

LOVE LIFE

Critical Care for Students &
Caregivers in a Suicide Culture

By Warren Mainard & Mark Haug



IMPACT

LOVE LIFE: CRITICAL CARE FOR STUDENTS & CAREGIVERS IN A SUICIDE CULTURE

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IMPACT PLAYERS

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Caregivers in a Suicide Culture*

BY WARREN MAINARD & MARK HAUG

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— ABOUT THIS BOOK

Love Life

The world has changed since I first started in Youth Ministry. As a 19 year old Youth Pastor in 1995, our biggest concerns in serving students included peer pressure, alcohol and drugs, sex and STD's. Certainly, those battles were significant, but they were external and easily identified. Today, Generation Z faces a much more prevalent and imperceptible war; it is the battle for mental health. Stress, anxiety, depression, and suicide have reached all time highs within youth culture. While sex, drugs and alcohol abuse are actually in decline among today's youth, there is more concern about the state of students than ever before.

This book is written expressly for Youth Leaders and Parents who find themselves overwhelmed and under-equipped to face the many unique struggles that students and you, the caregivers, are experiencing. When I needed help understanding the issues and identifying how to best respond to a spate of suicides in my youth ministry culture, I reached out to MY Youth Pastor. My life is forever changed because of a real life, boots on the ground youth pastor! Mark Haug, who co-authored this book has become an expert on this subject, and I am thankful for his heart, grit, wisdom, and insight. Please read this book and pass what is helpful along to your parents, students and leaders! May we all learn to LOVE LIFE together!

Magnify Christ, Multiply His Kingdom,
Warren Mainard



CHAPTER ONE

Suicide on the Rise

*Understanding the
Cultural Reality of
Teen Suicide*

According to the CDC and other research findings such as the Journal of Abnormal Psychology, youth culture has seen a sharp rise in suicide and attempted suicide. Research indicates that teen suicide has increased between 56 - 60 % over the past 10 years. While there are many explanations for this dramatic increase, one is a phenomenon described by Malcolm Gladwell called *“relative deprivation.”* This is the explanation behind the question of why suicide rates are generally higher in happy, affluent and educated countries. Counterintuitive, yes, but **data supports the assertion that more people kill themselves in countries in which citizens describe themselves as happy,** compared to those in which citizens describe themselves as not very happy. *“Relative deprivation”* is the experience of being deprived of something to which one believes he or she is entitled. It refers to the discontent people feel when they compare their positions to others and realize that they have less of what they believe themselves to be entitled than those around them. Gladwell writes: *“Citizens of happy countries have higher suicide rates than citizens of unhappy countries, because they look at the smiling faces around them and the contrast is too great.”*

Consequently, the impact of social media only exacerbates this sense of comparative happiness - *“Everyone else seems happy, I should be too.”* Research suggests that those who spend more time on social media are more likely to be lonely. In addition, **two out of every five Gen Z’s report feeling bad about themselves as a result of social media use.** Relative deprivation feeds into the biggest internal struggles of teens who believe, *“I don’t measure up,”* and *“I am hopeless and helpless.”*

Students do not need to be shamed by their perceived *“deprivation”* in the midst of first world privilege. Shame, even when attempting to help students see how fortunate they are, only serves to feed their own sense of inadequacy. Rather, leaders and parents should help students focus on generosity and gratitude. **Generosity** has been demonstrated to reduce anxiety and depression as well as release feel good chemicals such as endorphins, dopamine, and oxytocin. Generosity also improves relationships as students experience that sharing with others and caring for each other creates greater relational satisfaction.

It appears that the concept of the *“cheerful giver”* is more about finding joy in giving than it is mustering up feelings of joy in order to give. Generosity is about more than simply dollars and cents but can also include sharing resources and time and even serving in the community or going on a mission trip.

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Research suggests that those who spend more time on social media are more likely to be lonely.
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Similarly, regularly expressing **gratitude** helps students experience higher levels of positive emotions, cherish good experiences, deal with adversity and build strong relationships. There are a number of ways that students can practice gratitude including, keeping a gratitude journal, sharing two or more “*praises*,” singing worship music or giving a testimony. When Paul wrote, **“Rejoice always, pray without ceasing, give thanks in all circumstances; for this is the will of God in Christ Jesus for you (1 Thessalonians 5:16-18).”** It seems he may have been giving us a road map of how a person can **“be transformed by the renewing of your mind (Romans 12:2).”**

This is not to suggest that a few verses and a trip to the local food shelter will cure everything that ails students today. These are complicated issues that may involve several layers of treatment, therapy and thought, but understanding the grip that “*relative deprivation*” may have on a student and how to loosen that grip is an important step in the journey to help students love life.





CHAPTER TWO

Suicide in Seattle

16 Risk Factors



— SUICIDE IN SEATTLE: 16 RISK FACTORS

Suicide is a complex issue and there are no simple answers. There are however, a number of risk factors that can contribute to a set of circumstances that may put a student at a greater risk of considering or attempting to commit suicide. This chapter will briefly explain the impact of each factor and how youth leaders and parents can mitigate the risk involved.

RISK FACTORS

- 1 Academic Pressure** - According to an article in the [Washington Post](#), students attending “high-achieving schools” are now considered to be “at-risk” on a level comparable with students in poverty, foster care, recent immigrants and students with parents who are incarcerated. Students facing “excessive pressure to excel” are two to three times more likely to develop mental health issues that contribute to suicide

Corresponding studies show that when students in these environments come from homes where the values of the parents are equally focused on being a person of character and integrity, they are much more likely to maintain a healthy perspective on their academics. Youth leaders would do well to spend regular time teaching and focusing on the importance of “being” over “doing.” The message of grace, central to the Gospel, communicates that our worth and value is not based on personal achievement, but rather on the substance of Christ’s work on our behalf.

- 2 Other Suicides** - When someone chooses to die by suicide, it is critical to reach out to those closest that may be at risk of suicide as well. “According to a 2016 [study](#), it is estimated that 115 people are exposed to a single suicide, with one in five reporting that this experience had a devastating impact or caused a major-life disruption.”

Youth leaders may often be the first person to talk with a student impacted by suicide. When you do, remember that decreasing the stigma of suicide requires speaking openly about suicide and asking direct questions to the student at risk. By bringing the issue out of the darkness, you are also helping bring students out of feelings of isolation as well.

