

Grades 6-8



# Mental Health Units of Instruction

---

## **Suicide Prevention**

# **Issues in Mental Health: Suicide Prevention Grades 6-8**

**Preventing a Permanent Solution to  
a Temporary Problem**

Developed by  
**Jon W. Hisgen, MS, CHES**  
Health and Physical Education Consultant



**Wisconsin Department of Public Instruction**  
Tony Evers, PhD, State Superintendent  
Madison, Wisconsin

This publication is available from:  
Student Services/Prevention and Wellness Team  
Wisconsin Department of Public Instruction  
125 South Webster Street  
P.O. Box 7841  
Madison, Wisconsin 53707-7841  
(608) 266-8960  
(800) 441-4563  
[dpi.wi.gov/sspw/suicideprevcurriculum.html](http://dpi.wi.gov/sspw/suicideprevcurriculum.html)

Bulletin Number 01051

© March 2011 Wisconsin Department of Public Instruction

The Wisconsin Department of Public Instruction does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.



Printed on Recycled Paper

# Introduction

This unit of instruction is designed to help teachers and pupil services personnel implement up to a week-long set of lessons that provides the essential knowledge and skills in suicide prevention. In order to implement this set of lessons you will need to use the video from the curriculum “S.O.S: Signs of Suicide Middle School Program.”

There are seven lessons in this unit that all have an assessment component built in:

1. “What is Your Depression/Suicide IQ?” presents the Wisconsin norms related to depression and suicide from the 2007 Youth Risk Behavior Survey.
2. “S.O.S.—Get Into the A.C.T.” uses the middle school *S.O.S.* video to present information on warning signs and skills to handle these warning signs.
3. “Phone Booth: Scripts Related to Warning Signs” presents scripts related to asking for help, and students assess what warning signs are being communicated.
4. “Lights! Camera! Action!” has students develop suicide prevention stories based on computer-generated pictures.
5. “The Connection Game” and “We’re Talking about Suicide” review games that can be used as an assessment of vocabulary as well as high-level thinking skills and strategy.
6. “Friends Helping Friends Stop Self-Injury” is a lesson that serves as a practice lesson to get students to apply the skill of A.C.T. to people who self-injure.
7. “Mission Possible: Empowering You to Save a Life” is an interactive lesson that has the students demonstrate knowledge and skills related to suicide prevention.

The program entitled “S.O.S.: Get into the Act” can be ordered from:

Screening for Mental Health  
One Washington Street, Suite 304  
Wellesley Hills, MA 02841  
Phone: 781-239-0071  
[www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)



# Acknowledgements

Development of this document was made possible by the Wisconsin Department of Public Instruction (DPI). Jon Hisgen, DPI School Health Education and Physical Education Consultant; Nic Dibble, DPI School Social Work Services Consultant; Brenda Jennings, DPI ATODA and Suicide Prevention Consultant, and Doug White, DPI Director of Student Services/Prevention and Wellness, provided input and leadership for development of this publication. Linda Carey, DPI Office Operations Associate, provided technical support in assessment design and development of this publication.

We owe a great deal to the following four educators who helped develop the lessons in this publication for use in Wisconsin schools. They are:

Patti Blum  
Health and Physical Education Teacher  
Hortonville School District

Margaret Whaley  
Health and Physical Education Teacher  
Menomonee Falls School District

Jennifer Stobbe  
Health and Social Studies Teacher  
Randolph School District

Jill Whale  
Health and Physical Education Teacher  
Lodi School District



# Table of Contents

Introduction .....	iii
Acknowledgements .....	v
Educator Preparation Before the Delivery of the Suicide Prevention Curriculum .....	ix
<b>Chapter 1:</b> What is Your Depression/Suicide IQ? .....	1
<b>Chapter 2:</b> S.O.S.—Get into the Act .....	5
<b>Chapter 3:</b> Phone Booth: Scripts Related to Warning Signs .....	9
<b>Chapter 4:</b> Lights! Camera! Action! .....	17
<b>Chapter 5:</b> The Connection Game .....	45
<b>Chapter 6:</b> We’re Talking about Suicide .....	53
<b>Chapter 7:</b> Friends Helping Friends Stop Self-Injury .....	65
<b>Chapter 8:</b> Mission Possible: Empowering You to Save a Life .....	69



# Educator Preparation Before the Delivery of the Suicide Prevention Curriculum

This section provides information regarding cautions and issues to help you successfully deliver this unit of instruction.

**Suicide is preventable:** There are many evidence-based strategies that schools can utilize to prevent suicide among their students. The Department of Public Instruction (DPI) offers a single-day training to help schools build a comprehensive, multi-strategy, school-based suicide prevention program. Because suicide is such a sensitive topic, educators are strongly encouraged to attend one of these trainings prior to utilizing DPI's curriculum. More information about the training is available at <http://www.dpi.wi.gov/sspw/pdf/sspwtraining.pdf>. Another alternative is to watch the webcast available at <http://dpimedia.wi.gov/main/Viewer/?peid=9eae378b3daa4f23992cc82b6d46b641>.

**The team approach:** For any topics that deal with the potential for other- or self-directed harm (i.e., suicide, child abuse, bullying, dating violence), the DPI believes it is important to have a pupil services professional partner with the classroom teacher to deliver the curriculum. The pupil services professional may serve mainly in the role of observer or present one or more lessons. Both the teacher and the pupil services professional should look for non-verbal cues, as well as verbal responses, of students that may warrant an individual contact with a student outside of the classroom. It is important for the pupil services professional to share with students at the beginning of the unit that he/she is willing to help with any concerns students might have on suicide-related issues.

**High risk students:** We know from data related to suicide completions and attempts that students in some groups are statistically at higher risk for suicide than other students. These groups include, but are not limited to:

- students with mental illness;
- students who have previously attempted suicide or who know someone who completed a suicide;
- victims of abuse or bullying;
- students who are gay, lesbian, bisexual, transgendered, or questioning their sexuality (especially if their families do not accept their sexuality);
- perfectionists and high-achievers;
- American Indian students and white, male students;
- potential dropouts;
- students who are highly aggressive or impulsive; and
- students who abuse alcohol or other drugs.

You may know students in your classroom that fall into one or more of these groups, but it is likely that some are unknown to you. These students may withdraw from the class discussion or make sarcastic or off-topic comments about the issue. Through prior discussion with and participation by a member of your pupil services staff in the classroom instruction, you can be prepared for a range of student responses. If the student seems upset or angry, a referral to an appropriate pupil services professional is in order.

