



JROTC Virtual Learning

At Risk-Suicide Awareness and Prevention

May 15, 2020



STANDARDIZED TRAINING SESSION

JROTC TRAILS WEST BRIGADE: Truman, Van Horn, William Chrisman High Schools

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**Student Learning Plan Health and Wellness:
At Risk-Suicide Awareness and Prevention [U4C1L5]**



What you will accomplish in this lesson:

Identify suicide symptoms and prevention strategies

Why this lesson is important:

- Take responsibility for your actions and choices

Skills and Knowledge

- Identify the warning signs of potential suicide
- Describe the factors that protect young people from considering suicide
- Describe the actions you can take if you suspect someone you know may be considering suicide
- Familiarize yourself with local and professional resources
- Identify post-suicidal interventions
- Associate the purpose of a positive mental attitude goal



Introduction

Being a young person today is no easy task. Young people, as well as adults, have to deal with increasingly complex decisions and pressures every day. Tragically, many young people feel they are not able to cope with the decisions and pressures they face. They often think that no one cares enough to help them, or no one is able to help them cope with their issues and concerns. Sometimes, when these young people become desperate and see no way out, they take their own lives.

Suicide does not just happen to “other people.” It can happen in any family. It is a tragedy under any circumstances, but it is especially devastating for the family and friends of those individuals who commit suicide. We are often kept from being able to help due to our fear and our lack of information and understanding of the problems of depression and suicide.

Suicide does not need to happen and can often be prevented. Knowing the causes, risks, warning signs, and what to do if faced with a potential suicide, is key to suicide prevention



Conclusion

If you or someone you know suffers from depression or bipolar disorder, you understand all too well its symptoms may include hopelessness and thoughts of suicide. Whether we are experiencing suicidal thoughts ourselves or know a severely depressed person who is, there are ways that we can respond with strength and courage. Suicide can be, and often is, prevented with the right kind of care, treatment, and support. You have now learned some sound advice on what to do before, during, and after a suicidal episode. Remember that seeking professional help and ensuring the support from family and friends, offers stability and hope to those who are in terrible emotional pain.



Lesson Check-up

1. What kind of “loss” is experienced for the suicidal person and their loved ones?
2. What are some warning signs of a suicidal person?
3. What should you do when you suspect someone is suicidal?
4. How can a positive mental attitude help you and others cope with the suicide of a loved one or friend?



Courtesy of Army JROTC

U4C1L5

At Risk – Suicide Symptoms and Prevention

Key Words:

Positive Mental
Attitude

Suicide Prevention

What You Will Learn to Do

Identify suicide symptoms and prevention strategies

Linked Core Abilities

- Take responsibility for your actions and choices
- Do your share as a good citizen in your school, community, country, and the world

Skills and Knowledge You Will Gain Along the Way

- Identify the warning signs of potential suicide
- Describe the factors that protect young people from considering suicide
- Describe the actions you can take if you suspect someone you know may be considering suicide
- Familiarize yourself with local and professional resources
- Identify post-suicidal interventions
- Associate the purpose of a positive mental attitude goal

setting and overall all health

Introduction

Being a young person today is no easy task. Young people, as well as adults, have to deal with increasingly complex decisions and pressures every day. Tragically, many young people feel they are not able to cope with the decisions and pressures they face. They often think that no one cares enough to help them, or no one is able to help them cope with their issues and concerns. Sometimes, when these young people become desperate and see no way out, they take their own lives.

Suicide does not just happen to “other people.” It can happen in any family. It is a tragedy under any circumstances, but it is especially devastating for the family and friends of those individuals who commit suicide. We are often kept from being able to help due to our fear and our lack of information and understanding of the problems of depression and suicide.

Suicide does not need to happen and can often be prevented. Knowing the causes, risks, warning signs, and what to do if faced with a potential suicide, is key to suicide prevention.

Did You Know ...?

Suicide Statistics

- Every 17 minutes another life is lost to suicide. Every day, 86 Americans take their own life and over 1500 attempt suicide.
- For every 2 homicides in the U.S., there are 3 suicides.
- Every 1 hr 45 min another young person commits suicide.
- Suicide is the 2ND leading cause of death among college students and the 3RD leading cause of death among youth overall, ages 15 to 24.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined.
- 53% of young people who commit suicide abuse substances.
- 4 times as many men as women commit suicide, but young women attempt suicide 3 times more frequently than young men.



