



## DISCUSSION GUIDE

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CONTACT Crisis Line

[www.contactcrisisline.org](http://www.contactcrisisline.org)

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*"A Reason to Live" is dedicated to*  
**Ben Schepps**



Ben suffered from depression. In 2005, at the age of 21, he took his own life. His parents, Barbara Cottrell and Lee Schepps, dedicate this film in his memory. They want to create an awareness and understanding about depression and its link to suicide. Through this film, they hope to give other young adults a reason to live.

**Inside Media Projects, Inc.**

**Media Projects, Inc.**, has been producing documentary films and educational videos for over 30 years. Founded by filmmakers Allen Mondell and Cynthia Salzman Mondell, Media Projects specializes in films that explore social issues and community concerns. Their films are part of dynamic educational campaigns that move individuals and communities to take action for a more just world.

Our films have won numerous national awards, including the **Silver Telly**, the **Cine Golden Eagle** and the **Lone Star EMMY**, in addition to being selected for prestigious screenings in the United States and abroad. Some have received specialized theatrical distribution and have aired on PBS and national cable networks.

**A REASON TO LIVE** is a film that we hope will make a difference in helping young people and their families to find it easier to recognize depression and get help.

For more information, go to:

**[www.mediaprojects.org](http://www.mediaprojects.org)**

**[mail@mediaprojects.org](mailto:mail@mediaprojects.org)**

## Preface

Life as a teenager has changed dramatically over the years. Young people are facing challenges that many of us did not have to face until we reached adulthood. There has been a tremendous increase in exposure to violence, drugs, and discontent throughout the last decades.

As a result, children have had to grow up much faster than ever before. Without guidance and help, youth may not know where to turn or may choose to go down the wrong path. In response to these concerns, Media Projects, Inc. and CONTACT Crisis Line have developed this curriculum in order to help adults and teens deal with these difficult times.

This film touches on many triggers and stressors that affect young adults every day. It is our hope that this documentary and study guide will become a national resource for depression and suicide for young adults.

It is important when showing this film that the appropriate set up and discussion are organized for both the students and teachers. We advise all professionals and teachers to view this film and study guide prior to showing it in a classroom setting. We have added a student release for parents to sign if any school would like to use this added resource.

The documentary is split into chapters, which are aligned with additional questions, and discussion formats for small group and classroom settings. The film is approximately 33 minutes in length.

If time constraints exist, or if the chapters in the film are used for individual lessons, you will find additional questions and resources in this study guide. Please feel free to contact us with any additional questions or suggestions for your audience.

Thank you for purchasing this important and educational resource.

### **Discussing the Issues**

The documentary is divided into chapters as illustrated in this curriculum. We suggest that the contents of the film are discussed with your group or classroom prior to the viewing.

The film producers have added a statement or introduction to the film to steer you through the set up and final discussion of the film.

Each chapter has specific topics of discussion and resources.

You may want to watch the film from beginning to end or select chapters individually for an in depth discussion on one or more topics.

### **Using Role Plays**

Role-plays are often useful for engaging your audience and getting members to think about the issue you are discussing and how they might be affected. If you are not comfortable having young people act out scenarios about controversial issues, you may simply use discussion questions.

Another option is for you to act out a role-play with a teen while the others watch. This way, you can model good role-playing behaviors for your teens and prepare them to role-play with each other. If you decide to use role-plays, you can choose three or four different scenarios that address a particular issue. The participants must then problem solve as they act out the role-play with each other. They will also have to think about how that particular problem could affect them or others.

Role-plays are a safe way to try out new behaviors and learn to problem solve, before an incident actually occurs. This helps teens to be better prepared to handle the situation if it arises in the future.

You might want to write down your role-play scenarios beforehand on cards. Think about having a limited number of participants in your scenario in order to keep things from getting too complicated. Remaining group members can be spectators.

After each role-play is complete, it is helpful to process the role-play and the behaviors that were practiced. The consequences of the chosen behaviors can be discussed, and group members can talk about other solutions if they choose.

Participants may also want to talk about any feelings that came up for them while they were acting out the role-play.

## Intro to Film: Mock Calls

The first scene of the film takes place in a car in a rainy, empty parking lot with Charlie, the caller, taking about his plan to commit suicide to Billie, the crisis line volunteer. Charlie is struggling with the recent break-up with his girlfriend, and he has come to the conclusion that life is not worth living anymore. Billie, the crisis line specialist, listens to Charlie's story, and helps him move through his impulsive feelings and emotions.

The second "mock call" is set in a dorm room where Anna, the distressed, college student, decided to call a crisis line before taking pills that would end her life. Charles, the crisis line specialist, guides Anna through her crisis while building rapport and alternative solutions to Anna's nightmare on the internet.

Both calls are real situations that happen every day to young people. Relationships are one of the most important parts of an adolescent's life, and when a boyfriend or girlfriend ends a relationship, the receiving party many times experiences feelings of rejection, loneliness, and emptiness.

To an adult, this same situation is sometimes not a big deal or both parties decide it is better to split rather than stay in the relationship. However, to a teenager and/or college student, the break-up could potential feel like the end of the world to them, and it is important to validate those emotions while encouraging them through the tears.

### What is a Crisis?

A crisis as a state of feeling, an internal event associated with anxiety and confusion, to the degree that formerly successful coping methods break down and ineffective decisions and/or behaviors take their place.

A crisis, in terms of an event that leads to distress, **can be anything**. Witness the animal lover who has a beloved pet die, a student who loses a scholarship, the child whose favorite toy breaks, the armchair quarterback who loses money on a Sunday football game, a mother of a sick child, someone who has been diagnosed with cancer—all may be in crisis.

Is the intensity of their sense of loss the exact same, as we would feel in their circumstance? Probably not—we cannot presume they feel as we would! What defines a crisis for one person may not for another.

### Suggested Exercises & Assignments

Depending on your focus, this section can be intertwined with the full contents of the film. The following are suggestions for classroom activities for the mock calls & crisis situations.

#### Exercise # 1

Have students search the paper and/or on-line news for a recent crisis situation either in the immediate community or in our world. Ask students to develop a script of a potential call to a crisis center by one of

the person's in the crisis situation. The crisis model as illustrated in this curriculum will guide students through the call and through the crisis situation.

### **Exercise # 2**

Form groups of students to role-play a crisis call situation. Either have your students produce a relevant crisis situation or offer scenarios for their simulations. (Make sure students cannot see the other student or teacher who is answering the call. In a crisis call situation, the crisis line specialist only has a voice and the feelings of that person to help them through the model.)

## **Relationships**

Relationships are hard work, and every part of our life deals with relationships. We all have relationships with families, friends, classmates, teachers, co-workers, & romantic relationships. The difference is how each of those relationships affects our lives. For teenagers, a fight with a friend can feel like the end of their world not to mention a break-up with a boyfriend or girlfriend.

For adults, we know that our first relationships both romantic and plutonic are building blocks for relationships later in life. Very few people marry their high school sweetheart or even stay friends with their friends in high school. The issue for teenagers is the present moment. They are not thinking about the future (many times) or how a broken relationship will help them later in life. All they know is that right now life stinks and nothing is going to get better.

In the film, Charlie is upset over the recent break-up with his girlfriend. They have had arguments and break-ups in the past, but Charlie knows that this time it is really over. His emotions and feelings have led him to thoughts of suicide. He has a plan and a method to end his life. However, he reaches out one last time through a crisis line center because deep down he is searching for *one* reason to live.

### **Exercise #1**

**Value Scale:** On the blackboard or dry erase board (or even a white paper flip chart), write "friendships" on the top left hand side of the paper. Ask students to list things that are important to them about their friendships. Have a volunteer or teacher writes these statements and words below friendship on the paper. Examples: honest, caring, friendly, humorous, loyal, trustworthy, nice, etc.

After the class has finished with characteristics of their friends, draw a line in the middle of the paper and on the right-hand side of the paper write "boy/girl friend". Ask them the same question. What do they expect or value in a boy/girl friend? Write down these suggestions underneath boy/girl friend. You should see many similarities in each column. After all suggestions have been verbalized, draw a line between the similar or matching words in the friendship and boy/girl friend column. Tell the class that they are similar because many of our foundations in both friendships and romantic relationships start with our values of relationships in general. *Have the class discuss the topic.*



## Exercise # 2

**Part 1:** Ask the class to map out the relationships in their life. They can make three columns; one for their family; one for their friends; and one for their boy/girl friend. Important, they may not have many friends, a good family life, or a boy/girl friend, but it is important for each student to write out their values and goals for each group.