**Co-occurring suicide risk and substance abuse:** Alcohol and other drug abuse may add to the risk for suicide attempts. We have not included comprehensive information on the effects of substance abuse in combination with a suicide risk in this curriculum. If you wish to address this issue in conjunction with suicide prevention, we recommend you consult with a pupil services professional in your school or a substance abuse counselor in your community.

**Systematic delivery of the knowledge and skills presented in this curriculum:** Because of the importance of this critical health issue, it is of great value to share this unit with school staff and community agencies that are connected to youth suicide prevention and intervention services. It is critical that everyone working in a school understand the key pieces of knowledge and skills the students will be learning. Suicide prevention can be enhanced through common language, effective intervention strategies, and community commitment.

**Parental support can be beneficial on this issue:** Because of the sensitivity of this subject, it is critical to make parents aware of the unit before it is implemented. This can be done in a variety of ways, including having your students develop brochures to give to their parents to increase awareness of the knowledge and skills your students are learning.

**Addressing cultural competence:** Suicide affects both genders, and all races and ethnicities. It is important to include the contributions, images, and experiences of diverse cultural groups in this unit of instruction.

**Additional resources available:** There are a number of high-quality resources available to support school-based suicide prevention. Some of these include:

- Screening for Mental Health: <http://www.mentalhealthscreening.org/>
- Suicide Prevention Resource Center: <http://www.sprc.org/>
- Substance Abuse and Mental Health Administration: <http://store.samhsa.gov/home>
- School Based Youth Suicide Prevention Guide: <http://theguide.fmhi.usf.edu/>
- American Association of Suicidology: <http://www.suicidology.org/web/guest/home>
- Gay Straight Alliance for Safe Schools: <http://www.gsaforsafeschools.org/>
- Means Matter: <http://www.hsph.harvard.edu/means-matter/>

# What is Your Depression/Suicide IQ?

# 1

## Student Instructions

You are going to be studying suicide prevention in this unit. Your task is to put down your best guess as to the percentage of middle school students who have reported doing the following from the 2007 Middle School Youth Risk Behavior Survey (YRBS). This survey was conducted in five states and eight urban settings throughout the United States. Please make your best guess in terms of the percentage of students who said they did the following. Your teacher will give you the correct answers. Put a star by those items where you overestimated the answer by five percent or more.

1. In the five states and eight cities that did the middle school YRBS, this is a close percentage of middle school (MS) students who felt sad or hopeless. \_\_\_\_\_%
2. In the states and cities completing the MS YRBS, this is a close percentage of MS students who made a plan of how to kill themselves. \_\_\_\_\_%
3. In the states and cities completing the MS YRBS, this is a close percentage of MS students who tried to kill themselves. \_\_\_\_\_%
4. Of the 50 states, what rank does Wisconsin hold for suicides among middle school students? A rank of 1 would be the highest rate of all the states, and a rank of 50 would be the lowest rate of all the states. \_\_\_\_\_

Data source: Centers for Disease Control, WISQARS data query tool, for the years 1999-2004, youth age 10-14.



## Teacher Information

Answers from 2007 National Youth Risk Behavior Survey

1. 22% (sad, hopeless)
2. slightly more than 9% (made a plan)
3. slightly less than 9% (made a suicide attempt)
4. 5th (Where do we rank nationally?)

*Note to the teacher: Students tend to underestimate the risk levels of youth related to mental health issues.*

### Learning Objectives

The student will be able to:

- List the key warning signs as they relate to middle school students.
- Understand that feeling sad and hopeless is common for pre-teens and teens.
- Understand that making a plan or talking about hurting oneself is not the norm, but it is a sign someone needs help.

*Note: 22 percent of middle school students felt sad/hopeless, but a lot fewer attempted suicide. Depression is common when going through a troubled time or crisis. Suicide is not a common response to depression. Suicide is a permanent solution to a temporary problem. When someone talks about suicide, take it seriously. In middle school, a majority of youth who make a suicide plan, actually go on to make an attempt. Follow the steps in the next lesson on how to respond. Adding your school/local data on suicide may be helpful to discuss here.*

**Educator's Note:** The quotes that appear in the margins reflect what people, some famous, have said about mental health and its impact on suicide.



# S.O.S.—Get into the Act

# 2

## Student Instructions

The following situations from the *S.O.S.: Get into the Act* video/DVD describe potential suicide situations. Your task is to answer the following questions on the worksheet using the A.C.T. process, discuss your answers with a partner and be ready to discuss your answers with the class. A.C.T is the key skill you need to know to help save a person's life. Each of the three letters has a special action you need to take to ensure the safety of that person. They include:

1. **A**cknowledge the problem. (Is your friend's behavior worrying you?)
2. **C**are—Let the person know you care. (I am worried about what you have been saying and doing lately.)
3. **T**ell a responsible adult. (Let's talk to Ms. Smith. She can help with this problem.)

## Assessment Criteria

Answers may be scored on the following:

1. How effectively you apply A.C.T. to the various scenarios from *S.O.S.: Get into the Act*.
2. How well you effectively communicate your answer.

*Vignette 1: Sisters discussing being rejected by a friend*

1. What are the signs that the younger sister is depressed and/or suicidal?
2. How did her sister use the A.C.T. process?

*Vignette 2: Angry Boy*

1. What are the signs that this student is depressed and/or suicidal?
2. How did his friend use the A.C.T. process?

*Vignette 3: Boy who is being bullied by girls at school and online*

1. What are the signs that this student is depressed and/or at risk to do harm based on being bullied online?
2. How did his friend use the A.C.T. process?

## Teacher Information

### Curriculum Connections

Family and Consumer Education, Social Studies, Peer Mediation, Developmental Guidance

### Overview

This assessment could be used as an introductory or culminating activity. The students will view the Middle School *S.O.S.: Get into the Act* video and answer the questions on the worksheet. You may want to have them jot down ideas while watching a vignette, stop the video when the vignette is complete, and have the students write down their answers.

### Learning Objectives

The student will be able to:

1. Analyze the use of the skill A.C.T. in real life scenarios.

### Requirements

The following situations from the video entitled *S.O.S.: Get into the Act* describes potential suicide situations. The students' task is to answer the following questions on the worksheet using the A.C.T. process, discuss their answers with a partner, and be ready to discuss their answers with the class.

