

SUICIDE:



swers to help you prevent a suicide in your group.

Q Are there more teenage suicides today? Or are we just talking more about them?

A Statistics indicate there has been a 300 percent increase in suicides in America over the last 20 years. Suicide is one of the major causes of death for young people under 18. The Center for Disease Control recently warned that suicide is an epidemic among teenage males.

Q As a youth worker, what suicidal clues should I be looking for?

A Studies indicate that 80 percent of the people who kill themselves give a verbal or behavioral indication that they're considering dying. Most of us are either too preoccupied with ourselves or unaware of the clues to respond appropriately.

Here's a list of warning signs.

- **Behavioral changes**—These include changes in sleeping, eating and dressing patterns.

- **Personality changes**—Some involve excessive moodiness, withdrawal from key relationships.

- **Recent suicide of family member or friend**—Although suicidal tendencies aren't inherited, young people sometimes learn suicide as a negative means of coping from those close to them.

- **Changes in school performance**

- **Problems at home**—Signs can be the loss of loved ones by death, separation, divorce or feelings of being

unwanted.

- **Preparing for death**—Actions include giving away treasured objects, making "final arrangements."

- **Prior attempt**—Although many people who've attempted suicide will never attempt it again, others will and succeed.

- **Despair about the future**—Kids may contemplate the meaning of life and personal significance, and have a preoccupation with death.

- **Abuse of alcohol or other drugs**—Many kids use alcohol, prescription and non-prescription drugs to deaden the psychic pain of their problems.

Q If I have a friend who's deeply troubled and I suspect he or she might be suicidal, what should I do?

A ASK! Say something such as: "I know things have been really tough for you. If I were feeling as badly as you seem to be feeling, I might even have

thought of killing myself. Has that entered your mind?"

Sometimes we're afraid if we ask a friend whether he or she has been thinking about suicide, we'll somehow plant an idea or push the person over the edge. But counselors and suicide intervention specialists have found just the opposite to be true. When we're willing to talk about something as uncomfortable as suicide, we show willingness to be a friend, to keep communication lines open. Dr. Marv Miller has called suicide a "perverse language." For many kids it's their ultimate weapon. "If you won't listen to me any other way, I'll force you to hear me!"

When we give young people permission to feel what they're feeling, the need to communicate in such a perverse way diminishes. Talking about suicide also gives us an opportunity to suggest that if their feelings ever get out of control, we'd like to be able to talk with them.

Q When kids decide to commit suicide can anything be done for them?

A Most people who are suicidal experience a tremendous ambivalence of feelings. It's "I really want to die . . . but, I really want to live." Notes to call the doctor or get help accompany many successful suicides. So even in the process of choosing to die, many kids seem to want some out as an allowance to live.

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Q How can I help when I don't have any training in counseling?

A The majority of people who attempt or commit suicide aren't mentally ill. In fact, only about one-third would actually be diagnosed mentally ill. Most people who commit suicide aren't much different from you or me. They unfortunately feel deeply despairing

and hopeless about their life situation. What many people need is someone willing to take the time to be their friend. To listen. A professional counselor's skills probably should be sought to help sort through the hurting person's tangled emotions and confused thoughts. But a counselor's relationship will not replace (in most cases) the need for caring, supportive friendships.

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Q If a kid is suicidal and needs more help than I can provide, who should I tell?

A We have a responsibility to let parents know when their kids are in danger. Often they'll have no idea what to do or how to proceed. That's when we can be of great assistance by making parents aware of church or community resources. Many communities have crisis intervention teams that are available to families.

Caution: Before recommending counselors or therapists, know more about them than their degree or counseling certification. Some counselors won't take a referral when a potential client is suicidal. It's worth the time to get acquainted with the agencies and individuals in your community who can help when the situation arises.

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Q How do I help kids who seem bent on killing themselves?

A The high-risk kid needs professional help as soon as possible. Often as youth workers we worry about violating a confidence. Remember: Our responsibility is to preserve life, not friendship! When including others in the helping process, tell kids you're not trying to "rid" yourself of them and their problems, but you are, in fact, committed to getting them the best help possible while faithfully continuing a supportive friendship. A professional counselor can provide therapeutic intervention that can de-escalate the present crisis. But your continuing relationship with a kid can make the difference over time.

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Q Some suicide intervention programs use "contracts" with people who are talking about suicide. What's it all about?

