

Sample letter to parents/guardians – Indirectly Impacted School

Dear parents and guardians of [[insert school]] students:

****activation warning – suicide****

We are reaching out to let you know you that we have received information from Lane County Public Health regarding an increase in adolescent suicides in our county over the past five weeks. No students at our school have died by suicide related to this alert, but we know that it is likely that we have students that have heard about or been impacted by recent deaths. Suicide prevention is everyone's business, and we are asking for your help in creating as much protection in our school community as we can. According to the 2016 Student Wellness Survey 23.9% of 8th graders and 19.8% of 11th grade students in Lane County have seriously considered suicide.

We want to offer information and resources that can assist you in talking with your student about mental health. Attached you will find a resource list for families, one for Lane County resources and one for talking about suicide with children. Additional resources and information can be found at <https://preventionlane.org/prevention-topics/suicide-prevention>.

What you can do:

Our intention is not to create panic, but to ask our parents to do the following to help our county prevent future deaths:

- Ask your child(ren) directly about suicide.
- If they tell you they have thought about suicide, do your best to remain calm and listen to what they want to tell you.
- Access resources for your child(ren).
- Lock up or remove firearms, medication, and alcohol in your home.

Where to find resources at school:

- [[List school counseling staff and contact information]]
- [[List other supports (after school opportunities, etc)]]

While the topic of suicide can be difficult to discuss, we know that being about to talk about suicide thoughts or feelings helps protect our young people. It does not increase risk to ask directly about suicide, and we know that often the opportunity to safely talk about suicide thoughts is a source of relief.

If you would like more support for your student, please reach out to [[insert name and contact information]]. Thank you for being willing to join in our community's efforts to increase safety and wellness for our students.

Sincerely,

[[insert name]]

Lane County Mental Health & Suicide Prevention Resources

CRISIS

911: Imminent danger to self or others

CAHOOTS: Non-emergency mobile crisis intervention. 541-682-5111 (Eugene); 541-726-3714 (Springfield)

Hourglass Community Crisis Center: 541-505-8426

Short-term mental health crisis assessment & stabilization for adults, 24 hours/day

Youth Crisis Response Program: 1-888-989-9990 (for parents of children through age 17)

White Bird: 541-687-4000; 1-800-422-7558 (24-hour local crisis line)

Looking Glass Youth & Family Crisis Line: 541-689-3111

National Suicide Prevention Lifeline: 1-800-273-8255 (press 1 for Veterans Crisis Line)

The Trevor Project Lifeline: 1-866-488-7386 (for LGBTQ youth 24 and under)

The Trans Lifeline: 877-565-8860

Crisis Text Line: 741-741 (text "CONNECT" to access services) 24/7 support

Oregon YouthLine: 877-968-8491 or text 'teen2teen' to 839863 (for youth)

COUNSELING

Eugene/Springfield Metro Area

4J School-Based Health Centers (residents of 4J area, including siblings under 19): Churchill 541-790-5227, N. Eugene 541-790-4445

Bethel School District Mental Health Services: 541-607-1430 (Bethel district students only)

Springfield Schools Health Center: 541-682-3550* (Springfield district students and their family members)

Cascade Behavioral Health: 541-345-2800

Center for Family Development*: 541-342-8437 (mental health and substance abuse disorders)

Centro Latino Americano: 541-687-2667*

The Child Center: 541-726-1465 (ages 17 and under)

Child & Family Center, University of Oregon: 541-346-4805 (ages 2-17)

Direction Service Counseling*: 541-344-7303

Eugene Therapy: 541-868-2004; info@eugenetherapy.com

Lane County Behavioral Health: 541-682-3608*; Child & Adolescent Program: 541-682-1915

Laurel Hill Center: 541-485-6340 (Eugene)



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Looking Glass Counseling Program*: 541-484-4428

Odyssey Community Counseling: 541-741-7107

Options Counseling: 541-687-6983* (Eugene); 541-762-1971 (Springfield)

Oregon Community Programs: 541-743-4340

PeaceHealth Counseling Services: 541-685-1794 (Eugene)

Relief Nursery Therapy Services: 541-343-9706 (Eugene, Springfield)

Vet Center: 541-465-6918 (combat veterans; also offers MST services)

VA Mental Health: 541-242-0440

Vista Counseling: 541-517-9733

White Bird Clinic*: 541-342-8255

Willamette Family: 541-343-2993 (services for mental health & substance abuse disorders)

Willamette Valley Counseling: 541-636-0885

Oregon Social Learning Center: 541-284-7560 (substance abuse treatment for 12-18 yr olds)

Junction City Area

Laurel Hill Center: 541-780-6361 (Junction City)

Looking Glass Counseling Program*: 541-484-4428 (Junction City)

Fern Ridge Area

Looking Glass Counseling Program*: 541-484-4428 (Veneta)

Orchid Behavioral Health: 541-234-3255 (Fern Ridge)

Florence Area

Emergence Counseling: 541-997-8509 (counseling for chemical dependency/gambling issues for adolescents/teens as well as family dynamics)

Options Counseling: 541-997-6261 (Florence)

PeaceHealth Counseling Services: 541-902-6085 (Florence)

Reconnections Counseling: 541-997-1697

McKenzie River Area

Orchid Behavioral Health: 541-822-3341

Oakridge Area

Looking Glass Counseling Program*: 541-484-4428

Orchid Behavioral Health: 541-782-8304

South Lane Area



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Emergence Counseling: 541- 767-3057 (Cottage Grove)

Gateway Counseling Center: 541-942-0040 (Cottage Grove, accepts teens)

Looking Glass Counseling Program*: 541-484-4428 (Cottage Grove)

South Lane Mental Health: 541-942-3939 (counseling & crisis services for South Lane County)

*Spanish-speaking staff available

SUPPORT GROUPS

National Alliance on Mental Illness (NAMI) Lane County: 541-343-7688; namilane.org

Oregon Family Support Network: 541-342-2876; brookeds@ofsn.net

2-1-1 Info: local community resources: 211info.org or dial 211

SUICIDE BEREAVEMENT SERVICES

In-Person Services

Suicide Bereavement Group: 541-747-2087 jenniferbakerfund.org

Free monthly support group in Springfield for survivors of suicide loss

Survivors of Suicide Support Group: 916-802-9705

Free weekly support group in Florence for survivors of suicide loss. Mondays from 5:30-7:00 at the Siuslaw Valley Fire & Rescue Station, 2625 Highway 101 Florence, OR 97439.

American Foundation for Suicide Prevention: surviving-suicideloss@afsp.org; afsp.org

Healing Conversations Survivor Outreach Program – Peer support for survivors of suicide loss

GENERAL BEREAVEMENT SERVICES

Cascade Health Solutions Grief Education & Support Groups: 541-228-3083

Free and open to adults living with the loss of a loved one

Grief Support Group: 541-726-4478

Free weekly general bereavement support group at McKenzie Willamette Medical Center

PeaceHealth Bereavement Support Group: 458-205-7400

Free general bereavement support groups at Sacred Heart Medical Center

Compassionate Friends: 541-689-0824

Free support for families grieving the death of a child

Courageous Kids: 458-205-7474; kpfeiffer@peacehealth.org

Grief support groups for children ages 6-17 who have experienced the death of a loved one

GriefShare: <https://www.griefshare.org/countries/us/states/or>

Weekly grief support groups across Oregon. See website for locations, dates, times.

GENERAL WEBSITES

Now Matters Now: nowmattersnow.org

Suicide Is Different: suicideisdifferent.org

Mental Health America: mentalhealthamerica.net

Mind Your Mind Project: mindyourmindproject.org

National Council for Behavioral Health: thenationalcouncil.org

National Institute of Mental Health: nimh.nih.gov/health

National Suicide Prevention Lifeline: suicidepreventionlifeline.org

Substance Abuse and Mental Health Services Administration: samhsa.gov

Suicide Prevention Resource Center: sprc.org

**For additional resources and information, visit the website for
The Suicide Prevention Coalition of Lane County**

suicidepreventlane.org



Risk and Protective Factors

Risk Factors

- Previous suicide attempt
- Current talk of suicide/making a plan
- Strong wish to die/preoccupied with death (thoughts, music, art, reading)
- Mental health disorders, particularly depression
- Alcohol and other drug abuse
- Access to lethal means
- Family history
- Aggressive-impulsive behavior
- Oppression and prejudice
- Bullying
- Physical/sexual abuse/trauma
- Contagion/imitation
- Perfectionism
- Chronic pain/physical illness
- Stressful life events and losses

Protective Factors

- Effective behavioral & physical health care
- Support for seeking help
- Problem-solving skills
- Meaningful roles
- Restricted access to lethal means
- Strong connections to family, friends, community



Warning Signs*

- Verbal
- Behavioral
- Mood
- Physical
- Feelings/Thoughts
- Environmental/Situational

***Any changes or unsettling comments should be investigated as there is some need not being met (whether suicide is the issue or not)**



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Warning Signs

- **Verbal (direct/indirect)**

- Being a burden
- Feeling trapped
- Being in unbearable pain
- Having no reason to live
- Killing themselves

