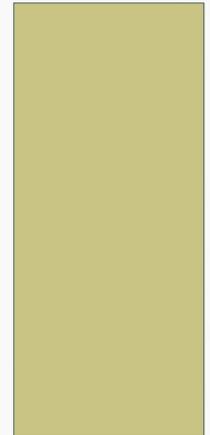


HELPING TEENS COPE WITH GRIEF AND LOSS

RESPONDING TO SUICIDE



HOW TEENS COPE WITH LOSS & GRIEVE

- Grief is personal
 - There is no right or wrong way to grieve
 - Influenced by developmental level, cultural traditions, religious beliefs, mental health, disabilities, family, personal characteristics, and previous experiences

HOW TEENS COPE WITH LOSS & GRIEVE

- Grief is influenced by the nature of the loss.
 - Was the death
 - Anticipated = Grief
 - Sudden and unexpected = Trauma + Grief

HOW TEENS COPE WITH LOSS & GRIEVE

- Grief is influenced by the nature of the loss
 - Was the death a suicide?
 - Unique reactions
 - Guilt and shame
 - More depression and complicated grief
 - Less vitality and more pain
 - Social stigma, isolation, and loneliness
 - Poorer social functioning, and physical/mental health
 - Searching for the meaning of the death
 - Being concerned about their own increase suicide risk

HOW TEENS COPE WITH LOSS & GRIEVE

- Grief is influenced by the nature of the loss
 - Was the death a suicide?
 - Multiple levels of grief reactions
 - Common grief reactions
 - e.g., sorrow, yearning to be reunited
 - Unexpected death reactions
 - e.g., shock, sense of unreality
 - Violent death reactions
 - e.g., traumatic stress
 - Unique suicide reactions
 - e.g., anger at deceased, feelings of abandonment

HOW TEENS COPE WITH LOSS & GRIEVE

- Grief is influenced by the nature of the loss
 - Was the death a suicide?
 - Social Stigma
 - Both youth and caregivers may be uncomfortable talking about the death
 - Youth may receive much less social support for the suicide death.
 - The death is viewed more negatively by others as well as themselves
 - There may exist a reluctance to provide supportive services

CHILD AND ADOLESCENT RESPONSES TO DEATH

- Grief is characterized by sadness, emotional pain, and introspection in adults. Children's grief reactions differ according to age and developmental level:
 - **Preschool** - Regressive behaviors, decreased verbalization, increased anxiety
 - **Elementary** - Decreased academic performance, attention/concentration, and attendance; irritability, aggression, and disruptive behaviors; somatic complaints; sleep/eating disturbances; social withdrawal; guilt, depression, and anxiety; repeated re-telling of the event
 - **Middle and High School** - Decreased academic performance, attention/concentration, and attendance; avoidance, withdrawal, high risk behaviors or substance abuse, difficulty with peer relations, nightmares, flashbacks, emotional numbing or depression

CHILD AND ADOLESCENT RESPONSES TO DEATH

- Grieving does not have a timeline
- Parents should be aware of anniversaries, birthdays, developmental milestones, and other factors that could affect students months or years after the loss

CHILD AND ADOLESCENT RESPONSES TO DEATH

- Grieving involves meeting specific milestones
- Individuals are likely to experience (and often re-experience) some or all of the following adjustments/responses:
 - Accepting the death
 - Experiencing the feelings and emotional pain associated with death and separation from the deceased
 - Adjusting to changes and an altered environment that no longer includes the deceased
 - Finding ways to remember and memorialize the deceased

TEENAGERS' RESPONSES TO A SUICIDE

- Grief
- Traumatic stress
- In some cases, suicidal thinking
 - While rare, one suicide death can lead to other suicides
 - This is known as "suicide contagion"
 - It is important to know suicide risk factors and warning signs

TEEN SUICIDE RISK FACTORS

- Non-suicidal self-injury (AKA “cutting”)
- Hopelessness
- Mental illness (e.g., depression, PTSD)
- Dissatisfaction with weight
- Poor parental relationship(s)
- Interpersonal conflict
- Bullying victim, bully perpetrator, or bully/victim
- Loss of relationship
- Prior suicide attempts, prior attempts by family members or friends
- Substance abuse
- Having run away
- Sexual abuse

TEEN SUICIDE WARNING SIGNS

1. Direct verbal threats ("I am going to kill myself.")
2. Indirect verbal threats ("I wish I could fall asleep and never wake up," or "You won't have me to worry about any more.")
3. Changes in mood, behavior, appearance
 - Sudden/dramatic change in mood
 - Anxiety and agitation; reckless behavior; rage and uncontrolled anger; wanting revenge
 - Increased alcohol/drug use
 - Giving away prized possessions
 - Withdrawing from friends, family, and activities
 - Refusing help, and/or believing that there is no help for them
 - Expressing death/suicide themes in writings, art, or via social media
 - Disturbed sleep
 - Decline in appearance and hygiene