Ask the class to think about their values and how their values intersect into their relationships. Many times a break-up is due to a conflict with one person's value. *(See questions below for Part 2 of the Exercise)*

### Definition of Values:

"Values are deeply held convictions which guide behaviors and decisions. Personal values are the components of a life of integrity. When honoring values a person feels right, in-tune with and true to them. Stress often results from being out of alignment with values."

"Most values are established during childhood. Under the influence of parents, teachers, and religious leaders, a child picks up a sense of what is right and wrong, good and bad. As a child matures and has experiences outside the influences of childhood, she may absorb new values, perhaps in addition to her existing value set or replacing earlier values."

**Resource:** "Personal Values and Core Beliefs: Take Stock of These Assets when Making Self Improvement Plans" - [http://self-awareness.suite101.com/article.cfm/personal\\_values\\_and\\_core\\_beliefs#ixzz08jUqKKT1](http://self-awareness.suite101.com/article.cfm/personal_values_and_core_beliefs#ixzz08jUqKKT1)

### Part 2 - Value Questions:

1. How did it feel to write down your values?
2. Do you have any friends or family members who are online with many of your values?
3. What is your best relationship (have them pick one from the three categories)? What makes this a good relationship? What do you value most about the person and/or relationship?
4. What is your hardest or most difficult relationship? What is in conflict with your values? How have you worked through this relationship? If it is a friend or romantic relationship, what makes you stay in the relationship?

## General Discussion Questions & Role Plays

### Friendship Questions:

1. What do you do when you think a friend is in trouble?
2. How would you handle a friend who seems very down and says that he or she doesn't want to talk about it?
3. Your friend tells you that he/she did something that you are very strongly against, and he says he is not sure how he feels about it. What would you say? Ex. Smoking, having sex, stealing, drinking, etc.
4. Why is it often important to let other people make their own decisions? *Think about the crisis line, the caller was never told what to do. Charlie came up with his own solution to call his brother and think about the situation. We are more likely as humans to follow through with a solution if we personally come up with it rather than being told to do it.*

**Role Plays:**

1. Your friend IM (instant messaged) you online and told you that her/his boy/girl friend broke up with them. They seem upset online, but you are not sure what happened. You IM back, but you don't get a response. What do you do?
2. Somebody you know fairly well, but don't talk to every day has been acting strange lately. He seems withdrawn and won't talk to anybody anymore. Would you try to approach him? How would you do so? What would you say?
3. Have the class come up with a situation to role-play.

**Cyber bullying / Internet Sex**

*(See Chapter 2: "Do People treat you differently?" section for more information on bullying)*

**What is Cyberbullying? [www.kidshealth.org](http://www.kidshealth.org)**

As defined by renowned cyber bullying researcher Dr. Hinduja of Florida Atlantic University, cyberbullying is willful and repeated harm inflicted through the medium of electronic text. In other words, cyberbullying occurs when cell phones and/or the Internet are used to spread information or send photos with the intent to hurt or embarrass someone.

Cyberbullies are malicious aggressors seeking pleasure or profit, or both, from the mistreatment of another individual. Cyberbullies inflict harm through e-mails, cell phone text messages, telephone calls, chat rooms, instant messages and social networking sites such as *MySpace*, *Orkut*, and *Facebook*.

Cyberbullying is a rapidly growing phenomenon that may be more widespread and potentially harmful than conventional schoolyard and classroom bullying. Because the bully does not need to be near his or her victim, home is not a safe haven and the threat of harm is constant.

Children can escape threats and abuse in the classroom only to find text messages and e-mails from their tormentor upon getting home. As most Cyberbullying is emotional, there are no telltale physical signs—all the more reason for parents to be vigilant.

**Cyberbullying tactics include:**

- Abusive or threatening e-mails or text messages
- Spamming text messages, which eat up cell phone minutes
- Embarrassing photos or videos e-mailed en masse or posted on the Internet
- Cruel Web sites or fake social networking profiles meant to humiliate the victim.

**What to do if your are being Cyber-Bullied?**

- Do not respond to the cyber-bully
- Print out the message or content for your evidence
- Tell a parent or a teacher, counselor
- Do not spread the information to other friends
- **STAND** up for others!

[www.wiredsafety.org](http://www.wiredsafety.org)

## Suggested Discussion Questions

### Questions:

1. What would you do if someone posted or sent a mean message or an embarrassing photo of you online? (\*Please see below on what to do if you are a victim of cyberbullying)
2. How do you react when a friend or someone you know is making fun or laughing at someone else?
3. How do you feel about gossiping? Do you think it is a form of bullying? Is it a problem at the school?

### Discussion from the Mock Call between Anna & Charles

In the film, Anna has just found out that someone posted pictures of her and her boyfriend having sex on the Internet. She is worried about what her parents will think, what her boyfriend will do, and what other people will think about her. Anna became so upset and angry that she contemplated suicide. In her process of thinking, she called a crisis line to talk about the situation. In the end, she decides to talk to her parents and a school counselor about the posting on the Internet. She also decides to participate in a school activity to take a break from thinking about it for one night.

### Questions:

- If this situation happened to you, how would you react? What would you do?
- What were some of the people that Anna was worried about disappointing?
- Why do you think that Anna called the crisis line?
- Would this situation with Anna be considered “cyberbullying”?
- Should she report these pictures that were posted without her consent?

### Role Plays:

1. A group of your friends are organizing a party, and you assume that you will be invited. When they talk to your other friends about the party, they whisper or block you out of the conversation. Do you confront your friends? Do you wait to see if you are invited to the party? What would you do?
2. A friend tells you a secret about another friend online. You don't believe that your friend is telling the truth, and you see your other friends are also signed on to the chat room. Do you stand up to your friend? Do you stay online to see how they will respond? Do you tell your friend about the secret that is being posted online?
3. There is a girl/guy that you have a secret crush on at school. You have a class with this person, and you start conversation with them to get to know them better. A “friend” sees you talking to this new crush and tells your other friends. One of your friends is jealous, and they tell your new crush that you have had sex with a bunch of girls/guys at the school. One of your closest friends overhears the conversation and tells you what happened. What do you do? Do you confront the person? Do you talk to the girl/guy in your class the truth?

## Chapter 1: *What Does Depression Feel Like?*

This is the first full chapter of the film, which unfolds with a question that many ask about depression. What does depression feel like? What are the symptoms? It is important to understand that depression is not a bad day at school, or someone who can't handle situations in their life.

Depression is a clinically diagnosable mental illness. As depicted in many commercials for anti-depressants, depression affects everyone around the person who is dealing with the symptoms of depression. Many times, family and friends do not have the tools or education to properly respond and support a loved one that is suffering from depression.

### What is Depression?

- An illness that involves the body, mood, and thoughts that affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things.
- A depressive disorder is not the same as a passing blue mood.
- It is not a sign of personal weakness or a condition that can be wished away.
- People with a depressive disease cannot merely "pull themselves together" and get better.
- Depression is considered a mood disorder and affects one's thinking behaving, feeling and functioning.

<http://www.md-phc.com/puntil/def.html>

### Symptoms of Depression

In **Depressed mood** addition, for a doctor or other health professional to diagnose depression, most of the following signs and symptoms also must be present **for at least two weeks**.

- **Feel sad most of the time**
- **Not enjoy things you used to enjoy**
- **Feel irritated**
  - Agitation. You may seem restless, agitated, irritable and easily annoyed.
- **Feel tired**
  - Fatigue or slowing of body movements. You feel weariness and lack of energy nearly every day. You may feel as tired in the morning as you did when you went to bed the night before. You may feel like you're doing everything in slow motion, or you may speak in a slow, monotonous tone.
- **Low self-esteem. You feel worthless and have excessive guilt.**
- **Changes in eating habits**
  - Changes in weight. An increased or reduced appetite and unexplained weight gain or loss may indicate depression.
- **Changes in sleep patterns**
  - Sleep disturbances. Sleeping too much or having problems sleeping can be a sign you're depressed. Waking in the middle of the night or early in the morning and not being able to get back to sleep are typical.
- **Difficulty concentrating**
  - Impaired thinking or concentration. You may have trouble concentrating or making decisions and have problems with memory.
- **Low self-esteem/ Feel hopeless or helpless**
- **Thoughts of suicide**
  - **Thoughts of death.** You have a persistent negative view of yourself, your situation and the future. You may have thoughts of death, dying or suicide.

### **Signs for family/friends**

Common behaviors that family/friends often notice in people with depression (usually these are abrupt or sudden behavior changes):

- Talking very negatively
- Acting unreasonably, without concern for others
- Abusing alcohol or drugs
- Picking fights, being irritable, critical, or mean
- Withdrawing from family and friends
- Having trouble at work or school
- Talking suddenly about separation or divorce
- Complaining of aches and pains
- Eating too little or too much
- Sleeping too much or too little

### **Warning Signs of Suicide**

- Talking about suicide.
- Talking about hopelessness and worthlessness.
- Being preoccupied with death.
- Suddenly being happier and calmer.
- Making unusual visits or calling people one cares about.
- Making arrangements, affairs in order.
- Giving things away.

