



# **Suicidal Adolescent Family Empowerment Program (S.A.F.E.)**

**Partner. Empower. *Prevent.***

## DISCLAIMER

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*This program is for educational purposes only. It does not replace the advice of a medical provider. If you or someone you know is experiencing a mental health emergency, **please call or text 988.** If you or someone you know is experiencing a medical emergency, **please call or text 911.***

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# Learning Goals

# Learning Goals:

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## General Information

- ~Statistics
- ~Contributors
- ~Precursors



## Coping and Communication

- ~Self-care
- ~What to tell people



## Safety Planning

- ~Safety Strategies



## Privacy & Bullying

- ~Privacy issues
- ~Electronic/social media safety
- ~Bullying

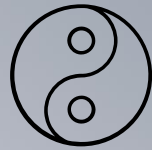
# Learning Goals:

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## Crisis Prevention

~ Planning for crisis



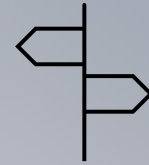
## DBT

~ University of Iowa Stead Family Children's Hospital inpatient approach



## Mindfulness

~Benefits  
~Guided Mindfulness Meditation



## Resources

~Links to other resources

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# General Information

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## Suicide

Suicide is one of the leading causes of death among children and young adults ages 10 to 24 years old.

## Underlying Issues:

- ~Depression
- ~Traumatic stress
- ~Anxiety
- ~Substance use or misuse

## Ideation

In a national study conducted by the CDC (2023), about 20% of high school students seriously considered attempting suicide.

## Common Precursors

- ~Familial stressors (divorce or parental conflict).
- ~Relationship difficulties with a love interest.
- ~School related problems (bullying).

# General Information

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## There is hope!

9 out of 10 people who attempt suicide and survive will not die by suicide later in life.

## Resiliency

Resilience building is associated with a lower rate of mental health and suicide risk.

## Prevention

Prevention can be an effective tool in reducing the likelihood that your child will engage in self-harm behaviors.

## Communication

Talking about suicide ***is not thought to increase risk***. In fact, ***it may lower the risk*** that your child will act on thoughts of self-harm.



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# **Coping and Communication**

# What Can I Do?

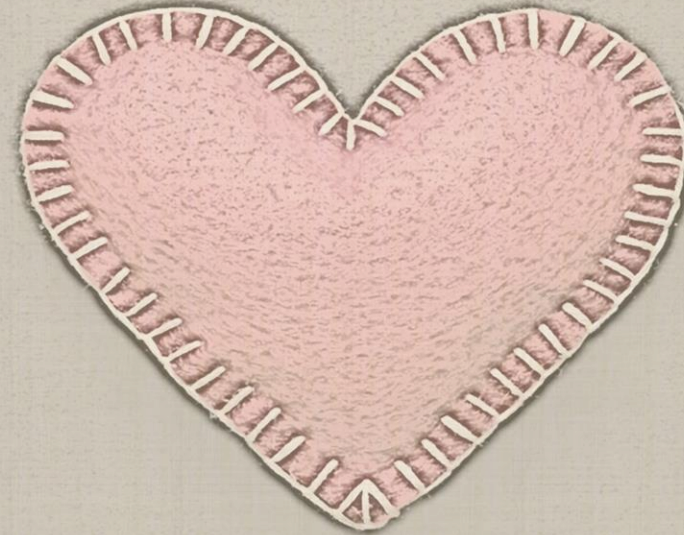
## Increase protective factors:

~Seek effective care for your child's mental health or substance use or misuse issues.

~Healthy coping and problem solving skills.

~Involve community supports such as faith community, or youth programs.

~Approach your loved one from a place of understanding and support.

























# Coping As a Caregiver

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## **Self care is important!**

Self-care is essential and not selfish!

## **Benefits:**

Self-care models healthy behavior for your loved ones and offers you a needed relief from the stresses of caretaking.

## **Normal Range of Emotions:**

Sadness, Fear, Anxiety, Shock,  
Indifference, Anger, Self-Blame

## **Remember!**

You are not to blame! Many people find counseling or therapy services helpful in learning to cope with what has happened.



# What To Tell Others

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## Sharing

The decision is unique to each person and family. Some families limit how much information they share. Others find that sharing their experience is helpful.



## Comfort Level

Inquire about the survivor's comfort level. Mental illness is still largely misunderstood. Survivors may not feel safe having this information shared.



## Support

Listening to and supporting your loved one about sharing this information, can have a significant impact on their emotional well being - even if you do not understand their reasons .

# Talking to Siblings

Let your child know that their sibling/s are asking questions and seek their input on what you will share.

Try to answer any questions they may have but avoid unnecessary details.

Choose a time when you are not overly upset to speak to your other child or children.

Encourage them to speak freely about it and allow room for emotional responses or silence.

Provide the child/ren truthful information that is appropriate for their age and developmental level.

Assure the child/ren that it is not their fault and that you (as well as their sibling) loves them.

