

# Algorithms

for working with young people



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The idea to create these “algorithms” came to mind during training and counselling sessions, while analysing how youth workers react to complicated situations involving adolescents. We have been able to recognise a repetitive pattern: typically, when adolescents behave in a way that is interpreted as not fitting into certain norms, youth workers tend to focus only on finding specialists said adolescents could be referred to, and sometimes lose the connection with the young people in question in the process. Naturally, referrals are often necessary and can increase the quality of help provided, but it does not mean that the role of a youth worker ends then and there. Moreover, our observations show that, even without other specialists’ help, youth workers can contribute a great deal to assisting and even taking adolescents out of difficult situations.

We have also observed that said difficult situations oftentimes are sources of anxiety or even fear for youth workers and thus stop them from taking action.

All of this have been the context that urged us to create algorithms that would help youth workers to act.

These algorithms include interventions and behavioural guidelines that can be the first source of helpful information while dealing with certain specific situations. We tried to define the interventions that fall into the scope of a youth worker’s role and thus can be applied in their work. We hope to encourage youth workers to single-mindedly provide individualised help, maintain honest relationships with adolescents, strengthen their creativity and obtain reassurance that you are really doing *your* job.

We have also noticed that sometimes interventions after a complicated event only last for a certain period of time, until the situation deescalates. We would like to emphasise that typically a person experiences change only after changes in their environment, which bring forth personal changes. You and your interventions can become that part of a certain adolescent’s everyday life, which changes or which creates a new message about knowing one’s self, so it is extremely important to maintain the change you have created for a long time. In other words, if the present algorithms state that, while working on a specific challenge, it is important to teach an adolescent to deal with difficulties in a constructive way, you must provide constant possibilities for the said “training” for a longer period of time, until both of you can conclude that a certain change has occurred and can be acknowledged, i.e. having experienced the next difficulty, the adolescents in question behave in a different way and apply the new behavioural models they have learned. So, in the face of difficult events, it is important not only to intervene “here and now”, but also to organise continuous work that brings about changes in personality. Both of said interventions are described herein.

As I mentioned in the beginning, I felt a need to define the youth worker's role and had specific ideas about what that role should be. However, having started to write the algorithms, I also felt immense responsibility to make sure the things I am writing are true and encompass the most important aspects – maybe specialists from other fields would claim that they do not fall under the competence of youth workers? Due to this, I have decided to include practitioners from different fields, who work with adolescents, and who have agreed to read all or a part of the algorithms and provide their feedback. For this assistance, I am immensely grateful to psychologist-psychotherapist Rimantė Eidukevičiūtė, social worker Rūta Padriežė, psychologist Inga Rusinaitė-Vaitkuvienė, art therapist Vaida Virbalaitė, human rights education expert Lina Januškevičiūtė, youth worker Indrė Maršantaitė, and Word Up Amsterdam founder, diversity, equality and inclusion expert Evelina Kvaltūnaitė.

Every time you consciously choose to stay with an adolescent, in a complicated situation and provide your guidance, gives you an opportunity to develop your competence and grow as a person as well. May this publication enable your growth, and the algorithms described herein give that growth a direction.

Rita Škriadaitė-Vrubliauskė



Self-harm

# 1 Self-harm

## Signs, characteristics, origins

- Young people cut various parts of their bodies with a razor, a knife, scissors, etc. until they start bleeding. The injuries are oftentimes consciously hidden from others.
- The reasons for self-harming can be various biographical difficulties (possible various forms of abuse, loneliness, etc.), but it is always a sign that the adolescent is experiencing mental difficulties (stress, sadness, hate, self-blame, etc.) which they are not able to control in any other way. In this context, self-harm is a form of acting out and a cry for help.
- During self-harm, the body produces endorphins (“happiness hormones”) that reduce the feeling of pain.
- Psychiatrists and other medical professionals do not define self-harm as a mental disease, it is an expression of mental difficulties the person experiences or a symptom of a mental disorder.
- Self-harm is not attempted suicide, even though a statistical link between self-harm and suicide does exist. Young people describe self-harm as “a way to find something stronger that dulls out the emotional pain”, “a way to feel you’re alive”, “a way to feel palpable pain”. Due to this, the purpose of self-harm is not to commit suicide.

## Youth worker's role

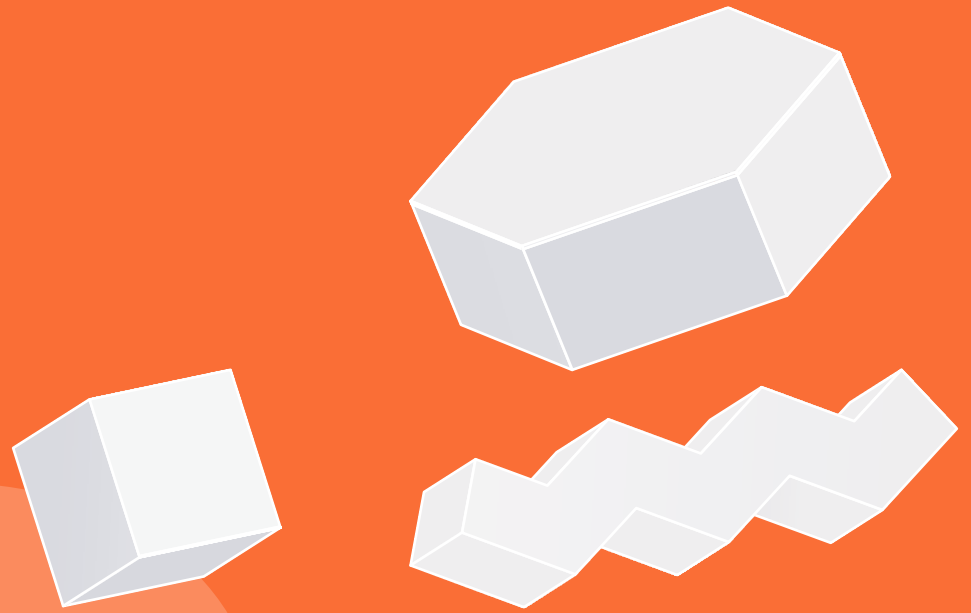
- Create conditions for building a stable relationship based on trust. In a team, this task should be allocated to one member, who will talk about this topic with said adolescent, or, in other words, will accompany them individually. As the topic is highly personal, it is important to appoint individual time and provide a safe space. If you do not have the latter, you can talk while going for a walk. Youth workers can be of great assistance to adolescents and help them understand the reasons for their mental difficulties.
- Talk about self-harm openly – if the adolescent is trying to hide this fact, it is important not to make it a taboo topic yourself. Open conversations can help adolescents better understand what is happening to them.
- During conversations, help the adolescent to understand the self-harm mechanism: the situations that trigger them to self-harm, the feelings that accompany the sudden wish to self-harm, the situations, if any, when they are able to stop themselves, the feelings that come when they start self-harming, the periods in life without self-harm, what was special about said periods, etc.; to discuss alternatives to self-harm, when they feel the need to engage in it (people to visit or call, activities to do).
- Understand that the success of your interventions will be indicated not by sudden discontinuation of self-harm (which would be too high of an expectation), but by longer intervals between self-harm incidents and less amount of injuries in the beginning.
- Understand that changes will not come quickly, it takes a lot of patience, consistency and purposefulness. All three of these things can be impactful tools in the hands of a youth worker.
- If such a need arises, become a mediator that communicates with parents and help providers.
- For a youth worker, it is important to be in agreement with colleagues or volunteers regarding safe withdrawal in times of emergency – self-harm may be one of them. You can agree on a sign or gesture, which would show you have to withdraw from the situation, and your colleague must take over the care of the remaining adolescents. State the most appropriate space to withdraw to.
- Ensure your own psycho-hygiene. If your team consists of more than one person, it is important to discuss the case with your colleagues. If you don't have a team, you can join or initiate a group for interventions or case discussions with colleagues from other institutions. Contact information of other colleagues or specialists whom you trust can also be helpful – oftentimes, you can agree on a time for a call in order to check whether you are performing correct interventions.

