SHIELD OF CARE
Protecting Juvenile Justice
Youth from Suicide
™

Shield of Care

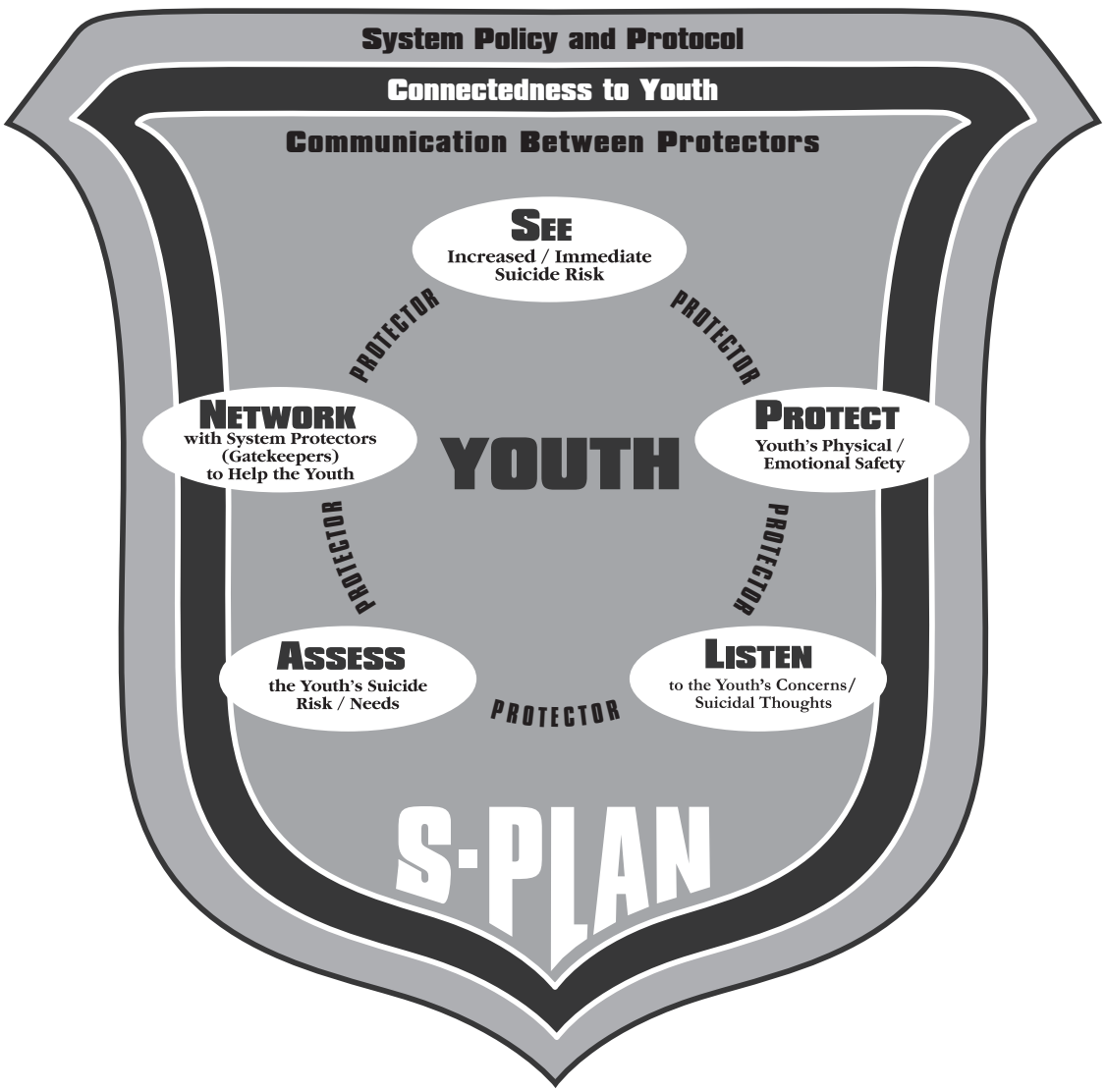
PROTECTING
Juvenile Justice
YOUTH from SUICIDE

"System Policy & Protocol"
"Connectedness to Youth"
"Communication Between Protectors"

NAME:

TDMH

SHIELD OF CARE
Protecting Juvenile Justice Youth from Suicide™



Index

Self Care Guide

Thank you for joining us in this suicide prevention training. We hope this training will be a beneficial experience for you.

In this training, we will be learning about the prevalence of suicide in juvenile justice facilities, reflecting on our attitudes about suicide, and learning strategies for preventing suicide in our facility.

We know that suicide can be a difficult topic to think about and discuss. Learning or talking about suicide prevention can be especially difficult for those who have lost a loved one to suicide. For this reason, if the topic gets too personal or intense for you, feel free to quietly step out of the training and regroup. The trainers may also be able to assist you briefly during a break and talk with you about additional resources available.

If you would like additional one-on-one time to talk with someone about the thoughts/emotions you experienced during this training, you may contact any of the resources below. These resources in your community may also be used to find out more information about suicide prevention and/or as referral resources if someone you know is thinking of suicide.

National Suicide Prevention Resources:

- National Suicide Prevention Lifeline: **1-800-273-TALK (8255)**
- American Association of Suicidology (AAS): **http://www.suicidology.org**
- American Foundation for Suicide Prevention (AFSP): **http://www.afsp.org**

  Note: *If you've lost a loved one to suicide, AFSP and AAS have a list of survivor support groups listed by state.*
- National Organization for People of Color Against Suicide (NOPCAS): **http://www.nopcas.com**
- Suicide Prevention Resource Center (SPRC): **http://www.sprc.org**

Additional National Resources:

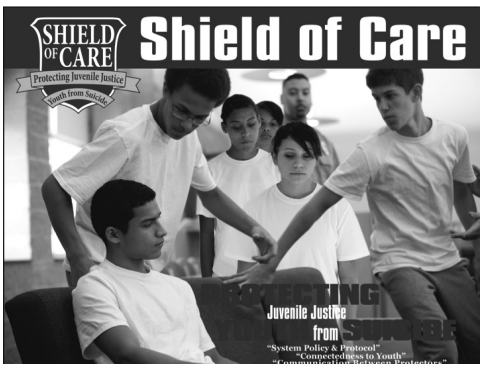
- Poison Control: **1-800-222-1212**
- National Center on Institutions and Alternatives: **http://www.ncianet.org**
- Gatekeeper Support Tools: **http://www.gatekeeperaction.org**

Local Suicide Prevention and Referral Resources:

* _____
* _____
* _____
* Your supervisor _____
* Another trusted co-worker_____

If you are unable to complete this training due to an intense emotional concern, please coordinate alternative training options with your supervisor.

Section I: Introduction



Introduction

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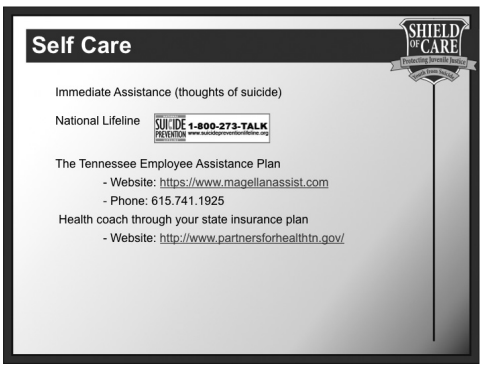

