

HANDLING THE TOUGH STUFF

Teens in crisis have trouble functioning in ordinary, day-to-day situations. They have trouble sleeping—or sleep too much. They can't eat—or can't stop eating. They can't feel—or have their emotions stuck wide-open. They can't make decisions—or act impulsively. They hurt themselves—or hurt others.

Help teens resolve crises and you'll help them avoid the things dealt with in the movie. Below are five steps to help a person in crisis, followed by suggestions about handling four of the crisis situations shown in the movie.

No Matter What...

1. Listen carefully until the teen is convinced you understand, care, and want to help.
2. Help the teen involve their parents as soon as possible, even if it will embarrass them. Only when you have reason to believe the parents are a danger should you skip this step.
3. When inviting another person to help, make it clear to everyone that you're *adding* another helper, not *subtracting* yourself. If you don't know how to find more help, call the head counselor or vice principal at your school. Explain who you are and how you know the student. Describe why you think the student is in crisis, particularly if you feel they are a danger to themselves or others.
4. If nothing happens, and you continue to believe the teen is a danger to themselves or others, call local law enforcement or Child Protective Services. Legal jurisdictions can be confusing, so don't give up until you find someone who offers real help. If the process is still taking too long, and you believe the teen is in immediate danger, dial 911 and explain the danger in calm, clear language.
5. Once you know the teen is getting help:
 - ✦ Stay close (without hovering).
 - ✦ Watch for signs of self-injury. After revealing the root cause of a crisis, some teens feel exposed and go through a heightened risk for behaviors such as cutting, substance abuse, and suicide.
 - ✦ PRAY.
 - ✦ Resist the temptation to feed off the emotions associated with crisis. Don't air dirty laundry under the cover of a "prayer request."

Cutting + Self-Injury

Self-Injurious Behavior (SIB) is repetitive, non-lethal self-injury such as cutting, burning, scratching, hitting, biting, gouging, branding, yanking out hair, and head banging. Eating disorders often accompany SIB. People can do considerable tissue damage and still not be attempting suicide—SIB may be pain management to *keep* them from killing themselves. But if you believe the damage is a botched suicide, pursue that to its logical conclusion.

If you see physical signs of SIB:

- + Ask if the injury is what it looks like. If you don't buy the response, ask if they ever feel like hurting themselves in times of high stress.
- + Call in qualified reinforcements quickly. (Refer to #3 in the "No Matter What..." list above.)
- + Be aware that people under stress may be tempted to return to self-injury until the underlying causes are resolved.

Suicide

Most suicides can be prevented. Most suicidal people hang in the balance between "I really, really want to die" and "I really, really want to live."

Typical risk indicators for suicide:

- + A history of developmental problems
- + Escalating family problems
- + Acute experience of separation and loss
- + Feelings of rejection and being unwanted
- + Chronic communication problems
- + Obvious and abrupt behavioral changes
- + Sustained extreme moodiness and withdrawal
- + Repeated involvement in high-risk behaviors
- + Abuse of alcohol and other drugs
- + Medically undiagnosed physical complaints
- + Perfectionism
- + Despair
- + Suicidal notes
- + Suicidal language such as, "I'd be better off dead," "You won't have to worry about me much longer," or "No one cares if I'm around, I'll just end it all."
- + Giving away treasured objects
- + Sudden, unexplained, extravagant emotional elevation in the mood of a chronically depressed person, which may mask a suicidal intention.

If you observe any of these behaviors in combination, acknowledge the person's pain and ask if they are frustrated to the point that they have considered hurting themselves. If the answer is "yes," ask if they are actively considering killing themselves.

If you have the slightest reason to believe a person's use of suicidal language may be serious, use this series of questions to explore the level of risk.

S.L.A.P.

S - Specific Details

- + Is there a plan? A time? A place? A method?
- + On a scale of 1-10 (where 10 = "I'll kill myself as soon as I have an opportunity") where would the teen place themselves? Because they are starting to believe there's nothing to lose, there's a high likelihood they will tell you the truth about their plans.

L - Lethality of Method

- + Does the method indicate a clear desire to die (guns, jumping, and hanging are frequently lethal)?

A - Availability of Method

- + If the plan includes a method, are those means readily available?

P - Proximity to Helping Resources

- + Does the plan involve a location where the teen can't be interrupted?
- + Is there anyone they think would want to stop them if they tried? [They may be wrong, but if they can't name anyone who would want to stop their suicide, they are at high risk.]

