Cherish

It is the policy of Cherish to encourage good communication and safety for our program participants and increase the knowledge base of our staff. It is with this in mind that we educate regarding good communication techniques and suicide prevention education. Cherish requires of all of our employees a basic knowledge of these topics. If staff or participants require additional training or education they are to contact the program supervisor to request it.

Crisis and De-escalation Techniques:

70% of communication misunderstood

Effective communication is defined as passing information between one person and another that is mutually understood.
Communication becomes more difficult when the person's ability to understand what you are saying and/or their ability to express their own thoughts or needs are compromised by their symptoms.
When they can't express their needs, they become more angry and frustrated more quickly and more frequently.

Your ability to engage a consumer in conversation and successfully resolve a conflict often depends as much on **how you say the words** you choose as much as the words themselves.

Barriers to communication are the things that keep the meaning of what is being said from being heard:

- Pre-judging
- Not listening
- Criticizing
- Name-calling
- Engaging in power struggles
- Ordering
- Threatening
- Minimizing
- Arguing

People React to us based upon these percentages:
7% The WORDS we use
38% The TONE of VOICE we use
55% Our BODY LANGUAGE

Personal Space

- People who are extremely agitated often develop an altered sense of personal space. They require more space than usual to feel comfortable and feel intensely threatened when other people close in on them with no warning.
- Invasion or encroachment of personal space tends to heighten or escalate anxiety
- Personal space in American culture is about 3 feet.
- Do not touch a hostile person – they might interpret that as an aggressive action
- Announce intention: “I need some space, so I am going to back up.”

Challenging postures that tend to threaten another person and escalate the situation include:

- Finger pointing may seem accusing or threatening.
- Shoulder shrugging may seem uncaring or unknowing.
- Rigid walking may seem unyielding or challenging.
- Use slow and deliberate movements—quick actions may surprise or scare the other person.

Voice

- Tone - Usually unconscious
- Volume - A raised voice could create fear or challenges
- Rate of speech - Speak slowly – This is usually interpreted as soothing
- Inflection of voice - I didn’t say you were stupid

A crisis is a perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person.

Unless the person obtains relief, the crisis has the potential to cause severe behavioral malfunctioning.

Crisis intervention is emotional first aid which is designed to assist the person in crisis to return to normal functioning.

The focus of crisis intervention is what’s happening here and how!

3 reasons that a consumer may be having a behavioral crisis:

- Medical condition
- Substance use
- Psychiatric condition

Hostile people will usually have one of these feelings:

- Anger
- Fear
- Sadness/depression

Given the low likelihood that emotional people in crisis can succeed in rationalizing alternatives, your responses to emotional people in volatile situations cannot rely on convincing people by making a rational proposal to think differently. **Responders need to create a stable and respectful environment within which emotional individuals can take comfort and relief.**

Avoid

- Maintaining continuous eye contact.
- Crowding or "cornering" the consumer.
- Touching the consumer unless you ask first or it is essential for safety.
- Letting others interact simultaneously with the consumer.
- Negative thoughts ("God, this is another one of those homeless people").
- Expressing anger, impatience or irritation.
- Inflammatory language ("You are acting crazy").
- Intervening too quickly or trying too hard to control the interaction by interrupting or talking over the consumer.
- Saying "You need to calm down."
- Shouting or giving rapid commands.
- Arguing with the consumer.
- Taking the words or actions of the consumer personally.
- Lying, tricking, deceiving, threatening the consumer to get her to comply.
- Asking why questions. Why questions are logic-based. Persons in crisis are not logical. Typically, whatever has worked in the past is not working now. Why questions put the consumer on the defensive. Ask open-ended questions.
- Forcing discussion.
- Minimizing the consumer's situation as a way to elicit conversation ("Things can't be that bad, can they?").
- Suggesting that things will get better; they may not.
- Making promises that you may not be able to keep.
- Telling the consumer "I know how you feel".
- Asking a lot of questions of the consumer in the beginning. In de-escalation, encouraging the consumer to continue talking is more effective than asking a lot of questions. It will help continue the dialogue and will provide the consumer with opportunities to give information that will help to resolve the crisis.
- This is NOT the time to demand respect.

