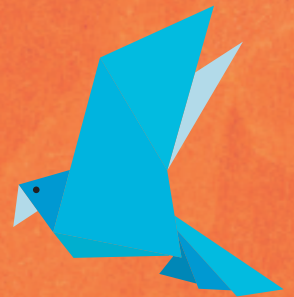


A SUICIDE INTERVENTION TOOLKIT FOR PARENTS & CAREGIVERS ON SALT SPRING ISLAND

CONNECT



The Child and Youth Mental Health & Substance Use (CYMHSU) Collaborative is funded by the Shared Care Committee in partnership with the General Practice Services and Specialist Services Committees of Doctors of BC and the BC Government. The goal of the collaborative is to increase timely access to integrated services and supports for children, youth and families struggling with mental health and substance use issues.



Where do I get help / Who can I call for help?

If you are concerned for the immediate safety of a youth (suicide, life-threatening injury or mental health concerns), please take them to Lady Minto Hospital. Lady Minto Hospital is open 24 hours a day, every day. If you need help getting the child/youth to the hospital, you can call 911 or the RCMP at 250-537-5555 and request assistance.

At Lady Minto Hospital

- A mental health nurse is present to speak with Monday – Friday, 8:30 am – 4:30 pm
- After Hours On-call Emergency Mental Health responders will come to the hospital to support you. Monday – Friday, 4:30 pm – midnight, and Saturday and Sunday, 1 pm – midnight

- Salt Spring Community Services—
child & youth counselling

 Phone: 250-537-9971

- MCFD Child Protection Hotline 24/7

 Phone: 1-800-663-9122

Other Resources Available or Emotional & Crisis Support Resources for Children & Youth (Phone / Chat & Text)

- Vancouver Island Crisis Line, crisis support

 Call: 1-888-494-3888 | 24/7

 Chat: vicrisis.ca | 6 – 10 pm

 Text: 250-800-3806 | 6 – 10 pm

- Kid's Help Phone, Canada wide service


 Phone: 1-800-668-6868 | 24/7

 Chat: kidshelpphone.ca

Wednesday – Sunday, 3 – 11 pm

- youthspace.ca, national online emotional and crisis chat and text for youth under 30

 Chat: youthspace.ca | 6 pm – midnight

 Text: 778-783-0177 | 6 pm – midnight

- BC 310 Mental Health Support Line

 Phone: 310-6789

- BC Alcohol and Drug Referral Service


 Phone: 1-800-663-1441

- YouthinBC, crisis service


 Phone: 604-872-3311 | 24/7

 Chat: youthinBC.com | Noon – 1 am

- BC Mental Health and Addiction Info Line

 Phone: 1-800-661-2121

- 1-800-SUICIDE,
BC wide phone support line

 Phone: 1-800-784-2433 | 24/7

- BC Nurse Line

 Phone: 811

Introduction

Intervention can begin with a conversation

This toolkit was created to help parents and caregivers reach out to children and youth who may be at risk for suicide on Salt Spring Island.

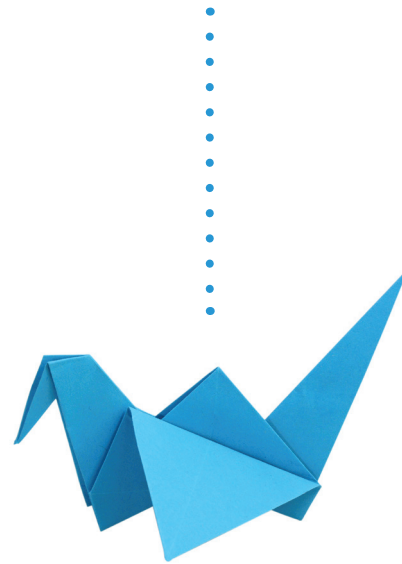
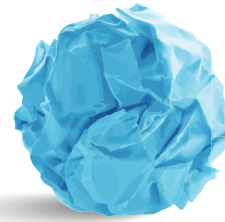
Suicide is not an easy subject to talk about and it can be difficult to hear that a loved one is struggling. Suicidal thoughts in youth can be a response to emotional pain and suicide can sometimes feel like the only way to end intense pain. As parents and caregivers we want to say the “right” thing, and sometimes we aren’t sure what to say and how to say it. Suicide is complex, and talking about suicide can be challenging for any parent or caregiver. It can also feel challenging for the child or youth.