Courtesy of Army JROTC

Suicide

Learning about suicide risk factors can increase your awareness of who might be at greater risk for attempting suicide. Findings from recent research show that most youth suicides are the result of an interaction between biological, psychological, socio-cultural, and family factors. A suicidal person can be seen as the result of an interaction between personal and family factors, his/her current emotional state, and a recent

significant life event. This combination of factors can lead to an intolerable mental anguish in the young person. The “ingredients” for an attempted or completed suicide vary from individual to individual. There are, however, common risk factors.

The Warning Signs of Suicide

Are you aware of the warning signs? Do you know what causes some teens to consider suicide? Do you know what to do if someone you know talks about committing suicide?

It is best to think of the cause of suicide in terms of loss. In virtually every suicide attempt, the suicidal person describes a sense of overwhelming loss from which they can see no way to recover.

Some of those reasons might include:

- Loss of a loved one (death)
- Loss of a close relationship (breakup or divorce)
- Loss of financial freedom (indebtedness, bankruptcy)
- Loss of social acceptance (legal problems and judicial punishment)
- Loss of self-control (alcohol and drugs)
- Loss of job or career objectives
- Loss of health

The sense of overwhelming loss produces strong emotions and feelings, such as helplessness, isolation, depression, hopelessness, despair, and worthlessness.

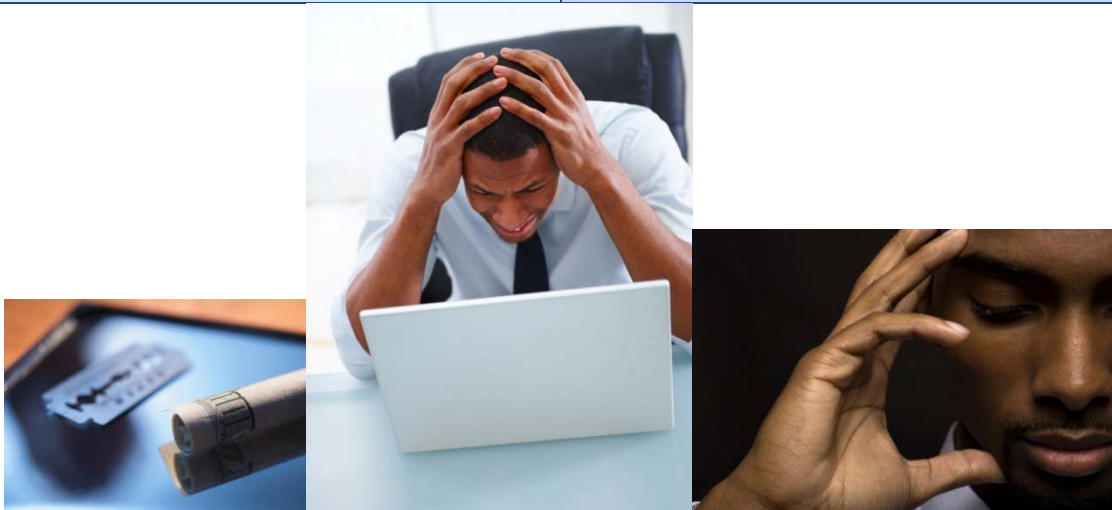
Combining a sense of overwhelming loss and these type of emotions can often lead even the most "normal" person to seriously consider suicide. We know that most people, but not all, who are in distress and have suicidal thoughts do not really want to die – they are in emotional pain. They feel trapped and want relief from what they see as unsolvable problems. Suicide becomes an alternative they begin to consider. Most people, but not all, are symptomatic in some way and communicate their distress.

It is important to be able to recognize warning signs of suicide so we can respond appropriately. A person who is thinking about taking his or her own life may show one or more signs.

The warning signs listed here are only guidelines. There is no one type of suicidal person. If you are concerned that someone is contemplating suicide – for whatever reason – arrange professional assistance for that person immediately.