DO:

- Speak in a calm, slow, clear voice.
- You may need to repeat; the consumer may be distracted.
- Be patient; give the situation time; time is on your side.
- Try to reduce background noise and distractions.
- Use "and" instead of "but".
- Allow the consumer to ventilate ("Tell me some more about that").

- Use “please” and “thank you” often.
- Remain friendly but firm.
- Ask the consumer if she needs something.
- Forecast: Announce your actions and movements.

Use positive self-talk

- You are not the target of the outburst
- Never take anything personally
- Remember that most of us have been irrational and said inappropriate things when we are under extreme stress

- Accept the consumer’s feelings, thoughts and behavioral; acceptance is not easy when a consumer is behaving in a bizarre or hostile manner.
- Respect the dignity of the consumer without regard to sex, race, age, sexual orientation
- If you take a LESS authoritative, LESS controlling, LESS confrontational approach, you actually will have MORE control.
- You are trying to give the consumer a sense that he or she is in control.

Why? Because he or she is in a crisis, which by definition means the consumer is feeling out of control. The consumer’s normal coping measures are not working at this time.

Minimal encouragers provide initial confirmation that you are listening; reflecting adds another dimension to the communication. Here, you provide the consumer with evidence that you are listening by actually repeating what he or she has said. Often the reflecting response will simply consist of the last few words the consumer says. These statements should be brief and used in such a way as not to interrupt the consumer.
Repeat the last few words that the consumer said.

- Example: “I am tired of everyone not listening to me and it makes me angry.”
- “Jim, it makes you angry.”
- What is the difference between sympathy and empathy?
- Feeling sorry versus trying to understand what it is like to be in their shoes.
- Being sincere and real will convey understanding.
- “To my mind, empathy is in itself a healing agent . . . because it releases, it confirms, it brings even the most frightened person into the human race. If a person is understood, he or she belongs.” (Carl Rogers)
- It’s hard to stay angry and aroused when someone empathizes.

Paraphrasing
Consumer: “ I don’t know what I am going to do. My family doesn’t want me here.”
Staff:“You’re not sure where you can stay for a while, but home doesn’t seem like the best place right now.”

- "What I hear you saying is . . . ."
- "If I am hearing you right . . . ."
- "Let me see if I understand what you are saying . . ."
- These types of statements also summarize what has been said in the communication.
- "Okay, let me make sure I understand you; you've told me that people are bothering you and that your case manager is not helping you. That your meds are hurting you because they make you feel sick. Did I understand you correctly?"

You can ask the consumer what she thinks will resolve the problem

- Look for alternatives *with* the consumer
- Try to have 2 or more options
- Empower the consumer to choose
- If one approach doesn't work, "throw another lure"
- Putting yourself in the consumer's shoes will help you find a solution
- Don't force particular points of discussion
- Try to get agreement on a course of action. Repeat what the plan is and what is expected.
- Meet reasonable demands when possible
- Reach for small concrete goals
- It's never too late to reassess and change a plan

What if:

The consumer is talking so loudly it is disruptive? Drop the volume in your own voice and say, "Jim, I am having a hard time understanding you because of how loud your voice is."

The consumer remains unresponsive?

Simply validate the consumer by stating what you observe about their situation
"You look really sad; you must be really hurting right now."

If possible, offer a choice:

- "Joe, I want you to stop throwing the stones or, if you prefer, step over here with me on the grass and throw them in the grass while we talk. What is best for you?"
- This helps the consumer "save face."
- Everyone reacts better to a choice versus being told what to do.

Thought Disorder

The engagement goal is to validate the consumer's situation and how frightened and anxious he must feel without agreeing with their hallucinatory/delusional experience.

- It is OK to indicate that you do not hear or see what he is seeing/hearing but that you believe he does.
- Persons who are psychotic develop an altered sense of personal space and require more space than usual to feel safe.

- Remember to maintain a safe “reactionary” distance of from the consumer.
- Use friends and family members to get information if they are available and their presence is not escalating the consumer.

Delusions

Paranoid delusions can lead to dangerous behavior because they cause a great amount of fear. This is especially true if the delusion includes a belief that one’s thoughts are controlled by external forces.

