

cco youth



Crisis Intervention



Youth Coach Field Guide

Intro

The purpose of this handbook is to assist you and give you guidance as a youth leader. As you know, you play a significant role in the lives of your students. Students look up to you, come to you for advice and trust you. Most of you are probably constantly going through changes, trying to figure out who they are and dealing with overwhelming amounts of pressure from the world we live in. Unfortunately, teens don't always know how to handle their problems and may turn to unhealthy and dangerous ways to deal with these issues.

Students may end up coming to you with their serious problems, and if this happens, we want you to be prepared to handle the situation. While some teens may be willing to admit whatever it is they are dealing with, many will not, so it is important that you are aware of different risk factors and warning signs.

Throughout this handbook we will be covering information on abuse, depression, self-injury, eating disorders, suicide and other forms of self injury. This book is simply a resource for you. We are not expecting you to handle any of these serious issues on your own. This book is to help you help your students. We want you to be prepared for anything. Again we remind you, this will help you when a student first comes to you with their problem. Then it is very important that you talk to one of the youth pastors or refer the student to someone who is better equipped to handle the situation.

Thank you once again for your commitment to the students.

CCO Student Ministry Staff

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How to Handle a Crisis

Helpful Hints:

- Ask lots of questions (saves you from trying to 'solve things'; opens up new areas)
- Stay calm (try not to overreact to them or their situation)
- Offer comfort, but don't try too hard to relate to their story. (be a listener first)
- Thank them for telling you & mention you'd like to ask another's advice/counsel.
- Take it to the 'next level' privately or with them. (minister or counselor)
- Together, determine appropriate responses & assistance.
- Bring issue to conclusion/solution or start recovery process.
- Make a note of your conversation/concern later that night. (write it out in as much detail as possible)

Remember:

- Make Minister/Counselor aware of all situations. (avoid 'surprises')
- **For youth, there's no such thing as confidentiality.**
- Do not make any "promises not to tell", etc. just promise to help them.
- Two are always better than one; so ask a teammate how to respond.
- Do not discuss any student issue in front of any student at any time!
- In almost every case, parents need to be notified:
 - We'll give them a timeline and the choice to tell them—or we will tell them.
 - We exist to "assist the parents in raising their children."
- Avoid talking to students alone. (be in public at all times)
- Avoid counseling someone of opposite sex. (we have a great 'system' - use it! Offer to refer them to a counselor or minister of the same sex)
- Handle things immediately.

Examples of Minor issues:

Relational problems, Character/integrity problems

Examples of Major issues:

Drugs, sex, addictions, violence, self-mutilation, suicide, abuse

Abuse

Definition:

Can include numerous forms of severe mistreatment including physical, emotional, verbal, sexual, neglect, and substance.

Physical Abuse

Any act which results in a non-accidental trauma or physical injury (National Exchange Club Foundation, 2006) <http://www.preventchildabuse.com/physical.htm>

Signs

- Unexplained burns, cuts, bruises, or welts in the shape of an object
- Bite marks
- Anti-social behavior
- Problems in school
- Fear of adults
- Drug or alcohol abuse
- Self-destructive or suicidal behavior
- Depression or poor self-image

Emotional

The systematic tearing down of another human being. (National Exchange Club Foundation, 2006)
<http://www.preventchildabuse.com/emotion.htm>

Signs

- Apathy
- Depression
- Hostility
- Lack of concentration
- Eating disorders

Sexual

The involvement of dependent, developmentally immature children in sexual activities that they do not fully comprehend and therefore to which they are unable to give informed consent and/or which violates the taboos of society. (National Exchange Club Foundation, 2006)

<http://www.preventchildabuse.com/sexual.htm>

Signs

- Inappropriate interest in or knowledge of sexual acts
- Seductiveness
- Avoidance of things related to sexuality, or rejection of own genitals or bodies
- Nightmares and bed wetting
- Drastic changes in appetite
- Over compliance or excessive aggression
- Fear of a particular person or family member
- Withdrawal, secretiveness, or depression
- Suicidal behavior
- Eating disorders
- Self-injury
- Sometimes there are no physical signs of sexual abuse, and a physician must examine the child to confirm the abuse.