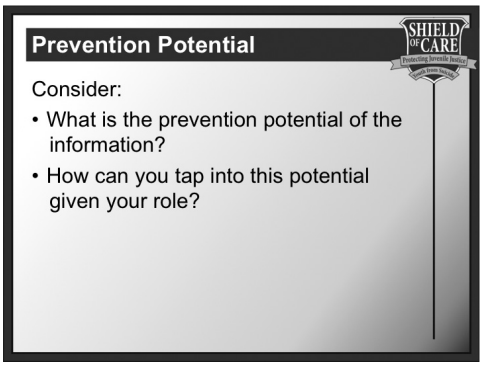

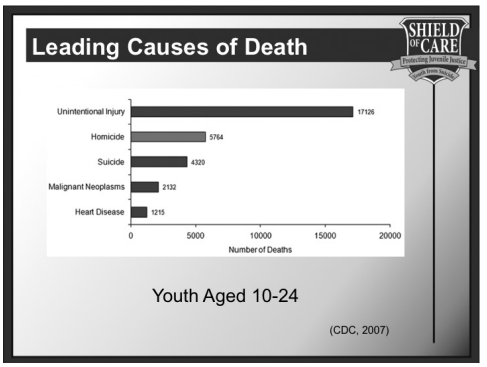

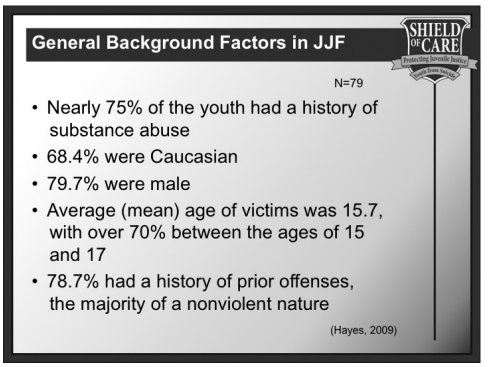

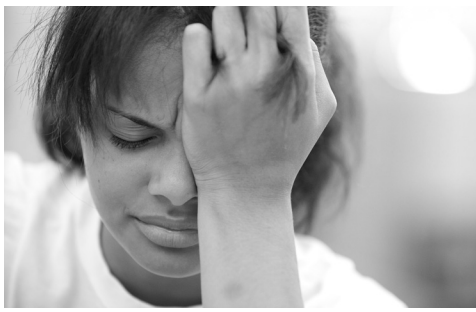

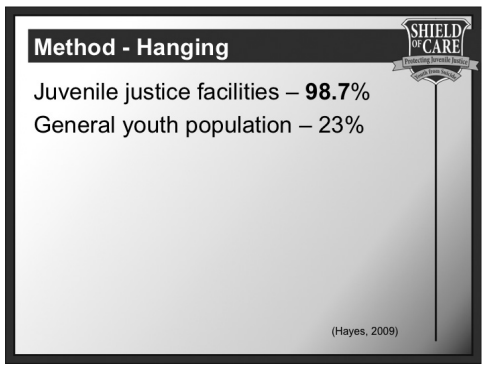

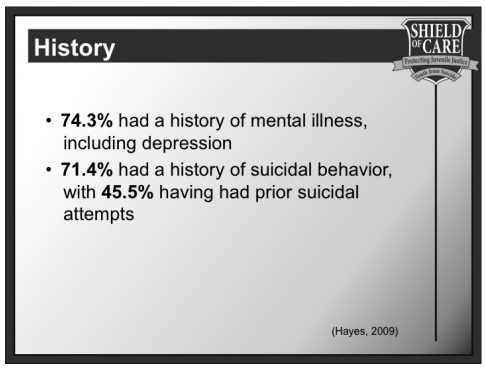

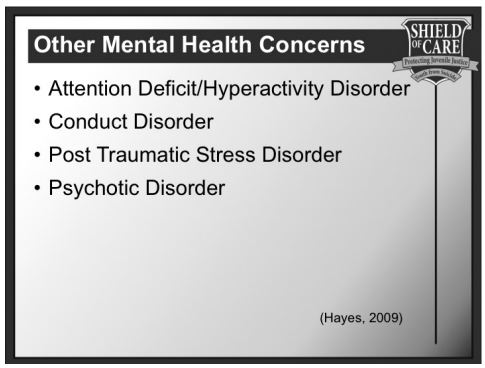

Overview

What is the prevention potential of this information?

_____

_____

How can you maximize the prevention potential of this information given your role?

_____

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What is the prevention potential of this information?

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How can you maximize the prevention potential of this information given your role?

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Attention Deficit/Hyperactivity Disorder- is a development disorder. "Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (over-activity)." (NIMH)

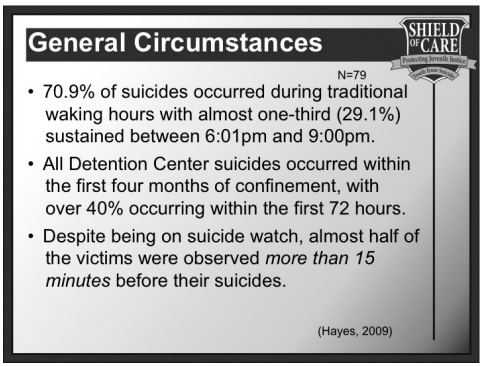
Conduct Disorder – "is a repetitive, persistent pattern in children or adolescents of violating the rights of others, rules, or social norms." (SPRC)

Post Traumatic Stress Disorder – "A common anxiety disorder that develops after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened." (WikEd)

Psychotic Disorder – "A mental disorder in which a person's contact with reality is impaired. During a psychotic episode a person's thought patterns are often confused and disorganized. They frequently experience such signs and symptoms as delusions, hallucinations and paranoia." **(Psychiatrynetworks.com)**.

(Source: SPRC/AFSP Toolkit for Schools)

Section II: Overview



What is the prevention potential of each of the statistics on this slide?

Statistic #1 _____

_____

_____

Statistic #2 _____

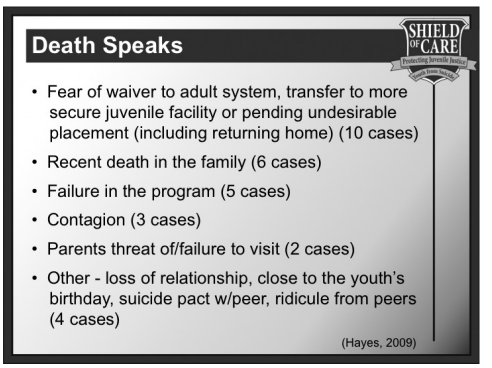
_____

_____

Statistic #3 _____

_____

_____



What is the prevention potential of this information?

_____

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How can you maximize the prevention potential of this information given your role?

_____

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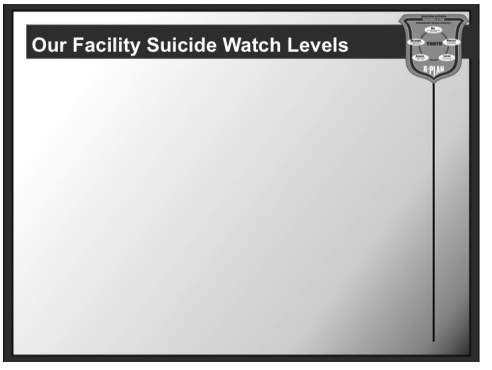


What is the prevention potential of the information from our own facility?

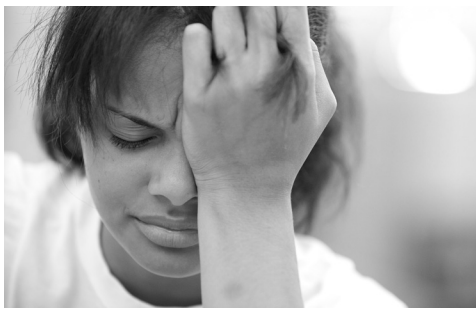
_____

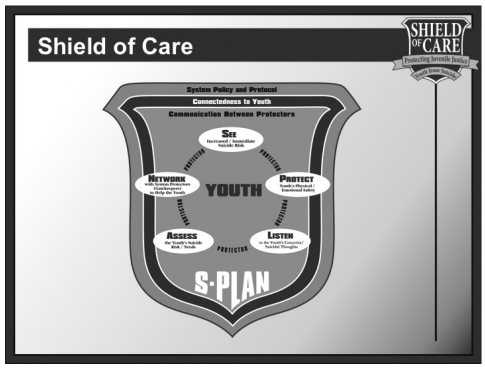
_____

What can you do in your role to maximize this information?

_____

_____





S-PLAN

S - "**See**" youth's increased/immediate risk for suicide

P - "**Protect**" the youth's physical/emotional safety

L - "**Listen**" to youth's concerns/suicidal thoughts

A - "**Assess**" the youth's level of risk/need for help

N - "**Network**" with others to help the youth

SEE

- Seeing our own attitudes about suicide
- Seeing the youth
  - Development
  - Attachment
  - Effects of Trauma
- Seeing depression and increased risk of suicide
- Seeing the environment

PROTECT

- Protection from immediate risk
- Protecting youth until reaching the next level of help
- Protecting through your attention to the environment…
  - Access to means
  - Housing
- Protecting a youth's emotional safety during high risk periods.

LISTEN

- Once you identify a youth at risk…
- Listen!
  - empathize
  - acknowledge
  - reflect

ASSESS

- **Informal** assessment of risk
- If you suspect a youth is thinking about suicide, ask and respond as per P&P.
  - Even if the youth denies it
- Intake assessment is great BUT…
  - Youth can become suicidal at any time - assessment should be on-going.

