TEXAS JUVENILE JUSTICE DEPARTMENT
TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

Juvenile Justice Training Academy
Lesson Plan

Program: **Juvenile Probation | Supervision Officer Basic Course**	Citation Source: **TAC Chapter 344**
Required by: ☐**Texas Statute** ☒**Texas Administrative Code** ☐**Professional Development**	
Course Title: **Suicide Prevention and Intervention**	
Prerequisite(s): **N/A**	
Developed By: **Resource Training Officer Group**	Date: **August 2015**
Revised By: **Delisha Stewart, TJJD Curriculum Developer**	Date: **March 15, 2017**

PARAMETERS

Training Duration: **2.00 Hours**	Minimum/Maximum Participants Recommended: **5 - 50**
Instructional Setting: **Classroom**	Target Audience: **Juvenile Probation|Supervision Officers completing mandatory training in compliance with Texas Administrative Code Chapter 344.**

COURSE DESCRIPTION

This course will provide participants with an overview of adolescent suicide through an examination of interventions a Juvenile Probation Officer (JPO) or Juvenile Supervision Officer (JSO) can use to provide guidance and support for juveniles struggling with suicidal thoughts and feelings.

APPROVALS

Technical Authority

Terri Dollar, Director — Date
Monitoring and Inspections Division

Training Authority

Chris Ellison, Manager — Date
Juvenile Justice Training Academy

Training Authority

Kristy Almager, Director — Date
Juvenile Justice Training Academy

PERFORMANCE OBJECTIVES

At the conclusion of this course, participants will be able to:

1. Classify factors that affect the probability of suicide in juveniles.
2. Examine intervention strategies used when confronted with a juvenile exhibiting suicidal symptoms.
3. Given a scenario, facilitate a plan for a juvenile contemplating suicide.

INSTRUCTOR MATERIALS

1. TJJD Approved Lesson Plan, March 15, 2017
2. Power Point Show, March 15, 2017
3. Participant Guide, March 15, 2017
4. Handout: Juvenile Stories, March 15, 2017 (Classroom Set)

PARTICIPANT MATERIALS

1. Participant Guide, March 15, 2017
2. Participant's Personal Cell Phone (IOS or Android)

REFERENCES

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ACKNOWLEDGEMENTS

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2. Singer, Kaci. Attorney. Texas Juvenile Justice Department. Office of General Counsel. Subject Matter Expert.
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EQUIPMENT AND SUPPLIES

- ☒ Projector
- ☒ Laptop computer
- ☒ External speakers
- ☒ Chart Pad(s): 2
- ☒ Easel Stand (s): 2
- ☒ Marker(s): 1 pack
- ☒ Screen
- ☒ Post-it® Notes
- ☒ Laser Remote
- ☒ Batteries for Laser Remote
- ☒ Other: Tape, if chart paper is not self-adhesive

SCHEDULE

Introduction	10:00
Why Talk About Suicide	30:00
Adolescents and Suicide	30:00
Using Your Toolkit	10:00
What Would You Do?	20:00
Review and Summary	20:00

LEGEND

For Your Eyes Only
This is information for the Trainer only – it is facilitator guidance (i.e. Activity Instructions)

Speaker Notes
This will indicate information to be shared with participants

Action
This will direct facilitator when to do something (i.e. click to activate bullets, start media if necessary, chart participant responses)

Activity
This will indicate activity (small or large; individual or collaborative) before continuing on with presentation

Note: Unless otherwise indicated in the lesson plan and based on class size, the trainer has the discretion to use a designated group activity as an individual activity. The

trainer shall process the activity, whether as designated or individually in an effort to maximize the learning environment for the participants.

IMPORTANT TRAINER INFORMATION

1. Prepare a **Parking Lot**. If a particular training course lends itself to potentially lengthy discussions compromising training time, trainers are encouraged to prepare and use a Parking Lot in an effort to manage questions and time constraints efficiently. The Parking Lot is a piece of blank chart paper, titled, **Parking Lot**. The paper is placed on a wall at the beginning of the training session, located in an area easily accessible to everyone. Place several pads of post-it® notes on participant tables for their use during the training session and provide participants instructions on how a Parking Lot is used during training.

   The Parking Lot's purpose is to track questions asked and allows trainer to either research an appropriate answer or respond to the question at the applicable time during the lesson plan. Prior to ending the training session, the trainer will review questions posted on the Parking Lot to determine if all have been answered or if additional research is needed. Trainer will either ask participants to confirm all posted questions have been answered satisfactorily or will acknowledge to participants the need to seek additional clarification from a subject matter expert (SME), the curriculum developer (CD), or other approved resource. A follow-up email should be provided to participants in the training session.

2. Cover all activities unless marked Optional.

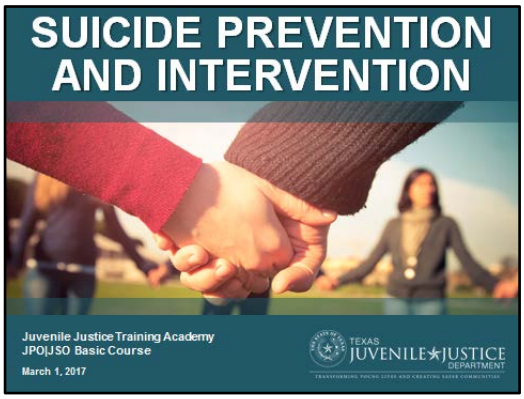
3. Time noted for an activity represents the entire activity process: introducing the activity, performing the activity steps, and debriefing the activity. When assigning an activity, it is recommended the trainer tell participants they have a "few" minutes to complete the activity instead of giving them a set number of minutes (example: 10 minutes). This allows the trainer to shorten or lengthen the time as needed.

4. During question and answer sessions or activities:
   a. Questions followed by the *(Elicit responses.)* statement – should be limited to 1 or 2 participant responses. These questions are typically to gain audience acknowledgement or participation and not lengthy group discussion.
   b. Questions followed by an italicized (*suggested*) response – are to be covered by either the trainer or the participants. If participant responses do not cover the complete italicized response, the trainer is responsible for providing participants with the remaining information. The responses provided are suggested best answers as approved by the Technical Authority. If participants suggest other responses, encourage them to explain their choices.

5. A participant guide has been provided so participants can reference key points during training.

Disclaimer:

The following curriculum is based on Chapter 37 of the Texas Administrative Code, developed by the Texas Juvenile Justice Department in collaboration with the Regional Training Officer Group of the Sam Houston State University Correctional Management Institute of Texas. Approved curriculum is signed by both a Technical and Training Authority. The Certification exam is based on approved TJJD standardized curricula. TJJD is mindful some examples referenced in the lesson plan may not be applicable in particular counties. Deviations regarding the material are discouraged; however, enhancements that explain local policy and procedure without breaching the fidelity of the information are supported. If a participant requires additional information beyond the scope of this curriculum, refer the participant to his (or her) immediate supervisor.



