

TEACHING YOUTH SUICIDE AWARENESS & PREVENTION

**Lesson Plans & Worksheets
For Secondary School Teachers**

YOUTH SUICIDE PREVENTION IRELAND PUBLICATIONS LIMITED



Y S P I - T Y S A P - 2 0 1 8

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USING THE MANUAL

The manual is designed and organized for ease of use. The following sections are included:

1. Introduction with Goals and Objectives
2. The Lessons with hand-outs and worksheets
3. Test - Acquiring Knowledge about Suicide

Some important notes about how to utilize this manual well include:

1. ***Before using this manual, teachers should be familiar with The Four Steps to Help Programme.***
2. Teachers should read the complete manual before attempting to present the material to a class. This provides better preparation in the handling of questions about suicide which may arise at any point during the presentation. Selection and decision making about which lessons and materials you want to use will be based on an overview of all of the materials in this manual.
3. Teachers may use all of the lessons in the sequence or select from the lessons provided. Each lesson can be used individually. Please note that Lesson 3, Developing an Awareness of the Signs of Suicide must always be included in any presentation selection.
4. Teachers may or may not decide to administer the test on suicide knowledge.
5. Teachers have permission to duplicate the exercises and hand-outs for classroom use only. The manual, as a whole, may not be duplicated.
6. Teachers, staff, and administrators who may need information about dealing with the aftermath of a suicide are referred to the Postvention section of this manual.

INTRODUCTION

Teachers enjoy a unique role in the moulding and development of their students. It is unique in one sense - the teacher may never know the impact that he or she has had on a given student. Because it is difficult to ascertain the degree of influence, the teacher may falsely conclude that there is no influence, or very little, outside of intellectual skills; or our PE teachers might conclude that they have little influence outside of the development of motor skills. Whether you wish to admit it or not, we are constantly imparting affective skills.

Paradoxically, it is in the last area that teachers may feel insecure or may even deny having any influence. Our students need us in more ways than we can ever know. We need to teach them how to think, but we must also teach them how to deal with emotions. We need to teach them the accumulated wisdom of centuries, but we must also teach them to cope with the here and now. We must teach them about historical and literary characters, but we must also teach them to deal with the people in their environment. We must teach them the skills necessary to earn a living, but we must also teach them about death and dying. In order to teach them, however, we must learn ourselves.

We can no longer perceive our roles only as dispensers of knowledge. The students sitting in front of us are not mere receptacles for ideas, facts, values, trends, data, or events. Those sitting in front of us are caught up in the pressure-cooker of modern life. Students of all ages are sometimes seething with feelings that are incomprehensible, with a sense of helplessness, hopelessness, and no sense of the future. Setting a course in uncharted territory, their feelings may be emotionally debilitating, with ideas that confuse rather than clarify, and with demands that would defy Hercules. Just as adults can be overwhelmed so can students, and classroom activities may be the last thing they are thinking about.

The modern adolescent, bereft of any apparent solution to his problems and seemingly cut off from sharing his pain with another human being, may break under the pressure and opt for the most permanent solution - death. And who but teachers are in the best position to observe students individually or in groups, to sense the emotions seething under the surface, to monitor subtle changes in behaviour, and to realise that the student in reality might be a hurting human being?

But if the teacher lacks knowledge about suicide - its causes and its warning signs - the teacher very well could be unaware that a life and death drama might be developing. It is too late to rewrite the lesson plans of life once the student rips up the original copy.

This is not meant to reduce teachers to a state of paranoia about suicide. The intent is to call the teachers' attention to the need for self-analysis about their own attitudes toward suicide and its victims, and to the need for an awareness of the signals that students may be sending out about their inner turmoil.

Chad Varan, founder of The Samaritans, put all our minds at ease when he argued that one doesn't need a degree or diploma to help another human being. He said, "What is needed to save another human being from death ... is a compassionate heart, the willingness to accept, to

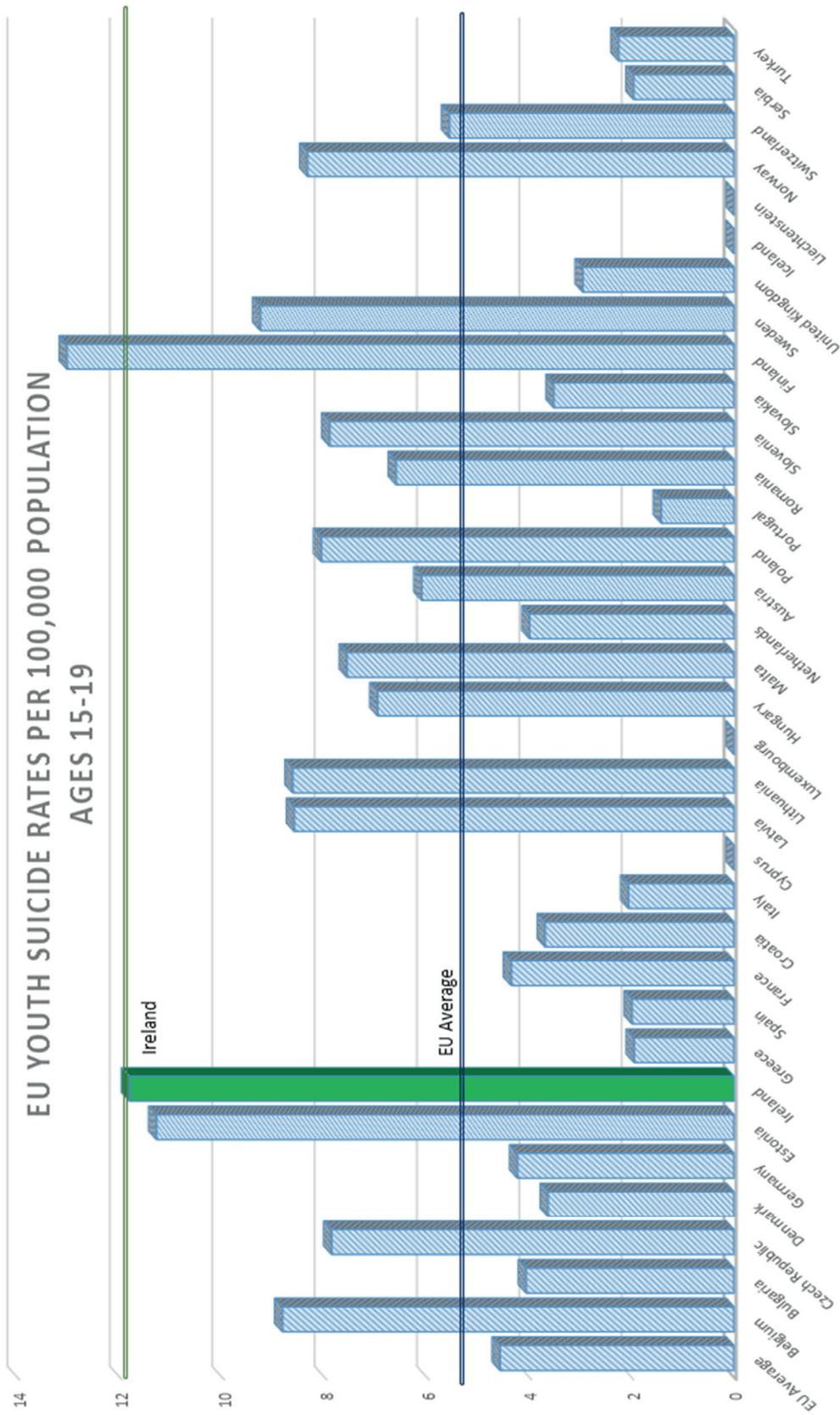
pay attention, to care." Who among our teaching staffs does not have these characteristics? We teach, so we care. All we need is knowledge that will direct our caring in the right direction.

In talking to teachers informally, we have learned that many of us are willing and ready to befriend our students. However, we are sometimes frustrated by a system that does not allow us the time and the freedom to sit and listen to our students who are crying out for help, acceptance, and love.

The following guide deals with death by suicide. Certainly not a very pleasant subject, but one that is confronting teachers in increasing numbers. We know the agony and inner panic when faced with young persons who have chosen to die at their own hands or who are contemplating the "ultimate solution" to life's problems. Teachers themselves are not immune to suicidal thoughts and wishes.

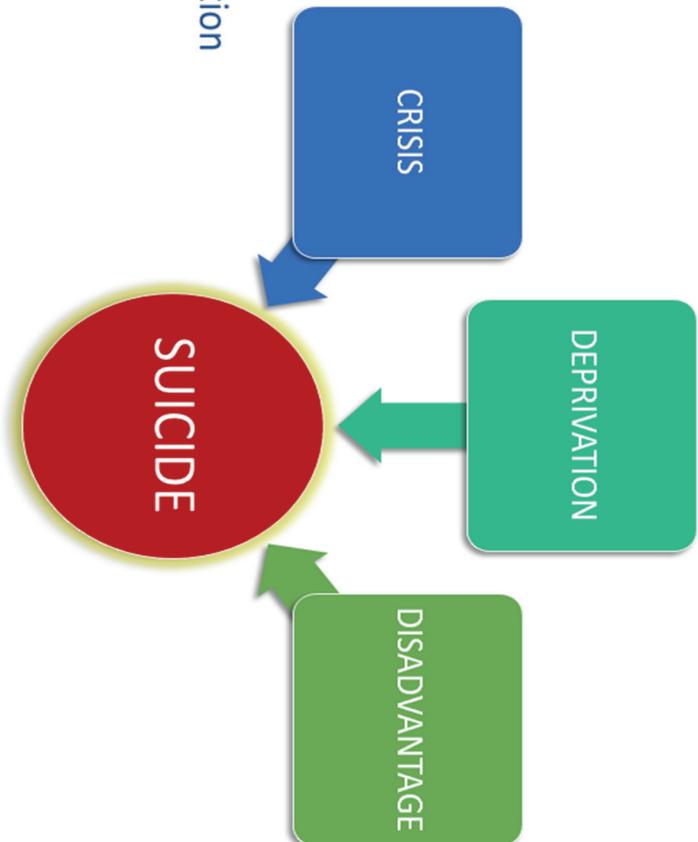
The following guide is meant primarily to bring information to the teaching community so we can get to grips with this pervasive problem and to ease ourselves into the role of suicide prevention through increasing awareness and, as importantly, through the development of a skill called "Active Listening".