NETWORK

- Know your responsibility in your work role and how to contact others
- Avoid territorial issues, and work as a team
- Overcome potential barriers to suicide prevention
- Communicate
- Document

Section III: Shield of Care Model

PART A: SEEING

1. SEEING ATTITUDES

A. Activity: Suicide Attitudes Survey

Directions: Below, you will see several statements about suicide. After reading each statement, decide whether you **1)** Strongly Disagree, **2)** Disagree, **3)** Neither Agree Nor Disagree, **4)** Agree, or **5)** Strongly Agree. There are no right or wrong answers, only what you think or believe. Use the answer grid provided to record your responses.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1. There isn't much I can do to stop a youth from killing him/herself.	1	2	3	4	5
2. Suicidal behaviors are irrational.	1	2	3	4	5
3. Youth in secure facilities who threaten or attempt suicide only want attention.	1	2	3	4	5
4. Suicide is wrong.	1	2	3	4	5
5. I may choose not to intervene with a suicidal JJ youth so I do not become liable.	1	2	3	4	5
6. If a youth I work with in the facility considers or attempts suicide, I have failed at helping that youth.	1	2	3	4	5
7. The facility environment increases JJ youth's risk for suicide.	1	2	3	4	5
8. Suicide prevention training can help me save lives of JJ youth.	1	2	3	4	5
9. JJ youth think about suicide more often than non-incarcerated youth.	1	2	3	4	5
10. Youth in secure facilities have fewer reasons to live than non-offending youth.	1	2	3	4	5
11. A staff person who intervenes when a youth is considering suicide becomes legally responsible for that youth's life or death.	1	2	3	4	5
12. I feel comfortable discussing suicide issues with youth in JJ facilities.	1	2	3	4	5

Once you've completed the survey, answer the following questions:

1. Does attitude #1 help or hinder a caregiver's ability to prevent suicide? Why?/Why not?

_____
_____
_____
_____

2. Does attitude #2 help or hinder a caregiver's ability to prevent suicide? Why?/Why not?

_____
_____
_____
_____

3. Does attitude #3 help or hinder a caregiver's ability to prevent suicide? Why?/Why not?

_____
_____
_____
_____

4. Does attitude #4 help or hinder a caregiver's ability to prevent suicide? Why?/Why not?

_____
_____
_____
_____

Section III: Shield of Care Model

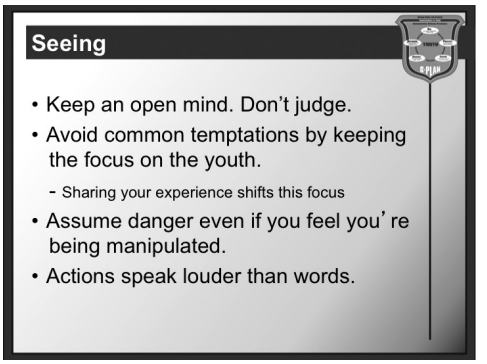
PART A: SEEING

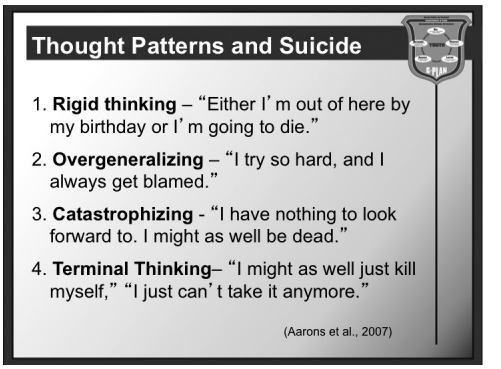
General Prevention Tips:

Develop supportive relationships with youth in general so that it will be easier for them to accept your help in a crisis situation.

Help all youth build confidence in their ability to solve smaller problems. In doing so, it will be easier for them to solve larger problems.

II. SEEING YOUTH





A. Thinking Patterns

1. Rigid thinking – This is an all or nothing thinking pattern. Typically if X does or doesn't happen, I will do Y. "If my dad doesn't come see me by my birthday, I'm giving up."

2. Overgeneralizing – Taking an incident/experience/feeling, etc. and extending it to an unreasonable conclusion. For example, a family member may have missed a visit due to an emergency, and you hear the youth say, "See, she missed the meeting. She doesn't give a crap and no one else does either." "I can't do this. I can't do anything right." "I've been in this stinking place for years, and no one will ever talk to me."

3. Catastrophizing – Taking something and making it a catastrophe - "I have nothing to look forward to. I might as well be dead." "People don't care about anyone except themselves."

4. Terminal statements – Any statement that hints of death or suicide. "I might as well just kill myself," "I just can't take it anymore."

(Source: Mace et al., 2007)

III. SEEING RISK

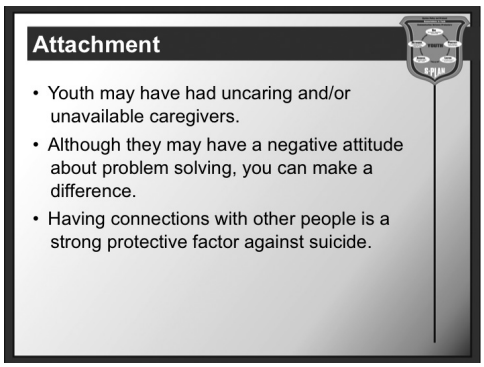
Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide.

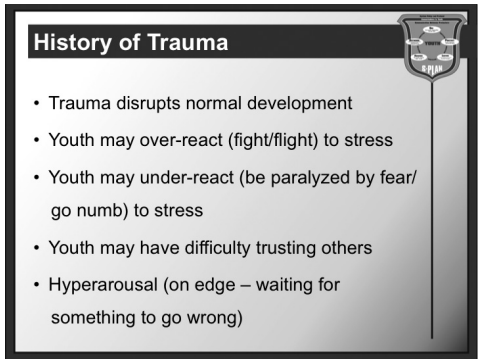
These factors are largely biological, psychological, social and environmental.

Biological: Intellectual ability, personality/temperamental traits, and toughness,
Psychological: Resilience, motivation, humor and perceptions of self; emotional attributes - emotional well-being, life satisfaction, optimism, happiness, trust, optimism, hope; cognitive; spiritual attributes, and attributes of post-traumatic growth.
Social: Interpersonal skills, interpersonal relationships, connectedness, and social support
Environmental: Positive life events and socioeconomic status.

(Bell, et al., 2005)

For more information on protective factors, visit:
http://www.giftfromwithin.org/html/promote.html





Section III: Shield of Care Model

PART A: SEEING

A. HIGH RISK PERIODS OF CONFINEMENT

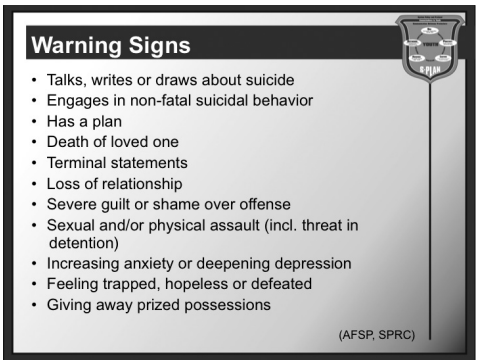
(Sources: Hayes, 2009; Hayes, 2007)

Room Confinement
Death of Another Youth in the Facility
Parents Threat of/Failure to Visit
Failure in the Program
Ridicule from Peers
Severe Guilt or Shame about Offense
Sexual/Physical Assault

Room confinement is a sanction that can have deadly consequences and should be closely scrutinized and utilized judiciously.

In fact, **over 50% of all juvenile suicides occur while the youth is under room confinement status.**

This is a very significant finding. Placement of a youth on confinement status may trigger self-injurious behavior.



B. SUICIDE WARNING SIGNS

(Sources: SPRC; AFSP; Joiner, 2005)

Warning signs are those signs that indicate the possibility of an imminent suicidal crisis. This list includes warning signs most commonly cited in a wide body of research. Take all suicidal behavior seriously.

Ideation - Thoughts of suicide. Ideation can be expressed through talking, gesturing, writing and drawing.

May also be exhibited through **Terminal Statements** - "I won't be a problem for you much longer." "I wish I were dead." "I'm going to kill myself." "It's no use."

Having a **Suicide Plan**

Actively Seeking Access to Suicide Means

Unbearable Pain often as a Result of a Loss/Crisis - death of a loved one, divorce, break-up, peer rejection or the loss of anything that is of great value to the teen especially in conjunction with depression

Perceived Lack of Resources – Internal and External

Perceived Expendability – Belief that no one would miss the teen, the teen's existence doesn't matter, or that people would be better off without him/her

Increased/Persistent or **More Pronounced Signs of Depression** (especially anger, sadness to misery, withdrawal/isolation, lack of interest in usual activities)

Making final arrangements, saying goodbye as if s/he won't see someone else again

Giving Away Possessions

Refusing help, feeling **"beyond help"**

Becoming **suddenly cheerful** after a period of depression – this may mean that

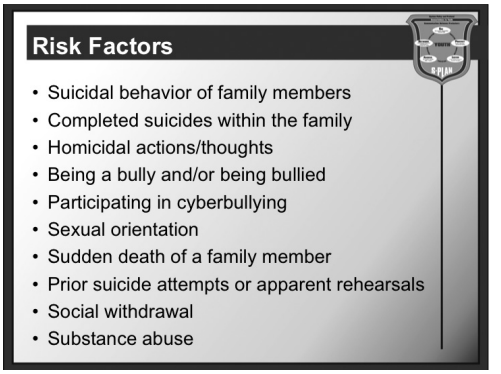
the teen has already made the decision to escape all problems by ending his/her own life

Feelings of **hopelessness** or purposelessness

Bullying and/or **harassment** and/or extreme **embarrassment/humiliation**

C. SUICIDE RISK FACTORS

(Source: SPRC)



Risk factors are those signs that predispose someone to suicide. The following list includes those risk factors most commonly cited in research.

Biopsychosocial Risk Factors

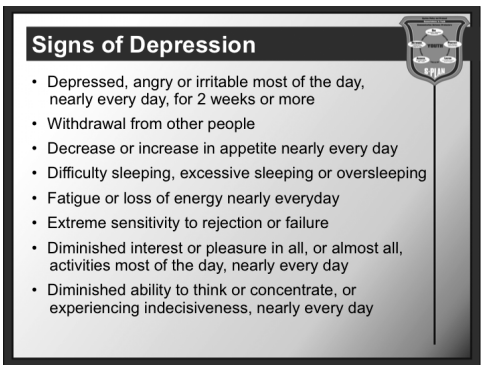
- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide
- Environmental risk factors
- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Sociocultural Risk Factors;

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide
- Problems with the law/involvement with the juvenile justice system

Although the majority of people who have depression do not die by suicide, severe depression does significantly increase the risk of suicide.

D. SIGNS OF DEPRESSION



(Sources: DMV IV; National Association of School Psychologists)

Is it Depression?

Likely if...the changes persist for longer than two weeks; the signs continue to worsen; attempts to relieve the symptoms are unsuccessful; and/or the symptoms interfere with everyday activities.

Behavioral Changes

- Depressed, angry or irritable mood most of the day, nearly every day
- Diminished interest or pleasure in all, or almost all, activities
- Diminished ability to concentrate; or indecisiveness
- Change in school performance (global drop in grades)
- Change in attitude about school
- Substance abuse
- Constant feelings of worthlessness or excessive or inappropriate guilt
- Problems in relationships
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation, a suicide attempt or a specific plan for committing suicide
- Refusal to attend or participate in school
- Outbursts of shouting, complaining, unexplained irritability, or crying

- Withdrawal, social isolation, and poor communication
- Extreme sensitivity to rejection or failure
- Unusual temper tantrums, defiance, or oppositional behavior
- Chronic boredom or apathy

Physical Symptoms

- Significant weight loss or gain or decrease/increase in appetite
- Difficulty sleeping or excessive sleeping
- Agitated - always moving
- Psychomotor retardation
- Moping around nearly every day
- Vague physical complaints; constant fatigue or lack of energy

E. Challenging behavior

Depressed or suicidal youth may challenge you with their behavior particularly if anger is a predominant sign of depression. Remember that this behavior may be driven by an illness rather than the desire to make your life difficult or to challenge your authority.

F. Activity: Video Viewing Tasks

Please note any of the following:

1. Signs of depression:

_____
_____
_____
_____

2. Risk factors of suicide:

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_____
_____
_____

3. Warning signs of suicide:

_____
_____
_____
_____

G. Activity: Youth Story Cards– Refer to the "Seeing" Questions on the Youth Story Card in the Appendix for this Exercise.

"PROTECTING"

I INTERVENTIONS

A. Responding to a Suicide Attempt

Intervention Suicide Attempt Security Staff Response

- Immediately call for staff help by radio or verbal signal
- Report to supervisor immediately. Report the method of suicide attempt is by (hanging/cutting, etc.). Provide location and type of assistance needed.
- Acquire and bring emergency response kit and emergency rescue tools.
- Check scene for safety (possible "set up," items that could be used as a weapon, etc.).
- Clear room of non–essential life saving personnel.
- Use universal precautions (gloves, goggles, CPR mask).
- If attempt is life-threatening, ask Central Control to contact 911.
- If unconscious, administer immediate life saving action.

(Hayes, 2005)

Intervention Suicide Attempt – Security Staff Response

Hanging

– Lift to restore airway; cut or untie ligature; place youth on floor; start rescue breathing/CPR until relieved by medical staff.

Cutting

– Apply direct pressure to injured area. Keep individual calm and treat for shock until relieved by medical staff.

Overdose

- Try to find the source of the overdose (poison, pills). Call Poison Control Center while medical staff is on their way.

Use CPR and First Aid Skills as Needed in All Situations.

- **Debrief staff and gather all reports, observations and logs.**

(Vermont Correctional Academy)

If Youth is Uncooperative or Unresponsive to Verbal Commands

- Use the least restrictive/forceful physical intervention to keep them from harming themselves or others.
- Restraints should only be used if the person is actively trying to kill him/herself.
- Restraints should be removed as soon as it is possible to do so.
- Actively suicidal youth should never be placed in segregation. Monitor youth until given orders to cease.
- Secure site.
- Debrief staff and gather all reports, observations and logs.

(Vermont Correctional Academy)

Housing/Detainment Status

N=79

- **50% of victims were on room confinement at the time of death.**
- **79.3%** of the victims held in Detention Centers were on **detained status**.
- **74.7%** were assigned to **single-occupancy** rooms.
- **16.5%** of the victims were on **suicide precaution** at the time of their deaths, most of whom were ***required to be observed at 15-minute intervals.***

(Hayes, 2009)

Room confinement is a sanction that can have deadly consequences and should be closely scrutinized and utilized judiciously. In fact, over 50% of all juvenile suicides occur while the youth is under room confinement status. This is a very significant finding. Placement of a youth on confinement status may trigger self-injurious behavior.

Notes On Our Facility's Observation Levels:

_____

_____

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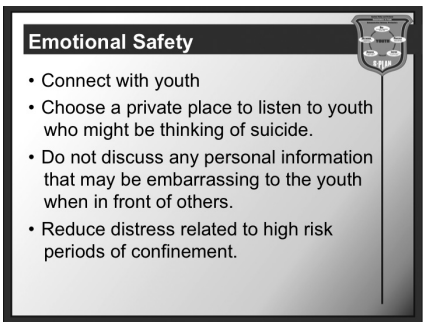
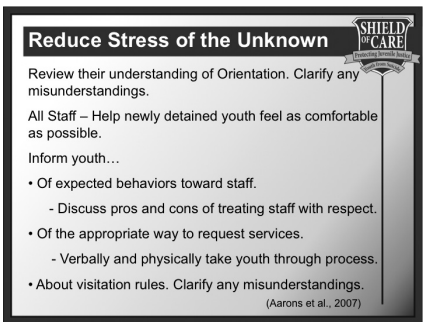
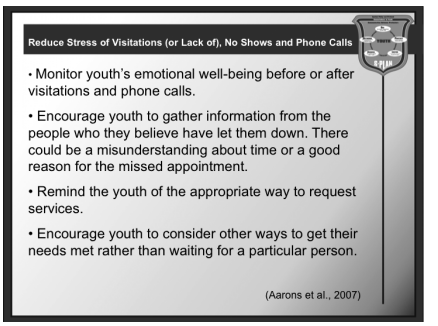
Section III: Shield of Care Model

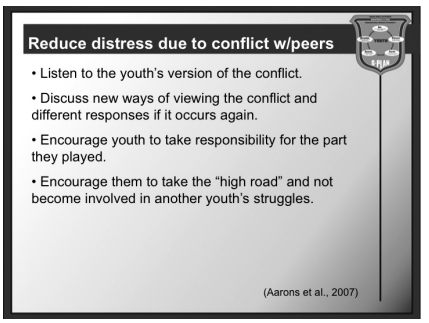
PART B: PROTECTING

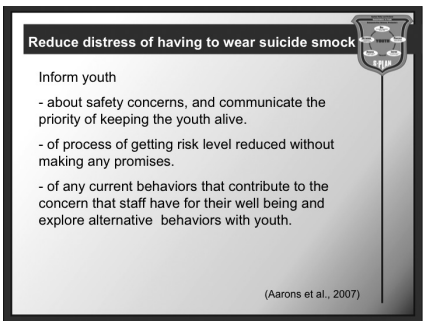
B. Activity: Youth Story Cards – Refer to the "Protecting" Questions on the Youth Story Card in the Appendix for this Exercise.

