“Shield of Care: A Suicide Prevention Model for Youth in the Juvenile Justice System”

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Sponsored by: The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS)
PROTECTING
Juvenile Justice
from SUICIDE

“System Policy & Protocol”
“Connectedness to Youth”
“Communication Between Protectors”
Goals for Today

• How SOC applies specifically to JJ Youth
• Research on which SOC was based
• Development of the Curriculum
• Review of SOC Model
• Overview of experience implementing SOC in TN JJ facilities
• Adoption by other states
Suicide Prevention for JJ Youth

• Cognitive and Emotional Development
• Juvenile Justice Youth as Special Population
• Common Experiences of JJ Youth
• Common Aspects of JJ environment
Research Foundation

• Suicide Prevention Literature
• Juvenile Suicide in Confinement: OJJDP report
• Lindsay Hayes
• 110 juvenile suicides 1995-1999
• 79 had adequate data for in-depth analysis
General Background Factors in JJJF

- Nearly 75% had a history of substance abuse
- 74.3% had a history of mental illness, including depression
- 71.4% had a history of suicidal behavior, with 45.5% having had prior suicidal attempts
- Average (mean) age of victims was 15.7, with over 70% between the ages of 15 and 17

N=79

(Hayes, 2009)
General Circumstances

- 70.9% of suicides occurred during traditional waking hours with almost one-third (29.1%) sustained between 6:01pm and 9:00pm.
- All Detention Center suicides occurred within the first four months of confinement, with over 40% occurring within the first 72 hours.
- Despite being on suicide watch, almost half of the victims were observed more than 15 minutes before their suicides.

(N=79) (Hayes, 2009)
Death Speaks

- Fear of waiver to adult system, transfer to more secure juvenile facility or pending undesirable placement (including returning home) (10 cases)
- Recent death in the family (6 cases)
- Failure in the program (5 cases)
- Contagion (3 cases)
- Parents threat of/failure to visit (2 cases)
- Other - loss of relationship, close to the youth’s birthday, suicide pact w/peer, ridicule from peers (4 cases)

(Hayes, 2009)
Shield of Care Development

- Garrett Lee Smith Memorial Act
- SAMHA grant = Tennessee Lives Count
  - Mental Health American of Middle TN
  - Centerstone Research Institute
  - TN Suicide Prevention Network (TSPN)
- Applied Suicide Intervention Skills Training (ASIST) in Youth Development Centers
Shield of Care Development

- Workgroups developed content areas based on review of research and other suicide prevention gatekeeper training
- DCS Juvenile Justice staff participated in focus groups, pre- and post-training surveys and six-month follow-up
- Final curriculum assembled with Second Glances video
Shield of Care Development

• JJ staff participation in development accounts for authenticity of material
• Didactic presentation alternates with small group activities, video clips and large group discussion to keep participants engaged
• Training materials include participant and trainer workbooks, power point with embedded video clips
Shield of Care

Communication Between Protectors

**See**
Increased / Immediate Suicide Risk

**Network**
with System Protectors (Gatekeepers) to Help the Youth

**Assess**
the Youth’s Suicide Risk / Needs

**Protect**
Youth’s Physical / Emotional Safety

**Listen**
to the Youth’s Concerns / Suicidal Thoughts

S-PLAN

System Policy and Protocol

Connectedness to Youth
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
Thought Patterns and Suicide

1. **Rigid thinking** – “Either I’m out of here by my birthday or I’m going to die.”

2. **Overgeneralizing** – “I try so hard, and I always get blamed.”

3. **Catastrophizing** - “I have nothing to look forward to. I might as well be dead.”

4. **Terminal Thinking**– “I might as well just kill myself,” “I just can’t take it anymore.”

(Aarons et al., 2007)
History of Trauma

- Trauma disrupts normal development
- Youth may over-react (fight/flight) to stress
- Youth may under-react (be paralyzed by fear/go numb) to stress
- Youth may have difficulty trusting others
- Hyperarousal (on edge – waiting for something to go wrong)
Warning Signs

- Talks, writes or draws about suicide
- Engages in non-fatal suicidal behavior
- Has a plan
- Death of loved one
- Terminal statements
- Loss of relationship
- Severe guilt or shame over offense
- Sexual and/or physical assault (incl. threat in detention)
- Increasing anxiety or deepening depression
- Feeling trapped, hopeless or defeated
- Giving away prized possessions

(AFSP, SPRC)
Risk Factors

- Suicidal behavior of family members
- Completed suicides within the family
- Homicidal actions/thoughts
- Being a bully and/or being bullied
- Participating in cyberbullying
- Sexual orientation
- Sudden death of a family member
- Prior suicide attempts or apparent rehearsals
- Social withdrawal
- Substance abuse
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)
Housing/Detainment Status

- 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**.

(N=79) (Hayes, 2009)
Emotional Safety

• Connect with youth
• Choose a private place to listen to youth who might be thinking of suicide.
• Do not discuss any personal information that may be embarrassing to the youth when in front of others.
• Reduce distress related to high risk periods of confinement.
Reflective Listening

Restate without Judgment or Questioning

• So you’re saying life is hard right now.

• What I hear you saying is life is hard right now.

• Mirror the statement: “Life is hard right now.”
Asking about Suicide

• Are you thinking about suicide?
• Are you thinking about killing yourself?
• Sometimes when people (insert warning sign here), they might be thinking about suicide. Are you?
• You have a (court date) coming up and (you just said you can’t take it anymore). Are you thinking about suicide?”
• Ask at least twice, specifically inquiring: “Are you thinking of killing yourself?; Ending your life, etc.”
Working as a Team

• Communicate!
• Avoid getting stuck in traditional clinical v. custodial roles in regard to suicide prevention.
• Recognize concerns of support staff.
• Information related to suicide risk that deals with the “here and now and the immediate future” should be shared freely with those working directly with youth.
• Multidisciplinary team meetings should occur on a regular basis to discuss the status of an inmate placed on precautions.

(WHO 2007; Hayes, 200/; Lomardo, 1985)
Conducting the Training

• We recommend two trainers alternating sections
• Optimal Class size 20-24
• Need laptop, projector with video/audio capability, trainer manual, participant workbooks, flip chart & markers, wallet cards, facility policy on crisis intervention and room confinement
Conducting the Training

- Identify counseling resources for participants at the beginning
- Include all disciplines in facility
- In TN: all YDC staff and some detention centers have completed SOC
- Multiple training sessions have been used to capture all shifts for large facilities
- Other states beginning to adopt
How to get SOC materials

• [http://tn.gov/mental/recovery/shieldcare.shtml](http://tn.gov/mental/recovery/shieldcare.shtml)

• All materials free of charge
• Power point with video.zip embedded
• Instructions for downloading PP
• Trainer’s Manual/Participant Workbook
• Trainer’s Form/Evaluation Forms
• Wallet Cards and Posters
Thank You

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Shield of Care

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- **SEE**
  - Increased / Immediate Suicide Risk

- **NETWORK**
  - with System Protectors (Gatekeepers)
  - to Help the Youth

- **ASSESS**
  - the Youth’s Suicide Risk / Needs

- **PROTECT**
  - Youth’s Physical / Emotional Safety

- **LISTEN**
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**S-PLAN**

System Policy and Protocol

Connectedness to Youth