

JUVENILE PROBATION | SUPERVISION OFFICER BASIC
Suicide Prevention and Intervention



PARTICIPANT GUIDE

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INTRODUCTION

This course examines juvenile suicide, including factors contributing to suicidal ideation and warning signs.

PERFORMANCE OBJECTIVES

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.

SECTION I: WHY TALK ABOUT SUICIDE?

- 1984-United States Senate recognizes suicide as national epidemic.
- Since 1999-More individuals than the year before commit suicide.

ACTIVITY-MYTHS VS. FACTS

Instructions: Fill in an “M” for myth or an “F” for fact. Be prepared to discuss your answers.

1. ___ Suicide is the fifth leading cause of death among young people (ages 15-24) in the United States.
2. ___ Among teenagers, more girls than boys try to kill themselves.
3. ___ People who threaten to complete suicide rarely do so.
4. ___ People who talk about suicide really want to die.
5. ___ Talking to a troubled person about suicide will put ideas into that person’s head.
6. ___ All acts of suicide are done on the spur of the moment, with no previous planning.
7. ___ Troubled teenagers who drink or use drugs as an escape are less likely to complete suicide.
8. ___ Once a person has survived a suicide attempt, he or she will never try again.
9. ___ When a suicidal person’s depression improves and spirits lift, he or she is out of danger.

NOTES

SECTION II: ADOLESCENTS AND SUICIDE

Suicidal Risk Factors

- Previous suicide attempt(s).
- Family history of suicide.
- History of depression/mental illness.
- Feelings of hopelessness.
- Sexual orientation.

Protective Factors

- Supportive family.
- Easy access to clinical/medical treatment.
- Skills in conflict resolution.
- Restricted access to lethal means.
- Good school attendance.

Warning Signs

- Substance use.
- Depressed mood or withdrawal.
- Frequently running away.
- Incarceration.
- Alcohol or drug use.
- Suicidal ideation.

Direct messages

- “I’d be better off dead.”
- “Life is not worth living.”

Coded messages

- “I just want out.”
- “I won’t be around forever.”

ASK	LISTEN	REFER
<ul style="list-style-type: none"> ▪ “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?” ▪ Be empathetic. 	<ul style="list-style-type: none"> ▪ Offer a listening ear. ▪ Listen effectively to decode messages. ▪ Be calm and non-judgmental while allowing the juvenile to talk out their feelings. ▪ Determine the level of risk. 	<ul style="list-style-type: none"> ▪ Refer to appropriate mental health professional. ▪ Ensure there is a safety plan in place. ▪ Follow up with family and health care professional.

NOTES

SECTION III: USING YOUR TOOLKIT

MAYSI-2 | Mental Health Screening Tool

- TAC Chapter 341 standard.
- Identifies potential mental health and substance use issues.
- Assists with appropriate referrals.
- Signals suicidal ideation, prompting referral to mental health professional.

Motivational Interviewing | Interpersonal Communication Skills

- Open-ended questions.
- Affirmations.
- Reflection.
- Summarizing.

Case Plan

- Identifies treatment needs.
- Developed at or soon after initial meeting.
- Progress noted on assigned areas.

NOTES