RESOURCE MATERIALS



But there are so many other crises

- Homelessness
- Refugees
- Social Welfare
- Womens' Rights
- LGBT Rights
- Equality
- Deprivation
- Social Disadvantage
- Bullying and harassment
- Peer Pressure & Victimisation
- Crime
- Addiction



CSO RECORDERD DEATHS BY SUICIDE 2014 (AGES 10-24)

Deaths Occuring (Number) by Age at Death, Sex, Cause of Death and Year		2007	2008	2009	2010	2011	2012	2013	2014
10 - 14 years									
Male									
	X70 Intentional self-harm by hanging, strangulation and suffocation	7	3	1	3	0	2	2	2
	X74 Intentional self-harm by other and unspecified firearm discharge	0	0	0	0	0	1	0	0
		7	3	1	3	0	3	2	2
Female									
	X70 Intentional self-harm by hanging, strangulation and suffocation	1	0	3	1	0	1	0	0
		1	0	3	1	0	1	0	0
		8	3	4	4	0	4	2	2
15 - 19 years									
Male									
	X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	0	0	0	1	0	0	0	0
	X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified	1	0	0	0	0	0	0	0
	X67 Intentional self-poisoning by and exposure to other gases and vapours	0	0	0	1	0	0	0	0
	X70 Intentional self-harm by hanging, strangulation and suffocation	16	26	24	16	24	17	16	10
	X71 Intentional self-harm by drowning and submersion	1	0	3	2	1	2	0	1
	X73 Intentional self-harm by rifle, shotgun and larger firearm discharge	0	1	2	1	0	0	0	0
	X74 Intentional self-harm by other and unspecified firearm discharge	0	1	1	1	1	1	0	0
	X78 Intentional self-harm by sharp object	0	0	0	0	1	0	0	0
	X80 Intentional self-harm by jumping from a high place	1	0	0	1	0	0	0	0
		19	28	30	23	27	20	16	11
Female									
	X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	1	0	0	0	0	0	0	0
	X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	1	0	0	0	1	0	0	0
	X69 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	0	0	0	0	1	0	0	0
	X70 Intentional self-harm by hanging, strangulation and suffocation	4	14	5	7	4	6	4	4
	X71 Intentional self-harm by drowning and submersion	0	1	0	0	0	1	0	2
	X80 Intentional self-harm by jumping from a high place	0	1	0	0	0	0	0	0
	X81 Intentional self-harm by jumping or lying before moving object	1	0	0	0	0	0	0	0
		7	16	5	7	6	7	4	6
		26	44	35	30	33	27	20	17
20 - 24 years									
Male									
	X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	0	0	0	0	0	1	1	0
	X61 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	0	1	0	0	0	1	1	0
	X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified	1	0	1	1	0	0	0	0
	X63 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system	0	0	0	0	1	0	0	0
	X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	0	0	0	0	0	1	0	0
	X67 Intentional self-poisoning by and exposure to other gases and vapours	0	0	1	0	0	0	0	0
	X70 Intentional self-harm by hanging, strangulation and suffocation	47	36	35	46	48	32	25	29
	X71 Intentional self-harm by drowning and submersion	6	1	1	2	1	0	1	2
	X73 Intentional self-harm by rifle, shotgun and larger firearm discharge	0	0	0	2	1	1	1	1
	X74 Intentional self-harm by other and unspecified firearm discharge	0	0	0	0	0	2	1	2
	X77 Intentional self-harm by steam, hot vapours and hot objects	0	0	0	0	0	1	0	0
	X78 Intentional self-harm by sharp object	0	0	1	0	0	0	0	0
	X80 Intentional self-harm by jumping from a high place	2	2	0	0	0	0	1	0
	X81 Intentional self-harm by jumping or lying before moving object	1	0	1	0	0	0	0	0
	X82 Intentional self-harm by crashing of motor vehicle	0	1	1	0	0	0	0	0
		57	41	41	51	51	39	31	34
Female									
	X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	1	0	0	0	0	0	0	0
	X61 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	0	0	0	1	0	0	0	0
	X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified	0	0	0	0	0	1	1	0
	X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	0	0	0	0	0	2	0	0
	X70 Intentional self-harm by hanging, strangulation and suffocation	7	8	7	3	8	5	4	4
	X71 Intentional self-harm by drowning and submersion	0	0	0	0	1	1	1	2
	X81 Intentional self-harm by jumping or lying before moving object	0	0	0	0	1	0	0	0
	X83 Intentional self-harm by other specified means	0	1	0	0	0	0	0	0
		8	9	7	4	10	9	6	6
		65	50	48	55	61	48	37	40
		99	97	87	89	94	79	59	59

2007 to 2012 are based on the number of deaths occurring in the year.

TRAINING MANUAL GOALS AND OBJECTIVES

Goal I:

To increase the awareness of teachers and other significant adults about the issues surrounding suicide and appropriate responses.

- Objective 1: to assist adults in exploring and identifying their own personal attitudes about suicide
- Objective 2: to provide information and dispel myths and fallacies so that teaching and actions will be based on knowledge
- Objective 3: to demonstrate and practice the techniques of listening and Active Listening
- Objective 4: to provide a comfort level in being able to effectively intervene in the life of a young person at risk
- Objective 5: to be able to list and identify the warning signs of impending suicide

Goal II:

To provide methods and materials to inform and instruct students about suicide awareness and prevention including decision making and coping skills in determining options.

- Objective 1: to allow students to express and come to terms with their feelings
- Objective 2: to provide students with an outlet to express their feelings
- Objective 3: to provide students with a sense of hope that all is not lost
- Objective 4: to instruct students about the causes and warning signs of impending suicide among their peers
- Objective 5: to instruct students about the availability of help and resources or themselves and their peers

Notes for teachers:

Reluctance to speak openly about suicide and the resulting taboos and myths about suicide predate the modern period.

Historical reactions to suicide have changed in accordance with religious, social, and legal changes in values. Suicide at various times has been considered socially acceptable, a moral evil, or a criminal act. Various societies have seen fit to mutilate the body of a suicide victim, ostracise surviving family members, or cast a shroud of eternal damnation on the victim.

Because of the historically negative reactions to suicide and its victims, guilt, emotional anguish, social embarrassment, self-blame, fear, and superstition still colour reactions to and about suicide.

As teachers, it is imperative that we challenge these historical taboos and myths and replace them with a learned approach to, and compassionate understanding of, those who suffer to the point of taking their own life.

Being human does not require specialised training. All we need is a compassionate, caring attitude, a non-judgmental understanding, and a willingness to listen, mixed with a basic knowledge of the causes, warning signs, and suicide awareness and prevention techniques.

Lesson Plans & Worksheets

Lesson 1	Developing a compassionate attitude to suicide and mental health
Lesson 2	Acquiring knowledge about suicide
Lesson 3	Developing awareness of the warning signs of suicide and mental health issues.
Lesson 4	Developing Active Listening Skills
Lesson 5	Our support system
Lesson 6	Developing coping skills

LESSON 1: Developing a Compassionate Attitude toward Suicide and Its Victims

Suicide has been a taboo subject for centuries. It evokes feelings of bewilderment, anger, fear, and guilt. It also may evoke a sense of moral wrong or mental illness. Because of this, it is necessary that you carefully and truthfully examine your own attitudes and feelings toward suicide and its victims. Only then will you be able to help another or yourself.

Objective 1. The student will be able to verbally express and discuss his own attitudes and feelings about suicide after completing the attitude worksheet.

Objective 2. The student will be able to explore social, moral, and criminal views of suicide through class discussion.

Objective 3. The student will develop his own individual set of feelings and attitudes toward suicide and suicidal people, incorporating a "compassionate understanding".

Objective 4. The student will be able to describe (and role play) the proper response and actions, and be prepared, if and when confronted with a "suicidal situation" involving themselves or another.

Time Requirement: One (1) class period (minimum).

Materials: 1. Worksheet 1 - "Open Ended Statements"
 2. Worksheet 2 - "Attitudes Questionnaire"

LESSON 1: Developing a Compassionate Attitude toward Suicide and Its Victims

Instructions to the Teacher:

1. The teacher should prepare a copy of Worksheet 1- "Open Ended Statements" for each student in the class.
2. **Clearly state and emphasise to students that there are no right or wrong answers for the statements in Worksheet 1 or Worksheet 2.**
3. Instruct each student to work independently in completing each statement on the worksheet.
4. The teacher should decide whether to divide the class into small groups or have the class, as a whole, discuss and share responses.
5. In terms of discussion:
 - a. The teacher should be sensitive to and understanding of the variety of expressed attitudes. Be careful not to stifle any expression for risk of closing off the possibility of growth and change.
 - b. The teacher should allow students to choose not to share his feelings or make public comments. It is all right for students not to respond
6. In order to facilitate the exploration of attitudes, teachers may gently ask questions such as:
 - What did you feel about this experience? Anger? Hurt?
 - Which statement was the most difficult for you to complete? Why?
 - Which statement was the easiest for you to complete? Why?
 - Did this experience provoke certain feelings within you? Describe these feelings
 - Is it easier to write about or to talk about your feelings and attitudes? Why?
 - What, if anything, did you learn about yourself and your feelings and/or attitudes about suicide?
7. The teacher should prepare a copy of Worksheet 2-"Attitudes Questionnaire," for each student in the class.
8. The teacher instructs each student to mark "agree" or "disagree."
9. After the class has finished the worksheet, the teacher should initiate discussion about each of the ten statements.
10. The teacher should be prepared to encounter possible resistance to a particular response. Attitudinal change takes time.
11. This questionnaire is intended to stimulate thinking. It should not be used to force thinking in any certain direction

WORKSHEET 1: OPEN-ENDED STATEMENTS

These statements are intended only to help you think out your own feelings about suicide. Complete each statement in a way that most accurately reflects your own attitudes and/or feelings.