“
**By taking
proactive steps
where possible,
students can
establish healthy
patterns.**
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- 3 Easy Access to Lethal Means** - Many suicide attempts take place during a short term crisis. By reducing the access to lethal means, a student is significantly less likely to die by suicide. Youth leaders should counsel concerned parents to remove all firearms from the house and lock up all prescription medication. Similarly, when talking to a troubled student, youth leaders should ask them directly (see the [Columbia-Suicide Severity Rating Scale](#) for deeper understanding) if they have thought about killing themselves and how they planned to do so. By identifying the plan for their attempt, youth leaders can work with the student and their parents to help remove or reduce access to lethal means.
- 4 Previous History of a Suicide Attempt** - Studies show that for every 1 completed suicide, there are 150 - 200 attempts. Students who have attempted to commit suicide are at a significantly higher risk level than those that have not. Do not minimize a failed attempt at suicide, but seek treatment and talk about the issues related to the suicide attempt directly.
- 5 Poor Management or Undiagnosed Mental Health** - Most Suicides are a result of untreated depression. If a student begins showing the signs of depression or suicide, students should be directed to a doctor or mental health expert. While Youth Leaders and parents can be a very important part of the care experience, they should not attempt to circumvent professional help.
- 6 Substance Abuse** - According to www.samhsa.gov, over 40% of all suicides involve an abuse of alcohol, opiates, and prescription drugs. What may begin as a way to party and blow off steam can become an unhealthy coping mechanism and escape from life.

Youth leaders and parents should be consistent in talking with teens about the dangers of substance abuse. In addition, youth leaders and parents should consistently focus on teaching healthy coping habits for students who may be struggling to find relief from stress.

- 7 Social Pressure** - More than traditional peer pressure, social pressure includes the continual pressure to solve the problems in our community, culture, and world. Social pressure can include a variety of issues including political division, school violence, family brokenness, drama at school, etc. In a recent national study, 75% of students reported feeling anxious about mass shootings, 58% report anxiety over climate change, and 57% are worried about issues related to separation and deportation of immigrant and migrant families. These are just a few examples of social pressure that exists in a culture where students are more aware of the brokenness in and around them than ever before.

Youth leaders and parents would be wise to acknowledge the reality of the brokenness in our world and the corresponding stress and anxiety that comes along with it. Without minimizing the issues, youth leaders should strive to give eternal perspective, reminding students of the sovereignty of God in all things and the coming return of Jesus to establish a Kingdom of Shalom. In the meantime, believers are invited to seek and share the hope of the Kingdom with the world around them.



8 Prolonged PTSD - *“It is estimated that approximately 4 – 6% of youth in the general population nationwide will meet criteria for a diagnosis of PTSD following a traumatic event, including symptoms such as poor concentration and intrusive thoughts, which can also severely interfere with school functioning ([ncbi.gov](https://www.ncbi.nlm.nih.gov)).”* Many students experience trauma in their formative years, as demonstrated through the [ACE](#) (Adverse Childhood Experiences) studies. Not all students who have experienced trauma develop PTSD, but it is a common factor in students who are at a higher risk for death by suicide.

Youth leaders and parents should consult a counselor if they sense a student is suffering from PTSD. While there are many layers to PTSD which are beyond a youth leader or parents capacity to treat, youth leaders should be aware of how the [40 Developmental Assets](#) can create a culture where students dealing with PTSD issues can find support.

9 Abusive Social Media - Nearly 40% of all students report feeling bad about themselves as a result of social media use. Cyber bullying and exposure to stress inducing, violent, sexual, or traumatic content can all contribute to a form of digital abuse. Paired with other factors, an unhealthy social media engagement can place students at high risk.

Youth leaders and parents should carefully teach about both boundaries and discernment when it comes to social media. Every family must determine what boundaries are healthy and necessary for social media use. In addition, students must be taught to exercise wisdom and discretion in how they utilize their time on social media, what they consume and what they post. Youth leaders should seek to teach through wisdom literature such as Proverbs in a way that engages students to think reflectively on what they experience on social media.

10 Isolation and Loneliness - *“More than half of Gen Zers identify with 10 of the 11 feelings associated with loneliness,”* according to a recent report based on the [UCLA Loneliness Scale](#). Barna Research says that this may be the loneliest generation in the history of the world.

Perhaps more than any other risk factor, youth leaders can offer something truly powerful to combat the impact of loneliness - community. Parents should partner with local youth ministries to prioritize students schedules to make regular, authentic community a key part of their lives. In response to the critical need to establish community for students on their school campus, church and para-church student ministries must partner together to create opportunities for students to identify other believers on campus and create systems for growth and connection with one another.

11 Major Physical Illness in the Family - A family member dealing with cancer or an ongoing battle with a disease such as lupus, may cause a student to be at greater risk of suicide. Especially when there seems to be no cure or no hope of the physical illness improving, hopelessness can set in. The fear of loss (loss of a loved one or loss of a dream) can be debilitating.



Youth leaders and parents would do well to begin with empathy and hope. As students have opportunity to reflect, consider pointing to examples of those who have endured physical illness or suffering and grew through it.

- 12 Loss (Death, Divorce, Moving, Losing a Friend)** - Experiencing loss can be devastating to a young person, especially relational loss. When a relationship is torn out of a young person's life, it can feel as if the void will never be filled again.

Youth leaders and parents should remember how important it is to be present in such situations. The void may never be filled completely, but when a student is suffering from loss, the most important thing that leaders can offer is a consistent ministry of presence.

- 13 Bullying** - The relationship between bullying and suicide is complex. Many media reports oversimplify this relationship, insinuating or directly stating that bullying can cause suicide. The facts tell a different story. It can be dangerous to present bullying as a reason or cause for suicide, or that suicide is a natural response to bullying.

Students should learn to self-advocate when they are the victim of bullying. Proper channels should be explored to end bullying wherever it may occur. Yet, students should also be challenged and encouraged to find strength in God and in their Christian community to endure when dealing with negative experiences from bullying.

- 14 High Exposure to Negative Emotion** - Often referred to as a *"toxic situation"* or person, students who are continually in such environments will be at a higher risk of wanting to end the misery of their circumstances.

Youth leaders and parents should take care to help students discern when and how to remove themselves from the toxic environments within their control as well as develop healthy approaches to communication and coping when they are unable to escape negative exposure.

