



Arizona's Most Excelling Schools!

Arcadia High School
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Phoenix, Arizona 85018

Telephone: 480-484-6300
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Dear Parents and Guardians,

March 1, 2019

The Signs of Suicide presentation will take place on the morning of Tuesday, March 19th. If you **do not** want your student to participate, please sign and return this form to Arcadia's front office by the end of the school day on Monday, March 18th. Students who are not participating will go to an alternative location to work on any assignments of their choice.

Thank you.

Sincerely,

Manjula Reddy, Assistant Principal

_____ No, I do not want my student to participate in the Signs of Suicide Class Discussion on March 19th.

Student Name (Print)

ID Number

Grade Level

Student Name (Print)

ID Number

Grade Level

Student Name (Print)

ID Number

Grade Level

Parent/Guardian Signature

Date

School is a SAFETY ZONE

Adolescence is a time of many changes and challenges. Some are wonderful and some are extremely difficult. Each child handles it differently, but most parents and adolescents wonder: How do I know if someone is really struggling and needs help, or is just going through a "rough patch?" The SOS Signs of Suicide® Prevention Program teaches students what to do when they are worried about a friend by employing the ACT® message.



ACKNOWLEDGE | CARE | TELL

ACKNOWLEDGE

that you are seeing signs of depression or suicide in yourself or a friend and that it is serious.

CARE

Let your friend know that you care about them, and that you are concerned that they need help you cannot provide.

TELL

a trusted adult -- take your friend with you or go alone if you need to.

TALKING TO YOUR CHILD

Adolescence is a time when kids often do not open up as much with their parents. Some tips to get the conversation flowing:

- » **Ask open-ended questions** such as "What was fun at school today?"
- » **Don't rush to solve their problems.** Instead, ask your child what he or she thinks would help a situation.
- » **Be available and make sure your child knows it.** A simple "I'll be at my desk if you decide you want to talk later" may help.
- » **Try talking in the car.** The relaxed atmosphere makes it easier for some kids to open up.

MOODY VS DEPRESSED

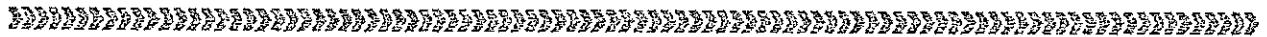
It's easy for parents to assume that most adolescent outbursts are the result of hormones, stress, and a changing brain. How can you tell if your child's moodiness is actually depression, anxiety or something else?

There are **three** things to consider when you're assessing your adolescent's moods.

- 1 SEVERITY:** Keep an eye on your child's emotions, whether it's a down mood, outbursts, crying, or other symptoms. The more severe these signs are, the more likely it is that he or she may be depressed or troubled in some way.
- 2 DURATION:** How long is the distressed mood lasting? If it seems to go on for a while, like a couple of weeks, it could mean your child is struggling and needs help.
- 3 DIFFERENT AREAS OF LIFE:** Is your child acting out at home and struggling at school? Noticing changes in multiple venues may signify a mood disorder instead of just moodiness.

It's important to remember that the things we call "protective factors" when it comes to depression and anxiety, such as social interaction, sports, and good rest, are often not enough. A child who is suffering from depression needs medical care.

More information: www.health.harvard.edu/blog/distinguishing-depression-from-normal-adolescent-mood-swings-20100913335



1-800-273-TALK (8255)
If you are concerned that your child is having suicidal thoughts, call the National Suicide Prevention Lifeline, available 24/7 at:

Is My Child Being **BULLIED?**

SOMETIMES, KIDS WILL NOT SEEK HELP WHEN THEY ARE BEING BULLIED, so it's important for parents to recognize the signs:

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics, or jewelry
- Changes in eating habits
- Difficulty sleeping or frequent nightmares
- Frequent headaches or stomach aches, feeling sick or faking illness

PARENTS CAN TAKE STEPS TO ADDRESS BULLYING by talking to their child, documenting what's happening, and talking to the school. But what about the kids who are bullying others? Some signs include:

- Getting into physical or verbal fights
- Becoming increasingly aggressive
- Getting sent to the principal's office or to detention frequently
- Having friends who bully others
- Blaming others for their problems
- Having unexplained extra money or new belongings

Media reports often link bullying with suicide, but most youth who are bullied do not have thoughts of suicide. However, we do know that bullying can be linked to mental illness (such as depression) for everyone – those who are bullied, those who bully, and those who witness bullying.

KIDS WHO WITNESS BULLYING OFTEN SUFFER TOO:

- Vulnerability to becoming victimized
- Pressure to participate in the bullying
- Worry that the adults are not in control
- Guilt for not having defended the victim
- Powerlessness to stop bullying
- Anxiety about speaking to anyone about the bullying

TEENS & ALCOHOL

Ask parents of an adolescent about their biggest social concern for their child and you will likely hear alcohol and drugs.

Advertisements for alcohol feature people who are beautiful, popular, and in control -- all things many adolescents strive to be. It's a powerful message. The organization Students Against Destructive Decisions (SADD) estimates that about 3% of high school students and 1% of 8th graders have consumed alcohol.

Adolescents drink for many of the same reasons as adults-- to alter their mood -- and for some, to cope with feelings of depression and anxiety. It is important to remember that alcohol use and depression can be a dangerous combination. Alcohol use among adolescents who are sad or depressed has been linked to suicidal thoughts and behaviors.

Avoiding the subject of alcohol with your child and hoping it's not an issue is not the best approach to preventing teenage drinking.

TALK EARLY AND OFTEN, in developmentally appropriate ways, with children and teens about your concerns--and theirs--regarding alcohol. Adolescents who know their parents' opinions about youth drinking are more likely to fall in line with their expectations.

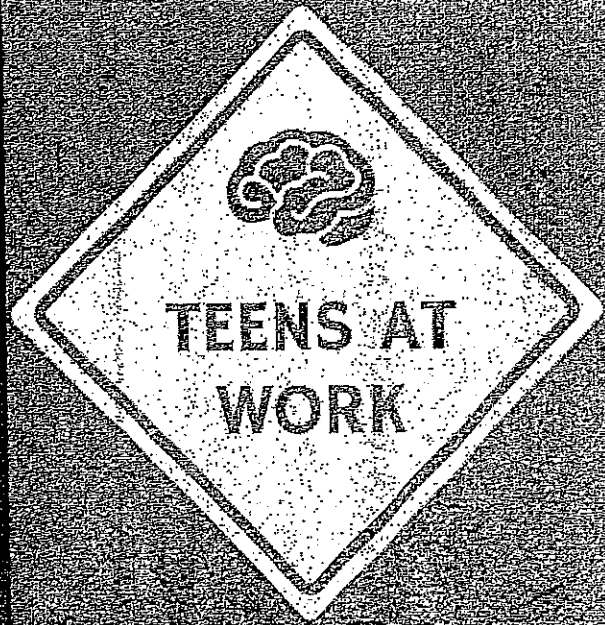
ESTABLISH POLICIES EARLY ON, and be consistent in setting expectations and enforcing rules. Adolescents do feel that parents should have a say in decisions about drinking, and they maintain this deference to parental authority as long as they perceive the message to be legitimate; consistency is central to legitimacy.

WORK WITH OTHER PARENTS to monitor where kids are gathering and what they are doing. Being involved in the lives of adolescents is key to keeping them safe.

Work in and with the community to promote dialogue about underage drinking and the creation and implementation of action steps to address it.

BE AWARE OF YOUR STATE'S LAWS about providing alcohol to your own children and never provide alcohol to someone else's child.

More information: <http://pubs.niaaa.nih.gov/publications/adolescentflyer/adolflyer.htm>
www.sadd.org/stats.htm
[www.jahonline.org/article/S1054-139X\(08\)09337-6/abstract?cc=y](http://www.jahonline.org/article/S1054-139X(08)09337-6/abstract?cc=y)



What's happening in my teen's brain?

Teens think that they are just like adults, but science tells us that their brains are not fully developed until they reach their twenties. Those differences contribute to some of what we think of as typical teen behavior.

DECISION-MAKING: When you think to yourself, "why did my child do this?" remember that the frontal lobe of the brain, which controls decision-making, is not fully insulated, so the signals move slower than they do in adults.

EMPATHY & IMPULSE CONTROL: These areas are also in the frontal lobe and therefore late to be completely developed.

ADDICTION: The adolescent brain is, unfortunately, more efficient at becoming addicted to a substance than the adult brain. In the same way an adolescent brain learns a fact more efficiently than an adult, it also gets addicted easier, which is important for adolescents to know.

More information: www.npr.org/blog/health/2015/01/28/381622350/why-teens-are-impulsive-addiction-prone-and-should-protect-their-brains

SELF-INJURY: What parents need to know

Many parents are becoming aware of the practice of self-injury, also commonly called "cutting." Some kids who are experiencing stress or other forms of emotional distress resort to cutting or some other mutilating behavior (burning, scratching, hair pulling) to relieve stress.

