

Facilitator/Educator’s Guide

***The Gospel According to Josh*: Youth Suicide Prevention Program**

By Josh Rivedal

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Background and History

In 2009, Josh Rivedal wrote and developed the play ***The Gospel According to Josh*** a dark comedy that focuses on the relationship he had with his father while growing up as well as his father's suicide. The play was originally intended for a traditional theatre-going audience, but after speaking with young audience members whose own lives had been touched by a friend or loved one who died by suicide, Josh decided to refocus the play to serve high school and college students toward youth suicide prevention. And on May 10th, 2011, Josh, in conjunction with the National Psychology Honor Society, Psi Chi, launched the premier of ***The Gospel According to Josh*** in schools at Baruch College in New York City and then hosted a panel discussion on Youth Suicide Prevention. Featured panelists included two Baruch psychology professors, a clinical psychologist from the Baruch Counseling Center, and a staff member from the American Foundation for Suicide Prevention. Josh also received ASIST (Applied Suicide Intervention Skills Training) training from LivingWorks and the NY Office of Mental Health.

The aim of the play and talkback is to present a real picture of depression by someone who has lived through it as well as provide a forum where we can reduce the stigma and make it acceptable to talk about mental illness, depression and suicide so that students feel comfortable seeking help for themselves or a friend when faced with depression, mental illness, or suicidal thoughts. Additionally, a portion of the proceeds from ***The Gospel According to Josh*** will go to [The JED Foundation](#) and [The American Foundation for Suicide Prevention](#)- two national non-profit suicide prevention foundations.

The Gospel According to Josh in schools is designed to be used as an educational tool to achieve several specific goals related to suicide prevention:

1. To educate young adults on how to recognize the signs and symptoms of depression in themselves and others.
2. To convey that depression and other mental illness are in fact real illnesses that respond to specific, yet varied treatments.

3. To promote the acceptability in seeking out help for oneself or a friend if feeling depressed or having suicidal thoughts
4. To provide information about sources of local and national professional help and how to self-refer for treatment or assist a peer in getting help.

The messages conveyed in the play and talkback include the following:

- Depression is a common problem that interferes with students' ability to enjoy their lives and be productive in their work. Depression can affect anyone even you or someone you know.
- Depression is a highly treatable illness. Depression is not a character weakness nor is asking for help for your depression a character weakness.
- Depression is not a normal reaction to life events.
- Depression is an underlying illness that can lead to suicide.
- Warning signs of suicide include changes in mood and behavior that can be sudden or gradual.
- Depressed students should seek professional help and not wait to see if the illness will go away on its own. Students who have friends that are depressed should assist them in seeking help.

Using *The Gospel According to Josh* in Colleges and Universities

Suggested showing of the play include:

- New student/freshmen orientation programs
- Campus life programs
- Health and counseling services outreach programs
- College classes such as health education, psychology, sociology and other classes that deal with human behavior
- Student organization activities

The person(s) or clubs responsible for facilitating the viewing in each of these settings should keep in mind that the play is a true story and while overall a comedy it does deal with the difficult topic of suicide told in Josh's personal style. Josh is an actor in the play but recounts his story with truth, humor, and sincerity, and when dealing with his father's suicide he expresses real and painful feelings of grief, confusion, loss, and even survival. This may evoke strong emotional responses among viewers, particularly those who are struggling with depression or those who have mental disorders, those who themselves are thinking about suicide or those who have lost a close friend or family member to suicide just as Josh lost his father to suicide.

To ensure that the play and post play discussion are effective and safe resources, facilitators and educators are urged to review the steps and guidelines listed below. Following these simple steps will increase your confidence as a facilitator and enhance the likelihood that the film will have a positive impact on your viewers.

Preparing for the play

1. Educate yourself about what is currently known about the causes of suicide among young people, suicide risk factors and factors that appear to protect against suicide in this age group. A list of Frequently Asked Questions (FAQs) is included in this guide. Review these questions and responses to be prepared for similar questions from your audience. The FAQs can also be downloaded from the [*The Gospel According to Josh*](#)

website and duplicated for distribution to your students. Also available on the website is an E-Resource Booklet on Youth Suicide Prevention for Students, Parents, and Educators which includes information about organizations, websites, books, studies, and films that deal with depression, mental illness and suicide. You may wish to copy and distribute the E-Resource booklet to your students as well.