## Possible specific interventions

- If the adolescent started self-harming while you are doing your job, find a safe space, calm them down, let them sit down and try to keep calm yourself as much as possible. At the same time, assess the situation and decide if professional medical care is necessary and if they want you to contact their parents. Be careful not to take over the entire responsibility of this situation – it must be shared.
- In the beginning, when a young person feels a need to self-harm, you can offer them to exchange said need to feel a strong physical sensation with another action that is less detrimental. For example, to put ice on their skin or bite into a spicy pepper – these are only some of the methods that can help to unlearn the habit of self-harming.
- As it has already been mentioned in the part describing self-harm characteristics, this is an unconscious process, driven by emotional pain. As a result, one of the most irritating questions – as young people report – in this case is “Why are you doing this?”, as they are unable to provide an answer. Instead of asking it, simply state the fact. In addition, you can ask how they do it – typically adolescents are keen on talking about it, and such conversations can lead to creating a stronger relationship and showing an accepting non-judgemental attitude.
- Most probably, during your work with adolescents, you are able to observe them in the situations that generate difficulties for them – their conflicts with peers, school-related stress, tension they feel during the activities you organise, e.g. when they’re unable to successfully cook a certain dish. It is very important for you as a youth worker to help them find constructive ways to deal with such obstacles. The methods can vary: withdrawal from the situation, talking to a youth worker, some alone time, listening to music, etc. That way, you will strengthen their resilience in stress-inducing situations, and these mechanisms are especially important with regards to reducing self-harm.
- If you’re planning to organise non-formal education activities to help adolescents know themselves and their feelings, it is especially important to engage self-harming adolescents in them. In order to win the battle with self-harm, getting to know yourself and recognising your feelings is of the utmost importance. After the activities, talk to the adolescents about what they’ve learned and experienced individually.
- Sometimes, such relaxing activities as yoga, creative exercises, sports and so on can also be very helpful, but only if, instead of simply directing the adolescent to do them, you discover them together. You can simply take on the role of demonstrating the options.



- If you feel that, in addition to your efforts, the assistance of other specialists would also be beneficial, you can refer the adolescent to a behavioural therapist, children and adolescent psychotherapist or a psychiatrist. Even if the adolescent does start the counselling, stay open with this topic and don't be scared to ask about the changes in their lives. It is very important to remember that, upon referring adolescents to other specialists, the work of youth workers doesn't stop.
- If you decide to refer them to a specialist, make sure to explain the specialist's role. Oftentimes, adolescents have a lot of fears and preconceived notions about mental health specialists, whose work is typically stigmatised.
- If such a possibility exists, it is very important to learn the situation regarding their parents. The following guidelines will help you work with parents in a productive way:
  - The information about their child harming themselves often brings forth feelings of fear and shame due to their child being "not normal". Older parents often associate self-harm with suicide attempts.
  - It is important to calm the parents down so that they wouldn't let their anxiety drive their behaviour and respond to their child with panic, threats or ultimatums. Instead, they should show support and understanding and let their child speak. Being a youth worker, you can play an especially significant role of providing psychological support and being the person they can express their fear and stress to. Share your plans regarding the adolescent with the parents and tell them what you expect them to do.
  - As you might interpret certain phrases of support differently, you can "practice" saying them together with the parents. In addition, you can all look for activities that help build a relationship – going for walks, excursions, cooking together with the child, etc.
  - If the adolescent is not open to talking with their parents, you can suggest writing them a letter.
  - You can also ask the parents about possible reasons for their child's stress and how they may have an impact on said reasons.



Depression  
or  
depressive  
moods

## 2 Depression or depressive moods

### Signs, characteristics, origins

- There is a wide array of depressive disorders: you can encounter adolescents that experience depressive moods or suffer from the mental illness of depression. The lighter the form, the bigger the impact you, as a youth worker, may have.
- Depression can stem from biological as well as psychosocial reasons. It can also be caused by genetics and difficult experiences, such as sudden losses, parents' divorce, abuse or bullying, stressful environment or use of psychoactive substances.
- In adolescents, depression typically manifests as sadness, low self-esteem, passiveness, loss of interest ("I don't care, it doesn't matter"), mood swings, lack of concentration, disordered sleep (inability to fall asleep at night and exhaustion in the morning, sometimes sleeping long hours during daytime) and disordered eating. Another indicator can be the adolescent's withdrawal from everyday commitments, e.g. school, afterschool clubs, circle of friends, and lower engagement in your institution. One of the symptoms of depression can be suicide ideation.
- In its characteristics, depression or depressive moods are similar to behaviours and moods typical to teenagers. However, one should become concerned, if the said characteristics cause an adolescent to withdraw from their social life, reduce the quality of their relationships, and have a negative impact on their everyday commitments such as school work.

- You can learn more about depression here: <https://depresijosgydymas.lt>
- If depressive moods tend to alternate with extremely active phases, it can be bipolar disorder (More on that: <https://pagalbasau.lt/bipolinis-sutrikimas>). As people who suffer from depression or experience depressive moods tend to withdraw and self-isolate, it is very important for you, as a youth worker, to put effort into staying the person they can trust and maintaining regular contact. Because of the typical need to withdraw, most probably, you will have to be the one initiating the contact. Accept that as a part of your role.

### Youth worker's role

- Adolescents can start the conversation about their extraordinary condition themselves if they decide to share their sadness, fears and difficulties with their youth worker. It is important to create opportunities for continuous future conversations by initiating them and making sure adolescents have a safe space to share their feelings. You must also take your own psycho-social hygiene into account. If the adolescent doesn't share their condition with you (this being characteristic to the disorder and coming from feelings of loneliness and being misunderstood), the youth worker should look for spaces to talk to the adolescent face to face and openly reflect on the changes they have noticed, show interest in the adolescent's own assessment of the situation and their reaction to your observations.
- Parents tend to associate this disorder – just like many others – with feelings of shame, fear and anger towards their child for causing difficulties. Due to this, in some cases, it is extremely important for you, as a youth worker, to decrease the tension felt by the parents, by letting them speak to you about their anxiety, and, in that way, protect the adolescent. You can also help the parents to come up with behavioural guidelines (not criticise or blame their child, show support, provide structure by keeping to daily routines) that would be helpful in this situation. The supportive attitude of the family is one of the essential elements of the road to recovery.
- An important part of a youth worker's role is to stay grounded in reality. Be careful not to give in into your own anxiety or start suppressing difficult emotions with excessive positivity, which creates a feeling that reality is unacceptable. Sentences like “everything is going to be alright, everything will pass” can contribute to the latter (such an excessive negation of complicated reality is sometimes called toxic positivity).
- The role of youth workers also encompasses self-education about depression by reading professional literature, discussing cases with specialists, attending training and so on.

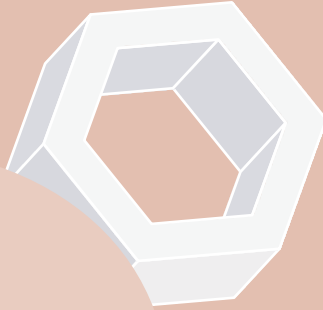
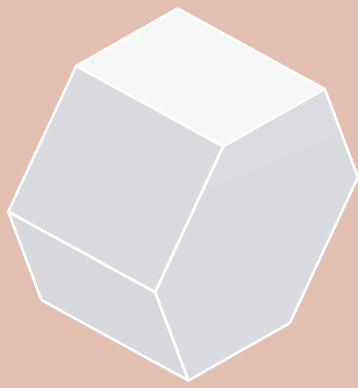
- Sometimes in everyday situations, people say “I’m depressed”, when, in reality, they mean “I’m in a bad mood”, “everything sucks”. We would like to draw your attention to the fact that depression is a mental illness, so its name should not be used to describe various moods. We invite youth workers to remember that and use this word responsibly. Upon hearing this word used irresponsibly while talking about them, adolescents can use it to justify their lack of efforts to strive for change.

## Possible specific interventions

- While working with an adolescent, who shows signs of depression, it is important to enable them in the following areas:
  - assist them in finding behavioural models that would help them to deal with difficulties in a constructive way,
  - encourage learning about one’s self,
  - increase their self-esteem,
  - help them build better relationships with others around them.
- The following four characteristics can be useful guidelines for you as a youth worker:
  - observe and use dialogue to learn what areas pose the biggest difficulties in the adolescent’s life and help them find models to reduce them,
  - create conditions for them to learn more about themselves through engagement in activities (especially involving experience), dialogue and reflection,
  - promote physical activity,
  - strengthen their self-esteem by creating possibilities to take responsibility and experience success, talk about it,
  - when, during your conversations, you are able to pinpoint the relationships that cause the biggest amount of stress and are least stable, help them understand what is happening in said relationships and look for ways to strengthen them. If you are able to observe that the adolescent does not have strong relationships with their peers in your institution, create conditions for the latter to see the adolescent you are working with in a new light, look for opportunities for the adolescent to take visible responsibilities, include them into common activities, think of several ways you can increase the level of tolerance for diversity in your institution.