- Convey your acceptance—but let the consumer know that you are not experiencing it and reinforce reality.
- “I can see that you are scared that someone is out to get you, but I don’t know of anyone who is trying to hurt you . . . I’m here to keep you safe.”
- Don’t argue about the delusion—no one will win this argument

Intoxication

Remember, substance use, especially alcohol is a significant risk factor associated with violence. Do not let your guard down. (“She is only drunk.”)

- Keep statements brief and to the point.
- Avoid engaging in arguments.
- Point out that it is difficult to understand what is being said.

PTSD Flashbacks

- Some people with post-traumatic stress disorder experience flashbacks. During a flashback, the person is experiencing the traumatic event, so all the senses and thoughts are in the moment. It is really important to maintain personal space and avoid touch during a flashback.
- Orient and ground: My name is . . . today is . . . you are (describe where), it’s our job to keep you safe
- Provide simple directives and reassurance softly and slowly

Rapid Speech/Mania

Some people talk rapidly when they are stressed or scared. People who are manic often talk very rapidly

- Encourage the person to slow down, take deep breaths.
- “I want to understand what you are saying, but you are talking really fast. Let’s take some deep breaths together.”

In review - to work towards more effective conflict de-escalation and resolution:

- **Use the name of the person with whom you are speaking:** People respond favorably to their own name. It also makes the conversation more personal. Ask for the person’s name early in the piece and use it throughout conversation.

- **Use Active Listening:** Clarifying, paraphrasing and open-ended questions all help to ensure that the person is aware you have understood their frustrations completely. This helps to lower frustration levels as they feel they have "got it off their chest". On a subconscious level, repeating a person's own words back to them clearly shows your comprehension of their points on the most basic of levels.
- **Slow down and suspend judgement:** Empathy needs to be shown during conflict situations. Even if you do not agree with the person's position, expressing an understanding why that person feels a particular way will help resolve the conflict. Once again, ensure you are giving the conflict your full attention. Show respect for the other person's opinions and feelings.
- **Get them to say yes:** It is very hard for someone to stay angry towards you if they are agreeing with you. This may sound ridiculous….How do we achieve this? Using clarifying questions and providing summaries during the conversation all help to confirm you have understood their point. When you clarify using a statement such as, "So you are feeling frustrated because of XYZ, is that right?", you are creating a situation where the other person must respond with a "yes", and the more often we can get the other person to say yes, the quicker the conflict will deescalate. This is an extremely successful and useful technique.
- **Don't use clichés:** The worst of these being "calm down". If you have ever said those words during a verbal conflict, you will realize the normal response is "I AM CALM" at the top of their voice and most likely coupled with animated hand gestures as well.
- **Show empathy:** The old saying, "Hot heads and cold hearts never solved anything" is particularly true of conflict resolution. As security industry professionals, we need to show compassion and empathy and give the conflict our full attention. Don't make rash judgements, and work through the process.
- **Consistency in Courtesy:** This is a personal favorite of mine. The person you are dealing with at 10 o'clock at night deserves the same level of respect, courtesy and patience as the person you are dealing with at 2pm. They don't know it is your third argument with someone today or that they are the 19th person refused entry tonight and as such, they deserve the same high level of service and professionalism as the first person you spoke to. Remember that in the security industry, in a lot of cases, we are the first and last impression someone gets of our client's business (be it retail, licensed premises, or corporate host/concierge type roles) and as such, we need to maintain that position of positive brand ambassador and consummate professional.

There are many physical aspects to be mindful of in conflict situations. It is important to always be mindful of bigger picture aspects of conflict including situational and environmental awareness, right through to simple things like our stance and positioning. Do not underestimate the importance of maintaining a constant awareness of the signs and triggers of an escalating conflict such as:

- A person clenching his or her fists or tightening and untightening their jaw.
- A sudden change in body language or tone used during a conversation.

- The person starts pacing or fidgeting.
- A change in type of eye contact (psychological intimidation).
- The "Rooster Stance" – chest protruding out more and arms more away from the body.

Non-Verbal De-Escalation: Most communication consists of non-verbal behaviors and tone of voice. Less than seven percent of communication has to do with what is actually said.

1. **Appear calm, centered, and self-assured even if you don't feel it.** Your anxiety can make the client feel anxious and unsafe which can escalate aggression.