Slide 1: Suicide Prevention and Intervention

Instructor's Corner: PG: 5

Trainer Notes:

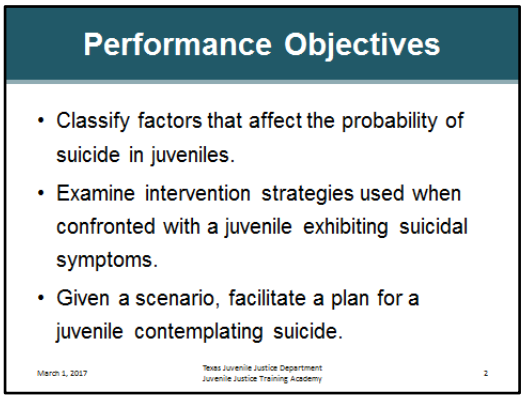
INTRODUCTION

(Welcome participants to the course. Discuss agenda. Inform participants of breaks and other pertinent information. If using "Parking Lot," prior to class, prepare a chart to use later as noted in the lesson plan. Place post-it® notes on the tables or next to the Parking Lot chart for participant use.

The Texas Juvenile Justice Department is mindful some examples referenced in the lesson plan may not be applicable in particular counties. Deviations regarding the material are discouraged; however, enhancements that explain local policy and procedure without breaching the fidelity of the information are supported.)

Today's course contains material that may be difficult for some participants. The topic of suicide can be uncomfortable and even more so if you have personally experienced its effects on a loved one. Please be aware of your own self-care during the course. If at any time you feel overwhelmed, do not hesitate to step outside to regain your composure.

Let's review what we are going to cover today.



Slide 2: Performance Objectives

Instructor's Corner: PG: 5

Trainer Notes:

Performance Objectives

(*Ask various participants to read each of the performance objectives.)*

At the end of this course, you should be able to:

1. Classify factors that affect the probability of suicide in juveniles.
2. Examine intervention strategies used when confronted with a juvenile exhibiting suicidal symptoms.
3. Given a scenario, facilitate a plan for a juvenile contemplating suicide.

Later today, there will be an interactive review session, which will need to be completed on your personal cell phone. I will explain this in more detail later; just be mindful that information discussed today may be included on the review.

Slide 3: Why Talk About Suicide?

Instructor's Corner: PG: 5

Video of Kevin Hines speaking on suicide is embedded in slide. Click laser remote to launch video. Once video is complete, picture will reappear.

Trainer Notes:

WHY TALK ABOUT SUICIDE?

We are going to start today by watching a short video. Kevin Hines, a survivor of an attempted suicide talks about the feelings he had prior to his attempt and the thoughts he had as he made the decision to jump. He also talks about his road to recovery. As you watch the video, think about how these kinds of feelings can affect the juveniles you will work with.

(*Show the video. Length of the video is 5 minutes and 8 seconds. If unable to access video from slide, refer to reference number eight for website information.)*

Q: What are your thoughts on the video? Do you think many juveniles experience what Kevin was feeling? (*Elicit responses*.)

Q: Why do you think suicide has become a national epidemic? *(Elicit responses.)*

Sadly, when juveniles experience suicidal feelings, they likely feel similar emotions as

Kevin Hines did at the time of his attempt. Although you may not personally understand the feelings, it's important to be able to recognize juveniles who are dealing with suicidal thoughts and/or behavior and provide resources. As juvenile probation or supervision officers, acknowledging the seriousness of juvenile suicide is the first step in prevention. Today's course will emphasize strategies you will be able to use to aid juveniles who are dealing with suicidal thoughts and feelings.

In 1984, the United States Senate recognized suicide as a national problem and declared suicide prevention a nationwide priority. The Senate recognized a single prevention program would not work for all communities and encouraged the development of various mental health services. Despite that initiative, every year since 1999, more individuals commit suicide than the previous year.

Today, young people experience undue pressure to fit in and bullying has become a sad reality, especially on social media. Connections today are often driven by online interactions and many young people seek validation based on social media popularity. This undue pressure often creates feelings of sadness and inadequacy, which can lead to suicidal ideation or suicide. By acknowledging and talking about suicide with juveniles, we can ease the stigma and fear surrounding the subject.

Before we begin talking about how to recognize a suicidal juvenile, let's complete a short activity to identify myths and important facts surrounding the subject.

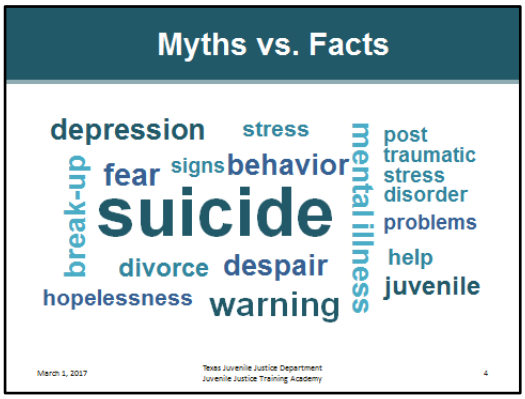
Trainer Notes:

For Your Eyes Only - Activity: Myths vs. Facts

Discussion during this activity is not meant to be long; it is merely an introduction to the topic.

1. Have participants read the questions in their participant guide individually and write down their responses in the space provided.
2. Allow participants 10 minutes to process the statements and document their responses.
3. Once participants are finished, ask volunteers to read a statement and their response. Correct any myths through discussion if necessary.

Activity Point: To help participants recognize and debunk myths in order to serve juveniles effectively.



Slide 4: Myths vs. Facts

Instructor's Corner: PG: 5

Trainer Notes:

Activity: Myths vs. Facts — Time: 20 Minutes

Turn in your participant guide to the activity titled, *Myths vs. Facts.* Individually, read and respond to each statement. When everyone is finished, we will discuss your responses.

(Allow participants 10 minutes to complete the assignment. Ask a volunteer to share their response to the first statement. Process the response and proceed to the next statement until all statements are discussed.)

Debrief

1. Suicide is the fifth leading cause of death among young people (ages 15-24) in the United States.

   Myth – As of 2015, the Center for Disease Control (CDC) identified suicide as the 2nd leading cause of death for young people between the ages of 10-24, behind

accidents.

2. Among teenagers, more girls than boys try to kill themselves.

   Fact - More girls attempt suicide, but more boys complete suicide. Why? Girls usually use less lethal means, such as pills or cutting, which allows for the "rescue factor" while boys usually use more lethal means such as guns and hanging.

3. People who threaten to complete suicide rarely do so.

   Myth - 80% of people who complete suicide told at least one person they were thinking about it.

4. People who talk about suicide really want to die.

   Myth - People do not usually want to die, but see no other options. To them, suicide seems to be the only thing which would make things better. Suicide is typically contemplated with a great deal of ambivalence.

5. Talking to a troubled person about suicide will put ideas into that person's head.

   Myth - It's highly unlikely you will plant the idea into somebody's head if you raise the topic of suicide. If they have been thinking about it and are asked, it likely will provide a great deal of relief. Trying to avoid the topic can cause embarrassment to the person and they could experience guilt about having the thoughts.

