

The Role of Foster Parents in Preventing Suicide

If you are thinking of hurting yourself, or if you are concerned that someone else may be suicidal, call the [National Suicide Prevention Lifeline](tel:1-800-273-TALK) at **1-800-273-TALK (8255)**.

Rosa and her husband had provided short-term foster placements for many kids with problems. But Jorge was the saddest child Rosa had ever met. His response to virtually every question or suggestion was a despondent "I don't care." One day Rosa found him sitting in the kitchen holding a large knife. She took it away from him and returned it to the drawer. He wouldn't answer her questions about what he was doing or planning to do. She was upset. The knife was clearly dangerous, and Jorge wasn't talking to her. She asked her husband to stay with Jorge while she considered the situation. Finally, she decided that she needed to get professional help for Jorge right away. She told Jorge that she had cared for other children who felt like killing themselves and she was concerned about him. When she said it was important to her to keep him safe, Jorge started to cry. Rosa asked Jorge to go with her to the emergency room. She was quite relieved when he agreed.



Table of Contents

Introduction.....	3
Suicidal Behavior and Youth in Foster Care.....	3
Recognizing the Warning Signs.....	4
Risk for Suicide.....	5
Caring for Your Foster Child’s Mental Health and Building Protective Factors.....	6
Be persistent.....	7
Getting Professional Help.....	7
References.....	8
Resources for Foster Parents.....,	8
Resources for Teenagers and Young People.....	10

Introduction

Every year in the United States, more than 4,300 children, teens, and young adults die by suicide (CDC, 2007). Approximately 131,000 others are treated in emergency rooms for injuries from self harm (CDC, 2009). Although suicide can strike any family, youth in foster care are at higher risk for attempting or seriously considering suicide (Pilowsky and Wu, 2006). Fortunately, there are steps foster parents can take to identify at-risk youth and get help. Many young people who are thinking of killing themselves exhibit warning signs—behaviors and statements that indicate a high level of risk. Knowing the warning signs and risk factors can help foster parents intervene and get the youth connected to help. It also helps foster parents address issues and build protective factors that may minimize thoughts of suicide and suicide attempts for their foster children.



Suicidal Behavior and Youth in Foster Care

It is rare for a young person to take his or her own life: in fact, only 1 in 50,000 youth ages 5–18 die by suicide each year (CDC, 2007). Most youth who die by suicide have a mental illness such as depression, other mood disorders, or substance use disorder. However, it is important to remember that among youth who have mental illnesses most do not attempt suicide. Youth who died by suicide but did not have mental illness may have experienced harmful events, such as repeated trauma, abuse, neglect, and loss, or other significant stressors.

Many youth are placed in foster care because they experienced abuse and/or neglect by their families: in fact, 54 percent of foster children had been sexually abused before they were placed with foster families, while another 28 percent had been physically abused or neglected (Pecora et al., 2005). Their families may have been afflicted by violence, mental illness, and/or the abuse of alcohol and drugs. Once in foster care, they may struggle with separation from their parents and caregivers, further maltreatment in care, and frequent moves. For youth in foster care these stressors take a toll.

Youth in foster care have more mental illness and are more likely to be drug dependent than other youth, making their risk for suicide attempts and suicide higher. Children in foster care were almost three times more likely to have seriously considered suicide and almost four times more likely to have attempted suicide than those never in foster care (Pilowsky and Wu, 2006).

Almost all children in foster care, whether or not they come from families who have abused or neglected them, experience a deep sense of loss and sometimes shame when placed in foster care. In addition to losing their families, frequent moves mean that they often lose their other natural support systems, including their friends, school, and neighbors. They may frequently find themselves in a completely new environment with few established supports. The experiences of many foster children—loss, isolation, lack of social support—are all considered risk factors for suicide, so it is not difficult to understand why foster children may be at higher risk for suicide than their peers.