## | Depression or depressive moods | Algorithms |

- People who experience depressive moods tend to lack structure in their everyday lives and feel little motivation to do anything. You, as a youth worker, can help the adolescent create said structure, e.g. in a form of a table. However, it is important not to overdo it so it doesn't become another source of stress. When the adolescent is able to successfully do the agreed-upon activities, make sure to emphasise it.
- Sometimes, when adolescents are on strong medications, they can come across as intoxicated, numb and difficult to communicate with. In that case, accept it as a temporary state they're in. At this stage, individual work is not recommended. You can ask if they need any help.
- Help the adolescent to come up with a self-help plan that would contain actions, which help them when sad and withdrawal-inducing moods set in.
- Assist the parents in planning and deciding how much time per week they are going to dedicate to spending quality time with their teenager. Make sure the parents understand, which sentences can sound as reproaches or increase the stress felt in the current situation even more (e.g. "get a grip and be a man", "everything's fine, stop overreacting").
- If you are in communication with the parents, you can identify all the things they can do in each of the four aforementioned directions together.
- For non-specialists, depression can be very hard to pinpoint, so, if you suspect the adolescent suffers from this disorder, it is very important to consult your colleagues or refer the adolescent to a child and adolescent psychiatrist.
- Discuss the referral with the adolescent, explain the specialist's role to them, because quite often adolescents have many negative preconceived notions about other types of care providers. If the adolescent starts using medications prescribed by a psychiatrist, show your support.
- Even after the adolescent is referred to other specialists, your role as a youth worker is not over – you must accompany them on this journey and maintain an individual safe contact.



LGBTQIA+ or  
non-heterosexual  
people

### 3 LGBTQIA+ or non-heterosexual people

#### Signs, characteristics, origins

- Sexual orientation denotes person's constant emotional, romantic and(or) sexual feelings towards the other person(s). In addition to the desire to have sex, sexual orientation also determines who we fall in love with. People who do not have sexual relations are aware of and know their certain sexual orientation.
- Gender identity is the unique personal sense of one's own gender, due to which a person (dis)associates themselves with(from) a certain gender. Gender identity forms and fluctuates on the basis of biological sex, gender and gender expression. In some cases, the sense of gender identity has an impact on a person's connection to their body and physical appearance. Due to this, for many people, having the possibilities to change their physical appearance is important.
- Gender encompasses socially constructed expectations, cultural norms and beliefs that take the form of various standards related to behaviour, clothing, appearance, character traits or hobbies, attributed solely to men or women, or, in other words, stereotypical gender roles.
- Transgender people are people, whose gender identity falls somewhere between "male" and "female" categories on the gender spectrum.



- According to Eglė Kuktoraitė, the communications manager at the national LGBT rights organisation LGL, even though various studies and surveys show that 79 percent of LGBTQIA+ students have been bullied by their peers due to their sexual orientation, they are left to deal with this on their own.
- What is more, 39 percent of LGBTQIA+ adolescents have seriously considered suicide within the last 12 months, whereas 54 percent transgender adolescents have had serious intentions to do the same. LGBTQIA+ adolescents are three times more likely to experience symptoms of depression.  
(<https://www.lrt.lt/naujienos/lietuvoje/2/1388584/mokyklos-aplin-ka-lgbt-vaikams-negailestinga-mokytojai-nusisuka-bendraamziai-tyciojasi>) This data shows that, for LGBTQIA+ adolescents, a safe, accepting and professional environment is of the utmost importance.
- Coming out is a process, during which a person starts openly declaring their sexual orientation or gender identity to their family members and friends at school or in other public spaces, and is often associated with fear and conflict. Generally, people decide to come out because they are tired of hiding.
- For such adolescents, institutions that work with youth become safe places, where they can feel accepted the way they are and not pressured to fit into a certain box.

### Youth workers' role

- To create an accepting environment in the youth centre: any joke that has a hint of intolerance towards non-heterosexual people, whether told by youth workers or adolescents, can add to creating an atmosphere where other adolescents, especially closeted LGBTQIA+ community members, feel unsafe.
- If, in your institution, non-heterosexuality is a taboo subject, it might be helpful to create opportunities for people with different experiences to talk and discuss. It can be a movie, a symbol or a topic for discussion, initiated by you. Such tools can assist in creating dialogue and enabling people with different mentalities to be heard.
- If an adolescent shares their gender identity or sexual orientation with you, it is a sign of trust that you must appreciate.
- The task of a youth worker is to learn how the surrounding people react to this fact, whether it is known in the adolescent's school environment and whether they are not bullied because of that. If they are bullied, intervening by contacting the specialists at their school or other people from their environment might be helpful. However, it is important to inform the adolescent about it, i.e. act only with their knowledge and consent.

- If you are in contact with the parents (with the adolescent's consent), support and help them to accept this new information. Allow and accept the various emotions they express.
- If these subjects are new to you, we recommend gathering general information, assessing and verbalising your own attitudes and making a conclusion as to whether you are ready to work with this. If this subject brings about a lot of personal confusion, you might want to delegate this task to one of your colleagues.
- The role of a youth worker is to let the adolescent decide if and when they are ready to share their gender identity and sexual orientation with others and not to pressure them. Coming out is an entirely personal experience, so nobody should be pushed or forced to do so. This is also very important when we learn such information from third parties (e.g. other adolescents). You must support the adolescent's decision about going public irrespective of what that decision is.
- Workers of youth centres and spaces have stated that, while speaking to non-heterosexual adolescents, the latter often share their expectations to be represented. So, in this case, representation becomes a part of a youth worker's role. Representation may take place in environments that lack acceptance and respect, i.e. society, provision of youth services, public discussions, schools, peer groups or neighbourhoods.

### Possible specific interventions

- Practice shows that sometimes adolescents tend to "test" workers by talking about their non-heterosexuality in an indirect way, as if it is "about somebody else". A sure way to pass this test is by being open-minded and curious. In a safe environment, don't be afraid to ask whether the topic is somehow related to the adolescent themselves. Topics that are taboo in society will keep being "under wraps", if youth workers will interpret them as being taboo as well.
- Let them come out in a safe way and share their non-heterosexuality: appoint individual time, accept personal experiences without telling the person the way they should or shouldn't be, maintain confidentiality (i.e. you can talk about this with other colleagues and specialists in order to maintain your personal psycho-hygiene, but the confidential information you have shared should not reach the adolescent through other workers).
- After the adolescent shares the fact about their non-heterosexuality with you, the main goals of your conversations should be to show you accept them the way they are, and create safe environments for sharing, understanding themselves, their emotions, wishes, etc. By helping the adolescent to identify and understand what's happening, you can become a part of their support system while they search for answers and make changes.

- If the adolescent feels lonely, you can encourage them to meet other members of the LGBTQIA+ community, as this might lessen the feeling of loneliness and exclusivity.
- Youth workers state that in some situations adolescents ask them to be called using a different gender than the one assigned at birth. Sometimes it causes confusion which you should discuss with the adolescent, by explaining that you might need time to adjust to an extraordinary situation. Practice shows that adolescents tend to accept this sincerity in a very natural way. If you don't know which pronoun to use while communicating with a transgender adolescent, simply ask them.
- Sometimes, institutions that work with LGBTQIA+ adolescents have informational materials, prepared to be handed out to parents, adolescents and specialists. Learn about available and recommended help.
- Oftentimes, parents are not accepting of the news that their child is a member of the LGBTQIA+ community. This might mean that the expectations and dreams about the future (e.g. to participate in their child's wedding or become grandparents) are disappointed. Due to this, they might need your support – meet with them and explain that what is happening with their child is completely normal, assist them in creating communication guidelines that would not put more pressure on the child. It is important to emphasise that this fact is in no way related to the child's upbringing or the parents' mistakes. Notwithstanding the abundant theories about the origins of homosexuality, nowadays it is perfectly clear that sexual orientation and gender identity is not a choice.
- You can ask the parents, what things in their child's life they consider most important – this perspective can help them see that sexual orientation is in no way an obstacle (many parents want their children to be happy, have a relationship with their parents, graduate from university, become independent, etc.). All these things have little to no connection with sexual orientation and gender identity.
- If you are not totally sure how to call something or what some concepts the adolescent talks about mean, make sure to ask them to explain. The core of your professionalism lies not in your abundant knowledge about the LGBTQIA+ community, but in your efforts to maintain an open dialogue, accept and accompany the adolescent on this journey. Don't hesitate to say "I don't know" and ask the adolescent about the words you should use. Discuss the topics, initiated by the adolescent.

