



Youth Inclusion Workshop Guide: Understanding and Supporting Youth in Crisis

Workshop Description: This workshop guide includes a series of activities intended to help youth program staff recognize the warning signs for suicide and the importance of developing a safety plan for youth who exhibit these thoughts and signs. Part of this safety plan should include involving and relying on professionals who are trained specifically to help youth in these situations. The activities, followed by larger group discussions, will prepare program staff for responding to and supporting youth who may be in crisis.

Preparation Time: The designated preparation time for this workshop is approximately 15 to 20 minutes. This preparation time should include reading background information on the Youth Inclusion Training website and in this workshop guide, collecting materials, and gathering any additional information you may need.

Instruction Time: It will take approximately 50 minutes to 1 hour to complete all activities within this guide.

Materials:

- Three large blank sheets of paper and/or whiteboard space.
- Printed copies of the handout, *Each One Teach One*. This handout should be cut so there is only one fact per sheet of paper.
- Five to six printed copies of the handout, *Suicide Scenarios 1 & 2*.
- Markers or pens.

Preparation Instructions: You should read the content related to this topic on the Youth Inclusion Training website, specifically the content related to Supportive Adult-Youth Relationships. In addition, you should review the background information in this workshop guide and any others related to this topic (e.g., Using Relational Strategies, Responding to Bullying, etc.). In addition, gather all necessary materials and familiarize yourself with the workshop guide and your role as a facilitator.

Knowledge: Understanding Strategies to Support Youth in Crisis

Suicide is the second leading cause of death for adolescents and young adults (ages 10-24 years) in the United States. There are an average of 5,240 suicide attempts by youth in grades 7-12 each day.⁶⁷ One of the responsibilities of being in a trusting adult-youth relationship is that sometimes during regular conversations youth might disclose having past or current thoughts of suicide. If this happens, program staff should consult with their manager to develop a safety plan while the youth is at the youth program. A safety plan includes emergency contacts (e.g., police, trusted family members), positive activities to redirect suicidal thoughts while at the youth program or at home (e.g., write in a journal,



play with a pet, listen to uplifting music), and a list of positive upcoming events (e.g., graduation, birthday, family vacation).⁵⁸

Sometimes youth do not talk about their suicidal thoughts, but there are signs staff can watch and listen for that might indicate youth are struggling with thoughts of suicide. Program staff should also be aware that some youth might start to contemplate suicide more after a peer has committed suicide. Youth who do this may attempt suicide as a “copycat,” and staff should consider the time immediately after a young person’s suicide as high risk for youth who may be more susceptible to suicidal thinking. It is important to know that these warning signs do not automatically mean youth are suicidal but usually indicate that staff (or youth program managers) may want to talk with them about any major difficulties or stress in their lives. These indicators may also be a sign to refer youth and their families to licensed professionals for a full suicide risk assessment.⁵⁸

Warning Signs

- Drastic changes in mood, emotional state, or interactions with others
- Discussions about wanting to hurt themselves, disappear, or that life isn’t worth living
- Writings, conversations, artwork, or other forms of expression that focus on death and dying (unless there has been a recent death in their social network or of a popular figure in society)
- Risky behaviors that suggest they do not care about their well-being such as extreme substance abuse (taking an excessive amount of medication at one time)
- Avoidance of and isolation from family, friends, teachers, youth program staff, and other members of their social network
- Selling or donating a majority of their personal belongings because they say they “won’t be here” to use them
- Conversations related to being a burden to others, feeling trapped, hopeless, or helpless
- Being unable to list a reason to live, someone who cares about them, or something to look forward to
- Discussions of past suicide attempts that include regret at having survived and interest in trying again⁵⁸

Program staff should be prepared to take several steps if they identify any of these warning signs in a youth.

First. Be prepared to talk with the youth, and ask them if they are thinking about harming themselves. Talking about suicide does not make it more likely that a youth will commit suicide.

Second. Listen carefully and do not judge what the youth has to say. It is not the program staff’s job to counsel the youth. Youth program staff should not attempt to play the role of a therapist. Their job is to get the youth connected to the people who can help them. Staff should not simply direct youth to the staff but rather take them to the people who have this training.



