RISK ASSESSMENT LOW MEDIUM HIGH

Person 2 is a 14 year old male

Current Suicide Plan No current suicide plan.

Prior Suicidal Behaviour Barbiturate overdose last year; slashed wrists two years ago; may have been other attempts in past.

Resources Has a brother, age 22 that he visits regularly; close to foster brother.

Symptoms Smokes marijuana regularly; hangs out at mall for recreation; feels unconnected.

Stress No stressors

RISK ASSESSMENT LOW MEDIUM HIGH

-
- **Mark with a + to indicate a positive variable that decreases the risk of suicide.**
 - **Mark with a – to indicate a negative variable that increases the risk of suicide.**

Person 3 is a 17 year old male

Current Suicide Plan	Yes and has the gun to do it.		
Prior Suicidal Behaviour	No prior behaviour, but father committed suicide.		
Resources	Good relationship with fosters brothers and sisters.		
Symptoms	None.		
Stress	Father committed suicide (truck exhaust) 6 months ago; girlfriend ended relationship last night.		
RISK ASSESSMENT	LOW	MEDIUM	HIGH

Person 4 is a 15 year old female

Current Suicide Plan	No current suicide plan.		
Prior Suicidal Behaviour	None.		
Resources	Many friends at school; active in sports.		
Symptoms	Feels down but is sleeping and eating well.		
Stress	Dad coming for visit for the first time in 2 years.		
RISK ASSESSMENT	LOW	MEDIUM	HIGH

- **Mark with a + to indicate a positive variable that decreases the risk of suicide.**
- **Mark with a - to indicate a negative variable that increases the risk of suicide.**

Person 5 is a 14 year old female

Current Suicide Plan	Yes, has large number of barbiturates; does not know whether she will live through day.		
Prior Suicidal Behaviour	Five weeks ago wrote a suicide note and took a large number and a variety of pills; taken to hospital.		
Resources	Loner at school; parents do not keep in touch.		
Symptoms	Feels weird; same feeling she had before last attempt.		
Stress	Failed last 3 math tests; report cards due in a week.		
RISK ASSESSMENT	LOW	MEDIUM	HIGH

Person 6 is a 17 year old male

Current Suicide Plan	No plan; said he could not kill himself because he does not have the means.		
Prior Suicidal Behaviour	None.		
Resources	Plays on several school teams; supportive relationship with football coach.		
Symptoms	Depressed; not sleeping or eating well.		
Stress	Just lost part-time job; mom didn't show up for scheduled visit.		
RISK ASSESSMENT	LOW	MEDIUM	HIGH

HANDOUT #10

RISK ASSESSMENT EXERCISE – ANSWER KEY

Person 1 is a 15 year old female

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

 M RISK ASSESSMENT MEDIUM

Person 2 is a 14 year old male

<u> + </u> Current Suicide Plan	No current suicide plan
<u> - </u> Prior Suicidal Behaviour	Barbiturate overdose last year; slashed wrists two years ago; may have been other attempts in past.
<u> + </u> Resources	Has a brother, age 22; which he visits regularly; close to foster brother.
<u> - </u> Symptoms	Smokes marijuana regularly; hangs out at mall; feels unconnected.
<u> + </u> Stress	No stressors

 M RISK ASSESSMENT MEDIUM

Person 3 is a 17 year old male

<u> </u> - <u> </u> Current Suicide Plan	Yes and has the gun to do it.
<u> </u> - <u> </u> Prior Suicidal Behaviour	No prior behaviour, but father committed suicide.
<u> </u> + <u> </u> Resources	Good relationship with foster brothers and sisters.
<u> </u> + <u> </u> Symptoms	None.
<u> </u> - <u> </u> Stress	Father committed suicide (truck exhaust) 6 months ago; girlfriend ended relationship last night.
<u> </u> H	RISK ASSESSMENT HIGH

Person 4 is a 15 year old female

<u> </u> + <u> </u> Current Suicide Plan	No current suicide plan.
<u> </u> + <u> </u> Prior Suicidal Behaviour	None.
<u> </u> + <u> </u> Resources	Many friends at school; active in sports.
<u> </u> + <u> </u> Symptoms	Feels down but is sleeping and eating well.
<u> </u> + <u> </u> Stress	Dad coming for visit for the first time in 2 years.
<u> </u> L	RISK ASSESSMENT LOW

Person 5 is a 14 year old female

- Current Suicide Plan Yes, has large number of barbiturates; does not know whether she will live through day.
- Prior Suicidal Behaviour Five weeks ago wrote a suicide note and took a large number and a variety of pills; taken to hospital.
- Resources Loner at school; parents busy with handicapped younger brother.
- Symptoms Feels weird; same feeling she had before last attempt.
- Stress Failed last 3 math tests; report cards due in a week.