1. Acknowledge the problem
2. Care—Let the person know you care
3. Tell a responsible adult

This activity could be used as a pre- or post-unit activity

### Time

This activity will take one class period.

### Materials

The program entitled *S.O.S.: Get into the Act* can be ordered from:

Screening for Mental Health  
One Washington Street, Suite 304  
Wellesley Hills, MA 02481  
Phone: 781-239-0071  
[www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)

## Assessment Criteria

Answers can be scored on the following:

1. How completely and correctly the students demonstrate an understanding of the use of the A.C.T. process.
2. How well the students effectively communicate their answers.

	<b>Wisconsin Health Education Standards</b>
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

## Sample Response

The answers need to include the components of A.C.T. (acknowledge, care, tell) in each of the answers.

# Phone Booth: Scripts Related to Warning Signs

# 3

## Student Instructions

Many suicidal individuals talk about their suicidal feelings or plans before they attempt the suicide act. It is important to listen to these “cries for help” by practicing the A.C.T. (acknowledge, care, tell) technique discussed in this unit.

Your task is to work in pairs to develop a script where a person is communicating to another about their mental health status. The other person is trying to communicate with the person at-risk and helping that person address the problems presented. The other students will listen to your script using the Warning Signs “checklist” to determine how many warning signs are in the script. A discussion of the number of warning signs will follow.

## Assessment Criteria

Answers may be scored on the following:

1. How well you understand suicide warning signs.
2. How well you incorporate A.C.T (acknowledge, care, tell) into your script.
3. How well you use interpersonal communication to enhance health.

## Warning Signs of Suicide

Suicide is a relatively rare event. It is hard to predict who will attempt suicide. However, there are some urgent warning signs. Warning signs are observable changes, behaviors, or statements that indicate directly or indirectly that an individual is contemplating suicide.

### Urgent Warning Signs

If you hear or see one of these, talk with a responsible adult right away, call 9-1-1, or seek immediate help from a mental health provider:

- Someone **threatening** to hurt or kill themselves;
- Someone **looking for ways to kill themselves**: seeking access to pills, weapons, or other means; or
- Someone **talking or writing about death**, dying, or suicide.

### General Warning Signs

Warning signs can be organized around the acronym “F.A.C.T.s.” Some of these signs are not as urgent, but can still give important clues about someone’s suicidal intent. Pay attention if you witness, hear, or see anyone exhibiting any one or more of these behaviors, and ACT. If you see or hear about someone exhibiting one or more of these, TELL a responsible adult, contact a mental health professional, or call 1-800-273-TALK (1-800-273-8255) for a referral. Place a mark by those that are in the script or are URGENT.

**We want you to:**  
**“ACT on the FACTs”**

WARNING SIGNS	Mentioned in Script	URGENT
<b>FEELINGS:</b>		
• Hopeless—“Things will never get better.” “There’s no point in trying.”		
• Helpless—“There’s nothing I can do about it.” “I can’t do anything right.”		
• Worthless—“Everyone would be better off without me.” “I have no reason to live.”		
• Guilt, shame, self-hatred—“What I did was unforgivable.” “I’m useless.”		
• Pervasive sadness.		
• Persistent anxiety or agitation.		
• Feeling trapped—like there’s no way out.		
• Persistent, uncharacteristic anger, hostility, or irritability.		
• Confusion—can’t think straight, make decisions.		
<b>ACTIONS:</b>		
• Uncharacteristic aggression, rage, seeking revenge.		
• Uncharacteristic risk taking, recklessness without thinking.		
• Withdraw from friends/activities, family or society.		
• Becoming accident prone.		
• Recent losses—death, divorce, relationship, job, status, self-esteem.		
• Getting into trouble, discipline problems.		
• Increasing drug or alcohol use.		
• Themes of death or destruction in talk, writing, or websites.		

WARNING SIGNS	Mentioned in Script	URGENT
<b>CHANGES:</b>		
<ul style="list-style-type: none"> <li>• Personality—more withdrawn, low energy, "don't care" attitude or more boisterous, talkative, outgoing.</li> </ul>		
<ul style="list-style-type: none"> <li>• Can't concentrate on school, work, routine tasks.</li> </ul>		
<ul style="list-style-type: none"> <li>• Loss of interest in hobbies or work.</li> </ul>		
<ul style="list-style-type: none"> <li>• Marked decrease in school or work performance.</li> </ul>		
<ul style="list-style-type: none"> <li>• Unable to eat/sleep, or sleeping/eating all the time.</li> </ul>		
<ul style="list-style-type: none"> <li>• Sudden improvement after being down or withdrawn.</li> </ul>		
<ul style="list-style-type: none"> <li>• Dramatic mood change.</li> </ul>		
<b>THREATS:</b>		
<ul style="list-style-type: none"> <li>• Statements—talking about suicide directly or indirectly, written themes of death, preoccupation with death.</li> </ul>		
<ul style="list-style-type: none"> <li>• Threats—"I won't be around much longer," writing suicide note, making a direct threat.</li> </ul>		
<ul style="list-style-type: none"> <li>• Plans—giving away prized possessions, making arrangements for a funeral, studying drug effects, obtaining a weapon.</li> </ul>		

## Teacher Information

### Curriculum Connections

Social Studies, Peer Mediation, Family and Consumer Education, Developmental Guidance

### Overview

Students develop and read a script to the class where the script communicates warning signs that could lead to a suicide attempt. The rest of the class will analyze the level of risk using a checklist provided in this activity.

### Learning Objectives

The student will be able to:

1. Demonstrate knowledge of warning signs of a possible suicide as they relate to real life situations.
2. Create scenarios that have warning signs related to suicide.

## Requirements

The students will be working in pairs and will create a role-play script where a certain number of warning signs are brought out in the script. They can use the “Warning Signs” information sheet to help guide the development of the script.

The rest of the class will use the warning sign worksheet to see how many signs are mentioned in the script. A class discussion will follow.

Preliminary classroom activities will include lessons on the A.C.T. process and the warning signs of suicide. **Emphasize to your students that each warning sign is a possible message that a student may be experiencing mental health or emotional problems. Though it may not lead to a suicide plan or attempt, you need to communicate to your students that they should consider applying A.C.T. to handling the situation.**

*Educator’s Note: The Department of Public Instruction has other scenarios including one for LGBTQ youth available from Jon Hisgen at [jon.hisgen@dpi.wi.gov](mailto:jon.hisgen@dpi.wi.gov).*

### Time

This activity will take one to two class periods for development, presentations, and class discussion.