Third. Refer youth to help. The youth program should have a plan in place in the event youth indicate they are considering suicide. That plan should include a list of local suicide prevention resources with instructions on how to refer someone to those services. One nationwide resource is the National Suicide Prevention Lifeline 1-800-273-TALK (8255). The National Suicide Prevention Lifeline has a mission to provide immediate help to individuals in crisis. It is the only national suicide prevention and intervention telephone resource funded by the Federal Government.

Fourth. Remember, suicidal ideation (thoughts about suicide) is not privileged information and should be disclosed to parents, caregivers, other staff, and other helping professionals.

Objectives:

- Identify the warning signs for suicidal thinking.
- Understand the steps to follow when staff believe a youth may be in crisis.
- Familiarize staff with resources available to youth in crisis.

Introduction (5-7 minutes):

- Describe the topic of adult-youth relationships and suicide by including the importance of recognizing the warning signs, responding and listening to the youth, and referring them to a helping professional.
 - What to say: “By developing adult-youth relationships, there may be a time when a youth discloses to you that they are struggling with or have struggled with thoughts of suicide. Your role as youth program staff is to listen and talk to the youth, inform the staff manager, and involve the necessary helping professionals. While the youth has disclosed this information to you, you are not expected to be a therapist to the youth and should involve trained professionals.”

Prior Knowledge (5-7 minutes):

- Ask the staff to share what they think some of the warning signs are for suicide.
- Ask program staff what steps they would take if a youth disclosed to them that they were having thoughts of suicide, had previous suicide attempts, etc. Write staff responses on large sheet of paper.
- Ask the staff if there is anything they want to know more about in terms of communicating and helping youth who are having thoughts of suicide. Again, record staff responses on a sheet of paper.

Activities:

Activity: *Each One Teach One* (20 minutes)

- Describe the *Each One Teach One* activity:
 - What to say: “Suicide is the second leading cause of death among young adults and adolescents. At some point in time, youth may disclose that they have had thoughts of suicide or are currently having thoughts of suicide. Knowing the prevalence of suicide in



youth, facts, and warning signs will help you as youth program staff develop a safety plan with the best interest of the youth in mind. To start off, we are going to familiarize ourselves with the many facts regarding suicide in youth.”

- Lead the *Each One Teach One* activity:
 - Distribute the *Each One Teach One* individual fact strips that have been cut out so that each staff has a single strip.
 - Instruct staff to repeat the facts to the larger group saying, “You have received a strip of paper with a fact relating to suicide. Read and become familiar with your fact.”
 - Then say, “When I say, ‘Go,’ stand up from your seat and find another person to individually share your fact with. Take time to listen carefully to the fact that they have to share with you.”
 - Only share your fact with one person at a time, not with a group. Move carefully through the group trying to reach as many people as possible with your fact.
 - When the staff have shared their fact with several different individuals, raise your hand in the air indicating the end of the activity. The staff should stop where they are and return to their seats.
 - Once the group has come back together, engage the staff in discussion by asking “What did you learn about suicide?”
 - Call on the staff one by one and list their responses on the board or sheet of paper.
 - Then ask “Is suicide a problem in the US? Were there any facts to support your answer?” (Facts 1, 8, and 9 answer this question).
 - Ask “Which gender attempts suicide more frequently, males or females?” (Fact 2).
 - Ask “Do the majority of suicide attempts result in death?” (Fact 8).
 - Ask “If a person talks about suicide, does that mean that person is suicidal?” (Fact 25).
 - End the discussion by saying that of the people who think about suicide at some point, the majority of people choose life because they realize the situation they are having a problem with is temporary. Also, highlight the fact that there are a number of resources out there to help.

Activity: *Suicide Scenario 1* (15 minutes)

- Describe the *Suicide Scenario 1* activity:
 - What to say, “These next two activities are scenarios that are similar to situations that many youth who are thinking about suicide may be experiencing. These scenarios are representative of a sensitive and personal topic, so if you feel uncomfortable at any point in time, please feel free to step out, no questions asked.”
- Lead the *Suicide Scenario 1* activity:
 - Ask for volunteers to play the roles of the Narrator, Josef, Calvin, “Action,” and the Dad from Scenario 1.
 - Provide each of the volunteers with a script so they can act out the scenario for the rest of the group.
 - After acting out the skit, there are a series of discussion questions to ask the group. The SAVE Manual in the Resources section of this workshop guide proposes possible answers to the questions for each scenario.
 - Did this young person display warning signs before taking their own life?
 - What do you feel ultimately drove this young person to suicide?