- **Behavior**

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online, stockpiling pills, getting a gun
- Acting recklessly; aggressively; easily agitated
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Increased use of alcohol/drugs
- Diminished ability to think or concentrate
- Change in grades
- Chronic truancy, running away
- Self-harm (i.e., cutting, burning, scratching)



- **Mood**

- Depression
- Loss of interest/pleasure in usual activities
- Rage/anger
- Irritability
- Humiliation
- Anxiety
- Sudden happiness in someone who has been extremely sad



- **Physical**

- Eating disturbances, changes in sleep patterns
- Chronic headaches, stomach problems, menstrual irregularities
- Fatigue/loss of energy

- **Feelings/Thoughts**

- Feeling trapped, as if there is no way out
- Feeling or expressing no reason for living, no sense of purpose, hopelessness; apathy
- Thinking about death or suicide

- **Situational/Environmental factors**

- Stressful life events which may include a death, divorce, or job loss
- Prolonged stress factors which may include harassment/assault, bullying, relationship problems, being expelled, and unemployment, financial problems
- Anticipated or sudden loss of freedom; fear of punishment, humiliation/embarrassment
- Access to lethal means including firearms and drugs
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide
- Recent discharge from hospital or other care facility

Preventing Suicide

The Role of High School Teachers

Key Steps to Reduce Suicide Risk among Your Students:



Understand how suicide prevention fits with your role as a high school teacher



Identify students who may be at risk for suicide



Respond to students who may be at risk for suicide



Be prepared to respond to a suicide death



Consider becoming involved in schoolwide suicide prevention

Ms. Gomez, a high school social studies teacher, was concerned about her student Tia because she knew Tia had problems at home. One day she overheard Tia tell a friend that she was totally depressed from being dumped by her boyfriend, had given up trying to pass math, and thought her friend who had recently taken his life had the right idea.

Ms. Gomez asked Tia if she would be willing to talk with her, and she agreed. When they met, Ms. Gomez talked with her about what was going on and how she was feeling. Then Ms. Gomez asked if Tia would go to see a school counselor right away, and she reluctantly agreed. Ms. Gomez walked with her to the counseling center, and Tia talked with a counselor. Later that day, Ms. Gomez met with the counselor to provide critical background information about Tia that could be used in assessing her degree of risk.

(Based on the experiences of a school psychologist)

Teachers are well positioned to promote a feeling of connectedness and belonging in the school community.

Understand How Suicide Prevention Fits with Your Role as a High School Teacher

As a teacher, you have an important role to play in preventing suicide. You have daily contact with many young people, some of whom have problems that could result in serious injury or even death by suicide. You are therefore in a position to notice what students say, do, and write, and take action when you suspect a student may be at risk of self-harm.

Teachers can also play an active role in suicide prevention by fostering the emotional well-being of all students, not just those at high risk. Teachers are well positioned to promote a feeling of connectedness and belonging in the school community. School connectedness is the belief by students that adults and peers in the school care about them as individuals as well as about their learning (CDC, 2009). You can create connectedness by interacting with students in positive ways and helping them engage with peers and other adults in the school community during the school day and extracurricular activities. Connectedness is an important factor in improving academic achievement and healthy behaviors, and it is related to reductions in suicidal thoughts and attempts (Whitlock et al., 2014; Marraccini, et al., 2017).

Know the facts

Suicide touches everyone—all ages and incomes; all racial, ethnic, and religious groups; and in all parts of the country. The emotional toll on those left behind remains long after the event. Suicide is the second leading cause of death among teenagers in the United States (CDC, 2017). **Each year:**

2,877

About 2,877 young people ages 13 to 19 die by suicide (CDC, 2017).

1 in 6

Approximately 1 in 6 high school students seriously consider attempting suicide (CDC, 2018).

1 in 13

1 in 13 high school students attempt suicide one or more times (CDC, 2018).

However, suicide is preventable.

When individuals, schools, and communities join forces to address suicide, they can save lives.



In this sheet, the term “mental health contact” is used to refer to the staff person(s) or consultant(s) who are responsible for responding to a mental health crisis, as designated by the school. **All school staff should know who their school’s main mental health contact is.**

Identify Students Who May Be at Risk for Suicide

Know the factors that can increase suicide risk

There are many factors that may increase a student’s risk for suicide. Some of the most significant ones are:

- Mental health disorders, e.g., depression, anxiety disorders
- Substance use disorder
- Access to a means to kill oneself (i.e., lethal means such as guns or medications)
- Previous suicide attempt(s)
- Family history of suicide or mental health disorders
- Childhood abuse, neglect, or trauma
- Exposure to the suicide of another person
- Stressful life circumstances (e.g., school problems, academic and/or disciplinary; family problems; relationship problems or breakups; bullying; legal problems)

Suicide involves the interplay of multiple risk factors. Sometimes stressful life circumstances can serve as tipping points and trigger suicidal behavior in adolescents who are already at increased risk.

(Adapted from AFSP, 2018, and AFSP & SPRC, 2018)

Crisis Lines

Both of these services provide free, 24/7 support for people in suicidal crisis or emotional distress.

National Suicide Prevention Lifeline
Call 1-800-273-TALK (8255)

Crisis Text Line
Text 741741

Look for signs of immediate or serious risk

Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:

1. Talking about or making plans for suicide
2. Expressing hopelessness about the future
3. Displaying severe/overwhelming emotional pain or distress
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
 - Withdrawal from or change in social connections or situations
 - Changes in sleep (increased or decreased)
 - Anger or hostility that seems out of character or out of context
 - Recent increased agitation or irritability

Risk is greater in youth who have attempted suicide in the past. Risk is also greater if the warning sign is new behavior for the student or behavior that has increased and is possibly related to an anticipated or actual painful event, loss, or change.

(Expert panel listed at <https://www.youthsuicidewarningsigns.org/about>, 2013)

Address Cultural Differences

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. It is important to be aware of possible differences and tailor your responses to students accordingly. For example, individuals from some cultures may not be open to seeing a mental health provider, but they may be willing to talk with a primary care provider, faith community leader, or traditional healer.

Help Your Colleagues

Suicide can occur among your colleagues as well as among students. If you notice signs of suicide risk in your colleagues, you can assist them in getting help too. For more information on how to help them, see the “Resources” section, including the information sheet [The Role of Co-Workers in Preventing Suicide in the Workplace](#).

Respond to a Student Who May Be at Risk for Suicide

If you notice any of these signs in a student, take these recommended steps right away:

1. Do not leave the student alone. Make sure the student is in a secure environment supervised by a caring adult until he or she can be seen by the school mental health contact.
2. Make sure the student is escorted to the school’s mental health contact.
3. Provide any additional information to the school’s mental health contact that will help with their assessment of the student.

(Adapted from AFSP and SPRC, 2018)

Be Prepared to Respond to a Suicide Death

The suicide—or violent or unexpected death—of a student, teacher, well-known community member, or even a celebrity can increase suicide risk among vulnerable young people. Therefore, an essential part of any crisis or suicide prevention plan is responding appropriately to a situation that may put students at risk for suicide. This type of response is often called *postvention* and is usually managed by the school administration and mental health staff. In a school setting, there are a number of recommended postvention measures that may be taken. Find out if your school has a postvention plan, and if so, what is included in it.

For more information on postvention, see [After a Suicide: A Toolkit for Schools](#), which is listed in the “Resources” section of this sheet.

Consider Becoming Involved in Schoolwide Suicide Prevention

Identifying students at risk for suicide is a crucial part of a [comprehensive approach to suicide prevention](#). As a teacher, you can also participate in or support other aspects of suicide prevention. The following list outlines the key components of a comprehensive school suicide prevention program:

- Schoolwide programs that promote connectedness and emotional well-being
- Identifying students at risk and in crisis and connecting them with help
- Postvention
- Staff education and training
- Parent/guardian education and outreach
- Student programs (e.g., curricula for all students, skill-building for students at risk, peer leader programs)
- Screening students at risk
- Policies and procedures for implementing the components above

This type of program is often coordinated by a school’s suicide prevention or crisis response team leader under the supervision of the school administration. For more information about comprehensive school suicide prevention programs, see [Preventing Suicide: A Toolkit for High Schools](#) in the “Resources” section.

Resources

After a Suicide: A Toolkit for Schools, Second Edition

By the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center (2018)

http://www.sprc.org/library_resources/items/after-suicide-toolkit-schools

This online resource provides basic information and practical tools for schools to use in developing and implementing a coordinated response to the suicide death of a student. It includes sections on crisis response teams and activities; helping students cope; addressing issues related to memorials, social media, and contagion; and working with the media and the community.

Finding Programs and Practices

By the Suicide Prevention Resource Center (n.d.)

<http://www.sprc.org/strategic-planning/finding-programs-practices>

This webpage provides information on SPRC's "Resources and Programs" webpage and other program registries and lists, as well as suggestions for selecting programs.

Los Angeles County Youth Suicide Prevention Project

<http://preventsuicide.lacoe.edu/>

This project's website has separate sections for school administrators, school staff, parents, and students. Each section contains information sheets, videos, and other helpful resources. The website also has links to resources on a variety of populations at risk and special issues in suicide prevention.