The background is a solid blue color. In the upper right, there is a white 3D cone. To its left is a white 3D cube. Below the cone and to the left of the cube is a white, jagged, stepped geometric shape. On the left side of the image, there is a large, light blue number '4' that is partially cut off by the left edge. In the bottom right corner, the text 'Aggressive behaviours' is written in white, sans-serif font, with 'Aggressive' on the top line and 'behaviours' on the bottom line.

# Aggressive behaviours

## 4 Aggressive behaviours

### Signs, characteristics, origins

- Among the many visitors of the majority of youth organisations, there are some adolescents that display aggressive behaviours. This should not be ignored, as aggressive behaviours prevent adolescents from creating positive and nourishing relationships.
- Aggressive behaviours can be expressed in many different ways and forms:
  - verbal aggression – shouting, screaming, bullying (mobbing), intimidation,
  - physical aggression – fighting, pushing, delivering blows and so on,
  - aggression towards inanimate objects – stealing, damaging and throwing them around,
  - aggression towards animals – animal abuse,
  - passive aggression – ignoring, gossiping.
- Aggressive behaviours can simply be a part of a child's development, characteristic to certain time periods (when aggression is used to see how the environment reacts and set the boundaries of your own identity), or it can be constant, in which case consistent consultations by a specialist are needed and continuous as well as purposeful companionship of a youth worker becomes especially important.

- In any case, aggressive behaviour is a sign of helplessness and the only option the adolescent feels they have at the time. You, as a youth worker, must accept aggression as the adolescent's way to look for a person who might understand them.
- Even though the "impulse" to behave aggressively typically comes from a specific external trigger (conflicts with peers or adults, failures, feeling blamed and not being able to accept it), the true reasons for aggressive behaviours are much deeper. They can be the following:
  - social and family environment (if aggressive behaviours are normal in the adolescent's surroundings, they may adopt them naturally; inconsistent upbringing, a lack of attention),
  - school (bad atmosphere at school or in class, bullying, hierarchical and demeaning relationships among students and teachers),
  - mental characteristics (limited ability to control anger, underdeveloped strategies for coping with difficulties),
  - biological factors (compared to social ones, their impact on aggressive behaviours is lower),
  - other reasons (belonging to groups that tend to display aggressive behaviours).
- Typically, aggressive behaviours are used to express anger. Anger is a person's defensive reaction to a real or perceived threat. It is important to teach the adolescent to recognise anger, identify and understand its reasons. Oftentimes, anger is a way to hide deeper feelings that are much more difficult to recognise: fear, abandonment, pain, loneliness, shame, etc.)

### Youth worker's role

- While dealing with an aggressive adolescent, the primary role of a youth worker is to build a personal relationship based on trust. Such relationships can help adolescents to reveal their anxiety and stress that push them towards behaving aggressively.
- After starting the relationship, it is important to help the adolescent understand the reasons for their stress and pain, assist them in analysing the "lashing out" moments and, working hand in hand, come up with alternative self-soothing methods (e.g. to recognise and partially avoid the situations that are potential triggers, to take a certain number of breaths when they feel the wave of anger rising, to remove themselves from the situation physically, to react verbally without or with less aggression).

- To support parents and assist them in finding strategies that would help to stay calm, when their child acts aggressively.
- If the aggressive behaviours are making others feel unsafe, to set boundaries and come up with clear consequences that should be explained to adolescents beforehand (if possible).
- Sometimes aggression is provoked by another adolescent's behaviour. In that case, a youth worker might take on the role of moderating a conversation between the two parties. It is important to sit down with both of them, reflect on the situation (if you were able to see it) and allow both adolescents say how they felt and talk to each other directly. During the conversation, it is important to show their individual responsibility and set boundaries. Identifying how they were both responsible might decrease resistance.
- If the aggressive fit is sudden, apply interventions that help calm the adolescent down and protect others around them.
- Adolescents who tend to act aggressively oftentimes experience rejection from their peers that do not display such behaviours. The smaller the circle of friends of the aggressive adolescent becomes, the higher the likelihood that the adolescent will identify themselves with aggressive behaviours even more. Gradually it becomes a way to achieve recognition in such groups (this factor is especially significant if the adolescent has experienced a lack of attention in their childhood). So a very important part of a youth worker's role is to help such adolescents to widen their circle of friends and create conditions where they can experience recognition using alternative non-aggressive methods. For instance, during the activities, try assigning such adolescents roles they could be skilled and successful in (based on your observations), or, if they tell you about their secret interests and dreams during individual conversations, create possibilities to make at least minimal steps that lead toward achieving the latter.
- Ensure your own psycho-hygiene. If your team consists of more than one person, it is important to discuss the case with your colleagues. If you don't have a team, you can join or initiate a group for interventions or case discussions with colleagues from other institutions. Contact information of other colleagues or specialists whom you trust can also be helpful – oftentimes, you can agree on a time for a call in order to check whether you are performing correct interventions.
- Educate yourself about aggressive behaviours by reading professional literature, discussing cases with specialists, attending training and so on.
- In times of emergency, when the aggressive behaviour is especially intense, it is important to make sure you and others around you are safe. If the aggression is uncontrollable and there are no ways to reduce it, it is important not to put yourself at risk and call 112 (emergency help in Lithuania).

## Possible specific interventions

- Strong and varied social relationships (characterised by different behavioural models used) can reduce aggressive behaviours in adolescents. Include the adolescents into activities that enable them to start relationships with their peers. If they have special interests, it can also be a great way to find likeminded people.
- Make sure to notice and identify situations, when the adolescent has been able to control themselves and react in a constructive way, even if was not perfect.
- Board games that require self-control can help manage aggression. If you discuss the strategies that help to maintain self-control individually, you can agree with the adolescent to use these types of games as training sessions.
- If aggressive behaviours pose a threat to the safety of people coming to the centre/space, react by imposing consequences. This can take the form of a warning, time-out from visiting the institution with the alternative of individual conversations or some other method you apply in your organisation. If the adolescent is expelled from the institution, it is important to accentuate that it is being done because of their behaviour, and if they change it they can come back.
- If the aggression is directed towards a worker, the latter should use a calm tone and a quiet voice, which helps not to reflect the adolescent's emotions back to them. This is a skill that requires training, but it can be a useful tool while trying to calm the aggressive adolescent down.
- If there are 2 or more people participating in a conflict and they *do not react* to the youth worker's efforts to diffuse the situation, it is important to separate and isolate the adolescents at least for some time. If you are working with a colleague, you can initially calm the adolescents down individually.
- If sincere attempts to build a relationship based on trust and understand the reasons of the adolescent's aggressive behaviours have not been successful, you can refer them to other specialists, e.g. a psychotherapist.
- Typically, child's aggressive behaviours trigger their parents' aggression as well. However, if the parents do react aggressively, it becomes very difficult to create change. Due to this, while communicating with the parents, it is important to help them remain in contact with their child, stay calm and look for compromises together. You can analyse the situations, when their child displayed aggressive behaviour, together and try to help them see alternative scenarios. Let them speak and be heard – this can reduce the anger they feel towards their child.



- Marko Dieleman, who specialises in aggression management and has consulted Lithuanian specialists, gives some guidelines how one should react during an outburst of aggression that makes the surrounding people unsafe:
  - ask them to stop and try to maintain contact as much as possible. Don't take away their things, don't analyse the situation in front of others and don't do any other interventions;
  - change the place. Sometimes aggression doesn't stop in the same location it has started, so a change of place might help – ask them to go to another room or outside, ask the people who have triggered the fit of anger to leave, etc.;
  - distract. Speaking during a fit of aggression can only make it worse, so a change of subject or some other distraction might be helpful. However, it is extremely important to get back to the topic of the previous incident and discuss it in a more constructive way later on;
  - in order to show them they are crossing the set boundaries, ask them to stop in a strict but respectful tone.



# Fear/ panic disorders

# 5 Fear/ panic disorders

## Signs, characteristics, origins

- Fear is a normal phenomenon: depending on certain time periods, children are afraid of the dark, monsters and, later on, things that pose danger. Usually, they grow out of such fears, or the fear disappears after its source is no longer there. Fear can also be induced by new experiences or actions that have caused us to be afraid in the past (e.g., if you, some time ago, got lost in the woods, you can feel anxious before going on a hike). However, with the right external support and assurance, people are able to overcome such fears.
- When fear is a disorder, it is typically characterised by such features: the bouts of fear are very strong and repetitive, they have an impact on the adolescent's everyday life (e.g. increases their isolation, prevents from participating in everyday routines and doing the things they used to do before).
- A bout of fear can manifest in the following ways:
  - physically** (shaking, constantly moving one's leg, sweating, increased heart rate, nausea, stomach ache),
  - mentally** (imagining horrible things that might happen, e.g. if I talk in front of everybody, a dog might attack me, etc.),
  - through behaviour** (avoidance, stagnation, crying, holding on to something or somebody, aggression).