Dialogue is key to suicide intervention: opening up the lines of communication is the first step in helping a loved one—and may save a life.

- Asking directly about suicide shows caring
- Suicide needs to be taken seriously
- Reaching out for help takes courage
- Seeking support from qualified professionals and community resources can help us keep safe

This toolkit provides:

- an outline of resources
- some steps you can take
- warning signs to be aware of, and compassionate questions to ask a child or youth who may be seriously considering, talking or joking about suicide



Warning signs and risk factors	2
Youth who may be at increased risk.	3
Where can I start?	4
Question, Persuade, Refer (QPR): three lifesaving steps	7
The Circle of Care	8
Action Plan: for reducing risk	10
Action Plan: for imminent risk	11
Strategies for reducing risk during transitions	12
Debunking suicide myths	13
Self-care and support for parents and caregivers	15
40 Developmental Assets for Adolescents.	16
Strategies for reducing risk during transitions	16

Throughout this kit we use the terms “your child” and “the child/youth” interchangeably. Readers of this kit may include parents, caregivers and other caring adults.

Youth who may be at increased risk

A child or youth may be trying to cope or alleviate their distress in ways you don't immediately recognize as cause for concern. Here are some things to look for.

Warning signs for suicide risk may include:

- Increased isolation
- Talking about, or hinting about suicide— (making statements such as “I’m going to kill myself,” or “I won’t be a problem for you much longer” “I can’t do this anymore”)
- Joking about suicide or making physical gestures about suicide
- A fixation with violence or death
- Increased use of alcohol or drugs
- Feeling purposeless or hopeless
- Dramatic mood swings
- Changes in normal eating or sleeping patterns
- Acting recklessly or aggressively, increased risk taking behavior
- Apathetic, not taking pleasure in things they normally enjoy
- Giving away valued belongings or saying good-bye when there is no other logical explanation for why this is being done
- Developing personality changes or becoming severely anxious, sad, hopeless, angry or agitated
- Unexplained cuts or burns
- Sudden worsening in school performance and/or absenteeism
- Trouble concentrating, forgetfulness, or an unexplained lack of energy or enthusiasm
- Not showering, changing clothes, brushing teeth or hair
- Marked guilt or decreased self-esteem
- Expressing a sense of the meaninglessness of life
- Withdrawing from extracurricular activities and/or social contact
- Talking about suicide on social media
- Sudden happiness or euphoria after a low mood
- Negative self-talk

Watch for the above warning signs particularly in the presence of the following risk factors:

- Previous suicide attempt/s
- A recent suicide in the community, of a friend or family member
- A recent break-up or conflict with parents
- Stress or confusion about gender identity or sexual orientation
- Increased risk taking and/or impulsivity
- Disconnection from community, friends, family or school
- Bullying others
- Family history of suicide or suicidal behavior
- Mental health diagnosis

Communicate and collaborate

Check off any warning signs or risk factors your child may be exhibiting, and share this list with the child/youth's doctor, professional mental health counsellor, and school counsellor. You can give them a copy of this page for their records.

Risk factors and special considerations

Past suicidal behaviour

Past suicidal behaviour is a significant risk factor for suicide risk. The vast majority of people who die by suicide have made an attempt in the past. Having a family member or friend die by suicide is also a significant risk factor for youth. 13% of students polled in BC Adolescent Health Survey in 2013 reported knowing a family member who had made a suicide attempt and 23% reported having a close friend who had made an attempt. 30% of students who reported having made a suicide attempt themselves in the past year had both a family member and close friend who had made a suicide attempt.