1. Suicide is a growing problem with teenagers because...

2. I think that suicide is morally right /wrong because...

3. People who try to kill themselves are...

4. The best way to help someone who wants to kill himself or herself is...

5. If someone I knew completed suicide, the most difficult thing for me to deal with would be...

6. If my friend told me that she or he wanted to die, and if I was made to promise not to tell, I would...

WORKSHEET 2: ATTITUDES QUESTIONNAIRE

There are no right or wrong answers to these statements. They are intended only to help you think out your attitudes about suicide. For each of the statements listed below, indicate whether you agree or disagree.

- | | | |
|-------|----------|---|
| AGREE | DISAGREE | 1. A suicide threat is a cry for help, not a desire for death. |
| AGREE | DISAGREE | 2. The decision to kill one's self is purely a personal matter. |
| AGREE | DISAGREE | 3. No one can be helped unless he or she wants to be helped. |
| AGREE | DISAGREE | 4. Every individual is ultimately responsible for his or her own actions and feelings. |
| AGREE | DISAGREE | 5. The act of killing one's self is criminal. |
| AGREE | DISAGREE | 6. The act of killing one's self is immoral. |
| AGREE | DISAGREE | 7. The act of killing one's self is insane. |
| AGREE | DISAGREE | 8. Depression is treatable and suicide is preventable. |
| AGREE | DISAGREE | 9. I am comfortable asking someone if he/she is suicidal. |
| AGREE | DISAGREE | 10. It is a violation of another's privacy to attempt to prevent his or her threatened suicide. |

LESSON 2: Acquiring Knowledge about Suicide

Memo to the teacher:

There are facts about suicide and there are myths about suicide. Before we can help ourselves or our students, we must learn to separate myth from objective and verifiable fact. Only then can we present the truth about suicide to our students.

What we do not understand, we fear. Fear breeds a host of misconceptions, half- truths and confusion. Fear breeds distrust, prejudice and a lack of compassion. We avoid what we fear. Only truth can break the cycle of fear and ignorance.

LESSON 2: Acquiring Knowledge about Suicide

Myths and fallacies concerning suicide abound in great numbers. Knowledge must replace ignorance if the student is to help himself and others.

OBJECTIVE

The students will be able to correctly differentiate between the facts and myths surrounding suicide and demonstrate this knowledge through discussions and the uses of pre and post questionnaires.

TIME REQUIREMENT

One (1) class period (minimum)

MATERIALS

1. Worksheet 3 "Suicide Questionnaire: Fact or Myth?"
2. Handout 1 "Frequently Asked Questions about Suicide"
3. Handout 3 "Myths about Suicide"

INSTRUCTIONS TO THE TEACHER

1. The teacher should prepare a copy of Worksheet 3-"Suicide Questionnaire: Fact or Myth?" for each student.
2. Explain that this is not a test. The papers will not be marked, nor will the teacher collect the papers.
3. After the students have completed their worksheets the teacher should read each correct answer and discuss each statement.
4. The teacher should be prepared to encounter possible resistance to a particular "correct" response. It is okay if a student cannot accept the "correct" response. Attitudinal change takes time.
5. This questionnaire is intended to inform and & stimulate thinking in the right direction. It is not intended to force thinking in a certain direction.
6. After discussing the questionnaires, the teacher should distribute copies of Handout 1 and Handout 2. Each Handout is designed to increase the student's knowledge of suicide. They can be discussed in class if time permits. Ask students what questions they would add to Handout 1.

Worksheet 3: Suicide Questionnaire: Fact or Myth?

TRUE OR FALSE	1. People who talk about suicide seldom mean it and can, in fact, be regarded as low risk to attempt suicide.
TRUE OR FALSE	2. The fact that someone has attempted suicide once greatly reduces the risk of a second attempt.
TRUE OR FALSE	3. Women attempt suicide more often than men.
TRUE OR FALSE	4. Suicide now ranks among the leading causes of youth death in the European Union.
TRUE OR FALSE	5. Most suicides occur "out of the blue" without any warning signs.
TRUE OR FALSE	6. Asking someone if they are thinking about suicide will put the idea in their head.
TRUE OR FALSE	7. Teenagers rarely attempt suicide, although they may frequently think about it.
TRUE OR FALSE	8. Suicide attempts mean a person has ambivalent feelings toward life and death.
TRUE OR FALSE	9. Improvement following a suicidal crisis means that the suicidal risk is over.
TRUE OR FALSE	10. Suicide is inherited or runs in the family.
TRUE OR FALSE	11. All suicidal individuals are mentally ill and suicide always is the act of a psychotic person.
TRUE OR FALSE	12. The incidence of suicide among the poor and deprived is substantially higher than among the advantaged.
TRUE OR FALSE	13. At least half of all people who complete suicide leave notes explaining their action.
TRUE OR FALSE	14. The elderly have the highest rate of suicide for any age group.

Worksheet 3: Suicide Questionnaire: Fact or Myth? Answers

1. FALSE Quite often people who talk about suicide do attempt suicide. Eighty percent of those who kill themselves have left definite warning signs. One of the major clues is talking about suicide. Many times people make statements about suicidal intentions to see how others respond, to see if anyone cares enough to ask about what is going on. It is important to treat all talk about suicide seriously. The talk may be a cry for help.

2. FALSE A suicide attempt is considered a cry for help. Once an attempt is made, the person is at higher risk for making another attempt or completing suicide. Statistics show that 10 percent of those who attempt suicide will eventually kill themselves, two percent within a year. Many others will make further attempts but survive. Young people are, in many instances, likely to make successive attempts. The elderly, on the other hand, are more likely to die with a first attempt. Of course, not everyone who attempts suicide once will try again.

3. TRUE It is estimated that women make 3 times as many suicide attempts as men. However, it is also estimated that men actually complete suicide four times as often as women. In other words, suicide attempters tend to be female, while suicide completers tend to be male. One of the reasons for this statistical disparity is that men tend to use more lethal means, such as guns, than women use when attempting suicide.

4. TRUE Each year in the European Union there are approximately 30,000 reported deaths by suicide, in general, making it one of the leading causes of death.

5. FALSE Although suicide often comes as a shock and seems to have happened with great suddenness and without warning, the truth is that there are clear and identifiable warning signs in the majority of cases. The problem is that: a) not all the warning signs are obvious (some are subtle) and b) not everyone knows what the warning signs are. That is why suicide awareness education is so important, so people can both recognize the warning signs and respond to them by helping a person in crisis.

6. FALSE Asking someone if they are thinking about killing themselves can be a scary thing. However, it is important to know that asking the question will not put the idea in someone's head. It will not reinforce the idea, if the person is already thinking about suicide. It will not cause the person to kill themselves. Many times, after being asked, a person finds it a real relief to talk about it with someone else, someone who cares enough to ask. Asking the question gives the person permission to talk about it. It may well be the first step in getting the person some needed help.

7. FALSE In all likelihood, teenagers make more suicide attempts than any other age group. So not only do teenagers frequently think about suicide; they also frequently attempt it (at a rate of about 500,000 attempts per year in the United States). Perhaps two percent of all high school students have made at least one suicide attempt. One study suggested that half of all teenagers have "seriously considered" suicide by the time they graduate high school. Suicide is a very serious issue for this age group.

8. TRUE Studies indicate that the vast majority (perhaps as many as 95%) of people who attempt suicide either do not want to die or are not sure. They are ambivalent. Part of them wants to live. Part of them wants the emotional pain they are experiencing to stop. While struggling with, often times unbearable emotional pain, they think about or plan a way out, often giving signals of their distress to significant persons around them. Suicidal people almost never want to die; they just want the pain to

go away.

9. FALSE A large number of suicides occur within the first several months following signs of "improvement" in the condition of a person in crisis. This may well be the time when the person finally has the energy to put morbid thoughts and feelings into effect and possibly attempt suicide. Relatives, friends and health care professionals need to remain especially vigilant during this apparent "improvement" period.
10. FALSE Suicide is an individual problem but risk factors can include a family history of suicide and other health and behavioural health issues that may or may not put a person at risk for suicide. Other individual and family lifestyle issues can also be risk factors for suicide including the use of drugs and alcohol.
11. FALSE All suicidal individuals are not necessarily mentally ill, nor is suicide always the act of a psychotic person. Many people who attempt or complete suicide may have symptoms of mental illness, the most common symptom being some form of depression (Most depression is treatable and temporary in nature). Some studies do indicate that between 40 and 60 percent of people who died by suicide were at the time experiencing an episode of depression.
12. FALSE Suicide is quite democratic. It is neither the poor man's curse nor the rich man's disease, but is represented proportionately among all levels of society based on advantage or disadvantage.
13. FALSE Studies have showed that only approximately 15 to 20 percent of those who complete suicide leave any type of note, and not all notes provide explanations of the person's actions. One of the difficult realities many survivors of suicide (family members and significant others left behind) must come to terms with in many cases, is the fact that they will never really know why someone completed suicide.
14. TRUE For many people, their so called golden years are anything but golden. Age inevitably brings with it certain losses. Friends and relatives die, careers come to a close, and physical health begins to fail. It can be a difficult and even depressing time of life - a time when many are at heightened risk for suicide.