Neglect

A type of maltreatment that refers to the failure to provide needed age-appropriate care, such as shelter, food, clothing, education, supervision, medical care and other basic necessities needed for development of physical, intellectual and emotional capacities. (National Exchange Club Foundation, 2006)

<http://www.preventchildabuse.com/neglect.htm>

Signs

- Unsuitable clothing for winter
- Being dirty or un-bathed
- Extreme hunger
- Apparent lack of supervision

Substance

The excessive use of a substance, especially alcohol or a drug. (There is no universally accepted definition of substance abuse.) (MedicineNet.com, 2006)
[Http://www.medterms.com/script/main/art.asp?articlekey=24405](http://www.medterms.com/script/main/art.asp?articlekey=24405)

Signs

At home

- Loss of interest in family activities
- Disrespect for family rules
- Withdrawal from responsibilities
- Verbally or physically abusive
- Sudden increase or decrease in appetite
- Disappearance of valuable items or money
- Not coming home on time
- Constant excuses for behavior
- Lies about activities
- Finding the following:
 - Cigarette rolling papers
 - Pipes
 - Roach clips
 - Small glass vials
 - Plastic baggies
 - Remnants of drugs (seeds, etc.)



Felt tip marker with internal drug pipe



At School

- Sudden drop in grades
- Truancy
- Loss of interest in learning
- Sleeping in class
- Poor work performance
- Not doing homework
- Defiant of authority
- Poor attitudes towards extracurricular activities
- Reduced memory and attention span

Physical and Emotional Signs

- Changes Friends
- Smell of alcohol or marijuana on breath or body
- Unexplainable mood swings and behavior
- Negative, argumentative, paranoid or confused, destructive, anxious
- Over-reacts to criticism
- Acts rebellious
- Sharing few if any of their personal problems
- Doesn't seem as happy as they used to be
- Overly tired or hyperactive
- Drastic weight loss or gain
- Unhappy and depressed
- Cheats, steals
- Always needs money or has excessive amounts of money
- Sloppiness in appearance

What to do when a Student is being abused.

If a student is being abused, the one thing your student needs most is someone to hear and believe him or her. Maybe your student is afraid to tell his or her parents because they'll make him or her end the relationship. People who are abused often feel like it is their fault—that they “asked for it” or that they don't deserve any better. But abuse is never deserved. Your student needs you to help him or her understand that it is not his or her fault. Your friend is not a bad person. The person who abused him or her is at fault and needs professional help.

If you have a student who is being abused, he or she needs your patience, love and understanding. Your student also needs you to encourage him or her to get help immediately from an adult such as a parent or guidance counselor. Most of all your student needs you to listen to him or her without judging. It takes a lot of courage to admit that you have been abused; let your student know that he or she has your full support.

Talking to an Adolescent dealing with Substance Abuse:]

- Make sure the timing is right. Talk to your student when he or she is sober or straight—before school is a good time.
- Never accuse your student of being an alcoholic or a drug addict, but do express your concern. Try not to blame your student for the problem; if you do, he or she might be turned off right away.
- Talk about your feelings. Tell your student you're worried, and how it feels for you to see him or her drunk or high on other drugs.
- Tell your student some of the changes you've noticed in their behavior or attitude. Give specific examples. Tell your student you want to help.
- Speak in a caring and understanding tone of voice, not with pity but with friendship.
- Be prepared for denial and anger. Your student may say there is nothing wrong and may get mad at you. Many people with alcohol and other drug problems react this way. When confronted, many users will defend their use, blame others for the problem or give excuses for why they drink or use other drugs.
- You could offer to go with your student to get help, but be prepared to follow through. This gesture will show your student that you really care.

Depression

Definition:

A disease that affects millions of Americans each year, believed to be caused by an imbalance of certain chemicals in the brain, called neurotransmitters.

http://www.lexapro.com/terms_glossary.aspx#Depression

Signs

Symptoms of depression can vary widely—and they don't always involved the sadness or weepiness that people commonly associate with it. Many people will experience intellectual or psychological changes that affect their thinking, sleep, or energy level.

