
IDENTIFYING SUICIDE RISK IN KIDS AND TEENS

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LENAPE | VALLEY
FOUNDATION

LEARNING OBJECTIVES

- Suicide statistics & Covid-19 Impact
- Child/Adolescent Brain Development as it relates to Suicide Risk
- Warning Signs & Risk Factors in Children/Adolescents
- Tools to assist Child/Adolescent with Self-harm and/or Suicidal Ideation
- “The Window of Tolerance”
- Treatment Options for Children/Adolescents
- Resources/Hotlines



WHAT ARE SOME OF THE STATISTICS?

- Second-leading cause of death among people aged 15 to 24 in the U.S.
- Nearly 20% of high school students report serious thoughts of suicide
- 9% have made an attempt to take their lives
- 4 of 5 individuals considering suicide give some sign of their intentions, either verbally or behaviorally



HOW HAS COVID-19 IMPACTED KIDS AND TEENS?

- Increase in social isolation
- School
- Family and home stress
- Economic status
- “From mid-March 2020 to October 2020, increase in hospital visits by children for mental health conditions increased by 24% among children aged 5-11 and by 31% among adolescents aged 12-17.”
- “Hospital visits for suspected suicide attempts among girls aged 12-17 were 50.6% higher in February-March 2021 than during the same period in 2019.”



Hoffmann, J. A., & Duffy, S. J. (2021).

ADULT BRAIN VS. TEEN BRAIN

Prefrontal Cortex

Planning and Reasoning

Adults: Fully developed by age 25

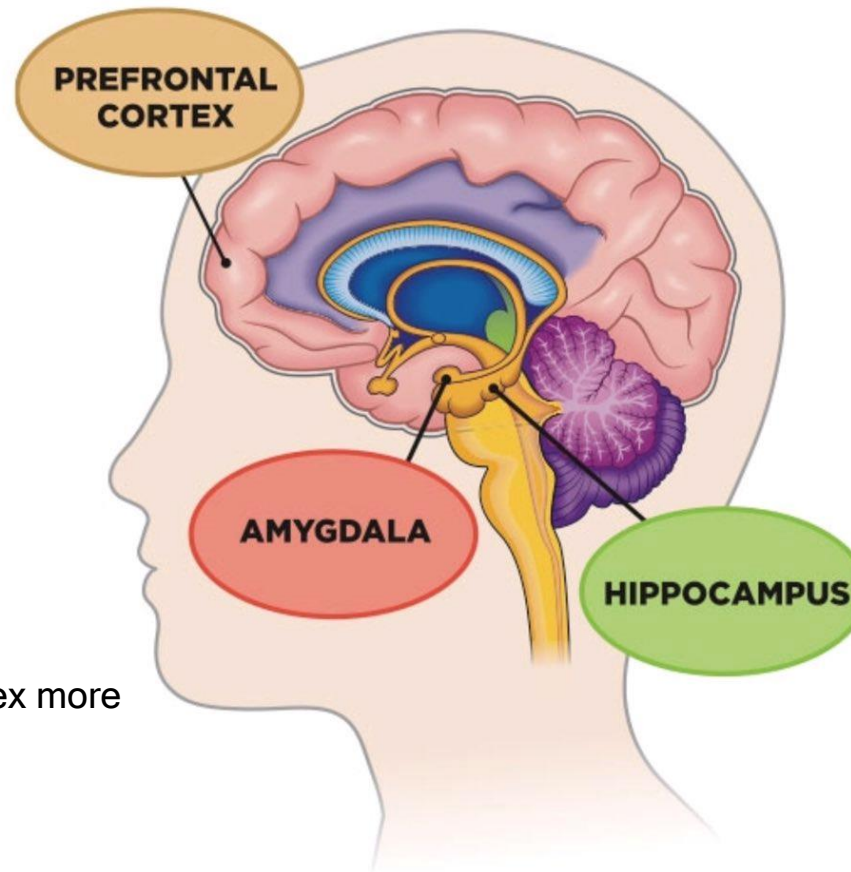
Teens: Immature, prone to high-risk behavior

Amygdala

Emotion Center

Adults: Rely less on this, use prefrontal cortex more

Teens: More emotionally reactive, impulsive



Hippocampus

Memory and learning

Adults: Fully functional, loses neurons with age

Teens: Learning curve, still growing



Spear L. P. (2013)

WHAT TO CONSIDER...