HANDOUT 1: FREQUENTLY ASKED QUESTIONS ABOUT SUICIDE

1. **Why do people die by suicide?**

People who die by suicide are often having intense feelings of helplessness and hopelessness and may not see any other way out of their emotional pain. It is important to remember that most people who attempt suicide do not really want to die. They simply want to end the pain they are experiencing.

2. **Is it true that people attempt suicide as a cry for help?**

The suicide attempt is quite often a conscious or unconscious method for getting others to recognise just how badly the individual is feeling. Yes, suicide attempts are very often cries for help.

3. **If someone in a family has completed suicide, are other members of the family tempted to try suicide when they have problems?**

If someone in a family has completed suicide, other family members may be tempted because suicidal behaviour has been 'modelled' for them. However, suicide behaviours are not inherited in families.

4. **Do people ever attempt suicide to "get attention" or to get others to feel sorry for them?**

Anyone who attempts suicide in order to get attention desperately needs it. It is tragic when someone feels they need to bargain with their life in order to have their problems taken seriously. Any suicide attempt needs to be taken seriously.

5. **If a person attempts suicide and fails, what is the likelihood of them trying again?**

One of the important warning signs for suicide is a prior attempt. Anyone who attempts suicide once is more likely to try suicide again than those who have never attempted. However, many people who receive licensed professional medical and behavioural health care following a suicide attempt may never become suicidal again.

6. **Is it true that people who attempt to kill themselves really don't want to die?**

Many people who attempt suicide are ambivalent about life. They want to live and die at the same time. But, as noted in number 1, it is not that the person really wants to die, but rather that death may seem like the only way to end the emotional pain the suicidal person may be feeling. It is the pain they want to end usually, not the life.

7. **Will a person who is deeply depressed always become suicidal?**

While it is true that suicidal feelings often develop in a person who is deeply depressed, the fact that one is depressed does not mean that a person will become suicidal.

8. **Does anyone ever impulsively try suicide and then become sorry for making such an attempt?**

A person at a particular moment may find the emotional pain being experienced absolutely intolerable. At a given moment, a suicide attempt might impulsively be made which, in

retrospect, might be regretted.

9. Does taking drugs or alcohol increase one's chances of becoming suicidal?

Taking drugs or alcohol in excess can exaggerate painful feelings to a point where the feelings become intolerable. In such a state, a person might attempt suicide who otherwise would not go that far.

10. Is a person who attempts suicide mentally ill?

All suicidal individuals are not necessarily mentally ill, though many people who attempt or complete suicide may have symptoms of mental illness, the most common being some form of depression. It is important to note that most depression is of a temporary nature and is treatable.

11. Is it true that gay teenagers are at higher risk for suicide than teenagers in general?

Studies in the US indicate that gay, lesbian and bisexual youth account for some 30% of all youth suicides, yet constitute only about 10% of the total youth population. Thus, it is clear that such youth are at much higher risk for suicide than the youth population as a whole.

12. How can one help a person who is suicidal?

A person who feels that life is too painful is often feeling very worthless, perhaps unloved, perhaps isolated. Showing such individuals some real caring, by listening to them, accepting their feelings without judgment, by staying close, and getting others to be supportive, can really help. Giving time and really listening to someone in crisis is critical. It may be important to refer the person to a professional medical or mental health worker at some point.

13. How does talking about suicide help to prevent it?

Talking about suicide diffuses some of the intensity of suicidal feelings. It helps the person get connected to the help that may be needed. It creates a climate of caring and helps to break through the loneliness and isolation a person may be experiencing. By asking someone in crisis if they are suicidal, we give that person permission to talk about possible suicidal feelings, about which they may otherwise feel they cannot, or should not, talk about.

14. Is suicide or attempted suicide against the law?

At one time suicide or attempted suicide was against the law. In some countries it has only been within the last 20 years that suicide has ceased to be a crime.

15. What effects does a suicide have on the individual's remaining family and friends?

The survivors of a suicide are left with complex and often confusing feelings of rage, guilt, despair, grief, loss, shame, etc. Recovery from the loss of a loved one by suicide is a very difficult form of grief to resolve, and may never be completely resolved. It has been estimated that every suicide, on average, has a direct, profound emotional impact on 8 to 12 other people. With some 30,000 suicides each year in the EU, there are consequently a huge number of emotionally impacted "suicide survivors".

16. Why do some people keep secret the fact of a suicide in the family?

Some people keep the fact of suicide in the family a secret out of fear of being blamed or socially ostracized. Fortunately today, much of the historical stigma of suicide is lifting and

people are dealing with suicidal death more directly and honestly.

17. What are the most common methods used by teenagers to attempt or complete suicides?

Lethal methods for attempting suicide by teenagers include guns, hanging, carbon monoxide, jumping, and drug overdoses. Auto accidents account for many deaths, but it is often difficult to determine whether the death is suicide or an accident.

18. Do more men or women make attempts on their lives?

Although about three times as many women attempt suicide than do men, about four times as many men complete suicide than do women. This is due to the fact that men use more lethal methods, such as guns or hanging, while women are more likely to attempt suicide by using pills.

19. Does everybody think about suicide at least once in their lifetime?

At some point in their lives, most people have at least fleeting thoughts of suicide, especially in times of personal crisis but it does not mean a person will die by suicide.

HANDOUT 2: MYTHS ABOUT SUICIDE

- If I talk to people about their suicidal feelings, it will put the idea into their heads. **FALSE !!**
- If a person talks about wanting to die that is a sure sign that no suicide attempt will be made. **FALSE !!**
- If you think about suicide or suicide attempts, you will eventually die by suicide. **FALSE !!**
- Only people from poor or disadvantaged backgrounds are likely to kill themselves. **FALSE !!**
- People who think about suicide, attempt suicide or kill themselves are always mentally ill. **FALSE !!**
- When a person talks about suicide, it's just for attention and the best thing to do is to ignore the words. **FALSE !!**
- Suicide occurs without warning so there is no way to prevent it. **FALSE !!**
- We can relax once the suicidal person is getting professional help. **FALSE !!**
- The depression has lifted and the person seems to be much better and happier. This is an indication that the person is out of danger. **FALSE !!**
- Suicidal urges are inherited, so there is not much we can do. **FALSE !!**
- Suicide is a problem experienced only by older people. **FALSE !!**
- Only certain types of people are prone to suicide. **FALSE !!**
- People who talk about suicide don't kill themselves. **FALSE !!**
- Suicide among young people is on the decline in terms of numbers of deaths annually. **FALSE !!**
- When teenagers talk about suicide, change the subject and try to get their minds off of it. **FALSE !!**
- Most young people who kill themselves really want to die. **FALSE !!**

LESSON THREE: DEVELOPING AN AWARENESS OF THE SIGNS OF SUICIDE

Notes for Teachers:

Teachers are in the unique position to observe students individually or in groups, to sense the emotions seething under the surface, and to monitor subtle changes in behaviour, and to realise that the student in reality might be a hurting human being.

It is possible for teachers, through no fault of their own, to misinterpret a warning sign of suicide or to not even be aware of it. This can be said of the most caring of persons. We were not born with intuitive knowledge. Along with everyone else, we must be trained to discern the messages and signals that our students are sending out.

Someone might ask, "Won't I appear foolish if I misread the signal and get involved in a non-suicidal situation?" That is possible; but if we need to appear foolish to possibly save a life, then it is better than to suffer self-recrimination for doing nothing. The risk of a student dying is more serious than the possible risk of being embarrassed for asking the "wrong" question. If a teacher does raise the question of suicide needlessly, the only reaction possible is a positive one - "This teacher cares."

The lesson that follows is designed to help teachers as well as students become aware of the hidden messages that are silently coming our way from someone in crisis who may well be planning on ending his or her life.

TEEN SPECIFIC PRE-SUICIDAL INDICATORS

Talking about suicide	Any talk about suicide, dying, or self-harm, such as "I wish I hadn't been born," "If I see you again..." and "I'd be better off dead."
Seeking out lethal means	Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
Preoccupation with death	Unusual focus on death, dying, or violence. Writing poems or stories about death.
No hope for the future	Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").
Getting affairs in order	Making out a will. Giving away prized possessions. Making arrangements for family members.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
Withdrawing from others	Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.
Self-destructive behaviour	Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish."
Sudden sense of calm	A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to die by suicide.

TEEN SPECIFIC RISK FACTORS

Teenage suicide is a serious and growing problem. The teenage years can be emotionally turbulent and stressful. Teenagers face pressures to succeed and fit in. They may struggle with self-esteem issues, self-doubt, and feelings of alienation. For some, this leads to suicide. Depression is also a major risk factor for teen suicide.

Other risk factors for teenage suicide include:

- Childhood abuse
- Recent traumatic event
- Lack of a support network
- Availability of means of suicide
- Hostile social or school environment
- Exposure to other teen suicides

TEEN SPECIFIC SUICIDE WARNING SIGNS

Additional warning signs that a teen may be considering suicide:

- Change in eating and sleeping habits
- Withdrawal from friends, family, and regular activities
- Violent or rebellious behaviour, running away
- Drug and alcohol use
- Unusual neglect of personal appearance
- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- Frequent complaints about physical symptoms, often related to emotions, such as stomach-aches, headaches, fatigue, etc.
- Not tolerating praise or rewards

LESSON THREE: DEVELOPING AN AWARENESS OF THE SIGNS OF SUICIDE

Discernment of the warning signs when someone is suicidal is important in preventing suicide. These signs are common and are apparent in about 80 percent of those who attempt or who succeed in killing themselves. When several warning signs are present, active intervention and help is called for. The best way to know if someone is suicidal or not is to ask what they mean by a particular statement or action. It is absolutely necessary to use a straightforward question "Are you thinking about killing yourself?"