6. All acts of suicide are done on the spur of the moment, with no previous planning.

   Myth - While some acts of suicide are done impulsively (often under the influence of drugs or alcohol), the majority of suicides are attempted after planning and discussing their thoughts with others.

7. Troubled teenagers who drink or use drugs as an escape are less likely to complete suicide.

   Myth - Drugs and alcohol decrease a person's inhibitions and increase a person's impulsivity, increasing the risk of suicide.

8. Once a person has survived a suicide attempt, he or she will never try again.

   Myth - With each attempt a person's chance of completing suicide increases.

9. When a suicidal person's depression improves and spirits lift, he or she is out of danger.

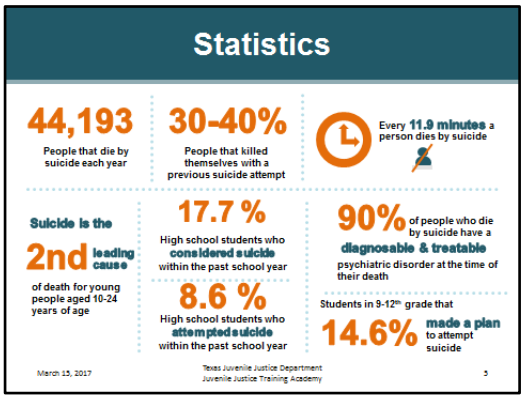
   Myth - Oftentimes, a person's depression decreases and spirits lift once they have decided to complete suicide and the plan is in place, almost as if a large burden has been lifted.

These statements identify many of the myths people have about suicide. Fear and anxiousness are common feelings associated with suicide and sadly, those fears often lead to the myths we just talked about. Myths create roadblocks, preventing effective treatment.

As a juvenile probation or supervision officer, knowing the facts about adolescent suicide is critical in identifying a juvenile experiencing suicidal ideation. The more information you have, the better equipped you will be in a crisis situation.

Q: What questions do you have about suicide myths? *(Answer questions, if any.)*

Let's move on and look at some suicide statistics now. Statistics are important because they help identify trends and present a complete picture of what's happening.



Slide 5: Statistics

Instructor's Corner: PG: 6

Stats referenced are from 2015. Each stat will appear individually with a click.

Trainer Notes:

Statistics

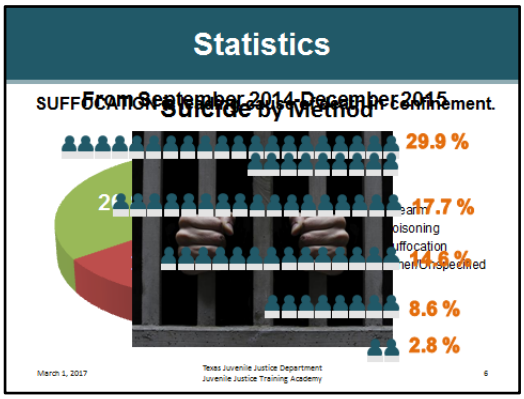
I am going to show you some statistics, one at a time. Obviously these statistics change yearly, however these are the most current reported by the Center for Disease Control and other reputable sources. Think about each one of them and we'll talk about them once all are revealed. *(Reveal stats silently or call on individual participants to read each one aloud.)*

1. 44,193 people die by suicide each year.
2. 30-40% of people who killed themselves had a previous attempt.
3. Every 11.9 minutes, a person dies by suicide.
4. 2nd leading cause of death for young people aged 10-24-years-old.
5. 17.7% high school students considered suicide over the last school year.
6. 8.6% high school students attempted suicide over the last school year.
7. 90% of people who died of suicide have a diagnosable, treatable psychiatric disorder at the time of death.
8. 14.6% high school students made a plan to attempt suicide.

Q: What stands out about these statistics? Which one is most alarming to you? *(Elicit*

responses.)

These statistics are alarming and compel you to recognize the severity of the suicide epidemic in this country. Fortunately as a juvenile probation or supervision officer, you do not have to make determinations solely based on your opinion about whether a juvenile is suicidal. Mental health assessments and interpersonal communication skills, such as motivational interviewing, are tools you'll use to determine treatment needs. We will talk more about those tools later today. Let's continue with some more statistics.



Slide 6: Statistics

Instructor's Corner: PG: 6

Slide initially appears blank except for title. Click the laser remote as noted in the lesson plan for each picture to appear.

Trainer Notes:

Statistics (Cont.)

(Click slide so pie chart and legend appear. Inform participants not all statistics are listed in the participant guide.)

Suicide by Method

- 49.8% Firearm
- 26.8% Suffocation
- 15.4% Poisoning
- 7.9% Other/Unspecified

In the general population, the most common method for committing suicide is with a firearm. The other methods are listed on the screen, with suffocation being second and poisoning the third. For juveniles, as we said earlier, suicide is the second leading cause of death, behind accidents.

(Click the laser remote and the juvenile in confinement picture appears.)

For juveniles in confinement, the leading suicide method of choice is suffocation or hanging. Juveniles often using bedding, clothing, or shoelaces to anchor to door hinges, air vents, bedframes, or even toilets.

When talking about juveniles and suicide, it's important we understand their struggles, empathize with them, and offer coping solutions. A study by the Center for Disease Control called the *Youth Risk Behavior Surveillance*, puts juvenile feelings in perspective and clarifies the dire need for continued intervention programs. The study gathered valuable data from high school students across the country from September 2014-December 2015 about mental health, gender specific suicide, suicide by state and race, as well as other issues affecting teens. Let's take a closer look at some of those statistics.

(Click the laser remote for each statistic to appear. Each statistic is further dissected by race, not included on the slide.)

- 29.9% felt sad or hopeless for almost every day for two weeks or more.
    - 28.6% of all White students.
    - 25.2% of all Black students.
    - 35.3% of all Hispanic students.

- 17.7% seriously considered suicide.
    - 17.2% of all White students.
    - 14.5% of all Black students.
    - 18.8% of all Hispanic students.

- 14.6% made a plan about how to kill themselves.
    - 13.9% of all White students.

- 13.7% of all Black students.
- 15.7% of all Hispanic students.

- 8.6% attempted suicide.
  - 6.8% of all White students.
  - 8.9% of all Black students.
  - 11.3% of all Hispanic students.

- 2.8% attempted suicide and required medical treatment.
  - 2.1% of all White students.
  - 3.8% of all Black students.
  - 3.7% of all Hispanic students.

The total number of completed suicides of juveniles aged 10-19-years-old during 2015:

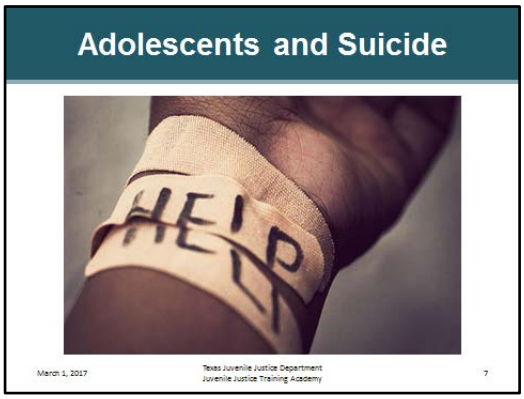
- 2470 *(The total numbers below do not account for "other" nationalities.)*
  - White-1700.
  - Black-257.
  - Hispanic-345.