Source: Families for Depression Awareness

### **Discussion Questions for Depression**

1. What are your views or thoughts on depression?
2. How do you look at people who are depressed?
3. Why is it important to take others' problems seriously, even if they don't seem important to you?
4. What are some things you can do to make yourself feel better when you are feeling down?
5. Who could you talk to if you are feeling depressed?

6. Can you have depressive feelings at different times in your life?
7. What misconceptions about depression/suicide were cleared for you?
8. Identify times or situations in your own life when you've felt down. Recognizing why you felt that way, how you felt, and what you did to deal with it.
9. Is depression something you can just 'get over'?
10. Is depression a medical issue or just sad thoughts?
11. What are signs of depression?
12. What did you learn about how depression feels and looks?

### **Depression Intervention Role Plays**

1. You notice a girl that you don't know very well has been absent from school a lot lately. She is normally pretty quiet, but when you have seen her recently, she has seemed down and distracted. You don't really consider her a friend of yours. What would you do?
2. One of your good friends has made a couple of comments about killing himself. You do not think he was serious. Would you ask him about it? If so, what would you say? What if he won't talk to you about it?
3. You haven't been feeling like yourself for the past two or three weeks. A lot has been going on in your life, and you feel like you may be depressed. You feel like no one will understand you and that people will think there is something wrong with you if you talk to them about it, but you know you need help. You decide to go to a friend. What do you say?

### **Classroom Activity**

This is a good activity to begin your discussion on depression. It helps students begin to focus on the seriousness of depression and how relevant it is for teenagers.

#### **Set up:**

Put candy or a prize in four of the bags and place the "you have depression" card in the fifth bag. Try to have the bags lined up in the room (side by side) before the students arrive. Make sure that the fold on top of the bag is identical. Ask for five volunteers and have them pick up one bag. The volunteers for this activity should be male and female. Have all five students line up shoulder to shoulder (they don't need to touch shoulders).

Ask the class, "according to the bag each student is holding, who is dealing with the symptoms of depression?" Allow the class to guess and talk about it. Some students may realize that you can't tell by looking at someone if they have depression, but allow the class to participate before you move to the next part of the activity.

After the class has tried to guess, start with one end and ask the student holding the bag to open up their bag. *Ask each student individually what is inside his or her bag.* You can look inside and see who

has candy and who has the depression card. Identify all four students who have a prize or candy before you address the student with the depression card inside their bag.

After you have revealed the first four student's bags (the ones with candy/prize bag), ask the last student what is in their bag. Remind the class that the student's bag has depression not the student. You don't want the student volunteer to feel uncomfortable. Wrap it up by telling the class: 1 in 5 teenagers have a form of depression. Ask the class: how do you know? We don't really know by looking at someone who has depression, which is why it is important for us to discuss the symptoms, types, and risk factors of depression. Ask the five students to go back to their seats and offer candy to the student who had the bag with the depression card.

#### **Supplies:**

- 5 identical bags
- Candy and/or prize in four of the bags
- A piece a paper with "You Have Depression" written on it
- Extra candy to hand out for the fifth volunteer
- 5 volunteers

#### **Quotes from the Film**

We picked a few quotes from each chapter for classes and groups to think about and discuss. Please print this page out and hand out to your group or write the quotes that you want to address with your audience.

#### ***The following are quotes from the film; please reflect on each of these statements:***

*"It is something you can't control. It's not like people chose to feel that way. It is hard to explain to someone who has never felt it before; how it really feels."* – Lacy

*"I haven't had a very bad day. And if there is anything we want as human beings, it is a reason, a reason for anything."* – Christian

*"I could snap easily. I barely ate."* – Kaycee

*"Take me by then hand. Help me be happy again."* – Giancarlo

*"Very generic sad feelings."* – Josh

*"I felt like I didn't have any true friends. I thought I was ugly, I wanted to be happy so bad."* – Hailey

*"No one can understand me (how I am feeling). I just want to be in bed, so that is not normal. I don't even want to go to school."* – Hector

*"What am I put on earth for? Why am I living? All my life I was told I was dumb, not smart enough."* - Armekia

*"It is almost like being in a dark room and you feel lost."* - Christa

## Chapter 2: Do People Treat You Differently?

*"Depression is associated with you are weird, you're not the same as others."*

*"Not all kids understand" Lacy*

*"People are afraid to say why they are depressed." Hailey*

The two quotes above represent two realities of depression, but they are voices that speak for many people who are suffering from depression. Depression along with suicide carries a stigma with it, which makes people avoid talking about it and finding out the facts. Many times, when depression and suicide are discussed openly and honestly, friends and family begin to learn how to cope and deal with the symptoms and warning signs. The three main topics discussed in this chapter are bullying, bullycide, and GLBTQI issues. Please feel free to review the previous chapter for more information about depression.

### Bullying

*"Feeling a certain way and acting a certain way and not being able to explain it, it definitely played a part." "I was isolated." "They called me names." "People tried to beat me up." – Josh*

### Definition of Bullying

Bullying is most often used to describe a form of harassment perpetrated by someone who is in some way more powerful, physically or socially, than a weaker peer. <http://en.wikipedia.org/bullying>

### Forms of Bullying

- Psychological abuse
- Humiliation
- Intimidation
- Mobbing
- Hate speech
- Manipulation
- Stalking
- Cyberstalking
- Relational aggression
- Mind control
- Shunning
- Coercive persuasion
- Harassment
- Hate mail

### Characteristics of Bullies

- Thrives on power
- Modeled aggressive
- Lacks empathy
- Seeks attention
- Appears popular
- Tends to be narcissistic
- Impulsive
- Aggressive toward adults
- Takes no responsibility for behavior



## **Bullycide ([www.bullycide.org](http://www.bullycide.org))**

*“Part of the reason that I tried to attempt suicide was because I was bullied. Growing up, I used to be really big. The kids, my parents they would tease me about it and call me all kinds of names.” “I thought I was fat, ugly and no one cared about me. I just wanted to die.”*

Armekia

**“The heightened emotional maturity of the targets makes them vent the anger upon themselves, resulting in depression, self-harm or suicide.” (High, Brenda 2007)**

Bullycide is a new term for the reality of what is happening in schools, online, and in our communities. Bullycide is a combination of bullying behaviors and suicide. Our children and youth are being bullied verbally, emotionally, mentally, and virtually to the point of suicide.

The statistics are alarming for teen suicide and depression, but bullycide is the most disquieting trend facing youth today. Many school districts and administrative staff pass bullying as a rite of passage or a “normal” occurrence in academic classrooms. The problem with bullying is that it has become more violent and more deadly. Not to mention what is happening online, in chat rooms, and social networks. The bottom line is that we need to be informed about bullying, understand the warning signs of abuse and suicide, and support laws and policies that protect our children and prosecute the bully.

The term “bullycide” was coined by journalist Neil Marr in the book *Bullycide: Death at Playtime* that was co-written by the late anti-bullying crusader Tim Field. Many other professionals and advocates of children and teens have joined the battle against bullying. Brenda High, along with other moms, wrote a compelling personal story of their journey, struggle, and loss to bullying. The book, *Bullycide in America: Moms speak out about the bullying/suicide connection*, is a resource for many other families and teenagers who are bullied daily.

### **Discussion Questions**

1. How can you stand up for a friend or for yourself (if you are being bullied)?
2. Where can you go for help at school?
3. Who would you talk to if you were being bullied?
4. What is bullycide? How can bullying cause the victim to contemplate suicide or commit suicide?
5. Does your school have a zero-tolerance for bullying? If not, how would you create a policy for the school and/or community center?
6. Why does someone bully? What are the characteristics of a bully?
7. How are bullying and bullycide addressed in the film?

### Role Plays

1. You are standing with a group of friends when one of them starts picking on a boy from another class. Your friend pushes him. What do you do?
2. Someone that you don't know very well that has been in several fights at school starts staring at you in class. You are in the cafeteria and you notice him/her watching you and talking to their friends. They start walking toward you. What do you do?
3. Two of your good friends are having problems getting along. They are angry at each other over a disagreement and you are worried that it is getting worse. One friend posts pictures of the other friend at a party and other pictures that are degrading and show your friend nude. What do you do?