OBJECTIVES:

1. Students will be able to orally list some of the precipitating factors and typical warning signs indicating impending suicide through the use of "brainstorming", group discussion and use of Worksheet 4 (Awareness and Prevention Worksheet)
2. Students will be able to interpret warning signs through the use of role playing
3. Students will clarify the causes of teenage suicide through the use of class discussion, Handout 3, and Worksheet 4 (Awareness and Prevention)
4. Students will be able to role play reacting to the warning signs by seeking help from a significant adult in order, possibly, to save a life.

TIME REQUIREMENT: One class period (minimum)

MATERIALS:

- | | |
|----------------|-----------------------------|
| 1. Worksheet 4 | "Awareness and Prevention" |
| 2. Handout 3 | "Causes of Teenage Suicide" |
| 3. Handout 4 | "Suicide: Warning Signs" |

LESSON THREE: DEVELOPING AN AWARENESS OF THE SIGNS OF SUICIDE:

INSTRUCTIONS TO THE TEACHER:

1. The teacher should prepare copies of Worksheet 4 (Awareness and Prevention), Handout 3 (Some Situations precipitating youth suicide), and Handout 4 (Suicide Warning Signs).
2. The teacher should distribute Worksheet 4 (Awareness and Prevention) to students.
3. The teacher should instruct each student to fill in the section of Worksheet 4 that is labelled "What's happening?" with some of the problems and situations that they think might cause someone to consider suicide.
4. The teacher should then ask students to share and discuss their answers.
5. Next the teacher should distribute Handout 3 (Some Situations Precipitating Adolescent Suicide) to each student and proceed with discussion of those precipitating situations not previously discussed.
6. Next the teacher should ask the students to fill in the section of Worksheet 4 that is labelled "What might he be doing or saying?" with some of the behaviours that they feel might be warning signs of impending suicide.
7. Have students share their responses and discuss them before distributing Handout 3 (Causes of Teenage Suicide). Discuss any of the causes listed on Hand-out 3 that were not previously discussed and reinforce key warning signs.
8. Have students brainstorm and fill in the sections on coping and helping. These may be retained, discussed and added to when the lessons on Active Listening and coping are covered.

WORKSHEET 4: AWARENESS & PREVENTION

1
WATCHING

2
SHOWING

3
ASKING

4
HELPING

 **Be aware of** what your friends and peers are doing

 **how are they behaving?**

SUDDEN changes? Red FLAG That's STRANGE

As a friend you could be one of the first to become aware of **SUDDEN changes in behaviour**



Youth Suicide Prevention Ireland

Watch for sudden changes in behaviour

What can a good friend do?

Warning Signs

What might they be doing or saying?

Pressures and Losses

What might be happening?

Coping Skills

What can they do?

HANDOUT 3: SOME SITUATIONS PRECIPITATING YOUTH SUICIDE

LOSSES:

1. The break-up of a romantic relationship

For an adolescent the loss of such a relationship is traumatic in many cases. His or her world has come crashing down. Behind many a macho exterior or sour grapes attitude is a sensitive and hurting young person. Trite expressions like "Things will get better in time" or "There are other fish in the sea" show no sensitivity for the hurt the young person is feeling and deny that the pain is real.

2. The death of a loved one

The pain of separation by death can be so great that the young person might be driven to join that person in death. Furthermore, the grief process often does not include the young person in the family. Many adults do not consider the possibility that the grief that a young person is experiencing at the death of a close family member is as profound as their own.

3. The death of a pet

Consider the teenager whose only true listener is the dog. The dog is there to listen and to love and to never pass judgment. And if that dog should die?

4. The loss of a job

For many teenagers, "job" means maturity and independence. Take away the job? What happens to the independence?

5. Losing face

Consider the boy who publicly stated he was aiming to be a team captain and didn't make it. Consider the student who wanted to attend a prestigious college but got a rejection instead, and everyone knows it

6. Divorce

The loss of a parent through divorce is more traumatic than is commonly admitted. Many teenagers feel responsible for the break-up of the marriage. The imagined or actual fear of a possible divorce is also tremendously painful for the teenager.

PRESSURES:

1. School Pressure

The need to achieve high marks, time to accomplish several major assignments simultaneously, involvement in too many extracurricular activities, demands of school sports, college applications.

2. Peer Pressure

The need to find acceptance, group morals, conformity to clothing styles, drugs, alcohol, sex, and bullying to name just few.

3. Parental Pressure

Success, money, the right college, the right friends, good marks, conflict between the need to control and the need to be independent, marital problems between parents, "get a job", clothing, music, the parent who wants to be a "friend", lectures rather than examples.

LOW SELF-ESTEEM:

1. Physical Unattractiveness

Consider the young man who thinks that physically he does not match his peers. Consider the young lady who thinks she's plain and homely. Consider the effect of skin blemishes at debs time.

2. Never the first

Consider the young man or the young lady who always feels like a second choice when it comes to dating or being chosen for anything.

3. Sexuality

Consider the pain and agony of the teenager who is caught between the two worlds of sexuality and who is terrified to speak to anyone about this for fear of ridicule. Consider the young person whose fear of being homosexual is based on a lack of fundamental sexual knowledge.

4. Clothing

Consider the teenager who, influenced by the media blitz and by teenage styles, judges importance or lack thereof by the type of clothes he or she is forced to wear.

5. Physical Disability

Consider the teenager who must not only cope with a physical problem, but also with the unkind remarks and glances of others.

6. Academic Disability

Consider the teenager whose older brother or sister was a "genius" and is constantly reminded of the difference between them.

LACK OF COMMUNICATION AND LACK OF HOPE:

1. Isolation and loneliness

Many teenagers feel so isolated and alone that they are convinced that there is no one to help them and that no one really cares. Whether this is true or not is irrelevant. What matters is that this is how they perceive it, and so they suffer in silent isolation.

2. Without a future and hopelessness

Consider the teenager who instead of looking to the future with expectation is overwhelmed with a sense of hopelessness. All hope in the future has been lost.

HANDOUT 4: SUICIDE WARNING SIGNS

VERBAL SIGNS (What your friend might be saying.) **Direct statements:**

"I want to die."

"I don't want to live anymore." **Indirect statements:**

"I want to go to sleep and never wake up."

"You'll be sorry when I'm gone."

"It'll be over soon."

"I want the pain to end."

BEHAVIORAL SIGNS (What your friend might be doing.)

1. Depression, sadness
2. Lack of energy
3. Any changes in sleeping habits (increase or decrease in sleeping)
4. Any change in appetite (increase or decrease in eating)
5. Impatience and irritability
6. Inability to concentrate (becoming bored and listless)
7. Previous suicide attempt
8. Giving away possessions
9. Making final arrangements (will, insurance, funeral)
10. Increased risk taking (driving a car recklessly)
11. Frequent accidents (An accident can mask a suicide attempt.)
12. Lessening of interest in friends and social life
13. becoming restless and hyperactive or dull and listless
14. Drop in grades by good student, or sudden interest in grades by poor student
15. Feelings of hopelessness
16. Isolation from family
17. Fascination with death
18. Loss of interest in hobbies, sports, job

SITUATIONAL SIGNS (What might be happening to your friend)

1. Losses
2. Pressures
3. Low self-esteem
4. Lack of hope or communication
5. Trouble with the law
6. Drug and alcohol abuse

Mental Health Warning Signs

WARNINGS SIGNS TO WATCH OUT FOR
MAY INCLUDE BUT ARE NOT LIMITED TO:



1 WATCHING

2 SHOWING

3 ASKING

4 HELPING

- Withdrawing** from family and friends
- Sleeping** too much or too little
- Gaining or losing** a significant amount of weight
- Talking about **suicide** or **death**
- Losing interest** in favourite things or activities
- Difficulty concentrating** and thinking clearly
- Feeling **tired** most of the time
- Talking about feeling **hopeless** or **guilty**
- Self-destructive behaviour** like drinking too much or abusing drugs
- Giving away** prized possessions
- Mood swings**



LESSON 4: DEVELOPING ACTIVE LISTENING SKILLS

Memo to the teacher:

There is a difference between "being a friend" and "Active Listening". As teachers, we sometimes develop lasting friendships with former students, but for the most part we keep our professional distance from our students (and that's all right). However, any caring **human being can "befriend" any other human being without the emotional attachment of** friendship.

An Active Listener is basically a compassionate, non-judgmental listener who knows when to honour confidences. An Active Listener need not be an expert in psychology, psychiatry or counselling: he or she need only be good at listening, caring and respecting. An Active Listener does not give advice. An Active Listener gives the gifts of self: time; listening; touch and tears. These gifts will cost you nothing. Still, they are priceless.

Teenagers need us. Under that seemingly secure facade they present to us, there lie hidden many hurting "kids" who need our permission, encouragement and support to go on living.

LESSON 4: DEVELOPING ACTIVE LISTENING SKILLS

Perhaps the most serious crisis facing modern humanity is isolation. Invisible walls isolate instead of protect. We call ours the great age of communication with a vast technical array of devices to speed our messages along. We are so busy talking at each other that we don't know what it is to talk with each other or to listen, really listen, to each other.

OBJECTIVES:

1. Students will be able to define and describe the term "listen"
2. Students will demonstrate and practice Active Listening and reporting skills through their use and in role playing, in order to be able to apply these skills in real life situations.
3. Students will be able to critique the characters of Jen and Anne and discuss how specific statements and techniques were helpful.

