CHILDREN'S SERVICES
WORKFORCE DEVELOPMENT

Suicide Awareness

Participant Manual

Alberta

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Suicide Awareness
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We respectfully acknowledge that we are on Treaty Territories and Metis Settlements, traditional gathering places for diverse Indigenous peoples and many others whose histories, languages, and cultures continue to influence our communities and how we train, learn, and work.

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Caregiver Training: Suicide Awareness

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Suicide Awareness

As a caregiver you may be the first person to notice that a child/youth in your care is at risk of suicide. We want you to understand the roles you and skilled professionals play in suicide awareness. We want you to be comfortable talking to children/youth about suicide. In this workshop, you will:

- Explore the roles of case team members related to suicide risk.
- Develop skills for talking with children/youth about suicide.
- Develop skills for supporting people impacted by suicide.

Learning Objectives

At the end of this module, you will be able to:

- Explain the caregiver role in suicide and suicide prevention.
- Explore your own discomfort and fears about suicide
- Create a safe space to discuss suicide
- Describe warning signs that a child/youth is at risk for suicide
- Meet the expectations of your role in the ASKC process
- Support a child/youth who is at risk for suicide
- Support a child/youth who is affected by suicide
- Follow processes for responding to suicide and suicide risk
- Identify resources for building hope

'Committing suicide' is an out-of-date term that we don't use anymore. Committing suicide used to be a crime, like committing murder or robbery. We now say that a person has died by suicide.

We no longer say that a person was 'unsuccessful' at suicide. We now say a person attempted suicide. Thankfully, people who attempt suicide are no longer arrested.

Don't feel bad if the facilitator corrects your language. It takes practice to learn new terms. You may correct the facilitator if he or she makes the same mistake.

Hopes and Worries

What are your worries about your role in suicide awareness?

What are your hopes for this training?

Why Learn Suicide Awareness?

Suicide impacts people of all ages and backgrounds. In Canada:

- About 11 people die by suicide every day. This adds up to about 4000 people per year (Statistics Canada, 2022)
- In 2018, suicide was the leading cause of death among children/youth aged 10 – 24 (Statistics Canada, 2019).
- For every youth that dies by suicide, approximately 12 more youths attempt suicide (Statistics Canada, 2016).

Alberta has one of the highest rates of suicide in Canada. In Alberta:

- 603 people died by suicide in 2020 (Alberta Office of the Chief Medical Officer Suicide Statistics, 2021).
- 584 children under the age of 14 visited hospitals for suicide attempts and self-inflicted injury in 2017 (Agborsangaya, AHS 2020).
- The suicide rate is five to six times higher for Indigenous youth than non-Indigenous youth (AHS, 2021).

The suicide rate among children under 10 is less clear. Deaths by suicide in children are often reported as accidental deaths rather than suicide (Gray et al., 2014).

- It is common to think that young children do not act on suicidal thoughts. However, research shows that children around the age of nine have a full understanding of suicide (Tishler, Reiss & Rhodes, 2007)
- Evidence suggests that some young children do attempt suicide (Whalen et al., 2017).

Your Role as a Caregiver

What role do caregivers have regarding suicide concerns and the children/youth in their care?

Who else has a role regarding suicide concerns and children/youth in care? What are they responsible for?

What supports are available to help you cope and take care of yourself?

Awareness not Intervention

Caregivers play an important role. They can:

- Identify warning signs that a child/youth may be at risk of suicide
- Establish immediate safety of a child/youth thinking of suicide
- Work with the child/youth's case team and other professionals to ensure ongoing safety

You need to be aware of suicide intervention skills. **BUT you are not responsible for suicide intervention.** Never try to manage suicide risk on your own. These skilled professionals can help:

- Emergency response professionals
- Medical professionals (such as psychiatrists, doctors, and nurses)
- Mental health professionals
- The child/youth's case team

The focus of this workshop is to:

- Help you recognize if a child/youth in your home may be considering suicide; and
- Give you skills and resources to ensure the child/youth's immediate safety.
- Help you connect with skilled professionals for suicide intervention and safety planning.