If you suspect that the youth has attempted to harm themselves in any way, you should ask them about it clearly. Most people will answer honestly if they feel safe and will disclose if they are asked directly about suicide.

If the youth has demonstrated suicidal behaviour in the past such as attempts requiring or not requiring hospitalization, preparations for suicide such as acquiring the means, making a plan or if they have made a previous suicide attempt they are at risk. Communicate this information to other members of their Circle of Care (more on the Circle of Care on page 8). Remove or lock away any obvious means of suicide from their home(s) or their other care settings.

LGBTQ

LGBTQ youth are at a substantially greater risk for suicide. They are three to four times more likely to have suicidal behaviour than

heterosexual youth and youth without gender identity conflicts. A person's gender or sexual orientation is not in and of itself the cause of distress. Distress may be the result of exclusion, discrimination, harassment, neglect, or violence that LGBTQ youth face.

This toolkit, uses "them" when referring to youth of any gender and have avoided using "he/she" or "male/female." Gender falls on a spectrum and is not solely a binary classification. Many youth identify as transgender or non-binary.

Calling your child by the name and pronoun they prefer helps build a more meaningful and trusting relationship. Showing respect will help to create an honest and open conversation. Your support and understanding creates a feeling of safety. A joint report from Stigma and Resilience Among Vulnerable Youth Centre (UBC) (SARAVYC) and McCreary Centre Society demonstrates that schools can reduce suicidal behavior by having a LGBTQ support group at the school.

Older youth

The highest number of youth who die by suicide are 17 and 18 years old.

If the youth is in this age bracket, they may need special attention as they transition from youth services to adult mental health and substance use services, when continuity of care and access to support can become issues. Help make sure they get connected smoothly by following up with key members of their support system. If they are going on to college or university, help connect them to counselling services on campus.

Continued on next page

Risk factors and special considerations

Continued

Knowing someone with suicidal behaviour

Youth who know someone who has contemplated, attempted or died by suicide are at greater risk for suicidal ideation and may be at increased risk for suicide. If the suicide was recent the youth could be having difficulty coping with understanding the impact of this loss.

If someone in the youth's life is exhibiting suicidal behaviour, the child/youth may have difficulty dealing with the stress that comes with being close to someone who is struggling. Don't wait until they become at risk: encourage them to talk to you or other supports about their distress. Talking openly about suicide is prevention and intervention.

Where can I start?

Thinking seriously about suicide is scary for anyone. Helping someone who is thinking about it reflect on some ways they could feel connected to support, reminding them of the protective factors or buffers that may help stop them from acting on their suicidal thoughts and connecting them to the people/things/activities and resources in their Circle of Care can help.

As a parent or caregiver, encourage the youth to think about the people they trust and the goals, relationships and values that are important to them. Your ideas for this list may differ from the child/youth. Respect their autonomy and ideas, it will help them feel a sense of ownership over the process.

These questions may help guide the conversation.

Guiding questions:

- Who/what has kept you safe until now?
- What traits keep you safe and make it possible for you to keep going?
- How can we support your safety? Do you have immediate support? Who are they? Where can you get emergency care, if you need it? Where could you find more support? Who can you call?
- How can you stay safe? What will support that safety? Maybe it's staying with someone, telling someone, using less alcohol or drugs or creating a safe environment.
- Can you remember a time that was difficult and challenging? How did you get through it? What did you do? Digging a bit deeper, there are likely other characteristics that show your capacity for courage and resourcefulness. What admirable qualities have people noticed about you?
- Can you think of a time when you didn't feel like dying? What was that like and what was different?

- There are likely other adults and professionals who can support you during this time. Have you spoken with a counsellor about what is going on for you? How would you feel about speaking with a youth counsellor from Salt Spring Island Community Services or a counsellor at school? Are you connected with other professionals, like a doctor or a trusted adult (maybe a coach/mentor)?
- If you had a magic wand and could feel better right now, what would you like to do immediately, tomorrow, or in the future?
- Who do you admire, and why? Try to fill in the blank: The most important thing in life is _____. Something I know about myself is _____.
- You can also set some small goals together. For some families the 40 developmental assets (found at the back of the booklet) can provide a foundation to work together.