Explain mental illness in direct language the child/ren will understand.

Let your child/ren that their sibling is getting help and that help is also available to the family.











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# Safety Planning

# Why Is Safety Planning Important?

## Bad News:

~Safety planning can **never** *guarantee* 100% safety.

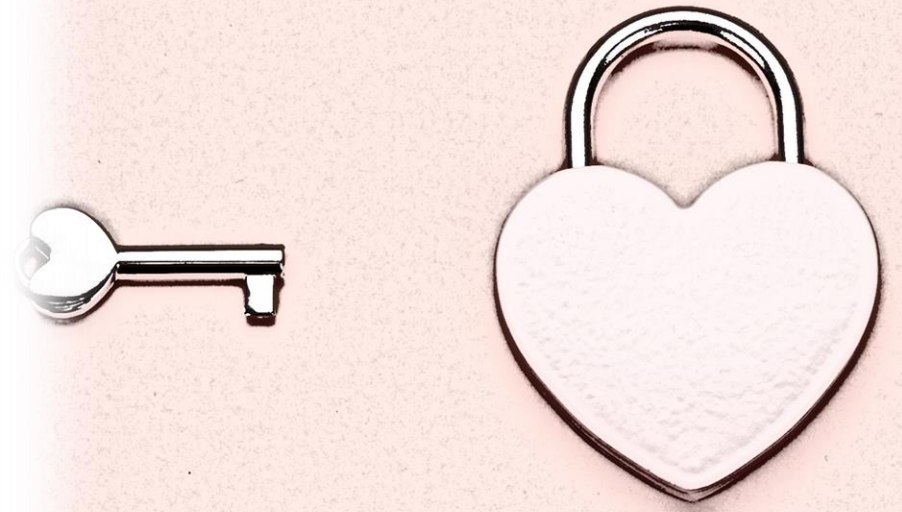
## Good News:

~Safety planning **can** lower the risk - whether the event is impulsive or planned.

## How?

~Making harmful behaviors toward self (or others) more difficult to engage in by **removing** and/or **locking** up items that could lead to dangerous situations.

~Putting plans in place to support youth in the event of a crisis.





# Goals of Safety Planning

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## Safety

~ Always **increase** safety and **lower** risk.

## Time

~**Increase** time interval between the thought, urge, and action

~**Increase** distance to access to means.

**Time and distance are your best friends!**





**The more time there is between a child's thoughts or urges and access to harmful means, the more time there is for the child to cool off, think more rationally, and make a different choice.**

# Safety Tips: Overdose/Ingestion

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## Remove and Secure

Remove or secure all poisonous or toxic agents, such as medicines and household or garden chemicals.

## Limited Supplies

Keep only a very limited supply of poisons or toxic agents in your home and store them in a lock box.

## Lock and Monitor

Lock and monitor ***all*** medicines, (prescription and over-the-counter) ***of all family members*** in the home.

## Control and Manage

Control and manage your child's medicines by giving their meds at prescribed times and watch them take it.



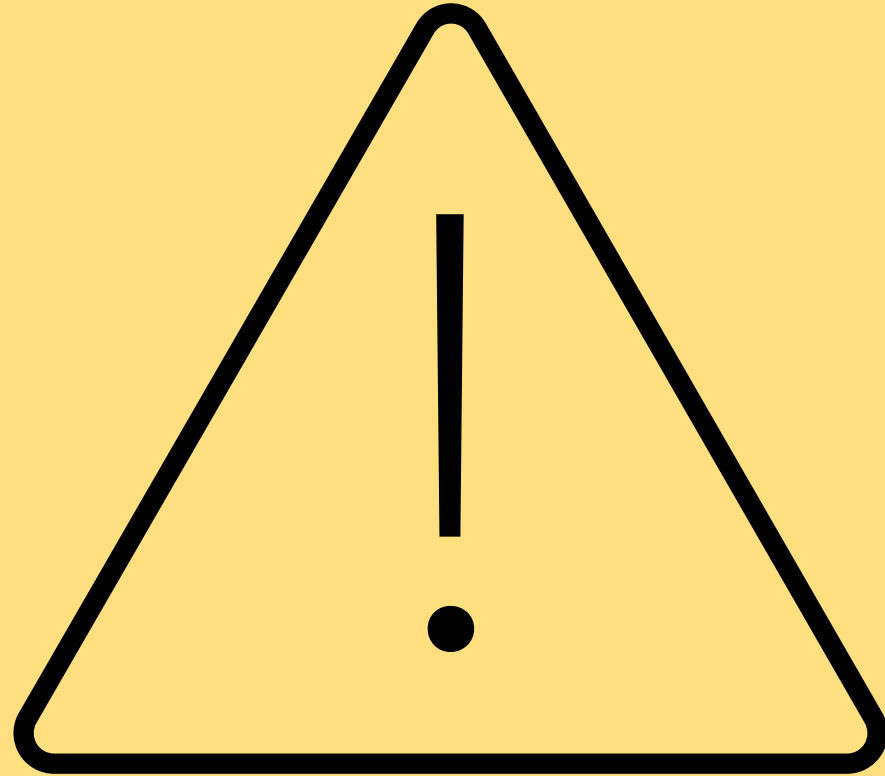
# Overdose/Ingestion

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Youth in crisis may ingest any medicine they can get - even if it is not theirs.

All medicines should be accounted for at all times!





***Youth should NOT be in charge of their  
medicine during times of crisis.***

# Sharps & Strangulation: Common Items

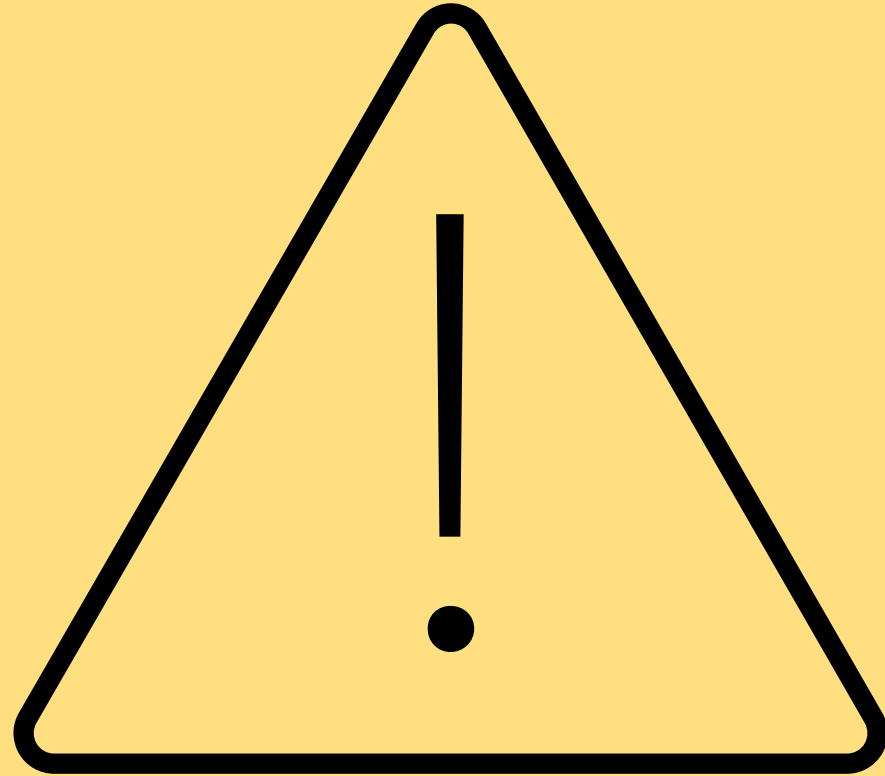
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## Sharps

- Knives
- Razors
- Paper Clips
- Tools
- Pencil Sharpeners
- X-Acto Knife
- Blades

## Strangulation

- Plastic Bags
- Belts
- Bedsheets
- Ropes
- Ties
- Scarves
- Cords
- Shoelaces



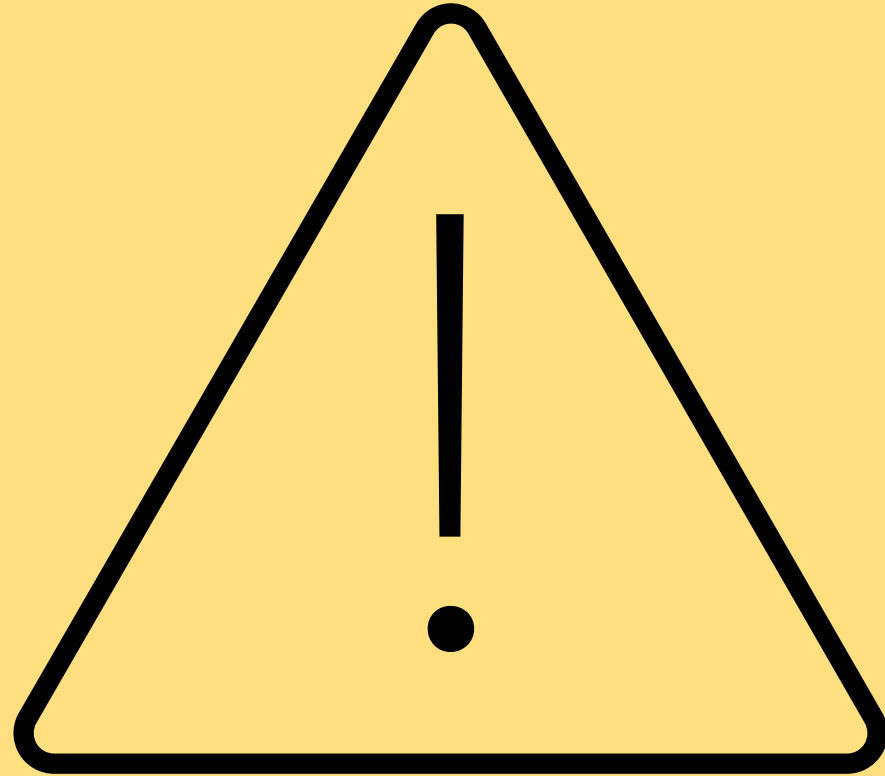
**Completely remove the most dangerous items  
from your home!**