Warning Signs

- Isolation
- Engaging in risky/life threatening behavior
- Substance use
- Self harm
- Changes in sleep, eating, and hygiene patterns.
- Increase in symptoms of mental health diagnosis

Risk Factors

- Mental health diagnosis
- Poor self-esteem
- Bullying
- Home environment
- History of trauma
- General family history
- Socioeconomic status



Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006); Hoffmann, J. A., & Duffy, S. J. (2021).

SO, WHAT DO YOU DO ?

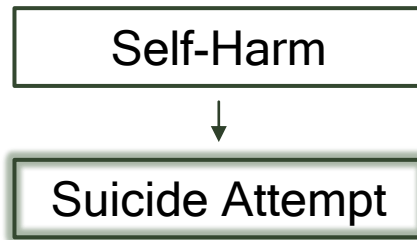


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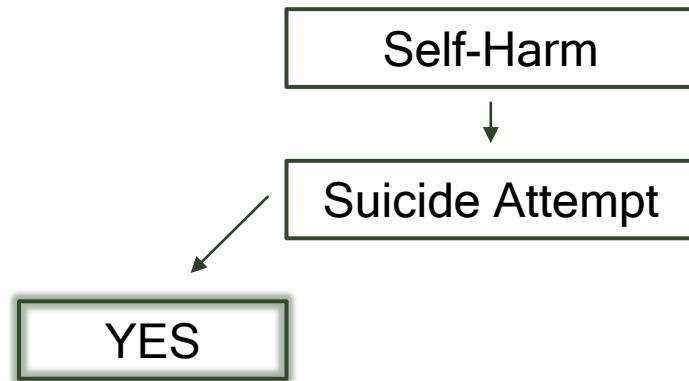
Self-Harm