Key thought...

Focus on strengths. The courage it takes to ask for help, the honesty to have a conversation and the resilience to keep going.

Skill Check

Listen without judgment. Support a youth by listening to understand and telling them what you are hearing.

That means saying things like:

- “It sounds like you are in a lot of pain”
- “It sounds like you feel hopeless and overwhelmed”
- “It sounds like you feel everything is falling apart right now”

Instead of:

- “You shouldn’t say that / feel that way”
- “You’re so lucky / popular”
- “Don’t be silly—you have so much going for you”

Continued on next page

Where can I start? Continued

Make Space

- Make time for a conversation with the child/youth about what you are noticing
- Create a comfortable physical environment
- Stay calm and show them you want to understand
- Listen without judgement

QPR

- Question—Ask your child to share their thoughts and feelings
- Persuade—Encourage them to let you help and to get the help of others
- Refer—Get others on board (their doctor, a counsellor, the school counsellor)

Adapted from *Oklahoma Suicide Prevention Toolkit* “QPR”
ok.gov/odmhsas/documents/Suicide%20Prevention%20Web.pdf

Formalize Circle of Care

- Tell them who you must share information with (family, doctor, school staff, counsellor), involving them in the process if they are open to it
- Ask them who, specifically, they would like to include in their circle of supportive people (include informal supports such as friends, family, coaches, and teachers)

Action Plan

- If youth has a plan to end their life by suicide and has a plan and access to the means (or can easily obtain access), follow [Action Plan: for imminent risk](#) (page 10)
- If youth is contemplating suicide but does not have a plan, follow [Action Plan: for reducing risk](#) (page 11)



Question, Persuade, Refer (QPR): three lifesaving steps

If you recognize warning signs in a young person or you know they are thinking about suicide, it is important to be ready to help.

QPR is an acronym developed by the Oklahoma Suicide Prevention Toolkit that recommends three lifesaving steps:

QUESTION the young person about suicide. Do not be afraid to ask directly about suicide. Asking about suicide does not increase suicide risk. Even if the person exhibiting warning signs is not thinking of suicide, they likely still need your attention and support.

- Are you having thoughts of suicide?
- Are you thinking of killing yourself?
- Have you made plans to end your life?

PERSUADE and encourage the young person to reach out for additional help. Listen carefully and without judgment to what they are saying and be prepared to listen to what is causing them pain. Do not attempt to counsel the person, give advice, fix their problem, cheerlead or reflect what you want to hear. Simply listen, then say:

- I'm worried about you.
- I care about you and want to help.
- Come with me to find someone else to talk to?
- Let's talk to someone who can help.

REFER (or take) the young person for help. Do not promise secrecy, and do not worry about being disloyal. It is crucial that the person at risk finds adequate services. It's important to know the resources in your area so you can help the young person make an appointment or go with them to the facility.

Family Doctor: NAME _____ TEL _____

Salt Spring Island Community Services: 250-537-9971

Island Health—Mental Health & Substance Use Team (if youth is 19 years or older, or for self as parent): 250-538-4849

RCMP (for escort to Lady Minto Hospital if youth refuses to go with you): 250-537-5555 or 911

If risk of harm or suicide is imminent, transport your child to Lady Minto Hospital for support at any time of day or night.

If risk is not imminent, follow up by making an appointment with their doctor and a professional counsellor (Salt Spring Island Community Services—if they are under 19 years old; or Island Health Mental Health and Substance Use—if they are 19 years or over).

