Court-Involved Yo	outh
& Suicide	
Who Is MOST at Ris	k To
Die & 10 Ways We Often Get It Wro	ong
Juvenile Justice Vision 20/20	
Grand Valley State University	
October 2018	<u> </u>
Dr. Lisa Boesky	
TroubledTeenExpert.com	
	<u> </u>
WHO NEEDS TO WORRY ABOUT	
COURT-INVOLVED YOUTH & SUICIDE	
	-
	<u> </u>
	-
JUVENILE JUSTICE	
∻1 in 10	
♦Over 1 in 10	
*Over 1 III 10	25
♦ More Than Once	
l	
	000

ARE YOU??	
• Mental Health/Mood Disorder	
Alcohol/Drugs Anger/Aggression	
♦ Family	
♦ School ♦ Abuse	-
 Neglect 	
* Death	
Discipline/Legal Past Suicidal Thoughts/Behavior	
	<u> </u>
* Stress	
	<u> </u>
* Relationships	
*GLBTQIA	
*School	
⋄Court Involvement	
*Oddit involvement	
BAD NEWS	
BAD NEVO	
.50	
* 50	<u> </u>
⋄ Complex	
· *Research	
*Research	
*Group	
♦New & Different	
vivew & Dillerellt	

SI TO SA		
⊹ Belonging		
*Burden		
∻ Capability	200	
(Joiner, 2005)	333	
SLEEP		
IdeationAttempts		
⊹ Ask	888	
*Address	333	
The Other "Big 3"	200	
1)	000	
2) 3)		
,		
•E		
Unbearable		
,		
⋄ End their	888	

SOME COURT-INVOLVED YOUTH		
*Angry, Frustrated,		
❖9 Times More Likely		
❖Planned vs. Impulsive		
*Attempts	000	
*Chronic		
		_
COULD <u>YOU</u> BE SUED?		
*N		
*C		
∻Didn't Do/Did Something		-
*Agency, Group, Individual	999	
♦RP		
	222	
	000	
		
HOW DO WE DETERMINE WHICH		
YOUTH ARE <u>MOST</u> AT RISK?		
1)		
2)		
	888	
3)	389	
4)	- X X X	
	(2000)	

*Observe	
∻Current	
	<u> </u>
*Statements	
*Symptoms of	
<u> </u>	
*Past	
♦Risk Factors	
∻Protective Factors	
*Support/Environment	
*Alone	
⊹A ⊹Supervision	
∻Caretaker A	
	-
*Interview	
∻Key Question	-
∻F, D, I	
*P, Control	
∻Exaggerate	
∻Examples of Questions	
*Examples of Questions	
*S	
*A	
∻L	
⊹Additional Questions	
*Additional Questions	

STANDARDIZED SCREENING TOOLS*	
∻C-SSRS	
⊹SIQ	
*SPS	
∻SBQ-R	
⊹ASQ	
⊹RFL-A	
VIII L-A	
*Pros & Cons	
*Over	
♦No substitute for	
♦If made a recent Suicide attempt	
10 WAYS WE SOMETIMES	
MISS COURT-INVOLVED	<u> </u>
YOUTH WHO ARE	
SUICIDAL	

1) MAY NOT RECOGNIZE IN TEENAGERS	
2) SOLELY RELY ON	
3) FORGETIS A RISK FACTOR FOR SUICIDE	

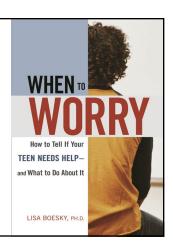
4) NOW HAVE THE HIGHEST RATE OF SUICIDAL THOUGHTS & ATTEMPTS	
5) MINIMIZE	
OFTEENAGERS	
*S.O.??	
6) SUICIDE RISK GETS LOST AMONG YOUTHS'	

7) WE DON'T REALIZE HOW IMPORTANT IS

8) NOT ENOUGH EDUCATION, TRAINING & EXPERIENCE IN

"When to Worry" \$15 (reg \$25)

TODAY
Only



9) TREAT IT LIKE A	
10) SEE ASSESSMENT AS A	
11) WAIT TOO LONG TO INVOLVE	

"SAFETY PLANS"		
VS.		
"NO SUICIDE CONTRACTS"	383	
	888	
	000	
	222	
SUICIDE SPECIFIC		
TREATMENT		
1)		
2)		
	383	
3)		
	999	
⋄ Mental Health Treatment Facilities		
⋄Juvenile Justice Facilities		
⊹ Key Components		
*Clinically		
*Liability	-000 -000 -000	
∴Risks?	*	

PSYCHIATRIC HOSPITALIZATION	
∻Important for and	
∻Transport	
♦What NOT to Do	
∻High-Risk Period	
∻Follow-up is essential	
∻School	
♦ What Not to Do	-
∻Empathize and	
∻Court-Involved Youth	
. Course Lieter	
∻Say vs. Listen	
DECREASING SUICIDALITY	
DEGREAGING GOIGIDAEIT	
*Analysis	
÷ Thinking	
*Problem	
*Increase for	
*Hope	

is key

Reach out

They matter

Ensure:
Respond
Refer/Self
SRA
Treatment
Hope

RESOURCES

- > National Suicide Prevention Lifeline 800-273-TALK (8255)
- Crisis Text Line crisistextline.org
- ➤ Michigan Assoc of Suicide Prevention mymasp.org
- > Trevor Project thetrevorproject.org