### Classroom Activities

1. Research laws on bullying and bullycide across the U.S. ([www.tx.bullypolice.net](http://www.tx.bullypolice.net)). Find out if there are any laws against bullying in your state. If there are laws, research the law and decide if it is substantial or if it needs updating. If your state does not have a law, have the class split into small groups and ask each group to write a letter to the state representative asking the state to adopt a law against bullying. Have each group write a law for the state and for the school.
2. Zero Tolerance Week: create weeklong events to create awareness about bullying and bullycide. Have the groups come up with a theme for the week and activities and/or speakers for each day of the week. Go to <http://www.antibullyingweek.co.uk> for more information on this topic.

## Gay, Lesbian, Bi-sexual, Transgender, Questioning, and Intersex Individuals (GLBTQI)

*“So many people are trying to get away from you just because you are different.” “If you were straight you wouldn’t have to worry about any of that, you would just have to worry about feeling depressed inside for this and this reason. And everyone would say, oh yeah, everyone goes through that.” “But when you are gay, it is more like I don’t know what to say.” Giancarlo*

Although GLBTQI is a sensitive and often rejected topic in public schools and communities, it cannot be ignored. In the film, Giancarlo speaks briefly about his struggle as a gay teen that battles depression and thoughts of suicide. It is important as educators and advocates of young adults to educate with facts, not opinions or stereotypes about gay/ lesbian youth. Please feel free to research this topic further to better educate yourself on the issues/statistics surrounding these vulnerable young adults.

- **Suicide is the leading cause of death among gay male, lesbian, bisexual and transsexual youth.**  
Harry, J. "Adolescent Suicide and Sexual Identity Issues". Submitted to the National Institute of Mental Health for the Secretary's Conference on Adolescent Suicide. Washington, D.C. May 8-9, 1986.
- **A majority of suicide attempts by GLBTQI occur during their youth, and gay youth are 2 to 3 times more likely to attempt suicide than other young people.**
- **Gay youth comprise up to 30 percent of completed youth suicides annually.** [www.trevorproject.org](http://www.trevorproject.org)
- **42% of adolescent lesbians and 34% of adolescent gay males who have suffered physical attack also attempt suicide.** Hetrick-Martin Institute Violence Report, 1988.
- **80% of lesbians, gay and bisexual youth reported severe isolation problems.** Hetrick, E.S., Martin.A.D. *Journal of Homosexuality* 14 (1/2). 25-43. 1987
- **26% of gays and lesbian youth are forced to leave home because of conflicts with their families over their sexual identities.** Remafedi, G. *Pediatrics*. 79, 326.30. 1987

### Risk Factors for GLBTQI Youth

- |                               |                               |
|-------------------------------|-------------------------------|
| ▪ School – Drop Out           | ▪ Self acceptance/self-esteem |
| ▪ Rejection by family         | ▪ Poor communication/support  |
| ▪ Coming out at any early age | ▪ Social isolation            |
| ▪ Substance abuse             | ▪ Professional Help           |
| ▪ Religion                    | ▪ Relationships               |
| ▪ Available handguns          |                               |

### Discussion Questions

1. How is the gay, lesbian, bi-sexual and transgender population perceived in your school and community?
2. How did it make you feel to hear Giancarlo talk about his struggle with being gay?
3. Do you think GLBT youth are a higher risk for suicide? What are the risk factors for GLBTQI youth?
4. Does it make you uncomfortable to discuss about gay and lesbian teens? What makes it uncomfortable? Or, why are you comfortable with it?
5. Does your school have a gay-straight alliance? If so, how is this club perceived by other students and faculty? If not, what would be the challenges to create a gay-straight alliance in your school?
6. How would you react if one of your best friends told you that they were gay? What would your response be to your friend?

### Chapter 3: *Did Anything Ease the Pain?*

*“No one has suffered as much as I have.”*

So many teenagers and adults rely on their coping skills to get through a tough time or through a bad situation. If your only coping mechanism was drugs, alcohol, sex, violence, or doing something that harmed yourself, we would never really get past one situation, and after time, everything would pile up to a point of self-destruction.

In the film, each person dealt with depression in different yet very similar ways. It is still surprising that many teens and adults have never been taught healthy, positive coping skills. Without healthy coping skills, many people resort to substances and/or addictions that provide instant relief and gratification. Unfortunately, these “vices” can cause other problems, which could lead to injury and even death. The points of discussion for this section are centered on the struggles identified by the participants in the film.

#### Self-Injury: Cutting

*“I would do anything to take the pain away. I would cut on my legs, places where my parents couldn’t see and I would feel relief when I did it.”* Armekia

The definition of self-injury is “the deliberate, repetitive, impulsive, non-lethal harming of one’s self” ([www.selfinjury.com](http://www.selfinjury.com)). Cutting which is a form of self-injury is a negative coping mechanism for many teenagers. Research has shown that it is more pervasive among young teens; however, cutting is a common thread for young adults dealing with high levels of stress and depression in their lives. The cutter does not want to die or commit suicide. Rather, they want to emotional pain and stress in their life to cease.

Cutting provides an outlet for their emotions and stress. Armekia in the film stated, “I would feel relief when I did it.” The temporary relief a cutter may feel from the cut does not solve the root problem that is causes them to cut. Many times the cuts get deeper if the issues or stress in their lives escalate which could lead to a life threatening cut or injury.

\*It is important for teenagers and young adults to talk to their friend about cutting and for them to ask a trusted adult to help them with resources to provide for their friend. The following are helpful websites and resources for self-injury and cutting:

[www.selfinjury.com](http://www.selfinjury.com) (1-800-DONTCUT)

[www.kidshealth.org/teen/your\\_mind/feeling\\_sad/cutting.html](http://www.kidshealth.org/teen/your_mind/feeling_sad/cutting.html)

#### Discussion Questions

1. Do you think cutting is common in your school? What do you know about cutting or self-injury?
2. What would you say to a friend who was cutting?
3. Why do you think cutting is common among teenagers? (1 in 6 teens cut; 1 in 100 adults cut or self-injury)
4. Think of other ways to relief stress or emotional pain than cutting.
5. Does cutting solve the problem? What are other coping mechanisms that you or a friend can substitute for cutting?

## Stress

Stress can be good or bad. It can keep you focused and doing the best you can, but if you have too much stress, it can have a strong negative effect on your life. Teenagers and young adults are no strangers to stress, and it is important to validate the stressors and issues in their lives.

### Coping and Support From the Mayo Clinic

Coping with depression can be challenging. Depression makes it hard to engage in the behavior and activities that may help you feel better. Talk to your doctor or therapist about improving your coping skills, and consider these tips to cope with depression:

- Simplify your life. Cut back on obligations when possible, and set reasonable schedules for goals.
- Consider writing in a journal to express pain, anger, fear or other emotions.
- Read reputable self-help books and consider talking about them to your doctor or therapist.
- Don't become isolated. Try to participate in normal activities and get together with family or friends regularly.
- Take care of yourself by eating a healthy diet and, so that you can connect to others facing similar challenges.
- Stay focused on your goals. Recovery from depression is an ongoing process. Stay motivated by keeping your recovery goals in mind. Remind yourself that you're responsible for managing your illness and working toward your goals.
- Learn relaxation and stress management. Try such stress reduction techniques as meditation, yoga or tai chi.
- Structure your time. Plan your day and activities. Try to stay organized. You may find it helpful to make a list of daily tasks.
- Don't make important decisions when you're in the depths of depression, since you may not be thinking clearly.

### Discussion Questions

1. What are some of the things in your life that you find stressful?
2. Do you think stress and depression can cause teenagers to drink or use drugs?
3. How can your friends and family help you when you are under a lot of stress?
4. How would you prioritize your responsibilities to decide what to cut back on? What is most important to you? What is less important?
5. A teacher approaches you and asks you to consider serving on a committee for a semester. You are unsure about what your schedule is really going to be like. How can you handle this situation?

## Stress Intervention Role Plays

1. You have two major tests late next week, one of which is in a class that you are almost failing. You also have a big game with the basketball team early in the week and then your best friend's birthday is that weekend and you want to plan something for it. You think you can pull it all off until your mother tells you that your parents have to go out of town for a few days and you're responsible for your younger brother. You feel like you're going to crack. Act out what you would do in this situation.
2. Your father got a new job and has told you that the family has to move to another state. You are comfortable where you are and don't want to leave your friends and go to a new school in a new city. Act out how you could deal with this situation.

## Stress Activities

### Exercise #1

#### Can you handle it all?

Ask for one student volunteer. The student should be facing the audience with their arms extended out ready to hold a book. Place first book into the student's arms and say, "this book represents stress from your homework."

Add another book while assigning a form of stress to each book. Ex: stress from friends, family, boy/girl friend, teachers, job, etc. Keep adding books until you feel like the student is slightly struggling to hold all of the books.