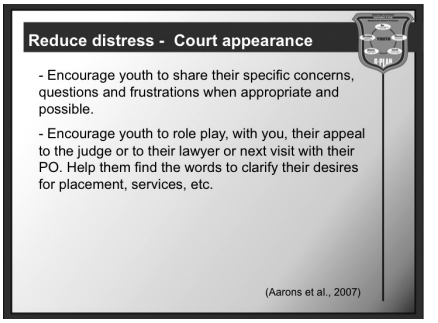












C. Activity: Policy Review

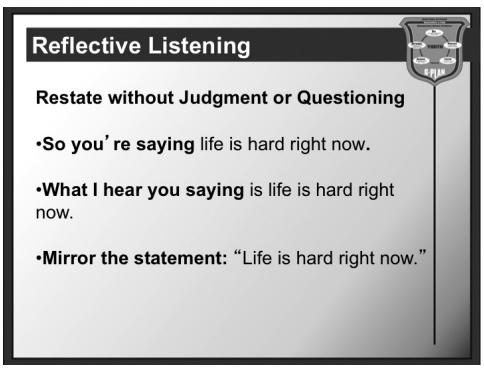
Please take out your copy of the policies and procedures and stay in your groups to discuss the following exercise and questions:

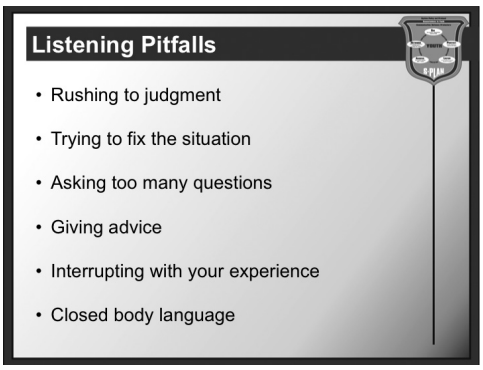
In what ways are these policies helpful to you as a caregiver when thinking about protecting a youth at risk for suicide?

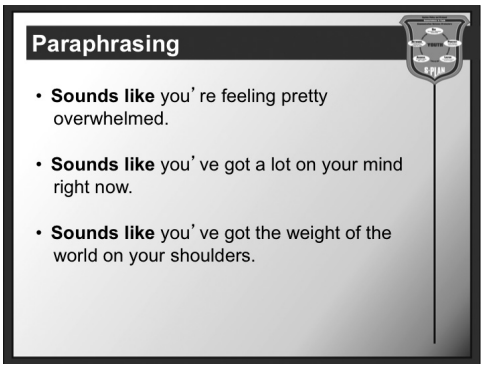
In what ways is your role limited by policy in regard to protecting youth at risk for suicide?

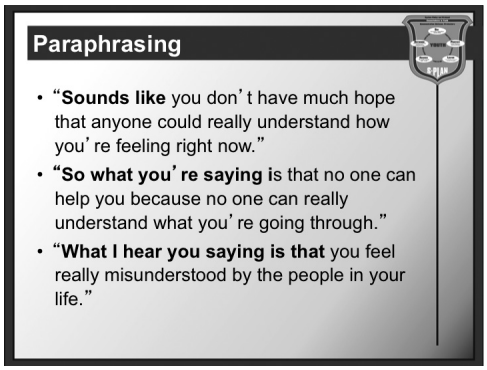
"LISTENING"

A. Reflection









B. Activity: Listening – Individual Work

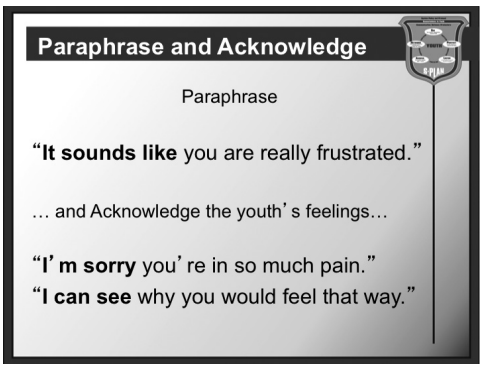
Directions: Paraphrase the following statement. Avoid pitfalls!

"No one understands. No one will ever understand."

Paraphrase here _____
_____
_____
_____

Section III: Shield of Care Model

PART C: LISTENING



C. Activity: Listening – Pair Work

Objective: The person in the role of listener will practice listening skills in the context of the speaker's aggravation driving experience.

Directions: The listener will practice paraphrasing the speaker's experience as closely as possible while resisting the temptation of offering a solution, sharing a similar experience or criticizing the other driver.

1. Individually – Think of something another driver did that really made you mad.

Write it here _____
_____
_____
_____

2. Begin the exercise with the statement below.

Open with "You look really [upset]."

3. Allow your partner to discuss the experience

4. Practice using the following:

"So you're saying…"
"What I hear you saying is …
Mirror the statement – Near word for word restatement.

5. Once you've reflected the experience, follow it up with. "I'm sorry that happened to you."

Wait for trainer to debrief

D. Activity: Youth Story Cards – Refer to the "Listening" Questions on the Youth Story Card in the Appendix for this Exercise.

E. Activity: Policy Review

Please take out your copy of the policies and procedures and stay in your groups to discuss the following exercise and questions:

In what ways are these policies helpful to you as a caregiver when thinking about listening to a youth at risk for suicide?

Section III: Shield of Care Model

PART D: ASSESSING

"ASSESSING"

A. Asking about suicide

1. What are some ways to ask directly about suicide?

_____
_____
_____
_____

B. Listening and Asking

Example of using listening skills and asking the question:
S = Staff, Y = youth

S - I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.
Y – She doesn't care. No one does. I won't be a problem for her much longer.

Based on the above example, answer the following questions:

1. What might lead you to think that suicide is an issue?

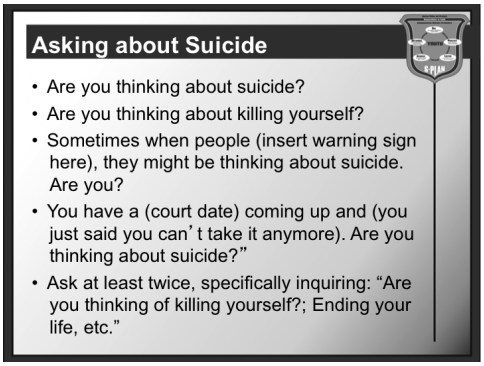
_____
_____
_____
_____

2. Would it be too soon to ask about suicide?

_____
_____
_____
_____

3. How would you do it?

_____
_____
_____
_____



C. Activity: Video Viewing Tasks

Directions: In your groups, decide who will be focusing on seeing, who will be focusing on protecting, who will be focusing on listening and who will be focusing on assessing. Once these roles are assigned, take notes in your assigned section below:

"Seeing" Tricia
1. Note any signs of depression, risk factors/warning signs for suicide or high risk periods of confinement here.

_____
_____
_____

"Protecting" Tricia
2. Note any protecting actions here.

_____
_____
_____

"Listening" to Tricia
3. Note examples of how Darlene listened here

_____
_____
_____

"Assessing" Tricia
4. How did Darlene determine Tricia was suicidal?

_____

PART D: ASSESSING

5. If you remember the question, please note it here.

_____

When the video is over, wait for instructions from your trainer.

Discuss the following questions.

1. What prompted Darlene to begin talking with Tricia?

_____

2. How did Darlene "protect" Tricia's emotional safety?

_____

_____

3. How did Darlene physically protect Tricia?

_____

_____

_____

4. What specific warning sign directly asking and led to Darlene asking directly about suicide?

_____

D. Activity: Youth Story Cards – Refer to the "Assessing" Questions on the Youth Story Card in the Appendix for this Exercise.