2. Find out as much as possible about what mental health services, supports and resources are available on your campus and in your local community. Locate specific information about your campus health or counseling center, crisis hotlines and crisis intervention services, local mental health providers, community mental health centers and local hospitals.
3. Make a personal contact with at least one person on campus who provides mental health services to students and discuss when ***The Gospel According to Josh*** will be showing on campus. If possible, invite the person(s) in advance and provide them with the information on the purpose of showing the play so that they can become acquainted with the project. Find out as much as you can about current waiting lists for campus mental health services, limitations in services or other factors that might be useful for students to know. Get the name and phone number of an emergency contact in the event that you become aware of a student in crisis during or after showing the film.
4. It would be helpful to ask a clinically trained counselor, psychologist or psychiatrist to attend the play as a support resource for a panel discussion or to handle difficult questions during the audience Q&A portion of the event. This should also prove to be useful in situations where you anticipate your audience will include particularly vulnerable viewers or in cases where you are uncertain about your ability to handle questions that may arise.
5. Prepare a brief introduction to the play. It is helpful to tell viewers a little about the writer and performer, why he wrote the play and the purpose of the event today. A brief and succinct outline will be provided. It is best not to say too much about the event's specific messages; these will have more impact if they emerge during the viewing and can certainly be reinforced after the play, and seminar are over.

6. Review the Suggested Discussion Topics found in the next section of this guide.

Showing the play

1. Schedule about 35 minutes for the introduction and the viewing of the play and about another 15 minutes for Josh to do his talkback and then another 15 minutes (or preferably more) for discussion and questions with Josh and your school's experts. It is important for the audience to have an opportunity to talk about what they have seen and their responses to it.
2. In the course of the discussion, I'll refer to the availability of the Frequently Asked Questions, the Fact Sheets and the E-Resource Booklet for Students, Parents and Educators. These materials are available on www.thegospelaccordingtojosh.com and can be downloaded for free and reproduced as much as you like. Be particularly careful to make sure that each viewer is made aware of all campus counseling and crisis center resources via the printed handout, "How and Where to Get Help"
3. Wherever possible, offer an opportunity for viewers to ask questions of you or your clinical support resource in private. Call their attention to appropriate contact information as listed on the handout "How and Where to Get Help" If you are not clinically trained, emphasize your willingness to talk with them as a peer or a faculty/staff member, not a clinician. Call their attention to places listed on this sheet where they can receive clinical services. You may also wish to offer to assist or support viewers who ask about finding treatment services.

Suggested Discussion Topics

- On this campus, how widespread are the problems that Josh covered in the play and talkback, particularly depression and thinking about suicide?
- In the talkback, Josh talked about how difficult it can be to share feelings of depression with friends and how isolated he felt during his period of depression. Does that seem to be a real problem on this campus?
- Why is it that people have such a hard time talking about depression and other mental illnesses?
- After hearing Josh's talkback, how would you help a friend who is depressed or suicidal? What would you recommend that they do?
- In the talk back, Josh spoke of reaching out to his mom because he needed help and because he needed someone to listen to him when he was severely depressed. Would you feel comfortable being someone a friend or family member could reach out to for help or for someone to listen to them in such a situation?
- What would you do if, like Josh's dad, your friend or family member refused to get help for their mental illness, depression, or feelings of suicide?
- In the talkback Josh described how he may have missed what he now thinks were signs in his dad that warned of suicide. In a similar situation, do you think you would have interpreted his dad as being imminently suicidal?
- How does the picture of depression, mental illness and suicide portrayed in the play and talkback compare to how they are often portrayed in movies and other media?
- In what ways did the play and talkback affect your attitudes towards mental illness and suicide?

Frequently Asked Questions

Q: What is the best way to talk about the act of taking one's own life?

A: Language conveys a great deal about values and judgments, and people are becoming increasingly sensitive to the way we talk about suicide. Although we still often hear of someone who has "committed suicide," most mental health professionals who work closely with suicide, as well as most people who have been affected by the suicide of a loved one, feel the phrase "died by suicide" is more objective and less judgmental. They also prefer to use the term "suicide" to describe only the act, not the person who died in this way since that may convey that the totality of the person has been reduced to his or her manner of death. The person who died can be referred to as a "suicide decedent." The term "suicide death" is preferable to "successful" or "completed" suicide.

Q: How many people each year die by suicide?

A: In the year 2001 (the most recent year for which national statistics are available), 30,622 lives were lost to suicide. Of those, 3,971 suicides occurred among young people between the ages of 15 and 24. A person dies by suicide about every 18 minutes in the U.S. It is estimated that over 500,000 suicide attempts occur in the U.S. each year, with one attempt made every minute.

Q: What is the biggest cause of suicide?

A: It is estimated that at least 90 percent of all people who die by suicide are suffering from mental illness, most commonly depression. Among people who are depressed, intense emotional states such as desperation, hopelessness, anxiety or rage increase the risk of suicide. Personality characteristics such as impulsivity also increase suicide risk, as does the excessive use of alcohol and drugs.

