NOTIVE LIFE CHOICES



Effective Identification, Prevention, and Intervention for Depression, Self-Injury, and Suicide

Contact us at:

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Warning Signs

Depression

S	Change in sleep patterns
ı	Loss of interest of pleasurable activities
G	Feelings of inappropriate guilt, worthlessness or hopelessness
E	Loss of energy , fatigue
C	Difficulty in concentrating or making decisions. Disturbed thinking
A	Change in appetite ; unintentional weight gain/loss
P	Psychomotor change
S	Recurring thoughts of death or suicide

Self-Injury

- Unexplained wounds (cuts, burns, broken bones, etc.) or scars on wrists, upper thighs, or chest.
- Wearing inappropriate seasonal clothing – wearing long-sleeves in summer
- Spending long periods alone in bedroom or bathroom
- The person is unusually "accident" prone – a person struggling with self-injury may claim to simply be clumsy
- Isolation from friends and family
- Frequent changes in mood

Resources

24/7 National Hotlines - 1-800-SUICIDE

1-800-273-8255

Teen Lifeline -602-248-TEEN (8336)

Crisis Text Line - Text "Listen" to 741741

EMPACT Suicide Prevention Center

http://lafrontera-empact.org/ (480) 784-1514

Mental Health America -

http://www.nmha.org/ notMYkid - (602) 652-0163 or

info@notmykid.org



Warning Signs and Monitoring Software

Suicide

Direct Verbal Cues

 A direct verbal cue is when the individual explicitly states their intent to commit suicide.

Examples: "I wish I were dead," "I'm going to end it all," "Can't I just die."

Indirect Verbal Cues

 An indirect verbal cue is when the individual covertly states their intent to commit suicide.

Examples: "I'm so tired," "I cant take it anymore," "I wish I wasn't here or ever born."

Behavioral Cues

• Behavioral cues are distinct changes in behavior that may indicate an individual is planing to commit suicide.

Examples: Giving away possessions, saying their "last goodbyes" or becoming much more affectionate toward loved ones, no longer completing homework, chores, or everyday responsibilities.

Situational Cues

• Situational cues refer to life events that may place an individual at increased risk for suicidal ideation (suicidal thoughts).

Examples: Loss of family member or friend, divorce, chronic/terminal illness, unplanned pregnancy or abortion, homelessness, or committing acts that the individual believes are irreconcilable.

Top 10 Computer Monitoring Programs



Net Nanny



WebWatcher



McAfee Safe Eyes



Profile Parent Filter 2



PC Pandora



Family Protector



Spytech Spy Agent



eBlaster



Spector Pro



CYBERsitter



TALKING TO TEENS

Here is a list of questions that you can ask your child as an easy way to start a conversation about Depression, Self-harm, and Suicide. They are non-accusatory and open-ended, so you are more likely to start a two-way conversation.

How often do you hear people talking about self-harm and suicide?

How many of your friends have self-injured or expressed feelings of depression?
Have you ever felt depressed or self-harmed?

If you suspect suicidal thoughts or behavior, ASK:

Have you been unhappy lately?

Do you wish you could go to sleep and never wake up?

You have been really upset lately. Are you thinking about killing yourself?

Here are some other tips on talking to your kids about depression, suicide, or self-injury:

opportunity to talk to your kids. Maybe your child will share the story of a ninth-grader who was suicidal. Or, maybe over dinner one night your child discloses that one of their friends is self-harming. Use these moments to talk honestly and openly with your kids about these topics. Ask them open-ended questions to foster further conversation, "What do you think of what your friend is doing?," or "What kind of help do you think the ninth grader needs?" Kids are curious by nature. Allow the conversation to flow freely between you and your child.

- 2. Listen more than speaking. Encourage your kids to talk to you by listening to them without overreacting when they open up to you, it will help them feel more comfortable talking to you. You may be surprised to find out how much your child already knows about emotions, depression, and self-harm when you really listen to them. Be aware of your tone and the length of your responses, as your child may perceive a long response as a lecture and not feel comfortable opening up again.
- 3. Ask your child what he or she knows.

 Ask questions such as "What have you heard about depression, self-harm, and suicide from your friends or teachers?" Let your child answer the question without interrupting and then acknowledge them for their openness. Take opportunities such as these to start a two-way conversation. Be sure to educate yourself prior to this conversation, so you can answer all of your child's questions accurately. If you don't know an answer, don't guess. Be honest and tell your child you will research the
- 4. Use current events such as television shows and news reports, as conversation starters. Share stats or facts concerning depression, self-harm, and suicide with your child to start a conversation. Ask your child how they would feel or what they would do if they were feeling depressed or had a desire to self-harm. How would this affect their future? How would they want friends and family to help? You may want to discuss the risks and possible catastrophic consequences from poor decisions.

answer or you risk losing their confidence.



Taking Action

notMYkid Family Prevention Strategies

Re	Consistent:
	Discuss boundaries with spouse/partner in regards to self-harm and come to an agreement. Make sure that both parents/partners are sharing the same message on self-harm.
Ц	Create consistent boundaries and consequences around having dangerous objects (razor blades, knives, lighters, ext.). Trust is built by setting boundaries and verifying they are met.
	Extend privileges as they are earned over time.
Ц	Model behaviors that you want to see in your child. Engage in positive activities such as: exercise, athletics, faith, and constructive hobbies.
Coi	mmunicate:
	Create opportunities for two-way conversations around drug and alcohol use.
	Share real life examples of depression and its consequences. Listen more than you speak.
	Role play situations and give your child ways to cope adaptively.
	Teach your child strategies to handle stress in a positive manner.
	Eat a meal as a family consistently five days per week. Communicate regularly. This is not a one time conversation.
	ucate Yourself:
_	Identify dangerous objects associated with self-harm and suicide.
	Be able to recognize the signs and symptoms of depression, self-harm, and suicidal ideation.
	Learn terminology/slang associated with self-harm and suicide. Become a knowledgeable and credible resource to your child through education.
	Honest: Answer your child's questions with honesty and at an age appropriate level.
	Share personal/family history with honesty, but without reliving or glamorizing past suicide or self-injury.
	Share family genetics around depression. Use local news, friends, and family events as opportunities to discuss choices and consequences.
_	ter: Properly dispose of unused prescription pills.
	Lock up and monitor home alcohol, prescription drugs, and firearms.
	Be aware of household items that could be used to self-injure.
Ш	Create a home atmosphere where kids feel comfortable, but not a place to get high.
_	nitor:
	Know your child's friend's siblings, and families. Particularly know if there are older children at home. Be aware of Internet use and what kids are posting and sharing online.
	Check your child's room and car on a regular basis.
	Discuss boundaries around drugs/alcohol with parents your teens interact with.
	ucate Your Community:
	Educate friends and family members of the dangers of self-harm and suicidal ideation. Elicit the support of family, friends, coaches, etc; to help support and uphold family values.
	Encourage members of your community to create a prevention plan also.
Ver	rify:
	Utilize home drug test kits as a way to prevent, and if need be, intervene in a child's substance abuse.
	Make sure that your child adheres to curfew, grades and other household rules / boundaries.



Our Family Prevention Plan

Add any additional strategies that will work for your family. Agree, share, and post your prevention plan for all to see

Be	Consistent:
Cor	nmunicate:
Edu	ıcate Yourself:
Bui	ld Community:
Sup	pport:
Mo	nitor:
Dod	cument/Report:
Bed	come Involved:

