

## **The Youth Workers Guide to Helping Teenagers in Crisis – Notes**

In therapeutic terms, crisis is a *period of disequilibrium that overpowers a person's homeostatic mechanisms. In plain English, crisis throws people off balance – emotionally, spiritually, cognitively, and maybe even physically.*

Crisis is: *Any event or series of circumstances which threatens a person's well-being and interferes with his or her routine of daily living. In other words, crisis is a self-defined experience.*

### **3 kinds of crisis in adolescents:**

- *Acute crises* are pointed, painful, and immediate. Demands immediate attention...possible serious emotional or physical danger...suicidal episodes, drug overdoses, losing a loved one or friend.
- *Chronic crises* are enduring, recurring, and persistent; comes from ongoing, accumulated pain.
- *Adjustment crises* are temporary, transitory, and situational. Reflect difficulty adjusting to the demands of growing up or adapting to rapid change: lying, trust violations, communication breakdowns, defiance of reasonable standards and values, impulsive behavior.

### **How crisis affects people**

- Takes people by surprise
- Overwhelms
- Awakens other unresolved life issues
- Reduces people to inaction
- Distorts thinking, feeling, and acting
- Paints a gloomy picture of the future: People in crisis question whether things will ever get better. They feel helpless (too much; I can't handle it), hopeless (there's no way out; this pain will never end), and hapless (I'm unlucky, and that's that).

## **Chapter 1.2 – Dangerous Opportunity**

Youth ministry cannot be long distance. We must enter the world of the adolescent, just as Christ entered ours. We are sent onto their "turf". We must become accessible to them by intentionally placing ourselves in the midst of their subculture. In the same way that Jesus moved close enough to touch and be touched, so too, we are called to minister to youth at close range. It's sobering to remember that the person who's close enough to be touched is also close enough to be vulnerable, hurt, abused, even crucified.

2 Corinthians 1:3-7 – comfort is better translated "coming alongside." To really come alongside requires a willingness to suffer with those who suffer.

## **Examining our motives**

- Morbid curiosity: rubbernecking
- Personal gain: achieving recognition
- Gossip

## **Questions to ask yourself about your motives:**

1. What do I expect to gain as a result of my involvement in this crisis?
2. Are there obvious reasons why I should choose not to be involved?
3. Is there any reason I can't be trusted to honor this confidence?
4. Will this person's success raise my feeling of self-worth?
5. Will this person's failure cause me to think less of myself?
6. Am I willing to step aside if someone with better skills is available?

## **INTERVENTION**

**Triage** – to sort: is the first step in crisis intervention; when you KNOW there is reason for concern

When there is a problem, job one is finding out how great the risk is so you can determine the best course of action.

### **Create a safe place**

*Getting the facts:* It's important to get more than one perspective if you can; Facts are the raw material for solving the problem

*Taking time to listen to their stories:* Prompts to get the ball rolling:

- Tell me what you'd like to talk about.
  - Tell me where your story begins.
  - Who else is involved in this story? How are they involved?
  - How have you managed to cope until now?
  - Who is supporting you through this?
  - If you were your friends, would you be worried about you? Say more about that.
  - Have you considered hurting yourself or someone else?
  - Are you under the care of a doctor or counselor? When was your last visit? How helpful is that? Tell me more about that.
  - Are you on medication?
  - Are you self-medicating? Talk more about that.
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- A good follow-up question to get to the root problem is, "And how's everything else going?" or "When was the last time this wasn't a problem? Tell me about that."

*Building trust:* Teenagers and families sometimes fear that if we really knew the truth about them, we'd want nothing to do with them – which is too often how it turns out.

*Allowing for the expression of feelings:* Deep listening takes time. Open-ended, guiding questions can help facilitate the process:

- And what did you feel then?

- Talk about your other feelings.
- What did you think he or she was trying to do?
- What did that make you want to do?
- What else would you like me to know?

*Assessing the level of immediate risk:* Creating a safe place includes: 1) Not blowing things out of proportion by assigning to high a risk factor for the circumstances and 2) Demonstrating that you take the individual seriously by testing the level of risk.

### **Determining whether someone is a suicide risk: SLAP**

S – Specific details

- Is there a plan?
- How well has he thought through the plan?
- Has he determined a time? A place? A method?
- On a scale of 1-10, where would he place himself? 1=never; 10=ASAP

L – Lethality of method

- Does the method indicate a clear desire to die (guns and jumping are more lethal)
- Could this be a cry for help?