Many teens, despite racial or ethnic identity, are feeling depressed, experiencing suicidal ideation or have plans to attempt suicide. Suicidal ideation is defined as expressing thoughts or fantasies about committing suicide or expressing a desire to kill one's self, but lacking a specific plan or strategy. Although there may not be a specific plan to commit suicide, a juvenile experiencing suicidal ideation requires the same diligence from juvenile professionals.

Q: What surprises you about these statistics? *(Elicit responses.)*

Q: How does this impact you as a juvenile probation or supervision officer? (*Elicit responses.)*

Statistics are important, but how will you know if a juvenile you are supervising is suicidal? How will you ask the question? *(These questions are rhetorical.)*



Slide 7: Adolescents and Suicide

Instructor's Corner: PG: 7

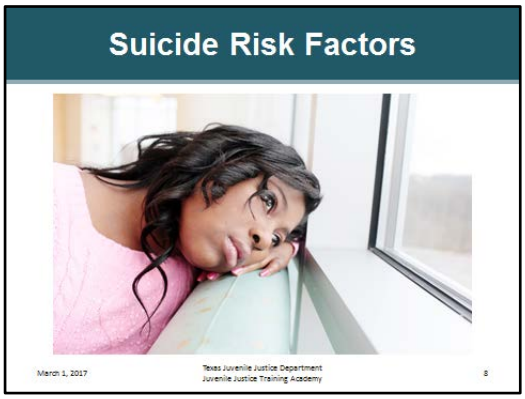
Trainer Notes:

ADOLESCENTS AND SUICIDE

Because adolescents are attempting and/or committing suicide at an alarming rate, your role is even more significant. As a juvenile probation or supervision officer, there are rules regarding how to proceed if a juvenile self-reports feeling suicidal or a mental health assessment indicates suicidal thoughts or ideation. For juveniles placed in secure pre- and post-adjudication, secure holdover, and non-secure correctional facilities, Chapters 343, 351, and 355 of the Texas Administrative Code include standard requirements regarding mental health screenings and timelines as well as mental health referrals, and other pertinent information. For juveniles in the community, the Texas Family Code Section 51.21 outlines rules regarding mental health screenings, noting if the mental health screening indicates a need for further mental health assessment and evaluation, a referral to a mental health professional shall be made. Always adhere to your agency's local policy and procedure of these state-level administrative and statutory requirements with respect to mental health screenings, referrals, and follow-up guidelines.

Learning to ask open-ended questions and paying attention to non-verbal cues will all be important when identifying adolescents at risk for suicide. Recognizing suicidal risk and

protective factors will guide you when making determinations about juveniles you supervise. Let's take a few minutes and examine some suicidal risk factors.



Slide 8: Suicide Risk Factors

Instructor's Corner: PG: 7

Trainer Notes:

Suicide Risk Factors

Imagine the following scenario: Crystal, a fourteen-year-old girl, is currently on probation for Assault with Bodily Injury. She has a history of smoking marijuana, cutting herself, and has run away from home several times. Recently, she was diagnosed with a mental health disorder, but is not taking any medications. The pre-disposition report reveals she was abused by a family member when she was six-years-old. Upon meeting Crystal, she is withdrawn and doesn't say much.

Q: What suicide risk factors do you think are present with Crystal? *(Elicit responses.)*

Crystal has several suicide risk factors present. She has a history of drug use and self-harm, she runs away from home, has a history of abuse, a mental health diagnosis, and she is withdrawn. Risk factors are defined as anything which increases the likelihood of suffering from harm. To clarify, risk factors we talk about today are specifically related to the likelihood of suicide or suicidal ideation. Along with these factors, if Crystal was suffering from a sense of hopelessness, exhibiting impulsivity or aggressive behavior, she would be at a higher risk of suicide. Some juveniles, such as Crystal may experience self-

harm or non-suicidal self-injury, which on its own may not signal suicidal ideation, but rather may be used as a coping strategy for certain situations. If self-harm is one of several risk factors being displayed, the juvenile could be suicidal and should be evaluated. It's important to distinguish the difference between Non-Suicidal Self-Injury (self-harm used as a coping mechanism) and Suicidal Self-Injury (self-harm to end one's life). Nearly 50% of people who commit suicide have a history of NSSI. Some research has suggested self-injury serves as practice in self-destructive behaviors, and may perhaps act as training for later suicide attempts. You may have heard the word "cutting," which is often how many self-injurers hurt themselves. Some other examples of self-injury include:

- Banging of head;
- Biting of self;
- Choking of self;
- Punching walls;
- Punching self in face;
- Refusing to eat; or
- Refusing medical care.

If a juvenile is self-harming, like Crystal, it will be critical to gather as much information about what's happening in their life at the time. Again, any of these risk factors require the intervention of a mental health professional and must be monitored closely.

In addition, consider environmental factors when identifying suicide risks. Things such as a family suffering from economic loss, easy access to lethal means or even suicide clusters (more suicides in a specific area) can place a juvenile at a higher probability of suicide. As you get to know juveniles, you will be aware of whether such elements are present and if they are causing undue stress. Social factors could also contribute to a

higher possibility of suicide and/or suicidal ideation, including socioeconomic status, barriers to proper healthcare, and religious beliefs.

(Inform participants not all of the following are listed in the participant guide.)

When gathering social history on a juvenile, be aware of these additional risk factors:

- Previous suicide attempts;
- Family history of suicide;
- History of depression or other mental illness;
- Feelings of hopelessness;
- Alcohol or drug use;
- Stressful life event or loss;
- Special education classes;
- Incarceration; and
- Sexual orientation.

A few additional points regarding sexual orientation and incarceration. Juveniles identifying as LGBT regularly experience family rejection, homophobia, and harassment which can lead to suicidal ideation or suicide attempts. These juveniles, oftentimes because of lack of family support, begin to engage in delinquent behaviors (for example, running away, truancy, theft, or prostitution) often leading to incarceration in the juvenile justice system. Incarceration for any juvenile, whether identifying as LGBT or not, likely will have a negative impact on their mental and physical well-being. Separation from family and friends and loss of freedom often conspire to create feelings of depression, conceivably leading to thoughts of suicide or suicidal ideation.Keep all of this in mind when assessing juveniles and their suicidal risks.

Q: How will you use this information about suicide risk factors with the juveniles you work with? (*Elicit responses.)*

Usually, the more suicide risk factors are present, the higher the risk of suicide. Besides suicidal risk factors though, it's important to remember that juveniles will likely have some protective factors present in their lives which bolster coping skills. A protective factor is defined as anything which decreases the potential harmful effects of risk factors. Protective factors are critical for a juvenile's resilience and should be supported and reinforced. Let's explore some specific protective factors, but before we do, consider this; you are a protective factor for the juveniles you supervise.

