

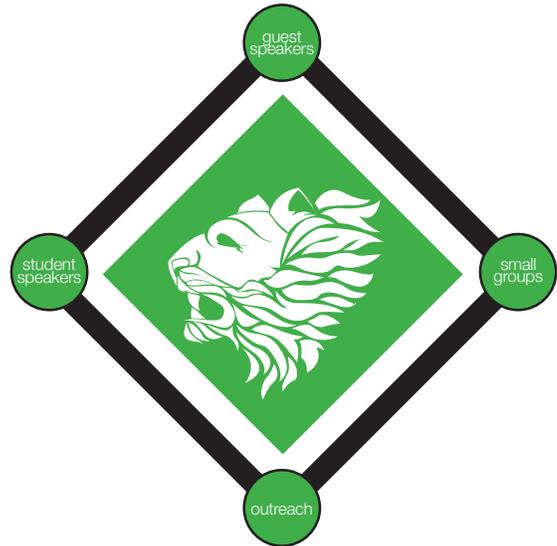


Inning Purpose: To grasp God's love, presence, and hope during critical situations such as depression, traumatic events, or suicide.

What to do when tragedy strikes your campus.

When tragedy strikes, people look for hope. It is our responsibility as Christians to give them the hope and compassion only found through Jesus Christ. Many times those affected by a crisis situation feel helpless. Part of our job as "workers in the harvest" is to reach out to those who are "harassed and helpless." (See Matthew 9:35–37.) This is one of the most effective ministry times you will experience. As you minister to the hurting, they will see how deeply you care. A door will be open to you that may never have otherwise opened.

The following Inning is a great resource for these times of tragedy. Allow the Holy Spirit to give you further ideas to establish a plan of crisis care. The following resources will help get you started. Study and share it with your club, campus coach, and youth leader. If you have further questions about crisis care, contact your school counselor or a local pastor.



INCLUDE (WEEK 1) SMALL GROUPS—OVERCOMING TRAGEDY

Purpose: To discuss the reality of depression, and to learn how to handle it yourself or help a friend who is depressed.

BEFORE THE MEETING:

- Make a list of the questions below to give to the small groups for discussion. Include key Bible verses under the questions.
- Ask members to find at least one person they don't know very well to be in their group.

MEETING AGENDA:

1. Pre-meeting prayer (leaders)
2. Welcome and attendance
4. Announcements (Keep announcements brief and low-key. Be sensitive.)
6. Small group discussion
7. Prayer/dismiss



DIRECTIONS FOR STUDENT RELATIONS LEADER:

- Divide into groups of three to five students. Let visitors stay with their friends.
- Read the first two questions to the whole group and have students quickly say answers out loud, then read any missed answers from your list.
- Questions three through five: Ask a question and allow two- to three-minute discussion among the groups, then facilitate a one-minute, to-the-point answer to the question from each group.

Q&A:

1. What is depression?

- When someone is constantly “down in the dumps” emotionally. Everyone has an occasional bad day, but depression is more like having bad months. When it’s been a long time since you felt like yourself, depression may be a reality. Depression can also be a medical condition.

2. What are the symptoms of depression?

- feelings of sadness, emptiness
- loss of interest in activities he or she used to enjoy
- appetite or weight changes
- changes in sleep patterns
- restlessness
- fatigue or ongoing energy loss
- difficulty making decisions
- feelings of worthlessness
- thoughts of death or suicide

3. What can cause depression?

- Some types of diagnosed depression can be genetic or the result of an underlying illness such as hypothyroidism. It’s important to check with one’s doctor. Other causes include...
- rejection from others
- overwhelming problems
- searching for answers to questions like, Who am I?, but not finding answers
- death of someone significant
- pressures of society (e.g., the unrealistic pressure to have “the perfect body”)
- falling short of others expectations



**Depression can be the devil’s attempt
to bring you down emotionally.
Jesus has the incredible power to heal depression.**



4. Are Christians immune from depression?

- No. Check out Elijah. (See 1 Kings 19:4.) He encountered depression. God didn't get angry with him; rather, He loved him, fed him, whispered gently to him, and led him to a friend, Elisha. (Read 1 Kings 19:5–18.) Let God take care of you and lead you to a friend, parent, or counselor to whom you can talk.
- Anyone can be depressed. Being a Christian doesn't mean you'll always be happy because we live in a fallen world. Being a Christian does mean we have the ultimate source of joy in our lives when we allow Jesus to have complete leadership in us.

5. What can I do if a friend or I feel depressed?

- If you are depressed, talk to others about your feelings.
- Surround yourself with positive people and events.
- Saturate yourself with God's view of you by reading His Word.
- Ask for forgiveness of any past mistakes which you have not released to God.
- Don't believe Satan's lies. You are loved!
- Remember grief is different from depression. Grief takes time to work through.

If you see a friend who's depressed...

- Include the person in your activities; compliment and encourage him.
- Pray God will uplift her.
- Simply love him and be a true friend to him.
- Introduce her to Jesus and start providing answers to some of her questions such as, "Why am I here?" She is ultimately searching for Jesus.

PRAYER/DISMISS

Pray for God to lift you up emotionally this week and ask Him to work in the lives of people who feel down or lonely. Ask God to open your eyes to students and staff members at your school who need encouragement.





INSPIRE (WEEK 2) GUEST SPEAKER—OVERCOMING TRAGEDY

Purpose: To be ministered to by a guest speaker in the wake of a tragedy. To prepare your club in advance should a tragedy ever take place on your campus.

BEFORE THE MEETING:

- If a tragic event recently occurred on your campus, let the speaker know the details and the current attitudes and emotions of the students. Help them be prepared!
- Invite the speaker at least two weeks in advance and give him or her the topic (tragedy).
- Instruct the speaker what time and where to meet the day of the club.
- Select a student to meet the speaker at the office, help him or her sign in as a visitor, and take him or her to the meeting room.
- Select a student to introduce the speaker. You will need to get background information prior to the meeting. Give the information to the student who will introduce the speaker. Instruct him or her to practice the introduction before the meeting.
- Contact your guest speaker again a day or two before the meeting to confirm everything. (This is also a good time to verify your facts for the introduction.)



YOU WILL NEED:

- Speaker (Possible speakers: counselor, local Christian or youth pastor who has experienced a tragic situation and can share how they got through it.)
- Refreshments

MEETING AGENDA:

1. Pre-meeting prayer (leaders)
2. Welcome and attendance
3. Announcements (Keep announcements low-key. Be sensitive.)
4. Introduce speaker
5. Guest speaker
6. Prayer/dismiss

**SUGGESTED IDEAS*****Where is God when tragedy strikes?***

Read Matthew 10:28–30. Even our hairs are numbered! Think about that the next time you put a comb to your head. He is so involved in the details of our lives. If He cares about the hair on our heads, He most definitely cares about us personally and is present when tragedy strikes.

If God is a God of love, why is there so much suffering?

We live in a world full of people who have said “yes” to sin and “no” to God. Sin brought suffering into the world. (Read Genesis 3.) If God were to get rid of all suffering, He would first have to get rid of everything sinful. That would mean putting all of mankind to death because there is evil in all of us. (See Romans 3:10.) Jesus loves us all so much even while we are sinners, He died to save us (Romans 5:8) and wants to give us the chance to choose Him.

Why do bad things happen?

God may use the trial so that you’ll find strength in Him, instead of yourself (2 Corinthians 12:9,10). Tragedy sometimes tests us or make us trust fully in God. Other times tragedy is a direct consequence of our actions (e.g., a student who drinks and drives and is involved in serious car accident). Sadly some people need to come to a place of desperation before they will look up to God. God can turn what the devil intended for harm into something that accomplishes His purpose in us. (See Genesis 50:20.)

What do we do when bad things happen?

Know God cares for you (1 Peter 5:7). Find your rest and comfort in God (Matthew 11:28), and know God is there with you (Matthew 28:20)!