TIME REQUIREMENT:

1. One's entire lifetime
2. One class period (minimum)

MATERIALS:

1. Handout 5 "Characteristics of an Active Listener"
2. Handout 6 "Listening"
3. Role Play 1 "Samantha and Mary Role Play"

INSTRUCTIONS TO THE TEACHER:

1. The teacher should prepare copies of Handout 5 ("Characteristics of an Active Listener") and distribute a copy to each student.
2. The teacher should initiate discussion about each of the characteristics.
3. The teacher should prepare and distribute copies of Handout 6 ("Listening").
4. The teacher should select two students and provide them with copies of the "Samantha and Mary Role Play".
5. The teacher could have students write a script as a class activity, dramatising the use of Active Listening skills in a fictional situation.
6. The two students, after first looking over the role play, should read their parts aloud, articulately and with feeling.
7. After reading of the role play, the teacher should initiate discussion about how Samantha actively listens to Mary.
8. Questions like the following might be asked:

Which Active Listening characteristic did Samantha best exhibit? Did Mary talk more than she listened?

Was Samantha non-judgmental?

What specific comment(s) did Samantha pick up on that indicated that she was really actively listening and tuned in to Mary's feelings?

Did Samantha offer advice? How do you think Mary would have responded to Samantha if she had given advice?

9. If time permits, students can switch roles and /or do their own role plays.

SLIDES 5: SHOWING WE CARE – BEING AN ACTIVE LISTENER

1
WATCHING

Showing

2
SHOWING

3
ASKING

4
HELPING



- Let your friend **know** that you really care.
- **Establish** trust and confidence.
- **Listen** carefully to what they have to say – become an **Active Listener**



1
WATCHING

Show you care

2
SHOWING

3
ASKING

4
HELPING

Here are some examples of **how to begin a conversation:**



- "I'm worried about you/about how you feel."
- "I have been feeling concerned about you lately."
- "I'm here if you need someone to talk to."
- "You mean a lot to me and I want to help."
- "I wanted to check in with you because you haven't seemed yourself lately."
- "Recently, I have noticed some differences in you and wondered how you are doing."



HANDOUT 5: CHARACTERISTICS OF A ACTIVE LISTENER

"Active Listening" is simply the offering of friendship by one ordinary human being to another at a time of crisis or loneliness. An Active Listener has no professional status or authority, but is simply a fellow human being who cares. The purpose of Active Listening is to listen, accept, care and empathize.

LISTEN

Allowing the person with a problem to express and to talk without being judged.

ACCEPT

Allowing the person to stay in neutral and accept feelings as they are.

CARE

Allowing one human being to reach out to another human being with respect.

EMPATHISE

Allowing the listener to hear where the speaker is coming from and allows us to be sensitive to another's feelings or ideas even when we don't agree.

The purpose of Active Listening is not to give advice, instruct, solve problems, or judge.

It is to respect the worth and value of another human being through Listening, Accepting, Caring, and Empathising.

A GOOD ACTIVE LISTENER

Does

- ✓ listen more than talk
- ✓ direct the conversation to the painful feelings
- ✓ have compassion for sufferer
- ✓ risk being foolish
- ✓ attempt to be available at all times
- ✓ remain willing to share another person's pain
- ✓ respects confidences
- ✓ listen
- ✓ accept

Does not

- × offer opinion or judgments
- × belittle or minimize concerns
- × discuss one's own problems
- × give advice
- × express shock or surprise
- × patronize or probe
- × offer platitudes and clichés
- × make promises that cannot be kept
- × interpret, lecture or diagnose
- × Say "I know just how you feel."
- × fail to pay attention or care
- × empathise

IMPORTANT

If a friend mentions suicide, take it seriously. If they have expressed an immediate plan, or have access to prescription medication or other potentially deadly means, do not leave them alone. Get help immediately.

LISTENING

YOU ARE NOT LISTENING TO ME WHEN...

- × You do not care about me;
- × You say you understand before you know me well enough;
- × You have an answer for my problem before I've finished telling you what my problem is;
- × You cut me off before I have finished speaking;
- × You find me boring and don't tell me;
- × You feel critical of my vocabulary, grammar or accent;
- × You are dying to tell me something;
- × You tell me about your experience making mine seem unimportant;
- × You are communicating with someone else in the room;
- × You refuse my thanks by saying you haven't really done anything.

YOU ARE LISTENING TO ME WHEN...

- ✓ You come quietly into my private world and let me be me;
- ✓ You really try to understand me even if I'm not making much sense
- ✓ You grasp my point of view even if it goes against your own sincere convictions;
- ✓ You realize the hour I took from you has left you a bit tired and drained;
- ✓ You allow me the dignity of making my own decisions even though you think they may be wrong;
- ✓ You do not take my problem from me, but allow me to deal with it in my own way;
- ✓ You hold back your desire to give me good advice
- ✓ You do not offer me religious solace when you sense I am not ready for it;
- ✓ You give me enough room to discover for myself what is going on;
- ✓ You accept my gift of gratitude by telling me how good it makes you feel to know you have been helpful

SAMANTHA & MARY ROLE PLAY

Mary is an Active Listener. Samantha is a suicidal student.

Mary: Hi Sam, can I help you? I'd be happy to listen to you, if you want.

Samantha: Ah— (silence)...

Mary: You seem quite upset. Can you tell me about it?

Samantha: I don't know. Nobody wants to listen to me. Why should you?

Mary: I do and I am here to listen.

Samantha: I really need to talk to someone, but I'm afraid.

Mary: So, you're feeling pretty scared.

Samantha: Yeah, scared and embarrassed

Mary: It must be difficult for you to come here to see me.

Samantha: You don't know how difficult this is.

Mary: Now that you're here, why don't you tell me what's bothering you.

Samantha: I ... I tried it last night

Mary: What did you try last night?

Samantha: It's too awful to say. (Silence)

Mary: I'll wait

Samantha: I., I...ah, ah...I..., I tried to kill myself last night!

Mary: Why don't you tell me about what's got you so upset that you are thinking about killing yourself.

Samantha: I don't want to live anymore. John said he doesn't want to go out with me anymore. I can't believe he doesn't care about me anymore.

Mary: You must really love him.

Samantha: Yeah, I do. How could he do that to me? How could he? We've been going out since

1st year.

Mary: Did you have any idea that John was going to break up with you?

Samantha: No, we had a great time this past weekend He never said anything. How could he do this to me?

Mary: (silence)

Samantha: I really love him and I can't live without him.

Mary: Did you tell him that, Anne?

Samantha: Yeah, but it didn't make any difference. He said it wasn't another girl, he just wanted to be free.

Mary: What did that make you feel like?

Samantha: Scared and angry!

Mary: You must have felt pretty angry, huh?

Samantha: I was furious, I haven't been that angry since my parent's divorce. Dad just left. He said he loved me, but I never see him anymore. Everyone I love ends up leaving me. I must be an awful person that no one can possibly love.

Mary: First your father left and now John. Are you feeling like it's your fault?

Samantha: Yeah, nobody cares about me, why shouldn't I kill myself?

Mary: You said you tried to kill yourself last night. Tell me about it.

Samantha: I took a bunch of pills. Sleeping pills, I think. I got really scared and made myself throw up.

Mary: Do you really want to die?

Samantha: No, but I can't stand this pain anymore. Why does everyone leave me? I feel so all alone.

Mary: Have you talked to your mother about how you feel?

Samantha: No, I couldn't do that to her. She has her own problems.

Mary: What about your school counsellor, Mrs. Martel ? Or maybe Mr. Federicks?

Samantha: No, I can't just go walking up to Mr. Federicks and tell him I'm thinking of killing

myself.

Mary: Everyone really likes Mr. Federicks, he really cares about his students. I think you could talk to him.

Samantha: Maybe after class tomorrow, after everyone is gone. I might be able to.

Mary: You might even be able to talk to him today, after school. He usually stays around for quite a while after the bell.

Samantha: Would you come with me? You don't have to say anything, just be there. Please?

Mary: O.K. I'll meet you in front of the cafeteria at 2:00 and I'll go with you to see Mr. Federicks. I'm really glad that you came to see me today and shared with me how you're feeling.

Samantha: Thanks for agreeing to come with me. See you at the end of seventh period.

LESSON 5: OUR SUPPORT SYSTEM

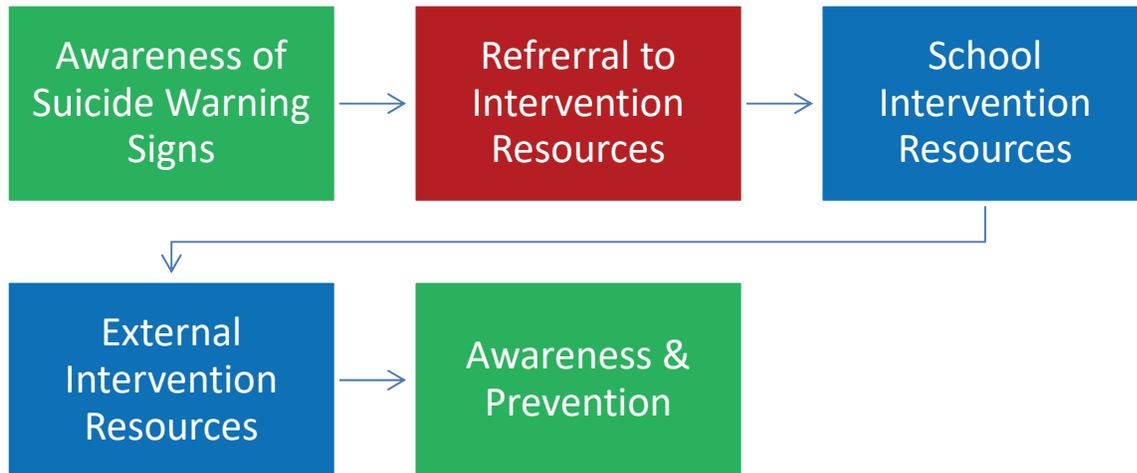
Notes for Teachers:

We have reviewed attitudes about suicidal persons, garnered some factual data about suicide, studied signs of impending suicide, and opened ourselves to the skill of Active Listening. The bottom line of all of this is "Now what do I do if I am faced with a potential suicide or an immediately impending suicide?" Calmness and level-headedness are of paramount importance.