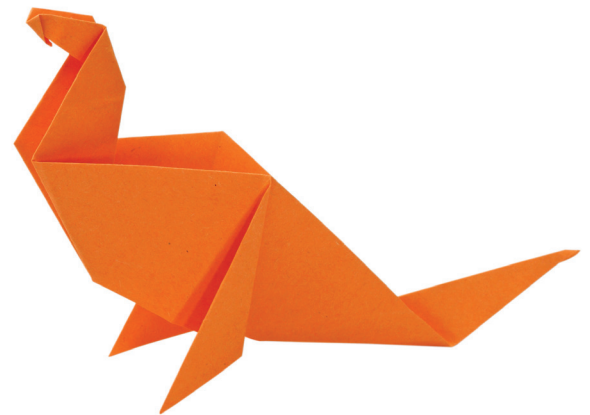
Let these professionals know that the child/youth is at risk for suicide, and share any information you have with them.

The Circle of Care

As discussed in the last section, when a young person starts to find life overwhelming, they may shut out, downplay or forget about the people who are available to listen and provide support. Parents also can feel overwhelmed, scared and unsure where to turn for support.

Filling out the diagram with the child/youth may help them visualize and remember the people who can support them through this challenging time. The Circle of Care is one tool for understanding who to work with in order to most effectively reduce your child's risk for suicide. Filling out this diagram may be part of helping them create and agree to a plan to keep safe.

- Write the names and telephone numbers of the people the youth would like to see on their Circle of Care. Knowing the people, things, animals and activities) the child or youth connects with can help them to feel grounded and connected to others.
- Make a copy, and ask if they would like to share a copy to other care providers in the Circle of Care
- Follow up with people in the youth's Circle of Care to help continue the conversation, help reduce risk, and ensure continuity of care while maintaining confidentiality.



Date _____



Action Plan: for imminent risk

- **Ensure the child/youth's immediate safety. Do not leave the youth alone. Remove all means of harm**
- Take your child to Lady Minto Hospital
- If your child is unwilling to go with you to the hospital, call local RCMP for a hospital escort (250-537-5555 or 911)
- Stay with the child/youth until hospital staff formally assume primary responsibility of care
- Communicate all information you have with hospital staff and give them your contact information
- Contact other supports to inform them of your child's safety status (school counsellor, professional counsellor, doctor)
- Contact Salt Spring Island Community Services Clinical Supervisor or alternate designate (250-537-9971) to notify them of the youth at risk, share information, and request counselling support
- Follow up with other caregivers in the Circle of Care (doctor, counsellor, school counsellor, other family/caregivers). Ongoing communication, collaboration, and continuity of care is essential for reducing risk and ongoing monitoring of your child's safety and progress.



Action Plan: for reducing risk

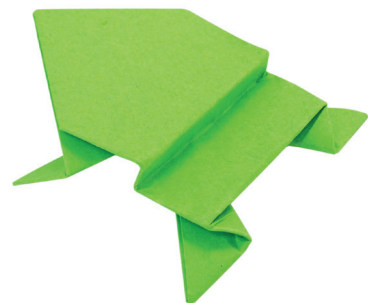
This action plan should be implemented if the child or youth is exhibiting several risk factors but after listening to them in-depth you are confident they do not intend to and have not made plans to attempt suicide.

- Give your child phone numbers and websites for crisis counselling services that they can access at any time of day or night. Decide with them where you can post these numbers in the house so they can access them quickly and easily if they are in distress.
 - Vancouver Island Crisis Line 1-888-494-3888
www.vicrisis.ca
from 6–10pm “Crisis Chat” (online chat room)
 - BC Suicide Line 1-800-SUICIDE (1-800-784-2433)
 - Lady Minto Hospital: 250-538-4800
 - If the risk changes and becomes imminent, and if the child/youth will not go with you to the hospital, contact RCMP for an escort: 250-537-5555 or 911
- Provide them with a copy of the “REACH OUT—Youth Suicide Intervention Toolkit”. It has some great resources and self management ideas.
- Connect meaningfully with your child and make time for them. Don’t “squeeze in” conversations with them. Take time every day to give them your full attention, even during little moments throughout the day. Make eye contact, give them a hug, tell them that you love them and care about them.
- Contact their school counsellor, Salt Spring Island Community Services 250-537-9971, or a private practice counsellor of your choosing to arrange for counselling. Let these supports know clearly that you think your child is at risk for suicide and share information with them. If you can, involve the child/youth in making these calls with you and attend the first sessions/meetings.
- Continue to watch for warning signs and risk factors. Monitor their school attendance, social engagement, and participation in extracurricular activities. Encourage them to stay involved and connected and facilitate engagement however you can (be available to drive them to/from activities, enroll them in activities of their liking, help them with homework or household tasks if they will let you).
- Build family connectedness. This is a huge protective factor. Create opportunities for spending time together, choosing activities that they enjoy and express an interest in. Offer encouragement and find meaningful ways to connect that are right for your family whether that’s walking, watching anime or playing a game. Looking at the 40 developmental assets at the back of this booklet might provide a good place to start.