 H RISK ASSESSMENT HIGH

Person 6 is a 17 year old male

- + Current Suicide Plan Has no plan; said he could not kill himself because he does not have the means.
- + Prior Suicidal Behaviour None.
- + Resources Plays on several school teams; supportive relationship with football coach.
- Symptoms Depressed; not sleeping or eating well.
- Stress Just lost part-time job; mom didn't show up for scheduled visit.

 L RISK ASSESSMENT LOW

HANDOUT #11**ASK z ASSESS z ACT SIX TASKS FOR THE HELPER****ASK**

- 1. Engage:** Ask and listen to gather more information about how the youth is feeling —
helpless? hopeless?
- 3. Identify:** Identify thoughts of suicide by asking **the question**
“Are you thinking of killing yourself?”
If the answer is “yes,” proceed with the risk assessment

ASSESS

- 9. Inquire:** Ask about **prior behaviour:** *“Have you attempted suicide before?”*
Ask about a **current plan:** *“Have you thought about how you might do it?”*
Ask about **availability:** *“Do you have the (pills, gun, rope, etc.) available?”*
Ask about **timing:** *“When are you planning on doing it?”*
Ask about personal **resources:** *“Are there people/pets etc. in your life that you care about and that care about you?”*
- 5. Assess:** Consider all information: Is there risk of suicide?
Is the risk High? Medium? Low?

ACT

- 11. Contract:** Facilitate appropriate referral: non emergency plan, immediate action plan, or emergency
- 7. Follow Through:** Ensure referral is acted upon in the recommended time frame

HANDOUT #12
ASK z ASSESS z ACT**PLAYER ROLES AND DIRECTIONS FOR THE SIMULATION
EXERCISE****Player 1: Child-in-Care**

This player will play the role of a suicidal youth. The participant playing this role will be given a script, which will include information about the suicidal youth they are portraying. The information will vary depending upon the degree of risk of the particular youth portrayed. Information will include the youth's age and sex, stressors, symptoms, current plan, prior behaviour and resources. The youth will answer "**yes**" to the question: "**Are you thinking of killing yourself?**"

Please note: Players 2-4 play the same person, the **Foster Parent**; Player 5 is the **Observer**.

Player 2: Foster Parent

The task of this player is to consider stressors, identify warning signs, and ask directly about suicide. "**Are you thinking of killing yourself?**"

Player 3: Foster Parent

This player picks up where Player 2 left off, building on what has been revealed. Using the risk assessment framework, this player gathers information necessary to assess this youth's risk of suicide. The entire group will discuss and decide whether this youth is at **Low, Medium, or High** risk of suicide.

Player 4: Foster Parent

This player leads the discussion to ensure that the group formulates an action plan based on the degree of risk of suicide for this particular youth. She or he identifies reasons for the chosen action plan **based on degree of risk and the Standards for Foster Homes**. Decisions re contacting worker, parents, etc. should be discussed by the group.

Player 5: Observer

This player observes and records the discussion using the Participant Observation Checklist. This player also debriefs the role-play with the small group as follows.

Ask the youth role-player:

- *What worked for you? What didn't work?*
- *If you were involved in the decision-making process, how did this feel? If not, would you have liked to be? Why?*

Debrief players 2 - 4 individually. Ask: What worked? What didn't work?

- *Share you observations with the group*

**HANDOUT #13 (A) ASK
z ASSESS z ACT****CASE STUDY: SANDRA**

Information for participant in the child in care role:

Player 1: Child in Care

You are a 15 year-old Aboriginal female, the youngest of three siblings and the only girl. At your mother's request, your middle brother went to live in a group home but he ran from it. You don't know where he is and you miss him. You and your mom don't get along. You were skipping school, missing assignments and gaining weight. Your mom didn't want you living at home so you were placed in a foster home and that's where you're currently living. It's a nice family but it's not an Aboriginal family. You feel like an outsider.