Calmly recalling what one has learned in these lessons, the teacher or student sets into motion the human mechanisms to save a life. The one factor that is on the side of rescue is the fact that the person threatening suicide really does not want to die. As was said before, he or she just wants the pain to go away. It is our task to help alleviate the pain or see to it that the individual gets the necessary help to restore emotional equilibrium. What is needed is an effective Support System that will diffuse the potential disaster. Oftentimes the teacher will be an integral part of this Support System.

The following lesson outlines a Support System model, includes fictional situations for classroom discussion and personal consideration and concludes with a list of do's and don'ts for interacting with a potentially suicidal person.

SUPPORT SYSTEM FLOW CHART



EXAMPLES OF SCHOOL INTERVENTION RESOURCES

- Social Workers
- Principal, Deputy Principal,
- Teachers and other Staff
- Peer Listening Group
- School Nurse

EXAMPLES OF OUTSIDE OF SCHOOL INTERVENTION RESOURCES

- Trusted Family Member or Friend
- Family Doctor
- Community Mental Health Resources
- The Samaritans or other helpline
- Private Therapist
- Counsellor
- Clergy

YSPI YOUTH CRISIS COUNSELLING SERVICE

You can all our dedicated youth crisis counselling service to discuss anything that is bothering you with a trained counsellor totally free of charge.

**CALL
1800 911 921**

LESSON 5: OUR SUPPORT SYSTEM – FICTIONAL SITUATIONS

Fictional Situations:

The following situations have been included to stimulate "responses" that might be appropriate in handling the young person who is hurting. Perhaps by thinking about fictional situations, the "significant others" might be in a better position to deal with the realities that might face them.

Situation 1

Kathy is a 16 year old girl. She has the look of emotional pain and exhaustion on her face. She relates how her parents have been extremely negative toward her over the last year. She is the constant focal point of family arguments. She just doesn't seem to do anything right in their eyes: she is too lazy in school, she does nothing at home to help out, her friends are "losers", she'll never be like her older sisters and brother, and she's a pain to have around.

Kathy tells of the verbal battles between her mother and herself. She wants to run away from home but is afraid to. Her only solution, as she sees it, is "to end it all by just falling asleep" after overdosing on sleeping pills.

Questions:

- 1. How would you befriend her?**
- 2. Is she serious about wanting to die?**
- 3. Has she misperceived reality? How do you know?**
- 4. Is she over-reacting to what is said at home?**
- 5. Is it all her family's fault? Is it all her fault? Should you be concerned about "whose" fault or about her pain?**
- 6. To whom would you direct her in a school situation?**
- 7. Would you ask her if she has the pills available?**
- 8. Is she just suffering from the need to be independent?**

Situation 2

Eric is a 17 year old boy. He is sexually active, a non-conformist in school, at constant odds with his parents, and a moderate user of marijuana and cocaine. His drug habit is financially burdensome, as is his car. His parents have found out about his sexual promiscuity and drug addiction. They have ordered him out of their home.

He is in an emotional panic and is utterly confused. His parents don't want him, and his teachers don't understand why he is suddenly causing problems in the classroom-considering that he is a relatively bright young man who has done well in the past. He has become a fixture in the deputy principal's office.

Questions:

- 1. How would you befriend Eric?**
- 2. He has not mentioned suicide. Would you raise the question of suicide?**
- 3. To whom would you direct him for further help?**
- 4. Could you be non-judgmental about his involvement in sex and drugs?**
- 5. What would you say to him?**

Situation 3

Phil has been accepted to a prestigious college. His final year at school was filled with relief, personal pleasure and expectation. He left in September as if on a grand adventure. He returned home at winter break a disillusioned young man. He was barely passing and was put on academic probation. He could establish no social contacts, and his parents were reminding him of the tremendous financial burden they have in sending him to college.

He is now embarrassed, unsure of himself, guilty about the expenses, and reluctant to return to college. He made a half-hearted attempt at slitting his wrists the night before speaking to you. His first words to you: "Life should be like a movie where everything works out."

Questions:

- 1. Would you register shock and anger at his suicide attempt?**
- 2. Is he in an immediate crisis situation?**
- 3. To whom would you direct him for further help?**
- 4. How would you befriend him?**
- 5. Is he over-reacting to and magnifying his problems?**

LESSON 5: SUPPORT SYSTEM - RESPONSIBILITY EXERCISE

Imagine that you are with a friend. You've noticed that they seem to have something on their mind that is clearly bothering them. Suddenly, after a long silence, they blurt out one of the following statements.

For each of these statements, write how you feel about what they have said, what you would say in response, and what you might do as a result.

1. *"I hate my life."*

How do you feel? What would you say? What would you do?

2. *"I feel so bad. I don't know whether to cry or scream!"*

How do you feel? What would you say? What would you do?

3. *"I've got nothing to live for."*

How do you feel? What would you say? What would you do?

4. *"I'm so tired all the time. I'd like to go to sleep forever."*

How do you feel? What would you say? What would you do?

RESPONSE ABILITY EXERCISE - Continued

5. *"I wish I were dead."*

How do you feel? What would you say? What would you do?

6. *"Do you want my CD collection? I'm not going to need them anymore."*

How do you feel? What would you say? What would you do?

7. *"Please don't tell anyone. I've been thinking about killing myself a lot lately."*

How do you feel? What would you say? What would you do?

8. *"Last week I took a bunch of pills..."*

How do you feel? What would you say? What would you do?

SLIDES 6

1
WATCHING

2
SHOWING

3
ASKING

4
HELPING

In an Emergency



If a friend mentions

SUICIDE

take it seriously



1
WATCHING

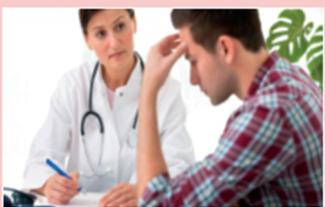
2
SHOWING

3
ASKING

4
HELPING

In an Emergency







If they have **expressed an immediate plan**, or have access to prescription medication or other potentially deadly means, **DO NOT LEAVE THEM ALONE.**

GET HELP immediately from your GP or another medical professional. You can also call the Out of Hours GP service, an ambulance or contact An Garda Síochana

If necessary ask someone with a car to take you and your friend to the **nearest hospital, clinic or Accident and Emergency unit.**



HANDOUT 6

It's hard to know what to do when someone you care about is feeling depressed or upset.

You can use the following list as a guide to good Active Listening:

DO:

- ✓ Befriend
- ✓ Consider the possibility of suicide
- ✓ Focus on the pain
- ✓ Ask if suicide is on their minds
- ✓ Get involved
- ✓ Allow the expression of feeling
- ✓ **LISTEN**
- ✓ Make life an option
- ✓ Be non-judgmental
- ✓ Get help from responsible persons
- ✓ Stay with the person at risk
- ✓ Keep details of the story confidential

DON'T:

- × Lecture or moralise or give advice
- × Think it is a passing phase
- × Brush off feelings with inane remarks
- × Be afraid that you will instil the idea
- × Do nothing
- × Trample on feelings
- × **TALK TOO MUCH**
- × Dare them to follow through with suicide
- × React verbally or physically with shock
- × Go it alone
- × Leave the person alone
- × Promise not to tell anyone

Remember, a good friend will always tell a trusted adult about a friend who is struggling with a serious problem, is deeply depressed or considering suicide.

HANDOUT 7

HELP!



**For FreeText Suicide
Crisis Information
Text HELP to 50015**

**This service is free to use and
you can text 50015 even if
you have no credit.
Available 24 hours a day.**

FreeText Crisis Assistance is a service of Youth Suicide Prevention Ireland in association with NeonSMS. This service is provided free of charge and without cost to the user. All information provided is in the public domain. E&OE.

LESSON 6: Learning To Cope

Memo to the teacher:

Perhaps the most important subject we can teach our students is how to cope with the challenges that life presents to each and every one of us. Techniques for dealing with stress and emotions are learned through the modelling of behaviour, trial and error, practice, and more practice through life experiences, and the process of maturing.

Students must be made to recognise that they need to constantly develop techniques and strategies for coping, and to continue to build the necessary skills throughout their lives. This takes a conscious effort, careful thought and practice. Each individual develops his or her own methods and styles of coping with difficulties and stress in their lives. They are as personal as each individual's personality. As we guide and support our students' educational growth and development, so too must we guide, support and reinforce the development of good positive coping skills in our students. While we cannot and should not make decisions for our students, we can help them to become aware that they have "choice" and "control" in their lives.

With choice and control come the ability to learn and develop positive ways of coping with the stresses of life, which are inevitable.

Our task then becomes one of facilitating the exploration of healthy, positive coping techniques, providing support, helping students to grow and mature and helping them in their quest to acquire the "tools" to cope with their emotions and life situations.

IDENTIFYING AND EVALUATING COPING TECHNIQUES

The following lesson plan is designed to help students to identify and evaluate their coping techniques and work on the development of new positive coping skills.

Objective 1: The student will be able to identify past responses to specific emotions and decide whether the responses were positive or negative.

Objective 2: The student will identify other possible responses through brain- storming and discussion). The repertoire of coping skills will be broadened by reviewing consequences or advantages to responses.

Objective 3: The student will select which "new" ways of responding in various situations.

Objective 4: The students will recognize the ongoing need for developing "tools" for coping throughout their lives.

TIME REQUIREMENT: One (1) class period (minimum).