Warning Signs of Suicide

Drug abuse	An unplanned pregnancy
Family loss or instability	Social withdrawal or isolation
Statements about suicidal thoughts, intention, or plan	Decreased job performance
Extreme mood changes	Diminished self-esteem
Risk-taking	Poor appearance
Signs of self-mutilation	Abandonment of planning for the future
Change in personality or behavior	Preoccupation with death
Change in sleep habits	Making final arrangements (giving things away, writing a sudden or unexplained will, writing a suicide note)
Change in appetite	Expressing feelings of worthlessness/hopelessness
Difficulties in dealing with sexual orientation	Other cries for help
Frequent episodes of running away or being incarcerated	



Delving into Drugs and Alcohol Use

No cause-and-effect relationship between alcohol and/or other drugs and suicide has been established, according to the National Clearinghouse for Alcohol and Drug

Information, but use of alcohol/drugs often is a contributing factor of suicide. Research indicates several possible explanations for this connection. Drinking and/or taking drugs, may reduce inhibitions and impair the judgment of an individual contemplating suicide, making the act more likely. Also the use of alcohol/drugs may aggravate other risk factors for suicide, such as depression or other mental illness.

In one study of youthful suicide, drug and alcohol abuse was the most common characteristic of those who committed suicide. Seventy percent of the young people studied frequently used alcohol and/or other drugs.

Using the risk factors described above, the profile of a youth at risk of suicide can be painted as a severely depressed and drug dependent young person who is impulsive and has always struggled to cope. He or she is poorly supported by an abusive or over-involved family, and he or she has poor resources or insight to seek help. This picture, of course, does not fit the description of all youths who commit suicide.

A “forgotten” group of youths are those who have been **chronically** depressed and non-coping, but stay in the background without others noticing their distress. Their suicides may come as a surprise.

Reduce the Risk of Suicide

The following key words will help you remember some of the signs of suicide:

Stress

Unsupported

Isolation

Calculated (intentional)

Impulsivity

Depression

Attempted previously

Low self-esteem

Though no one wants to face the potential that someone they know or care about is considering suicide, do not take it upon yourself to solve someone else’s problem or health need, but do be aware of behaviors and attitudes that alarm or concern you and may require that a professional or trusted adult be contacted.

If you think someone you know is in immediate danger do the following:

If you are concerned someone might commit suicide, what should you do?

1. Immediately go with the person to a trusted professional.
2. Go with the person to the nearest hospital emergency department as soon as possible.
3. Stay with the person until he or she is with a trusted source of help. DO NOT leave the individual alone.
4. Help minimize this person's access to alcohol and weapons or other methods of suicide.
5. If there is an emergency situation, call 911 immediately.
6. Call a doctor or psychiatrist.



Special Alert

Suicide is most likely to occur when it seems that the threat has passed. Many people who have been struggling through a major depression will kill themselves when things seem to be getting better, two or three months into recovery. For some very depressed people, this may be the first time they have had enough emotional energy to act. Others may be overwhelmed by the problems depression has caused.

Suicide Prevention

Here are the key words to help you remember **suicide prevention**:

- **S**upport
- **U**nderstanding
- **I**dentification of plan/intent
- **C**ommunication with teenagers
- **I**dentification of any underlying psychiatric disorder
- **D**epression management
- **E**steem improvement

- **P**arental involvement
- **R**emoval of dangerous materials
- **E**valuation after an attempt
- **V**entilation of feelings
- **E**arly intervention
- **N**ever ignore suicide threat
- **T**alk with teenagers
- **I**nvolve professionals if required
- **O**bserve change in teenager's behavior
- **N**onjudgmental

What Depressed or Suicidal Teens Need

Teens are not helped by lectures or by hearing all the reasons they have to live. What they need is to be reassured that they have someone to whom they can turn – a family member, friend, school counselor, physician, or teacher – to discuss their feelings or problems. It must be someone who is willing to listen and who is able to reassure the

individual that depression and suicidal tendencies can be treated. Treatment is of the utmost importance. Local chapters of the American Psychiatric Association can help by recommending a psychiatrist or a physician with special training in emotional and mental health. Help can also be found through local mental health associations, family physicians, a county medical society, a local hospital's department of psychiatry, a community mental health center, a mood disorders program affiliated with a university or medical school, or a family service/social agency.

What about You?

Perhaps you have sometimes felt like ending your life. Do not be ashamed of it. Many people, young and old, share your feelings. Talk to someone you trust. If you like, you can call one of the agencies mentioned in this chapter and talk about the way you feel without telling them who you are. Things may seem very bad at times, but those times do not last forever. Ask for help. You can be helped. You deserve the help!

Appropriate Intervention after a Suicide Attempt

All suicide attempts should be taken seriously, particularly if the young person has planned the suicide. Do not dismiss the attempt as an attention-seeking behavior. The seriousness of the attempt is related to the intent of the teenager rather than the method of self-harm. Proper assessment is required after a suicide attempt and this will generally mean professional intervention.

