l.	Introduction				
	A.	of Suicide			
	В.	of Suicide			
	C.	<ul> <li>Trends</li> <li>1. Increase among elderly, young black males, and widowed or divorced males and females that have had abortions</li> </ul>			
		2. High Suicidal Risk Groups			
II.	W	hy Suicide?			
	A.	The pervading issues around suicide are all based on a			
	В.	Unhappiness with the past or present and the belief that the situation is  1. Anger			

	2.	Unresolved
	3.	A desire to
	4.	A desire to
	5.	A desire to
C.		Behavior
D.	Th	ne fundamental issue is the
III.	In	dicators of Suicidal Thinking
		dicators of Suicidal Thinking  aralyzing or prolonged
	Pa	
	<b>P</b> a	ralyzing or prolonged  suicides are committed by people who are
	Pa 1.	suicides are committed by people who are severely depressed.  Most depressive episodes arein duration and have a good
	Pa 1.	suicides are committed by people who are severely depressed.  Most depressive episodes arein duration and have a good chance of recovery.
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В	Fear
C.	Prolonged Guilt & Shame
IV.	Myths about Suicide
М	yths –
So	ome myths about suicide are:
A	Those who talk about it
В.	Those who attempt suicide and fail are unlikely to
C	Non-lethal attempts at suicide are only a means of getting
D.	Suicidal people really want to

	E.	Young people have so few problems; they've got no reason to
	F.	Talking about suicide will only increase the possibility of
	G.	When the depression is lifted, the crisis is
۷.	Int	tervention Exploration
	A.	discussion about suicide is the best way to explore a person's intention.
	В.	Indicators of seriousness and the possible need for intervention can be found by:
		1. Asking about the of suicide they would prefer
		2. Ask if they have theon hand to carry out the plan.
		3. Find out if they have planned a

	1.	Listen.	
	2.	Encourage them to seek additional	
	3.	anything that could be potentially lethal.	
D.	lf y	ou discover they have a plan or timetable, take it very	
	Don't leave them		
	2.	Get the person to	
	3.	Use their conversation to direct their thought toward	
E.	lf t	the person will not seek help, you must	
F.	Ge	et a	

C. Counseling Application

## VI. Conclusion

A. Remember that many suicidal persons \_\_\_\_\_\_\_.

B. Be Aware of Your Own \_\_\_\_\_

C. Be \_\_\_\_\_

## **Duty to Warn**

**Life Ministries Mentors** abide by Georgia law which requires incidences of harmful or "reasonably suspected" harmful actions against another person or to oneself to be reported.

CONFIDENTIALITY AND PRIVILEGED COMMUNICATION REMAIN RIGHTS OF ALL COUNSELEES. HOWEVER, SOME COURTS HAVE HELD THAT IF AN INDIVIDUAL INTENDS TO TAKE HARMFUL ACTION AGAINST ANOTHER HUMAN BEING, OR ONESELF, IT IS THE COUNSELOR'S DUTY TO WARN APPROPRIATE INDIVIDUALS OF SUCH INTENTIONS. COUNSELORS ARE MANDATED TO REPORT ANY INCIDENCES OF "REASONABLY SUSPECTED CHILD ABUSE" (PHYSICAL OR SEXUAL).

Prior to informing anyone who should be warned, the mentor(s) will make concerted effort to share the intention to warn with the mentoree.

## **Violent Behavior Checklist**

Mentoree Name	Date
<ol> <li>Is there a history of harmful or violent behavior?</li> <li>Is there a history of the abuse of alcohol or drugs?</li> </ol>	Yes/No Yes/No
3. Is there an indication that suicide or violent behavior	163/110
is being considered?	Yes/No
<ul><li>4. Is there a plan for suicide or violent behavior?</li><li>5. Are substances, weapons, or other means available</li></ul>	Yes/No*
for suicide or violent behavior?	Yes/No*
6. Is there any known or "reasonably suspected" incidences of	
child abuse?	Yes/No*
* Note: If Yes, action is required	
Mentor's action:	
Mentor Name	Date