Tell the class that this stack of books represents stress in our lives. Sometimes it is manageable, but overtime, it starts to build up.

What happens if one of the books drops? Answer: It can cause more stress. When we fail to do our homework or our daily responsibilities, it adds more stress to our lives.

Then ask, "What can you do to deal with stress (that is legal, of course)?" Ask students begin to answer, take a book off the stack of books in the student's arms until there is one book left.

Summarize: We all carry a stack of stress (books) in our lives. Sometimes it is manageable, but many times, we are burned out or at breaking point and can't take anymore.

Hopefully by learning about the different forms of stress and key coping skills, we can identify the forms of stress in our lives and ask for help when a situation is overwhelming.

**(Supplies:** Have a stack of books next to you to use for this activity.)

**Exercise #2**

**Juggling Stress:** Have a bag filled with soft, lightweight balls or tennis balls ready for this exercise.

Ask one student to volunteer. The student should stand about ten to fifteen feet away from you, facing you and ready to catch the balls you will toss to him. He must hold each of the balls in his hands. Each ball will represent a different stressor in the student's environment.

You can start by tossing the first ball and saying something like, "John has a test tomorrow that he has not started studying for."

And then the second ball, "He also has to babysit his younger brother this weekend instead of getting to go to the school basketball game," etc. Toss as many balls as he can hold, and with each one, make a different comment about a stressor he might be experiencing from: school, teachers, homework, coaches, girl/boyfriend, friends, parents, peer pressure, etc.

When the student can no longer handle any more balls, announce to the class that the stack of balls he is carrying represents his load of stress. All of us carry around a load of stress every day. Sometimes our load is manageable and we can handle holding onto it. Other times, it is not manageable.

How does stress accumulate during those times when it is overwhelming? (At this point, walk over to the volunteer and put the balls back into your bag.) Students sitting might say, "It comes at you all at once." Or, "it makes you get angry and cry."

At this point, you can say, "Yes, sometimes stress becomes unmanageable and overwhelming and it feels like it comes at you all at once. One minute, everything is fine, and the next minute, you might go to class and your teacher decides to assign you a really long paper, a group project, and a test that you didn't know about. Then your friend gets their feelings hurt by something you said and your mom thinks you're spending too much time on the Internet and decides to ground you..." (Or something along those lines).

At that point, you can toss all the balls at once to the student volunteer, so that all the balls fall around him and he can't catch anything. Then you can discuss with the class how sometimes stress feels so overwhelming that you can drop things or responsibilities in your life due to feeling overwhelmed.

This can launch a discussion about what stressors can make a student feel overwhelmed and how healthy coping strategies can help a student not to reach a breaking point.

## Other Points for Discussion

In this chapter, the characters talked about sexual promiscuity, sexual abuse, and self- medicating with drugs and alcohol. These are three very important topics to discuss, but it is important to be sensitive to with your audience and prepare for reactions and situations to uncover as these topics are discussed. T

\*The following are resources for each of these topics:

### Sexual Abuse

<http://www.childmolestationprevention.org>; <http://web4health.info/en/answers/sex-abuse-effects.htm>

*“When I was twelve years old, I was molested by my father, and not until I got older did it really start affecting me.” “I was promiscuous, always angry, afraid of men, they liking older me, just a lot.” Kaycee*

### Drugs, Alcohol and Tobacco: The Effects on Depression and Suicide

[www.about-teen-depression.com](http://www.about-teen-depression.com); [www.gdcada.org](http://www.gdcada.org); [teendepresssion.org](http://teendepresssion.org)

*“Drinking alcohol or liquor. Just drinking and smoking. And, I was like fifteen, sixteen” Hector*

*“I would steal it (alcohol) and they wouldn’t notice because I guess they weren’t paying attention to it.” - Hailey*

*“I would take all kinds of drugs just to take that pain away.” - Armekia*

*“If I didn’t feel like dealing with something I would take pills. Then I was sick and I didn’t have to deal with it.” Lacy*

## Discussion Questions

1. How does alcohol or drugs affect depression?
2. Why do teenagers (and adults) use alcohol or drugs to cope with life stressors and/or depression?
3. What is the connection with drugs/alcohol and suicide?
4. Do you think drugs and alcohol are a problem with your friends? If so, how does it affect you and your friends?
5. How would you tell a friend that you are worried about their drug and alcohol use? Do you think your friend would be angry with you? If so, is it worth it to address the risks in their life?



## Chapter 4: *What Happened?*

**“Suicide is the third leading cause of death among young adults 15-24 years old. Over 60 percent of people who die by suicide suffer from major depression.”**

Suicide is not caused by any one factor, but likely by a combination of them. Suicide is often a result of depression, a loss of self-esteem or an inability to visualize a better future. Some contributing factors include:

- Substance abuse
- Divorce of parents
- Parental unemployment
- Household financial problems
- Isolation from family or friends
- Rejection by a boyfriend or girlfriend
- Domestic violence or abuse
- Lack of success at school
- Depression

[http://hcpc.uth.tmc.edu/teen\\_suicide.htm](http://hcpc.uth.tmc.edu/teen_suicide.htm)

It is important for young adults to hear true, personal stories of other teenagers that have been in the same or similar situations as them. The following quotes are from the young adults in the film. Please print this page out and hand out to your group or write the quotes that you want to address with your audience.

**Please reflect on each of these statements:**

*“I didn’t think it would hurt me as bad as it did. I just thought my mom would realize how upset I was. Maybe it was really more of a cry for help.” – Hailey*

*“He was finally willing to go by the time we got there.” – Josh’s mom*

*“I was ultimately glad that I didn’t do it. I was reminded that there were people who cared about me no matter what I did.” – Josh*

*“I just realized that I like wanted to work to change my life” – Lacy*

*“I love you so much that I don’t want you to have to live without me.” –Crista*

*“I felt like other people understood what it felt like, what I was going through, and it was comforting.” –Crista*

*“I have always acted as if I was so strong or that things don’t bother me. It is embarrassing.” – Kaycee*

*“I am just getting to the point to feel comfortable to talk about the fact that I attempted suicide, because I know better.” – Kaycee*

## Chapter 5: *Did You Think About Whom You Would Hurt?*

Suicide is many times seen as a personal outlet from everyday problems. The phrase: "A permanent solution to a temporary problem" is many times used to describe the act of suicide. Yet, many problems in a young person's life don't seem temporary. They are real and they are in the present. It is too abstract for a teenager to conceptualize a better life or situation when they become adults.

A common thread in this chapter of the film is centered on the individual and there need to no longer feel emotional or mental pain. The following quotes illustrate the thoughts of young adults who contemplated suicide:

### Quotes from the Film

*"I don't like hurting people."* Christian

*"I was just at a point that I knew this is what I wanted to do.  
I didn't think about how it would affect anyone."* Kaycee

*"There was something that stopped me...I wouldn't say that I sat there and said 'oh wait I can't leave my mom or my dad'."* Lacy

*"I didn't care about what anyone else thought." "It was just about me."* Armekia

*"There are other people who have gone through what you are going through."* – Mock Call, Billie

### Discussion Questions

Read the quotes from this section to the class or have them written on a board or handout.

1. What is your first reaction to these quotes from the persons in the film?
2. Have you ever felt like one of these characters from the film?
3. If you heard someone say something similar to one of these quotes, how would you react?
4. Do you think someone who is contemplating suicide thinks about whom they will hurt or leave behind? Why or why not?

## Chapter 6: *Were There Any Warning Signs?*

Many warning signs for suicide exist, and it is paramount that teenagers and their parents know the warning signs and are able to identify them in another person. Crista's mother in the film said, *"Once they have reached that point where they have decided to take their life I don't think you'll see the signs of it unless you're really aware of what you are looking for."*

You may or may not always see these warning signs; however, research suggests that out of ten people who kill themselves; eight have given definite clues to their intentions.

### Warning Signs for Suicide

- Talk of suicide, death
- Preoccupied w/ death
- Withdraw from others
- Recent, severe loss
- Changes in behavior
- Loss of interest ...
- Will, arrangements
- Divest of possessions
- Previous attempts
- High risk behavior
- Degraded appearance
- Alcohol, drug use
- Hopelessness
- Facing failure
- History of violence
- Reject help

### Risk Factors for Suicide

- Break up/personal conflict
- Previous attempt
- Recent loss/failure
- Substance abuse
- Facing arrest/trial/prison
- Available handguns
- Family violence
- Poor communication
- Loss of self-esteem
- Physical illness/injury

### Analysis of Suicidal Behavior & Motivations

One of the most frequently asked questions concerning suicide is what motivates a person to consider it. There is not a way of categorizing all of the motivations that might be present, but the following types of suicidal crises detail a synopsis of both the behavior and possible motivations:

- **Impulsive suicide.**
  - Usually follows anger, disappointment or frustration.
    - Highly temporary, but in an impulsive person can also be very dangerous.  
*"He started getting violent and aggressive." Josh's parents*
- **Severe depression.**
  - The person could feel a sense of worthlessness about himself, and may also experience a shift in reality orientation.