Apart from the suicidal young person, parents and other family members will also need a great deal of support and their needs must not be forgotten

Parents can do several things to help their teenager after a suicide attempt:

- Ensure his or her physical safety
- Be available to support the teenager
- Be caring but do not be over-protective
- Closely observe him or her but do not be intrusive
- Return to your normal routine as soon as practical
- Remove any and all potentially dangerous substances/weapons
- Discuss issues relating to the attempt only at the initiative of the teen, e.g., do not interrogate him or her
- Seek help and advice. Do not sweep the problems "under the carpet"

Coping with Loss

It is estimated that for every suicide, at least six family members, friends, and co-workers of each victim are intimately affected and left to survive the terrible loss.

These survivors are often left stunned and troubled by the powerful reactions they experience following the death of someone they loved:

- Shock is often the immediate reaction to suicide, along with a physical and emotional numbness. This temporarily screens out the pain so that it can be experienced in smaller, more manageable steps.
- Depression may appear as disturbed sleep, fatigue, inability to concentrate, change in appetite, and the feeling that nothing can make life worth living.
- Anger may be a part of the grief response, whether directed toward the deceased, another family member, a therapist, or oneself.
- Relief may be a part of the reaction when the suicide followed a long decline into self-destructive behavior and mental anguish.
- Guilt often surfaces as the feeling, "If only I had done ...," or "If only I had said ..."
- Many survivors struggle with the question, "Why?"

What becomes of these intense, relentless feelings? They usually diminish as months and years go by although some residual feelings may remain unresolved. Recognizing how best to cope with these feelings can help you advance the healing process.

Maintaining contact with other people is especially important during the stress-filled months after a loved one's suicide. Friends and relatives may feel uncomfortable and unable to offer consolation. Recognizing how best to cope with these feelings can help you advance the healing process.

Coping with the Loss of Someone Due to Suicide

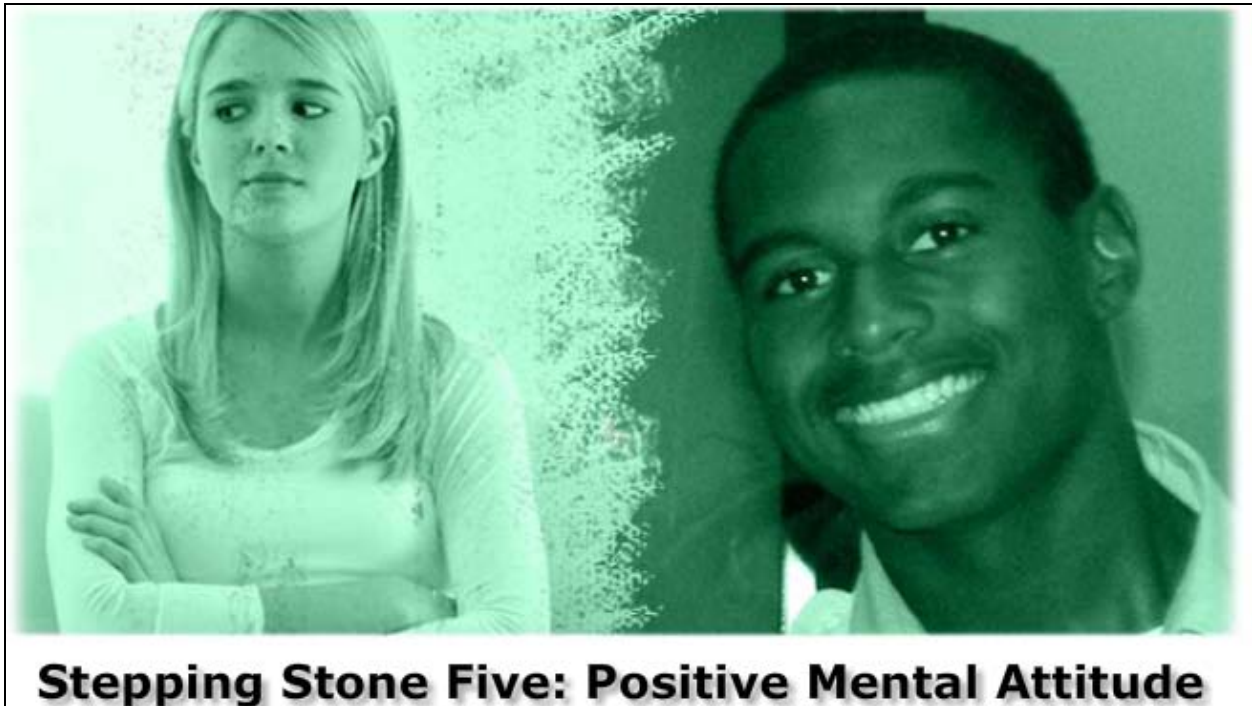
- Maintain contact with other people. Take initiative to talk about the suicide and ask for help.
- When you feel ready, share with your family and friends your feelings of loss and pain.
- Be caring, but do not be over-protective.
- Remind children that they are still loved by sharing thoughts and feelings with them.
- Return to your normal routine as soon as practical.
- Anniversaries, birthdays, and holidays may be stressful reminders of the suicide. Plan these days to meet your own emotional needs and those of your family.
- It is important to go on with your life without feeling disloyal to the deceased. You may actually need to feel guilty for a while before you accept that you are not to blame, and that you are only human, with human frailties and limitations. Seek help and advice.
- Seek relief through support groups, where you can voice your feelings and learn from the experience of others.