Q: Why do you think you would be considered a protective factor for a juvenile? *(Elicit responses.)*

Juveniles will rely on you as a resource. You are an ally; not only do you make sure rules are followed, but you provide guidance and support. Hopefully, you won't be the only protective factor though. Let's talk about some others.

Slide 9: Protective Factors

Instructor's Corner: PG: 7

Initially, picture appears on slide. When wall of resistance discussion occurs, click the laser remote and each factor will appear on the brick wall.

Trainer Notes:

Protective Factors

As we said, protective factors are essential to a juvenile's resilience and can typically override the suicide risks we discussed earlier. Identifying and discussing juvenile's protective factors with him (or her) will highlight resources at their disposal.

Q: What are some protective factors juveniles may have?

(Inform participants not all of the following are listed in the participant guide.)

Protective factors can include:

- Easy access to clinical and medical interventions and treatments.
- Skills in conflict resolution.
- Restricted access to lethal means of suicide.

You can look at these protectors as a wall of resistance. The "bricks" on the wall provide safeguards against suicidal thoughts and other problems a juvenile may experience. Let's

look at some other protective factors.

(Click on the slide to reveal the wall of resistance. Each factor requires a click of the laser remote. Have participants read the factors aloud and as a group briefly discuss each one, if time permits. Inform participants all factors are not listed in the participant guide.)

Other protective factors:

- Access to help, support, and information.
- Strong, safe, and supportive relationships.
- Strong parental/family bonds
- Successful school experiences.
- Good school attendance.
- Ability to cope with school demands.
- Reliable information about drugs.
- Realistic self-knowledge and esteem.
- Strong community bonds.
- Good social skills.
- Physical and mental health knowledge.
- Limited involvement with drugs.

Q: What other "bricks" can you think of? *(Elicit responses.)*

Q: What questions do you have regarding what we have talked about so far? *(Answer questions, if any.)*

We have talked about suicide risk and protective factors; now I want us to delve a bit deeper. Typically, you will not encounter a large number of juveniles experiencing suicidal ideation, however if you do, you need to be aware of potential warning signs. Of course, every juvenile is different. One may have no risk factors present and suddenly present with several warning signs. Let's talk about those signs now.

Slide 10: Warning Signs

Instructor's Corner: PG: 7

Trainer Notes:

Warning Signs

The more interaction you have with juveniles, the more you will naturally begin to recognize changes in their demeanor and sense when something is different. A happy juvenile, who is suddenly withdrawn, should elicit concern. This withdrawal along with failing grades, for example are clear warning signs the juvenile is experiencing a stressor.

Q: What do you think are some warning signs for suicidal juveniles? *(Elicit responses.)*

(Inform participants not all of the following are listed in the participant guide.)

Some of the risk factors we talked about earlier may be considered warning signs as well; a determination will need to be made regarding whether risk factors coupled with some warning signs warrant help from a mental health professional. Some warning signs include:

- Substance use.
- Depressed mood or withdrawal from family and friends.

- Incarceration.
- Expressions of suicidal thoughts.
- Giving away favorite possessions.
- Possession or means to inflict harm.
- School issues, including bullying.
- Loss of family member or close friend.
- Undue stress, specifically related to puberty or SOGIE (Sexual orientation, gender identity and expression).

Q: What other suicidal warning signs can you think of? *(Elicit responses.)*

If you observe these signs in a juvenile, remember to investigate. As a juvenile probation or supervision officer, one of your duties is to gather as much information from the juvenile and collateral parties to decide what resources are needed.

Imagine you do encounter a juvenile with warning signs present; how do you think they will tell you they are in fact feeling suicidal? Some juveniles may be able to express those feelings directly, while others may do so with coded messages. Let's move on and look at some of those messages now.

Slide 11: Direct and Coded Messages

Instructor's Corner: PG: 7

Trainer Notes:

Direct and Coded Messages

Deciphering risk and protective factors as well as warning signs can be overwhelming, especially when you have to manage multiple juveniles. If a juvenile is able to clearly communicate feelings of suicide, it can answer their cry for help and lowers the amount of investigative work you will need to do. A juvenile expressing feelings of suicide in a direct way, may say:

- "I'd be better off dead."
- "I don't want to live life anymore."
- "I want to die."

Now, some juveniles may have trouble telling you about their suicidal feelings and may instead offer coded messages about their thoughts. We will talk about what you should do with this information in a few minutes, but let me share a few examples of what coded messages could sound like. For example:

- "I won't be around forever."
- "Everyone would be better off without me."

- "Pretty soon you won't have to worry about me."

A simple acronym to guide you when handling these messages is ALR (Ask. Listen. Refer.). This acronym will prompt you to ask for information you need, listen reflectively, and refer to appropriate resources. Let's spend the next few minutes talking about some tips on how to ask the right questions.

Slide 12: Ask. Listen. Refer

Instructor's Corner: PG: 7

The slide will appear blank. When prompted in the LP, click so the "Ask" picture appears.

Trainer Notes:

Ask

(Click the laser remote and the Ask picture will appear.)

As we learned earlier when talking about myths, asking a direct question will likely not introduce the idea of suicide. Usually, a juvenile expressing suicidal thoughts has already thought about it as an option. You asking merely lets the juvenile know you are concerned and wish to provide him (or her) with support. When asking questions, you may find your own anxiety level increasing, but remember asking may actually provide relief to the juvenile and a safe environment to communicate their feelings. Using interpersonal communication skills, such as Motivational Interviewing (MI) will help as well. We will talk about MI in more detail later, but in the meantime, let's look at some direct ways you can ask if a juvenile is suicidal:

- "Are you thinking about killing yourself?"
- "I've noticed you have been upset lately. Do you wish you were dead?"
- "Do you have a plan to commit suicide?"
- "Do you have a way to complete your plan?"
- "Do you know when you would complete your plan?"

Q: What other ways can you ask a juvenile if he (or she) is suicidal? *(Elicit responses.)*

It doesn't matter how you ask the question, as long as you do. You may even decide asking indirectly would help to make the juvenile feel more comfortable. Some options include:

- "Have you been so unhappy lately you've been thinking of ending your life?"
- "Do you ever wish you could go to sleep and never wake up?"

Once you've determined a juvenile is suicidal, you must ascertain their risk level for suicide, which can range from low to severe. This information should be communicated to the mental health professional you refer the juvenile to.

- Low | some suicidal thoughts, but no plan in place.
- Moderate | suicidal thoughts, vague plan but verbally acknowledges they will not commit suicide.
- High | suicidal thoughts, has a lethal plan but says they will not commit suicide.
- Severe | suicidal thoughts, has a lethal plan and says they will commit suicide.

When asking these questions, consider these tips:

- Be able to share in the juvenile's feelings or display empathy. This is different from merely being sympathetic, which is simply feeling sorry for the juvenile. You should also be persistent and let the juvenile know you are there to help them. Make sure the juvenile is physically and emotionally comfortable and able to talk

freely.