- **Very serious illness.**
  - An escape for suffering for both the person and his family.
    - Whether the illness is factual or imagined is unimportant—the person must simply believe that he is ill.
- **The communication suicide attempt.**
  - Occurs when a person has no real wish to die but desires a radical change in the behavior of those around him.

*“My parents didn’t see what I wanted them to see, they only saw what they wanted to see. They thought ‘oh, she’ll get over it’.” Lacy*

Many people do not see this behavior as seriously suicidal, but claim the person is only “trying to get attention.” It must be realized that the need for attention is an extremely valid one in all of us, and the person who would attempt such a desperate measure in order to communicate his unhappiness must feel intolerably deprived of such attention. Although this behavior is potentially dangerous, it responds well to treatment.

### The Suicidal Crisis

Various types of behavioral aspects characterize a suicidal crisis:

- **Short term in duration** and works quickly toward some type of resolution. (Significant statistical aspect—most suicides occur within three months after the beginning of “improvement” when the individual has the “energy to put his morbid thoughts and feelings into effect.”)

*“Once that have made that decision (suicide) they are happier, they are laughing and it just seems like they have made a giant step forward then they are gone.” Crista’s mother*

- Will almost invariably **contain warning signals** in one form or another. (Will give many clues that will serve to tell others of his intentions.)
- People who consider suicide are **always ambivalent** to some degree.
- **Clues of suicidal thoughts** that result from the ambivalent state can be discerned from the person’s behavior and external circumstances.

*“They (her parents) didn’t know everything that was going on, because I was always the good kid, never doing anything bad.” Hailey*

### Discussion Questions

1. What are the warning signs for suicide? Can you think of a warning sign that it not listed?
2. What would you do if you identified a friend who was a risk for suicide?
3. What trusted adult would you talk to about a friend who was a risk for suicide? Suicide is never a secret. Always get an adult involved. Don’t try to help your friend by yourself.
4. What do the warning signs really mean? If a friend is warning you about their decision to commit suicide, what are they really communicating to you?
5. What are some of the risk factors for suicide? How do these risk factors affect teenagers in your school and/or community?

## Chapter 7: How Does Depression Affect the Family?

Depression affects everyone in an adolescent's life especially the family. It is difficult for parents and siblings to recognize changes in a young adult's life in a supportive role. Many of the symptoms of depression are similar to traits expressed by hormonal teenagers, but how do you know if this is a typical teenager or one that is battling depression.

The first step that clinicians recommend for families is to get your teenager a physical and wellness check from your family doctor. This may even open communication lines between the parent and child. After the check up is done, ask the doctor for referrals for counselors and resources on depression. If your child or student is diagnosed with a form of depression, educate yourself and the people who are in the teenager's life.

### Dealing with your own emotions

**Resource:** *Families For Depression Awareness* ([familyaware.org](http://familyaware.org))

The stress of caring for a depressed person is significant. Family and friends often develop depression themselves and suffer from anxiety or a host of other problems. Be sure to expand your social network through support groups and other caring communities. Try to find other people to help you care for your loved one, so you don't shoulder the responsibility by yourself.

#### Remember:

- **It's not your fault.** You did not cause your family member to be depressed. It is not due to anything you said or did. Depression is a medical condition that needs to be treated, just like heart disease or diabetes.
- **You are not alone.** Depression is an extremely common condition, and many families are caring for someone with depression. You can meet them through depression support groups.
- **Your reactions are normal.** Most caregivers experience a range of feelings, from compassion and understanding to frustration, anger, and hatred. These feelings are to be expected because it is extremely difficult not to take a depressed person's behavior personally. Symptoms such as withdrawal and irritability adversely affect you and create conflict in your relationship.

*"Sometimes I get frustrated that she's still calling me and dealing with this but she really has to deal with it. But, she has to get it out, that's their survival mode."* Lacy's parents

- **Your emotions will change.** Family caregivers commonly go through various emotional stages as they find out their loved one has depression and then move to managing the condition over the long term. Initial reactions are relief, shock, or even denial. Often families say they thought a magic cure would exist for the condition, and it would go away. As time goes on, you may feel angry or resentful that your life is different from other families' lives. You may grieve for the person you once knew and feel you have lost them. As you find effective treatment for your depressed friend or family member, you will feel relieved and lucky that your loved one is doing better. You may also be ready to reach out and volunteer or advocate for depression awareness.
- **Take time to care for yourself.** Set healthy boundaries and limitations on how much you will do. Take a vacation from care giving from time to time. Be sure to schedule time for yourself to do activities that you enjoy. Do not be afraid to seek counseling for yourself, to process and deal with your own emotions.

*"I didn't want to just give up my life for them. I wanted them to be a part of my life. I wanted to share my life with them."* Josh's mom

- **Find social support.** Dealing with depression can be very lonely and isolating. You've watched the healthy person you once knew deteriorate and suffer. Your friends don't understand, and it is difficult for you to go out. Make sure you find sources of social support through support groups and your community.
- **Have hope.** Remember that in most cases, depression is highly treatable (80% of patients improve with treatment). Depression is cyclical, so it will be worse at times, then become easier. Sometimes care giving will be overwhelming, but it is manageable. Finding the right treatment takes time but does happen eventually.

▪  
*"I said to myself: When they tell us (that Josh had bi-polar) it will be a relief, but no it hit me like a ton of bricks."* Josh's parents

### Discussion Questions

1. How does depression affect families?
2. How can families or parents help a child (teenager) with their symptoms of depression?
3. Are all families supportive? Who are other people other than family that could support a teenager with depression?
4. What would you say to a friend who has depression? How would it affect your friendship?

## Chapter 8: How Did You Get Help?

Treatments for depression are many, including talk therapy, medications, and treatment facilities, which is why there is no single cure for depression. The challenge of depression is finding what works best for the individual person. What might work for one person may not work for another. The essential part of treating depression is researching resources, information, and clinicians that are willing to work with you one on one to find the best treatment option for you.

### Depression treatment tips:

- **Learn as much as you can about your depression.** It's important to determine whether your depression symptoms are due to an underlying medical condition. If so, that condition will need to be treated first. How severe your depression is also has a role in treatment; the more severe the depression, the more intensive the treatment is likely to be.
- **It takes time to find the right treatment.** It might take some trial and error to find the treatment and supports that works best for you. For example, it might take a few tries to find a therapist that you click with if you decide to pursue therapy. Or you may try different types of exercise, finally to find that what's best for you may be a twenty-minute walk after work. Be open to change and a little experimentation.
- **Don't rely on medications alone.** It's hard to escape ads about medication as a treatment for depression. Although medication can be effective for severe depression, studies have shown that therapy can be as effective or even a more effective treatment for many types of depression. Therapy and/or lifestyle changes may be all you need, and they come without the side effects of medication. If you do decide to try medication, remember that medication works best when you pursue therapy as well.
- **Get social support.** The more you cultivate your social connections, the more protected you are from depression. If you are feeling stuck, don't hesitate to talk to trusted family members or friends. Asking for help is not a weakness but a sign of strength.
- **Treatment takes time and commitment.** All of these depression treatments take time, and sometimes it might feel overwhelming or frustratingly slow. That is normal. Recovery has its ups and downs.