Preventing Suicide: A Toolkit for High Schools

By the Substance Abuse and Mental Health Services Administration (2012)

<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669?WT>

This toolkit helps high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among their students. It describes the steps necessary to implement all the components of a comprehensive school-based suicide prevention program and contains numerous tools to help carry out the steps.

Preventing Suicide: The Role of High School Mental Health Providers

By the Suicide Prevention Resource Center (revised 2019)

<http://www.sprc.org/resources-programs/role-high-school-mental-health-providers-preventing-suicide-sprc-customized>

This information sheet helps high school mental health providers recognize and respond to the warning signs and risk factors for suicide in high school students.

Society for the Prevention of Teen Suicide (SPTS)

<http://www.sptsusa.org>

SPTS develops educational materials and training programs for teens, parents, and educators, and its website contains separate sections for each group. SPTS is the developer of the online course Making Educators Partners in Youth Suicide Prevention and the Lifelines Trilogy manuals and workshops covering suicide prevention, intervention, and postvention for educators and school staff.

Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth

By the Suicide Prevention Resource Center (2011)

<http://www.sprc.org/training-institute/lgbt-youth-workshop>

This kit provides all the materials needed to host a workshop to help staff in schools, youth-serving organizations, and suicide prevention programs take action to reduce suicidal behavior among lesbian, gay, bisexual, and transgender (LGBT) youth. It includes a leader's guide, sample agenda, PowerPoint, sample script, handouts, and small group exercises.

Suicide Warning Signs (wallet card)

By the National Suicide Prevention Lifeline (2011)

<http://suicidepreventionlifeline.org/media-resources/>

This wallet-sized card contains the warning signs for suicide and the toll-free number of the National Suicide Prevention Lifeline.

The Role of Co-Workers in Preventing Suicide in the Workplace

By the Suicide Prevention Resource Center (revised 2013)
<http://www.sprc.org/resources-programs/role-co-workers-preventing-suicide-sprc-customized-information-series>

This information sheet helps people in any type of workplace learn how to recognize and respond to the warning signs for suicide in their co-workers.

The Trevor Project

<http://www.thetrevorproject.org>

The Trevor Project is a national organization with a focus on crisis and suicide prevention among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. It provides counseling by phone, text, and chat; an online social networking community for LGBTQ youth and their friends and allies; educational programs for schools; and advocacy initiatives.

Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel

By the Maine Youth Suicide Prevention Program (2009, 4th edition)
<http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf>

This guide describes the components of a comprehensive school-based suicide prevention program. It also includes an assessment form to help schools determine if they are ready to manage suicidal behavior; detailed guidelines for implementing suicide intervention and postvention in schools; and appendices with related materials, including forms and handouts.

Youth Suicide Prevention School-Based Guide

By the Louis de la Parte Florida Mental Health Institute, University of South Florida (2012 Update)
<http://theguide.fmhi.usf.edu/>

This guide provides a framework for schools to assess their existing or proposed suicide prevention efforts and resources, and information that school administrators can use to enhance or add to their existing programs. Topics include administrative issues, risk and protective factors, prevention guidelines, intervention and postvention strategies, and school climate.

In addition to these resources, SPRC's webpage on schools has many other useful materials. Go to <http://www.sprc.org/settings/schools>

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Suicide Prevention Resource Center

Web: <http://www.sprc.org>



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Talking to Children About Suicide

Sean Brotherson, Ph.D.
Family Science Specialist,
NDSU Extension Service

April Anderson
Parent Educator

Suicide is not a comfortable topic. It is sobering, serious and saddening to talk about. But the factors involved in suicide and approaches to diminishing or preventing its occurrence must be openly talked about in responsible ways. Silence cannot prevent the problem of suicide – it only can make it worse. Understanding when, how, why and who should talk about suicide is important.

Basic Facts About Suicide

Simply defined, **suicide is the act of taking one's own life.**

Suicidal behavior is the end result of a complicated set of biological, psychological and social factors in a person's life. Is suicide in the U.S. a serious problem? Yes, considering the statistics related to suicide attempts and completions.

In the U.S., suicide ranked as the second leading cause of death for young people between the ages of 15 and 24 in 2013. Additionally, suicide is the third leading cause of death for children ages 10 to 14. Approximately five young people between the ages of 15 and 19 die every day in the U.S. as a result of suicide. Suicide rates among children and youth tend to increase significantly with age, with a suicide death rate of 1.3 per 100,000 among those ages 10 to 14, seven among ages 15 to 19 and 12.7 among ages 20 to 24.

When approaching the topic of suicide, distinguishing among suicidal ideation (thoughts about suicide), suicide attempts (efforts to injure oneself that can result in death) and completed suicide can be important. Children or adolescents who think about or discuss suicide is most common, and suicide attempts are much more common than completed suicides. Suicide rates for young people ages 10 to 24, both males and females, declined gradually from 1994 to 2007, but increased significantly from 2007 to 2013.

Generally, the average person may have a difficult time comprehending the thoughts of a suicidal person. Small issues may seem a looming monster to a person contemplating suicide. If a child or adolescent is considering suicide, providing him or her with professional help is essential. Suicide cannot be dealt with inside a closed family unit. Improving the situation generally will take a family effort, and professional counseling and assistance.

Youth and Suicide Trends

Because of the seriousness of the problem of suicide in the U.S., adults and youth should be aware of trends related to suicide and be prepared to discuss them. The following key points are important:

- Research suggests that **most adolescent suicides occur after school hours in the teen's home**, and often are related to some kind of interpersonal conflict with others.
- **Adolescent females are twice as likely as males to consider suicide seriously** (one in five to one in 10) or **attempt suicide** (one in 10 to one in 20), with Hispanic females being most likely to attempt suicide among female adolescents.
- **Adolescent males are much more likely to complete suicide than females**, averaging more than five times the suicide rate of similar-age females. From 1981 to 2013, more than 80 percent of 10- to 24-year-olds who committed suicide were male.

- **American Indian and Alaskan native male adolescents have the highest suicide rates**, with rates 1.5 to 3 times higher than that of similar-age males in other ethnic groups.
- **Firearms or suffocation were used** in over 80 percent of youth suicides in the last decade and typically are associated with lethal suicides, regardless of race or gender, accounting for more than four of five completed suicides.
- **Depression and a combination of aggressive behavior and/or substance abuse or anxiety** are found in more than half of all youth who commit suicide.

Key Points of Discussion Regarding Suicide

Parents and other adults are critical in helping children and youth understand and deal with issues related to suicide and suicidal ideation. Several key points may be useful in considering discussion regarding suicide:

- **Acknowledge the serious nature of suicide as a public health issue and both a personal and national tragedy.** Suicide should not be sensationalized and it should not be normalized when it is discussed. Approaching it from a straightforward and fact-based perspective that emphasizes causes and consequences is most helpful.

- **Directly and sensitively discuss suicide as a problem issue in a responsible way and help individuals process their feelings.** Approach the topic with the use of good information and available professional resources. Research has shown discussion of suicide with teens does not lead to any increased thinking about suicide or to suicidal behaviors. Responsible discussion can allow peers to identify others who may exhibit suicidal thinking or behaviors and give them support.
- **Identify clearly the factors that can make an individual more vulnerable to the risk of suicide.** The notion that a person who talks about suicide is unlikely to make an attempt at suicide is not true. Thoughts often lead to intentions and eventually to acts. Often a person who is vulnerable to the possibility of suicide does not have the emotional resources and support to cope with their challenges. Identifying and assisting individuals who are vulnerable is an important element of suicide prevention.
- **Take each person's feelings and actions regarding suicide seriously and assist individuals in getting support if needed.** Help children and youth realize that getting help from mental health professionals or other sources may be needed. Also, provide support, care and listening as needed to help individuals deal with personal challenges. Inform yourself and others about local and national resources you may access to assist someone.

Risk Factors and Warning Signs Related to Suicide Among Youth

Risk factors and warning signs may indicate youth who are more at risk for suicide than others. Issues linked to increased risk include:

- **Signs of significant depression**, including a persistent sad or anxious mood, decline in school performance, loss of interest in activities, or sleeping too much or too little
- **Previous suicide attempts**, which are strongly related to future risk of suicide
- **Anxiety disorders, obsessional behaviors or phobias** may link to mental health issues that could prompt suicide
- **Continuing sense of helplessness or hopelessness** about life and the future, social isolation
- **Diminished problem-solving skills**
- **Thinking they lack control of life choices or have difficulty making decisions**
- **History of physical or sexual abuse**
- **Alcohol or substance abuse**
- **Impulsive aggression**
- **Same-sex orientation in a nonsupportive or hostile family or community environment**
- **Knowledge of a suicide by a family member**, relative, close friend, etc.
- **Recent losses, such as the death of a family member or friend**, family divorce, relationship problem, loss of a job or other stressful experience
- **Unstable or emotionally challenging family environment**, including criticism or lack of support
- **Suicide notes or threats** in direct or indirect ways
- **Efforts to hurt oneself**, such as cutting, self-mutilation, etc.
- **Sudden changes in personality or behaviors**, such as skipping school, withdrawing from relationships, avoiding activities, etc.
- **Writing or thinking about death or suicidal themes** in drawings, homework, journals, blogs, e-mails, etc.
- **Planning methods or access related to suicide**, such as access to firearms or weapons, pills, creating a suicide plan, etc.