A – Availability of Method

- If the method includes a gun, poisons, or other lethal measures, are they available

P – Proximity to helping resources

- Does the plan involve a location where he might be difficult to reach
- Does the plan indicate that he might want to be interrupted?
- Can he name someone who'd want to stop him?
- A person who has difficulty naming such a person is a high risk.
- If he id's a person, that tells you whom to involve in a suicide watch.

You've come this far, so just say it: "Will you promise me that if things ever get so bad that you want to die, you'll come find me?" Now he knows at least one person who doesn't want him to die.

*Questioning the appropriateness of your involvement:* We must ask ourselves: Am I the right person to move this forward? Can I take them where they need to go? Do I have the skills necessary to help in the long term?

### **Making Connections**

If we're going to be helpful, especially to young people, we have to become adept at making person-to-person connections.

On any given day, "who we are" as helpers in crisis may be more important than "what we know."

### **THE ANATOMY OF A HELPER**

Young people are drawn to men and women who have already demonstrated they are approachable and willing to help no matter what. Here's what that kind of person looks like:

- *Humor*: Proverbs 17:22
- *Empathy*: Young people in crisis are drawn to people they sense understand or are willing to work at understanding what they're going through. Empathy is feeling your pain in my heart.
- *Availability*: It's one thing to say we care, but our presence shouts it so loud it can hardly be missed.
- *Emotional Focus*: You must be there emotionally as well as physically.
- *Approachability*: Youth workers who are approachable:
  - Value the importance of each person and communicate those feelings with their words and actions.
  - Never willingly embarrass anyone in front of others.
  - Avoid telling or even listening to ethnic, racial, or gender jokes.
  - Never challenge a young person's sexual identity, and always challenge those who do.
  - Avoid competitive activities that exclude people who lack physical prowess.
  - Can be trusted to keep a confidence
- *Resourcefulness*: Bring clear perspective and greater capacity to identify solutions than those caught in the middle of the crisis.
- *Training*: We must do everything we can to prepare for the task. Become a student of students, sharpen your skills, and deepen your understanding of what helps kids and their families succeed.
- *Servant Spirit*: Be a servant first

“Almost, without exception, those who survive a tragedy give credit to **one person** who stood by them, supported them, and gave them a sense of hope.”

**Therapeutic Alliance** is the relationship between the helper and the person being helped. It is important.

### Chapter 2.3 Deep Listening

Few young people ever have the experience of being *really* listened to by an adult – someone who takes the time, energy, and focus required to truly understand. (Good quote on pg 58)

#### **5 Key Elements in Deep listening:**

- *Unpack your own bag*: Know the people and the context and the “missionary.” What’s in your bag?
  - Life Story: Cumulative life experiences
  - Age
  - Language
  - Gender
  - Education
  - Physical Surroundings
  - Personal Condition
  - Personal feelings

Teenagers need adults who receive them as they truly are. Ordinary people felt safe around Jesus. He treated them like people, not projects.

- *Listen to the whole person with your whole person*
  - Use our eyes as well as our ears...watch for nonverbal cues, as well as eye contact.
  - Vocalize unobtrusive encouragement and request more info
  - Leaning toward the person from time to time communicates intentional presence
- *Listen to the story behind the story:* Use questions to clarify what's been said and repetition to confirm that both parties are having the same conversation. Remain engaged until what is being said and what is being heard are the same thing.
  - Attending: give focused attention. Listen with everything you are.
  - Clarifying: hear everything that is being said. "What I hear you saying..."
  - Evaluating: How should you respond to what you just heard
  - Ask for more info
  - Remain silent
  - Express our feelings
  - State our opinions
- *Listen with God's Help:* Hebrews 13:20-21 – We are equipped "with everything good" for doing God's will.

## **Chapter 2.4: Action Plan**

Action Plan Worksheet:

1. What is the identified problem (beyond the presenting problem)?
2. What are the possible outcomes (both negative and positive)?
  - a. Which is the most desirable outcome?
  - b. What general steps are required to move toward that outcome?
3. Who are the active participants, and what is their stake in the outcome?
4. Who are the passive participants, and what is their stake (and what can be expected from each stakeholder)?
5. Who else should be involved in the solution?
  - a. Extended family?
  - b. Professional referral?
    - i. Medical doctor?
    - ii. Psychiatrist and/or psychologist?
    - iii. Social worker?
    - iv. Law enforcement?
    - v. Lawyer?
    - vi. Pastor?
    - vii. School personnel?
    - viii. Employer?
    - ix. Friends?
6. What specific steps must be taken?
  - a. In what order?
  - b. Who should take responsibility for each step?
  - c. Who should provide support?
7. What is the timetable?