- Explain your ability to provide resources.
- Keep communication open with parent/guardian.

Some things should be avoided during these difficult conversations, such as:

- Acting shocked or surprised. Being judgmental will cause a juvenile to shut down.
- Arguing with the juvenile about his (or her) feelings and maintaining suicide is not an option.
- Promising confidentiality. Let the juvenile know you must seek help.
- Offering ways to fix the juvenile's problems.
- Asking a juvenile if they are joking about committing suicide.

Q: What questions do you have about asking if a juvenile is suicidal? *(Answer questions, if any.)*

Let's move on to the 'L' or Listening in ALR (Ask. Listen. Refer.)

Slide 12: Ask. Listen. Refer

Instructor's Corner: PG: 7

Click the remote and "Listen" picture will appear. Show the video as noted in the lesson plan by clicking the remote. Once video is complete, click and the Ask and Listen pictures will reappear.

Trainer Notes:

Listen

(Click the laser remote and the Listen picture will appear.)

Earlier I explained that when having a conversation with a suicidal juvenile, you will need to be able to decipher messages you are receiving and act accordingly. It's vital you listen to everything the juvenile is saying, verbally or not, concerning suicide.

Is anyone familiar with the television series *Scrubs*? We are going to watch a short clip from the show and afterwards we will discuss your thoughts. Listen for the patient's cues to the doctors about how she is doing.

(*Show the video. Length is 2 minutes and 57 seconds. After video is done, click for the Ask and Listen pictures to reappear.)*

Q: What cues did you pick up from the video? *(Elicit responses.)*

The video depicts dynamics between a doctor and patient, but emphasizes the

importance of active listening skills with any professional. These doctors realized dedicating only fifteen seconds to their patient caused them to miss key coded messages. The patient revealed several areas of sadness in her life, including not being able to pay her rent; breaking up with her fiancé; and said that if she did not see the doctor's again, for them to take care. She also appeared sad, despite her attempts at humor.

Imagine what would have happened if she had left the hospital without an intervention. Rushed interactions can cause you to miss critical messages.

Q: What questions do you have about the importance of listening? *(Answer questions, if any.)*

You have asked, listened to coded or direct messages, and determined a juvenile is experiencing suicidal ideation. Let's talk about the 'R' or Refer in ALR.

Slide 12: Ask. Listen. Refer

Instructor's Corner: PG: 7

Click to display Refer picture.

Trainer Notes:

Refer

(Click the laser remote and the Refer picture will appear.)

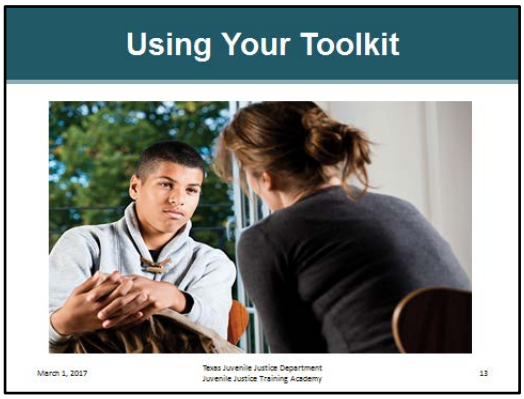
Making a referral to the appropriate resource is critical in helping suicidal juveniles. Whether a juvenile reports suicidal feelings directly, indirectly, or you determine they may be suicidal based on results of an assessment tool used by your department, it is imperative to refer the juvenile immediately to a mental health professional. You should always follow up with the parent/guardian and medical professionals about prescribed treatment plans, as soon as possible.

Some questions to consider after a referral has been made:

- Has a safety plan been put in place for the juvenile?
- Has the parent/guardian removed lethal methods of suicide from the home, to include securing medications and weapons?
- Was the juvenile prescribed medication?

In addition to using the acronym ALR, there are some additional tools at your disposal to

guide you with determining suicide risk. Let's talk about your toolkit now.



Slide 13:Using Your Toolkit

Instructor's Corner: PG: 8

Trainer Notes:

USING YOUR TOOLKIT

Let's talk about three particular tools you will use when determining suicide risk with juveniles. These tools will provide you with a snapshot of pressing areas of concern along with existing family dynamics. First is the MAYSI-2.

Q: What do you know about the MAYSI-2? *(Elicit responses.)*

MAYSI-2 | Massachusetts Youth Screening Instrument-Second Version | Screening tool which identifies potential concerns in several key mental health areas. It (or a TJJD approved alternative screening/assessment instrument in some select jurisdictions) is required for all juveniles referred to the juvenile probation department, to be completed if a juvenile is detained within 48 hours and for juveniles in the community, no later than 14 calendar days after the first face-to-face contact between the juvenile and juvenile probation officer.

- Texas Administrative Code (TAC) Chapter 341 standard requirement. Chapters 343, 351, and 355 for juvenile facilities.

- Mental health screening tool with 52 questions.
- Identifies potential mental health and substance use issues.
- Provides information needed to make appropriate referrals.
- Signals suicidal ideation in juveniles, prompting referral to a mental health professional.

For more information on the MAYSI-2, a webinar is available on the subject, located on the TJJD website.

The second tool in your toolbox is interpersonal communication skills. Knowing how to talk with a juvenile and obtain relevant information is a skill you will need as a juvenile probation or supervision officer. Motivational interviewing is a technique which provides a framework for getting the most out of conversations you have with juveniles and their families.

Motivational Interviewing | Interpersonal Communication Skills | Aids in effective communication and extracting key information.

- Stresses open-ended questions.
- Affirmations.
- Reflects what is heard.
- Summarizes what is heard.

(If participants inquire -TJJD offers MI training. It can be scheduled by contacting TJJD at 512.490.7154.)

Let's talk about the last tool in your toolkit, case plans. Based on the Texas Administrative Code, Chapter 341, Subchapter E, case plans are required for any juvenile on court-

ordered supervision. This topic is covered extensively in another training; this is merely an overview and highlights the value case plans provide.

Case Planning | Provides a framework when supervising juveniles and families. It outlines goals, actions plans, and documents progress.

- Identifies treatment needs, level of supervision, and other concerns.
- Developed at or soon after the initial meeting.
- If mental health area is deemed important, follow-up will be done at subsequent meetings.
- Progress noted on assigned areas.

These are just a few tools you will use to guide interactions with juveniles and their families. The more tools at your disposal, the better equipped you will be, especially with regard to juveniles experiencing suicidal thoughts or ideation.

Q: How do you think these tools will be instrumental in helping suicidal juveniles?

(Elicit responses.)

So far, we have talked about suicide statistics, suicidal risk and protective factors, warning signs, TAC requirements regarding suicidal youth as well as assessments, and the importance of your role. Now, we are going to practice what we have learned by assessing a suicidal situation.

Trainer Notes:

For Your Eyes Only – Activity: What Would You Do?

Depending on time, you may have participants do this activity individually, with a partner, or as a large group. If you choose to do it as a large group, make sure you have a white board or chart paper with markers to write down participant responses. If you chose to do as an individual or partner activity, participants will document their responses in the space provided in their participant guide. You can decide if the large group will complete both scenarios, or assign half the group one scenario and the other half the remaining one.