- The main forms of fear can be identified as follows:

**Phobias** – sudden fearful reactions to such things as specific animals or situations (e.g. being surrounded by people) that do not appear risky from the outside.

**Panic disorders** are characterised by a repetitive sensation of fear with strong physical symptoms (difficulty to breathe, sweating, dizziness, hot or cold flashes). More than half of panic disorders are related to being afraid of a place, when adolescents experience panic attacks in certain locations or situations. In such cases, adolescents are overwhelmed by the feeling that they will not be able to remove themselves from the situation fast enough and will experience embarrassment.

**General disorders related to fear.** They are characterised by an exaggerated feeling of fear or anxiety, related to certain topics that usually are not considered very dangerous (e.g., loss of the loved ones, accidents while riding a bike, etc.). This form of fear can also be expressed physically (through sweating, dry mouth, anxiousness), but it is not as intensive as the one felt during panic attacks.

- The reasons for bouts of fear can be biological (it might be partly hereditary) or psychological. In this case, the style of parenting plays a huge role, as excessive care, control and a lack of social sensitivity are risk factors that can lead to bouts of fear while growing up.
- The sooner the adolescent gets proper help and learns to manage their fear disorders, the better the chance to overcome them.
- First and foremost, fear disorders are treated through behavioural therapy, and only if the latter proves to be inefficient, pharmaceutical treatment should be prescribed.

### Youth worker's role

- To assist the adolescent in maintaining the topic of fear. Avoidance of everything that might trigger bouts of fear is the main obstacle on the path to recovery.
- Treat fear as a normal thing: while talking to the adolescent, don't make the topic of fear a taboo, even if it brings forth unpleasant and shameful feelings. State that this overwhelming fear can be managed.

- Having come into contact with adolescents, who have fear-related disorders, you as a youth worker should:
  - create possibilities for individual and ongoing conversations;
  - help the adolescent to find small training steps towards managing their fear. Avoidance will make the fear more stable. The adolescent needs conditions, in which they could think about and analyse their feelings, and situations, in which they could expose themselves to the objects they fear – at least for short periods of time and with proper preparation;
  - if the youth worker feels they are no longer able to help the adolescent, their job is to look for psychologists or behavioural therapists they could refer the adolescent to. If money is scarce, sometimes the youth worker could help to look for more affordable prices or additional sources for financing this service;
  - even after the adolescent is referred to other specialists, you must continue providing companionship and possibilities for an individual and safe contact;
  - if there is a need to contact the parents, reassure them and coordinate your future areas of action.
- Educate yourself about fear/panic disorders by reading professional literature, discussing cases with specialists, attending training and so on.

### Possible specific interventions

- Appoint individual time and space, keep the meetings regular.
- When a panic attack happens, it brings confusion not only to the adolescent but the surrounding people as well. Due to this, it is very important to speak about it openly and let the adolescent identify what things are helpful in such situations, discuss possible reasons and analyse the sources. Talk about the thing that induces fear openly. Help the adolescent understand that the scary situation does not really pose that much threat, even if it feels differently.
- If a bout of fear or a panic attack happens in front of you, take it as a good opportunity to start talking about that with the adolescent and accompany them on the road to becoming stronger. Accept fear-related disorders as chances to build your relationship. The quality of said relationship will be highly affected by the level of your openness and acceptance.
- If a panic attack happens during group activity, discussing this situation can help other members of the group relax and share their own similar experiences.

- Panic attacks can also be caused by overwhelming thoughts that trigger reactions in the body. It is important for the youth worker to provide additional stimulation that would replace the existing sensations – for example, talk loudly, check whether the adolescent can hear you, ask them to take deep breaths in and out or wash their hands with cold water and so on.
- In order to reduce the bouts of fear, it is very important to encourage adolescents to adopt an attitude that certain fear-inducing factors should not always be associated only with danger. For example, if the adolescent is afraid of public speaking, while talking to them, state that this situation might not necessarily bring about something horrible, it can also be a possibility. Even if the adolescent blushes or starts stuttering due to anxiety, the things they say (rather than their anxiousness) might leave a stronger impression on the audience. You can ask the adolescent, if there ever was a typically scary situation that did not induce huge amounts of fear, or the fear was manageable. This less threatening assessment can become the factor that decreases the risk to experience a bout of fear. In simple words, help them replace the negative attitudes related to the fear factor with more positive ones.
- If the adolescent tends to avoid fear-inducing situations, this might cause them to step away from their day-to-day life. Due to this, it is very important to *take small steps to expose them to the fear-inducing situations* and, in that way, reduce the avoidance mechanism. For example, if the adolescent is afraid to be in big groups of people, it is important to create conditions, where they could spend time with more people (of course, having warned them beforehand and with their consent). You can gradually increase the amount of people from five, to ten, to fifteen and so on.
- If the adolescent has decided to put themselves into situations where they would confront their fears (i.e. face the trigger), state that clearly, help them analyse the experience, congratulate and commend them.
- When a bout of fear strikes, the following interventions might be helpful:
  - normalise the breathing. Tell the adolescent to breathe in slowly (for about 4 seconds), hold the breath (for about 2 seconds) and breathe out twice as slowly (for about 8 seconds).
  - remember that physical symptoms (shortness of breath, shaking) end naturally after the bout of fear is over, so you don't have to call for or provide any additional help. If that might help with the physical sensations, you can change the conditions of the environment, e.g. if the adolescent has heat flashes and trouble breathing, open a window.
  - Help the adolescent to feel safe, sit in a comfortable position and stay in the space where you both are.
  - According to practitioners, sometimes others adolescents hug or even squeeze the person who is experiencing a panic attack, helping them to calm down. You can experiment with such methods, e.g. by giving the adolescent a blanket to roll themselves with.
  - You can suggest downloading the app Ramu, which will help manage panic attacks and look through the possible self-soothing methods together.



Eating  
disorders

## 6 Eating disorders

### Signs, characteristics, origins

The most common eating disorders are the following:

- **Anorexia** – trying to lose weight in order to weigh less and be of a smaller size. In order to achieve this, the person limits the food they eat, might train excessively, use substances that suppress appetite or eliminate fluids from the body. As a youth worker, you can suspect the adolescent suffers from anorexia, if they are losing weight, repeatedly refuse to eat during cooking sessions or communal dinners.
- **Bulimia** – uncontrolled episodes of overeating high-calorie foods, followed by purging with methods such as self-induced vomiting or misuse of laxatives. Bulimia can be characterised by frequent fluctuations in weight and intensive dieting. Typically, people hide the fact they suffer from bulimia. After some time, it can become a very serious health threat due to the body constantly losing necessary nutrients. As a youth worker, you can suspect that a person suffers from bulimia, if they spend extended periods of time in the bathroom after each meal and keeps flushing the toilet in order to drown out the sound.
- **Binge eating disorder** – uncontrolled episodes of overeating high-calorie foods, but without self-induced vomiting, as in the case of bulimia. In this case, the person eats not to get calories needed to sustain life, but to self-soothe after stress or conflict.



- The majority of the cases of anorexia happen in early years (usually at 14 years of age), whereas bulimia tends to afflict a bit older persons that are from 16 to 19 years of age.
- Eating disorders are caused by various biological, psychological and social factors. Media also has a significant impact, as it promotes certain standards for the way people (especially women) should look and equates beauty and thinness to the conditions one must fulfil if they want to be loved and happy. Another reason could be a desire to achieve certain results in sport.
- People with bulimia tend to be more active, freer and communicative, whereas people who suffer from anorexia tend to be more fearful, tensed and excessively disciplinarian.

### Youth worker's role

- As one of the psychological causes of eating disorders is low self-esteem, youth workers must *strengthen the adolescent's self-esteem* by including them into activities that would help them achieve success, provide supportive feedback and work on other factors in the adolescent's life that might be the reason for low self-confidence (e.g. difficulties at school, bullying, etc.).
- Be attentive to what the adolescent's peers are saying about this topic – oftentimes, they are better informed and know more about the adolescent's eating habits. You should not be asking questions if they do not bring this topic up themselves, but sometimes reading between the lines is enough to get useful information. Sometimes peers who are concerned about their friend come and ask for help themselves – in that case, treat it seriously and make time to talk to them and inform about what you intend to do (“I’ll think about what I can do and tell you” or “I can’t be specific about what I’m planning to do right now, because I have to think about this information carefully”, “I’m very grateful that you’ve shared your concern, and I will definitely do something about it after I think this through”).
- If you feel your interventions are not working, you should focus on referring the adolescent to specialists. Be attentive to the moment everything is happening, and try to do it in a way that could not be interpreted by the adolescent as rejection. Even after the specialised treatment begins, you, as a person who has a connection with the adolescent, must maintain your relationship, help them understand the changes that are happening, provide feedback and create opportunities for them to engage in purposeful activities that interest them.
- Before inviting the adolescent for a conversation, remember that people tend to hide their eating disorders (especially bulimia), so an open conversation from the start may not be possible. Be patient.