Understanding Risk

Suicide can affect anyone. People at risk of suicide include:

- Children
- Youth
- Parents
- Guardians
- The child/youth's friends
- Kinship caregivers
- Foster caregivers
- Other family members and colleagues

Learn the risks and what protects against suicide. This can help you to:

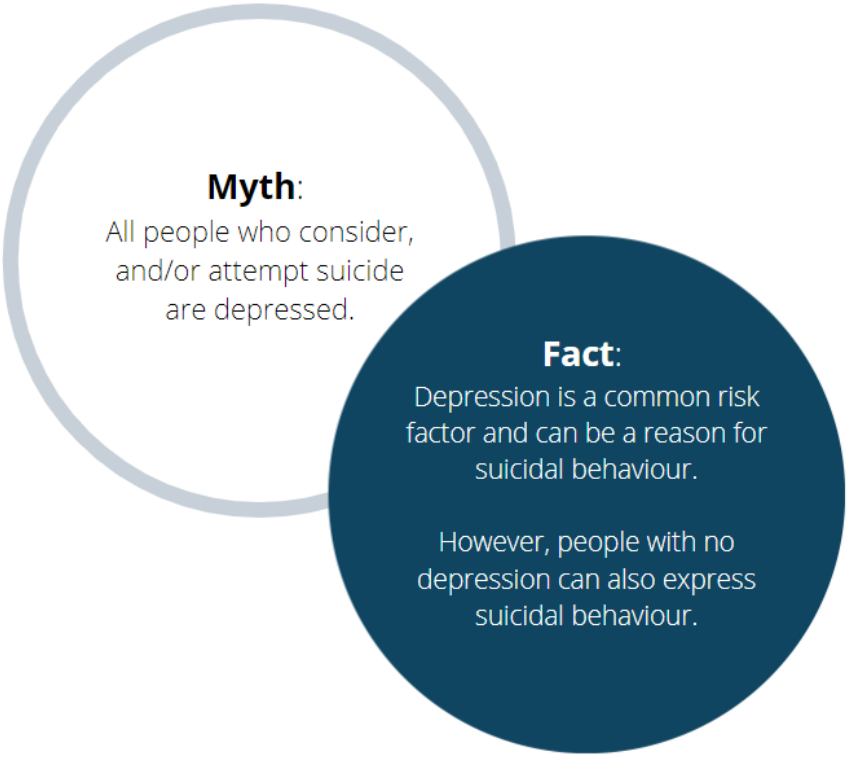
- Understand and empathize with the person at risk; and
- Recognize important information to share with the case team.

There is no single factor that predicts who may be at risk of suicide:

- People from all backgrounds may have suicidal thoughts or die from suicide.
- For most people, suicidal behaviour is the result of many factors. These factors build over time and across many life situations.
- For children/youth with poor impulse control, suicidal behaviours may not build over time. Suicidal behaviours may be an impulsive response to a situation.

While no one single factor predicts suicide, there are specific risk factors that increase a person's chance of suicidal behaviour.

- People with more risk factors have more suicide risk.
- However, people with no risk factors, can still be at risk of suicide.



Risk Factors

In suicide awareness, it's important to recognize risk factors. These risk factors increase a person's risk of suicidal thoughts and behaviours. Below are some examples of common risk factors for suicide.

- There are many other risk factors not listed here.
- Not all people with these risk factors will have suicidal thoughts and behaviours.

Protective Factors

In suicide awareness, it's important to recognize protective factors.

Protective factors reduce a person's risk of suicidal thoughts and behaviour. Below are common examples of protective factors.

- There are many other protective factors not listed here.

Self-Injury

Some children/youth harm themselves on purpose. For example, they may cut or burn themselves. Self-injury is not an attempt at suicide. It is used to cope with painful thoughts or feelings (CMHA, 2016). However, self-injury is a risk factor for suicide.

Experience of Indigenous Children and Youth

In addition to the factors listed previously, Indigenous children and youth have some unique risk factors and protective factors.

Rewind

What risk factors are unique to Indigenous children and youth?

Rewind

What protective factors are unique to Indigenous children and youth?

Protective Factors for Indigenous Children and Youth

What key messages did you hear in the video?

How do these key messages impact your role as a caregiver? How can you use this knowledge in your caregiver role?