1. Inform participants which scenarios they will read on the handout provided by you. (It is recommended a classroom set of the handout is made, to use in future classes.)
2. Explain to participants whether they will be working on this activity as a large group, individually, or with a partner. If with a partner, have them partner with someone relatively close by.
3. Participants should work from the handout entitled, *Juvenile Stories.*
4. Explain to participants they will have a few minutes to read the scenario assigned and answer the questions outlined in the participant guide.
5. Clarify questions participants have before proceeding with the activity.

6. After participants have read the scenario(s) and answered the questions, discuss the responses.
7. Debrief the activity as noted in the lesson plan.

Activity Point: To identify what a juvenile probation officer will do when a juvenile is experiencing suicidal ideation.

Slide 14: Activity: What Would You Do?

Instructor's Corner: PG: 9

Trainer Notes:

ACTIVITY: WHAT WOULD YOU DO? Time: 25 minutes

With the information you've acquired today, let's put it into practice. You will read a scenario(s), which I will pass out to you. You will identify suicidal risk factors, protective factors, warning signs, and identify a plan for the particular juvenile. This activity will help you highlight areas of concern observed in suicidal juveniles or those experiencing suicidal ideation. You will have a few minutes to read each scenario and document your responses in the space provided in your participant guide. We will debrief both scenarios after you have had sufficient time to prepare your responses.

Debrief

Haley's Story

At seventeen-years-old, Haley was raised in an upper class family, with both parents and two younger siblings. She is currently on probation for Theft $50-$500.

After an abusive event on vacation several months ago involving her father, Haley attempted to kill herself by jumping in front of a car on a 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 she needed money to buy a gun because she "was done with life." The remark about why she needed a gun was not conveyed by the arresting officer and she denied suicidal thoughts or behaviors during the initial interview. At the initial meeting, you determine there were no indicators to warrant a referral for mental health services. Students at school reportedly avoid Haley because they believe she acts different. She does not seem to be close to anyone and does not get along with her siblings. Haley does have one friend, Stephanie, from her old neighborhood but because the family moved, she doesn't have transportation to visit her. At the last office visit, Haley's mom reported Haley was not eating meals, but thinks Haley is just being a typical difficult teenager. When asked, Haley said she just doesn't have an appetite. After conducting a school visit, you learn she has been sleeping in class and was assigned to detention after school.

You ask Haley if she is suicidal and she says no. You ask her parents again about her behavior and they say Haley is being dramatic; they don't believe anything is wrong with her. Later that evening, Haley's mom calls and tells you she discovered Haley, with a radio cord wrapped around her neck, barely responsive.

Q: What suicidal risks and protective factors did you identify with Haley?

A: Suicidal risks:

- *Abusive situation with father.*
- *Previous suicide attempt.*
- *Shoplifting.*

- *Few friends.*
- *Not eating.*
- *Unsupportive parents.*
- *Unconcerned police officer.*

Protective factors:

- *You as the juvenile probation officer.*
- *Concerned teachers.*
- *Friend Stephanie.*

Q: What warning signs did you identify with Haley?

A: Warning signs:

- *No friends at school.*
- *No one to talk to.*
- *Previous suicide attempt.*
- *Sleeping in class.*

Q: What plans did you identify for Haley?

A: Plan:

- *Referral to mental health professional.*
- *Monitor medication.*
- *Set case plan goals related to mental health treatment and family counseling.*

As you can see, Haley did not have much family involvement, or the support of friends. This, coupled with her previous abuse and suicide attempt, place her at a much greater

risk of suicide. Family involvement, identifying, and focusing on protective factors in place will likely decrease those suicidal feelings with Haley.

Q: What other observations or questions do you have about Haley? *(Elicit responses.)*

Let's move on and talk about David.

David's story

David, a fifteen-year-old, is on probation for Assault with Bodily Injury. He is currently at the Juvenile Detention Center due to a recent arrest for a second Assault with Bodily Injury, which allegedly occurred at school. David resides with his mother and three siblings and before being placed on probation, did not have a history of aggressive behavior. For the last few weeks though, you have received several phone calls from the school, noting that David had gotten into several verbal altercations with other students at school.

Before visiting with David in detention, you review the results of his MAYSI-2 and discover he scored a warning for suicide ideation. You meet with him and he is withdrawn and sad. While talking, he tells you he did get into a physical fight at school and was suspended for three days. David also said his father was supposed to pick him up last weekend, but he didn't show up. From your experience with David's father, he has not played an active role in David's life.

As you and David continue talking, you discover his girlfriend recently broke up with him, which is something he had not mentioned before. He and his girlfriend have a 6-

month-old baby boy and David has not had much contact with him. David actually tells you he is happy he is in detention because his baby and everyone else are probably better off without him. You ask him what he means by that and he tells you he was just kidding.

Q: What suicidal risks and protective factors did you identify with David?

A: Suicidal risks:

- *Inconsistent father.*
- *Verbal and physical conflict at school.*
- *Seemingly depressed.*
- *Incarceration*

Protective factors:

- *You as the juvenile probation officer.*
- *Family, including six-month-old baby.*

Q: What warning signs did you identify with David?

A: Warning signs:

- *Sadness about father.*
- *Verbal and physical conflict at school.*
- *Coded message of suicidal ideation.*

Q: What plans did you identify for David?

A: Plan:

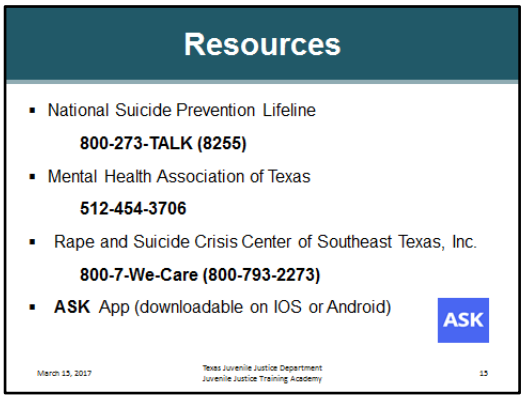
- *Referral to mental health professional in the detention center.*
- *If JSO, also complete an informational report and submit to mental health professionals.*
- *If JPO, set case plan goals related to mental health treatment.*

- *Submit referral for family counseling, ideally with father.*

Again, you can see with David how important family involvement is for juveniles and determines higher likelihood of successful outcomes. David was yearning for a relationship with his father and baby and with those missing connections, he seemed to be spiraling. For David, the focus should be on protective factors in place and development of coping skills.

Q: What other observations or questions do you have about David? *(Elicit responses.)*

These scenarios reinforce the notion of every juvenile being unique. Something seemingly inconsequential to you may be monumental to a juvenile. It will be your job to unravel the clues presented and determine the best way to proceed. Let me tell you about some resources you can use when making referrals.