Strategies for reducing risk during transitions

Any time your child adds or changes care providers (counsellors, doctors, psychiatrists etc.) you can help smooth the transition and ensure everyone has the information they need by ensuring you and all members of the care team have:

- Information about the child/youth's current and past suicide ideation/plans/attempts
- Explicit instructions on how to keep the environment safe for your child (ie. removal of ropes, blades, pills/medications)
- Information from friends and care providers. They are invaluable resources for information about what the youth is doing, thinking, and feeling. Check in with the people in their Circle of Care to see how they think the child/youth is doing and what they think you should know.
- The name and pronoun your child would like people to use (if applicable). Check with the child/youth about who they want to know and, with their permission, let their care providers and people in their Circle of Care know how they want to be addressed. Advocate for your child. When you accidentally use the incorrect name or pronoun, apologize and let them know that you care and are trying, and try again.
- Request progress reports from new care providers and/or settings by an agreed-upon specified date to ensure adequate follow-up and continuity of care and information sharing.



Debunking suicide myths

Myth #1: Mental Health services and counselling are the most important support resources for a suicidal youth.

Fact: Friends, family, teachers and other informal supports as well as volunteer-run crisis support services (text, online, phone) tend to be the first places young people turn to in times of crisis. Few people who have contemplated or attempted suicide think of formal mental health services as a first line of defence. Including all “informal supports” in the youth’s Circle of Care (page 9) is important. Treatment success increases when family and caregivers are considered collaborative partners.

Myth #2: If I don’t know exactly what to say to support a young person contemplating suicide, I can do more harm than good.

Fact: The most significant tool you have is your rapport with the young person. As a parent/caregiver empathetic listening and respect will allow you to understand and acknowledge youth experience.

Myth #3: Suicide and suicidal behaviour among BC youth is not a very big problem.

Fact: Suicide is the second leading cause of death for youth ages 15 -24 in Canada.

The McCreary Centre Society BC Adolescent Health Survey reports the following statistics from 29,000 grade 7-12 students in 2013.

- 8% of males reported suicidal ideation in the past year (decrease from 9% in 2008)
- 17% of females reported suicidal ideation in the past year (increase from 14% in 2008)
- 11% of 29,000 youth polled did not access mental health services in 2012 when they felt they needed to.
- 62% of youth did not seek out mental health support because “they did not want their parents to know they were struggling.”
- 60% of youth “hoped the problem would go away.”
- 40% of youth reported that they didn’t seek mental health support because they “were afraid of what they would be told or they didn’t know where to go.”

Myth #4: Talking about suicide is dangerous and can plant the idea in a person’s head.

Fact: Openly discussing suicide is helpful and often provides therapeutic relief for the person who is contemplating suicide. Asking directly about suicide risk is the only way to know if suicide is a real concern for the person you are supporting.

Continued on next page

Debunking suicide myths Continued

Myth #5: If a youth makes a suicide attempt, they really want to die.

Fact: Most people who attempt suicide are experiencing overwhelming emotional or physical pain. Suicide can feel like the only way to escape this pain.

Myth #6: All First Nations communities have higher than average rates of youth suicide.