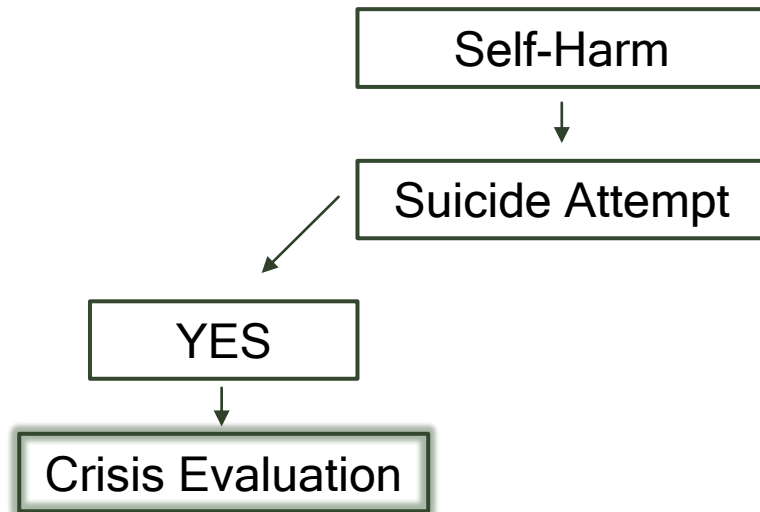
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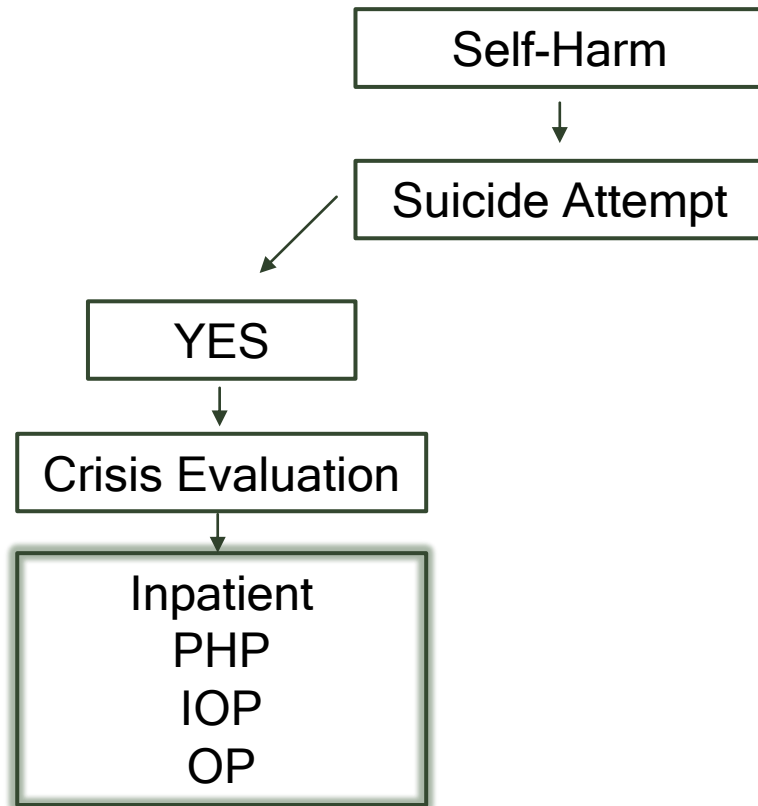
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