E. Activity: Policy Review

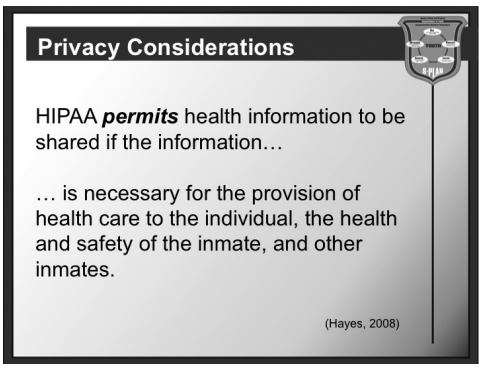
Please take out your copy of the policies and procedures and stay in your groups to discuss the following questions:

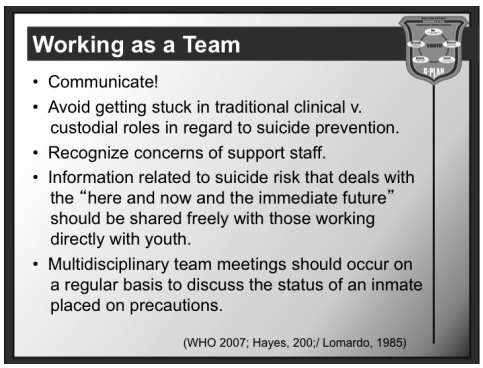
What does the policy say about assessing a youth at risk for suicide?

In what ways are these policies helpful to you as a caregiver when thinking about assessing a youth you perceive to be at risk for suicide?

In what ways is your role limited by policy in regard to assessing a youth you perceive to be at risk for suicide?

"NETWORKING"





A. Activity: Video Viewing Tasks

1. How does the staff work together to help Eddie's?

_____
_____

2. At what point did Sal does stand back and let Nick continue?

_____
_____

3. How does Nick help protect Eddies' emotional safety?

_____
_____

4. How does Nick make the referral easier for the mental health staff?

_____
_____

B. Activity: Youth Story Cards – Refer to the "Networking" Questions on the Youth Story Card in the Appendix for this Exercise.

PART E: NETWORKING

C. Activity: S-PLAN Review

Facts

Use prompts below to list five things you either learned or reviewed in this training that could help you save a life. Be as specific as possible. An example is provided below to help you get started.

Example:

An important FACT about suicide is: Suicide is the THIRD leading cause of death among youth ages 10-24.

In this training, I learned (or reviewed) that: . . .

1. An important FACT about suicide is:

_____

_____

2. My OPINION about suicide includes the attitude/belief that:

_____

_____

3. Youth may demonstrate RISK FACTORS/WARNING SIGNS of suicide. One is:

_____

_____

4. Youth may demonstrate PROTECTIVE FACTORS against suicide. One is:

_____

_____

5. The MOST IMPORTANT thing(s) I learned in training that will help me save a life is: _____

_____

Responding to Risk

Use the questions below to think about ways you can apply what you learned in training to respond to youth at risk for suicide.

1. How is suicide risk most likely to be displayed in the Juvenile Justice population at your facility?

   a) A youth might say something like _____

   b) A youth might do something like _____

2. Think about your role in your particular juvenile justice facility (e.g., "Security Officer;" Corrections Teacher). What parts of the Shield of Care model are you most equipped/able to perform in your work role? What do your policies and procedures say about helping suicidal youth?

Shield of Care Action Plan

Any of the youth with whom you work could be at risk of suicide. Fill in the blanks with specific information related to the S-PLAN to demonstrate how YOU will help a youth at risk.

1. **S** – _____
2. **P** – _____
3. **L** – _____
4. **A** – _____
5. **N** – _____

D. Activity: Busting Barriers

When I, _____ *(Your Name Here)* *, encounter potential barriers to suicide prevention at* _____ *(Your Name Facility)* *, I will use these Barrier Busting Techniques to help save a life.*

Potential Barrier to Helping Someone At Risk of Suicide:

1. _____
2. _____

3. _____

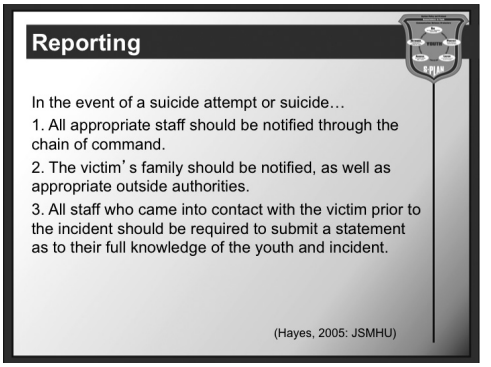
Barrier Busting Technique:

1. _____

2. _____

3. _____

AFTER A SUICIDE



_____

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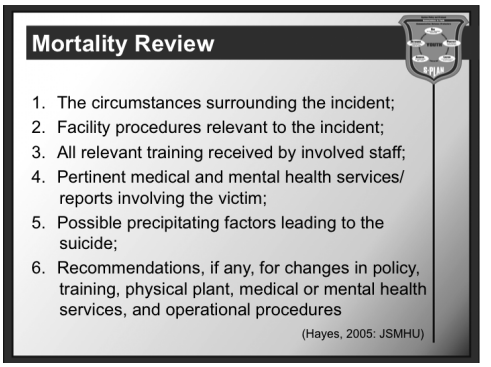
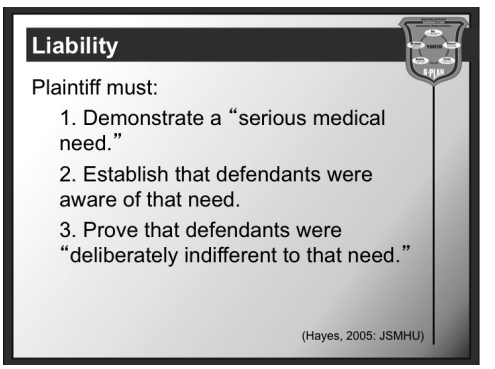
_____

_____

_____

_____





A. Self Care - Watch for Signs of Stress

Tension: Physical and emotional tension, being excessively hyper, unable to relax or sit still for very long, muscle tremors or twitches.

Nausea: Especially during or immediately after the incident.

Body temperature regulation: Profuse sweating or chills at unusual times.

Sleep disturbances: Either the inability to fall asleep, disruptive dreams or nightmares or waking up earlier than usual.

Fatigue: Always tired. No pep or energy.
Intrusive thoughts or memories: Thinking about the incident or some recurring memory obsessive thoughts about when you don't want to.

Negative feelings/Crying: Unpleasant feelings that may come without warning, such as profound sadness, helplessness, fear, anxiety, anger, rage, discouragement, frustration or depression.

A feeling of vulnerability or lack of control: Feeling exposed to threats, not in control of one's life, experiencing paranoia.

Interpersonal problems: increased irritability, insensitivity, blaming others, distancing from others.

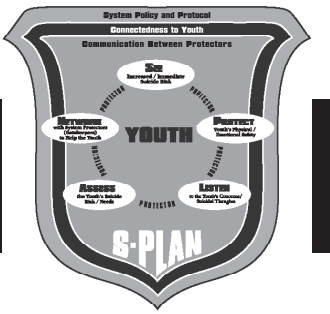
Substance Abuse: "Self-medication" can be a symptom of stress.

Compulsive behavior: Increased problems such as compulsive eating or other uncontrolled, repetitive behaviors.

Self Blame: Usually this fixes on some particular aspect of the incident. A sense of having lost self-value or diminished self-esteem. "I could have done this or should have done that."

1

VICTORIA



STORY

Victoria picked up her tray in the cafeteria line and looked for a place to sit in the dining room. She saw a seat at a table near Jennifer, Latisha and Monica, who always seemed to be having fun, but it seemed like they suddenly stopped talking and looked down at their trays as she approached, so she walked past and sat at the very next table.

She couldn't tell what they were whispering about, but they stopped again when she got up to get more water. She was drinking a lot of water the last day or so because her anti-depressant was making her mouth so dry. She hasn't had much appetite, and you've noticed that she hasn't been her chipper self recently or been interacting with staff and other youth.

Victoria was just thinking of turning her tray in and heading back to her quarters when an officer walked up and announced, "Come on, Vicky. The health clinic can take care of your request for a pregnancy test now." Victoria could hear the girls snickering as she stood up and looked at the officer, hissing "Thanks, bitch," through clenched teeth. "Oh yes you will get some ISO time for that mouth, Miss Taylor," the officer replied. As they marched out of the cafeteria, she could hear Monica's distinctive voice: "You in trouble now, tricky Vicky. That rabbit done died!"