You feel all alone with no one to talk to except your diary. You're seeing a psychiatrist who put you on anti-depressants. But you're not taking them. You're not crazy! Your mom hasn't called or visited for over a month and you really miss your brother. You wonder if you'll ever go home. And if you don't go home, what will happen to you?

And now summer's over and you have to return to school. You're afraid of some of the kids at school. They're bullies. They taunt you about your weight and about being Aboriginal. Lately you've been thinking that it would be easier for everyone if you weren't here at all. You wonder about what it would be like to be dead. Would anyone care?

In your role as the child in care you:

- Give verbal clues related to stress
- Give verbal suicide warning signs
- Give non-verbal suicide warning signs
- Answer "yes" to the question "Are you thinking of killing yourself?"

HANDOUT #13 (B)
ASK z ASSESS z ACT**CASE STUDY: SANDRA**

Information for participants in the following roles:

Player 2: Foster Parent

You are Sandra's foster mom. Sandra has been with you and your family since June, over two months now. You're worried about her. She hasn't settled into your home as you had hoped she would. She has told you that she feels like an outsider even though the little kids in the home think that she's great! She spends a lot of time in her room crying and writing in her diary. And she seems so depressed! The pills the psychiatrist gave her don't seem to be helping. And last week her Mom was supposed to come to visit her but didn't show up. You decide to talk to her.

Your task: acknowledge the stressors you know about; probe for unknown stressors; let Sandra know of your concern; mention the warning signs you've observed or are observing now; ask directly about suicide. **"Are you thinking of killing yourself"?**

Player 3: Foster Parent

Pick up where Player 2 left off. Building on what Sandra has revealed, continue the dialogue.

Your task: using questions, paraphrasing and good listening skills find out about Sandra's.

- Current plan? + or -
- Prior suicidal behaviour? + or -
- Resources? + or -

Using the risk assessment framework, assess Sandra's level of risk:

- Low
- Medium
- High

Share this assessment with Sandra.

Player 4: Foster Parent

You now know what level of risk Sandra presents.

Your task: Recommend an action plan based on the degree of risk and the Standards for Foster Homes. Outline the action plan, identifying whom you will contact and what you will do next.

Player 5: Observer:

Your task: using the Participant Observation Checklist, observe and record each player during the intervention. Debrief the role-play and discuss your observations.

HANDOUT #14 (A)
ASK z ASSESS z ACT**CASE STUDY: TOM**

Information for participant in the child in care role:

Player 1: Child in Care

You are a 16 year-old boy who has come into care because your mom is just not being a mom to you. She's not very old herself and she treats you more like a friend, sharing her boyfriend problems with you and leaning on you for emotional support.

You're angry with both your mom and the Ministry for getting involved in what you consider to be your private affairs. Just because you wrote that poem in school about suicide, the social worker came over to your apartment and after talking to your mom about your relationship with her, recommended that you go to foster home so that you could "be a teenager." Whatever that means! And your mom agreed! If this is what it's like to be a teenager, you don't want to be one!

You wouldn't mind living with Grandpa Dave. He's cool but too old to care for you and you're not sure how he'd feel about some of your friendships. That way you don't have to worry about "that."

You answer "yes" to the question "Are you thinking of killing yourself"?

In your role as the child-in-care you:

- Give verbal clues related to stress
- Give verbal suicide warning signs
- Give non-verbal suicide warning signs
- Answer "yes" to the question "Are you thinking of killing yourself"?

HANDOUT #14 (B) ASK
z ASSESS z ACT**CASE STUDY: TOM**

Information for participants in the following roles:

Player 2: Foster Parent

You are Tom's foster mom. Tom is an athletic and musically talented teen-ager who seems older than his thirteen years. Your own teenage sons have grown up and moved out so it's particularly nice to have Tom in the house. You have told Tom that he can do anything he wants to his room, paint, posters, stuff on the walls; whatever he wants, but so far the room remains exactly the same as it was when he moved in three months ago. You're worried about him, partly because he seems worried about something. And yesterday when you were cleaning his room you came across a school assignment. Tom had written a poem about suicide. You decide to talk to him.

Your task: Acknowledge the stressors you know about; probe for unknown stressors; let Tom know of your concern; mention the warning signs you've observed or are observing now; ask directly about suicide. **"Are you thinking of killing yourself"?**

Player 3: Foster Parent

Pick up where Player 2 left off. Building on what Tom has revealed, continue the dialogue.