- Individual counseling with a mental health professional or clergy member is another option to help survivors through the grief process.

You can determine when and how Suicide Prevention should occur, but what about you?

As a JROTC leader and student mentor, and a role model with responsibilities in school, this program, other extra-curricular programs, at home, and at work, you carry a heavy load. Keep in mind that you, too, must take care of yourself – a component of whole health. One such area is your attitude.

Quarterbacks of Life Stepping Stone Five: Positive Mental Attitude



Courtesy of Army JROTC

The JROTC program has multiple learning opportunities to build up a positive mental image. If you've been involved in helping someone to cope with the suicidal death of their loved one, or you yourself are coping with this tragic loss. Remember, to not blame yourself for their death. Recognize ways to enhance your **positive mental attitude**.

The Quarterbacks of Life Student Mentoring Program advocates using the Stepping Stones to Success model to help you move from dreams to goals and self-improvement. Stepping Stone Five is Positive Mental Attitude. A Positive Mental Attitude is a learned resource that is attained by practicing a variety of perception altering strategies that focus on personal choice and action.

Consider the graphic below to help you consider how to obtain and maintain a positive mental attitude while working toward dreams and goals.



The PMA graphic contents provided by Quarterbacks of Life Student Mentoring Program and Army JROTC

Conclusion

If you or someone you know suffers from depression or bipolar disorder, you understand all too well its symptoms may include hopelessness and thoughts of suicide. Whether we are experiencing suicidal thoughts ourselves or know a severely depressed person who is, there are ways that we can respond with strength and courage. Suicide can be, and often is, prevented with the right kind of care, treatment, and support. You have now learned some sound advice on what to do before, during, and after a suicidal episode. Remember that seeking professional help and ensuring the support from family and friends, offers stability and hope to those who are in terrible emotional pain.



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Exercise 2: Scenarios

Directions: Read each scenario and list the danger signals and responses to each situation.

Scenario One

One morning, as Jay Smith is walking to school with his friend, Derek Jones, he notices that Derek seems to be acting a little differently than usual. Instead of laughing and joking around, Derek seems nervous and quiet. When Jay asks his friend what is wrong, Derek hesitates, then says, "Last night while I was out for my usual 2-mile run, I started thinking about ... stuff. I think a lot when I run, 'cause I'm alone and it's quiet, you know. Anyway, I got to thinking and, well, I'm just tired of everything. School, my parents, my girlfriend, and all her demands for my attention, the pressures I feel from the track coach to work harder and win...win...win. You know if I don't break records in track, I may not get the scholarship I need to go to college, and then there's the problem with my parents' divorce and whether or not there's enough money to support two households when they split. When I came in from my run, I couldn't sleep. I've been thinking about this for a long time. I decided to go to the pull-up bars and hang myself. I was serious, too. Then I changed my mind. I don't really want to do something that dumb. I'm okay now. Just promise me you won't tell anybody else. The last thing I need is for the rest of the team to think I'm a mental case, or something. Keep this between the two of us, all right? I know I can trust you."