SEEING

In groups: Identify signs of depression, risk factors or warning signs of suicide, high risk periods of confinement or other worrisome behavior.

Prepare to share an overview of this case, discuss which elements of S-PLAN are a priority, and answer the following question:

What do you **see** that may possibly put Victoria at risk for suicide? Discuss any worrisome behavior. Why is it worrisome? What could be done about it, if anything?

_____

PROTECTING

How will you **protect** Victoria?

_____

_____

LISTENING

In pairs, practice your **listen**ing skills and avoid the common pitfalls. One person will take the role of caregiver and the other the role of Victoria. Remember to make eye contact and maintain an open body posture.

Decide on a negative emotion that would likely be demonstrated by Victoria and a reason contained in the story for that emotion.

The person in the role of caregiver will simply reflect that emotion, the reason and acknowledge the feeling.

Use the following example dialogue. Change the details to relate to your story. *S = Staff, Y=Youth*

S – I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.

ASSESSING

Using the same negative emotion and reason for that emotion within Victoria's story, you're going to add a warning sign for suicide and ask directly about suicide.

In pairs, practice your **assess**ing skills with one person acting in the role of caregiver and the other in the role of Victoria.

Use the following example dialogue. Change the details to relate to your story, and ask about suicide. *S = Staff, Y=Youth.*

S – I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.
Y – She doesn't care. No one does. "I won't be a problem for her much longer."
S – Sometimes when people say that, they are thinking about suicide. Are you thinking about suicide?

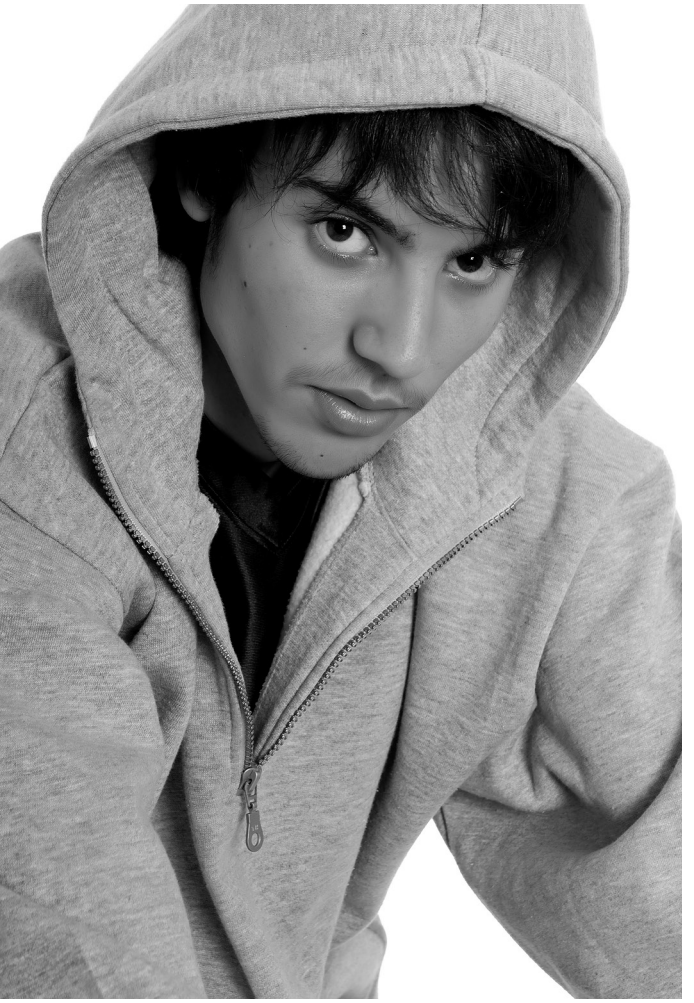
NETWORKING

Using the Referral Response Guide for your facility, determine the person with whom you will **network** and how to contact this person.

Who:_____
_____

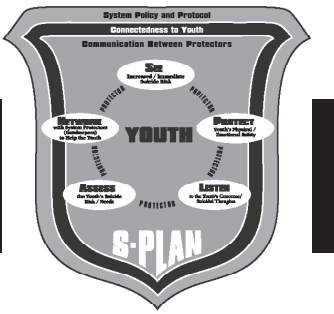
How to contact: _____
_____
_____

NOTES:



2

JAKE



STORY

You hear Jake and Matt talking about Jake's upcoming transfer to another facility and "CTB" catches your attention. You begin listening closely now and hear Matt asking Jake whether he "has a ticket." You're listening closely because you recognize these terms from a suicide prevention training. During the training, you learned that people will sometimes use the phrase "catch the bus" to mean suicide, and that "having a ticket" means that a person has the means and a plan to complete suicide.

You don't want to let them know you're listening, but you move closer because you want to hear what Jake says in response to Matt's question.

You can't hear what Jake said in reply to Matt's question, but Matt moves away, leaving Jake sitting at a table with his head down. Jake approached you last week and told you that his father had died. He also said that he has a hard time talking to anyone about it.

SEEING

In groups: Identify signs of depression, risk factors or warning signs of suicide, high risk periods of confinement or other worrisome behavior.

Prepare to share an overview of this case, and answer the following question:

What do you **see** that may indicate Jake is thinking about suicide? Discuss any worrisome behavior. Why is it worrisome? What could be done about it, if anything?

_____

_____

PROTECTING

How will you **protect** Jake?

_____

_____

LISTENING

In pairs, practice your **listen**ing skills and avoid the common pitfalls. One person will take the role of caregiver and the other the role of Jake. Remember to make eye contact and maintain an open body posture.

Decide on a negative emotion that would likely be demonstrated by Jake and a reason contained in the story for that emotion.

The person in the role of caregiver will simply reflect that emotion, the reason and acknowledge the feeling.

Use the following example dialogue. Change the details to relate to your story. *S = Staff, Y=Youth.*

S – I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.

ASSESSING

Using the same negative emotion and reason for that emotion within Jake's story, you're going to add a warning sign for suicide and ask directly about suicide.

In pairs, practice your **assess**ing skills with one person acting in the role of caregiver and the other in the role of Jake.

Use the following example dialogue. Change the details to relate to your story, and ask about suicide. *S = Staff, Y=Youth.*

S – I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.
Y – She doesn't care. No one does. "I won't be a problem for her much longer."
S – Sometimes when people say that, they are thinking about suicide. Are you thinking about suicide?

NETWORKING

Using the Referral Response Guide for your facility, determine the person with whom you will **network** and how to contact this person.

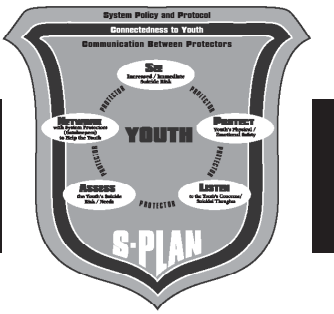
Who:_____
_____

How to contact: _____
_____
_____

NOTES:

3

HALEY



STORY

At 17, Haley was raised in a family with money.

After an abusive event on vacation with her father 6 months prior to entering the facility, Haley had attempted to kill herself by jumping in front of a car on a busy highway near her home. Although she had several broken bones, she lived through the attempt. She was recently arrested outside a pawn shop after stealing jewelry from a high end store. She told the arresting officer that she needed the money to buy a gun because she "was just done with her miserable existence."

Once she entered your facility, other youth avoided her. She spoke and acted very differently than others. The remark about getting a gun to kill herself was not conveyed by the arresting officer, and she denied any suicidal thoughts or behaviors on intake, so she was not placed on suicide watch.

However, she became extremely upset whenever staff discussed either her upcoming visit with her mom and younger brother or her court date. As the family visit approached, Haley began to refuse meals. When asked about it, she said that she wanted to see her family, but that she was extremely embarrassed to be there, and that she felt torn between seeing them and being seen in "juvenile jail." A few days prior to the visit, she would nod off in the day room and had to be reminded that sleeping was not allowed. The third time she put her head down and slept, staff placed her on room confinement for the rest of the day.

Despite the fact that Haley wasn't on suicide watch, you get a strong feeling that you should probably check on her. When you do, you discover that she had obtained a radio cord, had wrapped it around her neck, and is barely responsive.

SEEING

In groups: Identify signs of depression, risk factors or warning signs of suicide, high risk periods of confinement or other worrisome behavior.

Prepare to share an overview of this case, and answer the following question:

What do you **see** that may indicate Haley is thinking about suicide? Discuss any worrisome behavior. Why is it worrisome? What could be done about it, if anything?