Major Depression

- Experts generally agree that a person has clinical depression when he or she experiences some or all of these symptoms nearly every day for at least two weeks.
 - Depressed mood
 - Persistent feelings of hopelessness, guilt or worthlessness
 - Fatigue or lack of energy
 - Slowed behavior (the feeling of “dragging oneself around”)
 - Reduction or loss of pleasure in life
 - Decreased motivation
 - Negative or pessimistic thinking
 - Loss of interest in friends, activities, hobbies or work
 - Change in eating habits; weight gain or loss
 - Sleep problems, including waking up early
 - Frequent crying
 - Difficulty concentrating, remembering, or making decisions
 - Irritability
 - Being anxious or worried a lot
 - Thoughts of death or suicide
 - Suicide attempts

Understandably, depression can affect all aspects of a person's life (and the lives of family and close friends, too) because it puts a damper on one's overall ability to function. A clinically depressed person often becomes unable to enjoy anything, even things they once enjoyed (a condition called “anhedonic”)

- Some people are truly disabled during a period of depression.
- Others can continue to function in the sense of holding down a job and meeting other obligations—but just being alive becomes a chore.
- Depression is believed to contribute to at least half of all suicides.

In addition to having the general symptoms of depression, a person experiencing an episode of major depression, also known as melancholia, may also have:

- Frequent headaches
- Other aches and pains with no apparent cause
- Digestive problems

In children and adolescents, signs of depression may be more recognizable and may include:

- Falling grades
- Irritability
- Conduct problems
- Social withdrawal
- Complaints of physical problems such as headaches and stomach aches
- Low energy
- Poor concentration
- Changes in eating or sleeping patterns

Need to Know

Experts estimate that 2% of children and between 4-8% of teenagers suffer from depression. The highest incidence occurs in girls after puberty.

Myths

Myths about depression often separate people from the effective treatments now available. Youth leaders need to know the facts. Some of the most common myths are:

- **Myth:** Students don't suffer from "real" depression
Fact: Depression can affect people at any age or of any race, ethnicity, or economic group.
- **Myth:** Telling someone that a student might be depressed is betraying a trust. If someone wants help he or she will get it.
Fact: Depression, which saps energy and self-esteem interferes with a person's ability or wish to get help. Many people may not understand the seriousness of depression or of thoughts of death or suicide. It is an act of friendship to share your concerns with a trusted individual.
- **Myth:** Young people who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help.
Fact: Depression is not a weakness, but a serious health disorder. Both students and older adults who are depressed can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms or depression. For many people, a combination of psychological therapy and medication is beneficial.
- **Myth:** Talking about depression only makes it worse.
Fact: Talking through feelings may help a student recognize the need for professional help. By showing friendship and concern and giving uncritical support, you can encourage your student to talk to his or her parents or go to a counselor for professional help.

Things To Know In Dealing With A Depressed Student:

- You cannot cure someone else's clinical depression. It is not just sadness which can be waved off with a few kind words. It goes far deeper than that. If you are going into this with the heroic notion that you can somehow "fix" it for your student, then you need to disavow it immediately. Operating on this assumption will only frustrate you and does no one any good.
- There are ups and downs in depression recovery. It is neither swift, nor steady. Your student is going to go on the decline now and then. Don't think it's because you are failing them or they are not trying enough. The "roller-coaster" effect is just a part and parcel of depression.
- Please don't tell a depression patient that "you understand." Unless you have experienced clinical depression yourself, you don't. The point here is to be honest with your student and don't profess things that aren't so. Sincerity will help him or her a great deal; it will engender trust, which every depression patient has a problem with at one time or another.

Self Injury

Definition:

Self-Injury, also commonly known as self-harm; self-mutilation; self-abuse; and self-inflicted violence, is defined as the deliberate harming or alteration of one's body tissue without the conscious intent to commit suicide. Integral to this definition are several key concepts. First, self-injury is an act done to the self. Second, it is done by the self. Third, it must include some type of physical violence. Fourth, self-injury is not undertaken with the intent to kill oneself. And fifth, it is an intentional act and includes cutting, scratching, picking scabs or interfering with wound healing, burning, punching self or objects, infecting oneself, inserting objects in body openings, bruising or breaking bones, and some forms of hair pulling.

<http://www.thehelpline.net/selfinjury.html>

Warning Signs

Warning signs that someone is injuring themselves include:

- Unexplained frequent injury including cuts and burns
- Wearing long pants and sleeves in warm weather
- Low self-esteem
- Difficulty handling feelings
- Relationship problems
- Poor functioning at work, school or home

Incidence & Onset

Experts estimate the incidence of habitual self-injuries is nearly 1% of the population, with a higher proportion of females than males. The typical onset of self-harming acts is at puberty. The behaviors often last 5-10 years but can persist much longer with out appropriate treatment.