- Youth workers must pay attention to any possible signs of the aforementioned disorders. The sooner they are diagnosed, the higher the chance of successful recovery. Your role as a youth worker is special, because you might be the only specialist in the adolescent's natural surroundings, who can recognise this possible risk in its early stages.
- If such a need arises, contact the parents, reassure them and coordinate future areas of action.
- Educate yourself about eating disorders by reading professional literature, discussing cases with specialists, attending training and so on.
- If you notice some signs in the adolescent's behaviour or eating routines that might indicate they have an eating disorder, find time for a one-on-one conversation and talk about it openly: "I've been meaning to ask you about why you never eat, when we cook food as a group. Don't you like the food or are there any other reasons? What about eating at home or at school – do you eat there? What food do you like? Has anybody ever told you that you eat very little?", etc.

### Possible specific interventions

- You can establish your role by stating that you are open to talk about it and that you fully support the adolescent, who is going through it: "sometimes people try but still are unable to control their eating, have you heard anything about it? I have some information, if you ever want to talk about it one-on-one in a safe space, I'm more than happy to."
- If you maintain contact with the parents, it is important to help them accept what is happening with their child, teach them how to support their child verbally (in the context of eating disorders, comments about being overweight can have an especially detrimental effect), if necessary, assist them in creating an eating culture at home (regular versatile healthier meals, communication with their child with regards to what they would like to eat, etc.)
- If, together with the adolescent, you come to the conclusion that it is difficult for them to control eating, you can work on the following things:
  1. State that if the eating disorder symptoms (excessive control through not eating, elimination of food from the body or binge eating) have started recently, an imminent change of habits would increase the likelihood of recovery, so it is best to act now.
  2. You can agree on a goal to decrease/increase the weight by one or two kilos within a certain period of time and plan the actions that might help reaching it. This ensures a certain "opposite force" in the adolescent's life that might prevent the destructive behaviours from setting in.

3. Work with accepting one's own body and understanding what beauty is: "do you know any people of the same gender as yours, who are not very thin, but still loved and appreciated? Let's find some photos of plus-sized people who look pretty to you. They are pretty, aren't they?" You can also start a discussion about the traits that make other people accept, love and appreciate us. Help the adolescent analyse their strong past relationships and the things that made them strong.
4. Even if changes start happening, you must continue your companionship. You can expand the topics or focus only on eating, but always remember – during the first year, the likelihood of relapse is always the highest. Even when it seems the problem is no longer there, ask about how they're doing from time to time, if they still have moments when the same thoughts reoccur.
5. Help them follow the signals their body gives about hunger and fullness – identify the signs of needing food and the importance of fulfilling that need as soon as possible. Assist them in recognising psychological hunger (possibly related to stress or other emotional duress) and physical hunger (stomach gurgling, feeling weak).
6. If eating/weight/beauty occupies the central and the main position in the adolescent's life, help them find other interests and distractions, involve them in experience-based activities.
7. Oftentimes, adolescents with eating disorders experience secondary difficulties related to integration and everyday commitments, e.g. lower grades at school, inability to participate in the activities they took part in the past. Work with their environment, look for the ways how to rebuild together.



# Addictions

# 7 Addictions

## Signs, characteristics, origins

- There can be two types of addiction: addiction to certain substances (tobacco, alcohol, cannabis and other psychoactive substances) and addiction to certain activities (shopping, gambling, using social media, etc.). In these guidelines, the verb “use” is applied with reference to both of these types.
- The following signs might help you recognise whether the adolescent is addicted:
  - the adolescent uses a certain substance or engages in certain activities regularly and it is becoming more difficult for them to regulate the amount used or intensity applied,
  - the adolescent falls behind their commitments at school, work or home,
  - the adolescent’s circle of friends changes – they are more keen on spending time with people who engage in similar things/activities,
  - they are resistant to talking about using with adults.

- Studies show that the following risk factors might cause an addiction to develop:
  - **situation in the family** – adolescents who are raised by addicted parents are at a higher risk to become addicted themselves,
  - **early-onset use** – the earlier the use starts, the higher the likelihood to become addicted. Due to this, if you, as a youth worker, are able to help the adolescent decrease the use for at least a short period of time, it is a huge win – even if the use is simply postponed.
  - **harmful life circumstances** – e.g. the environment the adolescent is growing up in lacks control, they have many friends to learn habits of using from, the relationships in the family are not strong, the adolescent is constantly bored.
  - **personal traits:** excessive curiosity, personality disorders or mental illnesses (fear-related disorders, depression, attention disorders, suicidal ideation) are statistically significant in terms of addiction vulnerability.

### Youth worker's role

- If the use a certain adolescent engages in seems concerning to you, look for ways to start a relationship which would lead towards an open conversation. The role of a youth worker is to help the adolescent understand what is happening with them and the effect the use has on their life. You can do it by maintaining a dialogue, which may also open an avenue of looking for possible positive developments in the current situation together.
- Within the boundaries of their role, a youth worker has many possibilities to create conditions for the adolescent's personal growth. You practically hold this area "in your hands", i.e. you can create conditions for them to engage in various activities and take responsibility, and you can also observe the adolescent in their natural everyday surroundings and provide feedback. The following factors increase resistance to use:
  - higher self-esteem;
  - accepting and constructive behaviours in stressful situations;
  - self-control skills;
  - ability to assess choices and decisions realistically.
- An important part of a youth worker's role is to consistently work towards helping the adolescent develop said skills.

- If necessary, provide help to the family: if you are in contact with or have started the contact with the parents because of the current situation:
  - listen to and support them – the possibility to share their emotions might decrease the likelihood of them taking everything out on the adolescent, and parental anger can be very detrimental to recovery,
  - ask whether the parents know some guidelines on how to act with the adolescent and, if necessary, state your own opinion – sometimes the methods applied by the parents, driven by their feeling of helplessness, are less than helpful and constructive in such situations.
- Ensure your own psycho-hygiene and professional development. If your team consists of more than one person, it is important to discuss the case with your colleagues. If you don't have a team, you can join or initiate a group for intervisions or case discussions with colleagues from other institutions. Contact information of other colleagues or specialists whom you trust can be also helpful – oftentimes, you can agree on a time for a call in order to check whether you are performing correct interventions.

### Possible specific interventions

- If the adolescent comes to your institution having consumed alcohol (or some other illegal psychoactive substances, and you are sure this has happened), even though it goes against the things you have agreed on, clearly state they have to leave. The next time they come to the institution, the adolescent and the youth worker must talk privately about what happened last time, when they came in after using alcohol or something else. This is a great chance to assess if the adolescent is able to control their use and build a relationship.
- If the adolescent is in a state that would pose a threat if they were left alone, make sure they are accompanied by a friend or a family member – except the situations, when you feel that even being in someone else's company would not keep them safe, e.g. when the adolescent might be suicidal. In that case, it is important to find a separate space for a conversation.
- Addicted people typically do not want to change their habits of using and oftentimes resist it. So, if you are able to pinpoint a moment when you feel the adolescent is searching for help, use it. When you meet again after "an incident", make sure to talk about what has happened, find time for ongoing conversations and discuss the possible sources of help.
- If you have been able to establish a contact with the adolescent and start talking about their addiction, the following guidelines might be helpful:
  - ask them about the function that the substance they abuse performs in their life – whether it helps them to relax (from what then?), stay in a certain circle of friends, forget certain things, etc.,
  - ask them about the factors that affect the use – whether there are particular friends, circumstances, places that have an impact,

- ask the adolescent about their surroundings – whether there are many people around them who use, whether there have been any changes, whether family members also use something,
  - whether there have been any changes in fulfilling commitments (at school, at work, complying with general rules, coming into contact with the police) or social relationships (they no longer spend time with their old friends) – maybe you’ve been able to notice some difference yourself, so you can now reflect on them during your conversations.
  - What positive changes would the cessation of use bring – it could help to find motivating factors to start the recovery.
- 
- Sometimes one of preventive measures applied is inviting a guest, who has been able to control their addiction for a long period of time (e.g. an alcoholic or a drug addict, who are not using any psychoactive substances) to speak with the adolescents. However, in the realm of addiction recovery, this method is controversial: information about how insidious addiction can be and sharing personal experience can be useful in some cases, but it might also carry the message that no matter the horrible situation, it can be dealt with. That way, adolescents can form a harmful opinion of being able to stop using whenever they decide to. If you do decide to organise such a meeting, during the discussion and reflection afterwards, be attentive to what they have taken away from it – complex and shocking autobiographical facts about your guest or the message that addiction is extremely tricky. If you are planning to invite this type of guest, make sure to meet beforehand to find out what they are going to speak about and what their message is.
  - Professional consultations on recovery from addiction are provided by addiction counsellors, psychotherapists and self-help groups. It is important to find a treatment method that would help the adolescent comprehend the mechanism of addiction, not “heal” them without ever understanding what has been happening to them.