Talking to Young Children (ages 4 to 8)

When talking to young children from ages 4 to 8:

What to Say and Do

- Talk with young children about their feelings. Help them label their feelings so they will better understand and be more aware of what is going

on inside them. You might ask: “How are you feeling? Are you feeling sad or angry? Do you feel sad or angry only once in awhile or do you feel it a lot of the time?”

- Encourage young children to express their feelings. Talking to them helps to strengthen the connection between them and you. It also lets them know they can share feelings safely with adults they know. Teach that feelings of hurt and anger can be shared with others who can understand and give support.
- If a child does not seem to feel comfortable expressing feelings verbally, support other ways to express feelings, such as writing, drawing or being physically active. Give young children healthy ways to express themselves and work through feelings.
- Explain to young children that being sad from time to time is normal. Sadness is the emotion people feel in times of loss, disappointment or loneliness. Teach children that talking about feeling sad or angry, and even shedding tears or being upset, is OK. Be clear that they should talk to others or do something else when feeling sad, but should not seek to harm themselves in any way.
- Take steps to ensure that young children do not have easy access to materials they could use to harm themselves. Be certain knives, pills and particularly firearms are inaccessible to all children.
- Focus on active involvement with young children that provides them with a focus for their feelings and energies. Play games, participate in sports, visit playgrounds and do other activities together. Stay closely connected to them so you can intervene and provide support if necessary.

Talking to Adolescents (ages 9 to 13)

When talking to adolescents from ages 9 to 13:

What to Say and Do

- Be aware of depression and its symptoms in adolescent children. Depression often does not go away on its own and is linked to risk of suicide when it lasts for periods of two weeks or more. Talk with individuals who have knowledge of depression in children to further understand the symptoms and how to intervene.
- Adolescents have many stressors in their lives and sometimes consider suicide as an escape from their worries or feelings. Be aware of your adolescent’s stressors and talk with him or her about them. Let your child know you care and emphasize that “suicide is not an option; help is always available.” Suicide is a permanent choice.
- Assist adolescents so they don’t become overwhelmed with negative thoughts, which can lead to thoughts of suicide. Help them learn to manage negative thinking and challenge thoughts of hopelessness. If needed, treatment or therapy can help an adolescent deal with negative thoughts.
- Emphasize that alcohol and drugs are not a helpful source of escape from the stressors of an adolescent’s life. An adolescent who is suffering from depression and also turns to alcohol and drugs is at a greater risk of attempting suicide.
- Be attentive to risk factors in an adolescent’s life, as suicide is not always planned at younger ages. Recognizing the warning signs that might be leading to suicide is important.
- Encourage adolescents to talk about and express their feelings. Provide a listening ear and be a support so they can visit with you about how they feel. Adolescents deal much better with tough circumstances when they have at least one person who believes in them.

Talking to Teens (ages 14 to 18)

When talking to teens from ages 14 to 18:

What to Say and Do

- Recognize the signs and symptoms of depression in teens. These may include feelings of sadness, excessive sleep or inability to sleep, weight loss or gain, physical and emotional fatigue, continuing anxiety, social withdrawal from friends or school, misuse of drugs or alcohol and related symptoms. Intervene and get professional help and resources if necessary.
- Ask teens about what they are feeling, thinking and doing. Open communication helps teens talk freely about their concerns and seek support. Make yourself available to talk with teens often. Avoid being critical or judgmental; listen, don’t immediately “fix” the problem.
- Provide support if a teen expresses thoughts related to suicide or shares stories of suicide attempts. Stay with him or her and seek additional help. Guide the teen to professional therapists who can give assistance.
- Listen to teens and pay attention to language related to hurting themselves or others, wanting to “go away” or “just die,” or similar ideas. Such expressions always should be taken seriously. Respond with support for the teen and access resources to provide further counseling or guidance.
- Encourage teens to be attentive to their peers and quickly report to a respected adult any threats, direct or indirect, that suggest the possibility of suicide. Teens often are aware of such threats among their peers before others and can serve to support peers and provide resources. Talk about the idea that being a true friend means not keeping secrets that could lead to someone being dead.

Helping Children Cope with Suicide Loss

A child or teenager may be faced with the loss of a friend, peer or family member by suicide at some point. Remember the following points:

✓ **Be open and communicate at a child's level of understanding.**

Suicide is a complicated form of death and requires honesty with children, but also restraint, depending on the level of understanding. Answer children's questions honestly. You often do not need to provide information beyond their questions.

✓ **Share your thoughts and feelings by letting them see your tears or help them know that expressing their sadness is OK.**

Allow children to express themselves and help them understand or work through possible feelings of guilt.

✓ **Be honest with your children and give correct information in a loving, compassionate way.**

Explanations should be clear and direct.

✓ **Talk about the deceased family member or friend in sensitive ways.**

Do not completely avoid the topic but give permission to discuss the individual who has died.

✓ **Discuss better ways than suicide to handle problems that may occur.**

Emphasize the importance of working through feelings and seeking help from others. Children need to know that even if someone else dies by suicide, they can choose to get help if needed.

✓ **Assist children and youth to process the shock and emotion they may feel when a suicide occurs.**

Suicide often is a shock to family members, friends and peers, and children and youth need to be listened to and allowed to grieve.

✓ **Allow children who have experienced such loss to connect through talking, writing a journal, prayer or meditation, looking at pictures or other means.**

Finding ways to remember the person in a positive manner is important to successful coping.

Recommended Resources

- **Suicide Hotlines** – Central phone number is 1-800-SUICIDE, and also lists state and local hotline numbers to call for help, including advice for those contemplating suicide.
<http://suicide.org/suicide-hotlines.html>
- **American Association of Suicidology**
www.suicidology.org
- **American Foundation for Suicide Prevention**
www.afsp.org
- **Mental Health America**
www.mentalhealthamerica.net
- **National Action Alliance for Suicide Prevention**
www.actionallianceforsuicideprevention.org
- **National Alliance on Mental Illness**
www.nami.org
- **National Institute of Mental Health**
www.nimh.nih.gov
- **Suicide Prevention Resource Center**
www.sprc.org

Books

- Cammarata, D. (2009). *Someone I Love Died by Suicide: A Story for Child Survivors and Those Who Care for Them*. Limitless Press LLC.
- Cobain, B., and Larch, J. (2006). *Dying to Be Free: A Healing Guide for Families After a Suicide*. Center City, Minn.: Hazelden Foundation.
- Montgomery, S.S., and Coale, S.M. (2015). *Supporting Children After a Suicide Loss: A Guide for Parents and Caregivers*. Pasadena, Md.: Chesapeake Life Center.
- Rubel, B. (2009). *But I Didn't Say Goodbye: Helping Children and Families After a Suicide* (2nd ed.). Kendall Park, N.J.: Griefwork Center Inc.
- The Dougy Center. (2001). *After a Suicide: An Activity Book for Grieving Kids*. Portland, Ore.: The National Center for Grieving Children and Families.

For more information on this and other topics, see www.ag.ndsu.edu

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Youth Warning Signs and What to Do in a Crisis

When you are concerned that a person may be suicidal, look for changes in behavior or the presence of entirely new behaviors. This is of greatest concern if the new or changed behavior is related to a painful event, loss, or change, such as losing a friend or classmate to suicide. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Take any threat or talk about suicide seriously. Start by telling the person that you are concerned. Don't be afraid to ask whether she or he is considering suicide or has a plan or method in mind. Research shows that asking someone directly about suicide will not "put the idea in their head." Rather, the person in distress will often feel relieved that someone cares enough to talk about this issue with them.

Below is a list of warning signs and steps to take specifically for youth. It was developed by a consensus panel of experts in the field. See www.youthsuicidewarningsigns.org.

Youth Warning Signs

Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress



What to Do

If you notice any of these signs in a student, take these recommended steps right away:

1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.
2. Make sure the student is escorted to the school's mental health professional.
3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.

- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:

- Withdrawal from or change in social connections or situations
- Changes in sleep (increased or decreased)
- Anger or hostility that seems out of character or out of context
- Recent increased agitation or irritability



What to Do

1. Ask if the student is okay or if he or she is having thoughts of suicide.
2. Express your concern about what you are observing in his or her behavior.
3. Listen attentively and nonjudgmentally.
4. Reflect what the student shares and let the student know he or she has been heard.
5. Tell the student that he or she is not alone.
6. Let the student know there are treatments available that can help.
7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).

Tips for Talking about Suicide

Suicide is a difficult topic for most people to talk about. This tool suggests ways to talk about key issues that may come up when someone dies by suicide.