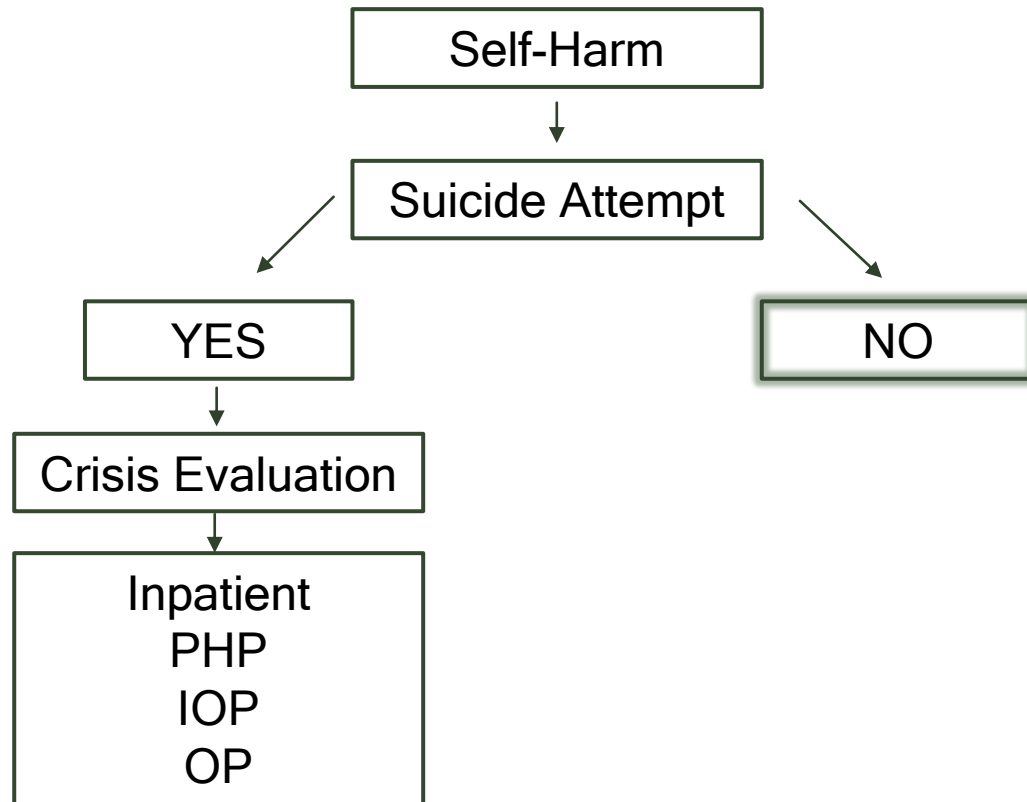
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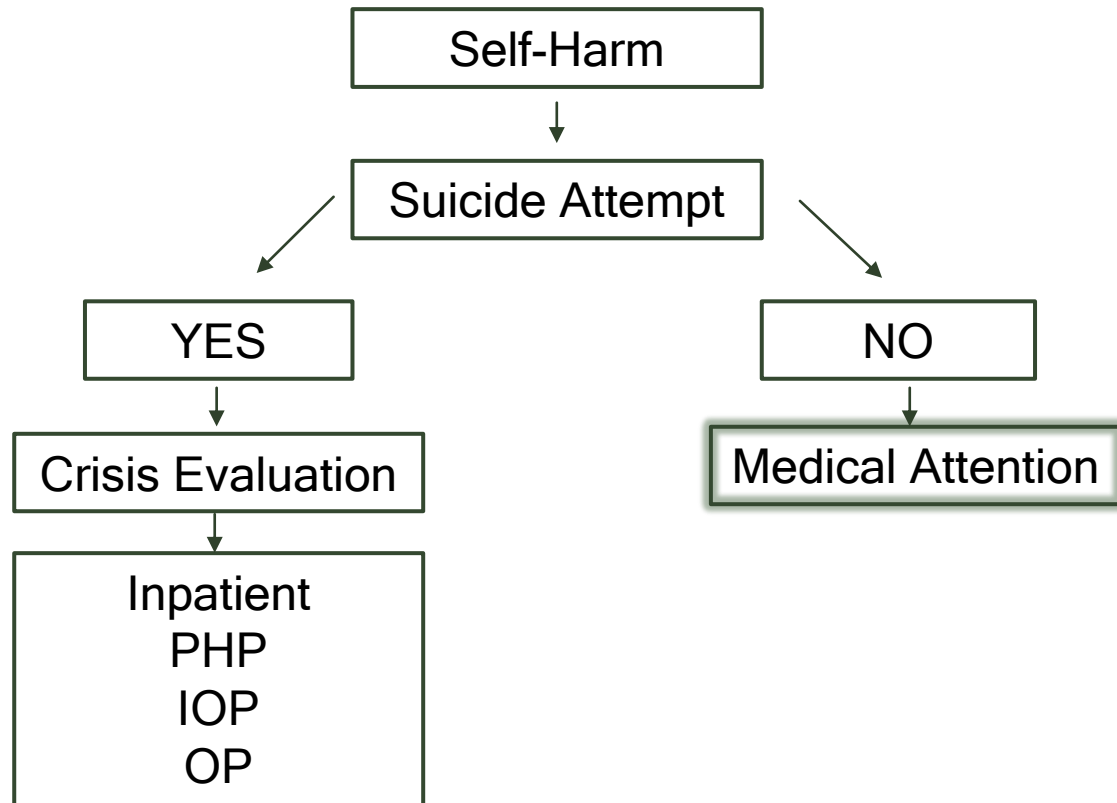
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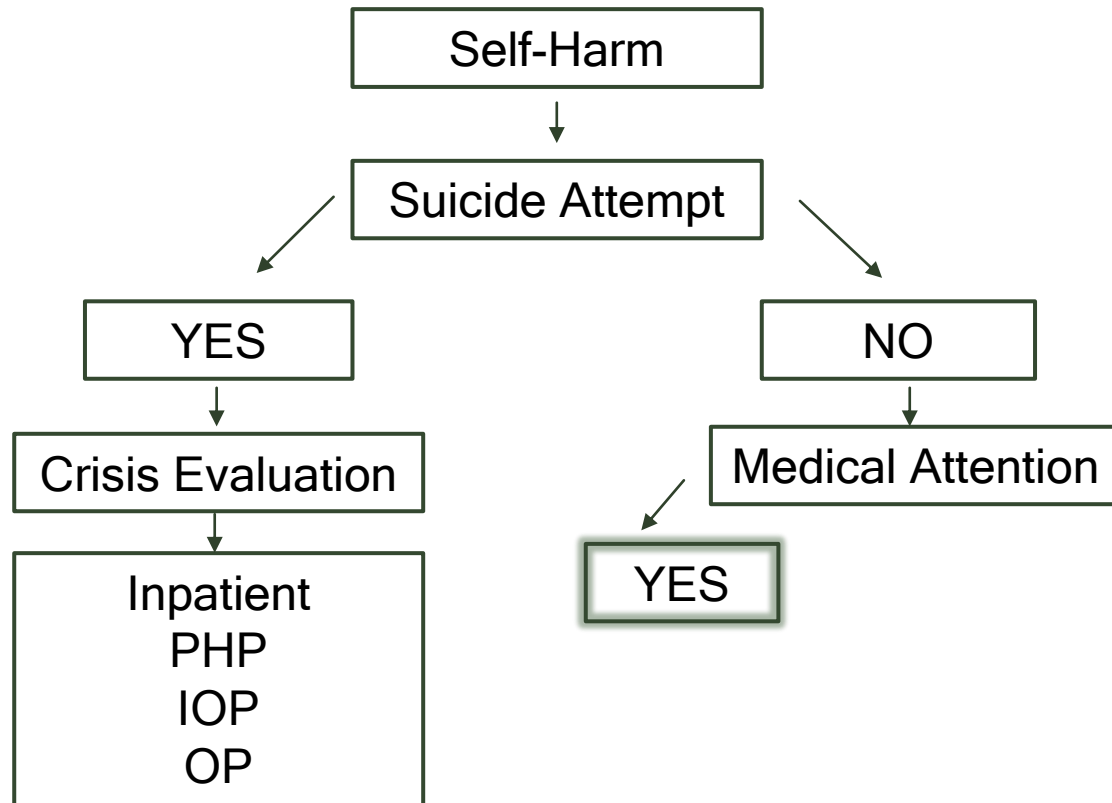