Q: Are males or females more likely to take their own lives?

A: In all age groups in the U.S., a considerably larger proportion of people who die by suicide are male. Females, however, generally have higher rates of suicide attempts. About 75 percent to 80 percent of college students who die by suicide are male, although, as in other age groups,

more female college students make suicide attempts. These patterns are generally consistent with findings that aggressive behavior by men is more likely to cause injury than is similar behavior by women.

Q: What are the most frequent methods used for suicide?

A: In the U.S. population overall, firearms are the most frequent method of suicide for men and women of all ages. Sixty percent of all people who take their own life do so with a firearm, accounting for more than 18,000 deaths each year. In the college population, however, the most frequent methods are hanging and jumping.

Q: Is it true that suicides are more frequent around the holidays?

A: No, suicides are not more frequent around holidays, and particularly not during the winter holidays. Suicide rates overall tend to be above average in the spring months, peaking in April, and are below average during the winter months, with the lowest rate in December. Youth suicide rates are also high during the summer months, June and July, while rates for persons aged 35 and older tend to peak again in the fall. Although the reasons for this seasonal variation have not been definitively established, it likely results from an interplay of psychosocial and neurobiological factors.

Q: Is the risk for suicide inherited?

A: Genetic factors are involved in depressive illness, and there is evidence that genetic factors predispose some depressed individuals to suicide. This does not mean that one is “destined” to die by suicide if these family influences are present.

Q: Are gay, lesbian and bisexual people more likely to die by suicide?

A: To date studies have not produced definitive findings on the relationship between sexual orientation and suicide, in large part because national suicide data does not include information about sexual orientation. In particular, there is no research evidence to support recent claims that gay, lesbian or bisexual youth are much more likely than heterosexual youth to die by suicide. A number of reliable studies have reported that individuals who identify as homosexual or bisexual have somewhat higher rates of suicidal ideation and suicide attempts. Among youth, this may be linked to conflicts

related to sexual identity, but the overwhelming proportion of gay, lesbian and bisexual youth do not show any evidence of suicidal behavior.

Q: Wouldn't most people feel suicidal under really stressful situations; for example, being left by someone you really love or finding out you have a life-threatening illness?

A: Suicidal thoughts and behaviors are not the natural consequence of serious stressors or even life-threatening illnesses. People who have such difficult and painful experiences may feel intense sadness or loss, anxiety, anger or a sense of abandonment, and may occasionally have the thought that they would be better off dead. In most people, however, these experiences do not trigger persistent ruminations of death or a genuine desire or plan to die. If such feelings are present, it suggests the person is suffering from depression or some other mental illness and should seek professional treatment.

Q: What exactly is depression?

A: Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or longer. The exact cause of depression is not known. Many researchers believe it is caused by chemical changes in the brain. This may be due to a your genes, or triggered by certain stressful events. More likely, it's a combination of both. Depression is a common but serious illness, and most who experience it need treatment to get better.

Q: Between school, work, relationships, money and family problems, everyone I know is stressed out most of the time. How can you tell if it is depression or not?

A: Depression has a fairly consistent set of symptoms that last for at least two weeks. These include having little interest or pleasure in doing things, feeling down, having trouble falling or staying asleep or sleeping too much, feeling tired or having little energy, poor appetite or overeating, feeling like a failure or that you've let yourself or others down, having trouble concentrating, feeling that you're moving very slowly or the opposite — being fidgety or restless, and having thoughts that you'd be better off dead.

Q: Aren't there questionnaires you can fill out that will tell you if you're depressed?

A: Depression screening questionnaires, often found on the Internet, are convenient and user-friendly, can help people to identify their symptoms as depression and may encourage them to seek treatment. Some people may find the computer-generated responses too impersonal, however. Also, because the answers to the questionnaire items are evaluated by computer rather than by an actual trained counselor or therapist, problems other than depression are likely to be missed. If someone suspects he or she has a mental health problem, it is always best to get a face-to-face evaluation by a mental health professional.

Q: Does asking someone if they're thinking about suicide plant the idea in the person's head?

A: Asking about what someone is feeling doesn't create suicidal thoughts. Someone who is thinking about suicide may not respond honestly because they don't want to be stopped. But there is no evidence that people start thinking about suicide because someone has brought up the subject. If you suspect a friend or loved one is suicidal, take the initiative to ask what is troubling the person. Tell him or her that you are worried and that you want to help in any way possible. Don't be afraid to ask whether the person is considering suicide, or even if he or she has a particular plan or method in mind. Encourage the person to talk to a mental health professional.

Q: Is it true that people who talk about suicide aren't the ones who are really planning to do it?

A: Most people who die by suicide have communicated their intention to someone. Someone who talks about suicide gives others the opportunity to intervene before it's too late.

Q: If somebody really wants to die, is there really anything that anyone can do to stop them?

A: Most people who think or talk about suicide are ambivalent about dying. Since suicidal ideas most frequently result from mental conditions and disorders that are treatable, encouraging the person to get professional

help is essential. There is strong evidence that treatment with medications or talk therapy, or a combination of the two approaches, can save lives.

Q: What should I do if I encourage a depressed friend to get help but the person refuses?

A: Sometimes the idea of going to a mental health professional may seem overwhelming to a depressed person. Helping your friend locate information about your school's counseling center or a mental health professional in the community may be an important support. Offering to go with your friend to the first visit may also be helpful. If your friend appears to be in a crisis and is unwilling to get treatment, talk to a mental health professional or someone who is in a position to help.

Q: What do I do if someone close to me tells me he or she is thinking about suicide?

A: If someone tells you they're thinking about suicide, don't attempt to argue the person out of it. Avoid the temptation to say, "You have so much to live for," or "Think how this will hurt your family." You might say, "Things must really be awful for you to be feeling that way," and encourage your friend to talk to you about what he or she is feeling. Let the person know that that he or she can be helped and that you will support them in finding help. If someone talks about an actual suicide plan and seems intent on carrying it out, do not leave the person alone. Call for assistance from a resident advisor, counselor or campus police. Remove any firearms, drugs or sharp objects that could be used in a suicide attempt. If you can't get assistance, take your friend to a counselor, clinic or emergency room, or call 911 or 1-800-SUICIDE for help.

Q: Can you be sure that someone won't try to take their own life if they seem to be doing well in school and have a lot of friends and a bright future?

A: Some people who are seriously depressed and suicidal work hard at hiding their feelings while continuing to function socially and academically. Making the decision to die may sometimes help the person to appear calm and behave normally. Each year, suicide claims the lives of students who appeared to their friends and families to be happy, well-liked and successful. If you suspect that someone may be depressed or

thinking about suicide, the fact that the person's life looks fine from the outside may not matter.

Q: My friend purposely cuts themselves when they're upset. Is this the same as making a suicide attempt?

A: Some young people engage in cutting or other forms of self-mutilation as a way of handling difficult or stressful feelings. Although many such people do not have suicidal intent and do not go on to more lethal behaviors, for some self-mutilating behavior can be a prelude to suicide. Evaluation by a professional is the best way to determine the degree of risk.

Q: If someone confides that they are thinking of suicide and makes you promise not to tell anyone, shouldn't the person's right to privacy be respected?

A: Not when the person's life may be at stake. Saving a life is more important than violating a confidence, even if it means the loss of a friendship. Seek help from a counselor or other professional.

Q: If a student gets counseling or therapy, are parents or professors told? Will this information be on the student's records and can this affect their chances of getting a job or getting into graduate school?

A: Mental health treatment, like treatment for physical illnesses, is confidential and patient's rights are protected by the Americans with Disabilities Act and other laws governing privacy. School policies differ, however, in regard to notification of parents in the case of students under the age of 18.

FAQ Bibliography-

- American Foundation for Suicide Prevention
- Center for Disease Control
- LivingWorks
- National Institute of Mental Health
- Suicide Prevention Resource Center

How and Where to Get Help

(For College students)

Listed below is the name and contact information of places where help for depression and other mental health problems can be obtained. Please keep this for future reference.

Resources on the ____ Campus

University counseling center (With trained mental health professional)

Address: _____
Phone: _____
Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____
Insurance Accepted: _____

University health center (if mental health services are offered)

Address: _____
Phone: _____
Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____
Insurance Accepted: _____

University or Local hospital

Address: _____
Phone: _____
Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____

Other mental health resources on campus

List: _____

Campus police

Phone: _____

Other emergency contacts on campus

Phone: _____

Student organizations/advocacy groups

List: _____

Resources in the _____ Area

Community Mental Health Clinics

Address: _____
Phone: _____
Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____
Insurance Accepted: _____

Other mental health resources (low fee or sliding scale)

Address: _____
Phone: _____
Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____
Insurance Accepted: _____

Private clinicians interested in working with students

Address: _____
Phone: _____
Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____
Insurance Accepted: _____

Address: _____
Phone: _____
Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____
Insurance Accepted: _____

Local hospital(s)

Address: _____
Phone: _____

Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____
Insurance Accepted: _____

Address: _____
Phone: _____
Website: _____
Hours: _____
Description of Services Provided: _____
Fees: _____
Insurance Accepted: _____

Crisis Centers/Hotlines

List: _____