# Safety Tips: Sharps & Strangulation

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- **Remove or lock up all sharps and potential strangulation items!**
- Some parents and caregivers struggle to lock all sharps or strangulation items in the family home: Another option (although less safe) is to limit the number of knives or strangulation items that are out. This will make it easier to see missing items.
- If you are unable to remove all sharps and strangulation items, think about alternatives such as:
  - ~Electric razors rather than razors with blades
  - ~Items with limited (or no) cords
  - ~A check-in/check-out system



**Elaborate set-ups from high places are not needed for hanging attempts. The only thing needed is leverage. This could be done with doorknob or bed post.**

# Firearms

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## **Most youth who die by firearm suicide use a family member's gun/rifle.**

- 85 to 90 (out of 100 attempts) self-inflicted gunshot wounds end in death in while only 1 to 2 (out of 100 attempts) overdose, cutting, or stabbing self-injury attempts end in death.
- If highly lethal means are not easily accessible (especially firearms), suicidal people are more likely to delay an attempt or resort to less lethal means.

## **Do you own a gun? Does your child have access to a gun?**

- Think about all access your child might have (grandparents, hunting buddies, and friends) and make an appropriate safety plan.

# Firearms: Safety Tips

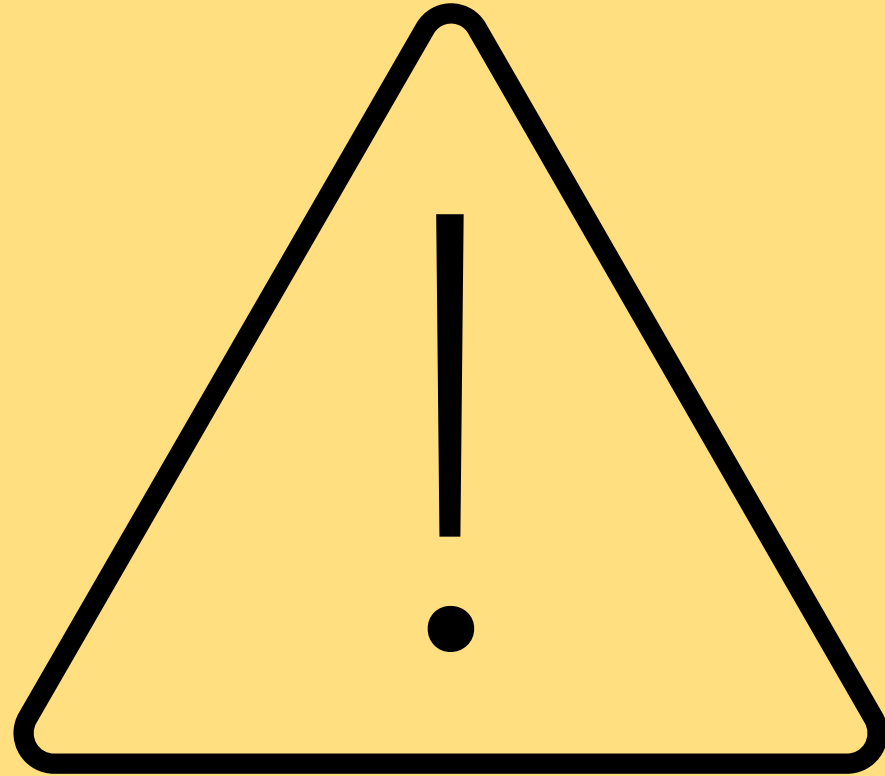
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**During a crisis, it is best to completely remove guns from the child's home and/or car. You can use:**

- Support people. A trusted friend or relative to store them away from home.
- Gun storage facilities (consider checking with your local police department).
- Lock boxes, safes, trigger locks, and cable locks that have key restrictions at home.

## **Be Triple Safe!**

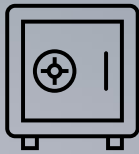
- Guns should be stored **locked** and **unloaded**, (preferably in a lock box or gun safe).
- The ammunition should be **locked** and stored in a separate place.



**Suicide attempts by firearms is a highly lethal means that often results in death.**

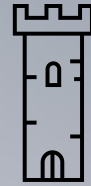
# Firearms: Safe Storage

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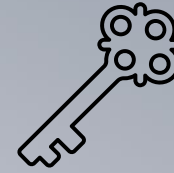
## Locked Storage

Use locked storage for hazardous materials or weapons.



## Hiding Place

Choose a careful hiding place.