### Materials

Papers and pens, checklists, and handouts.

### Assessment Criteria

Answers can be scored on the following:

1. How well the student understands suicide warning signs.
2. How well the student incorporates A.C.T. (acknowledge, care, tell) into their script.
3. How well the student uses interpersonal communication to enhance health.

<b>Wisconsin Health Education Standards</b>	
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

## Sample Response

### “Phone Booth” Script Related to Suicide Behaviors and Warnings

Role Players: Two friends talking on the phone, Abbey and Wendy. (Paul is Wendy’s boyfriend.)

Scene Set-up: Abbey and Wendy are 8th grade friends. They see each other often during the school day and at soccer practice.

---

Abbey: Hi Wendy, how are you? Why weren’t you at practice today?

Wendy: Not good. I met with a psychologist after school yesterday and I just don’t like her.

Abbey: That’s weird; I thought you just said you really liked her a few weeks ago?

Wendy: I don’t know. Now she wants to put me on anti-depressants. She said that since my mom is depressed and because my grades aren’t too good lately I show signs of depression.... Whatever.

Abbey: Well you have been missing more and more practices lately. It’s not like you. Are you sure everything is okay?

Wendy: I don’t know. Sometimes I wonder if anyone would miss me if I were gone. My mom barely acknowledges that I exist, and Paul probably hates me and thinks I’m psycho.

Abbey: Wendy, I’m so sorry you feel that way. Why would you say something like no one would miss you if you were gone? That’s not true at all. You are my best friend and I don’t know what I would do without you. So many people love you to pieces, your mom and Paul included. I know Paul doesn’t think you are “psycho.” Please don’t talk like that.

Wendy: It doesn’t matter.... I won’t be around much longer anyway.

Abbey: Wendy you’re scaring me, please let me help you feel better. I’m on my way over right now and we are going to talk with your parents together.

Wendy hangs up the phone....

The number of warning signs the class comes up with will vary from class to class.







## **Teacher Information**

### **Curriculum Connections**

Language Arts, Social Studies, Peer Mediation, Family and Consumer Education, At-Risk Groups, Developmental Guidance

### **Overview**

The students will use their knowledge to develop a mini-film based on their understanding of the health concepts related to suicide and suicide prevention.

### **Learning Objectives**

The student will be able to:

1. Demonstrate an understanding of A.C.T. (acknowledge, care, tell).
2. Demonstrate the ability to connect suicide warning signs to skills for the prevention of the potential suicide.

### **Requirements**

Using the materials you provide, the students will produce a short film. They may use the movie pieces or fill in their own words to make the film more interesting.

### **Time**

This activity requires one class period.

### **Materials**

Five movie pieces, a piece of poster paper, and pieces of tape.

### **Assessment Criteria**

Answers can be scored on the following:

1. How completely and correctly the students demonstrate knowledge of warning signs and ACT related to suicide prevention.



Lights! Camera! Action!  
Movie Pieces Cutouts

**Attention!**

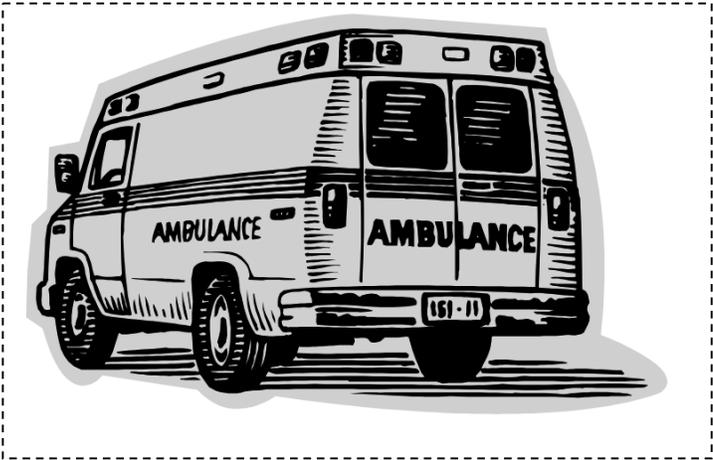
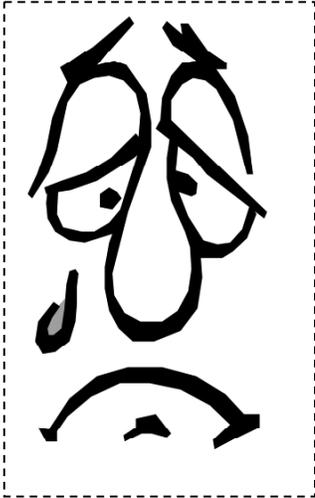
School counselor



**principal**

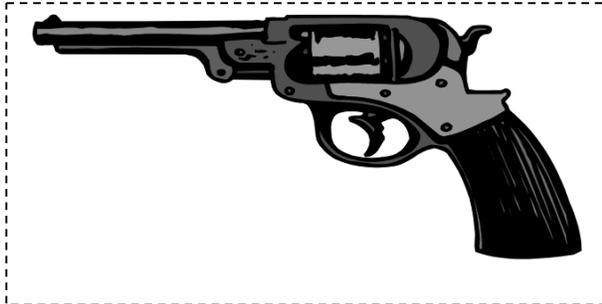


**Lights! Camera! Action!**  
**Movie Pieces Cutout**





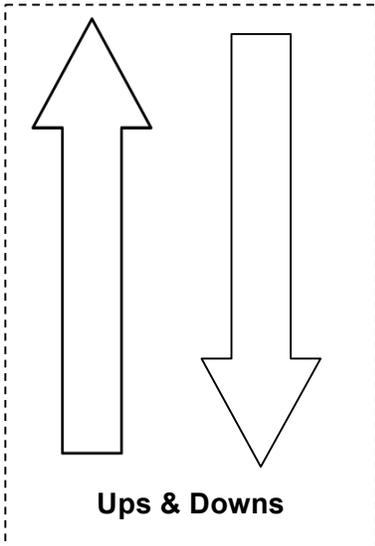
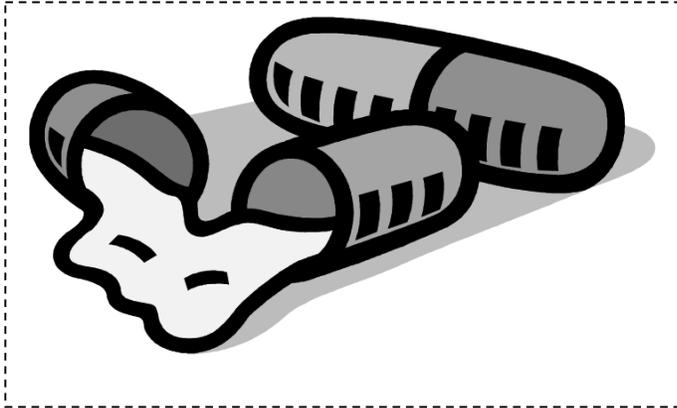
**Lights! Camera! Action!**  
**Movie Pieces Cutout**