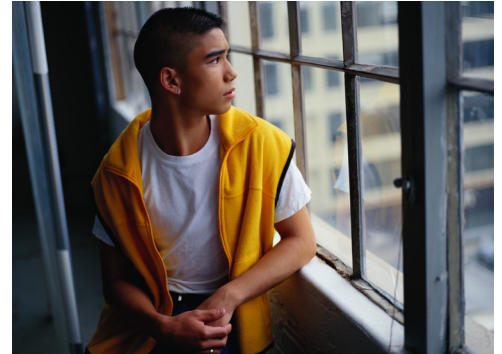
Typically, youth experience stresses in coping with their growing independence, challenging schoolwork and social conflicts, and developing identity and sexuality. Protective factors are characteristics and conditions that reduce the likelihood of suicide. Conversely, risk factors, such as mental illness or having access to a gun or drugs, make it more likely that a youth will attempt or die by suicide. Strong self esteem, a supportive family, caring adults, safe schools, and helpful friends are protective factors that can help youth through the challenges of adolescence and buffer them against the impact of risk factors. As a foster parent, you can play a key role in ensuring your foster child's well-being by being emotionally supportive, such as being there and listening, having fun together, and showing that you care. In fact, feeling understood and connected to parents or caregivers may be the most influential protective factor for youth.

For youth with mental health problems, an important protective factor is access to care, yet the majority of youth in foster care with severe emotional and behavioral problems receive no care (Burns et al. 2004). Sometimes supporting your foster child means advocating for services and ensuring that your child gets them as quickly as possible.

Recognizing the Warning Signs

Given that youth in foster care are at higher risk for suicidal behavior, it is important that foster parents and other people in support roles are familiar with the warning signs listed below and know how to help.

In addition to learning the following information, ask your state child welfare agency or foster care organizations or your state office of suicide prevention about training in youth suicide prevention. (You can find these agencies through links in the Resources section of this document.) “Gatekeeper” training programs teach adults who have contact with youth to recognize those youth who are at risk for suicide and to refer them to supportive services or treatment.



The following warning signs may mean someone is at high risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

These signs are especially critical if the individual has attempted suicide in the past or has a history of or current problem with depression, alcohol, or post-traumatic stress disorder (PTSD).

A critical factor to consider is if your foster child has recently experienced the loss of a relationship or a reduction in his or her status, whether this is real or anticipated. These are events that lead to humiliation, shame, or despair and can elevate suicide risk. The loss of a friend, an expected poor grade at school, or getting into trouble with the law can feel earth-shattering to a young person.

It may be difficult for foster parents to distinguish between warning signs of suicide and a child’s emotional reaction to being placed in foster care. The unfamiliarity of his or her new living situation as well as the uncertainty of his or her future can affect moods, schoolwork, and relationships. It is important, however, to pay attention and to try to explore any indication that something is bothering a child. Use these warning signs as a starting point to talk with your foster child about what they are feeling and how they are doing. Be sure to regularly report your observations of your foster child’s mood and behavior to the child’s social worker or a staff member at the foster care agency.

It may help to call the National Suicide Prevention Lifeline (see box below) to talk with trained crisis center staff. Crisis center staff can help suicidal youth or adults directly and can also support family and friends who are concerned. The service is free and confidential.

Call the **National Suicide Prevention Lifeline, 1-800-273-TALK (1-800-273-8255)** for crisis counseling, suicide intervention, and information about resources in your area.

You can also urge your foster son or daughter to call the hotline to talk with trained staff. The Lifeline is accessible 24/7 and is available in English and in Spanish.

Risk for Suicide

Although most youth in foster care do not think about, attempt, or die by suicide, they are at higher risk for suicidal behavior. Youth with more risk factors and fewer protective factors are more likely to attempt or die by suicide than other children. Understanding your foster child's risk and protective factors can help you decide whether you need to contact a mental health professional for a full assessment of your child.

- **Depression.** Most people with depression do not attempt or die by suicide. But depression significantly increases the risk for suicide or suicide attempts. Symptoms of depression in youth can include
 - deterioration of academic performance;
 - withdrawing from friends and extracurricular activities;
 - expressions of sadness, hopelessness, anger, or rage;
 - a sudden decline in enthusiasm and energy;
 - overreaction to criticism;
 - lowered self-esteem or feelings of guilt;
 - indecision, lack of concentration, or forgetfulness;
 - restlessness and agitation;
 - changes in eating or sleeping patterns;
 - unprovoked episodes of crying;
 - sudden neglect of appearance and hygiene;
 - fatigue; and
 - use of alcohol and other drugs.
- **Previous suicide attempts.** A previous attempt is one of the strongest risk factors for suicide. Youth who have made previous attempts should be carefully watched for recurring behaviors.
- **Other mental illnesses and personality attributes** including mood disorders, substance abuse, conduct disorders (especially aggressive behavior), anxiety disorders, borderline personality disorder, impulsivity, aggressiveness and loneliness.
- **Access to lethal means.** Lethal means are instruments a person can use to end his or her life and include firearms, prescriptions, over-the-counter medications, and alcohol. An at-risk youth with access to lethal means is at even greater risk for suicide. A youth in crisis can act impulsively but if lethal means are not readily available, the crisis may resolve itself quickly. Reducing access to lethal means is an important strategy for foster parents to keep their youth safe: see the section below for specific steps to take.
- **Self-injury.** Some youth injure themselves (for example, by cutting or burning) to relieve intense feelings such as pain, anger, or tension. Self-injury is a sign that a youth needs help developing alternative ways for dealing with emotions. (Learn more about self-injury at this link: <http://library.sprc.org/browse.php?catid=41>)
- **Other risk-taking behaviors.** Risk-taking behaviors can be symptoms of emotional or social problems. Behaviors such as unprotected or promiscuous sex, drug or alcohol use, driving recklessly or without a license, petty theft, or vandalism, can indicate that something more is wrong, especially if they begin suddenly or represent a change.

- **Eating disorders.** Any indication that a youth is suffering from eating disorder is a sign that the youth needs help.
- Minority sexual orientation or gender identity. Gay, lesbian, bisexual, and (most likely) transgender youth think about suicide and make suicide attempts more than their peers.
- Bullying. Youth who are bullied, as well as those who bully, are at increased risk for depression and suicidal ideation.

Caring for Your Foster Child's Mental Health and Building Protective Factors

You may be reluctant to explore your foster child's emotional or behavioral issues. It is difficult to know where to draw the boundaries when caring for someone who is your responsibility but who may have been with you only for a short time. You may fear uncovering problems which might require getting outside support. But there are steps you can take to address his or her issues and promote mental health.



Increasing family connectedness, getting access to effective care, providing supervision by caring adults, and restricting access to lethal means will help build your foster child's protection from suicide. Some ways to do this are described below.

Ask the tough questions. Although many parents are afraid to ask their foster child if he or she has considered suicide or other self-destructive acts, asking youth if they have thought about suicide does NOT increase their risk. In fact, the youth may feel relief and reassurance to know that in this foster home, it is okay to talk about these feelings. Your interest can counter his or her feeling that no one cares or understands. A child might want to open up to you but is afraid to do so unless asked. If you are concerned that your foster child may be considering suicide, you need to ask some very specific and difficult questions in a manner that doesn't judge or threaten your child. You may want to be very direct and simply ask the question: Are you thinking about killing yourself? Or you might start the conversation indirectly using one of the following phrases:

- Do you ever wish you could go to sleep and never wake up?
- Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?

Encourage your child to talk with you. Your comfort in speaking with a foster child about suicide (and his or her willingness to talk with you about these issues) may depend on many issues: your experience as a foster parent, how long the youth has been with you, his or her family's cultural background, and whether the child is used to talking with adults about difficult topics. For example, some families talk things over, while other families are reluctant to discuss personal issues. Some families have a tradition of mutual support, while others encourage their members to be self-reliant. A family is shaped not only by its own history, but by the cultures the family belongs to. All of this affects the approach you select when initiating a conversation with your foster child about how he or she feels.

- Another factor unique to foster children is the possible fear that sharing their suicidal thoughts will result in being removed from your home. This may influence whether a foster child will admit to feeling suicidal. It is important to let foster children know that they can talk to you about their problems and that you will make every effort to keep them with you. Foster parents can help by not automatically moving a child who expresses suicidal feelings.

Most individuals who are suicidal are safely maintained in their homes or a community setting and are not hospitalized. Foster parents who work together with the social worker or placement agency and with a mental health professional to get a thorough assessment and follow up plan are often able to maintain a suicidal youth in their homes. Experiencing the disruption of another placement could increase the level of risk for the child.

Get support and be ready for emergencies. If you feel that you cannot talk to your foster child about these issues or a child refuses to talk with you directly, find someone who can build that rapport. For support, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). The Lifeline helps people who are suicidal and also families who are concerned about their loved ones. It is important that you know the policy of your foster agency in regard to seeking emergency help, as well as the procedures for notifying the agency (and the child's caseworker) about an emergency.

Stay with your child if you think he or she is at imminent risk of suicide. If you think your foster child is in imminent danger, stay with him or her until you have found help. You need to keep the child safe until a mental health professional can assess risk. If you have reason to believe that there is immediate potential for self-harm, call 911 or get immediate help. While this step can be difficult for you and frightening for your foster child, it may be necessary to assure his or her safety. If at all possible, accompany the child to the emergency room. Your presence and support is important.