Slide 15: Resources

Instructor's Corner: PG:10

Trainer Notes:

RESOURCES

There should always be resources available in your local area pertaining to mental health services. To be familiar with them, it's a good idea to attend local community resource fairs or sign up for online social media pages for current information. Besides local numbers, you can also access national resources, via several organizations.

- The National Suicide Prevention Lifeline
  - Free support to anyone in suicidal crisis/emotional distress.
  - 24/7 access and website available.

- The Mental Health Association of Texas
  - Finds community-based mental health resources close to residence.
  - 24/7 access and website available.

- The Rape and Suicide Crisis Center of Southeast Texas, Inc.
  - Services to victims of sexual assault.
  - Suicide prevention and awareness.
  - 24/7 access and website available.

- The ASK app:
    - Sponsored by the Mental Health Association of Texas.
    - Includes links about suicide and crisis lines.
    - Spanish links available.
    - Links available for Veterans and SOGIE community.
    - Downloadable on IOS or Android devices.

Q: What questions do you have regarding what we have talked about today? *(Answer questions, if any.)*

For Your Eyes Only

Review

Instructor's Corner: PG: N/A

Review will be online at Quizizz.com.

Trainer Notes:

For Your Eyes Only: Review Questions

1. Determine if your training location has Wi-Fi and if so, provide the password to participants.
2. If you are unable to access the internet at your location, you can read the questions verbally and participants can answer as a group. Otherwise, proceed with the following steps using the Quizizz app.
3. Click anywhere on the slide and the Quizizz.com website will appear.
4. On the quiz page, click "Play Live!"
5. A pop-up box appears; however, you do not need to sign up. Simply click on the Skip button (reports won't be saved).
6. You can then customize the session if you like. The question timer setting can be changed to OFF if you do not want the participants to have a time limit on answering each question. After you have customized the session, click Proceed.
7. You will see a 5-digit game code on this screen; share this with participants.
8. Participants should join by going to www.join.quizizz.com on their cell phone and entering the game code and first name.
9. You will see the names of the participants on the screen.
10. Click Start Game button. Participants can begin. You will see live progress of

participants as they answer questions.

11. If unable to access the quiz or technical difficulties are encountered, the questions can be read verbally and the group can answer as a large group.
12. When the review is complete, participants should log out of the website, if applicable and put their phones away.

Slide 16 : Quizizz Review

Instructor's Corner: PG:N/A

Click slide and website will load. If technical difficulty, questions can be read verbally.

Trainer Notes:

Activity-Quizizz Review — Time: 25 minutes

We have come to the end of the training. As you can see, suicide prevention and intervention requires empathy and asking, listening and referring are the foundations for aiding suicidal juveniles. Today, we talked about suicide risks, protective factors, warning signs, and how to ask the tough question of whether a juvenile is considering suicide. This training highlighted the importance of your role and tools you have to manage your interactions with juveniles.

Let's review the information we discussed during today's training. You can put your participant guides away; you will not need it for this next activity.

We are going to complete our review by taking a quiz on an interactive website called Quizzz.com. It allows multiple players to compete against one another as they take a quiz. It will be your choice to participate in the review using your phone. Data charges will apply according to your cell phone plan. If you choose not to use your phone, ask another participant if you can follow along with them on their phone. *(If you are unable to access the internet at your location using Wi-Fi, you can read the questions verbally and participants can answer as a group. Otherwise, proceed to review using the Quizizz app.)*

- Use your cell phone and access the website noted on the screen.
- Once everyone has accessed the website, you will enter your first name as well as a code, which I will provide. You will not need to create an account and information is not stored.
- You can see other participants' progress on the screen at the front of the room.
- Once everyone has completed the quiz, you will be able to see your rank among the other participants.

I'm going to give everyone a few minutes to access the website. Once everyone is logged in, I'll let you know when to begin. Once the quiz is completed, we will have a discussion about the review material. Once the Play Live button is selected, you can begin.

(Once all participants logged in, click "Play Live" to begin.)

Debrief

Q: What questions do you have about the review? What questions did you miss? *(Lead a discussion on missed questions.)*

Review Questions

Q: According to the training, some behavioral signs of a juvenile contemplating suicide include depressed mood, talk of death, and which of the following:

- **A sense of hopelessness**
- **A sense of excitement**
- **A sense of direction**

A: A sense of hopelessness.

A juvenile contemplating suicide may also start giving personal possessions away; have school issues, substance use problems, and may isolate themselves.

Q: Which of the following is a risk factor for suicide?

- **Mental illness**
- **Substance abuse**
- **Sexual orientation**
- **All of the above**

A: All of the above.

These along with impulsive behaviors, history of trauma, hopelessness, and lack of family support are all suicidal risk factors.

Q: Which method of suicide is the most common among preteens and adolescents age 10-14, in confinement?

- **Suffocation**
- **Poisoning**
- **Firearm**

A: Suffocation.

Juveniles in confinement typically will use bedding, clothing, or even shoelaces to attempt suicide.

Q: "Life is not worth living" is a direct verbal cue of suicidal intent.

- **True**
- **False**

A: True.

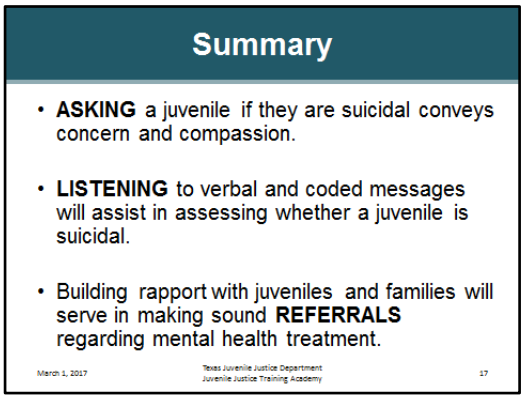
Remember to ask follow up questions if a juvenile makes a statement such as this.

Q: Lately, Sam has been depressed and gave away his iPod. He has also been skipping school. You think he is considering suicide. Which of the following is the most direct way to ask Sam if he is suicidal?

- **"Are you thinking of doing something stupid?"**
- **"Are you thinking about killing yourself?"**
- **"Are you thinking about hurting yourself?"**

A: "Are you thinking about killing yourself?"

The third option is an indirect way to ask the question, with either approach being acceptable. The first option is never acceptable; at no time should you ever be judgmental or devalue a juvenile's feelings.



Slide 17: Summary

Instructor's Corner: PG: 10

Trainer Notes:

SUMMARY

Remember, even as an ally armed with knowledge on this subject, a juvenile may still decide to commit suicide. Regardless, as a juvenile probation or supervision officer, you must continue to provide support and guidance with juveniles you are in contact with, be empathetic, provide a listening ear, and diligently make mental health referrals. Remember:

- Asking a juvenile if they are suicidal conveys concern and compassion. Talking about suicide allows the juvenile having the feelings to express himself (or herself) and provides the juvenile support.
- Listening to verbal and coded messages will assist in assessing whether a juvenile is suicidal. Listening is one of the most important skills you can possess.
- Building rapport with juveniles and families will serve in making sound referrals regarding mental health treatment.

Thank you for attending today's course.