Background

Though not exclusively, the person seeking treatment is usually from middle to upper class background, of average to high intelligence, and has low self-esteem. Nearly 50% report physical and/or sexual abuse during his or her childhood. Many report (as high as 90%), that they were discouraged from expressing emotions, particular anger and sadness.

Behavior Patterns

Many who self-harm use multiple methods. Cutting arms or legs is the most common practice. Self-injuries may attempt to conceal that resultant scarring with clothing, and if discovered, often make excuses as to how an injury happened.

Reasons for Behaviors

Self-injurers commonly report they feel empty inside, over or under stimulated, unable to express their feelings, lonely, not understood by others and fearful of intimate relationships and adult responsibilities. Self-injury is their way to cope with or relieve painful or hard-to-express feelings, and is generally not a suicide attempt. But relief is temporary, and a self-destructive cycle often develops without proper treatment.

Dangers

Self-injurers often become desperate about their lack of self-control and the addictive-like nature of their acts, which may lead them to true suicide attempts. The self-injury behaviors may also cause more harm than intended, which could result in medical complications or death. Eating disorders and alcohol or substance abuse intensify the threats to individual's overall health and quality of life.

Diagnosis

The diagnosis for someone who self-injures can only be determined by a licensed psychiatric professional. Self-harm behavior can be a symptom of several psychiatric illnesses including personality disorders, bipolar disorder (manic depression), major depression, anxiety disorders (esp. OCD), and psychoses such as schizophrenia.

Evaluation

If someone displays the signs and symptoms of self-injury, a mental assessment is the first step, followed by a recommended course of treatment to prevent the self-destructive cycle from continuing.

Treatment

Self-injury treatment options include outpatient therapy, partial (6-12 hours a day) and inpatient hospitalization. When the behaviors interfere with daily living, such as employment and relationships, and are health or life threatening, a specialized self-injury hospital program with an experienced staff is recommended.

Eating Disorders

Definition:

Any of various psychological disorders, such as anorexia nervosa or bulimia, that involve insufficient or excessive food intake.

http://www.answers.com/topic/eating-disorder#after_ad1

Warning Signs of Anorexia Bulimia

A sufferer does not need to appear underweight or even “average” to suffer any of these signs and symptoms. Many men and women with Eating Disorders appear not to be underweight...it does not mean they suffer less or are in any less danger.

- Dramatic weight loss in a relatively short period of time.
- Wearing big or baggy clothes or dressing in layers to hide body shape and/or weight loss
- Obsession with weight and complaining of weight problems (even if “average” weight or thin)
- Obsession with calories and fat content of foods
- Obsession with continuous exercise
- Frequent trips to the bathroom immediately following meals (sometimes accompanied with water running in the bathroom for long periods of time to hide the sound of vomiting)
- Visible food restriction and self-starvation
- Visible bingeing and/or purging
- Use or hiding use of diet pills, laxatives, ipecac syrup (can cause immediate death) or enemas
- Isolation. Fear of eating around and with others
- Unusual food rituals such as shifting the food around on the plate look eaten; cutting food into tiny pieces, making sure the fork avoids contact with the lips (using teeth to scrape the food off the fork or spoon); chewing food and spitting it out, but not swallowing; dropping food into napkin on lap to later throw away.
- Hiding food in strange places (closets, cabinets, suitcases, under the bed) to avoid eating or to eat at a later time
- Flushing uneaten food down the toilet (can cause sewage problems)
- Vague or secretive eating patterns
- Keeping a “food diary” or list that consists of food and/or behaviors (i.e., purging, restricting, calories consumed, exercise, etc.)

- Pre-occupied thoughts of food, weight, and cooking
- Visiting websites that promote unhealthy ways to loose weight
- Reading books about weight loss and eating disorders
- Self-defeating statements after food consumption
- Hair loss. Pale or “grey” appearance to skin
- Dizziness and headaches
- Frequent soar throats and/or swollen glands
- Low self-esteem. Feeling worthless. Often putting themselves down and complaining of being “too stupid” or “too fat” and saying they don’t matter. Need for acceptance and approval from others.
- Complaints of often feeling cold
- Low blood pressure
- Loss of menstrual cycle
- Constipation or incontinence
- Bruised or callused knuckles; bloodshot or bleeding in the eyes; light bruising under the eyes and on the cheeks
- Perfectionist personality
- Loss of sexual desire or promiscuous relations
- Mood swings, depression, fatigue
- Insomnia. Poor sleeping habits