Suicide

## 8 Suicide

### Signs, characteristics, origins

- Adolescence is a difficult time because teenagers experience many changes, crises and have a lot of expectations. Sometimes it becomes unbearable. In this context, instead of simply wanting to die, suicidal ideation taps more into a desire to not exist in the same way they have been, a wish for the problem/difficulty to disappear.
- 25 percent of adolescents have thought about committing suicide without any specific plans. If the adolescent mentions suicide, it is important to discuss this on a deeper level and find out if the thoughts reoccur and which situations give rise to them. If the adolescent says it was an isolated event, oftentimes an open sincere conversation is enough, provided that afterwards they feel heard and know you are here to help if this happens again.
- If the adolescent starts planning the process, time and place of a possible suicide, it might be a sign that the situation is serious, and they need professional help.
- The main causes of suicide are the following:
  - **biological factors** – serotonin deficiency; in addition, statistical data shows that people who grow up in families, whose members have committed suicide, tend to be at a higher risk of doing it themselves,
  - **complicated life events** – a suicide in immediate surroundings and sexual abuse are factors that increase the risk to commit suicide,

- **personal development** – as it has been mentioned before, adolescence is a difficult time that is often characterised by crises. Adolescents have to learn adaptation mechanisms that help them cope with difficulties. Adolescents who do not know how to adapt to difficulties or who tend to react to the latter with aggression or withdrawal are at a higher risk to commit suicide. Other risk factors include rejection, loneliness, low self-esteem, being a part of the LGBTQIA+ community, delayed puberty for boys and precocious puberty for girls.
- **psychosocial environment** – if the adolescent has been growing up in a conflict-ridden environment, feels constantly unsafe and doesn't have any sustainable relationships, they are at a higher risk of committing suicide;
- **physical factors** – use of alcohol and drugs and co-morbid mental health issues can also increase the risk of suicide;
- **“icebreaking” events** – besides other factors, oftentimes there can be some external events happening that lead the person to commit suicide. They can be break-ups, conflicts, failed exams, dropping out of university, losses of loved ones, unexpected pregnancies and other similar crises.

- The risk of suicide is especially high, if:
  - the adolescent has the process and the date of the suicide planned;
  - they have written a suicide note;
  - there have been past attempts;
  - they have been consuming alcohol or other psychoactive substances;
  - the adolescent has other co-morbid mental health issues or disorders diagnosed (self-harm, addiction, depression, etc.).

### Youth worker's role


- Be an open and accepting adult who the adolescent trusts to talk about their very personal issues with. An emphatic, accepting and non-judgemental environment is a preventive measure in the context of suicide, and you, as a youth worker, can be a significant part of this environment.
- Create conditions for building a consistent trust-based relationship. For this reason, one person in your team should be allocated the task to speak with the adolescent on this topic or, in other words, provide individual companionship for the adolescent on this journey. As this topic is highly personal, it is important to appoint individual time and find a safe space for conversations.

- Observe and talk about the moods or signals given by adolescents that display suicidal ideation: maybe they're saying they deliberately don't look where they're going while crossing a street, or that they have been spending time on and climbing roofs, mention they have a lot of medications or rhetorically ask about "what would happen if" and so on.
- Pay attention, if the adolescent, who has been talking about suicide with you, suddenly starts showing positive change – they are happy, calm and warm to people around them. This might be a sign they have made final plans to commit suicide soon. In that case, it is important to ask directly what is happening and share your concerns with them.
- A totally opposite situation might also be a signal to pay attention. These are the cases when you notice that the adolescent is in some kind of trance, responds to your words with the same expressions, e.g. "there's no way out", "everything will end soon", "it will be better for all of us", etc. While communicating, they tend to disassociate, zone out or fix their gaze onto one object. You have to try and change the state they are in during conversations, but, if you are unsuccessful, the adolescent must not be left alone. Contact somebody they trust and tell them somebody has to be by their side at all times. Then you can contact a crisis centre or other specialists for help.
- Ensure your own psycho-hygiene – you cannot decide what to do next with the adolescent at risk of committing suicide alone. If your team consists of more than one person, it is important to discuss the case with your colleagues. If you don't have a team, you can join or initiate a group for interventions or case discussions with colleagues from other institutions. Contact information of other colleagues or specialists whom you trust can be also helpful – oftentimes, you can agree on a time for a call in order to check whether you are performing correct interventions.
- If you are in contact with the parents or the adolescent has given you consent to do so, support them. Most probably, the parents in this situation feel a lot of stress, so it is important for them to have a person whom they can talk to and who would not confuse them with unsolicited advice (maybe driven by their wish to comfort the parents) that can make the adolescent's situation even worse.
- If you feel your interventions are not working, recognise the signs of increased suicide risk or feel deeply concerned, you must focus on getting the adolescent the professional specialised help they need. Even after the specialised treatment begins, you, as a person who has a connection with the adolescent, must maintain your relationship, help them understand the changes that are happening, provide feedback and create opportunities for them to engage in purposeful activities that interest them.

## Possible specific interventions

- If the adolescent mentions suicide, discuss this topic. Ask if they have had thoughts about committing suicide and if they maybe have a specific plan. If the answer is yes, ask what the plan is. Ask them whether they have talked about this with somebody else. Having a specific plan puts the adolescent at a much higher risk. Some dated theories state suicide should not be discussed as it may bring forth the desire to commit one, but current studies show that direct and open questions are important. Don't try to avoid the word "suicide" during the conversation.
- It is very important to state to the adolescent that if they are experiencing a crisis right now, regular meetings with specialists – you being one of them – is the best option. Make sure you agree on regular contact and the frequency of your meetings, also on the actions the adolescent might take between the meetings, if suicidal thoughts become more intense.
- During each meeting, make sure to agree with them that they will not do anything until the next time you see each other. In addition, you can help them write down some methods of distraction: going for a walk, listening to certain music, meditating, drawing, doing sensation exercises and so on.
- Ask them about emotional motifs that have caused them to want to commit suicide, what things in their life make that wish more intense. In addition to not wanting to live, adolescents tend to describe difficult situations they can't see a way out of as their main reason.
- If the adolescent starts talking about emotional difficulties that make them not want to live (familial relationships, romantic relationships, stress at school), you, as a youth worker, might be able to help them achieve at least some of the changes they need. After they describe their difficulties, it is extremely important to not start giving unsolicited advice or invalidating their feelings ("oh, it's not that serious, everything will be OK, you'll find a way"). First and foremost, let the adolescent speak their mind. Reflect what they're saying, repeat the words they say, state emotions that you're hearing in their words. Oftentimes, after all the emotions are out in the open, and you ask the adolescent such questions as "What have you already tried? What has worked, what hasn't? Why hasn't it worked, in your opinion?", they tend to see more options. If this fails, ask them if they'd like to hear your outside perspective or advice about what could be done.
- While communicating one-on-one, you can assist the adolescent in stating and writing down the methods and people that could help them tackle their difficulties in an alternative way when a crisis happens. Stating who would be the main people to ask help from during such times is also a good idea.
- If the adolescent mentions "having bad thoughts" during group activities, ask them about those thoughts and how often they have had them during the last month. If it is difficult for others to discuss such topics in a group setting, continue this conversation during individual conversations. It has been noticed that adolescents who have had considered suicide tend to have more difficulties while discussing this topic. In a group setting, you could discuss possible alternative solutions.

- If there are other adolescents in your institution that have gone through similar things, a conversation with a peer might be helpful. Ask the adolescent if they would like to talk to a peer and whether they would want you to arrange their meeting. In this situation, it is very important that the other adolescent, has already gone through the stage of wanting to commit suicide and has already reflected on and understood it. They must not be going through it at the current moment. If you are not sure, discuss this plan during case analysis.
- It is important for the adolescent not to have any tools that could be used to readily end one's life. For example, if the adolescent mentions their plan to overdose on medication, ask them if they have the drugs with them. If they do, you can suggest throwing them out or taking them to a drugstore together. If you are talking about this on the phone, you can ask them to hide or put the medications away.
- With your team, agree on the rules of action that each of you must follow, if the adolescent has life-threatening items on them, because oftentimes medications or weapons (knives, guns, pills) can be illicit.
- If you are in contact with the parents, you will often see them feeling anxious, sometimes blaming themselves, getting angry at their child or fearing about what other people will say. For them, this topic might be a taboo that they are unable to openly discuss with their child. Encourage them to speak about it directly, because this might create conditions for the adolescent to have one more space to share their feelings and thoughts in and build a relationship with their parents in the process. Inform them about the detrimental effects preaching, blaming, getting angry at one's self or at their child could have on the situation. Discuss which activities besides talking might be interesting to the whole family to do together (going for walks, visiting certain places, cooking, etc.).
- If, during a phone conversation, one-on-one talk or a texting session, the adolescent isn't able to change their perspective and maintains their plan to commit suicide, be honest and state that their life is extremely important and that there are always other options, even though they aren't able to see them right now. In order to see them, they need help. When your help is not enough, you must engage medical professionals. In this case, knowing where the adolescent is at the moment is very helpful. If you do not have this information, tell the police their place of residence, telephone number and any other relevant information you have as soon as possible.
- Attempted suicide often reveals other problems in the family. Help the adolescent and their parents consider starting therapy.
- After the adolescent attempts suicide, it is important to work not only with them, their parents or brothers and sisters, but with other adolescents at the centre as well. If they don't know what has happened, under no circumstances should you tell them without having the adolescent's prior consent. Speak with the others only if the adolescent who has attempted suicide wishes you to do so. If they do know what has happened, it is important to sit down and talk about it as a group, discuss their feelings, thoughts and the ways the remaining group can show support for the adolescent and make them feel as comfortable as possible, when they finally come back to the centre.



Losses/  
break-ups

## 9 Losses/ break-ups

### Signs, characteristics, origins

- Loss can take various forms – people can experience death of family members, people they had important relationships with, friends, pets, they can lose a friend who has moved to another city or break up with a romantic partner.
- In addition, the divorce of their parents can be a very emotionally taxing time for many adolescents as well, because that typically means they will see one of their parents far less or lose the relationship they had with them altogether. Divorce can also be a time of liberation and new possibilities, but trigger anger, sadness and shame at the same time. The parents and the child might experience the divorce in totally different ways – parents may see it as a victory, whereas children interpret it as an end to a safe period of life. Sometimes parents manipulate the adolescent, urge them to be their “sole support”, even though the teenager is going through a crisis.
- When a person experiences loss, closure is of utmost importance. Closure entails discovering all the hidden emotions, related to the end or the change of a relationship, and expressing them.
- When an adolescent, who is experiencing a loss or a break-up, learns to accept all related thoughts and feelings, they become more resilient and capable to cope with challenging situations in the future.



- Different authors define different stages of grief, but typically they include the following: shock and numbness, denial and disbelief, feeling the dead person around, anxiety, anger, guilt, negotiation, sadness, longing and acceptance. The progression of these stages can vary, they can switch places, repeat themselves and so on.


### Youth worker's role

- To support the adolescents who have experienced losses or break-ups, appoint time for one-on-one conversations, help them understand and express their feelings and, if necessary, create rituals for saying goodbye.
- Help and encourage them to find emotional *closure*. In order to pinpoint the elements of the relationship that need emotional closure, help the adolescent to carefully review the relationship from start to finish. This type of review is the first important step towards expressing the emotions that have been suppressed. After discovering and analysing the areas of the relationship that need emotional closure, one more step must be taken to finally express the feelings. In order for the closure to happen, suppressed emotions must be attributed to one of the following categories:
  - **Apology.** In order to achieve the emotional closure of the relationship, apology must be given to the deceased person as well. This is especially important, if there was hurt in the relationship, or the adolescent feels guilty for doing something they did. This type of apology can only happen indirectly. You can encourage the adolescent to write down and then read the words that constitute it.
  - **Forgiveness.** This act is important, if the adolescent had painful experiences related to the deceased person. In this case, forgiveness means letting go of the resentment the adolescent feels. The resentment may be caused by something the deceased person did (e.g. kept hurting the adolescent in their childhood) or did not do (e.g. did not support them in pursuing the profession they really wanted). The adolescent can write down the text expressing the act of forgiving and read it aloud together with you, or find some other way for doing the same, e.g. by visiting the grave or a place that was important for both the adolescent and the deceased person.
  - **Important emotional talks.** This can be anything that has emotional value and cannot be defined as an act of apology or forgiveness. It can be emotional words about something really important that was or was not said to the deceased person before they died or before the end of the relationship. Find time and space for discovering, remembering and saying these things.
  - **Bright memories.** These are all the positive things the adolescent remembers. They can be feelings that have already been discussed but need to be talked about again. Positive memories can be related to gratefulness or adoration of beautiful things.
- If an adolescent in your institution dies, to support the members of your community that are experiencing grief, fulfil their needs during one-on-one conversations or by installing a place dedicated to grieving.

- As any loss causes copious amounts of feelings and emotions, when it happens, make sure to discuss it with your colleagues. Reach an agreement regarding further operating guidelines. If a visitor has died, your colleagues can help you pinpoint the circle of adolescents, who have been affected by the death the most.

## Possible specific interventions

- If you are working with an adolescent, who is in the process of grieving:
  - be together with them and let them speak. If both of you knew the person who died, don't hide your emotions,
  - provide possibilities to talk about the deceased person (share memories or bring photos),
  - irrespective of the fact people often state that one should not say anything bad about a person who has died, encourage the adolescent to express various feelings and share all kinds of memories,
  - help them understand and state various feelings (pain, sadness, guilt, shame, fear, anger). Tell them their feelings constitute a normal reaction to loss,
  - state that they may feel sad for a long time, and let them grieve for as long as they need to.
- After an adolescent who kept coming to your institution dies, you can contact their family members, give your condolences and ask about the possibility to go to their funeral. Ask if you can come with other adolescents and ask them if they would like to go. Having an opportunity to say goodbye is an important part of grieving and letting go.
- After the adolescent who kept coming to your institution dies, and this loss is felt in the behaviour of their peers (relationships were strong, other adolescents state the loss has been difficult to handle), you can make sure they have a physical space to grieve – arrange a place with the deceased adolescent's photo and a lit candle, which would be there for a certain period of time. Tell other visitors that if they feel a wave of memories coming, they can go there to contemplate in peace.
- Being a youth worker, you will not help the adolescent who is experiencing loss, if you:
  - encourage them to stop being sad ("chin up, everything will be alright, it will pass"). It is very important for you to help them stay with the emotions they are feeling. If you talk about the loss and all the feelings related to it openly, this will show others that this isn't a taboo topic. It may be that people in the adolescent's environment don't speak about this openly due to feeling broken or unsure.

- encourage them to be strong. If the adolescent is taking the loss very badly, telling them to be strong, which they are unable to do, can be understood only as putting even more pressure on them. Instead of that, you can come up with possible things to do or people to talk to that would help them endure this situation together,
  - suggest waiting until “time heals all wounds”. Pain could decrease over time, but, if the adolescent isn’t given proper time to grieve and share their loss, it can become another depressive feeling over time.
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- If the adolescent doesn’t want to talk about it immediately, ask them from time to time how they are doing and create spaces for communication. Sometimes, feelings following a loss may change or resurface after some time, other times adolescents have trouble speaking about it and they can try to test the adult by refusing to talk at first. Offer possibilities for contact regularly. Share your feelings and memories – this will show them you are not afraid of the topic of loss.
  - In the case of divorce, emotional duress may prevent parents from having the energy or the ability to speak with their child clearly. If you know that the adolescent’s parents are going through a divorce, during a one-on-one conversation, you can ask the adolescent about the reasons for divorce, if the teenager experiences the situation the same way their parents do, what changes will this bring into their life in their opinion, who they are going to live with, whether this corresponds to their own wishes and if they will have a possibility and a desire to remain in contact with the parent who is going to live separately. While discussing this new situation, you can help the adolescent to understand these changes better, recognise the areas that possibly lack clarity and assist the adolescent in achieving that clarity (e.g. by asking their parents direct questions).
  - You can suggest visiting the website [www.gedintiems.lt](http://www.gedintiems.lt), where grieving people can share their experiences with and receive support from others.

