• Confront the teen in a calm, warm, accepting, non-judgmental manner: “When people are feeling extremely upset, they can have thoughts of suicide. Is this something you've been thinking about?”
• Always ask: “Are you thinking about killing yourself?” The answer will determine if the teen has a plan and if there is a serious threat.
• If the teen does have a plan, use the acronym S.A.L. to help assess degree of risk.

  1. How specific are the details of the plan?
  2. Is the method available to carry out the threat?
  3. How lethal is the proposed method?

Caution: This approach may not be useful if the teen is intoxicated, has an impulsive personality, or is psychotic. In this case, a mental health professional must do the assessment.

• Listen: Explore how they've coped with problems in the past.
• Use constructive questions to help clarify.
• Rephrase important thoughts and restate them by saying, “In other words, you feel....”
• Emphasize tackling problems one at a time.

Getting Professional Help

Encourage the student to get help from a social worker, LMFT, psychologist or psychiatrist. If the teen is in therapy, encourage sharing feelings with the therapist.

Teens can also be referred to Teen Line® where trained teens are there to listen, help and make referrals. The Line is open every night between 6 and 10 pm PST. Call (800) 852-8336 within USA & Canada or (310) 855-4673. After hours, your call will be directed to Didi Hirsch's Suicide Prevention Center. You can also visit our website at www.teenlineonline.org.
Office: (310) 423-3401.
The following guide is intended to assist you in identifying teens at risk for suicide. Keep in mind it is always best to err on the side of safety and to treat all suicidal gestures and threats as serious.

### Warning Signs
- Sense of hopelessness
- Social withdrawal and isolation
- Helplessness
- Feelings of failure
- Being a burden to others
- Preoccupation with death and dying
- Lack of future goals
- Drop in school grades
- Giving away prized possessions

### Significant Life Events
- Loss of important love object
- History of suicide in the family
- Recent suicide of a friend
- Negative parental attitude towards teen

### Helpful Interactions
It is common for teens to deny their suicidality when confronted by an authority so it is essential to establish rapport with the teen as rapidly as possible.

The suicidal youth is often confused about what he/she wants and how to get it. Talking with the teen about feelings helps to clarify internal states, whether the teen expresses these verbally, by gesture or expression. Try to understand implied feelings and respond with a restatement of those – it helps the teen to feel understood.

The suicidal teen may not talk directly about suicidal plans or wishes. It is OK to ask: *“Are you thinking of killing yourself?”* It is a myth that talking about suicide to a distressed individual can lead to suicide.

### The Do’s And Don’ts Of Suicide Intervention

**DO** assess for suicidal risk. If the risk appears grave then the teen needs to be taken to a hospital emergency room for professional assessment.

**REMEMBER:** If a teen is a danger to self or others, and refuses help, they can be put on a 5150 hold for their safety and kept in hospital for observation for 72 hours.

**DO** inform the parents or guardian of the teen’s suicidal crisis.

**DO** ensure follow-up occurs by appropriate person.

**DON’T** sound shocked or say that the suicide would be an embarrassment to the teen’s family.

**DON’T** engage in a philosophical debate on the moral aspects of suicide. *You may not only lose the debate, but also the suicidal teenager.*