Warning Signs of Compulsive Overeating/Binge Eating Disorder

- Fear of not being able to control eating, and while eating, not being able to stop
- Isolation. Fear of eating around or with others
- Chronic dieting on a variety of popular diet plans
- Holding the belief that life will be better if they lose weight
- Hiding food in strange places (closets, cabinets, suitcases, under the bed) to eat at a later time
- Vague or secretive eating patterns
- Self-defeating statements after food consumption
- Blames failure in social and professional community on weight
- Holding the belief that food is their only friend
- Frequently out of breath after relatively light activities
- Excessive sweating and shortness of breath
- High blood pressure and/or cholesterol

- Leg and joint pain
- Weight gain
- Decreased mobility due to weight gain
- Loss of sexual desire or promiscuous relations
- Mood swings, depression, fatigue
- Insomnia, poor sleeping habits

Things You Shouldn't Say...

- "Are you sick?"
- Make negative statements about the person's appearance (they are already self-conscious of how they look. It is good to say that you are concerned but not in a negative approach)
- "Would you just eat already?"
- "I don't understand why you don't just eat..."
- "You better stay out of the bathroom!" (many people struggling with an eating disorder struggle for control. It can also add guilt to the person who is in most cases already struggling with the issue). Often times these statements are said when the person seeking to help cannot fix the situation themselves.
- "Why are you doing this to me?"
- "Look at what you are doing to your boyfriend/husband/wife/kids..." (Again guilt. They are not doing anything to anyone else but are struggling internally with themselves)
- "Why are you doing this to yourself?"
- "You have good things in your life, what's the problem?" (Those with an eating disorder do not choose to do this to themselves. There is no conscious choice (in most cases) where a person suffering from an eating disorder would prefer that lifestyle as opposed to one filled with self-love and happiness. This is a coping mechanism, a means for dealing with depression, stress and self-hate that has been built up over many years. It is a reflection of how the person suffering feels about themselves inside. Wonderful families and supportive friends have little influence (other than sometimes temporarily) in creating the true self-esteem required for permanent recovery, to cope with life positively, and to learn to believe that we deserve good things in life and happiness. These disorders are about the person suffering and how they feel about themselves.)

How to Help

- Find time when you can sit with them in a private place and talk.
- Tell your student in a caring and straight forward way what your concerns are.
- Listen to what your student has to say without judgment, anger or criticism. If your student doesn't admit to a problem, don't start an argument. Simply reiterate that you are concerned and care about him/her.
- Provide your student with information about resources and treatment. Offer to go with him/her for moral support if they see a doctor, therapist or nutritionist.
- If you feel their health has deteriorated far enough that they need immediate medical help, you may wish to enlist the aid of a counselor, friends or family members before intervening.
- If they deny a problem, become angry or refuse to get help, understand that this is part of the illness. Unless their life is in immediate danger you may have to accept the fact that you can't do more to help them.
- If you have tried your best to convince them to get help and they refuse, you have done all that you can. Eating disorders can be difficult to treat and treatment works best when the patient has reached a point where they are ready to accept help.

Tips

- Eating disorders are not solely the domain of girls and women. Males can fall prey to eating disorders too.
- If the person is feeling suicidal or their health is in immediate danger, obtain professional help immediately. Dizziness, passing out and chest pains are just a few signs of a problem that needs medical attention.
- If you know that someone will confront the person with anger or accusations, don't include them in the intervention. Keep the tone supportive.
- Don't get into a battle of wills. If you are getting nowhere, end the conversation, but leave the door open for further communication in the future.

Suicide

Definition:

The act or an instance of intentionally killing oneself.

<http://www.answers.com/topic/suicide>

Risk Factors for Suicide in Teenagers

A risk factor is something that might be happening in someone's life which might make them think about suicide in the future as a way of handling their problems.

A teenager is at risk for suicide if two or more of the following are happening and they do not have good coping skills to deal with the problems.

- Has experienced domestic violence, child abuse, rape or any type of assault
- Has attempted suicide before
- Is a perfectionist
- Has known a family member, friend or relative who has committed suicide
- Is involved in alcohol or drug abuse
- Has experienced a loss (death, divorce, separation) or is coming up on the anniversary of a loss
- Has a break up with a boyfriend/girlfriend
- Is handling a serious illness in self or family member
- Family relationship is falling apart
- Moved after having developed close friends
- Suicide is dramatized by the media
- Is without meaning or purpose in life
- Tries but cannot live up to the expectations of parents or self
- Drops out of school or changes classes

Warning Signs

Warning signs indicate that a person may be considering suicide. Particularly notice dramatic changes in the person's usual behavior.