**Questions about God surface when tragedy strikes;
ask the speaker to focus on the one that is most
significant to the situation.**



INVOLVE (WEEK 3) STUDENT SPEAKERS—OVERCOMING TRAGEDY

Purpose: To share how an individual can overcome a tragedy and to share how to deal with the death of a loved one.

BEFORE THE MEETING:

- Ask two to three students to speak using the outline on the next page or to develop an outline of their own that features the subject “overcoming tragedy.” Here are some suggestions:
 1. A YA member who has experienced the recent death of someone close or who is dealing with a tragic situation in his or her life (e.g., a loved one with a terminal illness, a house fire, a serious accident, parent’s loss of job, etc.).
 2. A YA member share about the death of someone in his or her life, how he or she dealt with the grief or is still dealing with the grief. (It is preferable that the event happened years ago so the person has had more time to go through the grieving process and see God work in his or her life.)
 3. Make sure both students are comfortable sharing this difficult subject in front of others, and they have a good grasp of how God is working in their lives and helping them overcome this tragedy.
- Ask a youth pastor review the written testimonies, if necessary, and give suggestions.

YOU WILL NEED:

- Student testimonies
- Refreshments

MEETING AGENDA:

1. Pre-meeting prayer (leaders)
2. Welcome and attendance
3. Announcements (Keep announcements low-key. Be sensitive.)
4. Introduce student speakers (name and grade)
5. Student speakers
6. Questions and answers
7. Prayer/dismiss



SUGGESTED OUTLINE

1. Share the story of the tragedy that happened in your life.
2. Share what emotions and attitudes you had during that time.
3. What kind of questions did you ask God?
4. How have those questions been answered? (Please share the Bible verses that answered those questions or brought you comfort during that time.)



Speaker 1—Include the following in your presentation:

What can someone do when they have a friend who is grieving?

- Be there. Even if you feel awkward or don't know what to say, your presence speaks that you care.
- Be available.
- Be a good listener.
- Be patient.
- Be a servant. Offer to help (chores, homework, etc.)
- Be a friend. Include him in fun activities to help cheer him up.

Speaker 2—Include the stages of grief in presentation:

Explain that grieving and mourning are necessary and assure students that what they are going through is part of the healing process.

FIVE STAGES OF GRIEVING:

(adapted from Elizabeth Kubler-Ross, *Grief and Mourning*)

Denial and isolation—Griever does not believe someone really died or that this is actually happening to him or her. Spends a lot of time trying to appear busy or act as if nothing happened. When reality hits, they move to stage two.

Anger—Griever becomes angry at everything and everyone including God and himself or herself. Often the griever may look for his or her lost loved one and even become angry with them for dying.

Bargaining—A person may be hard on himself or herself and ask questions like, "Why didn't I see it coming or do something?" He or she may even feel responsible for something that was out of his or her control.

Depression—This can be the lowest point of grieving. Counseling can be helpful or necessary at this point. Many times this is the stage where an individual is open to letting God step in and heal.

Acceptance—The griever is able to look back with a positive perspective. This doesn't mean the loved one is not missed; it means the person has dealt successfully with the loss.

PRAYER/DISMISS:

Spend at least five minutes in prayer. Announce the speaker for next week. Challenge the group to bring friends who are going through a challenging time to Invest week next week.



INVEST (WEEK 4) OUTREACH EVENT—OVERCOMING TRAGEDY

Purpose: To open our eyes to the needs in our friends' lives and prevent suicide by introducing them to the Message of hope, Jesus Christ.

BEFORE THE MEETING:

- Ask a key student who knows firsthand about suicide (either because he or she personally considered suicide or experienced it through somebody close to him or her) to share some facts about suicide. Turn the message around to show there is something worth living for. Jesus created us and has an awesome life for us. He's just waiting for us to ask Him to turn our lives around.
- Set up the chairs in a circle. (Be prepared to add extra chairs for visitors.)