## Key or Combination

Store the key or combination in a separate place.

# Firearms: Safe Storage

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## Assume Knowledge

Assume your child knows where the key or box is hidden.



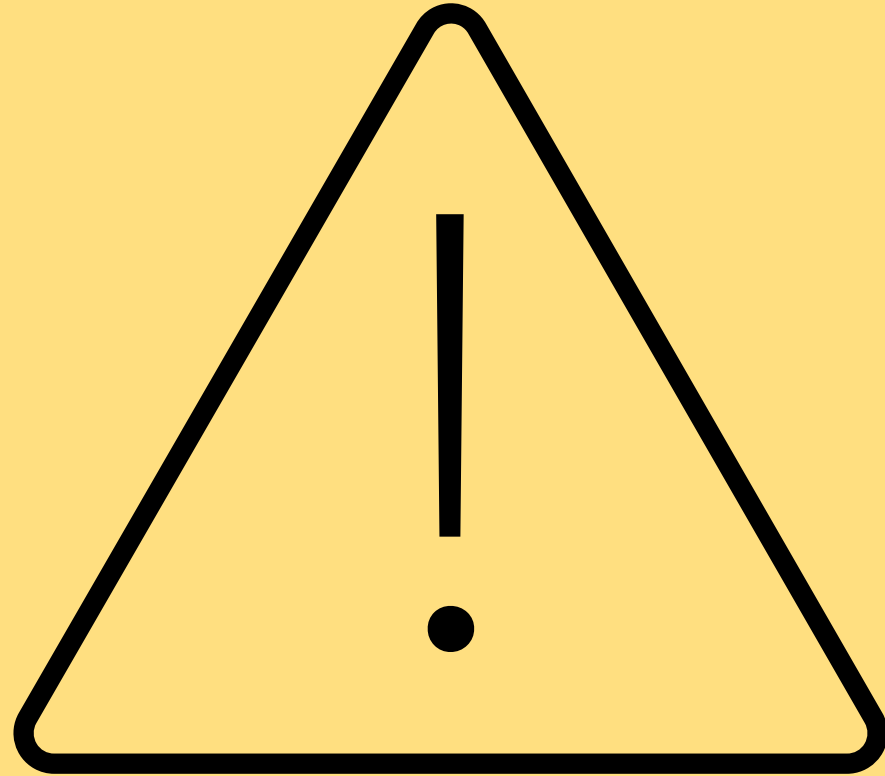
## Change Combos

Change the keypad combinations regularly if possible.



## Safe Storage

Store lethal combinations (such as bleach and ammonia or firearms and ammunition) in separate places.



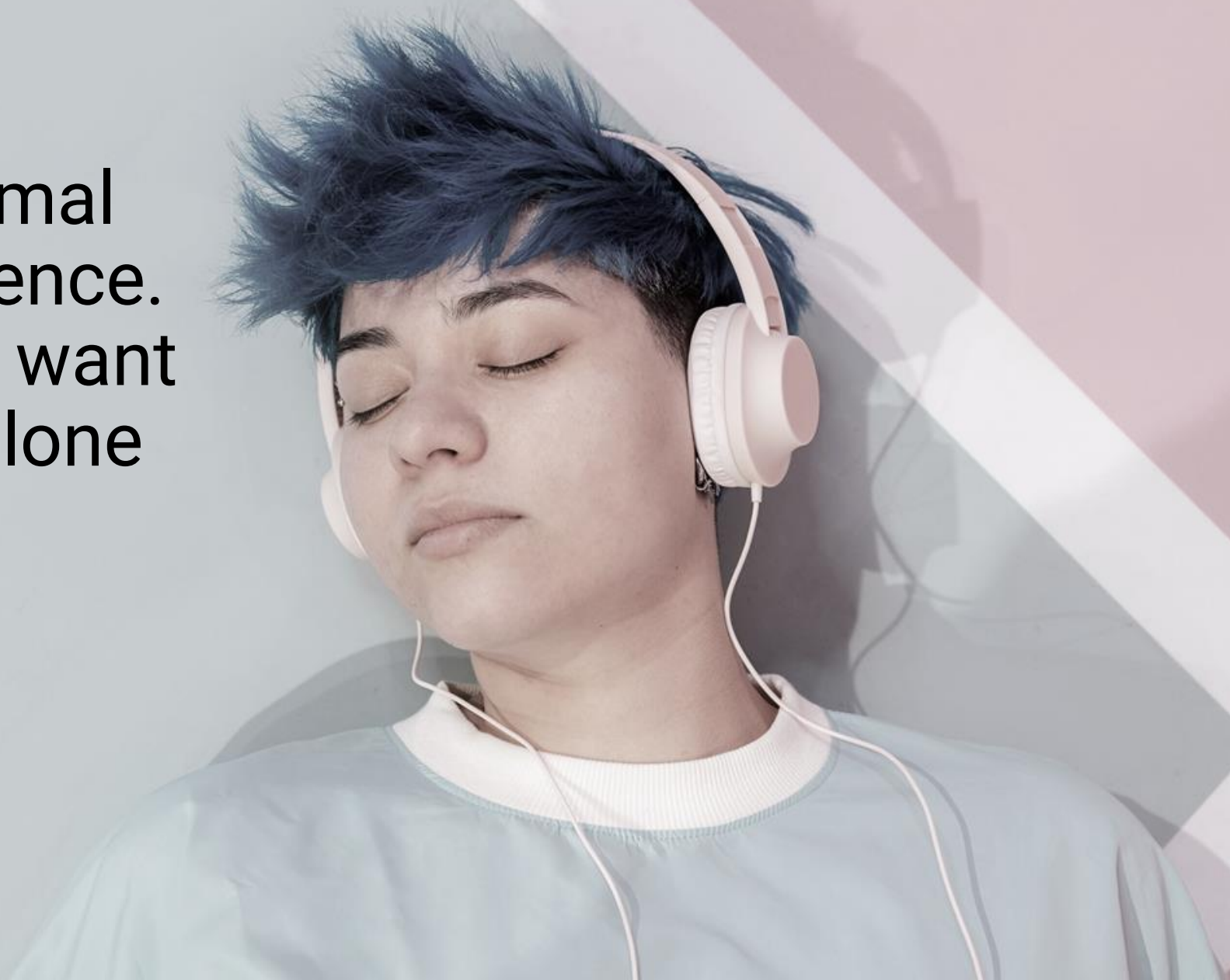
**The main goal of restriction is to lock or  
remove all *concerning* items from the home.**