Verbal Signs

- Direct statements like "I want to die," "I don't want to live anymore," "I wish I were dead"
- Indirect statements like "I want to go to sleep and never wake up," "They'll be sorry when I'm gone," "Everyone would be better off without me."

Behavioral Signs

- Depression or sadness lasting for more than 2 weeks
- Lack of energy for no apparent reason
- Feelings of “Falling apart”
- Shifting emotional feelings
- Increase or decrease in sleeping patterns
- Increase or decrease in eating patterns
- Severe impatience or impulsivity (especially dangerous impulses)
- Inability to concentrate
- Withdrawal from usual social activities
- Loss of interest in job, sports, hobbies
- Giving away prized possessions
- Making final arrangements
- Leaving poems, diaries, drawings, or letters to be found dealing with death, dying, or overwhelming problems
- Frequent accidents or accident proneness (especially any serious accidents)
- Previous suicide attempts
- Preoccupation with death or dying
- Sudden spending of large amounts of money (savings)
- Personal appearance changes or grooming changes

Situational Signs

- Experienced a loss (death, divorce, separation, loss of job, break-up)
- Difficulty communicating with close friends or family
- Problems with employment
- Drug or alcohol abuse
- Trouble with the law

If a Student May be Suicidal

Take is seriously!

- Studies have found that more than 75% of all completed suicides did things in the few weeks or months prior to their deaths to indicate to other that they were in deep despair. Anyone expressing suicidal feelings needs immediate attention.

- Perhaps 10% of all suicidal people are psychotic or have delusional beliefs about reality. Most suicidal people suffer from the recognized mental illness of depression; but many depressed people adequately manage their daily affairs. The absence of “craziness” does not mean the absence of suicide risk.
- You cannot assume that because you feel something is not worth being suicidal about, that the person you are with feels the same way. It is not how bad the problem is but how badly it is hurting the person who has it.

Remember: suicidal behavior is a cry for help.

The fact that a person is still alive is sufficient proof that part of him wants to remain alive. The suicidal person is ambivalent—part of him wants to live and part of him wants not so much death as he wants the pain to end. It is the part that wants to live that tells another “I feel suicidal.” If a suicidal person turns to you it is likely that he believes that you are more caring, more informed about coping with misfortune, and more willing to protect his confidentiality. No matter how negative the manner and content of his talk, he is doing a positive thing and has a positive view of you.

Be willing to give and get help sooner rather than later

Suicide prevention is not a last minute activity. All textbooks on depression say it should be reached as soon as possible. Unfortunately, suicidal people are afraid that trying to get help may bring them more pain: being told they are stupid, foolish, sinful, or manipulative; rejection; punishment; suspension from school or job; written records of their condition; or involuntary commitment. Constructively involving yourself on the side of life as early as possible will reduce the risk of suicide by reducing pain rather than increasing or prolonging it.

Listen

Give the person every opportunity to unburden their troubles and ventilate their feelings. You don’t need to say much and there are no magic words. If you are concerned, your voice and manner will show it. Give him or her relief from being alone with their pain; let him or her know you are glad they turned to you. Patience, sympathy, acceptance. Avoid arguments and advice giving.

Ask: “Are you having thoughts of suicide?”

People already have the idea of suicide, talking about it won't give it to them. Suicide is constantly in the news media. If you ask a despairing person this question you are doing a good thing for them: you are showing him or her that you care about them, that you take them seriously, and that you are willing to let them share their pain with you. You are giving them further opportunity to discharge pent up and painful feelings. If the person is having thoughts of suicide, find out how far along their ideation has progressed.

If the person is acutely suicidal, do not leave him alone

If the means are present, try to get rid of them. Detoxify the home.

Urge professional help

Persistence and patience may be needed to seek, engage and continue with as many options as possible. In any referral situation, let the person know you care and want to maintain contact.