2. **Maintain limited eye contact**. Loss of eye contact may be interpreted as an expression of fear, lack of interest or regard, or rejection. Excessive eye contact may be interpreted as a threat or challenge.

3. **Maintain a neutral facial expression**. A calm, attentive expression reduces hostility.

4. **Keep a relaxed and alert posture**. Stand up straight with feet about shoulder width apart and weight evenly balanced. Avoid aggressive stances.

5. **Minimize body movements** such as excessive gesturing, pacing, fidgeting, or weight shifting. These are all indications of anxiety and will tend to increase agitation.

6. **Position yourself for safety**:

- Never turn your back for any reason.
- Maintain a distance of at least two arms' length between yourself and the agitated party. This will allow you reaction time from attacks such as grabs, strikes, and lunges.
- Angle your body about 45 degrees in relation to the individual. This stance not only reduces your target size in the event of an attack, but also prepares you to escape when necessary.
- Place your hands in front of your body in an open and relaxed position. This gesture appears non-threatening and positions your hands for blocking if the need arises. Avoid crossed arms, hands in the pockets, or arms behind the back since it can be interpreted as negative body language as well as putting you at tactical disadvantage if an attack occurs.
- If possible, casually position yourself behind a barrier such as a sofa, desk, large chair, counter, table, or other large object.
- Position yourself closer to the room entrance than the escalated client if indoors.
- If you have time, remove necktie, scarf, hanging jewelry, religious or political symbols before you see the client (not in front of him/her).

7. **Always be at the same eye level**. Encourage the client to be seated, but if he/she needs to stand, stand up also.

8. **Do not point or shake your finger**.

9. **Do not touch** even if some touching is generally culturally appropriate and usual in your setting. Cognitive disorders in agitated people allow for easy misinterpretation of physical contact as hostile and threatening.

The most effective de-escalators have been found to have the following skills:

Honesty.

Confidence.

Non-judgmentalism.

A permissive non-authoritarian manner.

Ability to empathize.

Ability to keep it simple.

Ability to repeat statements as necessary.

Ability to listen twice as much as you talk.

Suicide
A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die—they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously. If you think a friend or family member is considering suicide, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life.

Understanding and preventing suicide
The World Health Organization estimates that approximately 1 million people die each year from suicide. What drives so many individuals to take their own lives? To those not in the grips of suicidal depression and despair, it's difficult to understand what drives so many individuals to take their own lives. But a suicidal person is in so much pain that he or she can see no other option.
Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to committing suicide, but they just can't see one.

Warning signs of suicide

Most suicidal individuals give warning signs or signals of their intentions. The best way to prevent suicide is to recognize these warning signs and know how to respond if you spot them. If you believe that a friend or family member is suicidal, you can play a role in suicide prevention by pointing out the alternatives, showing that you care, and getting a doctor or psychologist involved.

Major warning signs for suicide include talking about killing or harming oneself, talking or writing a lot about death or dying, and seeking out things that could be used in a suicide attempt, such as weapons and drugs. These signals are even more dangerous if the person has a mood disorder such as depression or bipolar disorder, suffers from alcohol dependence, has previously attempted suicide, or has a family history of suicide.

Take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide—**it's a cry for help.**

A more subtle but equally dangerous warning sign of suicide is hopelessness. Studies have found that hopelessness is a strong predictor of suicide. People who feel hopeless may talk about "unbearable" feelings, predict a bleak future, and state that they have nothing to look forward to.

Other warning signs that point to a suicidal mind frame include dramatic mood swings or sudden personality changes, such as going from outgoing to withdrawn or well-behaved to rebellious. A suicidal person may also lose interest in day-to-day activities, neglect his or her appearance, and show big changes in eating or sleeping habits.

Talking about suicide	Any talk about suicide, dying, or self-harm, such as "I wish I hadn't been born," "If I see you again..." and "I'd be better off dead."
Seeking out lethal means	Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
Preoccupation with death	Unusual focus on death, dying, or violence. Writing poems or stories about death.
No hope for the future	Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").
Getting affairs in order	Making out a will. Giving away prized possessions. Making arrangements for family members.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
Withdrawing from others	Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.
Self-destructive behavior	Increased alcohol or drug use, reckless driving, unsafe

	sex. Taking unnecessary risks as if they have a "death wish."
Sudden sense of calm	A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to commit suicide.