Reduce access to lethal means for suicide. You need to provide a safe environment for your foster child, especially if he or she is in crisis or emotionally distressed. Foster parents can make it more difficult for their foster children to get highly dangerous means at home by taking these steps:

- Remove firearms from your home. Give them away or have a relative or friend (who is not accessible to your foster child) hold them for you for safekeeping.
- If removal is not an option, a second best option is to store firearms in a gun safe or tamper-proof storage box with the ammunition locked in a separate location, preferably not in your home.
- Keep medications secure. Store only the dose you need at home, rather than stockpiling.
- Alcohol use can increase the chance that a youth will make bad choices, such as attempting suicide. Alcohol can also increase the lethality of a medication or drug overdose. It makes sense to keep only small quantities of alcohol at home. (Means Matter, 2010)

Be persistent

A foster child may feel threatened by your concern. He or she may become upset or deny having problems. Remain firm and supportive and ask your foster child often how he or she is doing. Remind the youth that you or another caring adult will be there to listen when he or she is ready to talk.

Request a full risk assessment by a trained mental health professional. Do not rely on a promise by the youth or a "safety contract" that they will not harm themselves or attempt suicide. The promise cannot replace a full risk assessment by a trained mental health professional. A "safety contract" should not be used by anyone other than a mental health professional.

Getting Professional Help

The emotional problems associated with suicide require professional intervention. One of the most important things you can do for a child considering suicide is to find professional help. This may require overcoming your foster child's reluctance to go to a mental health practitioner. Foster parents may have to advocate with the child's caseworker to ensure that this help is found quickly.

To find mental health help in your area, contact your health insurance carrier, the **National Suicide Prevention Lifeline** at **800-273-TALK (8255)**, local crisis and information hotlines, community mental health organizations, or the Mental Health Services Locator, a national online directory of mental health services by that can be searched by location and type of service.

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Resources for Foster Parents

Some suicide prevention materials are specifically geared for foster families, but many more are resources designed for parents generally. Foster parents may find them useful as well.

American Academy of Pediatrics (AAP) – Healthy Foster Care America

(<http://www.aap.org/fostercare/specialplace.html>)

Healthy Foster Care America (HFCA) is an initiative of the AAP and its partners to improve the health and well-being outcomes of children and teens in foster care. This special section is designed to help foster children and parents learn about the health issues and needs of children and teens in foster care.

Casey Family Programs – Foster parent resources (<http://www.casey.org/Families/FosterParents/Resources.htm>)

Casey Family Programs is the nation's largest operating foundation focused entirely on foster care. Casey has an ambitious goal to safely reduce the number of children in foster care and improve the lives of those who remain in care.

The Role of Foster Parents in Preventing Suicide

Child Welfare Information Gateway (<http://www.childwelfare.gov>)

This site provides access to information and resources to help protect children and strengthen families. The Gateway covers a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, foster care, and adoption. It is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Child Welfare League of America (<http://www.cwla.org>)

Child Welfare League of America (CWLA) is the nation's oldest and largest membership-based child welfare organization. It offers information and resources for foster parents.

Families for Depression Awareness (<http://www.familyaware.org/resources/books.html>)

This nonprofit offers wellness guides for parents of children and teens who have been diagnosed with depression or bipolar disorder and are in treatment. The guides, available in English and in Spanish, help you and your child monitor his or her treatment with daily and weekly tools.

Means Matter (<http://www.meansmatter.org>)

The Means Matter website is a project of the Harvard Injury Control Research Center at the Harvard School of Public Health. The site explains the rationale and gives practical strategies for "means reduction" - reducing the odds that an attempter will use highly lethal means. Lethal means reduction is an important strategy for families with youth at risk.

National Alliance on Mental Illness (NAMI)

(http://www.nami.org/template.cfm?section=child_and_teen_support)

NAMI has a Child and Adolescent Action Center that includes resources for both parents and youth. Some materials are also available in Spanish.

National Foster Care Coalition – Publications and Resources Page

(<http://www.nationalfostercare.org/newsroom/publications.php>)

The Coalition is a broadly based national, nonpartisan partnership of individuals, organizations, foundations, and associations dedicated to improving the lives of children currently in the foster care system and the millions more who have been, or will be, involved in the foster care system.

National Foster Parent Association (<http://www.nfpainc.org/>)

The National Foster Parent Association is a non-profit organization established to meet the needs of foster families. Their website includes resources for foster parents and links to state foster care associations.