This can be extremely distressing to parents. It's important to know that it is generally not about suicide, but is a sign that your child is struggling to cope with some negative feelings. If you suspect your child may be self-injuring (see box), how you respond can have a big impact on your child's recovery. Try not to panic; listen and be supportive. The best thing you can do is seek professional treatment as soon as possible.

More information: www.human.cornell.edu/hd/outreach-extension/upload/CHE_HD_Self_Injury-Final.pdf

Signs of self-injury:

- Unexplained or clustered wounds or scars
- Fresh cuts, bruises, burns, or other signs of bodily damage
- Bandages worn frequently
- Inappropriate clothing for the season (e.g., always wearing long pants or sleeves in the summer)

Three Ways to Foster RESILIENCE IN YOURSELF

As a parent, you spend a lot of time and energy trying to raise your child(ren) to be as happy and resilient as possible. Don't forget that setting an example by being resilient yourself is a powerful way to foster a good attitude in them, and will help you, too.

Three steps to be more resilient:

- 1 REACH OUT.** Building strong and positive relationships is vitally important to your health, wellbeing, and ability to handle adversity. If making friends is a challenge, participate in your community. You can volunteer, join a faith or spiritual community, or get active on an athletic team.
- 2 LEARN FROM EXPERIENCE.** Next time you are facing something difficult, think about how you got through a past challenge. Maybe even write about it.
- 3 BE PROACTIVE.** Don't ignore a problem you are experiencing. Instead, figure out what needs to be done, make a plan and take action. Although it can take time to recover from a major setback, traumatic event or loss, know that your situation can improve if you work at it.

More information: www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-20046311?pg=2



HELPFUL WEBSITES:

Kidshealth.org/teen

Toosmarttostart.samhsa.gov

Thecoolspot.gov

stopbullying.gov

SMH Screening for
Mental Health®



Youth Depression & Suicide Local & National Resources

One Call Can Make a Difference

You can get help for your child using the following community and national resources. You may need to call several places to determine which one best meets your needs.

Community Mental Health Resources

Empact 24 hour Crisis hotline 1-800-273-TALK – 602-222-9444
Scottsdale Police Crisis Team 480-312-5055 Non-Emergency 480-312-5000
Crisis Response Network Maricopa County 602-222-9444 or 800-631-1314
Maricopa County Suicide Hotlines 1-800-SUICIDE
Aurora Behavioral Health 480-345-5420 www.auroraarizona.com
ASU Clinical Psychology Center 480-965-7296
Child Crisis Center 480-969-2308 (shelter) 480-834-9424 childcrisis.org (languages English and Spanish)
Devereux Advanced Behavioral Health 602-283-1573 www.devereux.org
Jewish Family & Children's Services 602-279-7655 www.jfcsaz.org
Quail Run (inpatient and IOP children, adolescents and adults – 602-455-5700 24 hour 602-455-5694
St. Lukes Behavioral Health 602-251-8535/800-821-4193
Oasis Behavioral Health 888-914-5147
Sonora Behavioral Health 866-572-3676
Banner Behavioral Health 480-448-7500 (inpatient/intensive outpatient programs)
Touchstone Behavioral Health 623-903-8705 www.touchstonebh.org
Maricopa Integrated Health Systems 602-344-5011 www.mihs.org
Doorways 602-997-2880 <https://www.doorwaysarizona.com/>
Transitions – Counseling/IOP 602-363-0629 <http://www.transitionscounselingandconsult.com/>

National Mental Health Resources

- 1-800-237-TALK (8255) National Suicide Prevention Lifeline: Call for 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.
- <http://findtreatment.samhsa.gov> Find quality treatment options close to home using Substance Abuse and Mental Health Service Administration's (SAMHSA) confidential and anonymous online treatment locator.
- 1-800-662-HELP (4357) SAMHSA's National Helpline: Call for 24/7, free and confidential information for individuals and family members facing substance abuse and mental health issues.



CRISIS HOTLINE

- **Emergency dial 911**
- **Empact 24 hour Crisis hotline:**
- **1-800-273-TALK - 602-222-9444**
- **Scottsdale Police Crisis Team:**
- **480-312-5055**
- **Non-Emergency: 480-312-5000**
- **Crisis Response Network Maricopa County:**
- **602-222-9444 or 800-631-1314**
- **Maricopa County Suicide Hotlines:**
- **1-800-SUICIDE**
- **National hotline 1-800-273-TALK Text: 800-799 -4TTY**
- **Teen Lifeline 602-248-TEEN (8336)**

Every day might not be good, but there is something Good in every day!