Give accurate information about suicide.	By saying....
<p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.</p> <p>Talking about suicide in a calm, straightforward way does not put the idea into people's minds.</p>	<p>"The cause of [NAME]'s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness."</p> <p>"There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts."</p> <p>"Mental health problems are not something to be ashamed of. They are a type of health issue."</p>
Address blaming and scapegoating.	By saying....
<p>It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.</p>	<p>"Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."</p>
Do not focus on the method.	By saying....
<p>Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p>"Let's talk about how [NAME]'s death has affected you and ways you can handle it."</p> <p>"How can you deal with your loss and grief?"</p>
Address anger.	By saying....
<p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p>"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about [NAME]. You can be angry at someone's behavior and still care deeply about that person."</p>

Address feelings of responsibility.	By saying....
<p>Help students understand that they are not responsible for the suicide of the deceased.</p> <p>Reassure those who feel responsible or think they could have done something to save the deceased.</p>	<p>"This death is not your fault. We cannot always see the signs because a suicidal person may hide them."</p> <p>"We cannot always predict someone else's behavior."</p>
Promote help-seeking.	By saying....
<p>Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.</p>	<p>"Seeking help is a sign of strength, not weakness."</p> <p>"We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?"</p> <p>"If you are concerned about yourself or a friend, talk with a trusted adult."</p>

Sample Media Statement

To be provided to local media outlets either upon request or proactively.

School staff were informed that a [AGE]-year-old student at [SCHOOL NAME] has died. The cause of death was suicide. Our thoughts and support go out to [his/her] family and friends at this difficult time.

The school will be hosting a meeting for parents and others in the community at [DATE/TIME/LOCATION]. Members of the school’s Crisis Response Team [OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS] will be present to provide information about common reactions following a suicide, how adults can help youth cope, the emotional needs of adolescents, and the risk factors and warning signs for suicide. They will also address attendees’ questions and concerns. A meeting announcement has been sent to parents, who can contact school administrators or counselors at [PHONE NUMBER, EXTENSION] or [E-MAIL ADDRESS] for more information.

Trained crisis counselors will be available to meet with students and staff starting tomorrow and continuing over the next few weeks as needed.

Following is a list of warning signs and steps to take that were developed specifically for youth.

Youth Warning Signs	What to Do
<p>Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:</p> <ul style="list-style-type: none">Talking about or making plans for suicideExpressing hopelessness about the futureDisplaying severe/overwhelming emotional pain or distress	<p>If you notice any of these signs in a student, take these recommended steps right away:</p> <ol style="list-style-type: none">Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.Make sure the student is escorted to the school’s mental health professional.Provide any additional information to the school’s mental health contact that will assist with the assessment of the student.
<ul style="list-style-type: none">Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:<ul style="list-style-type: none">Withdrawal from or change in social connections or situationsChanges in sleep (increased or decreased)Anger or hostility that seems out of character or out of contextRecent increased agitation or irritability	<p>What to Do</p> <ol style="list-style-type: none">Ask if the student is okay or if he or she is having thoughts of suicide.Express your concern about what you are observing in his or her behavior.Listen attentively and nonjudgmentally.Reflect what the student shares and let the student know he or she has been heard.Tell the student that he or she is not alone.Let the student know there are treatments available that can help.If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).

Resources

Note: The items in brackets are to be added by each school.

Local Community Mental Health Resource(s)

[NAME(S)]

National Suicide Prevention Lifeline

800-273-TALK (8255) or www.suicidepreventionlifeline.org for live chat

Local Hotline Number(s)

[NAME(S)]

Recommendations for Reporting on Suicide

Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (i.e., copycat suicides), particularly among youth. Media are strongly encouraged to refer to the document [*Recommendations for Reporting on Suicide*](#).

Local Media Contact

[NAME]

[TITLE]

[SCHOOL]

[PHONE]

[E-MAIL ADDRESS]



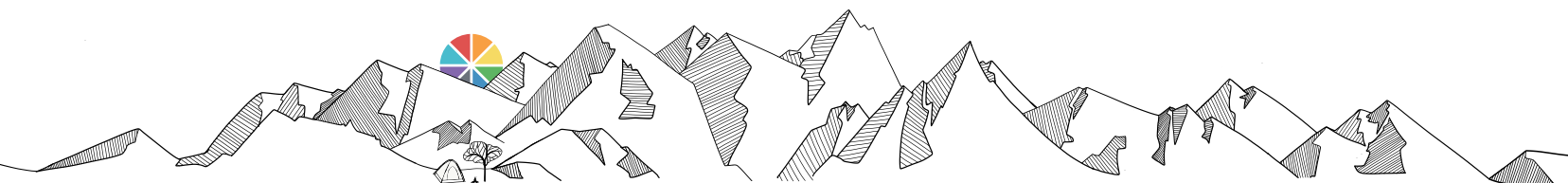
SOURCES OF STRENGTH

SOURCES OF STRENGTH ACTIVITIES IN RESPONSE TO A TRAUMATIC EVENT

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FOCUSING ON HOPE, HELP, AND STRENGTH



SOURCES OF STRENGTH MEETING AFTER A TRAUMATIC EVENT

In the immediate aftermath of a traumatic event pull your Peer Leader team together and attempt to accomplish the following:

Conduct a check-in with Sources of Strength Team

- Ask the Sources team how they are doing. Remind Peer Leaders and Adult Advisors that reactions may vary greatly depending on closeness, previous experiences in life, etc., and not everyone in the school or team will react the same way.
- Ask the Sources team how they feel the school, other students, and staff are reacting.

Share around the Sources of Strength wheel

- Remind the Sources team that during hard times it is important to use our Strengths.
- In the large group ask students what Strengths they have already found helpful.
- In small groups have the Peer Leaders and Adult Advisors share with each other what Strengths they have been using and what Strengths have helped in the past few days.

Encourage Peer Leaders to be Connectors

- Remind the Sources team this is an important time for Peer Leaders to be active as connectors and we want to wrap Strengths and supports around anyone struggling.
- Emphasize that we do not want anyone going through this hard time alone. If Peer Leaders notice someone struggling without support it is important to be a Positive Friend, but also be a connector and make handoffs to appropriate adults.

Encourage Peer Leaders in their Efforts

- A death often makes those involved in suicide or violence prevention feel discouraged or even guilty. Remind the Sources team that it is not within our power to stop every suicide, and it's important to fight against hopelessness.
- Emphasize that we do not always see the impact, prevention, and support we provide and now more than ever it is important to be spreading Hope, Help, and Strength.
- Remind the team that Sources is designed to prevent, but also to respond, grieve, and heal.
- Share examples of reduced traffic fatalities. Point out that rates have reduced dramatically over the past 25 years due to many different injury prevention efforts like road design, airbags, seatbelt laws, DUI enforcement, distracted driver campaigns, etc. Even so it is not possible to stop all motor vehicle fatalities, but we can reduce the fatality rates.

Discuss the Big Three Emotions: Anger, Anxiety, and Depression and What Helps Me

- Discuss how the Big Three Emotions can surface during traumatic events.
- Share with the team that people are more vulnerable right now and in the first couple of days of a loss. It is not uncommon to have a hard time sleeping, eating, feeling distracted, etc, however if this continues for a couple of weeks individuals should engage in supportive help seeking and not go through this in silence and alone.
- Have the team share stories of Strength: What Strengths help them when feeling the Big Three Emotions.

Create Personal Wellness Plans

- Reiterate what help seeking looks like and remind the Sources team of the support and resources available.
- Encourage everyone to create a Personal Wellness Plan/Self Care Card.

Read the Sources of Strength Peer Leader Mission Statement:

- At the bottom of the next page

SOURCES OF STRENGTH MEETING AFTER A TRAUMATIC EVENT

Discuss Next Steps

- Prepare the Sources team to begin a 4-6 week Mental Health Campaign in the school or community.
- Encourage the group to spread the word about a weekly Sources of Strength group that will meet before school, during lunch, or after school for the next 6-8 weeks. Students and staff will meet for 30 minutes to discuss using and growing Strengths. This is not a therapy group, but a group to provide support on Strengths and help the school community lean into Strength in a healing way.

Sources of Strength Peer Leader Mission Statement

We Are Sources of Strength

We are a group of diverse students and adults from many different corners and cultures of our school and community. We believe that life has ups and downs, that all of us will go through good times and tough times. Our mission is to ensure that during the rough times no one gets so overwhelmed or hopeless that they want to give up.

*Our mission is to spread **Hope, Help, and Strength** into every corner of our community.*

*Our mission is to help students and staff turn to their Strengths and their supports that are all around. **We are Connectors to Help and Strength.***

*Our mission recognizes that our voice has great power and we use it to **BREAK the SILENCE** when someone is struggling, and to connect them to the help they need and deserve.*

*We Spread Hope by focusing on stories of Strength, rather than on stories of trauma. We know our most powerful impact comes from our personal actions, conversations, and messages that use our music, our art, our writing, our activities, our social media, our culture, and our voice.
This gives life to our efforts.*

We are Sources of Strength

SOURCES OF STRENGTH GROUPS AFTER A TRAUMATIC EVENT

In some cases after a traumatic event it can be helpful to activate a Sources of Strength weekly group with the focus of growing your Strength and becoming more resilient. This should not be viewed as a therapy group, but a group for a variety of students and staff to gather weekly to share and grow their Strengths, and to help the school community lean into Strength in a healing way.

Step 1: Logistics

- Schedule the group to meet weekly for 6-8 weeks
- Find a meeting space and 30 minute meeting time (before school, at lunch, after school). You may want to offer different options in the first couple of weeks to determine participation levels and availability.

Step 2: Get the Word Out

- Have your Peer Leaders make announcements (PA, classroom, lunchroom) or use social media and posters to let everyone know when groups are meeting and their purpose.
- Make sure the group is advertised as a regular meeting for students and staff to share and be together, connect to supports, and grow Strengths in their life. It is not a therapy group.