THE ROLE OF PARENTS IN PROVIDING SUPPORT

- Grieving is a normal response to loss, but may require some support. Additional assistance should be provided when the following are noted:
 - Marked loss of interest in daily activities
 - Changes in eating and sleeping habits
 - Wishing to be with the deceased
 - Fear of being alone
 - Significant decreases in academic performance and achievement
 - Increased somatic complaints
 - Changes in attendance patterns (e.g., chronic absenteeism)

THE ROLE OF PARENTS IN PROVIDING SUPPORT

- Things to avoid
 - Euphemisms when referring to the deceased such as “they are sleeping,” or “they went away”
 - Minimizing statements such as “it wasn’t your best friend”
 - Predicting a timeframe to complete the grieving process such as, “it has been a month, you should be getting over this,” or “the pain will fade soon”
 - Over-identifying, (e.g., “I know exactly how you feel”)
 - Too much self-disclosure (e.g., I lost my mom to cancer) as not everyone handles self-disclosure the same way and the focus should remain on the teen’s grief
 - Forcing the teen to talk

THE ROLE OF PARENTS IN PROVIDING SUPPORT

- Things to do
 - Maintain routines as normally as possible
 - Ask questions to ascertain the teen's understanding of the event and emotional state
 - Give the teen permission to grieve
 - Connect the bereaved with helping professionals, other trusted mentors and adults, and close friends
 - Encourage teens to adopt adaptive coping strategies, particularly ones that will involve interaction with other youth (e.g., sports, clubs)

ADDRESSING MENTAL HEALTH CONCERNS

- I **am** flu

VS

- I **have** the flu

- I **am** depressed

VS

- I **have** depression

- While up to 1 in 5 teens have a mental health challenge, only about 20% get any treatment

WHAT IF I THINK MY CHILD IS SUICIDAL?

- Ask if they are having thoughts of suicide
- Begin with clear and nonjudgmental questioning about whether the teen has suicidal thoughts
- You might ask:
 - “Have you ever wished you could go to sleep and not wake up again?”
 - “Is dying something you’ve thought a lot about recently?”
 - “Sometimes when people have had your experiences, and are feeling as you do now, they have thoughts of suicide. Is this something you are thinking about?”
- Avoid statements such as:
 - “You are not thinking of killing yourself, are you?”
 - Such statements could be viewed as judgmental and may discourage the teen from being honest

WHAT IF I THINK MY CHILD IS SUICIDAL?

- If the teen acknowledges suicidal thoughts, you can get a sense for the seriousness of the situation by asking about a suicide plan
- You should ask questions about *how: how prepared, and how soon* they plan to commit suicide
- More specifically, it is important to ask:
 - "Have you thought about how you would kill yourself/make yourself die/commit suicide?"
 - "Do you have, or can you get: (whatever is needed to execute the suicide plan)?"
 - "When are you planning to: (execute the stated suicide plan)?"
- If the student's answers suggest that the risk of a suicidal behavior is immediate (e.g., the student has the means of the threatened suicide in their possession and refuses to give it up), **then call 911 right away.**

WHAT IF I THINK MY CHILD IS SUICIDAL?

- If there does not appear to be risk of a suicidal behavior occurring in the present moment, then *do NOT leave the teen alone*
- Stay with them constantly, and without exception, until a mental health professional is able to conduct a more detailed risk assessment
- A hospital emergency room and/or a community mental health center likely has the crisis intervention counselors capable of completing the suicide risk assessment

WHAT IF I THINK MY CHILD IS SUICIDAL?

- Remove from the home any firearms or other weapons, as well as any drugs or other substances that could be used to die by suicide
 - Firearms are an especially deadly suicide method
 - When a person uses a firearm in an attempt to die by suicide, death is the result 85% of the time (compared to 3% of fatalities that follow a drug overdose)
 - Thus, removing firearms from the home is an especially effective suicide prevention measure
 - Doing so is especially important when there is a mentally ill teen in the home and/or there are persons in the home who are experiencing a psychological crisis

WHAT IF I THINK MY CHILD IS SUICIDAL?

- Consider contacting other resources that can help with the suicidal crisis:
 - National Suicide Prevention Lifeline at 1-800-273-TALK
 - Crisis Text Line, which can be accessed by texting "HOME" to 741741
 - Marin County the Mobile Crisis Response Team at 415-473-6392
 - After hours call 415-473-6666