Fact: While suicide rates among First Nations youth are five to six times higher than non-Aboriginal youth on average, rates vary significantly by community. More than half of BC's Aboriginal communities have not experienced a youth suicide in the last 15 years. Lower and non-existent suicide rates in Aboriginal communities have been linked to community self-determination, control of education, police and fire services, strong female leadership and traditional knowledge and practices.

Myth #7: Youth suicide is impulsive and occurs without warning signs.

Fact: Most people who die by suicide give warning signs before their suicide and often give more than one. Gaining familiarity with potential warning signs is important.

Myth #8: The prevention of suicide is best handled by mental health experts or professionals.

Fact: 90% of youth experiencing a suicidal crisis or mental health distress report turning to friends before seeking professional expertise or help from an adult.

Myth #9: Suicide is always linked to mental health conditions like depression or anxiety and/or substance use.

Fact: 90% of youth who die by suicide struggle with one or more of the following: depression, anxiety, aggression, impulsive behaviour or substance use. It is important to remember that although 25% of the population (including youth) may experience depression in their lifetime, 25% of the population do not die by suicide. Some people who die by suicide have no history of mental health illness.







Self-care and support for parents and caregivers

Supporting a person who is at risk for suicide can be difficult.

It is important to take care of yourself and find ways to support your own emotional needs. When we care for ourselves, we can better support others.

You can...

-  Seek out a professional counsellor to have your own opportunity to talk and be listened to, and to work through some of your fears about your situation. Receive the support you are offered and attend to your own needs. Begin and continue a conversation with your child about their issues. Do not discuss your personal concerns with the child/youth but continue to receive support for them. You can contact Island Health's Mental Health and Substance Use Team for free counselling at 250-538-4849.
-  Maintain simple self-care practices: take a hot bath, go for a walk, listen to your favourite music, watch light-hearted movies, make and eat healthy food, and get enough sleep. Find extra time for whatever it is you normally do to cope with stress in a healthy way.
-  Talk to a friend.
-  Connect with parent supports. The F.O.R.C.E. Society offers education and networking meetings for parents of children with mental health challenges. The F.O.R.C.E. Society also offers online educational videos.

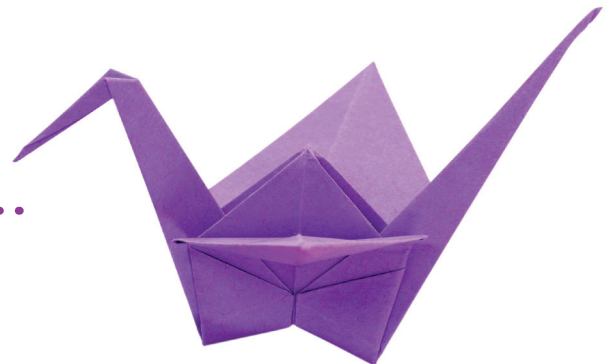
There are also some useful self-help resources you can use, such as:

The Dialectical Behavior Therapy Skills Workbook
Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness,
Emotion Regulation, and Distress Tolerance

By: Matthew McKay PhD, Jeffrey Wood PsyD, Jeffrey Brantley MD
(can be ordered through Amazon)

Our local library has an impressive self-help section

Interlibrary loans are also available through our library: this is a very handy resource for ordering in books that we don't have in our own library. A librarian can help you navigate how to use that system.



40 Developmental Assets for Adolescents

External Assets

Support

1. **Family Support** | Family life provides high levels of love and support.
2. **Positive Family Communication** | Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. **Other Adult Relationships** | Young person receives support from three or more nonparent adults.
4. **Caring Neighborhood** | Young person experiences caring neighbors.
5. **Caring School Climate** | School provides a caring, encouraging environment.
6. **Parent Involvement in Schooling** | Parent(s) are actively involved in helping the child succeed in school.

Empowerment

7. **Community Values Youth** | Young person perceives that adults in the community value youth.
8. **Youth as Resources** | Young people are given useful roles in the community.
9. **Service to Others** | Young person serves in the community one hour or more per week.
10. **Safety** | Young person feels safe at home, school, and in the neighborhood.