Arcadia High School

Since 1959

Parents,

On the pages following this cover sheet you will find the Signs of Suicide parent screening form titled "Brief Screen for Adolescent Depression (BSAD) Parent Version" and the "Scoring Instructions and Interpretation for Parents." The BSAD is a tool for parents to complete that may indicate teen depression. Depending on your ratings, you may elect to pursue professional medical or mental health treatment for your child that we are unable to provide in the Scottsdale Unified School District.

I encourage you to complete the BSAD and utilize the results as part of your decision making process in terms of how to best care for your child.

Professionally,

A handwritten signature in black ink, appearing to read 'T Stevens'.

Todd Stevens

Principal – Arcadia High School

SOS Signs of Suicide[®] Prevention Program

Parent Screening Form

- Child's Age: _____
- Child's Ethnicity: Hispanic/Latino Not Hispanic/Latino
- Child's Grade: _____
- Child's Race: (Check all that apply)
 - American Indian/Alaska Native Black/African American White
 - Female Male Transgender Native Hawaiian/Other Pacific Islander Other/Multicultural Asian
- Is your child currently being treated for depression? Yes No

Brief Screen for Adolescent Depression (BSAD)* Parent Version

Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.
In the last four weeks...

- | | | |
|---|-----|----|
| 1. Has it seemed like nothing was fun for your child and your child just wasn't interested in anything? | Yes | No |
| 2. Has your child seemed to have less energy than they usually do? | Yes | No |
| 3. Has it seemed like your child couldn't think as clearly or as fast as usual? | Yes | No |
| 4. Has your child talked seriously about killing themselves? | Yes | No |
| 5. Has your child EVER, in their WHOLE LIFE, tried to kill themselves or made a suicide attempt? | Yes | No |
| 6. Has your child had trouble sleeping — that is, trouble falling asleep, staying asleep, or waking up too early? | Yes | No |
| 7. Has your child seemed to do things, like walking or talking, much more slowly than usual? | Yes | No |
| 8. Has your child often seemed to have trouble keeping their mind on their schoolwork or other things? | Yes | No |
| 9. Has your child said they couldn't do anything well or that they weren't as good looking or as smart as other people? | Yes | No |

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This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

SOS Signs of Suicide® Prevention Program

Scoring Instructions and Interpretation for Parents

The Brief Screen for Adolescent Depression (BSAD) is a depression screening tool for teens and adolescents. In the Parent Version, you are asked to answer questions about your child. The BSAD **does not** diagnose a teen or adolescent as depressed, but it does give an indication of whether they should be referred to a healthcare professional (medical doctor, psychiatrist, psychologist, nurse, counselor or social worker) for further evaluation.

The score on the BSAD is achieved by adding up the number of “Yes” answers to the 9 questions on the scale. The following guidelines are *estimates* of the likelihood that your child may be depressed:

SCORE	MEANING
0-2	Scores of 2 or lower (two or fewer “Yes” answers) indicate that it is <i>unlikely</i> that a teen is depressed.
3	Scores of 3 (three “Yes” answers) indicate that a teen may be depressed, and your child might benefit from further screening by a mental health professional.
4-9	Scores of 4 or higher (four or more “Yes” answers) indicate that it is likely that a teen is depressed. Your child probably has some significant symptoms of depression and would benefit from talking to a mental health professional about these feelings.
Questions 4 and 5	These two questions are about suicidal thoughts and suicide attempts. If you answered “Yes” to <i>either</i> of these questions, it is <i>strongly recommended</i> that your teen see a mental health professional for further evaluation, <i>regardless of their score</i> .

**If you are worried about yourself or someone else,
call the National Suicide Prevention Lifeline, at 1-800-273-TALK (8255).**

SAMPLE ONLY – Students Will Complete This on the Day of the Presentation.

BASED ON THE VIDEO AND/OR DISCUSSION, I FEEL

- I **Need** to talk to someone ... About Myself or a Friend
- I **Do Not** need to talk to someone ... About Myself or a Friend

NAME (PRINT) _____

COUNSELOR'S NAME _____

IF YOU WISH TO SPEAK WITH SOMEONE, YOU WILL BE CONTACTED WITHIN 24 HOURS. IF YOU WISH TO SPEAK WITH SOMEONE SOONER, PLEASE APPROACH STAFF IMMEDIATELY.

✂ _____