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# **Privacy, Electronics, Bullying**

Privacy is a normal part of adolescence. Youth will likely want to spend time alone in their room.



# Room Search

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## In periods of high risk:

- Parents may want to limit private time for fear of what a child may do without eyes on them.
- This can become a source of contention between parent/caregiver and child which often leads to upset behavior.
- Random room searches can be a useful way to allow privacy without compromising safety.

## Recommendations:

- **Room searches can happen at the parent's/caregiver's discretion, but never without your child's knowledge.**
- Find ways to offer privacy while ensuring safety.
- Safety-proof your child's room.
  - Your child's door should not lock.
  - Do not take the doors off rooms, but make sure the room is safe.

# Room Search

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Tell your child why the search is needed in the moment. **Do not** give advance warning.

Share that you prefer honesty and would rather they hand over or share where you will find concerning items, rather than finding them on your own.

Offer your child the opportunity to be present.

If they do so, thank them for their honesty and commitment to their own safety.

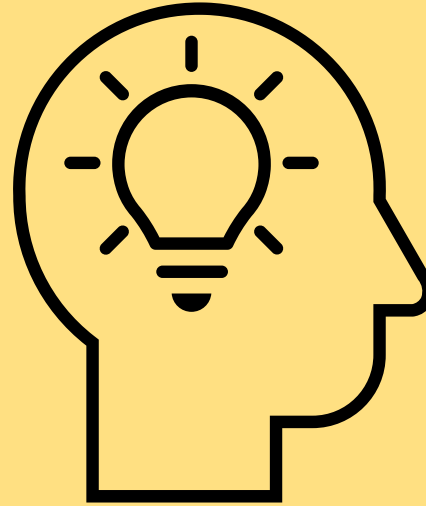
# Expectations for Check-In's

## Parents have a right to check-in but should always knock.

- Decide how often check-ins are needed on case-by-case basis.
- When youth are in crisis, do check-ins more often (every 15 to 30 minutes).
- When youth stable, do check-ins less often.

## When parents knock, the child must answer.

- If the child does not answer in reasonable time frame (such as 5 to 10 seconds) the parent may enter.
- No need to talk, consider using signals.
- Must make visual contact and see that all is well.



**These expectations can be part of  
the Crisis Prevention Plan.**

# Electronics Safety: Talking Points



## Passwords

Never share passwords or personal information online. It can risk safety.



## Cyberspace

Once in cyberspace, always in cyberspace. Cyberbullying comes with consequences.



## Trust

Do not blindly trust people you meet on-line.



## Image Sharing

Schools have policies about forwarding emails and photos from others.



## Talk

Encourage open communication between yourself and your child about bullying and harassment.

# Bullying

A black and white photograph showing a person being bullied. A larger person is standing over a smaller person who is crouching or lying on the ground. The scene is outdoors, possibly in a park or schoolyard, with trees and a fence visible in the background. The image is grainy and has a high-contrast, somewhat somber tone.

Unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time.

About 1/5 (8.2 million) US high school students report experiences with bullying every year (1/6 for cyber-bulling).



# Bullying

## Kids who are bullied are more likely to experience:

- Depression, anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, health complaints, and loss of interest in activities they used to enjoy.
- Decreased academic performance and school participation. They are more likely to miss, skip, or drop out of school.