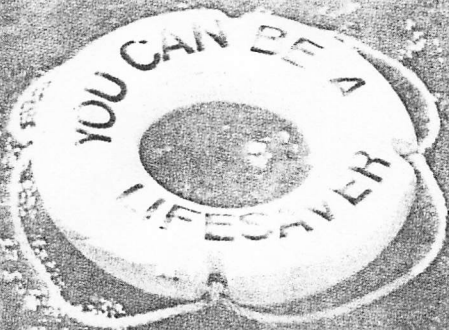
A Intervention programs have learned that encouraging people to commit to a verbal contract maximizes the power of a caring relationship. The terms of the contract are usually quite simple:

Would you commit to me that over the next 30 days if you consider killing yourself, you'll contact me before you do anything—so we can talk?

I've found "contracting" helpful in my work with suicidal kids. Although kids don't often quickly jump into the contract, when they do agree, there's a sense of loyalty to it. It's provided a bridge to life for many kids who, in a moment of despair, might have

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killed themselves. They were ultimately thankful for someone who cared and "deserved a call" first.

When I contract with kids, I give them my home phone number and encourage them to feel free to call any time of the day or night if they need to. Because I am gone a lot, I try to link them with a backup person should they reach my answering service.

Q

How can churches be involved in prevention?

A

As youth workers we can be involved in a preventative ministry by incorporating the following elements into our church's youth and education ministry:

1. Teach biblical studies that emphasize the value of every person and encourage the expression of that individuality in the life and ministry of the church.

2. Provide special programs to assist people in dealing with issues such as depression, stress, competition, family problems, loneliness.

3. Develop a caring community that refuses to allow kids to "fall through the cracks." Kids need a place where they're accepted for who they are—not what they do or what they've got.

4. Build a team of individuals committed to caring for kids in significant one-on-one relationships. The more diversified the youth staff, the greater potential for teaching many different kinds of kids. Avoid the trap of working with only the attractive, popular and achieving kids.

Q

Can any good come from struggling with suicidal kids?

A

The English word "crisis" represents two words or characters in Chinese. One stands for danger. And how well we know the danger that a suicidal crisis represents. The other character means opportunity. Some of my greatest ministry experiences result from my availability to walk (sometimes crawl) through a crisis with kids and their families. Rather than responding to a suicidal crisis as an interruption in ministry, we need to see it as the real stuff of our involvement with kids. Yes, it represents danger and only those who've lost a kid to suicide really appreciate that level of pain. But, what an incredible opportunity to be the presence of Jesus when kids hurt as badly as they think they'll ever hurt!

Activities for Learning More About Suicide

Use these ideas as elements for a youth group meeting on suicide. Or adapt them into learning centers for individuals.

SUICIDE SYMPTOMS

Objective:

● To learn suicide's major symptoms and examine Old Testament people who showed some of these symptoms.

Materials:

Bibles, pencils and a copy of the Suicide Symptom Checklist for each person.

Activities:

1. Explain each Suicide Symptom Checklist item so group members understand what each one means.
2. Divide members into at least three groups no larger than eight. Give each group one or more of the

following Bible passages: 1 Samuel 31:1-6; 1 Kings 19:1-18; Jonah 3:1—4:11.

Tell each group to read its passage(s) and checkmark each story's suicide symptoms on the checklist.

3. After each group has completed

the task, bring everyone together.

Discuss: What did you discover about suicide symptoms? Were you surprised to find Bible people who struggled? Why or why not? How can you be more sensitive to others who might be thinking about suicide?

Suicide Symptom Checklist

The person:

- feels that the future will be unhappy.
- has difficulty sleeping or sleeps too much.
- feels at fault for his or her own troubles.
- feels ill and the doctor prescribes sedatives.
- fears losing control.
- doesn't feel like participating in social activities.
- goes on frequent drinking sprees.
- has moved more than once in the last two years.
- is concerned about a significant person in his or her life.
- has a general feeling of worthlessness.

SCRIPTURE SEARCH

Objective:

● To decide whether scripture offers hope when someone feels like there's no choice but suicide.

Materials:

Bibles, newsprint, markers, paper and pencils.

Activities:

1. Divide members into five groups. Give each group one of the following scripture passages: John 14:27; Romans 8:27-28; Romans

8:37-39; 2 Corinthians 4:8-10; Philipians 4:6-7.

2. Have a young person read: "Jim is 17 and a popular football player. He's recently been depressed over the breakup with his girlfriend. His performance on the football field and in class has suffered. One of his friends tells you Jim has been a crazy driver and talks about death all the time. Another person has seen a large bottle of pills in Jim's locker. Jim's friends tell you, hoping you can help."