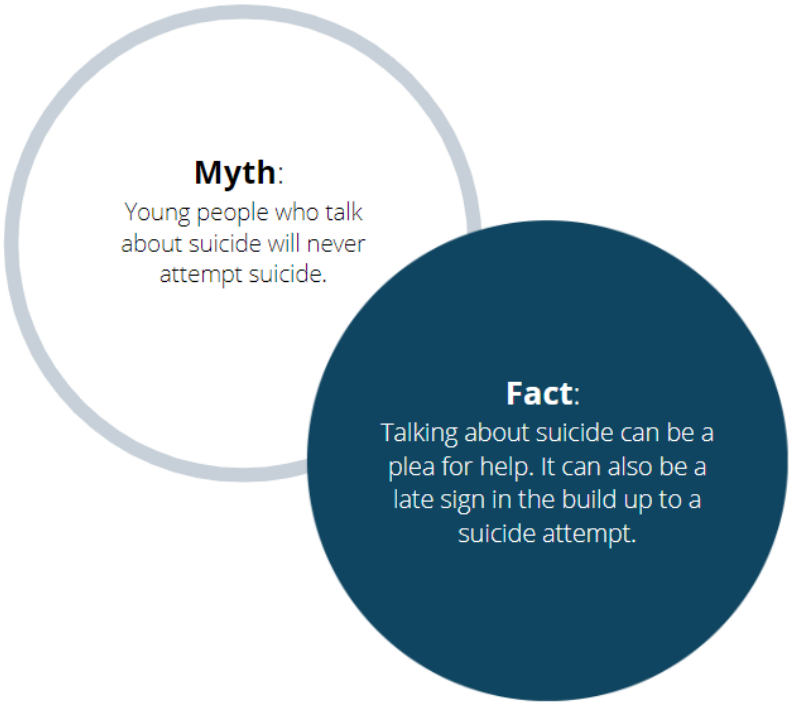
How do the children/youth in your care connect to their culture? How can you support these connections?

Promoting culture promotes health!

My Perspective on Suicide

1. Review the statements about suicide.
2. Circle or note the number that shows how much you agree with each statement.
3. For each statement, review your rating. Ask yourself: *How does this thought impact my ability to support children/youth in my home?*

Thought	Strongly Agree	Agree	Disagree	Strongly Disagree
People talk about suicide to manipulate others.	1	2	3	4
Suicide is wrong.	1	2	3	4
If someone really want to kill themselves, they will.	1	2	3	4
I am not a good caregiver if someone I have helped has died of suicide.	1	2	3	4
I must actively guide the person to stop thinking of suicide as an option.	1	2	3	4
Death should not be discussed.	1	2	3	4



Trauma Informed Care

Rewind

The children, youth, and families we work with all have a history of trauma. Trauma-informed care makes the connection between trauma and suicide.

TRAUMA

informed care

- Caregivers need to provide the children and youth in their life with an environment that allows them to feel **safe** and **comfortable** enough to share their life experiences with them.
- All children, youth and families we work with have a history of trauma. This may include abuse, neglect, apprehension, and past suicide experiences.
- A person who has experienced trauma can be at higher risk of suicide. This is more likely if they do not know healthy ways of coping.

Ask "What happened to this child/youth?"

- NOT -

"What is wrong with this child/youth?"

Talking About Suicide

Talking about suicide is difficult for many people. But talking about suicide is important for the children/youth in your care. You can learn to be more comfortable talking about suicide. These conversations are a gift you can give the children/youth in your care. You can talk about suicide in general. You can also talk about suicide when it becomes a concern for someone.

What are some opportunities to talk to children/youth about suicide in general?

Why is it difficult to talk about suicide?

- For a person experiencing suicidal thoughts?

- For you as a caregiver?

What makes it easier to talk about suicide?

- For a person experiencing suicidal thoughts?

- For you as a caregiver?

Tips For Talking to Children and Youth About Suicide

When you talk to a child/youth about suicide:

- Be sensitive to the child/youth's mood when you start talking.
- Notice any changes in mood while you are talking.
- Don't rush. Allow time for conversation to go where it needs.
- Be aware of their body language and what they're saying.
- Be open minded. Avoid making judgements.
- Use clear, direct language

The ASKC Model

Child Intervention Practitioners use the ASKC Model for Suicide Intervention. This model helps to identify and prevent the immediate risk of suicide.