Resource: [helpguide.org](http://helpguide.org)

### Clinician Referrals

- **Psychiatrists.** The American Medical Association, 'Doctor Finder' provides psychiatrist referrals by city. [www.ama-assn.org](http://www.ama-assn.org)
- **Psychologists.** The American Psychological Association lists state associations, some of which provide local referrals to psychologists; or call 800-964-2000 (U.S). [www.apa.org/practice/refer.html](http://www.apa.org/practice/refer.html)
- **Mental Health Facilities.** The Knowledge Exchange Network (KEN) has a services locator for mental health clinics and a toll-free telephone number, 800-789-2647. [www.mentalhealth.org](http://www.mentalhealth.org)
- **Social Workers.** National Association of Social Workers for therapy referral service. [www.naswdc.org](http://www.naswdc.org)
- **Family and Marital Therapists.** American Association for Marriage and Family Therapy offers a therapist locator, 703-838-9808. [www.aamft.org](http://www.aamft.org)
- **Cognitive Behavioral Therapists.** Academy of Cognitive Therapy has referrals to certified cognitive therapists by region. [www.academyofct.org](http://www.academyofct.org)
- **Child Psychiatrists.** American Academy of Child and Adolescent Psychiatry has referral directory on its web site or call 202-966-7300. [www.aacap.org](http://www.aacap.org)

### Quotes from the Film

*"It's ok to say to them, I don't know what to do with you or with me but you know what I am going to find out." Hailey's mom*

*"Actually, being around other people going through the same thing who wanted to help themselves taught me how to cope." Josh*

*"When I am feeling so depressed and so alone what I can do to keep my mind out of that space. Positive things I can do instead of sitting there and being depressed I can get up and go for a walk or I can read a book or something like that to get myself feeling better." Lacy*

*"I don't drink. I don't do drugs. I get plenty of sleep. I take my medication on a regular schedule." Josh*

### Discussion Questions

1. Identify the people in your support system. Who are the people in your "circle of influence" or who are supportive of you?
2. Who do you talk to when things get bad or you have a bad day?
3. How do you know if a treatment option is working?
4. How do you decide where to go to seek help for depression?
5. Does any medication work for depression? How do you know what medications work best for you?
6. Do you still feel the symptoms of depression if you are getting help?
7. What are the different types of depression?
8. What if someone does not want to get help or treatment for depression?



## Chapter 9: Have You Found Your Reason to Live?

*“You go through things, we all go through things but when you go to sleep and wake up, the problem is still there, maybe but you feel better. Nothing is bad enough for you to do anything like that (suicide).” Kaycee*

One of the reasons this film was made was to educate young adults and their families about depression and suicide. Throughout the film, it is clear that depression affects every ethnic, economic, and demographic group. The underlining message is that **“things do get better”** (Kaycee). Every person in the film who tried to commit suicide was glad that they did not succeed. They each have now found their reason to live.

*“There is hope for people who have depression. I have turned my life around 180 degrees. I am a completely different person. I still live with depression, you wouldn’t look at me on the street and single me out and be able to say that girl has depression.” Hailey*

It is a day-by-day commitment to reaching out for help, surrounding yourself with positive people, and finding resources and skills that help you through each and every day.

*“You know I do get those feelings and they do hurt, but I have to tell myself, yeah, they are going to be there. It is a life-long process. I am already stronger and I can beat them (the symptoms of depression). I have beaten them before and I can beat them again and again.” Giancarlo*

*“Things are (like) good. I wish that people could see me and know that I really was you. I really did survive and it’s really not that bad.” Lacy*

*“If you have some problems, you have to understand that sometimes you can’t fix it for yourself, sometimes you need someone (to talk too). And you don’t need to feel bad about it because nobody is perfect.” Hector*

*“I have to keep reminding myself that there are people out there that care about me.” Crista*

### Coping Skills

helpguide.org

#### Develop a wellness toolbox

Come up with a list of things that you can do for a quick mood boost. Include any strategies, activities, or skills that have helped in the past. The more “tools” for coping with depression, the better. Try and implement a few of these ideas each day, even if you’re feeling good.

1. Spend some time in nature.
2. List what you like about yourself.
3. Read a good book.
4. Watch a funny movie or TV show.
5. Take a long, hot bath.
6. Listen to music.
7. Take care of a few small tasks.
8. Play with a pet.
9. Write in your journal.
10. Do something spontaneous.

## Overall Discussion of Film

1. How did this video make you feel?
2. What did you think about the crisis hotline and callers?
3. Who can you go to for help if you think you are depressed?
4. What are the warning signs for suicide?
5. What are the symptoms of depression?
6. What could you do to help a friend?
7. What would you do if you were worried about a friend – who would you call or tell?
8. What would you do if you were worried about yourself or a friend? Where would you go for help?
9. What would you do if you thought a friend might commit suicide?
10. How would you approach parents or counselors with your concerns and/or problems?
11. How do you feel about different treatment options presented in this film?
12. Which character or issue do you most identify with personally?
13. What impacted you the most about this film?
14. If someone asked you what the documentary, *"A Reason to Live"*, was about, what would you say?
15. If you could add a chapter in the film that you think is missing, what would it be?

Some of the reactions in tested audiences have been laughter, crying, and side talking. If you notice notable reactions during the viewing of this film, please do not hesitate to address the reactions.

16. What made you laugh during (identify the part of the film) the film?
17. What were some of the side conversations during this film?
18. How did it make you feel when you heard someone laugh or cry during the film?

\*Please take notes during the film and add your own questions to the list.

**APPENDIX**

## Student Release

YOU'RE SCHOOL LOGO HERE

Date \_\_\_\_\_

School address \_\_\_\_\_

Dear Parents:

As you may know, teen suicide and depression are two topics that have affected our students at (*your school name here*). The state guidelines suggest that students in grades 6 to 12 should learn to safeguard their health and safety and learn strategies for avoiding harmful situations.

We will be showing a documentary, *A Reason to Live*, about teen depression and suicide. In addition, we will be presenting a unit with prevention and education information on a crisis, stress, teen depression, and suicide. Unfortunately, this situation is on the rise with our youth. The program emphasizes personal safety, warning signs for suicide and depression, and appropriate ways to respond to a friend or classmate who needs help.

Please allow your child to participate in this presentation. The unit will be presented on (insert date) and is designed to provide students with information and skills they can use to help themselves and their classmates. The unit also encourages students to seek help from a parent or caring adult if they experience any of the topics discussed in the presentation. We encourage students to talk with their parents about these issues as well. Although this presentation obviously touches on issues related to depression and suicide, it is focused on prevention and intervention.

If you would like to know more about the content or purpose of the presentation, or how to reinforce the messages with your child, please feel free to contact us.

Sincerely,

YOUR NAME

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PARENT PERMISSION – “*A Reason to Live*” Documentary & Education on Teen Depression & Suicide

I give permission for my son/daughter \_\_\_\_\_, to participate in a unit about a teen depression and suicide. I understand that granting or withholding permission will in no way directly affect his or her grades or other school performance in any way. This form must be returned by (insert date) in order for your son/daughter to participate.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Suicide Risk Assessment

- |  |     |    |
|--|-----|----|
| 1. When you say _____, do you mean you are thinking of committing suicide? | YES | NO |
| 2. Have you thought about suicide in the past 2 months?                    | YES | NO |
| 3. Have you ever attempted to kill yourself?                               | YES | NO |

*If there is a YES answer to at least one of the above questions, you will need to conduct a full suicide risk assessment (below). The initial questions under Suicidal Intent are important to determine as soon as possible to identify the lethality. Often, the answers to many of the other questions will be revealed by the caller as they tell their story. If not, weave the questions into the flow of the conversation.*

### **Suicidal Intent (Expressed intent to die, plan and availability of means)**

Do you have a specific plan to kill yourself?	YES	NO
---	-----	----

How available are the means to do this?	AVAILABLE	NOT
---	-----------	-----

What things have you put in order to prepare for your death?	SPECIFIC STEPS TAKEN	NO STEPS
--	----------------------	----------

Do these include giving away of possessions? Writing a note?	YES	NO
--	-----	----

Is the attempt in progress?	YES	NO
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Why do you feel suicide is an option? OR

What do you envision happening if you actually kill yourself? (e.g. escape, reunion with others, rebirth, reaction of others?)

### **Suicidal Desire (No reasons for living, wish to die)**

Tell me more about what has led to your suicidal thoughts...