Your task: using questions, paraphrasing and good listening skills, find out about Tom's.

- Current plan? + or -
- Prior suicidal behaviour? + or -
- Resources? + or -

Using the risk assessment framework, assess Tom's level of risk:

- Low
- Medium
- High

Share this assessment with Tom.

Player 4: Foster Parent

You now know what level of risk Tom presents. **Your task:** Recommend an action plan based on the degree of risk and the Standards for Foster Homes. Outline the action plan, identifying whom you will contact and what you will do next.

Player 5: Observer

Your task: Using the Participant Observation Checklist, observe and record each player during the intervention. Debrief the role-play and discuss your observations.

HANDOUT #15 (A) ASK
z ASSESS z ACT**CASE STUDY: JIM**

Information for participant in the child in care role:

Player 1: Child in Care

You are a 14-year-old boy who has been in care for several years. You were removed from your family when you were very young because your dad beat you all the time. And even though he committed suicide two years ago, you can't return home. You feel all alone.

This is the third foster home you have been in and, although this home seems OK, you are feeling pretty unsettled and very depressed. The folks in your last placement were considering adopting you but you became really scared about the adoption. When you were asked whether or not you consented to the adoption you said "no." You didn't really mean "no," you just didn't feel ready to make everything permanent. You were scared. And then it all fell apart and you were placed in this new foster home.

You feel hopeless. You miss the other foster family. When your worker asked you if you'd ever attempted suicide before, you said "yes," because you had tried to kill yourself. More than once. Killing yourself was the only way you could think of to make the pain go away.

And now you're thinking of it again because the pain is back, big-time and the only way you can think of to make the pain go away is to steal a car and crash it.

In your role as the child in care you:

- Give verbal clues related to stress
- Give verbal suicide warning signs
- Give non-verbal suicide warning signs
- Answer "yes" to the question "Are you thinking of killing yourself?"

HANDOUT #15 (B) ASK
Z **ASSESS** Z **ACT**

CASE STUDY: JIM

Information for participants in the following roles:

Player 2: Foster Parent

You are Jim's foster dad. Jim has only been in your home a week or two and you are trying to help him settle in but something doesn't seem right. He is very quiet, hasn't much of an appetite and spends most of the time in his room listening to hip-hop. You know that Jim really liked his previous foster family but refused to agree to adoption. You don't know why he refused. You're particularly worried because Jim's worker mentioned that Jim had attempted suicide in the past. You're thinking of talking to him.

Your task: acknowledge the stressors you know about; probe for unknown stressors; let Jim know of your concern: warning signs you've observed or are observing now; ask directly about suicide.

“Are you thinking of killing yourself”?

Player 3: Foster Parent

Pick up where Player 2 leaves off. Building on what Jim has revealed, continue the dialogue.

Your task: using questions, paraphrasing and good listening skills find out about Jim's:

- Current plan
- Prior suicidal behaviour
- Resources Using the risk assessment framework, assess

Jim's level of risk:

- Low
- Medium
- High

Share this assessment with Jim.

Player 4: Foster Parent

You now know what level of risk Jim presents. **Your task:** Recommend an action plan based on the degree of risk and the Standards for Foster Homes. Outline the action plan, identifying any referrals and how you will follow-up with Jim. Decisions about who to contact should be discussed by the group.

Player 5: Observer

Your task: using the Participant Observation Checklist, observe and record each player during the intervention. Debrief the role-play and discuss your observations.

HANDOUT #16
ASK z ASSESS z ACT

PARTICIPANT OBSERVATION CHECKLIST

Method: participant observation – recorder observes each player and checks responses.
Check the appropriate boxes as you observe the tasks.