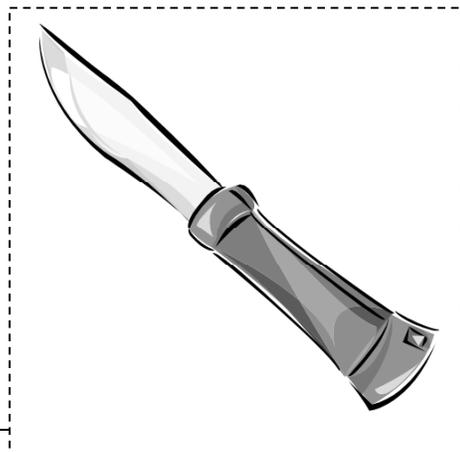
**KILL**



**Lights! Camera! Action!**  
**Movie Pieces Cutout**



**A  
t  
t  
e  
m  
p  
t**





**Lights! Camera! Action!**  
**Movie Pieces Cutout**





**Lights! Camera! Action!**  
**Movie Pieces Cutout**





**Lights! Camera! Action!**  
**Movie Pieces Cutout**





**Lights! Camera! Action!**  
**Movie Pieces Cutout**

**Tunnel Vision**

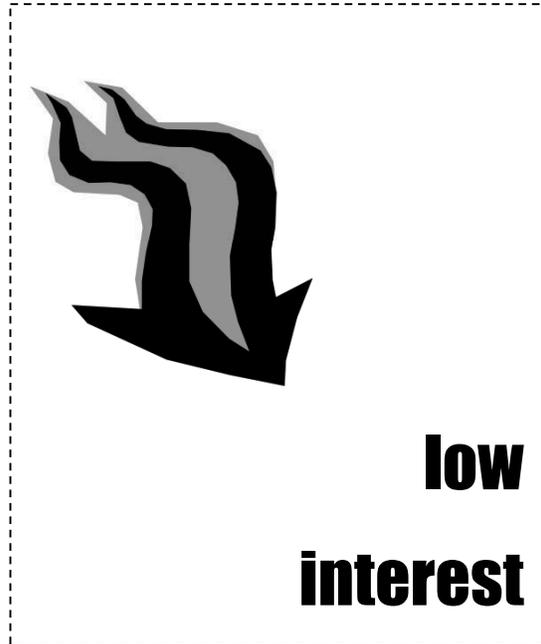


**UPSET!**



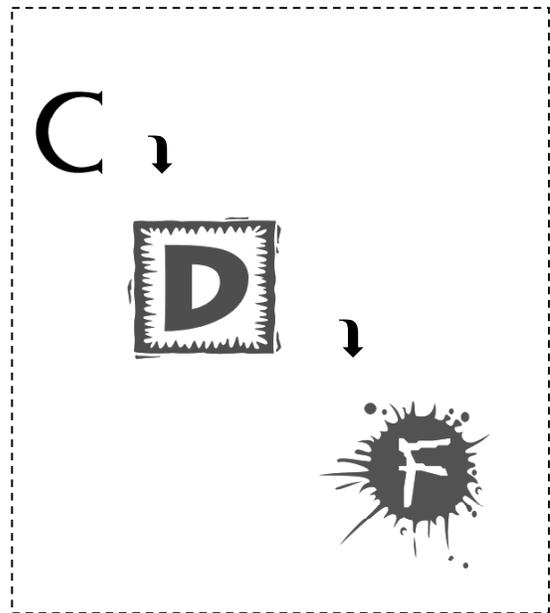
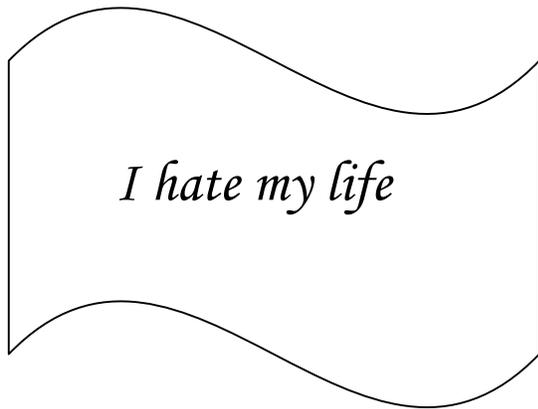


**Lights! Camera! Action!**  
**Movie Pieces Cutout**





Lights! Camera! Action!  
Movie Pieces Cutout



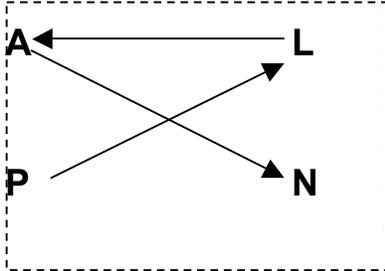


**Lights! Camera! Action!**  
**Movie Pieces Cutout**





**Lights! Camera! Action!**  
**Movie Pieces Cutout**

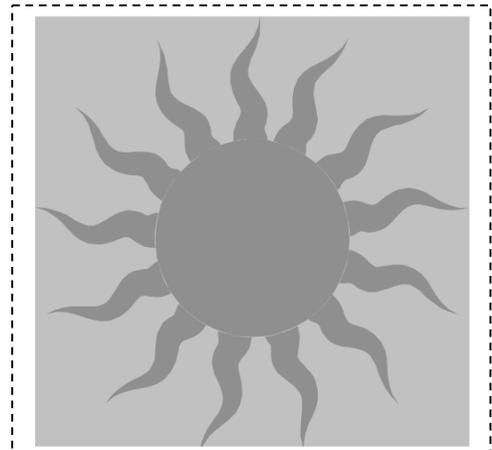


**INTERVENTION**

**HOTLINE** 

**RESPOND**

**CARING**





# The Connection Game

## Student Instructions

Your task in this review game is to determine what the three terms have in common. Some examples will be closely related to the information and skills presented in the *S.O.S.: Get into the Act* video, while some will have to connect a single term related to depression and suicide to seemingly unrelated words. If your team chooses a question and misses the question, the next team can get those points if they get the answer correct. The rotation will continue until every team has a chance to give the right answer. The team that accumulates the most points by the end of the game will be declared the winner.