Are you feeling a sense of being trapped?	YES	NO
---	-----	----

Are you feeling hopeless?	YES	NO
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Are you feeling helpless?	YES	NO
---------------------------	-----	----

How would others feel if you killed yourself? (Perceived as a burden?)	YES	NO
--	-----	----

How intolerably isolated and/or alone do you feel? (Scale of 1 to 5, 5 most alone)	5	4	3	2	1
--	---	---	---	---	---

On a scale of 1 to 5 (5 most severe), how much hurt, anguish or misery are you feeling right now?	5	4	3	2	1
---	---	---	---	---	---

**Suicidal Capability (A sense of fearlessness to make an attempt; a sense of competence to make an attempt)**

Do you have a history of past suicide attempts?	YES	NO
---	-----	----

Have you ever lost someone to suicide?	YES	NO
--	-----	----

Can you think of a time when you have been unusually aggressive towards someone?	YES	NO
--	-----	----

If yes, have these been recent acts?	YES	NO
--------------------------------------	-----	----

Do you frequently use drugs or alcohol to modify your mood?	YES	NO
---	-----	----

Are you using alcohol or drugs right now?	YES	NO
---	-----	----

Are you afraid of killing yourself?	NO/LITTLE FEAR	YES/FEAR
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Would you say that your moods have changed a lot lately?	YES	NO
--	-----	----

Have you felt more agitated lately (i.e. extreme physical restlessness combined with emotional turmoil)?	YES	NO
--	-----	----

Have you had more difficulty sleeping?	YES	NO
--	-----	----

Have you felt an increased sense of anxiety lately?	YES	NO
---	-----	----

Does the caller seem like they are out of touch with reality? (Hearing voices, etc)	YES	NO
---	-----	----

**Buffers/Connectedness**

Past history of mental illness—Have you ever been treated for a mental illness?	YES	NO
---	-----	----

Are you in treatment now?	NOT IN TREATMENT	IN TREATMENT
---------------------------	------------------	--------------

If so, how much of this have you discussed with your therapist?	HAVE NOT	HAVE
Can you or I call them now?	YES	NO
Is there anyone there right now? May I speak with them?	ALONE	WITH SOMEONE
Is there a family member or friend you would like me to call?	NO ONE	CAN CALL
Tell me about other people in your life that could be supportive (family, friends, therapist, neighbor, church member)—	NO ONE	SOME
What would you like to accomplish before you die? OR		
What plans for your future would suicide prevent from happening? OR		
Tell me about what you see in your future.		
Sounds like you have given a lot of thought to suicide;		
what might keep you from doing that?	NOTHING/VERY LITTLE	SOMETHING
Is killing yourself OK?	YES	NO/UNSURE
Resources/Referrals given?	NO	YES
Action Plan---		

Did the caller connect with you (express appreciation, readily disclose information, etc)? NO YES

*Based upon the greater number of left-column items circled, the greater the risk of suicide. Also, use this to help you make a determination if an intervention is necessary.*

Overall Suicidal Assessment: \_\_\_\_\_ low \_\_\_\_\_ moderate \_\_\_\_\_ high

Did you facilitate any intervention (using ADAPT or Police)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If ADAPT Community Services Mobile Crisis Unit is an appropriate referral: 1-866-260-8000**

## How To Help a Friend – C.L.U.E.S.

A Gatekeeper's role is to watch out for others who might be facing danger. By being aware of warning signs of stress, depression and suicide, you can recognize when a friend needs help. The word "clues" gives you clues about how to help.

**Connect.** If you are concerned about a friend, find a time to talk with the person privately and express your concern. Give specific examples of the behavior that concerns you. The trusting strong relationship you have makes it easier to be direct, and your friend will probably be glad that you took time to connect.

**Listen.** Be prepared to listen to whatever is bothering your friend. Even if it seems unimportant to you, listen in a nonjudgmental way. Encourage your friend to talk by avoiding questions. Start sentences with "Tell me about...." You don't need to give advice or solutions. Just being attentive is often enough.

**Understand.** After listening tell your friend that you understand his/her problem. Tell him/her that you understand how difficult the problem is, and that you understand the feelings. Understanding is not necessarily agreeing. Never support destructive behavior. Get help if you need to.

**Express concern.** One of the most effective ways of letting a friend know you are concerned is to say, "I'm a little worried about you because...." Let them know that it would matter to you if something happened to them. Tell your friend that you are not going to ignore the problem and that your friendship is too important for that.

**Seek help.** Trust is important in any friendship. However, if you feel that your friend is in danger of hurting himself or someone else, you must seek help immediately. Offer to go with your friend to talk with an adult. Depression and suicide are problems too big to handle alone. Your friend's wellbeing is most important, so don't be afraid to ask for help. Calling CONTACT Crisis Line or going to a trusted adult is the place to start.

\*Remember, even if you follow the clues, you may not be able to stop destructive behavior, and you are not responsible for the choices your friends make.



## Depression Checklist

In order to recognize symptoms of depression, and whether or not depression is a problem for you, please go through each question below and write down your response, recording the indicated numeric score for each question.

**During the last two weeks, have you experienced the following?**

**1. Unhappiness, emptiness, sadness or irritability most of the day, nearly every day.**

(If answer is true, give yourself 3 points)

(If answer is false, give yourself 0 points)

**2. Decreased interest or pleasure in most activities most of the day, nearly every day.**

(If answer is true, give yourself 4 points)

(If answer is false, give yourself 0 points)

**3. Had a significant change in appetite or weight.**

(If answer is true, give yourself 1 point)

(If answer is false, give yourself 0 points)

**4. A lowered energy level; even simple tasks are now an effort.**

(If answer is true, give yourself 2 points)

(If answer is false, give yourself 0 points)

**5. Feelings of hopelessness or helplessness.**

(If answer is true, give yourself 3 points)

(If answer is false, give yourself 0 points)

**6. Trouble concentrating on simple tasks that were never a problem before.**

(If answer is true, give yourself 1 point)

(If answer is false, give yourself 0 points)

**7. Preferring to stay by you rather than interact with other people.**

(If answer is true, give yourself 1 point)

(If answer is false, give yourself 0 points)

**8. A feeling that you are "not yourself" anymore.**

(If answer is true, give yourself 1 point)

(If answer is false, give yourself 0 points)

**9. Your sleep patterns have changed (e.g.,) waking up too early or trouble falling asleep.**

(If answer is true, give yourself 2 points)

(If answer is false, give yourself 0 points)

**10. Thoughts of suicide or death.**

(If answer is true, give yourself 4 points)

(If answer is false, give yourself 0 points)

**Results:****Total your score. If your score is:**

**0 to 2 points:** Based on your answers to the questions in the quiz, you have scored in a range that often is not associated with major depression. But if this is an area of concern to you, you might want to contact your Employee Assistance Program (EAP).

**3 to 6 points:** Based on your answers to the questions in the quiz, you have answered positively to several questions that are indicators of depression. You might benefit from contacting your EAP.

**7 to 22 points:** You have reported many of the symptoms found in people with major depression. This is considered a high score. You should consult with your family physician soon as possible.

By Drew W. Edwards, MS

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## Additional Resources

For more information and resources on suicide visit the following websites:

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- **National Suicide Prevention Lifeline 1-800-273-TALK** [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- **CONTACT Crisis Line (Dallas, TX)** [www.contactcrisisline.org](http://www.contactcrisisline.org)
- **National Strategy for Suicide Prevention** [www.mentalhealth.samhsa.gov/suicideprevention](http://www.mentalhealth.samhsa.gov/suicideprevention)
- **National Suicide Prevention Lifeline** [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- **American Association of Suicidology** [www.suicidology.org](http://www.suicidology.org)
- **American Foundation for Suicide Prevention** [www.afsp.org](http://www.afsp.org)
- **National Institute of Mental Health** [www.nimh.nih.gov/health/topics/suicide-prevention/index.shtm](http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtm)

### National Resources on Mental Health

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- **National Mental Health Association** [www.nmha.org](http://www.nmha.org)
- **National Institute of Mental Health** [www.nimh.nih.gov](http://www.nimh.nih.gov)
- **National Alliance For The Mentally Ill** [www.nami.org](http://www.nami.org)
- **National Depressive and Manic-Depressive Association** [www.ndmda.org](http://www.ndmda.org)
- **National Foundation for Depressive Illness** [www.depression.org](http://www.depression.org)
- **Substance Abuse and Mental Health Services Administration** [www.samhsa.gov](http://www.samhsa.gov)
- **American Psychiatric Association** [www.psych.org/public\\_info/](http://www.psych.org/public_info/)
- **Mental Health Net** [www.mentalhelp.net](http://www.mentalhelp.net)
- **American Academy of Child & Adolescent Psychiatry** [www.aacap.org](http://www.aacap.org)
- **ASPEN of America** [www.asperger.org](http://www.asperger.org)
- **Children and Adults with Attention Deficit Disorder (CHADD)** [www.chadd.org](http://www.chadd.org)

### 12-Step Resources

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- **Adult Children of Alcoholics** [www.adultchildren.org](http://www.adultchildren.org)
- **Al Anon** [www.al-anon.alateen.org](http://www.al-anon.alateen.org)
- **Alcoholics Anonymous** [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)
- **Cocaine Anonymous** [www.ca.org](http://www.ca.org)
- **Codependents Anonymous** [www.codependents.org](http://www.codependents.org)
- **Dual Disorders Anonymous** [www.dualdisordersanonymous.com](http://www.dualdisordersanonymous.com)
- **Dual Recovery Anonymous** [www.draonline.org](http://www.draonline.org)
- **Emotions Anonymous** [www.mtn.org/ea/](http://www.mtn.org/ea/)
- **Marijuana Anonymous** [www.marijuana-anonymous.org](http://www.marijuana-anonymous.org)
- **Narcotics Anonymous** [www.na.org](http://www.na.org)