Suicide prevention tip #1: Speak up if you're worried

If you spot the warning signs of suicide in someone you care about, you may wonder if it's a good idea to say anything. What if you're wrong? What if the person gets angry? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

Talking to a person about suicide

Talking to a friend or family member about their suicidal thoughts and feelings can be extremely difficult for anyone. But if you're unsure whether someone is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving a suicidal person the opportunity to express his or her feelings can provide relief from loneliness and pent-up negative feelings, and may prevent a suicide attempt.

Ways to start a conversation about suicide:

- I have been feeling concerned about you lately.
- Recently, I have noticed some differences in you and wondered how you are doing.
- I wanted to check in with you because you haven't seemed yourself lately.
- Questions you can ask:
- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Have you thought about getting help?

Say what you can say that helps:

- You are not alone in this. I'm here for you.
- You may not believe it now, but the way you're feeling will change.
- I may not be able to understand exactly how you feel, but I care about you and want to help.
- When you want to give up, tell yourself you will hold off for just one more day, hour, minute—whatever you can manage.

When talking to a suicidal person

Do:

- Be yourself. Let the person know you care, that he/she is not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it.
- Listen. Let the suicidal person unload despair, ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign.
- Be sympathetic, non-judgmental, patient, calm, accepting. Your friend or family member is doing the right thing by talking about his/her feelings.
- Offer hope. Reassure the person that help is available and that the suicidal feelings are temporary. Let the person know that his or her life is important to you.

- If the person says things like, “I’m so depressed, I can’t go on,” ask the question: “Are you having thoughts of suicide?” You are not putting ideas in their head, you are showing that you are concerned, that you take them seriously, and that it’s OK for them to share their pain with you.

But don’t:

- Argue with the suicidal person. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or “Look on the bright side.”
- Act shocked, lecture on the value of life, or say that suicide is wrong.
- Promise confidentiality. Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.
- Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it’s hurting your friend or loved one.
- Blame yourself. You can’t “fix” someone’s depression. Your loved one’s happiness, or lack thereof, is not your responsibility.

Adapted from: *Metanoia.org*

Suicide prevention tip #2: Respond quickly in a crisis
If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. **Those at the highest risk for committing suicide in the near future have a specific suicide PLAN, the MEANS to carry out the plan, a TIME SET for doing it, and an INTENTION to do it.**

Low– Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.
Moderate– Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.
High– Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.
Severe – Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.

The following questions can help you assess the immediate risk for suicide:

- Do you have a suicide plan? (PLAN)
- Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
- Do you know when you would do it? (TIME SET)
- Do you intend to commit suicide? (INTENTION)

If a suicide attempt seems imminent, call a local crisis center, dial 911, or take the person to an emergency room. Remove guns, drugs, knives, and other potentially lethal objects from the vicinity but **do not, under any circumstances, leave a suicidal person alone.**

Suicide prevention tip #3: Offer help and support

If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear. Let your loved one know that he or she is not alone and that you care. Don't take responsibility, however, for making your loved one well. You can offer support, but you can't get better for a suicidal person. He or she has to make a personal commitment to recovery.

It takes a lot of courage to help someone who is suicidal. Witnessing a loved one dealing with thoughts about ending his or her own life can stir up many difficult emotions. As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counselor—to talk to about your feelings and get support of your own.

Helping a suicidal person:

Get professional help. Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.

Follow-up on treatment. If the doctor prescribes medication, make sure your friend or loved one takes it as directed. Be aware of possible side effects and be sure to notify the physician if the person seems to be getting worse. It often takes time and persistence to find the medication or therapy that's right for a particular person.

Be proactive. Those contemplating suicide often don't believe they can be helped, so you may have to be more proactive at offering assistance. Saying, "Call me if you need anything" is too vague. Don't wait for the person to call you or even to return your calls. Drop by, call again, invite the person out.

Encourage positive lifestyle changes, such as a healthy diet, plenty of sleep, and getting out in the sun or into nature for at least 30 minutes each day. Exercise is also extremely important as it releases endorphins, relieves stress, and promotes emotional well-being.