PLAYER	SUICIDE INTERVENTION OBSERVATIONS - DID EACH PLAYER: (Check each step in the intervention)
Player 1 Child-in-Care	<ul style="list-style-type: none"> ~ give verbal clues about stress ~ give verbal suicide warning signs ~ give non-verbal suicide warning signs ~ respond affirmatively when asked about thoughts of suicide
Player 2 Foster Parent	<ul style="list-style-type: none"> ~ address possible suicide warning signs ~ ask about stressors in the youth's life ~ ask directly about suicide
Player 3 Foster Parent	<p>Using the risk assessment framework:</p> <ul style="list-style-type: none"> ~ ask if the student has a current suicide plan ~ ask about prior suicide behaviour ~ ask about resources such as friends, family, etc. <p>Determine level of risk</p> <ul style="list-style-type: none"> ~ low ~ medium ~ high
Player 4 Foster Parent	<p>Recommends action plan based on degree of risk and the Standards for Foster Homes by:</p> <ul style="list-style-type: none"> ~ notifying the child's social worker ~ calling 911 for emergency services ~ calling parents or caregivers <p>Initiates discussion of a follow-up plan based on degree of risk:</p> <ul style="list-style-type: none"> ~ follows up ~ initiates follow-up plan
Player 5 RECORDER'S COMMENTS	<p>Scenario (check one)</p> <ul style="list-style-type: none"> ~ Sandra ~ Tom ~ Jim

HANDOUT #17
ASK z ASSESS z ACT

KEY TO SUICIDE RISK ASSESSMENT

Although you cannot predict exactly how the person playing the teen will portray the situation, the case studies as written represent low, medium and high risk.

Current plan (C), Prior suicidal behaviour (P), and Resources (R) are the only factors used to assess suicide risk. If one is rated as a negative the risk is Medium. If more than one is rated as a negative, the risk is High. If all factors receive a positive rating, the risk is Low.

CASE STUDY: SANDRA

Current plan? None +

Prior suicidal behaviour? None +

Resources? Feels alone -

- Low
- Medium**
- High

CASE STUDY: TOM Current plan? None +

Prior suicidal behaviour? None +

Resources? Grandpa and mom +

- Low**
- Medium
- High

CASE STUDY: JIM

Current plan? Yes, car crash -

Prior suicidal behaviour? Yes -

Resources? No, feels alone -

- Low
- Medium
- High**

HANDOUT #18**ASK Z ASSESS Z ACT:****KNOWLEDGE QUIZ KEY****Intervention Knowledge Test (IKT)** - Modified from Tierney, 1994

Multiple choice: For the following statements, select the best response by circling the appropriate letter. If uncertain, **please provide your best guess.** (Circle one letter only for each question).

Correct response in *italics*

1. When a youth is exhibiting the warning signs of suicide you should *immediately*:
 - a. refer the person to experienced suicide professionals
 - b. *discuss the issue of suicide directly with the person*
 - c. call in significant others in the person's life
 - d. encourage the person to talk about the positive aspects of his or her life

2. Active intervention by a helper:
 - a. is ineffective in suicide intervention
 - b. is unethical in suicide intervention
 - c. *is the appropriate immediate mode of action*
 - d. should be considered only after other approaches have failed

3. Which of the following is not true?
 - a. females attempt suicide more often than males
 - b. males complete suicide more often than females
 - c. *suicide is the leading cause of death among adolescents*
 - d. a high rate of suicide exists among the elderly

4. People who express suicidal intentions:
 - a. clearly want to die
 - b. *are ambivalent about dying*
 - c. want to punish others
 - d. are manipulative

5. Of the following, which is the most important in assessing the risk of suicide?
 - a. symptoms
 - b. stress
 - c. *resources*
 - d. physical health

6. If someone answers “yes” to feeling suicidal, a helper should *first*:
- inquire about what is happening in their life
 - find out if they’ve thought of how they would do it*
 - inform significant others
 - arrange for immediate referral

True/False: For the following statements, select the best response by circling either T for true, or F for false. If uncertain, **please provide your best guess.** (Circle **one** letter only for each statement).

Correct response in *italics*

True False

7. The best determinant of suicidal intent of an individual is a “yes” *T*
 F response to the question “Are you thinking of killing yourself?”
8. The perception of stress is unique to each individual. *T* F
9. The most important stressors are often related to health. *T*
 F

Fill in the blanks: For the following questions, fill in the blanks in the space provided. If uncertain, **please provide your best guess.**

11. List **5 warnings signs** of suicide: (many more responses are listed in the brochure *Suicide What You Need to Know: A Guide for School Personnel.*)

- changes in behaviour*
- changes in appearance*
- talking or joking about suicide*
- increased and/or heavy use of substances*
- sudden failure to complete assignments*

11. List the **3 factors** that are **most important** in assessing a person’s risk of suicide:

- Current Plan*
- Prior Behaviour*

3. Resources