- 15 Sleep Deprivation** - Adolescents are chronically sleep deprived. Sleep problems were found to be a warning sign of worsening suicidal thoughts, according to an article on [WebMD](#). The article suggests this is one of the first and best ways to engage with students who are at risk of suicide. *"Compared to other risk factors for suicide, disturbed sleep is modifiable and highly treatable using brief, fast-acting interventions. Because sleep is something we universally experience, and we may be more willing to openly talk about it relative to our mental health, we believe its study may represent an important opportunity for suicide prevention,"* Bernert explained.



When speaking with a student who appears to be at risk, begin by asking them about their sleeping habits. Youth leaders and parents may find that this is one way to engage in deeper conversation about unhealthy coping mechanisms (binge watching or eating) as well as some physical solutions that may help students find a more healthy perspective. Most experts recommend that adolescents need 7-10 hours of uninterrupted sleep per night. One important practice is to have students sleep separate from all electronics (phones, tv, computers, video games, etc).

16 Sexting - 27% of teens admit to having received a sext and 15% say they have sent a sext according to a report published in the [Washington Post](#). The link between sexting and suicidal thoughts have been documented by numerous sources.

Youth Leaders should take great care in speaking out against the dangers and immorality of sexting while also not demonizing those who may have made a deeply flawed decision to engage in such behavior. Speaking to students with a bent toward forgiveness and confession, youth leaders should point to Scripture passages such as 1 Timothy 5:2 and Ephesians 5 which demonstrate the way to honor others as brothers and sisters. Parents should be clear in speaking to their students about the dangers of sexting and establish an agreement that if a student receives a sext that they will inform their parents immediately and not share it with others.

There are many complex factors that put students at risk of suicidal behavior. Youth leaders, parents and students should strive together to maintain open lines of communication so that everyone is working together to reduce the risk. By taking proactive steps where possible, students can establish healthy patterns that increase their capacity to love life.



CHAPTER THREE

Breaking the Code *of Silence*

While there are cases when a student chooses to die by suicide without any warning, in most situations, there are warning signs that parents and youth workers should look for. Engaging students in a meaningful relationship will both increase your likelihood of recognizing the warning signs and influencing the student to take steps in response. Most students who take their lives by suicide have spent significant time envisioning suicidal ideations beforehand. As you engage with students, look for the following four types of warning signs.

FOUR TYPES OF WARNING SIGNS

Indirect Verbal Clues

- *“I’m tired of life, I just can’t go on.”*
- *“My family would be better off without me.”*
- *“Who cares if I’m dead anyway.”*
- *“I won’t be around much longer.”*
- *“Pretty soon you won’t have to worry about me.”*

Depending upon the personality of your student, it may be easy to dismiss some of these statements as *“drama,” “attention seeking”* or *“just kidding around.”* These types of statements are not to be taken lightly and should be recognized by the parent or youth leader as an invitation to dig deeper and ask more direct questions. Asking questions (as opposed to preaching or lecturing) will gain you far more trust and understanding into the seriousness of the students struggle.

Direct Verbal Clues

- *“I’ve decided to kill myself.”*
- *“I wish I were dead.”*
- *“I’m going to commit suicide.”*
- *“I’m going to end it all.”*
- *“If (such and such) doesn’t happen, I’ll kill myself.”*

Many times, a direct question toward a student regarding their intent to take their life will result in a direct answer. Remain calm and continue to engage in more questions. If they have made a plan to take their lives, take steps to intervene in that plan.

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**Engaging
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”

Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse
- Unexplained anger, aggression, and irritability

Students can be temperamental and difficult to predict, but when their behavior makes a dramatic turn, it is a clue that something deeper may be happening. In addition to addressing the behavioral issues themselves, ask questions related to the motivation behind the behavior. Seek to understand the issue that the behavior is attempting to mask/medicate.

Situational Clues

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a cherished person, especially if by suicide
- Sudden unexpected loss of freedom/fear of punishment
- Concussions

A traumatic or disturbing life experience can create a deep sense of fear, insecurity, disillusionment, and anger in a student's life. Be sensitive to the impact that these circumstances may have had on the student and seek to guide them to take stock of the aspects of their lives that are not experiencing turbulence or extreme change.

As a parent, youth worker or care-giver, anytime you become aware of a warning sign, do not try to handle the situation alone. Speak up and invite others into your community to provide multiple layers of care and support. Do not be afraid or embarrassed to call for a counselor or reach out to the National Suicide Prevention Hotline (1-800-273-8255). Let the student know that your utmost priority is their well-being and that you want them to experience the love, care, and support of many people who deeply value their life.





CHAPTER FOUR

Engaging with *Suicidal Students*

You have noticed some warning signs that a student may be having suicidal ideations. You take a step to engage in a deeper conversation about what the student is experiencing, and he/she begins to open up. How do you listen well? What are the right responses to a student in a critical place emotionally, mentally and spiritually?

6 PRINCIPLES FOR ENGAGING WITH SUICIDAL STUDENTS

1 Commit to Listen - Parents and Youth Leaders must commit to become masters in the art of listening to, not talking at, students. *“About the worst thing you can do is to dismiss suicidal feeling with casual reassurance,”* says Dr. Ronald Diamond, professor of psychiatry in the University of Wisconsin School of Medicine and Public Health. *“That just emphasizes that no one understands the pain the person is feeling.”* Avoid knee jerk responses to irrational or untrue statements students may make in this position but allow them to feel heard and express in entirety their current perspective on their life and issues.

“Give the person a chance to talk about wanting to die and wanting to live before helping them decide to live.” To elicit the most helpful information, Diamond advises adopting an attitude of *“gentle assumption,”* assuming that they may already have thought about a plan.

“Instead of being shocked, ask things such as, ‘In what ways have you thought of killing yourself?’” he says, *“Gently assume a specific behavior.”*

2 Invite into a Relationship and Community - *“Don’t tell anyone.”* Most students feel shame about their suicidal ideations. Their preference is generally to keep secrets than seek community. Parents and Youth Leaders should emphasize the power of community over the isolation of secrets. Do not make promises of pseudo-confidentiality. *“Never promise that you’re not going to tell anyone, because what if the information is, ‘I just bought a gun?’”* Diamond said.

While students may struggle with the isolation of shame, deep down, they hunger to be known and to belong. Invite students into a circle of authenticity and encourage them to step out of darkness and into the light. *“If you bring up suicide with people who are struggling with those thoughts, invariably they are relieved because someone understands, and because it’s not a secret anymore,”* Diamond says.