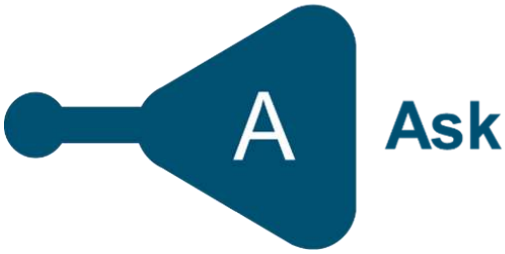
Caregivers should know about this model. Some of the steps in the model are your responsibility. Some of the steps are the responsibility of skilled professionals.

Remember, **you are not responsible for suicide intervention. Your role is to be aware of suicide.** As you learn the ASKC model, your facilitator will help you understand the role of the caregiver and role of skilled professionals.

Caregivers must follow the policy and procedures for self-harm and suicide.

Always keep your handbook updated and talk to the child/youth's caseworker on a regular basis.

Ask



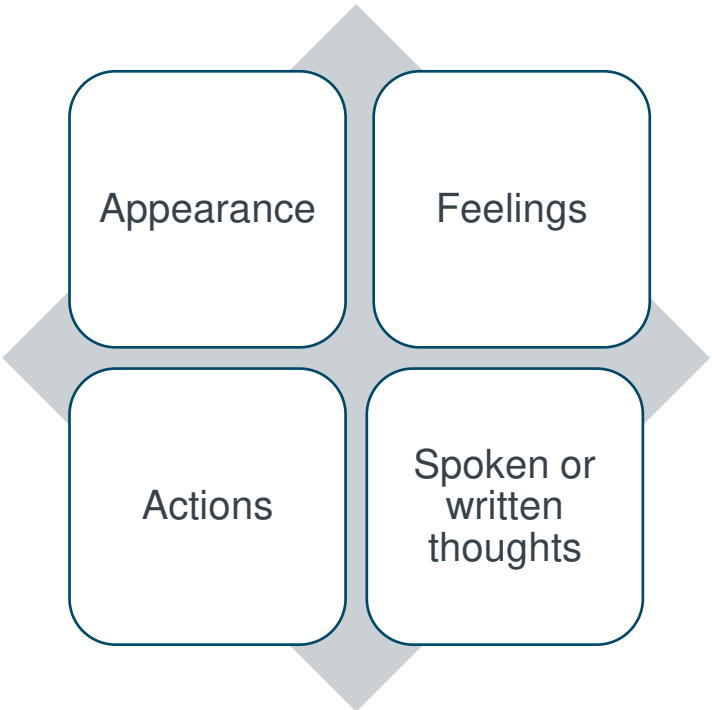
Observe and Ask about Warning Signs

Suicide prevention requires us to recognize when someone is at risk for suicide. This means that we recognize warning signs and invitations to talk about suicide.

- **Warning Signs:** Are “red flags” that a person is having thoughts of suicide.
- **Invitations:** Are behaviours that indicate a person is open to talking about suicide.

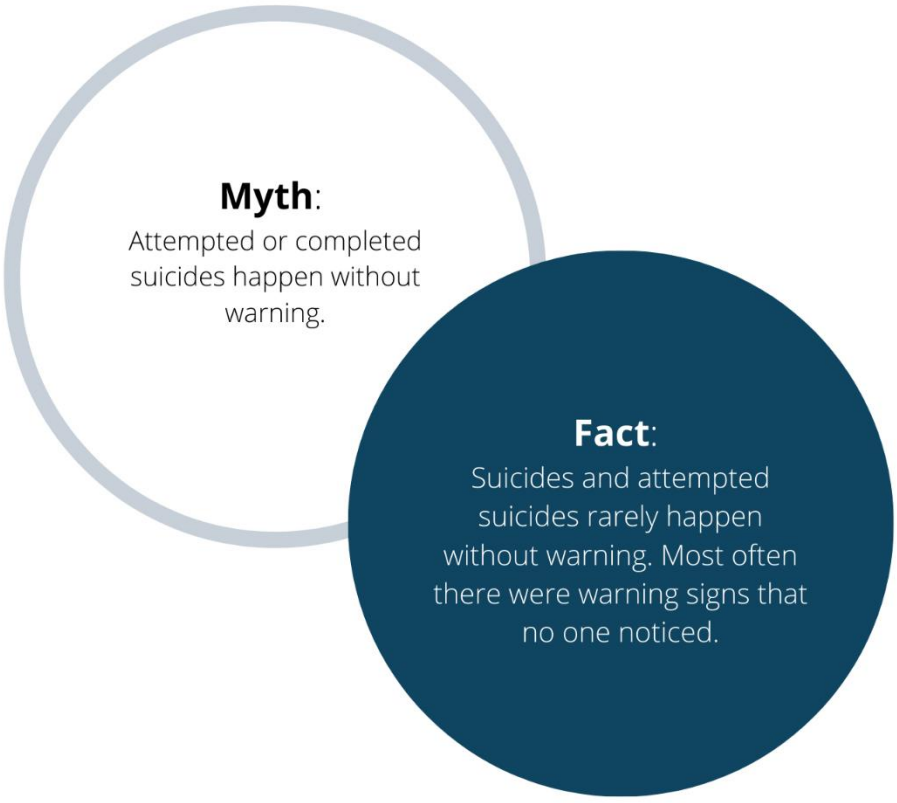
Warning signs and invitations may suggest a child/youth is at immediate risk or long-term risk. Warning signs and invitations often fall into one of these four categories:

Warning Signs and Invitations



For your assigned category, list examples of warning signs and invitations.

Examples of Warning Signs	Examples of Invitations to Talk about Suicide



Ask the Question

If notice warning signs or invitations, **ask the child/youth if they are thinking of killing themselves.** This is a direct question and NOT the same as assessing risk.

You may feel uncomfortable asking this direct question, especially if it's your first time. Practice asking the question in the classroom and on your own. This will help you feel more confident when you need to ask.

If they say "yes" or "sometimes."

- Do not leave the child/youth alone.
- Keep them safe.
- Immediately notify the case team. Do not leave the child/youth when you are notifying the case team (see page 16 for contact information). The caseworker will:
    - Decide how much supervision the child/youth needs.
    - Complete a suicide risk assessment.
    - Develop a suicide safety plan with the child.
    - Identify responsibilities of the caregiver.
- Find a safe place to continue the conversation.
- Actively listen to the child/youth.
    - Allow them to express their feelings. Accept and acknowledge what they say.
    - They may talk about why they want to die; their reasons for living; or their suicide plan.
    - Let them talk, but don't directly ask for this kind of information.
    - Let them decide how much information to share.
- **Record and report** the information the child/youth has shared. This information will be helpful when the caseworker talks with the child/youth.

When a child/youth tells you about suicidal thoughts/feelings, you must share all information with the caseworker. Tell the child/youth that you will share the information to get the best possible support. Involve the child/youth in the conversation with the case team if possible. Always keep your handbook updated. Talk to the child/youth's caseworker on a regular basis.

If they clearly say "no, I am not considering suicide."

- Your concern for the child/youth's safety does not end with a "no".
- A child/youth may say "no" to avoid the conversation. They may say "no" to lessen your concern.
- Continue the conversation. Express your concern for how the child/youth is feeling.
- Record and report what you have seen and heard with the case team. Discuss your concerns.
    - You must notify the case team immediately when there are concerns about suicide. Do this as soon as it is safe to make contact.
      (See page 16 for contact information).
- The case team will complete a risk assessment. They will find supports for the child/youth.

If you need support, tell your caseworker.

Asking the Question

List questions you might ask a child/youth to find out if they are thinking about suicide.

With your partner, take turns asking these questions. It's important to practice!

Immediate reporting is critical.

Notify the case team immediately if you have a concern about the child/youth's safety or well-being. Do not leave the child/youth alone.

Support

If a child/youth is struggling with suicidal thoughts and behaviours:

- Immediately notify the caseworker. This is critical!
- Follow up with skilled professionals.
- Report all information shared by the child/youth. This may include:
    - Their reasons for wanting to die.
    - Their reasons for wanting to live.
    - Plans to end their life.

It is NOT your responsibility to determine risk level. You will work with skilled professionals who will complete a risk assessment and plan for the child/youth's safety.

The risk assessment will:

- Explore the child/youth's 'reasons for dying' and 'reasons for living' in detail.
- Find out if the child/youth has a plan to end their life. Find out if the child/youth is able to follow through with the plan.

Keep Safe

Two critical parts of suicide awareness and intervention are to:

- Establish immediate safety.
- Establish ongoing safety

Caregivers play an important role in establishing immediate safety. Caregivers work with the case team to establish ongoing safety.