5

### 100 Point Items

What do these three terms have in common?

1. Counselors
2. Psychologists
3. Social workers

*Pupil services or people who help students with mental health problems*

1. “You can save a \_\_\_\_\_”
2. “\_\_\_\_\_ is too short”
3. “Setting goals can change your \_\_\_\_\_”

*Sayings that have the word life in them*

1. Happy
2. Mad
3. Ashamed

*Related to moods or feelings*

1. A
2. C
3. T

*Initials for acknowledge, care, and tell*

1. S
2. O
3. S

*Initials for signs of suicide*

1. Previous attempts
2. Becoming accident prone
3. Withdrawing from family or friends

*Warnings signs of suicide*

## 200 Point Items

What do these three terms have in common?

1. Drinking when they never have before.
2. Begins to cut classes.
3. Sudden dropping of hobbies

***Related to a sudden change in behavior***

1. We went under the mountain through a \_\_\_\_\_.
2. \_\_\_\_\_ vision
3. \_\_\_\_\_ of love

***Related to tunnels***

1. Worthless
2. Hopeless
3. Helpless

***Feelings that are signs of suicide***

1. \_\_\_\_\_ esteem
2. \_\_\_\_\_ worth
3. \_\_\_\_\_ hatred

***Related to self***

1. School performance
2. A depressed student's energy level
3. Wanting to be with friends

***Related to decreasing***

1. Giving belongings away
2. Visit or call people to say goodbye
3. Clean one's bedroom "for the last time"

***Surrounding a possible suicide plan***

### 300 Point Items

What do these three terms have in common?

1. Eating a chili pepper
2. A July day
3. A phone number you will call if you need help

***Related to the word hot (Hotline)***

1. Taking your friend seriously
2. Being willing to listen
3. Tell an adult

***Related to helping someone who is depressed or suicidal***

1. Onions
2. Becoming a bride
3. Loss of a loved one

***Can make you cry***

1. Dare the person
2. Keep it a secret
3. Leave the person alone

***Things you should NOT do when trying to help someone who is depressed or suicidal***

1. A coin collection
2. A special picture
3. Favorite DVD's

***Prized possessions***

1. "This is the last time I am going to see you."
2. "I won't be around much longer"
3. "You just wait; I am going to get you."

***Examples of threats***

## 400 Point Items

What do these three terms have in common?

1. Best Friends
2. Parents
3. Bees & flowers

### ***Important relationships***

1. Food samples at a grocery store
2. Donations to a cause
3. Possessions to remember someone

### ***Things that are given away***

1. Posting lies
2. Using your screen name to harass others
3. Saying mean things on line

### ***Behaviors done by cyberbullies***

1. Walking dogs
2. Helping friends
3. Cleaning jewelry

### ***Ways of taking care of things of importance***

1. Making statements
2. Calling hotlines
3. Notes in chat rooms

### ***Ways people communicate about a possible suicide***

1. Involved in half of all suicides
2. Slows down the body and the mind
3. Impairs clear thinking and judgment

### ***Results related to the abuse of alcohol***

## 500 Point Items

What do these three terms have in common?

1. Suicide threats
2. Car accidents
3. A world record

### *Things that should be reported*

1. Cigarette boats
2. Saving a friend's life
3. Superman

### *Related to things that are powerful*

1. Attitudes at 15 vs. age 30
2. Personality
3. Members of pro sports teams

### *Things that change over time*

1. Eight-sided sign that is red
2. Flashing lights
3. Sad & blue almost all the time

### *Signs that warn us*

1. Eat healthy foods
2. Get plenty of Zzzz
3. Keeping a journal

### *Things you can do to relieve stress*

1. Acknowledge, Care, Tell (A.C.T.)
2. Accessing accurate information
3. Playing an instrument

### *Skills that need to be practiced*

## Teacher Information

### Curriculum Connections

Language Arts, Social Studies, Peer Mediation, Family and Consumer Education, At-Risk Groups or Classes, Developmental Guidance

### Overview

This will be a review game that has teams working together to share what they know about a particular issue related to suicide prevention in a very short time. This game comes from the *S.O.S.: Get Into the Act* program and was developed by Jon W. Hisgen.

Teams of four to six will receive two paper tasks drawn at random by a team representative. Team One will start the game by telling Team Two to talk about one of their paper tasks. The responding team has two minutes to say as much as they know about the topic. When a key word or term is mentioned, Team One is to put a star by that item. A team has two minutes to say as much as they know about the topic or issue. Only one person is to speak at a time on the team, but it can rotate from person to person on the team if the speaker runs out of comments to make. Remember they may not use the exact wording, but if they get the idea, that is acceptable. It is up to the scoring team to make the determination whether a point is granted. After two minutes is up the scoring group will tell the talking group how many they got right and then tell them the ones they missed. The winning team is the team with the most stars after two rounds of play.

### Learning Objectives

The student will be able to:

1. List what they know about a suicide topic in a short time.
2. Demonstrate the ability to work together to share information about suicide.

### Requirements

Each group will get two paper tasks.

### Time

This activity will take one class period.

### Materials

Paper to write answer and two paper tasks.

*Wherever I am I always  
find myself looking out the  
window wishing I was  
somewhere else.*

- Angelina Jolie

## Assessment Criteria

Answers can be scored on the following:

How well the student demonstrates knowledge and skills on concepts as they relate to suicide prevention.

	<b>Wisconsin Health Education Standards</b>
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

## Sample Response

Answers will vary from team to team.

# We're Talking about Suicide

# 6

## Student Instructions

Your team of four to six will receive two paper tasks drawn at random by your team representative. Team One will start the game by telling Team Two to talk about one of the paper tasks. The responding team has two minutes to say as much as they know about the topic. When a key word or term is mentioned, Team One is to put a star by that item. A team has two minutes to say as much as they know about the topic or issue. Only one person is to speak at a time on the team, but it can rotate from person to person on the team if the speaker runs out of comments to make. Remember you may not use the exact wording, but if you get the idea, that is acceptable. It is up to the scoring team to make the determination whether a point is granted. After two minutes is up the scoring group will tell the talking group how many they got right and then tell them the ones they missed. The winning team is the team with the most stars after two rounds of play.