“
**What are the
right responses
to a student in a
critical place?**
”



EVERYTHING IS GOING TO BE ALRIGHT

- 3 Practice Persistent Presence** - One of the most powerful statements you can make to a student is, “I am here for you.” The ministry of presence communicates to a student that they are loved and valued by someone who knows them deeply. This requires a certain persistence from parents and youth workers, because often, they will have to make the lion’s share of the effort to maintain this presence on a regular, ongoing basis. Visits, phone calls, and texts are important ways to stay connected with the student. When you check in, ask open ended questions that require a conversational response from the student. Don’t be afraid to ask hard questions as you grow deeper with the student. If time and weather allow, consider going for a 20 - 30 minute walk together as you talk things out. The movement, changing scenery and shoulder to shoulder positioning may increase openness and engagement.
- 4 Hold Out Hope** - At the root of suicide is often a sense of hopelessness. Youth Leaders and Parents must learn how to hold out hope for students without falling into clichés and platitudes. Talk about incremental steps that lead to hope and celebrate every success as evidence of hope. For instance, it may be that a student takes the step of going for a walk each day or writing three items in a daily gratitude journal. Celebrating those successes can give the student a sense of pride and accomplishment, increasing their belief that better days are ahead.
- 5 Don’t Judge, Discern** - When listening to a student share about their struggles, you may find yourself quickly “*diagnosing the problem.*” Suicide is a complicated matter and there is likely many layers to the issues that the student is presently struggling with. Avoid rushing to judgment but seek to discern what the student is saying (and not saying) in their description. As you practice reflective listening, express the causes you hear them sharing about their solutions and ask, “*Is this what you are saying? What else may be contributing to your thoughts about suicide right now?*”
- 6 Explore Alternate Solutions** - Remember, suicide is not the problem, only the solution to a problem they think has no other solution. After using active listening, and hearing the story, try to engage the person as a collaborator in getting help. Ask the student to describe what problems taking their life may solve? For instance, if a student said, “*I am so tired of being ignored and excluded,*” you may consider some other solutions to that problem besides suicide. If the student has had an ongoing struggle with depression or suicidal ideations, ask him/her what has helped in the past, what reasons he or she has to go on living, and what options are available. If suicide is “*a solution*” to a problem, identifying the problems and collaborating on potential alternate solutions can be a proactive step that empowers students toward a path of renewed health.

If you are engaged in an ongoing relationship, keep a shared journal with that student as you explore these conversations together. You may refer back to the journal as old issues creep back up and track progress as you walk together. Guard carefully against “*moving on*” when a student shows progress and is no longer in “*critical condition.*” Keep the relationship going and continue to engage in these six principles for the long haul.

SOURCE: [HTTPS://WWW.UWHEALTH.ORG/NEWS/LISTENING-HELPS-PREVENT-SUICIDE/14659](https://www.uwhealth.org/news/listening-helps-prevent-suicide/14659)



CHAPTER FIVE

8 Thinking Errors

*Common Among
Suicidal Students*




— 8 THINKING ERRORS COMMON AMONG SUICIDAL STUDENTS

In the complex labyrinth of teen mental health, a significant factor in the progression toward teen suicide is cognitive distortions, or “*thinking errors*.” “*Thinking errors are irrational patterns of thinking that can both cause depression and be caused by depression* ([Psychology Today](#)).” Thinking errors are generally the result of a person’s subjective assessment (or narrative) of an early life experience that shapes and maintains their fundamental thoughts and understanding of themselves and their surrounding world. Essentially, a thinking error can cause a student to spiral into more depressive and suicidal thoughts. Youth Leaders and Parents should be aware of these thinking errors and develop strategies for identifying and redirecting cognitive distortions. Here are 8 of the most common and harmful thinking errors for students.

- 1 All-or-Nothing Thinking** - Students can easily fall into “*all or nothing thinking*” in a number of areas. Success or failure, good or bad, overwhelmed or bored, are just a few examples. Students demonstrating this type of thinking can be convinced that their current circumstances are more extreme and permanent than they actually are. Youth Leaders and parents should ask questions that take the student through a series of previous examples in which what they thought something was more extreme than it actually was. Asking questions about the outcomes of these circumstances can also lead students to think critically about what the real life impact of their situation may be.
- 2 Overgeneralizing** - Students may easily assume that the implications of one experience in their lives can be universally be transferable to other circumstances. A student may conclude, “*I failed my math quiz... I will always be bad at math.*” or “*This person was mean to me, she will always hate me.*” Students need to be reminded that we should not overgeneralize about ourselves or others... “*we all have a bad day, we all make mistakes, but those mistakes do not define us.*”
- 3 Filtering Out The Positive** - Students on social media may get 99 likes on a post and one negative comment. Young people who filter out the positive will totally ignore all positive encouragement or success and fixate solely on negative feedback or perceived failure. Youth Leaders and Parents should remind students it is impossible to be perfect or universally liked all of the time, and that our value and confidence can only be based on what God says of us.

“
Thinking errors can cause students to spiral further into depressive thoughts.
”



When processing with a student who filters out the positive, challenge them to write down or speak out loud the positive feedback they have received. Ask them if there is anything that they can learn from a negative comment. Encourage them by pointing to examples of many people who overcame criticism to accomplish great things.

4 Mind-Reading - The brain has a way of creating narratives out of random facts and occurrences. Without clear communication, students may begin to assume they know what's going on in someone else's mind, often from a negative perspective. If a student's friend doesn't immediately return a text, like a post or send an invite, it is very common for him to begin to assume that somehow his friend has turned against him. It is important for youth leaders and parents to encourage students to communicate well and to seek understanding when they begin to assume the worst about what someone thinks of them.

5 Catastrophizing - *"If I don't get into this college, my life is over..."* While all students are prone to hyperbole, when a young person begins to speak in catastrophic terms, it is necessary to address this thinking error. Asking students to consider potential outcomes and solutions to their *"end of the world"* prognostications can be a helpful tool for recalibrating their thinking to a more reasonable perspective.

6 Emotional Reasoning - If a student today *"feels alone"* than they may easily conclude that they *"are alone."* *"How do you reach a generation that listens with its eyes and thinks with its feelings? (Ravi Zacharias)"* Emotional reasoning is the intellectual currency of Generation Z and it is a contributing factor to the rise in depression and suicide. Youth leaders and parents must be disciplined to teach students to think rationally, intellectually and reasonably in contrast to thinking with their feelings. This is an ongoing process, which requires deeper focus and attention.