8. What other resources are required?
  - a. Money?
  - b. Transportation?
  - c. Temporary lodging?
  - d. Food?
  - e. Other?
9. Who will provide on-going support and feedback?

### **Chapter 3.0 - The Bigger Picture**

Being the right person to begin an intervention doesn't necessarily make you the right person to see it through to the end. You need to *be there* at the end, but you may not be in charge.

### **Chapter 3.1 Referral**

To be effective, referral must be *responsible, timely, appropriate, and sensitive to financial and other considerations*.

**Ask a dozen people where they would go for help with a medical crisis, drug or alcohol dependency, an eating disorder, individual or family counseling, sex abuse, domestic violence, sexual conduct issues, and post-traumatic stress disorder. Several names will come up more than once. Once you've narrowed your list, compose a half-page letter to each of them, explaining who you are and what you're doing (building a crisis network) and asking if you can schedule a brief appointment to introduce yourself and visit for a few minutes about her practice about how she prefers to take referrals from outside her field.**

Do they know what they are talking about?

Did she seem to care about adolescents?

Did she engage me with openness or try to intimidate or bluff me?

Would I be comfortable introducing her to someone who loves and trusts me?

Your crisis network should include:

- Counseling services – psychiatrists, psychologists, family therapists
- Psychiatric hospitals or specialized units for adolescents
- Crisis telephone lines (include national toll-free hotline numbers)
- Poison control center
- General hospital special care units
- Drug and alcohol abuse programs and support groups
- Adolescent stress units and support groups
- Eating disorder treatment programs and support groups
- Community health and mental-health centers
- Crisis pregnancy programs
- Police departments (juvenile officers)
- Hospital emergency units
- Family mediation and legal services
- School counselors and administrators
- Psychiatric social workers

- Drug and alcohol abuse counselors
- Department of Social services/Child protection services
- Department of mental health, community services
- Crisis help centers
- Alcoholics anonymous
- Narcotics anonymous
- Church related support groups
- Anti-abuse programs

It's helpful to compile the following basic info about each program:

- Name of program or individual
- Address (how to get there)
- Telephone number
- Services rendered
- Admission requirements
- Referral procedure
- Costs
- Name of a specific contact person

#### **When should you refer?**

- When you sense a situation is beyond your capabilities
- When you believe specialized treatment may be warranted
- As soon as you believe the person you are helping may be dangerous to himself or others

Once you know you need to refer, square one is finding out about financial resources.

#### **Chapter 3.2 Legal and Ethical considerations**

Five reasons youth workers are stupid (or do dumb things):

- Ignorance: Many volunteers don't realize the legal responsibilities of working with minors.
- The personal fable: bad stuff only happens to other people
- Entitlement: They don't like the rules.
- Desire to be liked
- Unwillingness to pay the price: Being safe costs something...background checks, more staff, etc

#### **Four ways to act responsibly and cover the legal bases as you respond to the needs of young people and their families**

1. Be who you say you are: unless you are a counselor, don't say you are doing counseling.
2. Staff selection, supervision, and training: Every organization that puts children in contact with adults must show due diligence in determining whether or not the adult has a record of criminal behavior toward young people.
  - a. Have you been convicted of a criminal offense? If yes, please explain.
  - b. Have you been convicted of child abuse or sexual abuse or been involved in any activity related to molesting or abusing children or teenagers? If yes, please explain.

- c. What moving violations are on your driving record? Please list and explain.
3. Confidentiality: don't make unwise promises. The assurance that we understand how difficult it is to say some things and the promise that we won't treat their experiences lightly are all most teenagers require before plunging into the dark waters of trust.
4. Mutually confidential relationships: This is like professional backup.

### **Chapter 4.0 Preventive Partnerships**

Youth workers are uniquely positioned to prevent all manner of heartache. Prevention is relational. Relationship is proximity. We can't prevent a crisis in a kid's life if no one is close enough to sense a disturbance. Effective crisis prevention engages a network of friends and caring adults who look out for each other and know each other well enough to sense when something is going wrong.

A network can prevent certain types of crises:

Addiction, bullying, co-dependency, cutting, eating disorders, running away or flight, sexual exploitation, suicide, truancy, violence

Prevention springs from partnerships: family, friends, and caring adults who are near enough to notice when something goes wrong.