If you believe the risk is immediate, call for reinforcements immediately. Don't leave the teen alone. Take them to someone who knows what to do. If you don't know such a person, take them to a hospital emergency room. If that's not possible, dial 911 and calmly explain that you are with someone who is a danger to themselves and intends suicide.

Deal with the method. Ask to hold or dispose of the method of choice. Don't use or threaten physical force to take control of a lethal object, but be insistent. Involve the police if necessary.

If you believe the threat is real but not immediate, take the teen to someone who knows how to help people deal with suicidal intentions. If you don't know such a person, take them to the head counselor or vice principal at their school.

Ask them to promise that, from now on, if they feel like harming themselves or ending their life, they will talk to you or someone you agree on who can help get them through the crisis.

Hotlines

1-800-Suicide

1-800-273-Talk

1-877-Youthline

Shootings

Findings by the U. S. Department of Education and the Secret Service offer insights into kids who try to kill fellow students and school personnel:

- ✦ School gun violence is rarely sudden. About half of school attackers develop the idea for a month or more; almost all prepare for at least two days.
- ✦ Most school attackers tell at least one peer they're thinking about an attack. In most cases, at least one adult is concerned by pre-attack behavior.
- ✦ More than a third of school attackers have expressed themselves in violent writings prior to their attacks. Artists shouldn't be punished for creativity, but if what a kid says about his writing, drawing, song, or painting doesn't pass the smell test, get help to sort it out.
- ✦ More than half of school shootings are motivated by revenge. Most of these attackers feel bullied, threatened, attacked, or injured. Two-thirds tell someone about their grievance, but fewer than one in five threatens his or her target(s) directly.
- ✦ Nearly two-thirds of attackers have a documented history of extremely depressed or desperate feelings. More than three-quarters have a history of suicidal expressions. Almost all perceive a major loss prior to the attack.

If you look for an obvious pattern, there is none. School shooters are typically Caucasian males in two-parent homes who do all right in school, don't have histories of violence or cruelty to animals, do have close friends and associate with social groups, but struggle to cope with a self-defined loss. Unfortunately, this describes about one in three American high school kids. The Secret Service/Department of Education report concludes, "There is no accurate or useful 'profile' of students who engaged in targeted school violence."

The lesson is both simpler and more complicated than almost anyone anticipated: *Preventing lethal school violence depends on attentive relationships with ordinary schoolboys*. It's simple because potential attackers are in constant contact with people who are capable of spotting signs of potential violence; it's complicated because perceiving it requires focused listening against the backdrop of daily behavior. It's also complicated because it means the unthinkable: Ordinary kids are capable of harming themselves and others.

No one wants to ask a kid if they have thought about suicide or acts of revenge. But if a teen is depressed, bullied, or suffers what they consider a deep loss, we as ministry leaders have to ask the question, and we have to know the kid well enough to know if they are telling the truth.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) sometimes develops in the aftermath of witnessing or experiencing bodily injury. PTSD is not universal—most people exposed to traumatic circumstances don't suffer major mental health effects, and those who do tend to recover within a couple of years. But it can be a rough couple of years with flashbacks, vivid memories, intrusive thoughts and nightmares, emotional numbness or hyper-arousal, sleep disturbances, depression, anxiety, headaches, stomach complaints, dizziness, chest pain, irritability, angry outbursts, and feelings of intense guilt. None of this is unusual in the immediate aftermath of trauma. But when symptoms persist beyond a month, mental health

professionals may diagnose PTSD. (FYI: About 30 percent of those who spend time in war zones suffer PTSD. Victims of childhood abuse or other prior trauma are somewhat more likely than other people to experience PTSD.)

Full-blown PTSD may be accompanied by addictive or self-destructive behavior, self-doubt, paranoia, psychotic breaks, excessive compliance, fear of intimacy, hopelessness, and despair.

Talking helps, and the sooner the better. Research has proved the effectiveness of talk-based therapy for PTSD. A study of 12,000 schoolchildren following a hurricane found that those who got counseling soon after the storm were doing better after two years than those who didn't. If you suspect PTSD, provide a safe place to talk, and introduce the teen to a mental health professional with experience in PTSD.

Finally...

If you are in a position to recognize and identify a crisis, God can use you to get help for a suffering teen. For more information, see:

- + Rich Van Pelt and Jim Hancock, *The Youth Worker's Guide to Helping Teenagers in Crisis*, Youth Specialties, 2007
- + American Association of Suicidology: www.suicidology.org
- + National Institute of Mental Health (<http://www.nimh.nih.gov> and search under Children and Adolescents)
- + Boys and Girls Town 24-hour Hotline: 1-800-448-3000
- + National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org