Step 3: Create Roles

- Identify an Adult Advisor or school counselor and a Peer Leader to facilitate each group meeting.
- One or two Peer Leaders should greet people either outside the room or as they enter.
- One Peer Leader should be available to greet late arrivers and guide them to a small group once sharing has started.
- One Peer Leader needs to make sure visuals of the Sources of Strength wheel are on the wall or available for each mini-group.
- A Peer Leader and Adult Advisor can do a quick intro and focus for the mini-group sharing.

Step 4: Meeting Format

- **3-5 minutes:** Greet the group, check-in, set theme/Strength focus.
- **1-2 minutes:** Break into mini-groups of 4-6 people.
- **15 minutes:** Share in mini-groups. Adult Advisors and Peer Leaders should be scattered into as many mini-groups as possible to help guide the discussion.
- **3-5 minutes:** Facilitators should ask the mini-groups to share any great examples of using Strengths that were shared. Encourage mini-groups to share powerful and inspirational stories of Strength from their discussion with the larger group.
- **2-5 minutes:** Thank everyone, remind them of the next meeting time, and let everyone know that if they need to talk during the week they can connect with Peer Leaders, Adult Advisors, and counseling staff.

After group, Peer Leaders and Adult Advisors should quickly debrief and determine if a staff member or student needs to be connected to more support during the week.

Additional Supports

The first meeting can focus on all eight Strengths with mini-groups sharing what Strengths have been helpful in the last few weeks. From weeks 2-5 the focused sharing can be on a couple of Strengths each week (Family and Positive Friends, etc.). The last few weeks can focus Strengths on perceived needs of the group.

- Make use of the Check-In Sheet at the start of each meeting for a general sense of how group members are feeling.
- When the groups begin dwindling in attendance prepare some closure activities, or if certain groups have created

SOURCES OF STRENGTH GROUPS AFTER A TRAUMATIC EVENT

a very close bond they can continue to meet weekly at times that work for the members.

- The primary focus of this effort is to increase sense of connection and support for a wide range of students and staff. Inviting, welcoming, and caring follow-up conversations after groups are a key part of this focus.

THREE PHASE MENTAL HEALTH WELLNESS CAMPAIGNS (4-6 WEEKS)

PHASE 1: Mental Health Month: What Helps Me Campaign

This is a 4-6 week Mental Health Campaign around the Big Three Emotions of anger, anxiety, and depression

Purpose of Campaign:

- Normalize the fact that everyone will wrestle with at least one of these emotions in life.
- Name and identify the Big Three Emotions and highlight what helps manage anger, anxiety, or depression using the Sources of Strength wheel to prompt and identify differing Strengths that help.

Key Teaching Points: During times of high stress, grief, or trauma it is very common for us to react in many different ways. None of these reactions are wrong or bad, but if we are getting too angry, anxious or depressed for too long using a mixture of Strengths can help us cope, heal, and find support and balance which helps us manage hard times in healthy ways.

Setting the Stage: Implementing one or two quick messages prior to a whole school interactive event can help set the groundwork for a great campaign. Here are four simple ideas:

- **Posters:** Create a series of posters using pictures of Peer Leaders and Adult Advisors with their stories of What Helps Me. Make sure to maintain diversity and try to have 15-20 different faces. Spread them around the school/community. Have each poster include the heading of What Helps Me with _____ (anger, anxiety depression), a photo of the Peer Leader or Adult Advisor, and a list of three or four Strengths that help them manage the identified emotion (my counselor, basketball, taking a nap, writing music, etc.).
- **Video:** Create a quick two minute video with 4-5 Peer Leaders and Adult Advisors. They should share quick stories about what helps them with a specific Strength. Make sure at least one voice talks about using Mental Health support – a counselor, etc.
- **Social Media:** Encourage the whole Peer Leader team to use their personal social media to get the word out to their friends about the upcoming What Helps Me campaign and encourage their followers to use their Strengths.
- **Announcements:** In the three or four days leading up to a whole school event, have a different Peer Leader share a quick personal example: 'What Helps Me with _____ (anger, anxiety depression) is...' daily over announcements.

Whole School Interactive Event: The whole school campaign centers around the goal of 85-90% of students and staff sharing examples of What Helps Me in managing the Big Three Emotions. There are a number of ways to implement this campaign, but below are different options to consider:

- **Peer Leaders lead a 10-20 minute activity based around the Big Three Emotions and stories of What Helps Me in classrooms, resource periods, or lunch tables.**
 - Point out that life has ups and downs. Explain that none of us get through life without struggling with the Big Three Emotions: Anger, Anxiety, and Depression.
 - Ask the group: How many of you have quick tempers? (Raise your hand to indicate a show of hands). Who, when really stressed out find that it comes out as anger, irritability, aggression? Now ask: How many of you react to stress by worrying, feeling anxious, or feeling like you can't shut the tape off in your head that keeps spinning? How many of you tend to get down, depressed, or hole up in your room when stressed? Explain that none of us get through life without struggling with at least one of these emotions on a fairly regular basis.
 - Share that for many of us it may not just be one of the emotions, but a combination. If our family, friends, work, school, or leisure time gets severely impacted for longer periods of time during these struggles, mental health support can often have some wisdom about using Strengths that help.
 - Share that when we are under normal stress and the anger, anxiety, or depression in our life is getting to be too much we can check the balance of supports in our life by using the Sources of Strength wheel as a personal checklist. Introduce the Sources of Strength wheel.



THREE PHASE MENTAL HEALTH WELLNESS CAMPAIGNS (4-6 WEEKS)

- Invite the group to think about what Big Three Emotions they wrestle with the most and what Strengths help them. Have the Peer Leader share a What Helps Me Story (i.e. When I am feeling angry, I take my dog on a walk to the park and play with him. This helps me feel better.) Ask for several people in the group to share their story of What Helps Me.
- ***Bring in a multicolored play parachute with beach balls to explain how important it is to engage multiple Strengths.(If a parachute is not available you can still describe this activity as a metaphor)***
 - “I think of the Sources of Strength wheel like a parachute. Remember the best day in elementary school PE? It was always the parachute, and I have one here! If you are only strong or tethered in one or two areas, is that strong enough? No! Okay, I need one person (call on PL and ask them to identify one area on the Wheel they feel they are pretty strong in right now). Okay, hold on to this parachute with one hand, and try to keep this beach ball in the air (throw in ball). (Person will struggle).
 - “OK - two people who are strong in....Mentors, come up!”
 - “Two people who are really using Healthy Activities, join us up here....”
 - “Two people who are tapping into Mental Health....”
 - “Okay, anyone who just wants to join, come on up!” Let Peer Leaders play for a minute or so, then have them lower it down and return to their seats.
- ***Small Group Discussions/Create a What Helps Me Wall Display***
 - Schedule a time for Peer Leaders to lead an activity in classrooms, resource periods, or lunch tables.
 - Have one or two Peer Leaders introduce the Wheel, Big Three Emotions, and key teaching points of the What Helps Me Campaign .
 - Break class/group into mini-groups to share what Strengths help them with the Big three Emotions. Encourage groups to share stories of Strength with the whole class if there is time.
 - Have Peer Leaders collect all cards and create a gigantic hallway display of What Helps Me examples.

Bringing It Home: Capture and share the best of the best What Helps Me Stories. After the whole school event Peer Leaders should be asking students and staff to share any great stories they hear on video, in writing, in art, or in any other appropriate mediums. Share these stories with the whole school in a video, in the school newspaper, or give awards and prizes during lunch/assemblies.

PHASE 2: Option 1: Mental Health Wellness: I am Stronger Campaign

This is a 7-10 day multi-layered campaign designed to show that hope and positive change is possible.

Purpose of Campaign:

- Expose students and staff to examples and stories of positive coping and change. Often students struggling can feel stuck and believe nothing will change, this campaign’s infusion of authentic stories of growth and resiliency is often powerful.
- Focus on putting the Sources of Strength wheel in front of 90% of the students and have them identify which Strength they have grown stronger in over the past year and which Strength they would like to grow stronger in now.

Key Teaching Points: The I am Stronger Campaign focuses on Strengths that you have increased in the last year. This campaign spreads the idea that the Strengths on the Wheel are not static. Just because one area on the Wheel isn’t strong for you now, doesn’t mean you can’t strengthen it in the future. You are not stuck. You can grow stronger in each area of the Wheel.



THREE PHASE MENTAL HEALTH WELLNESS CAMPAIGNS (4-6 WEEKS)

Tips for Creating Campaign:

- **Posters:** Peer Leaders and Adult Advisors can create I am Stronger posters with their face and a quick story of growing in a specific Strength to put up around the school and community.
- **Video:** Teams can film an I am Stronger video made from Peer Leader, staff, and student stories that are authentic and have an emotionally compelling hope component. Make sure some stories involve receiving Mental Health support and doing better.
- **Small Group Discussions:** During a classroom presentation, Peer Leaders and Adult Advisors should first share a few of their own I Am Stronger stories. Then invite other students to share their stories of Strengths in small groups. You can use the Sources of Strength I Am Stronger cards or design your own. The Sources of Strength wheel can be projected onto a screen, drawn on the whiteboard, or displayed on a poster to help other students identify Strengths that have become stronger in their lives.
- **Wall Displays:** Take completed I am Stronger cards and stories and display them in a large colorful art display in the school or throughout the school.
- **Announcements:** Peer Leaders can share their I am Stronger stories through the school PA system during morning/afternoon announcements.
- **Social Media:** You can also spread this campaign on social media by encouraging people to share their stories of Strength and hashtag #IamStronger and #SourcesofStrength

During this campaign the Peer Leaders and Adult Advisors should be on the lookout for especially compelling examples of how individuals have grown in a Strength. Capture that story on video, through writing, in front of groups, and spread those great stories of hopeful change.

PHASE 2: Option 2: Mental Health Wellness: Healthy Activities Campaign (Coping and Calming)

Purpose of Campaign:

This campaign focuses on using specific coping or calming techniques that help manage our body and mind which help us manage our moods.

Key Teaching Points: All of us are different and many of us move toward one activity type or another when we are emotional. This can work really well, but emotional wellness can mean having a few different styles that help. If you always use basketball, but you're stuck in class for hours it can be nice to have a quiet calming technique. If you always use connecting with people, but they are not available for a while it can be helpful to have other things available. If you're depressed and you always go towards being alone or a quiet activity it's possible that you might need to add a physical activity to get Serotonin levels and electrons firing in your brain to counter the depression. We all have our go to's, but growing several activities is usually really helpful in real life.

Tips for Creating Campaign:

- **Classroom Discussions**
 - Peer Leaders show the video "Breath" in different classrooms (the video can be found on the Sources of Strength website or Peer Leaders can show another similar video).
 - Discuss the calming effects of taking the time out to watch the video.
 - After the "Breath" video Peer Leaders can lead a quick classroom conversation drawing out students examples of what works for them to manage their body during emotional times. What strategies or techniques do you use at home, in the classroom, etc.
 - This discussion can be linked with sharing a variety of Healthy Activities from students and staff. Some examples shared will be:



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- **Calming, quiet, and reflective activities** like painting, reading, writing, fishing, yoga, prayer, petting your cat, sitting outside by a lake, etc.
 - **Energizing and energy releasing activities** like basketball, running, rock climbing, weight lifting, walking.
 - **Connecting activities** like spending time with people we find supportive, comforting, or helpful while we are talking or doing something together (cooking, walking, hunting, etc.)
- Peer leaders can highlight the fact that all of us are different and many of us move toward one activity type or another when we are emotional. This can work really well, but emotional wellness can mean having a few different styles that help. If you always use basketball, but you're stuck in class for hours it can be nice to have a quiet calming technique. If you always use connecting with people, but they are not available for a while it can be helpful to have other things available. If you're depressed and you always go towards being alone or a quiet activity it's possible that you might need to add a physical activity to get Serotonin levels and electrons firing in your brain to counter the depression. We all have our go to's, but growing several activities is usually really helpful in real life.
 - Create a list of activities students can do in the classroom and activities students can do outside the classroom to assist in coping and calming.

PHASE 3: Breaking Silence: Connect to Strengths: Connect Campaign

Purpose of Campaign:

- The purpose of the Connect Campaign is to create positive social norming that breaks codes of silence, secrecy requests, and increases help seeking.
- Create space and opportunities for students and staff to share stories of times they either got connected in a time of difficulty, or connected someone else who they saw was struggling.
- Contextualize and normalize help seeking and the importance of getting connected during difficult times.

Key Teaching Points: Our voices and actions can be powerful especially when we allow ourselves to get connected or connect someone to help. It works with math, sports, video games, and it especially works with tough things and times of rough emotions. There are a lot of times in life where we want to break silence and connect someone to more supports, help, and Strengths so they can make it through something emotionally tough. When someone is being harassed and bullied, involved in an abusive dating relationship, feeling suicidal or violent, or becoming an addict they often are feeling alone and are in emotional pain. By not sitting silent, but connecting them to support we can change the course of their life.

Tips for Creating Campaign:

- **Classroom Discussions**
 - Peer Leaders can engage the class and share that they're going to talk about getting and giving help in a lot of different ways. Have Peer Leaders give an example of how another person taught them to do something (cook, skateboard, video games, a sport, math problems, etc) and then ask the group "Would you agree receiving help and giving help is a pretty normal part of life, and really important if we want to learn new skills?"
 - Have Peer Leaders prompt for more connection stories by asking the group, "How many of us had somebody connect us to another person that could show us how to do something or teach us a better way to do it?" Examples can be: has someone ever told you something like, "you should talk to this student about that math problem", or "have that person show you, they know more than I do."
 - Using Connect cards have students write down a story of a time "I GOT CONNECTED" by someone who

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reached out and provided help or guidance or support. Or, briefly describe a time “I CONNECTED” when they helped connect someone to help, resources, or services. Encourage them to keep stories of connecting others confidential so we are not broadcasting someone else’s difficulty; we can use general terms like “I CONNECTED my friend/brother/another student, etc.”

- Give the Peer Leaders and Adult Advisors five minutes to think about and write this story. Then have them turn to someone next to them or form small groups and share about their connection story. It is important that Peer Leaders are able to internalize the campaigns and the Sources of Strength in their lives, thus making the campaign much more powerful and impactful.
- Have Peer Leaders share that connecting others and getting connected is a big part of living in community. Connection is something that is going on all the time with most families, Positive Friends, schools and communities and it’s what makes us all stronger.
- Share Key Teaching Points with Class: Our voices and actions can be powerful especially when we allow ourselves to get connected or connect someone to help. It works with math, sports, video games, and it especially works with tough things and times of rough emotions. There are a lot of times in life where we want to break silence and connect someone to more supports, help, and Strengths so they can make it through something emotionally tough. When someone is being harassed and bullied, involved in an abusive dating relationship, feeling suicidal or violent, or becoming an addict they often are feeling alone and are in emotional pain. By not sitting silent, but connecting them to support we can change the course of their life.
- **Identifying Where Help Is in the School and Community**
 - Identify through posters, locker and bathroom flyers, announcements, classroom presentations, lunchroom, etc. where help is available for medical and mental health support. List where the resources are in the school and community and provide the **National Suicide Prevention Lifeline number: 1-800-273-8255** and cards to all students.
 - Highlight and capture stories of individuals who got help with anxiety, depression, and addiction who are doing better and stories from students and staff where they express trust and appreciation toward a counselor or therapist. Share those stories through video, the school newspaper, or through presentations.

SOURCES OF STRENGTH PARENT/COMMUNITY NIGHT

Outline for a parent/community night with Peer Leaders and community youth service agencies (60-90 Minutes).

1. **Opening introduction and greeting.** Explain that Sources of Strength is an evidence-based mental health wellness, suicide prevention, and violence prevention program and that Adult Advisors and Peer Leaders have been trained in their school/community. Use the paradigm that we know disease can be contagious, behaviors like suicide, violence, and bullying can be contagious, but we don't often talk about hope and Strength actually being contagious. Peer leaders are the patient zero of an epidemic of hope.
2. **Explain the Upstream focus of Sources of Strength.** Use the waterfall image/metaphor to explain the upstream focus of Sources, but also highlight the gatekeeper and other strategies at the edge of waterfall, and postvention strategies that are used after a tragic event. Explain that no reaction or too many competing efforts can keep a community from doing quality prevention/intervention.
3. **Use the social network slides** (5th grade and high school) to explain how we are using the power of friendship and relationship networks to spread Hope, Help, and Strength.
4. **Show a local Peer Leader video** or the Sources National Peer Leader Mission Statement video.
5. **Have Peer Leaders come on stage to talk** about the training and the impact on them, the activities and messaging they have been doing, how the program has impacted them personally, and what they are trying to do in the school.
6. **Project the image of the Wheel and pass out Peer Leader guides** to everyone. Work through the Wheel and have one or two Peer Leaders give an example of how that Strength has impacted them and draw a story or two out of the parent group for different Strengths. During this process explain how Trusted Adults, Generosity, and Thankfulness challenges work.
7. **Lead a conversation about the Big Three Emotions** and have the parents turn to a neighbor and share which two Strengths are strongest in their life and which Strength they want to become stronger in.
8. **Show the I am Stronger or What Helps Me video** (if time allows).
9. **Have the audience turn to Peer Leader Guide and review core risk factors with group.**
10. **Have community helping agencies representatives come forward.** Make time for each to give a quick one minute description of their services. Explain that they will be available in the foyer afterwards for any parents that would like to talk or find out more about their services.
11. **Closure.** Peer Leaders and lead facilitator should give closing words. "A whole community effort is needed to keep our young people safe. If someone is suicidal we want at least three or four Strengths activated and while we often start with Mental Health support, we should not stop there. Each Strength makes other Strengths more powerful. Close with a theme or story around hope and Strength.

Additional Considerations:

- If the group is expected to be over 150 in size usually an auditorium setup is expected, but if below 150 the typical Sources of Strength chairs in a circle or round tables setup is best.
- If the group is smaller and you have at least 1.5 hours often adding components like the Yarn Knot Game, poster activity, or Quick Change Game can add increased connection and interactivity.