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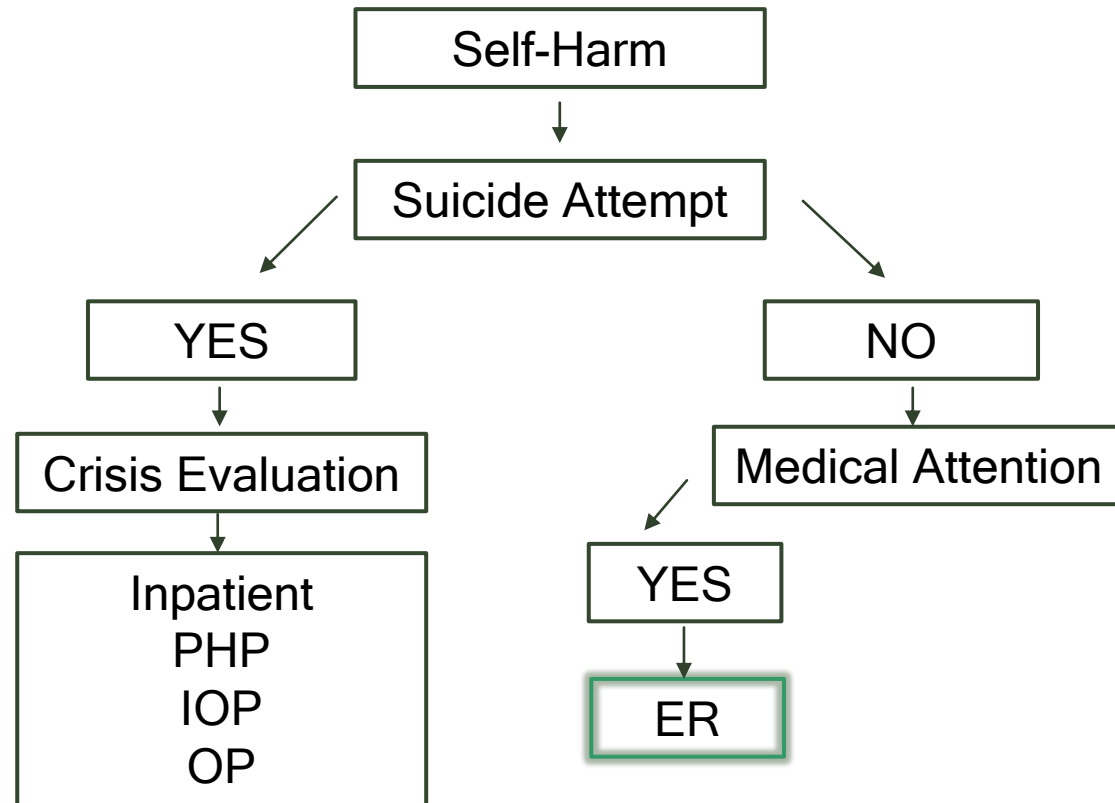
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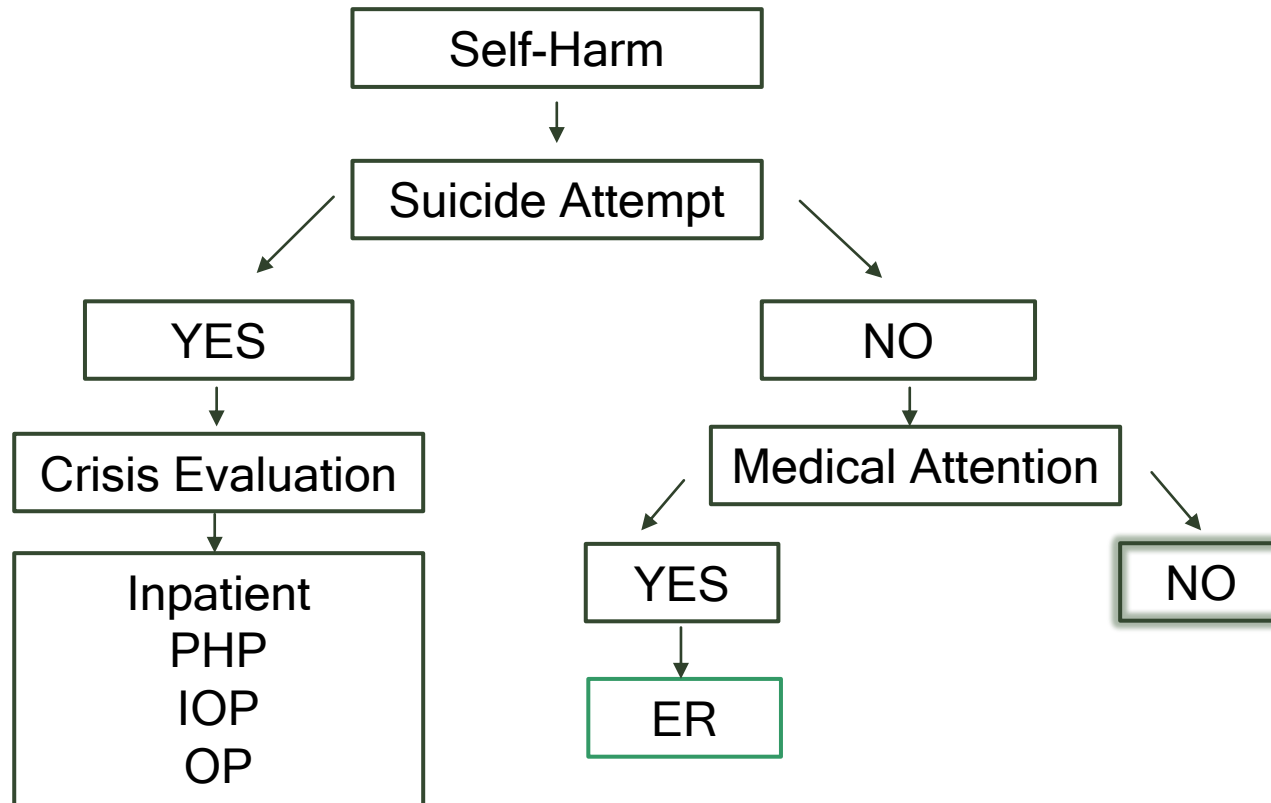