## Resources:

- StopBullying.gov
- National Bullying Prevention Center: <https://www.pacer.org/bullying/>
- Cyberbullying Research Center: <https://cyberbullying.org/resources/parents>
- American Psychological Association: <https://www.apa.org/topics/bullying/>
- It Gets Better Project: <https://itgetsbetter.org/>



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# Crisis Prevention Planning



## Crisis Prevention Plan

This worksheet will help you brainstorm ideas about what should be in your child's CPP. While you may have ideas based on your experience with your child, also look at their Trigger Card for other ideas that may be helpful. You will get a printed copy of the CPP when you leave the hospital.

Please fill out the sections below as completely as you can. Examples are provided for each section.

### Triggers

List the things that seem to trigger your child. Triggers are things that make your child mad, sad, upset, anxious, or distressed.

**Examples:** Hearing “no,” unexpected change of plans, being bullied, loud noises, arguments, not understanding homework

Be as specific as possible. Hearing “no” is much more effective if you can specify what hearing “no” will trigger, such as “hearing ‘no’ to requests to stay out later than curfew.”

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Warning Signs

List the physical, emotional, or behavioral signs that your child is feeling distressed or triggered. Try to include some that are unique to your child.

**Examples:** Being quiet, isolating from friends or family, clenched fists, irritable, argumentative, quick breathing

_____	_____
_____	_____
_____	_____
_____	_____

## Support from Caregivers

What things does your child find supportive when they are upset? Some children like support from parents or caregivers. Some children resist it. List the supportive things you can do that are realistic for your home and your family.

**Examples:** Give your child space, remind your child to use their Self-Care Plan and look at their Trigger List, offer to take a walk with your child, check in on your child every 20 minutes, use the 6 Hour Rule in challenging family discussions

_____	_____
_____	_____
_____	_____
_____	_____

### Coping Skills

List the things your child does to calm when they are distressed or triggered. Only list coping skills that are safe, healthy, and positive on the CPP. It is helpful to list many types of coping skills like distractions, self-soothing techniques, and problem-solving skills.

**Examples:** Read a book, go for a walk, use an “I Statement” to talk it out, color in a coloring book, take deep breaths, drink a cup of tea

_____	_____
_____	_____
_____	_____
_____	_____

### People and Resources to Call

List the people and resources you or your child can call in a crisis. It is helpful to have many people listed here so your child can always access a resource if in crisis.

**Examples:** Parent, aunt or uncle, grandparent, therapist, trusted teacher or coach, mature friend, youth or community group leader, teen hotline, county crisis line

_____	_____
_____	_____
_____	_____
_____	_____

# Elements of a Crisis Prevention Plan



## Activation

**Activators** that lead to negative or troublesome feelings and behaviors



## Signs

**Warning signs** show that a situation is headed in a negative direction and needs intervention



## Skills

**Identify Skills** that youth can use to help themselves



## Action

**Action steps** are actions that caregivers can take to help support their child



## Support

**Identify others** that can be called upon to help manage the situation

# Crisis Prevention Planning

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If your child is admitted to a Child Psychiatry unit, the following will likely be completed prior to discharge:

- A family team meeting to identify concerns and establish goals.
- An individualized crisis plan can be developed.
- An aftercare service plan will be made.



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# **Dialectical Behavioral Therapy**

# DBT

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## What is DBT?