7 Labeling - When a teacher isn't very nice, a student concludes, *"He is a total jerk."* Someone makes a racially insensitive comment and she becomes a *"racist."* Students are quick to label and condemn others without second thought, until they become the one who is labeled. Labeling can easily become a way of humiliating, ostracizing, and dehumanizing another human being. Students should be reminded of the power of words and labels and corrected when they begin attaching labels on others. When receiving a label, students should be reminded that the only name that matters is the label of being a son or daughter of God.

8 Fortune-telling - *"If I go on a [diet](#), I'll probably just gain weight."* These types of thoughts can become self-fulfilling prophecies if a student is not careful. When a student is predicting doom and gloom, remind her of all the other possible outcomes. Ask her what it would look like if she accomplished her goals? What would be some healthy steps she could take in order to get closer to those goals?



When addressing “*thinking errors*” in students, remember to use positive, solution-oriented guidance. Avoid speaking in a way that makes a student feel dumb or ashamed for the way they have been thinking. These cognitive distortions are normal and widely accepted, so they must be lovingly rooted out. Take time to walk through specific scriptures that deal with developing a healthy thought life such as, [Philippians 4:8](#), [2 Corinthians 10:5](#), [Romans 12:2](#), [James 1:5-6](#), and [2 Timothy 1:1-7](#). Correcting thinking errors is an essential step in helping students to love life even when things may seem difficult. If the thinking patterns are too deep to overcome without professional counseling, youth leaders or parents may want to investigate finding a counselor who specializes in Cognitive Behavioral Therapy (CBT).



CHAPTER SIX

Coping by Cutting

*Understanding &
Engaging A Student
Who Is Cutting*

When a student is discovered to be engaged in a practice of cutting or self-harm, it is important for youth leaders and parents to understand the relationship between cutting, depression, and suicide. In most cases, cutting is not a failed attempt at suicide or even a “cry for help.” It is most often a coping mechanism for unresolved pain, trauma, or self-loathing. Parents and youth leaders should be quick to listen, slow to speak, and slow to become angry when encountering a teen who has become caught up in self-harm. Seeking to understand, not judge, listen, not preach, and empathize, not react is critically important to beginning a process that will lead to restored health. While a professional counselor should most likely be brought into the process early on, there are still some important things that parents and youth leaders should understand and do when relating with a student involved in cutting.

1 Know the Signs - There are many signs of cutting, the first being the visible appearance of scars, cuts, bruises, or burns, usually on the wrists, arms, thighs, or chest. Blood stains on clothing, towels, or bedding or the possession of sharp objects such as razors, knives, or glass in a student’s personal belongings. A student engaged in self-harm may claim to be “*accident prone*” as a way of explaining away their injuries, or may insist on covering up their skin, even in hot weather. Students engaged in self-harm will often spend long periods of time alone, with the doors locked, particularly in their bedroom or in the bathroom. They may also become abnormally irritable and isolated socially. If you observe any of these signs, it would be wise to ask good questions.

2 Ask Insightful Questions - The depth and the directiveness of your questions will be relative to the trust you have earned in your relationship with a students. A parent or youth leader may want to ask probing questions such as, “*When you look in the mirror, what do you see?*” “*Describe a relationship that is causing you emotional pain right now?*” “*How do you cope with difficult things that seem out of your control?*” It may be necessary to be more direct in your questions, asking, “*Have you ever intentionally hurt yourself?*” “*How does cutting, or self-harm numb or distract you from your emotional pain?*” “*Have you ever thought about taking your own life?*” If a student shares that they are engaged in self-harm, or even suicidal ideations, it may require an immediate response, including calling a help hotline such as Safe 2 Tell - 1-877-542-7233.

“
Seeking to understand, listen, and empathize is critically important to beginning a process that will lead to restored health.
”

3 Explore Healthy Coping Practices - At its root, self-harm is generally an unhealthy coping mechanism. Like alcoholism, drug addiction, eating disorders, and even shopping or video game addictions, cutting is a way to escape momentarily from the pain of the present circumstances. Parents and youth leaders should encourage and help foster healthy coping practices such as - exercise (sports, working out, going for a walk), expression (writing a journal or poetry, painting or drawing, singing or acting, etc), and embracing relationships (experiencing healthy community or a mentor relationship with a caring adult). Students may even want to try to engage in some physical soothing activities like taking a bath or hot shower, petting an animal, wrapping up in warm blanket, or even rubbing an ice cube over the places a student might normally cut.

4 Ongoing Care - Every student needs 3 - 5 healthy relationships with a caring adult. It is important for young people to have a trust relationship with an adult who is not a parent. Students engaged in a supportive student ministry can find many of these basic needs met. Parents and youth leaders should communicate that while they cannot guarantee happiness, they will help them become stronger and to stay with them through the rocky moments of the journey. Be quick to involve professional and pastoral care as you are able, remembering that as a parent or a youth leader, you cannot be a students' savior.

Ultimately, the good news of Jesus is a powerful reminder that the scars on Jesus' wrists and legs and side are evidence of God's tremendous love for us and the possibility for a new and better life. The portrayal of Jesus as the suffering servant in Isaiah 53 reminds us that Jesus can empathize with our pain and that His wounds are the means of our healing and inner-peace. Parents and youth leaders should gently guide students into a deep understanding of God's unfolding grace in the lives of their students.

SOURCE: [HTTPS://WWW.HELPGUIDE.ORG/ARTICLES/ANXIETY/CUTTING-AND-SELF-HARM.HTM](https://www.helpguide.org/articles/anxiety/cutting-and-self-harm.htm)





CHAPTER SEVEN

Caring for the Caregiver

*Paying the Toll of Caring
for Students in Trauma*



— CARING FOR THE CAREGIVER: PAYING THE TOLL OF CARING FOR STUDENTS IN TRAUMA

As Generation Z enters into our culture as the most stressed, anxious, lonely, and fearful generation in US history, youth leaders and parents find the dynamics of their ministries changing dramatically. Instead of directing energy and enthusiasm to life-giving youth ministry practices like creative youth meetings and events, student leadership development and outrageous youth games, today's youth leaders are spending an increasing amount of their time in a constant state of crisis care, counseling students and parents and bearing the burdens of a vast majority of their student ministry that appears to be only hanging on by a thread. While Youth Leaders certainly feel a calling to care for, love, and go after the one sheep that has been lost, it now feels as though the 99 are in critical danger and in need of care as well.