YOU WILL NEED:

- Food/breakfast (e.g., doughnuts). Ask a church to sponsor the cost of your refreshments as an evangelistic investment.
- Items for the icebreaker
- Chairs
- Response cards and pens

MEETING AGENDA:

1. Pre-meeting prayer (leaders)
2. Welcome and attendance
3. Announcements (Limit announcements to date, time, and location for the next meeting)
4. Introduce student speaker (name and grade.)
5. Student testimony/gospel presentation
6. Invitation, prayer, response cards
7. Dismiss/initial follow-up

ICEBREAKER: "I'VE NEVER"

This game is similar to musical chairs. Start with a person standing in the middle and everyone else seated in a circle of chairs around that person. There should be no empty chairs. The middle person says his or her name and makes an "I've never" statement (e.g., "I've never been to the beach"). Everyone who has been to the beach needs to jump up and run to a new chair. Whoever is stuck without a seat must stand in the middle and make the next "I've never" statement. Go through as many students as you can, the faster the better, but leave enough time for the message.





SUGGESTED OUTLINE

"I know this is a change of pace, but I bet if I were to step in the middle of this circle and say, 'I've never thought about suicide or never thought life isn't worth living,' there would probably be many of you (if you were honest with yourself) who would get up and move to another chair, because you have been at that point in your life before."

(If the speaker has a testimony about suicide in his or her life or a friend's, this is the ideal time to say, "I understand..." Weave the testimony throughout the rest of the message.)

You're not alone!

- 1.4% of the population dies by suicide.
- Females attempt suicide three times more than males, although males complete suicide attempts more.
- Suicide is the ninth leading cause of death in our nation.

Group feedback:

"Why do people contemplate or attempt suicide?"

- Life has no meaning or purpose
- Won't be missed
- "I am a burden"
- Don't feel loved
- To escape a seemingly horrible situation or illness
- To gain attention
- To punish loved ones
- To find relief from feelings of hopelessness
- Breakup of a relationship
- Sudden disappointments

"Relating to one of these does not necessarily mean you are suicidal. We all have times when life disappoints us. You're not alone! When you feel this way, you have a choice to make—you can remain hopeless or you can turn to God and let Him give you a life worth living. (That's what I did.)

"Did you know God has a plan for you? (Read Jeremiah 29:11.) You might be thinking, 'You mean the God of this whole universe notices me?' Yes! He's loved you ever since He created you. Satan is the one who hates you and his ultimate goal is to make you feel miserable with no hope.

"After a suicide attempt, some people have scars on their wrists from trying to bring death upon themselves. Did you know that Jesus Christ has scars on His hands that offer you life? 'I will not forget you! See, I have engraved you on the palms of my hands' (Isaiah 49:15,16). Those scars happened when Jesus died on a cross to forgive all of our wrongs and heal all of our hurts. He was punished in our place and paid the price for our sin that we deserved to pay. Then He rose from the dead demonstrating His victory over sin and death. He did that so you could live a life free of guilt and depression.



“Do you want joy, hope, and acceptance in your life? Do you want a friendship that will never disappoint you? Put your Hope in God. ‘Then you will know that I am the Lord; those who hope in me will not be disappointed’ (Isaiah 49:23). Ask Him to lead your life. (Read Romans 10:9,10.) A life with God on your side is one definitely worth living!”

PRAYER/DISMISS:

Bow your head and close your eyes so you aren’t distracted. If anyone wants that awesome life that I talked about, I will pray with you asking God to be the leader of your life. It’s that simple!

“Heavenly Father, I know I have failed you many times. I am truly sorry. I know that for these sins I deserve death, but I also know Jesus’ death on the cross paid my debt. I accept Jesus as the leader of my life and all the promises He has in store for me like eternal life. Help me to live for You the rest of my life. In Jesus’ name. Amen.”

CHALLENGE:

Challenge the students to ask God to open their eyes to those around them in your school who may think life isn’t worth living or who are thinking about taking their lives. Begin to tell them about the hope we have in Jesus. Sixty-six percent of people who committed suicide communicated their intentions weeks before attempting it.

Signs to look for:

- Direct statements like, “I wish I were dead,” “I hate myself,” or, “You won’t have to worry about me then.”
- Makes arrangements to give things away
- In deep depression
- Changes in personality or moods
- Excessive guilt
- Withdrawal from friends and family

Life is precious, so take seriously any warning signs as an opportunity to share with others the hope you have. Be a real friend. Pray God will minister to your friend and get your friend to immediate professional help such as to a school counselor or minister.



The following provides resources for trauma counseling.
(Taken from *Surviving the Traumatic Event* by Blake Passmore. Used by Permission.)

GRIEF AND MOURNING

There are many theories about grief and loss. Elizabeth Kubler-Ross' model is a simple and practical model in understanding the process of grieving. I believe grieving and mourning are a needed and necessary part of the healing process. God uses this experience to wipe away our tears and heal the hurts. Kubler-Ross identified five distinct stages of grieving.

1. Denial and isolation

In this stage, the person may not believe the loss is true or they may not accept or believe the event is actually happening. Many times the person may actually go to other physicians (in the case of terminal illness) getting second opinions. The individual may expend great amounts of energy in trying to appear busy and normal as if nothing has happened. Eventually, the reality of the situation hits home and they move to the second stage.

2. Anger

In this stage, the individual may be angry at just about anything including themselves. The person may search for the lost loved one or may even be angry at the individual for whom they are grieving.

3. Bargaining

In this phase, it is not unusual to find an individual being judgmental of themselves because they did not do a certain thing or did not behave a certain way. They tend to hold themselves responsible for issues that were totally out of their control.

4. Depression

This is often the low point in the grief experience. All of the symptoms associated with depression are often present. It may be necessary to refer them to counseling or their physician for an assessment related to medications, etc. Many times it seems this is when God really steps on the scene and finishes the healing process.

5. Acceptance

Once acceptance of the loss is gained, the individual has dealt with his or her loss in a healthy way. They are able to look back and remember many of the positive memories about their loved one or have a positive perception about their experience. This does not mean the loved one is not missed; it means they have successfully dealt with their loss.

This model has been useful in many circumstances. I have used it to help others understand crisis situations related to natural disasters and relationships. The grief process is different for each person. Some may start at bargaining or anger. Many get stuck at the anger level and are unable to move on. Your job is to assess where they are and help them move toward acceptance.



HOW STUDENTS DEAL WITH GRIEF:

(Buckler-Dollins, Jo Ann; "Helping Teens through Grief," *Youthworker*, November/December 1998)

- Grief recovery is a choice.
- Grief recovery is a growth process.
- Use available resources, such as grief recovery support groups.
- Teenagers in recovery must realize they need to take a stance in facing their future, both on a short-term and long-term basis.
- Often have little physical or emotional energy to do anything but grieve. Encourage people helping teenagers in grief to assist in even the most minute tasks, but especially in making decisions.
- Let grieving teenagers know recovery isn't a place, a destination to be reached; it's a continual journey. Grieving is a journey of hope, healing, and peace.
- Help them acknowledge their need for support from loved ones.
- They must invest themselves in practical, meaningful activities in order to bring about emotional healing.
- Encourage teenagers in grief to reach out to others so they can put their hurt in perspective.
- They must not hurt themselves through bitterness. Encourage hope and release of their anger, pain, and frustration.
- Teenagers in grief must keep in mind that many others have experienced grief as well. This is the griever's common thread with humanity. They walk a lonely path, but they don't walk it alone.

SYMPTOMS OF MAJOR DEPRESSION

Individuals who experience trauma can also exhibit depression. It is important to be aware of the following symptoms which may indicate presence of some type of depressive disorder. Not all people with depression will have all these symptoms or have them to the same degree.

If a person has four or more of these symptoms, if nothing can make them go away, and if they last more than two weeks, a doctor or psychiatrist should be consulted.