MATRERIALS:

1. Worksheet 7 " The Last Tune I Felt That Way..."
2. Worksheet 8 "Next Time"
3. Worksheet 4 " Awareness and Prevention" (optional)
4. Handout 7 - Reducing Stress

INSTRUCTIONS FOR THE TEACHER:

1. The teacher should prepare copies of Worksheet 7 "The Last Time I Felt That Way..."
2. The teacher should distribute copies of Worksheet 7 with the instructions that students complete each statement as quickly and accurately as possible. Make the students aware that responses may be as individual and unique as each student's personality.
3. The teacher should initiate discussion of responses, especially about those items that the student found most difficult to answer. Other possible responses should be included in the discussion and the following points made:

No single response works for everyone.

No single response works all of the time in every situation. By planning your response you gain control and choice.

Learning coping techniques is a lifelong process - we never outgrow this need.

Trying new positive coping skills can broaden your range of mature and effective ways to handle both positive and negative feelings and emotions and give you confidence. While we may not be able to control what we feel, we can control and we are responsible for how we respond.

4. Have students use Worksheet 8 - "Next Time". A daily journal can be used by students to track their responses and results for a specified period of time.

WORKSHEET 5: COPING WITH YOUR EMOTIONS

Your emotions can affect the way you think and your behaviour. When you feel a particular way, what are you likely to do? Complete the sentences below with a few words that describe how you reacted the last time you felt these emotions.

1. The last time I felt BORED, I responded by: _____
2. The last time I felt ANGRY, I responded by: _____
3. The last time I felt PLEASED WITH MYSELF, I responded by: _____
4. The last time I felt SAD, I responded by: _____
5. The last time I felt SHY, I responded by: _____
6. The last time I felt GROUCHY, I responded by: _____
7. The last time I felt LONELY, I responded by: _____
8. The last time I felt FRIGHTENED, I responded by: _____
9. The last time I felt JEALOUS, I responded by: _____
10. The last time I felt AFFECTIONATE, I responded by: _____
11. The last time I felt EMBARRASSED, I responded by: _____
12. The last time I felt ECSTATIC, I responded by: _____

Which emotions do you find most difficult to handle? Be aware that no single response works for any of us every time. By sharing and discussing your responses, you can begin to broaden your range of mature ways to handle both positive and negative feelings.

Decide what you will try the next time you feel a specific emotion. Learning new coping skills can give you the tools you need to deal with the stresses and problems of life and let you take control while giving you confidence and making you feel good about yourself.

WHAT IS YOUR STYLE?

List some of the things you say and do when you feel tense, stressed or "up tight". List them in any order.

Think of as many as you can. Decide whether each of these ways of coping is positive or negative. List each under the appropriate column.

POSITIVE

NEGATIVE

Decide on at least three new positive coping tools that you can add to your list and try the next time you feel tense.

WORKSHEET 6: COPING WITH YOUR EMOTIONS NEXT TIME

Decide what you will try the next time you feel a specific emotion. Learning new coping skills can give you the tools you need to deal with the stresses and problems of life. Take control! You'll gain self-confidence and feel good about yourself!

1. The next time I feel BORED, I will respond by: _____
2. The next time I feel ANGRY, I will respond by: _____
3. The next time I feel PLEASED WITH MYSELF, I will respond by: _____
4. The next time I feel SAD, I will respond by: _____
5. The next time I feel SHY, I will respond by: _____
6. The next time I feel GROUCHY, I will respond by: _____
7. The next time I feel LONELY, I will respond by: _____
8. The next time I feel FRIGHTENED, I will respond by: _____
9. The next time I feel JEALOUS, I will respond by: _____
10. The next time I feel AFFECTIONATE, I will respond by: _____
11. The next time I feel EMBARRASSED, I will respond by: _____
12. The next time I feel ECSTATIC, I will respond by: _____

Which emotions do you find most difficult to handle? Be aware that no single response works for any of us every time. By sharing and discussing your responses, you can begin to broaden your range of mature ways to handle both positive and negative feelings.

Decide what you will try the next time you feel a specific emotion. Learning new coping skills can give you the tools you need to deal with the stresses and problems of life and let you take control while giving you confidence and making you feel good about yourself.

HANDOUT 8: REDUCING STRESS

Learn to control stress by:

1. Being aware of stressful situations in your life
2. Taking steps to reduce the causes of harmful stress
3. Finding stress-reducing techniques that you enjoy and stick with it

Techniques to reduce stress:

1. Set realistic goals and manage your time wisely.
2. Keep a journal to express your feelings Write a letter, poem or song, draw, paint.
3. Use positive self-talk. You are your own best friend!
4. Reach out and talk to someone you trust about how you are feeling.
5. Be good to yourself! Eat right, get enough sleep, exercise, take a break, do the things that you enjoy.
6. Find ways to "let off steam". Listen to music, take a walk, play a sport.
7. Learn relaxation methods. Go to a quiet place alone, close your eyes and imagine yourself at a peaceful place....
8. Identify the sources of stress (make a list) and remind yourself that stress is a result of how you react to things, not the things themselves. You may not be able to control what happens, but you can control how you react or respond.
9. Laugh! See a funny movie or spend time with someone who can make you laugh.
10. Crying can be as good a release as laughing. Listen to sad music, watch a sad movie, write about a sad experience - release pent up emotions.
11. Reading a good book is a great escape.
12. Do something you love!

Add your own stress reducers to the list

WORKSHEET 7: FEELING THE WEATHER

1. What is the weather like today? Check off all that apply in the list below.

Hot	Heavy rain
Cold	Light rain / drizzle
Wet	Mist / fog
Dry	Snow
Warm	Sleet / freezing rain
Cool	Icy
Windy	Overcast
still	Clear skies
sunshine	

2. What will the weather be like tomorrow?
 same different don't know
3. What will the weather be like a week from now?
 same different don't know
4. How long can certain weather stay the same?
 days weeks forever
5. Give an example of both "good" and "bad" weather.
- Good Bad
6. What is it about the weather that makes it "bad" or "good"?
7. Is it possible for "good" weather to be "bad", or for "bad" weather to be "good"?
 If so, give an example.
8. What are some ways of coping with "bad" weather? In other words,
 what strategies can you use to better deal with it?

TEST: ACQUIRING KNOWLEDGE ABOUT SUICIDE

Instructions to the teacher:

1. It is the teacher's prerogative whether or not to administer the following test on suicide knowledge. This test can be used as a pre/post test.
2. The teacher should prepare copies of the test for each student.
3. This test should take about thirty minutes.

TEST: ACQUIRING KNOWLEDGE ABOUT SUICIDE

- True False 1. The urge to kill oneself is inherited.
- True False 2. Teenage suicide has increased in the last 20 years.
- True False 3. A teenager who attempts suicide is just an attention-seeker.
- True False 4. A teenager who attempts suicide really doesn't want to die but just wants the pain to go away.
- True False 5. All teenagers who attempt suicide have a mental problem
- True False 6. More males than females succeed in killing themselves
- True False 7. Most suicides occur without warning.
- True False 8. More people kill themselves in the springtime than in the winter.
- True False 9. The best thing to tell a suicidal friend is "to pull yourself together" and things will get better".
- True False 10. It's a disgrace to feel such great emotional pain that you want to die.

Fill-in:

11. List the five (5) categories of causes for teenage suicide.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

12. List any two (2) losses that could possibly result in adolescent suicide.

- a. _____
- b. _____

13. List any three (3) categories of pressure that could result in adolescent suicide.

- a. _____
- b. _____
- c. _____

14. List the three (3) categories of warning signs that indicate potential suicide.

- a. _____
- b. _____
- c. _____

15. List any five (5) positive characteristics of an Active Listener.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

16. List three(3) negative characteristics that a Active Listener should avoid,

- a. _____
- b. _____
- c. _____

17. Name four (4) purposes for Active listening,

- a. _____
- b. _____
- c. _____
- d. _____

18. Write a brief, but comprehensive essay on the topic -"What is listening as practiced by an Active Listener?"

ANSWER KEY - ACQUIRING KNOWLEDGE ABOUT SUICIDE

1. False
2. True
3. False
4. True
5. False
6. True
7. False
8. True
9. False
10. False
11. Four categories of causes for teenage suicide
 - a. Losses
 - b. Pressures
 - c. Low self-esteem
 - d. Isolation or hopelessness
12. Two losses that could result in adolescent suicide.
Possible answers:
Break up of a romantic relationship
Death of a loved one
Death of a pet
Loss of job
Losing face
Divorce
13. Three categories of pressure
 - a. School pressure
 - b. Peer pressure
 - c. Parental pressure
14. Three categories of Warning Signs that indicate potential suicide
 - a. Verbal
 - b. Behavioural
 - c. Situational
15. Five positive characteristics of a Active Listener
See page 45 of Lesson Four for list
16. Three negative characteristics to avoid - See page 45 of Lesson Four for list
17. Four purposes of Active Listening
 - a. To listen
 - b. To understand, empathize
 - c. To care
 - d. To respect

YOUR NOTES



TEACHING SUICIDE AWARENESS & PREVENTION

Lesson Plans & Worksheets For Secondary School Teachers

MATERIAL APPROPRIATE TO AGES 16 AND ABOVE

FreeText Crisis Information

For Free Suicide Crisis Information **TEXT HELP to 50015**

This text is free of charge and you can text 50015 even if you have no credit. This service is available 24/7. You will receive a response text within 1 minute with helpline information and prevention advice.

Youth Suicide Prevention Ireland

Registered Charity CHY18438 RCN20070670

Head Office

1st Floor, 59 High Street, Killarney, Co Kerry V93 N977
☎ 021 242 7171 ✉ info@yspi.ie

Main Website

🌐 www.yspi.ie

Facebook

👤 youth.suicide.prevention.ireland

Campaign Websites

🌐 www.fourstepstoohelp.com
🌐 www.saythesword.eu

YSPI Youth
Suicide
Prevention
Ireland