There is no debate, serving as a care giver is more taxing, draining, and demanding than ever. To maintain long-term care and stability for students, we must be sure that we are caring for the caregivers. Before we look at how to care for caregivers, let's examine four ways that caring for students, particularly those struggling with stress, depression, and suicidal thinking impacts youth leaders and parents.

FOUR WEIGHTS ON CAREGIVERS

1 Distress - Distress is defined as *“extreme anxiety, sorrow, or pain”* and refers to a normal and inevitable experience of life. This unhealthy form of stress may result from personal loss, financial concerns, working with traumatized students, or in a high conflict relationship. Caregivers should be mindful of this stress and how they are managing their personal stress level. Left unchecked, distress can lead to feelings of inadequacy or the inability to cope and can lead into Caregiver burnout.

2 Caregiver Burnout - Caregiver (or, therapist/pastor) burnout is a term often discussed, but not entirely understood until the caregiver begins to experience it for themselves. Youth leaders should remain self-aware of emotional exhaustion, loss of empathy, and their personal sense of accomplishment – all of which fluctuate on a continuum. Burnout is usually accompanied with thoughts of, *“I can't handle this anymore,” “I am not cut out for this,”* and *“My students would be better off without me.”* While caregiver burnout is not healthy, it is normal, and it is both treatable and preventable.

“
Today's youth leaders are spending an increasing amount of their time in a constant state of crisis care.
”



3 Compassion Fatigue - Compassion fatigue occurs from giving excess amounts of empathy and is compounded by the pressure felt when students don't seem to be making progress. Mother Teresa, known worldwide for her role as a caregiver to the most desperate and needy, understood the reality of compassion fatigue. As a common practice, she required her Nuns to take a full year off for every 4 - 5 years they served, recognizing that the massive emotional drain required extensive times for personal restoration. When a person experiences compassion fatigue, they often begin to become abnormally calloused and find themselves thinking, *"I know I should care, but I really don't."* This can cause a Youth leader to question their calling and even their personal relationship with the Lord.

4 Vicarious Traumatization - Some have suggested that vicarious traumatization is also known as compassion fatigue, however, we should differentiate the two. We who work with people who were victims of trauma are particularly susceptible to vicarious traumatization. Although the caregiver has not personally experienced the trauma, by entering into the stories of their students with empathy, they can begin to personalize their students trauma and experience negative emotional, spiritual, and even physical effects. Many caregivers find that they cannot stop thinking or *"replaying in my mind"* the traumatic experiences of their students. Compiled over time, this can bring tremendous fear, shame and suffering into a caregivers personal world.

This leads us to a big question - What can Parents and Youth Workers do for Self-Care in the midst of helping students who are dealing with Mental Health challenges? While the next chapter will deal with more practical steps for care, the following principles will help you get a better handle on Caring for the Caregiver.

1 Be Mindful - Whether you are a hard-charging type A leader, or an empathetic listener with a deep reservoir for compassion, we all have our limits. Take note of your personal dashboard and be aware of your own need to rest, be recharged, and refueled. Ask yourself reflective questions and invite other caregivers to ask you probing questions as well. Consider taking time to work through this [Self Care Assessment Worksheet](#).

2 Be Intentional - Do not expect life or ministry to give you margin and provide opportunities for rest, health, and self-care. Be intentional to create healthy rhythms for personal renewal as well as blocking out hours, days, and weeks in your calendar when you are completely separated from your responsibilities as a caregiver. Take active steps to engage in non-ministry related relationships, read life-giving books and enjoy soul nourishing activities. Consider including personal counseling into your own self-care plan.

3 Be Gospel-Focused - Caregivers can often unintentionally develop a Messiah complex, believing that they are the only ones who can help their students through their problems. Jesus never said, *"Come to (insert your name here) and he/she will give you rest for your souls."* No, Jesus said, *"Come to ME...(Matthew 11:28)"*. Jesus invites us to cast all of our burdens, worries and anxieties upon Him, because He cares for us (see 1 Peter 5:7). In the Garden of Gethsemane, Jesus was so overwhelmed with anguish and agony by the weight of the world, he literally began to sweat drops of blood (see Luke 22:44). This *"man of sorrows"* has endured every suffering and trauma so that we do not need to (see Isaiah 53). Take comfort in Jesus the Prince of Peace. Remember these Gospel practices prescribed by the Apostle Paul - *"Rejoice always, pray without ceasing, give thanks in all circumstances; for this is the will of God in Christ Jesus for you (1 Thessalonians 5:16-18)."*

In our next chapter, we will dive deeper into some practical and meaningful steps that caregivers can take in order to stay healthy for the long term.



CHAPTER EIGHT

Self-Care for the Caregiver

*Staying Healthy for the
Long Term*



— SELF-CARE FOR THE CAREGIVER: STAYING HEALTHY FOR THE LONG TERM

In September of 2019, Jarrid Wilson, a young adult pastor at Harvest Christian Fellowship, a megachurch in California, and the founder of a mental health advocacy group, posted his final message to Twitter. *“Loving Jesus doesn’t always cure suicidal thoughts. Loving Jesus doesn’t always cure depression. Loving Jesus doesn’t always cure PTSD. Loving Jesus doesn’t always cure anxiety. But that doesn’t mean Jesus doesn’t offer us companionship and comfort. He ALWAYS does that.”* That night, Wilson, 30, killed himself.

As Wilson’s story, and the stories of many other care givers who have battled (and lost) against depression and suicide demonstrate, knowing good theology and understanding mental health issues does not make one immune or invincible to experiencing their own personal hell. Every person who takes on the role of caring for young people, particularly those experiencing trauma, depression, and suicidal ideations should take great care to receive great care for their own well-being. In our previous chapter, we encouraged every caregiver to be mindful, be intentional, and be Gospel-focused in approaching their own spiritual and mental health. In this chapter, we will dive deeper into some practical and meaningful steps that caregivers can take in order to stay healthy for the long haul.

“
**Caregivers
should be
mindful,
intentional, and
Gospel-focused
for their own
health.**
”

FIVE PRACTICAL STEPS TO LONG-TERM CARE-GIVING HEALTH

- 1 Know Yourself** - Every caregiver enters into ministry to students with their own personal history, areas of weakness, and woundedness. Many youth leaders feel called into student ministry because they have been through traumatic experiences of their own and now long to help young students like them. While wounded healers can have a very powerful ministry, they may also be very vulnerable to suffering adversely from issues like compassion fatigue and vicarious traumatization. Be real with your own risk factors. It is important to know yourself and your limits when caring for students. Don’t go it alone and give yourself permission to refer difficult cases to another experienced counselor. If you haven’t already done so, take a Self-Care Assessment test (perhaps 2-3 times per year) to make sure that you are keeping a close watch on your own personal dashboard of health.