List at least 4 danger signals:

-
-
-
-

List at least 6 appropriate responses Jay should have to Derek's situation:

-
-
-
-
-
-

Scenario Two

Katie Thompson has started her junior year at a new school. Despite the fact that she is new, because of the record and reputation she brings with her from her old school, she is eligible to run and could easily win the election for class president this next year. She is very attractive, gets great grades in school, and brings with her an almost perfect record as a pitcher in varsity girls' fast pitch softball from her previous school. Her parents recently divorced and although she lives with her dad, whom she loves, her mom, and her two younger sisters are living with her grandparents in another state. One evening in the local coffee shop, she finds herself talking with a friend about her future. Katie says she feels guilty because she doesn't see her mom and her sisters very often and cannot be the sort of daughter and sister she always wanted to be. She talks about being extremely lonely since her parents divorced. She knows that she needs to stay with her dad because he would be so terribly lonely if he did not have her around. Then, Katie admits that she has been very depressed and just "can't seem to shake it off." She is fine at school, but when she is alone has often thought about taking a bottle of sleeping pills and "stop the hurting." She believes if anybody discovered that she feels this way that her friends would think she was really strange, they would probably stop being her friends, and she would never be elected as president of the junior class. She says she is going to "be tough and get a handle on it" by herself, at least until she is elected.

List at least 4 danger signals:

-
-
-
-

List at least 4 appropriate responses her friend should have to Katie's situation:

-
-
-
-

Handout 1: Myths

There are many commonly held misconceptions about suicide. These myths of suicide often stand in the way of providing assistance for those who are at risk. By dispelling the myths, those responsible for the care and education of young people will be in a better position to identify those who are at risk and to provide the help that is needed.

- Myth:** Young people who talk about suicide never attempt or complete suicide.
Fact: Talking about suicide can be a plea for help and can be a late sign in the progression toward a suicide attempt. Those who are most at risk will show other signs apart from talking about suicide. If you have concerns about a young person who talks about suicide:

 - Encourage them to talk further and help them to find appropriate counseling assistance.
 - Ask if they are thinking about making a suicide attempt.
 - Ask if they have a plan.
 - Think about the completeness of the plan and how dangerous it is. Do not trivialize plans that seem less complete or less dangerous. ALL suicidal intentions are serious and must be acknowledged as such.
 - Encourage the young person to develop a personal safety plan. This can include time spent with others, check-in points with significant adults, and plans for the future.
- Myth:** A promise to keep a note unopened and unread should always be kept.
Fact: Where the potential for harm (or actual harm) is disclosed, then confidentiality cannot be maintained. A sealed note with the request for the note not to be opened is a very strong indicator that something is seriously amiss. A sealed note is a late sign in the progression towards suicide.
- Myth:** If a person attempts suicide and survives, they will never make further attempts.
Fact: A suicide attempt is regarded as an indicator of future attempts. It is likely that the level of danger will increase with each additional suicide attempt.
- Myth:** Once a person is intent on suicide, there is no way of stopping them.
Fact: Suicides CAN be prevented. People CAN be helped. Suicidal crisis can be relatively short-lived. Suicide is a permanent solution to what is usually a temporary problem. Immediate practical help such as staying with the person, encouraging them to talk, and helping them build plans for the future, can avert the intention to attempt or complete suicide. Such immediate help is valuable at a time of crisis, but appropriate counseling will then be required.
- Myth:** Suicidal young people cannot help themselves.
Fact: While contemplating suicide, young people may have a distorted perception of their actual life situation and what solutions are appropriate for them to take. However, with support and constructive assistance from caring and informed people around them, young people can gain full self-direction and self-management of their lives.
- Myth:** The only effective intervention with suicidal adolescents comes from professional psychotherapists with extensive experience in this area.
Fact: All people who interact with suicidal adolescents can help them by way of emotional support and encouragement. Psychotherapeutic interventions also rely heavily on family and friends providing a network of support.
- Myth:** Most suicidal young people never seek or ask for help with their problems.
Fact: Evidence shows that they often tell their school peers of their thoughts and plans. Most suicidal adults visit a medical doctor during the three months prior to killing themselves. Adolescents are more likely to 'ask' for help through non-verbal gestures than to express their situation verbally to others.