- What other options did this young person have that they may not have been able to see?
- Who do you think this young person could have turned to for help?
- Who could have stopped this young person from committing suicide? If you knew this young person, what do you think you could have done to change their fate?

Activity *Suicide Scenario 2* (15 minutes)

- Describe the *Suicide Scenario 2* activity:
 - What to say, “Can I get five volunteers to act out a similar scenario?”
- Lead the *Suicide Scenario 2* activity:
 - Similar to the first scenario, ask for volunteers to play the role of the Narrator, Father, Mother, “Action,” and Sam. These should be different volunteers than those from Scenario 1.
 - Provide the staff with scripts for Scenario 2 so they can act out the scenario for the rest of the group.
 - After the skit, ask the same series of questions that followed Scenario 1.

Reflection and Recap (5 minutes):

- Return to the staff’s responses gathered at the start of the workshop (see Prior Knowledge activity). Ask the staff what they learned during the course of the workshop and record the information on the same paper or a new blank page if there is no room. Draw attention to topics that were on the list generated earlier, new topics, and questions that were answered.
- Ask follow-up questions such as, “What part of the activity made you realize that?”

Resources:

Handout: *Each One Teach One*

Handout: *Suicide Scenarios 1 & 2*.

Sources:

Footnotes in this document can be found as references within the Youth Inclusion Implementation Guide at [http://reach.umn.edu/inclusion/pdf/Youth Inclusion Implementation Manual.pdf](http://reach.umn.edu/inclusion/pdf/Youth%20Inclusion%20Implementation%20Manual.pdf)

All activities for this workshop were adapted from [http://nationalsave.org/pdf/SAVE Manual SuicidePrevention.pdf](http://nationalsave.org/pdf/SAVE_Manual_SuicidePrevention.pdf)



Youth Inclusion Handout: Each One Teach One

Directions: Cut fact sheet apart so that only one fact is on each strip of paper.

- 1) Adolescent suicide is an increasing problem in the U.S.
- 2) Females attempt suicide more frequently than males (3:1); however, males complete suicide more frequently than females (4:1).
- 3) Most teens who are experiencing active suicidal ideation will admit their plans to someone who is concerned and asks about their distress.
- 4) Suicidal threats, preoccupation, or behavior must always be taken seriously.
- 5) Adolescent suicide is a threat to young people of every race, ethnicity, and socioeconomic status.
- 6) Over 90% of suicidal adolescents give clues to others prior to their attempt.
- 7) Studies have shown that, among parents of children found to have suicidal ideation; up to 86% of parents were unaware of their child's suicidal risk.
- 8) For every completed youth suicide, it is estimated 100-200 attempts are made.
- 9) Each day there are approximately 12 youth suicides. A person under the age of 25 years dies by suicide every 2 hours and 11 minutes.
- 10) It is likely that three students (one boy and two girls) within a typical high school classroom have made a suicide attempt in the past year.
- 11) Research has shown that most adolescent suicides occur after school hours, in the teen's home.



Youth Inclusion Handout: Each One Teach One

- 12) Adolescent suicide is a major health problem; however, a great deal is known about the risk factors and underlying causes, which can guide prevention efforts.

- 13) Suicide ranks third as a cause of death among young (ages 15-24 years) Americans. Only accidents and homicides occur more frequently.

- 14) Mental health diagnoses are generally associated with a higher rate of suicide.

- 15) Socially isolated individuals are generally found to be at a higher risk for suicide.

- 16) Research has shown that the access to and the availability of firearms influences significant increases in rates of youth suicide.

- 17) One in twelve college students has made a suicide plan.

- 18) Not all adolescent attempters will admit their intent. Therefore, any deliberate self-harming behaviors should be considered serious and in need of further evaluation.