No Secrets

It is the part of the person that is afraid of more pain that says “Don't tell anyone.” It is the part that wants to stay alive that tells you about it. Respond to that part of the person and immediately seek out and share this information with any of the youth pastors with whom you can review the situation. Do not try to do it alone. Get help for the person and for yourself. Distributing the anxieties and responsibilities of suicide prevention makes it easier and much more effective.

From crisis to recovery

Most people have suicidal thoughts or feelings at some point in their lives; yet less than 2% of all deaths are suicides. Nearly all suicidal people suffer from conditions that will pass with time or with the assistance of a recovery program. There are hundreds of modest steps we can take to improve our response to the suicidal and to make it easier for them to seek help. Taking these modest steps can save many lives and reduce a great deal of human suffering.

Scriptures

Taken from Touch Points for Students copyright 1996

What are some benefits of times of crisis?

- **Jonah 1:16**
Some times crisis helps people to see God more clearly (69).
- **Philippians 1:12-14**
How we respond to times of crisis can influence what others think about Christ (69).
- **Romans 5:3-4**
Times of crisis have potential to strengthen our character (70).
- **2 Corinthians 12:10**
Times of crisis show us that we can not always rely on our own strength to see us through. God's strength is what we need. Spiritual strength can grow from physical weakness (70).
- **1 Peter 1:6-7**
Times of crisis test our faith (70).
- **1 Peter 4:12-14**
Times of crisis help us identify with the suffering that Jesus endured for our sake (70).

How should I respond to crisis?

- **Jonah 2:1-2**
When we reach the end of our rope, we must call upon the Lord, for our weaknesses are times for his strength; our crises are his opportunities (71).
- **Psalms 57:1**
When a crisis leaves us vulnerable and exposed, we should seek the merciful protective covering of the Lord himself (71).
- **Psalms 28:7**
A crisis may leave us wondering , Whom can I trust? Crisis should leave us assured that we can always trust the Lord. That is cause for praise and thanksgiving (71).
- **Psalms 119:143**
When crises seek to undermine us, we should look to God's word to undergird us (71).

What is God's advice for me in crisis?

- **Isaiah 30:20-21**
- **John 16:33**
- **Matthew 5:11-12**

God does not say he will always prevent crisis in our life—we live in a sinful world where terrible things happen. But God does promise always to be with us, helping us through any crisis (72).

Where is God in my time of crisis?

- **Jonah 1:17**
- **Jonah 2:6**
- **Psalms 40:2**
- **Psalms 46:1-2**
- **Romans 8:35**

We need not pray for the Lord to be with us in times of crisis. He is already with us. Instead we need that we might recognize his presence and then depend on him for help (73).

- **John 16:33**

What causes depression?

- **1 Samuel 16:14**

If you depart from the Lord and then he departs from you, depression can move easily into the vacant room in your heart (85-86).

- **Job 30:16**

A broken heart is ripe for depression (86).

- **Ecclesiastes 4:8**

If you spend your life pursuing meaningless things, you are bound to get depressed as you realize that what you are doing has little lasting value (86).

- **Proverbs 13:12**

A heart without hope is a heart ripe for depression (86).

How should I handle depression?

- **Psalms 143:7**

The Lord's strong presence in our life is the best cure for depression. But with the Lord's help, we may also seek the best medical help and ask him to use it to heal us (86).

How does God bring healing to those who are depressed?

- Psalm 10:17
- Psalm 23:4
- Psalm 34:18
- Psalm 147:3
- Matthew 5:4

The power of the Lord's presence, couple with the sensitivity of his listening ear, can bring healing and comfort (87).

Can any good come out of depression?

- Psalm 126:5
- Nehemiah 8:10
- 2 Corinthians 12:9

When we are weak, we may be more receptive to the Lord's strength. When God works through our weakness, we know it is his work and not ours (88).

How can I help people who are depressed?

- 2 Corinthians 1:4
- Romans 12:15
- Proverbs 25:20

the best way to help depressed people is to comfort them (88).

- Matthew 11:28

Can God help my addiction?

- 2 Corinthians 5:17

God can and will help anyone who is trapped by an addiction if that person will confess the sin and call on God for help (95).

- 1 Corinthians 10:13

Where was God, doesn't He care?

- Psalm 55:17
- Psalm 118:5
- Psalm 10:17
- Psalm 119:76

We don't know why God allows tragedies to enter our life, but we do know that God hurts deeply with us and loves us more than we'll ever know. He comforts us and give us the strength to work through our pain (223).

How can I deal with thoughts of suicide?

- **Matthew 28:20**
Remember that you are not alone (275).
- **Jeremiah 1:5**
When you are tempted by thoughts of hopelessness, remember that God created you and has a plan for you (275).
- **Deuteronomy 4:29**
Seek God, and you will find him and his purpose (275).
- **Jeremiah 29:11**

Conclusion

It is the hope of the CCO Student Ministry Staff that this booklet better informs, equips, and prepares you for any of the situations included that you may face as a youth coach. As a leader, we know that the students look up to you and come to you with their problems. We hope that this will help you in those circumstances to better help them. If you have questions comments or concerns, please talk to any of the youth staff team.

Please Remember

- You are not expected to handle any of these situations on your own! If a student comes to you with any of these problems, please communicate it with one of the student ministry staff members right way.
- Don't ever promise a student that you will not say anything to anyone. Simply tell them that their safety is your number one priority.
- Every student is different and therefore, not every situation can be handled in the same manner.

Thank you for all that you do for our students!

Referrals

Taken from www.helpingpeoplehope.org

Medical, Dental, Mental Health, and Substance Abuse Services for Children and Youth

- 1.) **Missouri MC+ Healthy Children and Youth Program:** Call (800)392-2161 or to apply contact your local Division of Family Services / Jasper County DFS (417)629-3050
- 2.) **Community Clinic:** 701 South Joplin Ave. , Joplin, MO (417)624-5500 / Pediatric Clinic (with physician present) is held each Wednesday morning starting at 9:00 AM, must be present at 9:00 A.M. to sign in.
- 3.) **Jasper County Health Department:** Services include child immunizations, patient education, and support groups. 105 Lincoln St. Carthage, MO 64836 (417)358-3111 or toll free (877)879-9131
- 4.) **Haven Counseling Center: Christ's Church of Oronogo,** Counselor Lindy Roberts M.S. LPC 22145 Kafer Road, Oronogo, MO (417)673-0090 Services for children, youth, and parents include: Family Counseling, Parent/Teen Conflict Resolution, Childhood Abuse Counseling, and Psychotherapy for Childhood and Youth Mental Illness.
- 5.) **Grand Lake Mental Health Center:** Ottawa County Clinic (918)540-1511 Afton Satellite Office (918)257-4244: Services to youth and children include: Crisis Stabilization, Case Management, Community Based Rehabilitation, Individual and Group Therapy, Psychiatric Services.
- 6.) **Scott Greening Center for Youth Dependency:** 1315 East 15th Street, Joplin, MO (417) 623-1990 Services Include: Screening, Assessment, Psychological Testing, Drug Testing, Individual and Group Counseling, Family Counseling, Co Dependency Counseling, Chemical Dependency Counseling, Life Skills Development, Independent Living Skills, Supportive Housing, Short Term and Long Term Residential Services.
- 7.) **Family Life Center:** 720 East 6th St. Galena, KS (620)783-2900 Counseling, Substance Abuse Treatment, Case Management, Screening and Referrals.
- 8.) **Teen Challenge International USA:** (417)862-6969 or log on to www.teenchallenge.com Youth Services Include: Drug Prevention Education, Juvenile Hall Outreaches, Adolescent Support Groups, Biblical Centered Counseling, Gang Prevention and Intervention, Tutorial Programs, High School Completion Programs, Residential Programs.
- 9.) **Elm Acres:** Services provided include adolescent inpatient and outpatient addiction treatment services. Also provides child placement services in Columbus, KS. 1102 South Rouse Pittsburg, KS 66726 (620)231-6129.

Nutrition and Emergency Housing Services for Children

- 1.) **Children's Haven of Southwest Missouri:** Provides Temporary Emergency Care to Children of Families Experiencing Crisis, 701 Picher Ave. Joplin, MO 64801 (417)78-CHILD (782-4453) email: children@fastfreedom.net
- 2.) **Ronald McDonald House Charities:** Services Provided Include; Caring for families of hospitalized children, Access to health care for needy children, and Scholarships to needy students. For more information call (630)623-7048 or log on to www.rmhc.org

Child Abuse and Neglect Hotlines

- 1.) Missouri Child/Elder Abuse Hotline: 1(800)392-3738
- 2.) Kansas Child and Elder Abuse Hotline: 1(800)922-5330
- 3.) Oklahoma Child Abuse Hotline: 1(800)522-3511