## Alternative Instructions:

Divide the class into teams. Assign each team to pay particular attention to certain segments of the *S.O.S.: Get into the Act* (example: the group discussion, the boy being bullied, etc.). Have each team create a task paper on their assigned segments, highlighting the most salient points. Then follow the original instructions, only replacing the provided Paper tasks with the ones created in the team assignments.

*Paper Task #1*

**Basic Suicide Awareness and Related Information**

1. **Depression** is the leading cause of suicide.
2. **Suddenly starting to drink alcohol** when someone never has before is a warning sign for depression or suicide.
3. Alcohol is involved in **half of all suicides**.
4. **A.C.T.** is the critical skill in preventing a potential suicide.
5. **Suicidal thoughts will go away when you feel better.**
6. Influenced by **peer pressure**.
7. **Actions** related to a potential suicide are important to recognize.
8. Having trouble **trying to fit in**.
9. **Making threats** is a sign of suicide.
10. It is important to know that you can **help a friend** by knowing the signs and practicing A.C.T.

*Paper Task #2*

**Warning Signs of Suicide**

1. **Loss of interest in school.**
2. **Change** in mood.
3. **Communicating about death.**
4. Feelings of **hopelessness.**
5. **Previous attempt.**
6. **Withdrawal** from family and friends.
7. Loss of interest in **sports or other activities.**
8. **Sleep** can increase or decrease.
9. Making **plans.**
10. Sudden use of **alcohol.**

*Paper Task #3*

**Signs of Depression**

1. Feeling **irritable** most of the time.
2. Feeling **restless**.
3. Changes in **eating habits**.
4. **No energy**.
5. Feeling **guilty**.
6. **Hopeless** about the future.
7. **Can't think** clearly.
8. **Thoughts about death**.
9. **Upset** by little things.
10. Feel **worthless**.

*Paper Task #4*

**Bullying**

1. **Very few people** bully.
2. Boys and Girls **bully equally**.
3. Bullying is **hurting someone or their things**.
4. Bullying can include **name calling**.
5. Bullying can also include **telling lies** about someone.
6. Bullying can occur in **chat rooms or on emails**.
7. Research shows that a bully does **not know how to make friends**.
8. Bullying can **harm someone for life**.
9. A bully **blames the victim**.
10. Using **kind words and actions are major skills of leadership**.

*Paper Task #5*

*Vignette Number Two*

**Calvin**

1. Calvin was **bullied by peers**.
2. Communicated his **suicidal intentions in a chat room**.
3. Girls **taunt him about physical things** he cannot do.
4. “They **diss me in the chat room** every night.”
5. “I guess I have to **kill myself to get the respect I deserve**.”
6. “**I’d tell someone** if someone threatened to kill themselves.”
7. **Tell mother** about what they are doing.
8. He must be **depressed**.
9. He felt **embarrassed**.
10. The friend wants to **report the bullies** to a teacher.

*Paper Task #6*

*Vignette Three*

**The Hispanic Female**

1. She is stressed from being **rejected by friends**.
2. Her friend thinks she is trying to **steal her boyfriend**.
3. All friends are **siding with her friend** and not her.
4. No one sits with her **at lunch or talks to her on the bus**.
5. She feels **sick all the time**.
6. She thinks her **friends are talking about her**.
7. She **can't eat or sleep**.
8. **"I wish I were dead."**
9. The sister is very worried that she will **attempt suicide**.
10. The sister will **talk to mom** about her **sister's depression**.

*Paper Task #7*

**Interview with Adults**

**Depression in Youth**

1. **Sad and angry most of the time** is sign of depression.
2. **Anybody** including kids and teens can have clinical depression.
3. Depression can **run in families**.
4. Depression can affect your **ability to perform**.
5. Get depressed after **something bad happens**.
6. A lot of depressed people have trouble with **alcohol and other drugs**.
7. Most people who are **depressed do not attempt suicide**.
8. People cannot just “**snap out of it**.”
9. **Self-injury** is when someone hurts their body intentionally, but does not want to kill themselves.
10. Suicidal thoughts, remarks, or attempts are **always serious**.

*Paper Task #8*

**Getting Help**

1. If I feel **afraid, embarrassed or angry** I may need help.
2. Know **adults in school** who can help.
3. **My family** can be of great help if I am having problems.
4. Many times **a friend can be a great help**.
5. It is important that you **tell an adult** about a friend who is depressed.
6. **Never keep it a secret** when I am feeling depressed.
7. Sometimes a **professional person can help** when I have a problem.
8. Sometimes I could be given **medicine** to help me feel better.
9. I have to know that I can **never fix depression myself**.
10. **Save emails from bullies** and give them to a trusted adult.

*Paper Task #9*

**Quotes Related to Depression or Suicide**

**(Challenging Alternate Task)**

1. "I'm **useless.**"
2. "Leave me alone. **You can't tell anybody!**"
3. "**Would you take** my favorite CD's...."
4. "I hate my life. **I wish I were dead.**"
5. "**School** means nothing to me."
6. "**My life** will never get better."
7. "**I can't do anything right.**"
8. "Everyone would be better **without me.**"
9. "**I don't care** about anything anymore."
10. "I feel **sick to my stomach all the time.**"

## Teacher Information

### Instruction

Teams of four to six will receive two paper tasks drawn at random by a team representative. Team One will start the game by telling Team Two to talk about one of their paper tasks. The responding team has two minutes to say as much as they know about the topic. When a key word or term is mentioned, Team One is to put a star by that item. A team has two minutes to say as much as they know about the topic or issue. Only one person is to speak at a time on the team, but it can rotate from person to person on the team if the speaker runs out of comments to make. Remember they may not use the exact wording, but if they get the idea, that is acceptable. It is up to the scoring team to make the determination whether a point is granted. After two minutes is up the scoring group will tell the talking group how many they got right and then tell them the ones they missed. The winning team is the team with the most stars after two rounds of play.

### Alternative Instructions:

Divide the class into teams. Assign each team to pay particular attention to certain segments of the *S.O.S.: Get into the Act* (example: the group discussion, the boy being bullied, etc.). Have each team create a task paper on their assigned segments, highlighting the most salient points. Then follow the original instructions, only replacing the provided paper tasks with the ones created in the team assignments.

	<b>Wisconsin Health Education Standards</b>
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

### Sample Response

Answers will vary from team to team.