Immediate Safety

DO NOT

leave the child/youth alone

- If you are physically with the person, **DO NOT leave the child/youth alone.**
- If you are not with the child/youth, **KEEP them on the phone until help arrives.** Ask where they are and how you can get in touch with them if you get disconnected. **NEVER put them on hold.**
    - If possible, get help from another adult. One person can make calls and the other can supervise the child/youth.
    - If you are alone, remain in contact with the child/youth while you make calls.
- Ask if they have means to harm themselves. For example, do they have a gun, a knife, or medication? If there is immediate danger, or if an injury has already occurred:
    - Call 911.
    - Stay with the child/youth or keep them on the phone.
    - Share the child/youth's address/location.
    - Share if they have the means to harm themselves.
    - Never assume the child/youth does not have the means to harm themselves, even if they say they don't. This kind of risk assessment needs to include skilled professionals.
- As soon as it is safe to do so:
    - Call the child/youth's case team.
    - Share the child/youth's address/location.

- Tell them clearly about the child/youth's suicidal thoughts or actions.
- Share if they have the means to harm themselves.
- Report all the information you have gathered. This includes what you have seen and heard and details of your conversations.
- Describe immediate needs for support.
- The case team will decide on next steps.

- Remain in contact with the case team and follow their guidance.
- Encourage the child/youth to not hurt themself.
- Ensure help has arrived before hanging up or leaving the child/youth.
- When help has arrived, focus on your self-care.
- You must complete an incident report:
  - Include details of the event and you conversation.
  - Submit it to the caseworker and advise the Licensing Officer as soon as possible.
  - If you are working with an Agency, you must complete the incident report within 24 hours. You must notify the Agency and the caseworker.

How to Contact the Case Team

DURING OFFICE HOURS

Phone the child/youth's caseworker.
DO NOT wait for a call back.

If the caseworker is unavailable, ask to speak to the casework supervisor or the intake worker.
State it is an emergency.

AFTER OFFICE HOURS

Northern Alberta After-Hours Child Intervention Services:
780-422-2001

Southern Alberta After-Hours Child Intervention Services:
403-297-2995

Toll-Free (Province Wide):
1-800-638-0715

Ongoing Safety: Suicide Prevention Safety Plan

The case team will develop a suicide prevention safety plan to ensure ongoing safety for the child/youth. The casework team will work with you, family supports and skilled professionals to develop the plan.

The goal of a suicide prevention safety plan is to:

- Reduce risk factors
- Increase protective factors
- Build resiliency

Caseworker Role

CS policy guides suicide prevention safety planning. The caseworker will

- Identify roles and responsibilities.
- Identify who needs to be notified. The child/youth may choose to involve:
  - An Elder or spiritual leader.
  - A traditional healer.
- Decide if a psychological or psychiatric assessment is needed. Seek parent/guardian consent.
- Ensure everyone involved understands who will do what and when.
- Test the plan. If necessary, revise the plan.

Caregiver Role

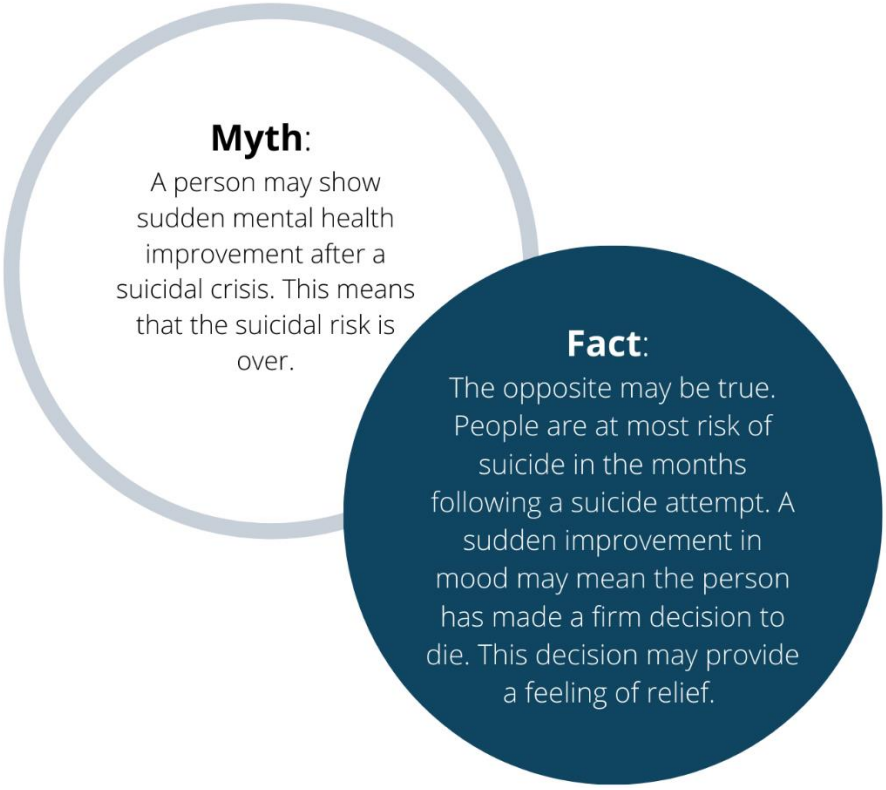
Caregivers play an important role in safety planning by:

- Providing information to the case team.
- Following the safety plan.
- Providing day-to-day support to the child/youth, in line with the plan.

Suicide Prevention Safety Planning

The Suicidal Child Policy (7.2.3) states that a suicide prevention safety plan is a written record that includes the following:

1. An agreement with the child/youth on how to address risk factors for suicide.
2. A list of immediate risk factors.
3. A response for each immediate risk factor listed.
4. A list of appropriate resources for the child/youth to connect with. These should be available 24 hours a day.
5. Roles and responsibilities for following the plan.
6. Who will monitor the plan. What will happen if the plan needs to change.
7. Alternative actions, if someone is not able to meet their responsibilities.
8. Clear steps for follow up with the child/youth. This includes who is responsible, dates and times.



Suicide Prevention Safety Plan Principles

Suicide prevention safety planning follows a set of principles. According to these principles, the plan should:

- Collaborative
- Belongs to the child/youth at risk
- It is about the future
- Integrates existing supports
- It has a timeframe
- Identifies around the clock sources of support
- Identifies possibilities
- It can change as situations change
- Has alternative plans
- Identifies when the child/youth will spend time with significant others (e.g. family, friends)

Connect

Making connections is critical to the success of the child/youth's suicide prevention safety plan. Important connections include family, natural supports and skilled professionals The case team will explore the child/youth's existing support system and connect them with appropriate people and resources. As a caregiver, your role is to make sure the child/youth maintains these connections.

Resources and Networks

Suicide intervention involves connecting the person at risk for suicide with appropriate resources. These may be formal and/or informal resources. The goal of making connections in the short term is to ensure safety. The goal in the long term is to prevent future crises.

Always follow up with the case team regarding referrals and ongoing support. Professionals (such as psychiatrists, doctors, and therapists) often have waiting lists. It can take days to weeks before the child/youth is seen. In the meantime, you, the family, and other important people must remain connected and committed to the child/youth's safety plan.

Stay connected to the child/youth's case team and others identified in the suicide prevention safety plan.

Informal and Formal Supports

List formal and informal supports that may be available to a child/youth at risk. Then list formal and informal supports that may be available to you as a caregiver.

	Formal Supports	Informal Supports
Child/Youth at Risk		
Caregivers		

Fears

What questions do you have about suicide awareness? Do you have questions about your role in suicide awareness?

What worries you about suicide awareness?

How can you overcome your worries?

Caregiver Wellness: The Wellness Wheel

Building Hope

Review the wellness wheel. For each spoke on the wheel, identify self-care strategies you use to stay healthy and strong while caring for others.

Identify other strategies you would like to use to care for yourself.

Appendix A: Understanding Suicide[1]

Here is a list of common words you might hear when talking about suicide. If you are ever unsure of what something means, check these definitions, or ask your caregiver support worker.

Suicide:
Self-inflicted death from injury, poisoning, or suffocation. There is evidence that the deceased person intended to kill themselves. Note the term 'death by suicide' is used in the same way as the term 'suicide'.

Suicide Attempt with Injuries:
Non-fatal harm, caused by self-inflicted injury, poisoning or suffocation. There is evidence that the injured person intended, at some level, to kill themselves.