3. Instruct each group to read its Bible passage, take notes and discuss: Would this passage help Jim?

Why or why not? What difference would it make to him? What could you tell Jim about God that might help? If someone is thinking about suicide, would you quote scripture? Why or why not? What does the hurting person need most? Explain.

4. Bring everyone together. Have each group read its Bible passage and tell at least three main points that were discussed. As a total group talk about what you learned. Write your learnings on newsprint.

5. (Optional) Ask kids to think of other cases similar to Jim's. Discuss these cases.

PEER COUNSELING

Objective:

● To practice the role of peer counselor by using role-play situations.

Materials:

None.

Activities:

1. Divide members into groups of three people. Have one person in each group act as a counselor, one as a troubled person, one as an ob-

server.

2. Describe the first situation listed in the box. Have group members role play it until time is called. Have each group member then change character and role play once again. And again.

When all three roles have been played, discuss: What happened? How did you feel? Which role was most comfortable? most uncomfortable? What are further suggestions for helping the hurting person?

Repeat the process with the second situation.

Role-play Situations

Situation A—A casual friend shows some of the symptoms of a potential suicide and says to you: "Nothing is ever going to be right for me. I'm a jinx." What do you say?

Situation B—A close friend who shows symptoms of a potential suicide stops you in the park and says: "Life's just not worth it. No one cares if I live or die!" What do you say?

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REASONS FOR SUICIDE

Objective:

- To learn the most common reasons for suicide and the most common indications of adolescent suicide.

Materials:

13 signs with one common reason for suicide printed on each (see list on the top right), pencils and a copy of the Positive Clues handout for each person.

THIRTEEN COMMON REASONS FOR SUICIDE (for the signs)

- escape
- to avoid being a burden
- attention
- reunion with the dead
- love
- physical illness
- revenge
- manipulation
- delusion (unrealistic fear)
- death or loss
- guilt
- impulse
- mastery over fate

Activities:

1. Post each sign one by one. Briefly, discuss each reason.
2. Review each item on the Positive Clues handout and give examples if necessary.
3. Discuss: Why do people have those feelings? What causes them? What can be done for someone who gives these reasons and clues? Have you ever had these feelings? If so, when and how did you cope? What helped you through the hard times? How can you reach out to people who feel that way?

Positive Clues

The most common, positive clues for adolescent suicide include:

- a history of personal problems.
- recent traumatic event(s).
- communication problems.
- significant behavior changes.
- extreme moodiness.
- drastic change in sleep habits.
- withdrawal.
- violent acting out (expressing previously rejected thoughts or impulses).
- substance abuse.
- feelings of rejection.
- general physical complaints.

IF A FRIEND COMES TO YOU

Objectives:

- To write what you might say to a friend who's thinking about suicide.
- To discuss what is helpful or harmful to say to someone who's thinking about suicide.

Materials:

Tape recorder, prerecorded tape (see script below), paper and pencils.

Script: "If a Friend Comes to You"

Voice one: After school you meet a friend who's been depressed. Your friend says:

Voice two: Promise me you won't tell anyone. My life is horrible! I've been so depressed I don't know if I can keep going. Maybe it would be better if I hadn't been born. (Pause.)

Voice one: What would you say to this person? What could you ask or do to find out whether your friend has been thinking about suicide?

Write your answers. (Pause.)

Voice three: I'm so unhappy. There's no reason for me to go on living. No one would miss me anyway. No one really cares about me. It'd serve them right if I did die. (Pause.)

Voice one: What emotions is this person feeling? What hints tell you this person has been thinking about suicide? How do you think you might help? Write your answers. (Pause.)

Voice four: What's one reason why I should keep on living? What's left for me here? There's no hope anymore. (Pause.)

Voice one: What would you say to this person? Could Jesus make any difference in this person's life? Why or why not? Would you tell this person about Jesus? Why or why not? Write your answers.

Activities:

1. Give each person paper and a pencil. Have the kids sit scattered around the room, yet close enough to hear the recording.

Say: We'll be hearing comments from people who are thinking about suicide. They are typical comments that hurting people might make. After each short recording I'll stop the tape. I'll give you time to write your responses to the comments and questions. Do this individually and we'll talk about what you've written when we're finished.

2. Begin the tape recording. After each segment that says "Write your answers," pause and allow time for kids to each write their responses.

3. When the tape recording and writing are completed, rewind the tape and bring the whole group together. Play each segment again. Stop after each section and discuss what group members wrote. Ask: What did you discover about yourself through this activity? What do you feel is the appropriate response for people who are struggling? Did everyone agree about mentioning Jesus? Why or why not? Did you learn any "right" things to say? any "wrong" things to say? Explain. ☐