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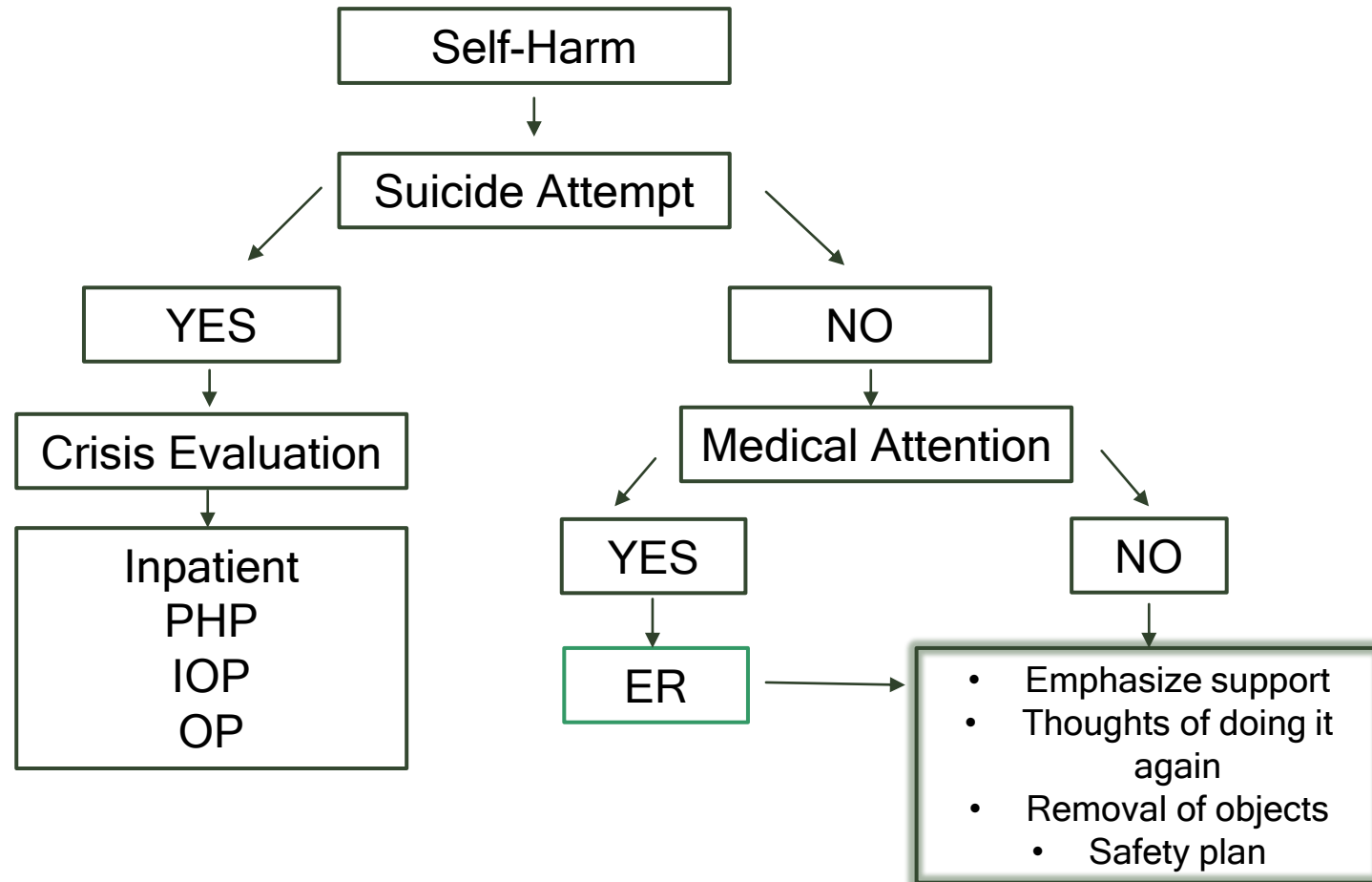
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SO, WHAT DO YOU DO ?