_____

_____

PROTECTING

Using the Suicide Intervention and Precaution Guide, how will you **protect** her?

_____

_____

_____

LISTENING

Instead of confining her to her room, you took some time to listen to Haley.

In pairs, practice your **listen**ing skills and avoid the common pitfalls. One person will take the role of caregiver and the other the role of Haley. Remember to make eye contact and maintain an open body posture.

Decide on a negative emotion that would likely be demonstrated by Haley and a reason contained in the story for that emotion.

The person in the role of caregiver will simply reflect that emotion, the reason and acknowledge the feeling.

Use the following example dialogue. Change the details to relate to your story. *S = Staff, Y=Youth.*

S – I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.

ASSESSING

Imagine that you had the opportunity to assess Haley prior to her attempt. Using the same negative emotion and reason for that emotion within Haley's story, you're going to add a warning sign for suicide and ask directly about suicide.

In pairs, practice your **assess**ing skills with one person acting in the role of caregiver and the other in the role of Haley.

Use the following example dialogue. Change the details to relate to your story, and ask about suicide. *S = Staff, Y=Youth.*

S – I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.
Y – She doesn't care. No one does. "I won't be a problem for her much longer."
S – Sometimes when people say that, they are thinking about suicide. Are you thinking about suicide?

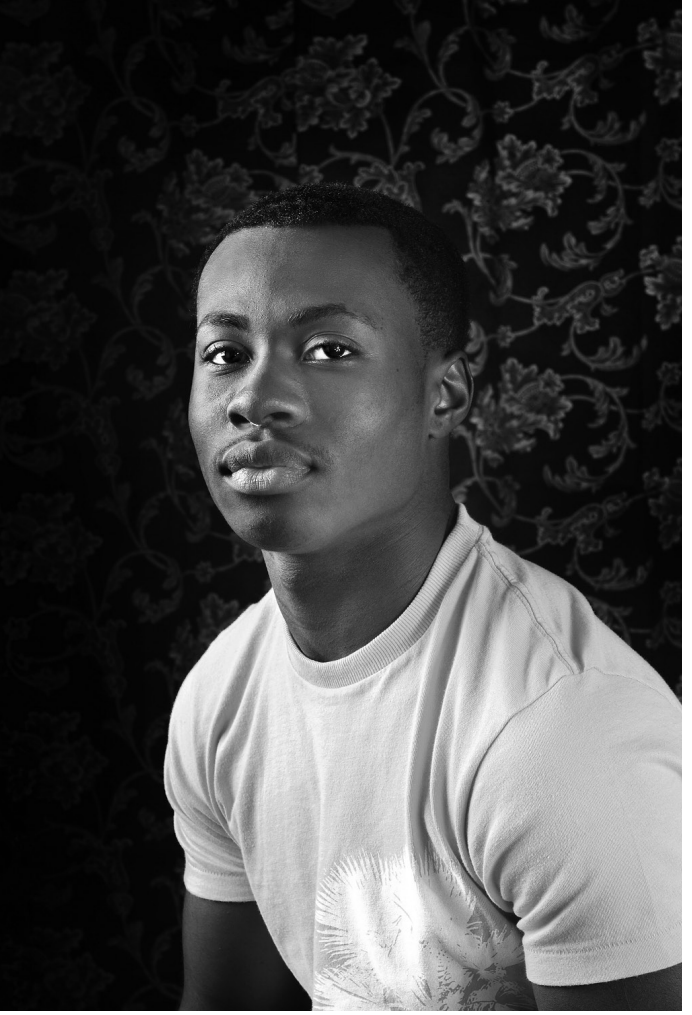
NETWORKING

Using the Referral Response Guide for your facility, determine the person with whom you will **network** and how to contact this person.

Who:_____

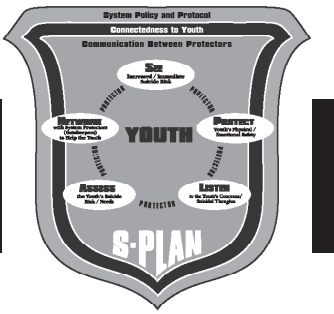
How to contact: _____
_____

NOTES:



4

DAVID



STORY

David, 15, did not have a history of conflict with other youth at the facility, but lately, he has been spending quite a bit of time in room confinement for physical and verbal conflicts with youth and staff. After he was discharged from room confinement for yelling at staff again earlier this week, David became particularly upset after a phone call from his father canceling his visit for the second time that month.

David had been outspoken prior to the call, but hasn't said much since. Once an active participant in class he has started to do the bare minimum. A teacher saw him drawing a noose in the margins of his notepaper today and alerts you immediately. While you are waiting for mental health staff, you talk with him and discover that although his girlfriend broke up with him, he seems disturbingly cheerful.

SEEING

In groups: Identify signs of depression, risk factors or warning signs of suicide, high risk periods of confinement or other worrisome behavior.

Prepare to share an overview of this case and answer the following question:

What do you **see** that may indicate David is thinking about suicide?
Discuss any worrisome behavior. Why is it worrisome? What could be done about it, if anything?

_____

_____

PROTECTING

Is David's physical or emotional safety a priority? Using the Suicide Intervention and Precaution Guide, how will you **protect** him?

_____

_____

LISTENING

In pairs, practice your **listen**ing skills and avoid the common pitfalls. One person will take the role of caregiver and the other the role of David. Remember to make eye contact and maintain an open body posture.

Decide on a negative emotion that would likely be demonstrated by David and a reason contained in the story for that emotion.

The person in the role of caregiver will simply reflect that emotion, the reason and acknowledge the feeling.

Use the following example dialogue. Change the details to relate to your story. *S = Staff, Y=Youth.*

S – I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.

ASSESSING

Using the same negative emotion and reason for that emotion within David's story, you're going to add a warning sign for suicide and ask directly about suicide.

In pairs, practice your **assess**ing skills with one person acting in the role of caregiver and the other in the role of David.

Use the following example dialogue. Change the details to relate to your story, and ask about suicide.

Use the following example dialogue. Change the details to relate to your story, and ask about suicide. *S = Staff, Y=Youth.*

S – I see that you're really angry. What's going on?
Y – My mom didn't show up again.
S – You're saying that your mom didn't show up again. I can understand why you would be angry about that.
Y – She doesn't care. No one does. "I won't be a problem for her much longer."
S – Sometimes when people say that, they are thinking about suicide. Are you thinking about suicide?

NETWORKING

Using the Referral Response Guide for your facility, determine the person with whom you will **network** and how to contact this person.

Who:_____
_____

How to contact: _____
_____
_____

NOTES:

Section V - Glossary

Anchor – A fixed object, such as a window frame or camera housing, from which to hang oneself.

Causal factor - A factor linked to the causation of a disease or health problem.

Contagion - A process by which exposure to the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide.

HIPAA – Enacted in 1996, HIPAA or the Health Insurance Portability and Accountability Act helps workers retain health insurance when they change or lose their jobs and protects the privacy of personally identifiable health information.

Ligature – Anything that can be used to hang oneself. This may be a rag, plastic bag, shoelace or any other material that can be used around the neck and that can withstand the weight of a body.

Mortality review – An investigation following a suicide whereby the details precipitating a suicide are documented and discussed with the intent of preventing additional suicides.

Postvention - The American Association of Suicide Prevention defines suicide postvention as the "provision of crisis intervention, support and assistance for those affected by a completed suicide."

Precipitating factor - The catalyst for an illness, symptom, or episode. This may not be the underlying cause of an illness, rather it is what leads up to it.

Protective factor - Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events. Protective factors may be personal, external, or environmental.

Room confinement – Defined as a behavioral sanction imposed on youth that restricts movement for varying amounts of time. It includes, but is not limited to, isolation, segregation, time-out, or a quiet room [Hayes, 2009].

Risk factor – An individual's characteristics, circumstances, history and experiences that increase the statistical risk for suicide.

Suicide - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. (Source: CDC)

Section V - Glossary

Suicide attempt - A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal ideation – Thoughts of harming or killing oneself. Ideation can be expressed through talking, gesturing, writing or drawing. May also be exhibited through Terminal Statements - "I won't be a problem for you much longer." "Nothing matters." "I wish I were dead." "I'm going to kill myself." "It's no use."

Suicide precaution - An observational status place on suicidal youth requiring increased staff surveillance and management. (Hayes, 2005)

Warning signs - Variables that signal the possible presence of suicidal thinking

For more information visit:

www.tn.gov/mental (click on suicide prevention)

www.tspn.org/shield-of-care

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