National Indian Child Welfare Association (NICWA) (<http://www.nicwa.org/>)

NICWA is dedicated to improving the lives of American Indian children and families. Their publication *Ensuring the Seventh Generation: A Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs* is available at <http://www.nicwa.org/YouthSuicidePreventionToolkit/documents/YSPToolkit.pdf>

Research and Training Center on Family Support and Children's Mental Health (RTC)

(<http://www.rtc.pdx.edu/PDF/fpW07.pdf>)

RTC is a Portland State University research center. The Winter 2007 edition of its journal, *Focal Point*, explored traumatic stress and child welfare.

Teen Depression: A Guide for Parents and Teachers (http://www.helpguide.org/mental/depression_teen.htm)

This online fact sheet provides information on depression in teenagers, including symptoms, triggers, effects, risk factors, and treatment. The site, which is dedicated to providing easy access to supportive health information, was founded by parents following a teen suicide.

Suicide Prevention Resource Center (SPRC) (<http://www.sprc.org>)

SPRC is a national resource center that assists organizations and individuals to develop suicide prevention programs, interventions and policies. Many more resources on youth suicide prevention can be found in the Youth <http://library.sprc.org/browse.php?catid=17> and School <http://library.sprc.org/browse.php?catid=18> categories of the SPRC Online Library. Links to additional resources on suicide prevention in the foster care system can be found in the Foster Care category <http://library.sprc.org/browse.php?catid=49>.

For national organizations and federal agencies with general resources on suicide prevention, go to <http://www.sprc.org/basics/national-organizations>.

Resources for Teenagers and Young People

Foster Care Alumni of America (FCAA) website and Facebook Page (<http://www.fostercarealumni.org/>) (<http://www.facebook.com/group.php?gid=2454176910>)

FCAA is a national non-profit association founded and led by alumni, or people who have been in foster care during their childhood/youth. The mission of FCAA is to connect the alumni community and to transform foster care policy and practice, ensuring opportunity for people in and from foster care. The FCAA Facebook page includes wall posts, discussions, and other vehicles for networking and communications among alumni.

Go Ask Alice! (<http://www.goaskalice.columbia.edu/>)

This confidential web-based health question and answer service is produced by Columbia University's Health Education Program. Go Ask Alice! provides information to help young people make good decisions concerning their health and well-being, and answers questions about relationships, sexuality, emotional health, alcohol and other drugs, and other topics. The site also contains archived resources on emotional health, suicide and depression.

ReachOut.com / We Can Help Us (<http://us.reachout.com/wecanhelpus/index.php>)

This website is designed for youth who are struggling with various issues. Its theme is: together we can make it through tough times. The site, which is promoted through PSAs, posters and weblinks, includes digital and audio stories from real teens and young adults who have "been there and come out on top".

Samaritans (<http://www.samaritans.org/>)

Samaritans is an organization based in the United Kingdom which offers 24 hours a day confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide. The Samaritans operates a free and confidential e-mail service, which normally responds within 24 hours.

Suicide Prevention Resource Center (<http://www.sprc.org>)

Web pages for Teens and College Students are available to help them learn about preventing suicide. The pages also contain links to additional resources written for teens and college students about suicide and how to get help.

Teens <http://www.sprc.org/sites/sprc.org/files/Teens.pdf>

TeensHealth Answers & Advice (<http://kidshealth.org/teen/>)

This website contains information for teens on physical and emotional health, food, fitness, and other issues. Information on suicide can be found at http://kidshealth.org/teen/your_mind/mental_health/suicide.html and can be heard in Spanish through an audio link. The site is produced by the Nemours Center for Children's Health Media.

Trevor Project (<http://www.thetrevorproject.org/>)

The Trevor Project was established to promote acceptance of lesbian, gay, bisexual, transgender and questioning (LGBTQ) teens and to aid in suicide prevention among them. The website includes information about recognizing and responding to signs of suicide, and a limited online chat feature. The Trevor Helpline, which can be reached at (866) 488-7386, is a 24 hour toll-free suicide hotline for LGBTQ youth.

Uline.org (<http://www.ulifeline.org>)

This website was created by the Jed Foundation to provide students with a non-threatening and supportive link to their college's mental health center as well as important mental health information. Students can download information about mental illness, ask questions, make appointments, and seek help anonymously.

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<http://www.sprc.org/sites/sprc.org/files/FosterParents.pdf>