MYTHS ABOUT SUICIDE

“If they are self-harming, they are suicidal”

“They’re doing it for attention” or
“Attention seeking”

”I am afraid to talk about suicide because I don’t want to put the idea in their head”

”Suicide can’t be prevented”

“Someone who tried to kill themselves is weak or selfish”



ADVICE FROM LVF KIDS AND TEENS

What helps?

- Validation
- Support
- Empathy
- Curiosity
- Staying calm

What doesn't help?

- Judgment
- Dismissal
- Anger
- Panic



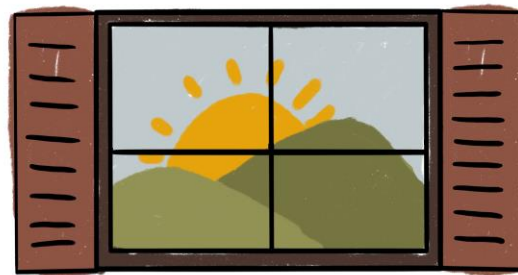


ROLE PLAY

Hyperarousal
flight - fight



Optimal Level of Functioning



freeze
Hypoarousal

HOW TO SUPPORT

Urge

Feeling

Need



SOMETHING TO REMEMBER...

Get Curious, Not Furious!



INTERVENTIONS AND TREATMENT OPTIONS

- Medication
- Inpatient
- Partial Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP)
- Family Based Services
- Intensive Behavior Health Services (IBHS)
- Individual and Family Therapy
- Collaborative Assessment and Management of Suicidality (CAMS)
- Dialectical Behavioral Therapy (DBT)



RESOURCES / HOTLINES

- Dialing #988 - Suicide and Crisis Lifeline
- Text HOME to 741741 - Crisis Text Line
- 1-877-435-7709 - LVF Mobile Crisis
- 911

- <https://www.thetrevorproject.org/get-help/> -LGBTQ Crisis and Suicide Prevention Line
- <https://www.preventsuicidepa.org> - Prevent Suicide PA
- <https://www.sprc.org/> - Suicide Prevention Resource Center
- <http://www.suicide.org/support-groups/pennsylvania-suicide-support-groups.html> -Suicide Support Groups

THOUGHTS AND
QUESTIONS?



CITATIONS

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