2 Listen to Your Own Counsel - Remind yourself of the truths that you share with your students. Take time to invest in the “*Mental Health Triumvirate*” of exercise, sleep, and nutrition. Write in a journal and express your thoughts, struggles, hopes, and dreams. Get engaged and meet regularly with an authentic support community. Put away the phone and the distractions and devote yourself to spiritual practices of solitude, confession, fasting, and prayer.

3 Address Your Own Thinking Errors - Parents and Youth Leaders can just as easily get caught in the spin cycle of thinking errors as their students. Whether it is All-or-Nothing thoughts like, “*Things will never improve*” or “*I never get time to rest*” or Mind Reading thoughts like, “*These students really don’t like me*”; thinking errors can derail your own mental health as quickly as a student’s. Review the chapter on Addressing Thinking Errors and evaluate yourself. It may be helpful to even review the list of thinking errors with a spouse or loved one and ask them if they see any of those thinking errors in your talk or attitude. Do not be defensive in this experience, but use it as an opportunity to grow and model for your students how to receive counsel.

4 Stay in Your Lane - Many of our students have experience deep and complex trauma that is beyond our pay grade, training, and expertise. It is critical that you recognize when you should refer a student to a paid professional. Keep a list of potential counselors on hand and be confident in referring students. This actually demonstrates a great level of care and compassion to the student and is in no way a failure on your part. If you are a youth worker, it would be wise to be proactive to spend some time with different counselors and therapists in your area. Meet them for coffee and seek to gain understanding of their approach to counseling, medication and long term health. As you meet with these counselors, begin to take notes on what kind of student care situation may be best for each counselor you meet. This will give you greater confidence in sharing your referrals with students in the future.





5 Know When it is Time for a Personal Reset - Ministry to students is relentless. There is always another student, another issue, another problem to be solved. Even the most dedicated and healthy youth leaders can find themselves personally in need of a reset. This is not a sign of failure or of weakness. Remember that there is only one Messiah, and he is not you. It may be time to request a sabbatical or to transition into another area of ministry or care. Ultimately, we cannot be of service to God or young people if we have been knocked out of commission. Prayerfully consider whether or not your time of health and fruitfulness in your current position has come to an end. Or, is there an opportunity to take a significant season of rest by way of a sabbatical? Speak to your spouse and supervisors and begin to form a plan for your own reset.

Caring for students today is more challenging than it has ever been. Do not do it alone. Find a community of support and lean into that community when things get difficult. Most of all, remember that God is our hope, our refuge and our counselor. Jesus has promised us the “*paraclete*” (counselor and advocate), that is the Holy Spirit, to comfort us, guide us, and remind us of who we are in Christ. This wonderful counselor is available 24/7 and He understands us and always has time to listen to us. Cry out to Him. Call upon Him. Gain power from Him. He is dwelling within you and longs to speak life and light into your darkest moments and thoughts. He will give you wise counsel both for yourself and for those around you. Remember these words from Jesus, “***Let not your heart be troubled; you believe in God, believe also in Me (John 14:1).***”



Appendix

Resources and Worksheets

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE

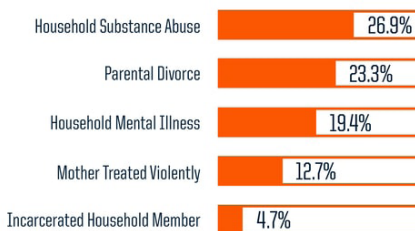


percentage of study participants that experienced a specific ACE

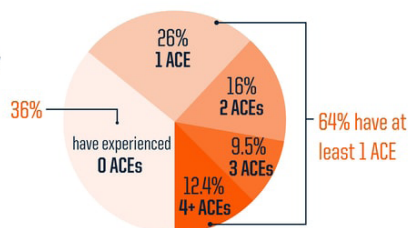
NEGLECT



HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



Broken bones

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
OR
Act in a way that made you afraid that you might be physically hurt?

Yes No

If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
OR
Ever hit you so hard that you had marks or were injured?

Yes No

If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
OR
Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
OR
Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
OR
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

If yes enter 1 _____
6. Were your parents ever separated or divorced?

Yes No

If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
OR
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
OR
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No

If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

If yes enter 1 _____
10. Did a household member go to prison?

Yes No

If yes enter 1 _____

Now add up your “Yes” answers:_____ This is your ACE Score.

an asset checklist

Many people find it helpful to use a simple checklist to reflect on the assets young people experience. This checklist simplifies the asset list to help prompt conversation in families, organizations, and communities.

NOTE: This checklist is not intended nor appropriate as a scientific or accurate measurement of developmental assets.



- ☐ 1. I receive high levels of love and support from family members.
- ☐ 2. I can go to my parent(s) or guardian(s) for advice and support and have frequent, in-depth conversations with them.
- ☐ 3. I know some nonparent adults I can go to for advice and support.
- ☐ 4. My neighbors encourage and support me.
- ☐ 5. My school provides a caring, encouraging environment.
- ☐ 6. My parent(s) or guardian(s) help me succeed in school.
- ☐ 7. I feel valued by adults in my community.
- ☐ 8. I am given useful roles in my community.
- ☐ 9. I serve in the community one hour or more each week.
- ☐ 10. I feel safe at home, at school, and in the neighborhood.
- ☐ 11. My family sets standards for appropriate conduct and monitors my whereabouts.
- ☐ 12. My school has clear rules and consequences for behavior.
- ☐ 13. Neighbors take responsibility for monitoring my behavior.
- ☐ 14. Parent(s) and other adults model positive, responsible behavior.
- ☐ 15. My best friends model responsible behavior.
- ☐ 16. My parent(s)/guardian(s) and teachers encourage me to do well.
- ☐ 17. I spend three hours or more each week in lessons or practice in music, theater, or other arts.
- ☐ 18. I spend three hours or more each week in school or community sports, clubs, or organizations.
- ☐ 19. I spend one hour or more each week in religious services or participating in spiritual activities.
- ☐ 20. I go out with friends with nothing special to do two or fewer nights each week.
- ☐ 21. I want to do well in school.
- ☐ 22. I am actively engaged in learning.
- ☐ 23. I do an hour or more of homework each school day.
- ☐ 24. I care about my school.
- ☐ 25. I read for pleasure three or more hours each week.
- ☐ 26. I believe it is really important to help other people.
- ☐ 27. I want to help promote equality and reduce world poverty and hunger.
- ☐ 28. I can stand up for what I believe.
- ☐ 29. I tell the truth even when it's not easy.
- ☐ 30. I can accept and take personal responsibility.
- ☐ 31. I believe it is important not to be sexually active or to use alcohol or other drugs.
- ☐ 32. I am good at planning ahead and making decisions.
- ☐ 33. I am good at making and keeping friends.
- ☐ 34. I know and am comfortable with people of different cultural/racial/ethnic backgrounds.
- ☐ 35. I can resist negative peer pressure and dangerous situations.
- ☐ 36. I try to resolve conflict nonviolently.
- ☐ 37. I believe I have control over many things that happen to me.
- ☐ 38. I feel good about myself.
- ☐ 39. I believe my life has a purpose.
- ☐ 40. I am optimistic about my future.