Suicide Attempt:
Behaviour with potential to cause self-inflicted death, but not resulting in death. There is evidence that the person intended, at some level, to kill themselves. A suicide attempt may or may not cause injuries.

Suicidal Act:
Behaviour with potential to cause self-inflicted death. There is evidence that the person intended, at some level, to kill themselves. A suicidal act may cause death (suicide), injuries or no injuries.

Suicide Threat:
Any verbal or nonverbal communication that a reasonable person would interpret as intention of a suicidal act. A suicidal threat stops short of a suicidal act.

Suicidal Ideation:
Self-reported thoughts of intending suicidal behaviour.

Non-Suicidal Self-Injury (NSSI):
The Canadian Mental Health Association (2014) defines self-injury as a person's intention to hurt themselves "on purpose" but not end their life.

1 O'Carroll, P. W., Berman, A. L., Maris, R. W., Moscicki, E. K., Tanney, B. L & Silverman, M. M. (1996). Beyond the Tower of Babel: A nomenclature for suicidology. Suicide & Life-Threatening Behavior, 26(3), 237-252.

Appendix B: Examples of Warning Signs & Invitations

Not: These examples may indicate that someone is having suicidal thoughts. However, they can also be signs of trauma, abuse, or mental health concerns.

APPEARANCE

- Neglect of personal appearance/lack of self care.
- Sudden changes in manner of dress, especially when out of character.
- Chronic or unexplained physical health complaints (e.g., illness, aches, pains).
- Sudden weight gain/loss.
- Sudden change in appetite.
- Change in sleeping patterns.

FEELINGS

- Expressions of hopelessness/helplessness.
- Guilt.
- Inability to enjoy or appreciate friendships.
- Anxiousness.
- Sadness.
- Feelings of worthlessness or of being a burden.

ACTIONS

- Giving away prize possessions.
- Withdrawal from friends, family and society.
- Loss of interest in hobbies/activities.
- Increase in drug or alcohol use.
- Reckless behaviour.
- Extreme behaviour changes; Dramatic changes in mood; agitation.
- Aggressive, impulsive or violent acts
- Self-mutilation.
- Previous unresolved or recent suicide attempts.
- Absence of future planning/future focused thinking.
- Suddenly happier after period of feeling down.
- Reconnecting with old friends and extended family as if to say goodbye
- Requesting information about suicide online (e.g., online discussions)
- Joining online groups and/or communicating with others who are thinking about harmful or suicidal behaviours

SPOKEN OR WRITTEN THOUGHTS

- Making jokes, poems, drawings or other references to suicide.
- Having a morbid fantasy or plan about death.
- Talking or writing about death, dying or suicide when these actions are out of the ordinary for the person.
- Threatening to or talking about hurting or killing oneself
- Cyberthreats: posting information online about death, dying or suicide.
- Sending suicidal text messages.
- Making statements such as:
- "Life isn't worth it..."
- "Things would be better if I was gone..."
- "there is nothing to live for anymore"
- "people will be better off without me"
- "I can't go on."
- "I just don't see the point."
- "I'm so tired."

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Course Evaluation/ Feedback

Suicide Awareness
Date:

We greatly appreciate your honest feedback on the workshop you just attended. It will help improve future versions of this workshop. Please circle the option that best represents how you feel about the following statements and make your comments about what works and suggestions for improvement.

Learning Objectives

As a result of the workshop, I am able to:

1	Explain the caregiver role in suicide and suicide prevention.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

2	Explore your own discomfort and fears about suicide.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

3	Create a safe space to discuss suicide.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

4	Describe warning signs that a child/youth is at risk for suicide.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

5	Meet the expectations of your role in the ASKC process.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

6	Support a child/youth who is at risk for suicide.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

7	Support a child/youth who is affected by suicide	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

8	Follow processes for responding to suicide and suicide risk	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

9	Identify resources for building hope.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree

Comments:

Summary

List three things you learned as a result of the workshop.
Explain how the workshop is relevant to your role as a caregiver and how it will enhance your caregiver experience.
Provide at least 1 suggestion to improve the content, delivery and/or activities.

The information that you provide in this form is to be used in the continued development of the workshop and activities. It is collected under the authority of, and in compliance with the Freedom of Information and Protection of Privacy Act and will not be used for any other purpose.

(Optional) Name: _____ Phone: _____

Thank you for your feedback!