Boundaries And Expectations

11. **Family Boundaries** | Family has clear rules and consequences and monitors the young person's whereabouts.
12. **School Boundaries** | School provides clear rules and consequences.
13. **Neighborhood Boundaries** | Neighbors take responsibility for monitoring young people's behavior.
14. **Adult Role Models** | Parent(s) and other adults model positive, responsible behavior.
15. **Positive Peer Influence** | Young person's best friends model responsible behavior.
16. **High Expectations** | Both parent(s) and teachers encourage the young person to do well.

Constructive Use Of Time

17. **Creative Activities** | Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. **Youth Programs** | Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.

19. **Religious Community** | Young person spends one hour or more per week in activities in a religious institution.
20. **Time at Home** | Young person is out with friends “with nothing special to do” two or fewer nights per week.

Internal Assets

Commitment To Learning

21. **Achievement Motivation** | Young person is motivated to do well in school.
22. **School Engagement** | Young person is actively engaged in learning.
23. **Homework** | Young person reports doing at least one hour of homework every school day.
24. **Bonding to School** | Young person cares about her or his school.
25. **Reading for Pleasure** | Young person reads for pleasure three or more hours per week.

Positive Values

26. **Caring** | Young Person places high value on helping other people.
27. **Equality and Social Justice** | Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity** | Young person acts on convictions and stands up for her or his beliefs.
29. **Honesty** | Young person “tells the truth even when it is not easy.”
30. **Responsibility** | Young person accepts and takes personal responsibility.
31. **Restraint** | Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social Competencies

32. **Planning and Decision Making** | Young person knows how to plan ahead and make choices.
33. **Interpersonal Competence** | Young person has empathy, sensitivity, and friendship skills.
34. **Cultural Competence** | Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance Skills** | Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful Conflict Resolution** | Young person seeks to resolve conflict nonviolently.

Continued on next page

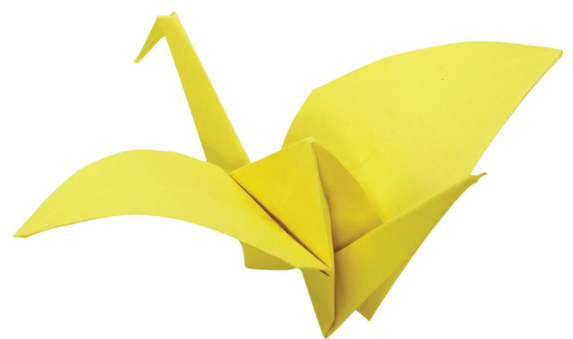
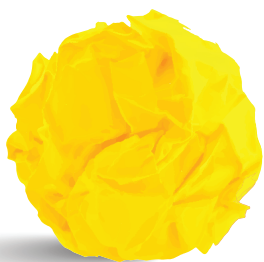
40 Developmental Assets for Adolescents

Positive Identity

- 37. Personal Power** | Young person feels he or she has control over “things that happen to me.”
- 38. Self-Esteem** | Young person reports having a high self-esteem.
- 39. Sense of Purpose** | Young person reports that “my life has a purpose.”
- 40. Positive View of Personal Future** | Young person is optimistic about her or his personal future.

This list is an educational tool. It is not intended to be nor is it appropriate as a scientific measure of the developmental assets of individuals.

Copyright © 1997, 2007 by Search Institute. All rights reserved. This chart may be reproduced for educational, noncommercial use only (with this copyright line). No other use is permitted without prior permission from Search Institute, 615 First Avenue N.E., Suite 125, Minneapolis, MN 55413; 800-888-7828. See Search Institute’s Permissions Guidelines and Request Form. The following are registered trademarks of Search Institute: Search Institute®, Developmental Assets® and Healthy Communities • Healthy Youth®.



Notes

Lined area for taking notes, consisting of multiple horizontal lines.

Notes

Lined area for writing notes, consisting of 21 horizontal lines.