Make a safety plan. Help the person develop a set of steps he or she promises to follow during a suicidal crisis. It should identify any triggers that may lead to a suicidal crisis, such as an anniversary of a loss, alcohol, or stress from relationships. Also include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.

Remove potential means of suicide, such as pills, knives, razors, or firearms. If the person is likely to take an overdose, keep medications locked away or give out only as the person needs them.

Continue your support over the long haul. Even after the immediate suicidal crisis has passed, stay in touch with the person, periodically checking in or dropping by. Your support is vital to ensure your friend or loved one remains on the recovery track.

Risk factors for suicide

Antidepressants and suicide

For some, depression medication causes an increase—rather than a decrease—in depression and suicidal thoughts and feelings. Because of this risk, the FDA advises that anyone on antidepressants should be watched for increases in suicidal thoughts and behaviors. Monitoring is especially important if this is the person's first time on depression medication or if the dose has recently been changed. **The risk of suicide is the greatest during the first two months of antidepressant treatment.**

According to the U.S. Department of Health and Human Services, at least 90 percent of all people who commit suicide suffer from one or more mental disorders such as depression,

bipolar disorder, schizophrenia, or alcoholism. Depression in particular plays a large role in suicide. The difficulty suicidal people have imagining a solution to their suffering is due in part to the distorted thinking caused by depression.

Common suicide risk factors include:

- Mental illness
- Alcoholism or drug abuse
- Previous suicide attempts
- Family history of suicide
- Terminal illness or chronic pain
- Recent loss or stressful life event
- Social isolation and loneliness
- History of trauma or abuse

Suicide in teens and older adults

In addition to the general risk factors for suicide, both teenagers and older adults are at a higher risk of suicide.

Suicide in Teens

Teenage suicide is a serious and growing problem. The teenage years can be emotionally turbulent and stressful. Teenagers face pressures to succeed and fit in. They may struggle with self-esteem issues, self-doubt, and feelings of alienation. For some, this leads to suicide. Depression is also a major risk factor for teen suicide.

Other risk factors for teenage suicide include:

Childhood abuse
Recent traumatic event
Lack of a support network
Availability of a gun
Hostile social or school environment
Exposure to other teen suicides

Suicide warning signs in teens

Additional warning signs that a teen may be considering suicide:

- Change in eating and sleeping habits
- Withdrawal from friends, family, and regular activities
- Violent or rebellious behavior, running away
- Drug and alcohol use
- Unusual neglect of personal appearance
- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.
- Not tolerating praise or rewards

Source: *American Academy of Child & Adolescent Psychiatry*

Suicide in the Elderly

The highest suicide rates of any age group occur among persons aged 65 years and older. One contributing factor is depression in the elderly that is undiagnosed and untreated.

Other risk factors for suicide in the elderly include:

Recent death of a loved one
Physical illness, disability, or pain
Isolation and loneliness
Major life changes, such as retirement
Loss of independence
Loss of sense of purpose

Suicide warning signs in older adults

- Additional warning signs that an elderly person may be contemplating suicide:
- Reading material about death and suicide
- Disruption of sleep patterns
- Increased alcohol or prescription drug use
- Failure to take care of self or follow medical orders
- Stockpiling medications
- Sudden interest in firearms
- Social withdrawal or elaborate good-byes
- Rush to complete or revise a will

Source: *University of Florida*
http://www.helpguide.org/

National Suicide Prevention Lifeline – Provides free, 24-hour assistance. 1-800-273-TALK (8255).

Local Suicide Hotlines:

BRAINERD
Serving Aitkin, Cass, Crow Wing, Morrison, Todd, & Wadena Counties Crisis Line & Referral Service 24 hours / 7 days
(218) 828-4357 (HELP)
1-800-462-5525
DULUTH
Arrowhead Region - Northeast
24-Hour Crisis Line 24 hours / 7 days
(218) 723-0099
1-800-720-3334
GRAND RAPIDS
Serving Aitkin, Cass, Clearwater, Beltrami, Itasca, Koochiching, & Lake of the Woods Counties
(218) 326-8565
1-800-442-8565
(218) 326-4634 TTY
Outside Itasca County
1-800-543-7709

Policy reviewed and authorized by the Cherish owners at a formal Board of Directors meeting

Last policy review: 5/30/2019