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:

- 5 = Frequently
- 4 = Occasionally
- 3 = Rarely
- 2 = Never
- 1 = It never occurred to me

PHYSICAL SELF-CARE

- ___ Eat regularly (e.g. breakfast, lunch and dinner)
- ___ Eat healthy
- ___ Exercise
- ___ Get regular medical care for prevention
- ___ Get medical care when needed
- ___ Take time off when needed
- ___ Get massages
- ___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- ___ Take time to be sexual—with yourself, with a partner
- ___ Get enough sleep
- ___ Wear clothes you like
- ___ Take vacations
- ___ Take day trips or mini-vacations
- ___ Make time away from telephones
- ___ Other:

PSYCHOLOGICAL SELF-CARE

- ___ Make time for self-reflection
- ___ Have your own personal psychotherapy
- ___ Write in a journal
- ___ Read literature that is unrelated to work
- ___ Do something at which you are not expert or in charge
- ___ Decrease stress in your life
- ___ Let others know different aspects of you
- ___ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- ___ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
- ___ Practice receiving from others
- ___ Be curious
- ___ Say “no” to extra responsibilities sometimes
- ___ Other:

EMOTIONAL SELF-CARE

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Give yourself affirmations, praise yourself
- ___ Love yourself
- ___ Re-read favorite books, re-view favorite movies
- ___ Identify comforting activities, objects, people, relationships, places and seek them out
- ___ Allow yourself to cry
- ___ Find things that make you laugh
- ___ Express your outrage in social action, letters and donations, marches, protests
- ___ Play with children
- ___ Other:

SPIRITUAL SELF-CARE

- ___ Make time for reflection
- ___ Spend time with nature
- ___ Find a spiritual connection or community
- ___ Be open to inspiration
- ___ Cherish your optimism and hope
- ___ Be aware of non material aspects of life
- ___ Try at times not to be in charge or the expert
- ___ Be open to not knowing
- ___ Identify what is meaningful to you and notice its place in your life
- ___ Meditate
- ___ Pray
- ___ Sing
- ___ Spend time with children
- ___ Have experiences of awe
- ___ Contribute to causes in which you believe
- ___ Read inspirational literature (talks, music, etc.)
- ___ Other:

WORKPLACE OR PROFESSIONAL SELF-CARE

- ___ Take a break during the workday (e.g. lunch)
- ___ Take time to chat with co-workers
- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding
- ___ Set limits with your clients and colleagues
- ___ Balance your caseload so that no one day or part of a day is “too much”
- ___ Arrange your work space so it is comfortable and comforting

WORKPLACE OR PROFESSIONAL SELF-CARE (CONTINUED)

- ____ Get regular supervision or consultation
- ____ Negotiate for your needs (benefits, pay raise)
- ____ Have a peer support group
- ____ Develop a non-trauma area of professional interest
- ____ Other:

BALANCE

- ____ Strive for balance within your work-life and workday
- ____ Strive for balance among work, family, relationships, play, and rest

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

— ABOUT THE AUTHOR

Warren Mainard



Warren Mainard is the Executive Director of IMPACT Players in Bellevue, WA. IMPACT Players exists to inspire men to become great husbands, fathers and leaders. After serving as a youth pastor, church planter/pastor and executive leader at Seattle Youth For Christ for 25 years, Warren has had the joy of leading countless students and adults into a deeper relationship with Jesus Christ. Warren finds great joy in sharing his experience with other Youth Leaders. Now, he also spends a great deal of time serving parents of teens, particularly dads, helping them to navigate the unique challenges of parenting teens in our current culture.

Warren and his wife Leah have been married for over 23 years and have a daughter in High School and a son in Middle School. He loves meeting new friends for coffee, snowboarding, writing and playing tennis. If you would like to chat about youth ministry or share your story, contact him at warrenmainard@gmail.com.

– ABOUT THE AUTHORS

Mark Haug



Mark is one of the pastors at Crossroads Community Church in Parker, CO. Prior to stepping on the team at Crossroads, Mark served at Woodmen Valley Chapel in Colorado Springs where he served in Congressional Care (Pastoral counseling with a focus on families with teens and teen suicide) and prior to that he oversaw the Student Ministry department. Before coming to Woodmen, Mark spent 4 years leading student ministry at Cherry Hills Community Church in Highlands Ranch. Mark has served students and their families for over 30 years in small, medium, and mega church settings both portable and multisite. Mark grew up in Naperville, IL and has served in ministry in Florida, Maryland, and in Colorado. He has a degree in family counseling and has attended Reformed Theological Seminary and Denver Seminary.

Mark and his wife, Rose have been married for 33 years and they have two beautiful daughters. Mark's passions are Jesus, his family, and the local Church. In his free time, he likes to explore Colorado in his jeep and hike with his family. He likes to help others as a Handyman, he enjoys fencing (as in sword fighting), and values any opportunity to encourage others who serve in ministry.

Thank you!

I hope you enjoyed this free youth ministry resource! IMPACT Players is a non-profit committed to inspiring men to become great husbands, fathers and leaders. While our mission is not solely focused on youth ministry, we believe that youth ministry leaders (men and women) are essential to the future of our young people. One of the driving passions of our leadership focus is to invest in raising the waterline for EVERY youth ministry in our community. We love partnership and collaboration. Contact us to find out how we can serve you as you serve young people. To learn more or to invest in the work of IMPACT Players, please visit our website -

WWW.IMPACTPLAYERS.ORG