- **D**ialectical
- **B**ehavior
- **T**herapy

## What does dialectical mean?

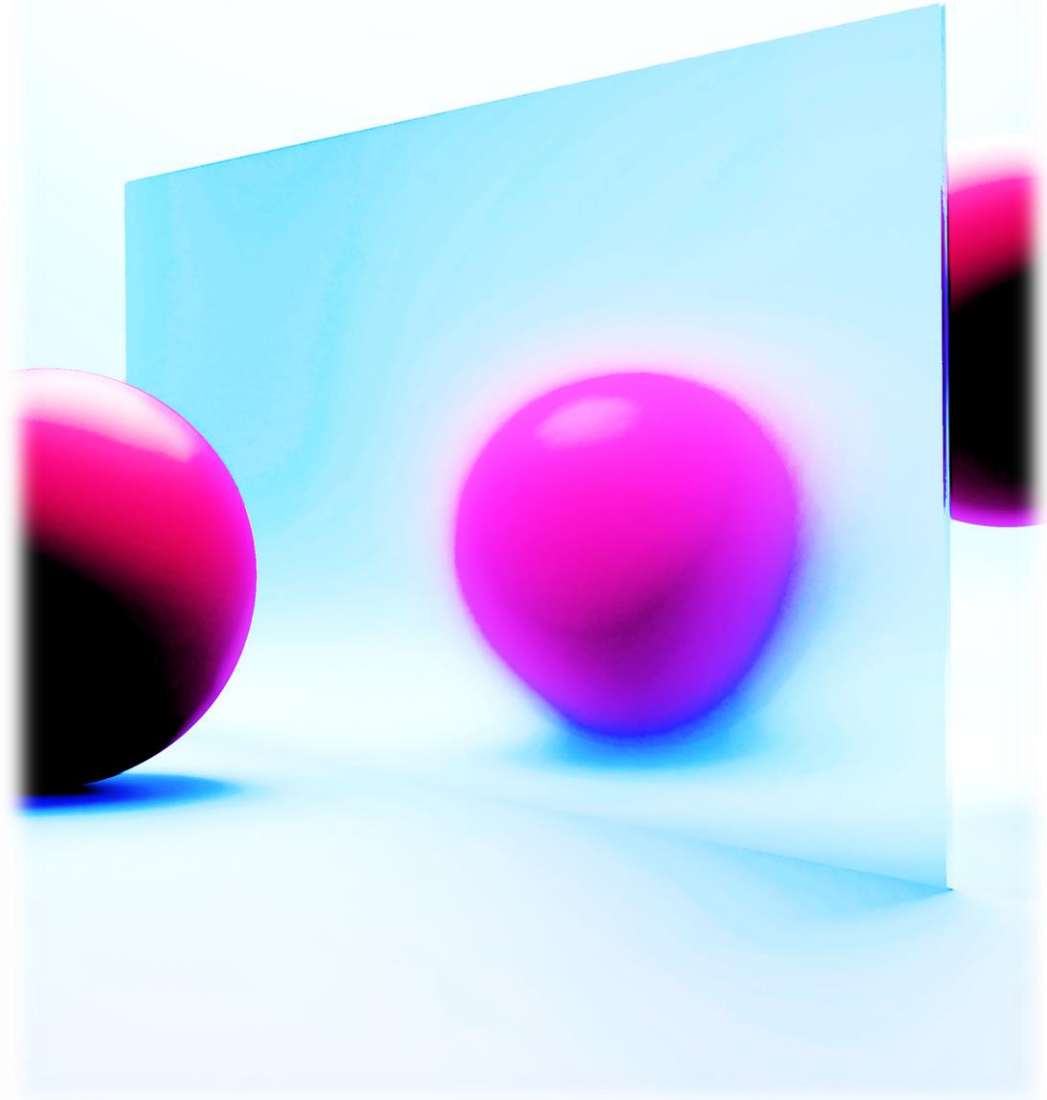
- 2 opposite ideas can be true at the same time
- When thought about together, can create a new truth and a new way of viewing the situation.
- There is always more than 1 way to think about a situation.
- Promotes perspective taking.



# DBT

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- Is an effective treatment for people who have a hard time controlling their emotions and behaviors.
- Aims to replace problem behaviors with skillful behaviors.
- Teaches people skills to help them experience a range of emotions without acting on those emotions.
- Teaches skills to help teens effectively navigate relationships and their environment (family, friendships, school, and work).
- Helps people understand that life is worth living – even when facing challenging events.



# DBT

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## What are **target behaviors**?

- Behaviors to decrease.
- Behaviors that cause harm to self and others.
- Behaviors that interfere with daily functioning.

## Examples:

- Suicidal Ideation
- Self-Harm
- Substance Use
- Avoidance
- Risky Behaviors
- Interpersonal Conflict
- Impulsivity

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# Mindfulness



# Mindfulness

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- Allows for more choices and increased control over your behavior. It helps slow down and notice emotions, thoughts, and urges. It increases self-awareness. It helps you choose a behavior more thoughtfully, rather than act impulsively and make situations worse.
- It can increase your pleasure and sense of well-being while reducing emotional suffering.
- Helps in making important decisions. It can balance overly emotional or overly logical decisions.
- Helps with focus and attention. It can help you be in control of your mind rather than letting your mind be in control of you, and therefore make you more effective and productive.
- Increase compassion for self and others.
- Lessens pain, tension, and stress, and in turn can even improve your health.







**Thank You!**



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# Resources

## Free Videos!

Dr. Betsy Rippentrop: Breath and Movement  
[Psychiatry-breath & movement on Vimeo](#)

Dr. Betsy Rippentrop: Relaxation  
[Psychiatry-relaxation on Vimeo](#)

**Password: Namaste**

# Links:



- <https://afsp.org/suicide-prevention-resources/>
  - <https://www.projectsafecr.org/>
  - <https://www.thetrevorproject.org/>
    - <https://lgbthotline.org/>
- <https://zerosuicide.edc.org/resources-parents>

## Adult Groups:

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The University of Iowa Hospitals and Clinics Department of Psychiatry also has resources for adults! They offer STEPPS and DBT groups. Both are designed to assist you in learning a variety of strategies to enhance your own coping and problem-solving skills. If you would like more information about getting involved with these groups, contact the Adult Psychiatry Clinic. You can call 319-353-6314 for more information.



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## S.A.F.E. Program Website:

<https://uichildrens.org/health-library/suicidal-adolescent-family-empowerment-safe-program>



Partner.  
Empower.  
Prevent.

# Program Evaluation