# Friends Helping Friends Stop Self-Injury

**This lesson is optional.**

## Student Instructions

You have been practicing using A.C.T. related to a number of different stories where a person may be talking about or doing injury to him/herself. In this unit activity, you will be given five different stories related to self-injury. In teams of two, your task is to finish the stories so A.C.T. is used to help stop a person who is injuring him/herself.

We would like you to read one of the answers to the rest of the class.

## Assessment Criteria:

Answers may be scored on the following:

1. How well and completely you practice A.C.T. to help someone who is injuring him/herself.

## Five Self-Injury Stories

Sonja comes over to your house and you notice that she has bandages wrapped around her wrists. How would you use A.C.T. to find out what happened to Sonja and get her to professional help?

Bill has been bragging to you about the burn marks he has made on his arms and legs saying that proves that he can handle a lot of pain. You do not believe his story. How would you use A.C.T. to get Bill to medical care for his burns and professional help for this action?

Brad wants you to join a club that is on the internet called Cutters Club International. To be a part of this group you have to perform a significant injury to oneself (cutting, burning, puncturing) and send a picture to the central email address to get an official membership card. You think this is unbelievable that Brad wants to do this. How do you convince Brad to get help?

Lucy has had many fights with her mother. Every time she has a fight she scratches a line on her arms or legs. You are really worried that she will do something that will severely hurt herself. How would you use A.C.T. to help her stop this behavior?

Tom and Salima always tell others that they are blood friends. You notice numerous cuts with swelling on each of their arms. It looks like they are cutting and sharing blood. How can you use A.C.T. to get both of them help?

**This lesson is optional.**

## **Teacher Information**

### **Curriculum Connections**

Language Arts, Social Studies, Peer Mediation, Family and Consumer Education, At-Risk Groups or Classes, Developmental Guidance

### **Overview**

This lesson will help students practice the skill of A.C.T. to help address self-injury as it exists in schools.

### **Learning Objectives**

The student will be able to:

Demonstrate the ability to apply A.C.T. to help stop situations of self-injury.

### **Requirements**

Each group of two get a list of five scenarios related to self-injury. Their job is to finish the story with how they got help for their friend using either a script or description of the actions taken to get the person help.

A brief discussion of the who, what, when, where and why of self-injury needs to take place. A strong emphasis should be made on why using A.C.T. can help get a person who is injuring him or herself to professional care.

### **Time**

This activity will take one to two class periods.

### **Materials**

Handout with the five stories; paper or computer for the pairs to write their answer.

### **Assessment Criteria**

Answers can be scored on the following:

1. How well and completely the student describes A.C.T. to help someone who is injuring him/herself.

Wisconsin Health Education Standards	
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

### Sample Response

Bill has been bragging to you about the burn marks he has made on his arms and legs saying he's proving that he can handle a lot of pain. You do not believe his story. How would you use A.C.T. to get Bill to medical care for his burns and professional help for this action?

*As a friend of Bill's I came up to him and stated that I was very worried about all the burns he had on his body. He gave me a weak answer about wanting to show others how tough he was. I told him that almost everyone shows strength in other ways; not hurting oneself. I suggested we talk to Mr. Jonas, the middle school psychologist. After much pleading he agreed and we set up a meeting for tomorrow.*

# Mission Possible: Empowering You to Save a Life

# 8

## Student Instructions

You have been practicing using A.C.T. related to a number of different stories where a person may be talking about or doing injury to him/herself. In this final unit activity you will be given one scenario in a unique way and your team's task is to do a visual answer to the mission if you choose to accept it. In teams of four your task is to answer the mission possible request.

We would like you to share your answer with the rest of the class.

## Assessment Criteria

Answers may be scored on the following:

1. How well and completely your team demonstrates its knowledge about helping oneself and others.
2. How well and completely your team visualizes your answer.

### Three Mission Possible Prompts

1. Life situations that cause sadness can be a common thing among teenagers. But does it always lead to suicidal thoughts? Your task is to draw a silhouette of a human brain and, within the silhouette, list as many warning signs of suicide as you possibly can.
2. You have noticed that your best friend is showing some of the warning signs of suicide. Your task is to draw a silhouette of a house and, within it, list as many ways to help that friend as you possibly can.
3. Young adults feel stress many times throughout their lives. Your task is to draw a silhouette of the sun and, within it, list as many ways to positively manage stress as you possibly can.

Your teacher can add prompts based on the materials that you cover in your suicide prevention unit.

## Teacher Information

### Curriculum Connections

Language Arts, Social Studies, Peer Mediation, Family and Consumer Education, At-Risk Groups or Classes, Developmental Guidance

### Overview

This lesson will help students practice the knowledge and skills they learned in a unit and apply it to solving a health problem.

### Learning Objectives

The students will formulate the best responses to their provided situation by evaluating the situation and drawing an informed conclusion regarding their specific task.

### Requirements

Each student will get an MP card with directions on the back. If the student teams decide to accept the challenge they will be given a balloon with one of the four prompts in it. One person will blow up the balloon and tie it off. Another member of the group will pop the balloon and pull out the prompt inside. While the Mission Impossible theme is playing the group responds to the prompt on a large piece of paper and shares their answers with the rest of the class. You can develop your own prompts if there is material you want to cover in your class. A brief review of warning signs and A.C.T. could be done before the activity takes place. You might have a few lead up lessons that address this issue.

### Time

This activity will take one class period to complete.

### Materials

Theme song “Mission Impossible,” balloons with group prompts, large sheets of paper, markers for each student, and directions on note cards as follows:

1. Inflate your balloon.
2. Tie it shut.
3. Pick someone in the group to “pop” it.
4. Read and follow the directions on the paper inside the balloon.
5. Each person must contribute to finishing the task.
6. You must re-cap and put down your markers as soon as the music stops.
7. IF YOU ACCEPT THIS CHALLENGE, HURRY UP—TIME’S A-WASTING!!

*Your real friends aren't the ones you spend the most time with, but the ones you share the most memories with.*

## Assessment Criteria

Answers can be scored on the following:

1. How well and completely your team demonstrates its knowledge about helping oneself and others.
2. How well and completely your team visualizes your answer.

	<b>Wisconsin Health Education Standards</b>
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

## Sample Response

We had an item that told us to develop a list of warning signs within the silhouette of a house. Here are the items we wrote down:

1. Feeling depressed for a long time
2. Humiliated
3. Isolated
4. Change in activities
5. All or nothing thinking (tunnel vision)
6. Previous attempt
7. Giving away possessions
8. Talking about suicide