- 19) Most adolescent suicide attempts are triggered by interpersonal conflicts. The intent of the behavior appears to be to effect change in the behaviors or attitudes of others.

- 20) Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems.

- 21) Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them.

- 22) Talking about suicide does not cause someone to be suicidal.



Youth Inclusion Handout: Each One Teach One

- 23) Approximately 32,000 Americans kill themselves every year. The number of suicide attempts is much greater and often results in serious injury.
- 24) Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they realize that the crisis is temporary, but death is not.
- 25) If you know someone who is talking about suicide, take them seriously. Ask them if they are thinking about suicide and be willing to listen to their response. Know that there are resources where you can seek help and take action to get help for this person.
- 26) Don't promise someone who may be talking about suicide that you will keep their intentions secret; you must seek support for them.
- 27) Surviving family members not only suffer the trauma of losing a loved one to suicide but they may also be at higher risk for suicide and emotional problems.
- 28) Some people who don't know how to cope may engage in self-injury. One type of self-injury is called cutting or injuring yourself on purpose by making scratches or cuts on your body with a sharp object.
- 29) If you are struggling with problems, make sure you tell someone you trust what's going on so you can get help figuring out what to do about the problems you are facing. Surround yourself with people who are caring and positive.
- 30) Don't be afraid to seek professional help if you are getting down and depressed, if you don't have a strong support network, or if you feel you can't cope.
- 31) Friends are often in a good position to recognize teens at risk of suicide and must involve others when trying to help prevent a suicide.



Youth Inclusion Handout: Suicide Scenario 1 - Calvin

Narrator: This is Calvin. He is depressed and has been thinking about taking his life. He has a hard life at school. A young man named Josef picks on Calvin and takes Calvin's lunch away, as seen here...

Josef: Hey four eyes!

Calvin: Who? Me?

Josef: Yeah you! Give me your lunch money!

Calvin: No, I'm really hungry!

Action: Josef proceeds to beat up Calvin.

Narrator: As you have seen, Calvin does not have a very good school life, but his home life is even worse, as seen here....

Dad: (Drunk) What happened to your face?

Calvin: Nothing...nothing's wrong. (Trying to hide his face)

Dad: Learn how to be a man! I can't believe this! You can't admit that you were in a fight? You are such a pansy. If your mom was still alive, she probably wouldn't believe it either!

Calvin: I hate you!

Narrator: That night at 10:36 p.m., Calvin took his own life.

(Dramatic pause)

Narrator: Each one of us may know a Calvin in our lives, or maybe you are experiencing thoughts of self-harm like Calvin. Each one of us can help—be a true friend and provide a listening ear. Don't be afraid to talk to a parent, counselor, or other trusted adult if you are considering hurting yourself or know of someone who may be suicidal.



Youth Inclusion Handout: Suicide Scenario 2 - Sam

- Narrator: Once there was a girl named Sam. She was very successful in school, and she was liked by everyone, but at home, things weren't going so well...
- Father: Get away from me; I don't want to see you right now!
- Mother: You know what? That's it, I'm tired of you yelling at me like I'm nothing! Who do you think you are?
- Action: Sam's father swings his hand and slaps Sam's mother.
- Mother: (Screams)
- Sam: You monster! Why did you do that?
- Father: You stay out of this, you little brat! This is between me and your mother!
- Sam: No! I'm not going to let you touch her anymore!
- Action: Sam's father grabs her and throws her across the room.
- Narrator: This has been going on for a few months now. Sam does not know what to do. She can't find a way out of this trauma.
- Sam: How could you! Why are you treating us this way? (Sam cries.)
- Father: I warned you to stay out of this, and this is what you get!
- Action: Sam's father continues to beat her mother.
- Action: While still crying, Sam gets the strength to get up and walk away. She goes to the kitchen and gets a knife.
- Narrator: She could still hear her parents fighting. Then she made the drastic decision to end her life...
- (Dramatic pause).
- Narrator: Each one of us may know someone like Sam, or maybe you are experiencing thoughts of self-harm. Each one of us can help—be a true friend and provide a listening ear. Don't be afraid to talk to a parent, counselor, or other trusted adult if you are considering hurting yourself or know of someone who may be suicidal.