Some things to remember:

- Students engaged in peer mediation do an enormous amount of good for each other.
- Friends are generally the first to sense signs of struggle
- Siblings often see what parents miss
- Parents are the principal stakeholders in any child's welfare
- Teachers' almost daily contact with students enables them to track the ebb and flow of social interaction and emotional well-being
- School administrators can bring focus and urgency to an emerging problem if others are slow to act
- Physicians may be able to diagnose and treat physical disorders before they reach crisis proportions
- Local law enforcement personnel would rather prevent people from criminal activity than arrest them after the fact.
- In extreme circumstances, child protective services can act to remove a minor from harm's way

### **Chapter 4.1 Youth Groups**

Making disciples is communal by nature. Community is where crisis prevention happens.

How to accomplish crisis prevention with youth ministry community:

**Open environments:** If you're not close – really close – to someone who disagrees strongly with your politics, loathes your music, and can't fathom your taste in fiction, there's something wrong.

**Safe environments:** Healthy communities create the kind of safety that draws people back over and over, because, really, where else would they go to get that sort of unconditional love and

acceptance? Break the silence! When the social norm in a group is pretending no one has any recent failures and nobody is facing anything they can't handle, there's just no way that's a safe room. It takes a safe room to create a safe group, and that's what's required to help people with small problems instead of being frozen out of their lives until things fly apart. Each one's story is welcome. Safe rooms make place for the unexpected.

**Cultivate empathy:** The only differences between us are not in the facts of our brokenness and wrongdoing but in the *details*.

**Group intervention and referral:** Friendship is a commitment to look out for the best interests of another person. Boys and Girls Town National Hotline number: 800-448-3000.

## **Chapter 4.2 Parents**

Parents as partners

### **Engage parents in prevention:**

1. Reality check: If you think something may be out of balance with a student, check with his parents without alarming them.
2. Early warning: Ask parents what teens and other parents are talking about around the neighborhood.
3. Advisors: Ask a few parents to join an advisory group.
4. Networkers: Let parents help you get where you need to go in the larger community.
5. Interpreters: It helps to have parents who understand why you do what you do and can translate that to others.
6. Benefactors: Parents can help get crisis prevention and intervention funded.
7. Crap detectors: Bounce your ideas off parents who see the world differently than you do. Say, "This is what I'm planning to do. What am I missing?"
8. Advocates
9. Innkeepers: There will be a time when you need to arrange temporary housing for a student who needs a time-out from her household – or a parent in the same situation. In your crisis network, be sure to include a few families who are willing and able to do that.

Form an advisory group.

Ask questions. **People listen to people who listen.**

Offer periodic live briefings for parents. Invite experts for a 15 minute talk and 30 minute Q&A.

Offer an opt-in parenting newsletter.

Develop a peer-to-peer learning and support network.

Declare yourself available and capable for intervention. If parents don't know you are available and capable, why come to you for help?

## **Chapter 4.3 Schools**

How to form preventive partnerships with schools

1. Serve.
2. Get familiar with the language of crisis prevention and intervention as it relates to school-based prevention programs.
3. Align yourself with a community-based organization dedicated to helping schools.
  - a. Go to a couple of meetings and do a lot of listening.

- b. Schedule a lunch appointment with one or two of the old-timers so you can ask them about the history of the organization in your community.
  - c. Take on a small project and over-deliver.
  - d. Offer to host the next meeting at your facility, if that's appropriate.
  - e. After you establish yourself as a willing and thoughtful participant, tell them you'd like to visit with a couple of site administrators to see how they feel about their prevention programs and resources.
4. Ask students which school administrators have a reputation for caring about kids, and make an appointment with those individuals so you can introduce yourself and ask on behalf of your community organization what they wish they had for prevention and intervention.
  - a. Listen more than talk.
  - b. Promise to report your convo to the community org. you're aligned with.
  - c. Offer your services.
  - d. Ask if you can call them if you ever have knowledge of issues that may affect a student's performance at school – nothing confidential: things that a student might not think to mention to his teachers.
  - e. Leave a business card.
5. Don't cry wolf, but when you have a student in crisis, with his and his parents' permission, let the administration you identified know that he may not be at 100 percent for a few days.
6. Offer to participate in one of their drives (red ribbon week, etc) and do it well so they look good.
7. Don't ever abuse trust.

The rest of the book is helpful tips on practical ways to deal with specific topics. To include the notes from that part of the book would be impossible. There are a lot of helpful, specific things mentioned in the rest of the book.