- Persistent sad or "empty" mood
- Feeling hopeless, helpless, worthless, pessimistic, and/or guilty
- Substance abuse
- Fatigue or loss of interest in ordinary activities
- Disturbances in eating and sleeping patterns
- Irritability, increased crying, anxiety, and panic attacks
- Difficulty concentrating, remembering, or making decisions
- Thoughts of suicide; suicide plans or attempts
- Persistent physical symptoms or pains that do not respond to treatment



STATISTICS AND FACTS ABOUT SUICIDE

Attempters:

- Females attempt suicide three times more often than males
- Races are equal in suicide attempts
- People with lower income and lower education are more likely to attempt suicide
- Seventy percent of nonfatal attempts ingest pills
- 22% of nonfatal attempts chose cutting or stabbing

Completers:

- More males complete
- More whites complete
- Most use a gun
- Most have no responsibility for children

Method of choice:

- Gun shot accounts for 66% of all completions
- Hanging accounts for 14% of all completions
- Other methods include poisoning, ingestion of chemicals, cutting/stabbing

Variables that increase likelihood of suicide attempts:

- Alcohol abuse/dependence
- Major depression
- Bipolar illness

Other facts:

- 1.4% of our population dies via suicide each year.
- Counties with lower divorce rates have lower rates of suicide attempts.
- Higher church attendance rates indicate lower suicide rates.
- Suicide is the ninth leading cause of death in our nation.
- In 1990, 13.2 adolescents per 100,000 completed suicide.
- The intermountain states, Montana, Idaho, Wyoming, and Colorado have the highest suicide rates in the nation.

Completed Suicide Psychological Autopsy study results:

- 50–60% had never made a previous attempt.
- 60% never had previous contact with a mental health professional.
- 80% saw a physician six months prior to completion (not true for teenagers).
- 66% communicated suicidal thoughts prior to the completion over a period of weeks to intimate contacts.
- 93%–95% occurred within the context of a documented psychiatric illness (e.g. mood disorders, substance abuse/dependence, or schizophrenia).



Adolescent Suicides

Among teenagers in our country, suicide is the number three killer of our youth after accidents and homicide. The rate has tripled in the last thirty years. Annually, since 1977, more than five thousand young people age 15 to 24 have killed themselves. In the general population, suicide attempts outnumber suicide completion by a ratio of eight to one. In youth the ratio is twenty-five to fifty attempts for every suicide completion.

Why do people attempt suicide?

- To avoid becoming a burden
- To avoid punishment
- To change other people's behavior or change one's circumstances
- To escape from a seemingly intolerable situation
- To escape the effects of a dreaded disease
- To express love
- To find relief from feelings of hopelessness
- To gain attention
- To join a deceased loved one
- To punish loved ones
- To pursue an irrational, impulsive whim

Triggers for suicide attempts include:

- Breaking off a relationship
- Deteriorating school performance
- Experienced or threatened loss
- Intense family altercations
- Involvement with the legal system
- Sudden disappointments
- Work related problems

Teenagers at high risk for suicide:

Source: Oster, G. D. & Montgomery, S. S., *Helping Your Depressed Teenager*, John Wiley and Sons, 1995.

- Those who have made previous suicide attempts
- History of drug and alcohol abuse
- Youth who are gay or lesbian
- Students with clinical depression
- When another student has attempted or completed (cluster or copycat suicides)
- When the student feels extremely humiliated or embarrassed
- If the youth has been a victim of sexual exploitation or abuse

Adolescent Suicide Indicators:

When adolescents make any suicidal gesture or attempt it must be taken seriously because they do not think about the consequences of their actions.

One single item listed below does not necessarily indicate a suicidal individual, particularly in adolescence which is typified by mood swings and sometimes obvious unexplained behavior. The more indicators present, the more likely the possibility of a suicide attempt.



Verbal indicators:

- The best indicator is a previous attempt.
- The student makes direct statements such as, "I wish I were dead," or "You won't have to worry about me anymore."
- They may make indirect statement such as, "I hate myself," or "Why does everything bad always happen to me?"