SOURCES OF STRENGTH STAFF TRAINING FOLLOWING A TRAUMATIC EVENT

- If the community has had many fatalities discussing community reactions is helpful (silo or freeze effect, fighting or finger pointing, and frenzy: too many speakers and programs).

Sources of Strength Staff Training Following a Traumatic Event

In the immediate day or two following a traumatic event, we strongly recommend that schools use their local crisis teams and protocols. Providing support to students is critical, but remembering to provide support and guidance to staff is equally important as students often follow the tone and behavior of the adults around them. This is not intended as a step by step review of those initial crisis days and we recommend reviewing the following articles on steps and guides for immediate crisis follow-up.

The following is a basic outline and materials we recommend to provide support to staff and provide them some tools and resources to use with students in the 4-6 weeks after a traumatic event.

Introduction and greeting. Explain the three fold purpose of today's time together.

- Quick review of warning signs and behaviors/emotions that can be expected in students at their developmental level.
- Importance of caring for ourselves as staff during high stress, times of grief, and hard times. We want to highlight what helps, what to watch for in ourselves, and how we can build in some Strength-based staff support over the next two months.
- School wide activities that can be led by Peer Leaders, woven into classroom activities and spread to parents and community members over the next 6-8 weeks

CHECK IN!

 = I'M FEELING FANTASTIC!

 = I'M DOING WELL & FEELING HAPPY.

 = I'M FEELING FINE.

 = I'M FEELING SAD, DOWN, OR DEPRESSED.

 = I'M FEELING ANXIOUS OR NERVOUS TODAY.

 = I'M FEELING ANNOYED OR ANGRY RIGHT NOW.

 = I'M SLEEPY OR TIRED TODAY

What is a Strength you used this week?

SELF-CARE CHECK-IN

Before being a support to others, it is important to take care of yourself. Think of the safety brief on an airplane. In the case of an emergency you are directed to always apply your own oxygen mask before assisting others. How are you doing?

1. Positive Friends I can talk to (name and phone number):

2. Mentors or Supports I can talk to:

3. If I am feeling down or sad, I can do these activities:
 - Physical activities/stress relievers (such as walking, biking, working out, yoga):

 - Quiet, calming activities (such as taking a nap, writing in my journal, petting my dog):

 - Concentration activities (such as watching a funny show, reading a novel, writing thank you notes):

4. Ways I can help others right now:

5. Three things I am grateful for today:

6. Good things that have happened recently, even in the midst of tough stuff:

7. What are ways I can invite others (spouse, kids, friends, coworkers, community, etc.) to use their Strengths too?

***If I am concerned about my thoughts right now,
I can call the Lifeline at 800.273.8255**

For More Information



www.preventionlane.org/teen-proof



www.preventionlane.org/contact



PreventionLane at Lane County Public Health
151 W. 7th Avenue, Room 410
Eugene, OR 97401

"Teen Proof Your Home" concept adapted from the
Southern Rockingham Coalition for Healthy Youth.



PUBLIC HEALTH
Prevent. Promote. Protect.

preventionlane
www.preventionlane.org

"Teen-Proof" Your Home



Teen (and 'tween) - Proofing Tips

When they were little, you locked cabinets, covered outlets, & taught them to use seat belts. They need a helping hand now more than ever.

It's not about trust--
it's about keeping teens and 'tweens safe!

Monitor and Keep Track of Use

To prevent youth from experimenting.



COMMON HOUSEHOLD CLEANERS

Including: cleaners, solvents, and aerosols.



MEDICINE

Only buy what you need.



ALCOHOLIC BEVERAGES

Keep track of how much is on hand.

Internet / Social Media

To prevent access and long-term consequences by knowing who your teens know.



PICTURES ARE PERMANENT

What is posted online stays there.



MONITOR CELL PHONE USE

Including: texting, pictures, applications.



HAVE THEIR PASSWORDS

Be more than just "friends" or "followers."

Lock Up When Not Using

To prevent youth use and accidental overdose.



ALCOHOL

Keep in locked cabinet or use bottle locks.



MARIJUANA

Both medical & recreational.



MEDICINE

Both over-the-counter & prescribed.



CHECK SOCIAL MEDIA

Be sure there is no identifying info (school name, birthday, etc.)

MONITOR ONLINE USE

Monitor use, including gambling sites. Avoid saving payment info.

Teen Parties

To keep youth safe by knowing where they are, who they are with, and what they are doing.



SET CLEAR RULES

Such as no alcohol, tobacco, or other drugs.



KEEP PARTY IN AN EASY TO MONITOR AREA

Make regular unobtrusive checks.



IF ATTENDING A PARTY

Check in with the host / parents / guardians.

Store and Safely Dispose

To prevent self-harm.



UNUSED & OUTDATED MEDICINE

Take to a drop box near you:
www.preventionlane.org/rx-dropboxes



FIREARMS

Store in a locked safe; keep ammunition separate; use trigger locks.



"SHARPS"

Including: razors, exacto-knives, pocket knives, & syringes.
www.preventionlane.org/sharps-disposal

Guns in the Home

Less than half of the U.S. families with children and guns store their guns unloaded and locked away.

Children and teens are at the greatest risk of unintentional deaths, injuries and suicides from guns. It is normal for young children to be curious. They explore in drawers, cabinets and closets. Some older children and teens are attracted to guns and see them as signs of power.

Each year in Washington state, about 25 children are hospitalized and four to five die due to unintentional gun injuries. Most of these shootings occur in or around the home.

Should I talk to my child about guns?

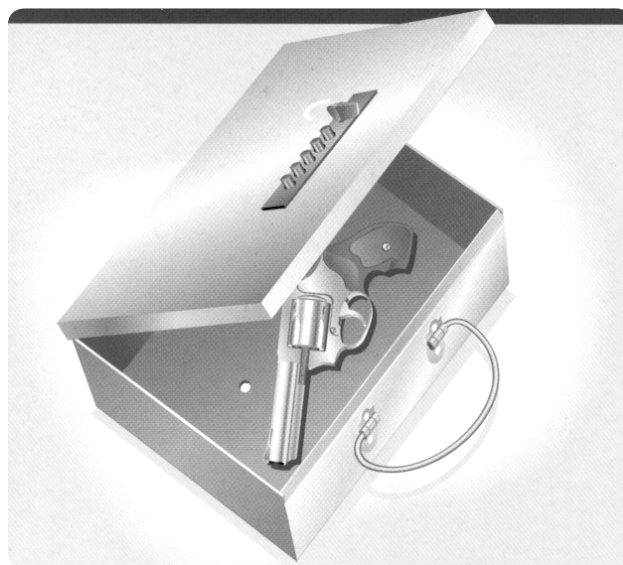
Yes! It's better to talk about it before your child or teen comes across a gun at home or somewhere else.

- Talk with your child about the risk of gun injury in places they may visit or play.
- Teach your child that if they find a gun they should leave it alone, leave the room and tell an adult right away.
- Talk with your child about guns and violence. Let them know that strong feelings like fear and anger can be expressed without using weapons.

How do I store a gun safely?

Safe storage of guns works to protect everyone in the home. Use this checklist:

- ☐ Store guns unloaded and locked.
- ☐ Store and lock bullets in a separate place.
- ☐ Use a gun safe, locked box, trigger or chamber lock to store guns.



- ☐ Avoid locking devices that use keys if possible. Children often know where keys are kept.
- ☐ Ask family and friends to use these safe storage steps.
- ☐ Remove guns from your home if a family member is depressed, suicidal or is abusing drugs or alcohol.

How can I help keep my child safe at other homes?

Guns are present in about one-third of U.S. homes. Before you send your child to someone's house, ask if guns in the home are stored unloaded and locked. Ask if the bullets are stored separately. Ask about shotguns and rifles, too, not just handguns.

If you have doubts about the safety of someone else's home, invite the children to play at your home instead.

How do I ask others about safe gun storage?

Many of us feel awkward asking other people how they handle gun safety. Here are some tips to help:

- Ask about guns along with other things you discuss before your child goes to play at someone's home, such as booster seat and seat belt use, allergies and animals.
- Work through groups. Share information on safe gun storage with your child's preschool, childcare or local PTA. See the resources in the "To Learn More" section for help.
- Present your concerns with respect (see the following examples).

Finding the right words can be hard. Here's a start...

- "I don't mean any disrespect, but knowing how curious my child can be, I feel I have to ask this question..."
- "I hope you don't mind me asking if you have a gun in your home and if it is properly stored..."
- "Mom, Dad, _____, this is awkward for me and I mean no disrespect. I am concerned Susie will find one of the guns in your home when we visit. Do you keep them locked up with the bullets stored separately?"

The "asking about guns" information was developed by the ASK (Asking Saves Kids) campaign sponsored by PAX. Revised with permission by Seattle Children's Hospital.

To Learn More

- LOK-IT-UP website: www.lokitup.org
- For an ASK Parent Help Kit that includes tips on how to talk about the subject, sample answers to defensive reactions and ideas for community support, go to www.askingsaveskids.com or call 212-983-8705.
- www.seattlechildrens.org
- Your child's healthcare provider

Seattle Children's will make this information available in alternate formats upon request. Call Marketing Communications at 206-987-5205 or 206-987-2280 (TTY).

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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