8. **Myth:** Suicidal young people are always angry when someone intervenes, and they will resent that person afterwards.
Fact: While it is common for young people to be defensive and resist help at first, these behaviors are often barriers imposed to test how much people care and are prepared to help. For most adolescents considering suicide, it is a relief to have someone genuinely care about them and to be able to share the emotional burden of their plight with another person. When questioned some time later, the vast majority express gratitude for the intervention.
9. **Myth:** Suicidal young people are insane or mentally ill.
Fact: Although suicidal adolescents are likely to be extremely unhappy and may be classified as having a mood disorder, such as depression, most are not legally insane. However, there are small numbers of individuals whose mental state meets psychiatric criteria for mental illness and who need psychiatric help.
10. **Myth:** Most suicides occur in winter months when the weather is poor.
Fact: Seasonal variation data are essentially based on adult suicides, with limited adolescent data available. However, it seems adolescent suicidal behavior is most common during the spring and early summer months.
11. **Myth:** Some people are always suicidal.
Fact: Nobody is suicidal at all times. The risk of suicide for any individual varies across time, as circumstances change. This is why it is important for regular assessments of the level of risk in individuals who are “at-risk.”
12. **Myth:** Every death is preventable.
Fact: No matter how well-intentioned, alert, and diligent people's efforts may be, there is no way of preventing all suicides from occurring.
13. **Myth:** People who threaten suicide are just seeking attention.
Fact: All suicide attempts must be treated as though the person has the intent to die. Do not dismiss a suicide attempt as simply being an attention-gaining device. It is likely that the young person has tried to gain attention and, therefore, this attention is needed. The attention that they get may well save their lives.
14. **Myth:** Talking about suicide or asking someone if they feel suicidal will encourage suicide.
Fact: Talking about suicide provides the opportunity for communication. Fears that are shared are more likely to diminish. The first step in encouraging a suicidal person to live comes from talking about feelings. That first step can be the simple inquiry about whether or not the person is intending to end their life. However, talking about suicide should be carefully managed.
15. **Myth:** Only certain types of people become suicidal.
Fact: Everyone has the potential for suicide. The evidence is that predisposing conditions may lead to either attempted or completed suicides. It is unlikely that those who do not have the predisposing condition (for example, depression, conduct disorder, substance abuse, feelings of rejection, rage, emotional pain, and anger) will complete suicide.
16. **Myth:** Depression and self-destructive behavior are rare in young people.
Fact: Both forms of behavior are common in adolescents. Depression may manifest itself in ways that are different from its manifestation in adults. Self-destructive behavior is most likely to be shown for the first time in adolescence, and its incidence is on the rise.
17. **Myth:** Suicide is painless.
Fact: Many suicide methods are very painful. Fictional portrayals of suicide do not usually include the reality of the pain.

Visual 2: Exercise 2 Answer Key: Scenarios

Scenario One Key

Danger signals include:

- Suicidal thoughts
- Feeling of being "tired" might be a sign of depression
- There was a clear plan for committing suicide
- There was easy access to the items needed to commit suicide

Jay's responses should include the following:

- Should take Derek seriously
- Should not act panicked
- Should be direct and tell Derek he is concerned and wants to help, and that the best way to help is to talk with a professional
- Should offer to go with him to see a doctor or a minister or his school counselor
- Should consult with doctor or a minister if he refuses help
- Should not keep a secret so potentially deadly

Scenario Two Key

Danger signals include:

- She has had major losses, including her parents' divorce, separation from her mom and her sisters, and geographic change
- She describes feeling depressed
- She describes having suicidal thoughts
- She describes a method of suicide

Her friend's responses should include the following:

- Should take her seriously
- Should not act shocked
- Should not "moralize" and attempt to convince her of the "wrongness" of her thoughts
- Should offer to help her arrange to speak confidentially with a minister or the school counselor or other professional

Performance Assessment Task

Unit 4: Wellness, Fitness, and First Aid

At Risk - Suicide Awareness and Prevention [U4C1L5]

This performance assessment task gives you an opportunity to document your achievement of the lesson's competency:

Identify suicide symptoms and prevention strategies

Directions

For this performance assessment task, you will develop strategies for responding to suicide risks. For this assessment you will:

1. Create three Suicide Prevention Flow Maps. Each map will identify a different suicide risk and show a process for helping the person at risk.
2. Use the attached scoring guide criteria for what you need to do to complete this task.
3. Submit your completed performance assessment task and scoring guide to your instructor for evaluation and a grade.

RECOMMENDATION: It is recommended that you add this performance assessment task to your Cadet Portfolio.

At Risk - Suicide Awareness and Prevention Performance Assessment Task Scoring Guide

Comments:

Name: _____ ***Date:*** _____

Evaluator's Signature: _____ ***Date:*** _____