Behavioral indicators:

- There is an air of getting one's affairs in order such as giving away prized possessions.
- Sudden changes in customary attitudes or behaviors
- Excessive irritability particularly regarding unimportant events or circumstances
- Inability to concentrate and probable drop in grades
- Crying, either alone or in the presence of others
- Difficulty making decisions, even simple ones
- Excessive guilt
- Withdrawal from friends, family and school activities
- Excessive fatigue and low energy level, may be indicated in manner of speaking
- Slumping and limp posture, downcast eyes
- Involvement with drugs, alcohol, or the occult

Situational indicators:

- Depression
- Loss of parent through death, divorce, or forced separation by employment, finances, or illness
- Alienation from the family
- Changes in the traditional American lifestyle which has erased the traditional expectations of adolescence
- The altering of the traditional family consisting of dad, mother, and siblings has resulted in a distortion of what constitutes an acceptable lifestyle.

Myths about suicide:

- People who talk about suicide never do it.
Truth: This is their cry for help.
- Suicidal people really want to die.
Truth: Most of the time they want their life to change but don't know how to initiate it.
- All suicidal people are mentally ill.
Truth: Most people have suicidal thoughts, but don't act on them. This doesn't make them ill.
- One suicide attempt and the crisis is over.
Truth: Usually the cycle continues until the underlying issues are resolved.



Red Flags for Professional Referral Mood disorders:

- Excessive guilt or shame
- Suicidal thoughts with or without a plan
- Chronic feelings of depression for an extended period
- Intense feelings of emptiness, hopelessness, or helplessness
- Statements revealing a desire to die
- Sudden changes in behavior (withdrawal, apathy or moodiness)
- Making final arrangements (such as giving away personal possessions)
- Periods of inability to stop crying
- Loss of appetite
- Excessive weight loss or gain
- Past history of suicide attempts
- Decrease in pleasurable activities
- Recurrent panic attacks
- Inability to control excessive worry or anxiety
- Distressing dreams or recollections of past traumas or events
- Phobias that control or overwhelm certain aspects of daily living (e.g., fear of going outside)
- Past sexual traumas or physical abuse
- Indicators of satanic activity either as a participant or victim
- Excessive anger
- Inability to resolve grief issues (related to loss of loved one, etc.)
- Social isolation

Thought disorders (including schizophrenia and other psychotic disorders):

- Bizarre thought patterns (delusions related to persecution or paranoid ideas)
- Prominent hallucinations (usually auditory, possibly visual, olfactory, or tactile)
- Catatonic behavior (rigid posture unresponsive to external stimuli)
- Flat or grossly inappropriate affect (mood)
- Family members with similar problems
- Peculiar behavior (collecting garbage, talking to self, hoarding food, etc.)
- Inability to maintain personal care, e.g., hygiene, daily living skills (needs to be associated with above presentations)

Personality disorders:

- Chronic patterns of unstable interpersonal relationships
- Overindulgence in areas such as spending money, sex, substances, eating, or reckless driving
- Chronic feelings of emptiness
- Odd thinking or speech patterns
- Chaotic family history marked with abuse, neglect, or chronically rejecting support system



Eating disorders (anorexia nervosa, bulimia nervosa):

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*It is my opinion that all eating disorders require professional intervention from the initial contact.

- Intense fear of gaining weight
- Absence of at least three consecutive menstrual cycles in females
- Self-induced vomiting (purging)
- Misuse of laxatives, diuretics, enemas or other medications; fasting; or exercise
- Binge eating to deal with emotions
- Self-evaluation is unduly influenced by body shape or weight.
- Sense of lack of control over eating

Signs of possible sexual abuse in teenagers:

- Sleep disturbances
- Running away from home
- School problems: academic and/or social
- Overly compliant or aggressive acting out
- Aggressive acting out or fighting with peers
- Difficulty in peer relationships
- Lack of trust
- Substance abuse
- Poor body image
- Confusion over sexual identity
- Fear of the opposite sex
- Regressive behavior to fantasy world
- Pregnancy at an early age
- Clinical depression
- Suicidal ideation
- Somatic (physical) complaints
- Depersonalization or dissociation