

In the Aftermath of Pediatric Suicide and
Loss:
A Survey of Before and After



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Today



Suicide statistics

Common childhood grief reactions/myths

How to talk to children about suicide

When grief gets "complicated"

Red Flags in Suicidal Youth

After a Death: What do we do now?

Suicide Related Grief

Managing Survivor's Guilt

Getting Through Rough Times Together

Suicide



2000 BC- Eloquent Peasant

Bible-7 suicides depicted

Ancient society-criminalized

Evolution of a
Phenomenon

Modern society-psychological vs. sociological

Military and foreign countries

Culture, time, circumstances dependent

Medically assisted approved

Is it becoming an epidemic??

Some statistics:

- Suicide rate for white males ages 15-24 has tripled since 1950.
- Suicide rates for children ages 10-14 have more than doubled since 1950.
- Suicide is the 10th leading cause of death in the U.S.
- Suicide is the 2nd leading cause of death for people ages 10-24. (2016 WISQARS)





- Every day in the U.S. There are an average of over 5,240 suicide attempts by young people grades 7-12.
- Four out of five teens who attempt suicide have given clear warning signs.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease....COMBINED.

What do statistics say about pediatric suicide?

Comparisons from 2010-2016
(Center for Disease Control)

10 Leading Causes of Death by Age Group, United States – 2010

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 5,107	Unintentional Injury 1,394	Unintentional Injury 758	Unintentional Injury 885	Unintentional Injury 12,341	Unintentional Injury 14,573	Unintentional Injury 14,792	Malignant Neoplasms 50,211	Malignant Neoplasms 109,501	Heart Disease 477,338	Heart Disease 597,689
2	Short Gestation 4,148	Congenital Anomalies 507	Malignant Neoplasms 439	Malignant Neoplasms 477	Homicide 4,678	Suicide 5,735	Malignant Neoplasms 11,809	Heart Disease 36,729	Heart Disease 68,077	Malignant Neoplasms 396,670	Malignant Neoplasms 574,743
3	SIDS 2,063	Homicide 385	Congenital Anomalies 163	Suicide 267	Suicide 4,600	Homicide 4,258	Heart Disease 10,594	Unintentional Injury 19,667	Chronic Low Respiratory Disease 14,242	Chronic Low Respiratory Disease 118,031	Chronic Low Respiratory Disease 138,080
4	Maternal Pregnancy Comp. 1,561	Malignant Neoplasms 346	Homicide 111	Homicide 150	Malignant Neoplasms 1,604	Malignant Neoplasms 3,619	Suicide 6,571	Suicide 8,799	Unintentional Injury 14,023	Cerebrovascular 109,990	Cerebrovascular 129,476
5	Unintentional Injury 1,110	Heart Disease 159	Heart Disease 68	Congenital Anomalies 135	Heart Disease 1,028	Heart Disease 3,222	Homicide 2,473	Liver Disease 8,651	Diabetes Mellitus 11,677	Alzheimer's Disease 82,616	Unintentional Injury 120,859
6	Placenta Cord. Membranes 1,030	Influenza & Pneumonia 91	Chronic Low Respiratory Disease 60	Heart Disease 117	Congenital Anomalies 412	HIV 741	Liver Disease 2,423	Cerebrovascular 5,910	Cerebrovascular 10,693	Diabetes Mellitus 49,191	Alzheimer's Disease 83,494
7	Bacterial Sepsis 583	Septicemia 62	Cerebrovascular 47	Chronic Low Respiratory Disease 73	Cerebrovascular 190	Diabetes Mellitus 606	Cerebrovascular 1,904	Diabetes Mellitus 5,610	Liver Disease 9,764	Influenza & Pneumonia 42,846	Diabetes Mellitus 69,071
8	Respiratory Distress 514	Benign Neoplasms 59	Benign Neoplasms 37	Benign Neoplasms 45	Influenza & Pneumonia 181	Cerebrovascular 517	HIV 1,898	Chronic Low Respiratory Disease 4,452	Suicide 6,384	Nephritis 41,994	Nephritis 50,476
9	Circulatory System Disease 507	Perinatal Period 52	Influenza & Pneumonia 37	Cerebrovascular 43	Diabetes Mellitus 165	Liver Disease 487	Diabetes Mellitus 1,789	HIV 3,123	Nephritis 5,082	Unintentional Injury 41,300	Influenza & Pneumonia 50,097
10	Necrotizing Enterocolitis 472	Chronic Low Respiratory Disease 51	Septicemia 32	Septicemia 35	Complicated Pregnancy 163	Congenital Anomalies 397	Influenza & Pneumonia 773	Viral Hepatitis 2,376	Septicemia 4,604	Septicemia 26,310	Suicide 38,364

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.

Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

2010

2016

10 Leading Causes of Death by Age Group, United States – 2016

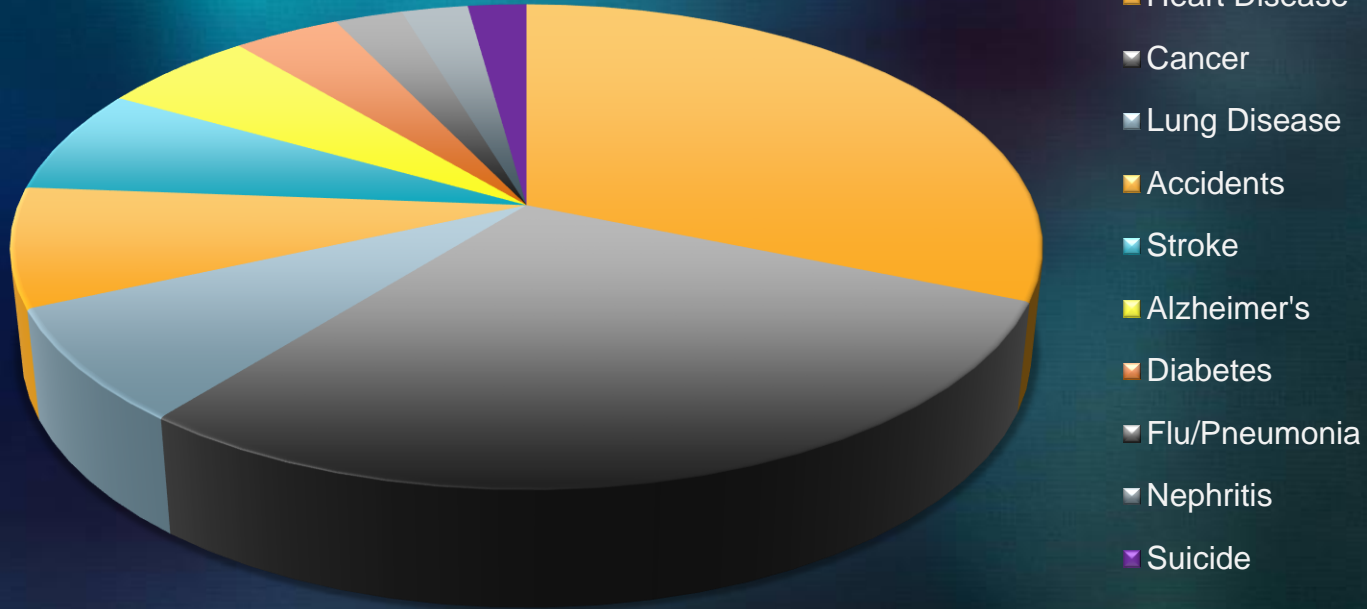
Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,816	Unintentional Injury 1,261	Unintentional Injury 787	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Short Gestation 3,927	Congenital Anomalies 433	Malignant Neoplasms 449	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	SIDS 1,500	Malignant Neoplasms 377	Congenital Anomalies 203	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Chronic Low. Respiratory Disease 131,002	Unintentional Injury 161,374
4	Maternal Pregnancy Comp. 1,402	Homicide 339	Homicide 139	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	Chronic Low. Respiratory Disease 17,810	Cerebro-vascular 121,630	Chronic Low. Respiratory Disease 154,596
5	Unintentional injury 1,219	Heart Disease 118	Heart Disease 77	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebro-vascular 142,142
6	Placenta Cord. Membranes 841	Influenza & Pneumonia 103	Chronic Low. Respiratory Disease 68	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	Bacterial Sepsis 583	Septicemia 70	Influenza & Pneumonia 48	Chronic Low Respiratory Disease 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Respiratory Distress 488	Perinatal Period 60	Septicemia 40	Cerebro-vascular 50	Chronic Low Respiratory Disease 206	Cerebro-vascular 575	Cerebro-vascular 1,851	Chronic Low. Respiratory Disease 4,307	Suicide 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Circulatory System Disease 460	Cerebro-vascular 55	Cerebro-vascular 38	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Neonatal Hemorrhage 398	Chronic Low Respiratory Disease 51	Benign Neoplasms 31	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

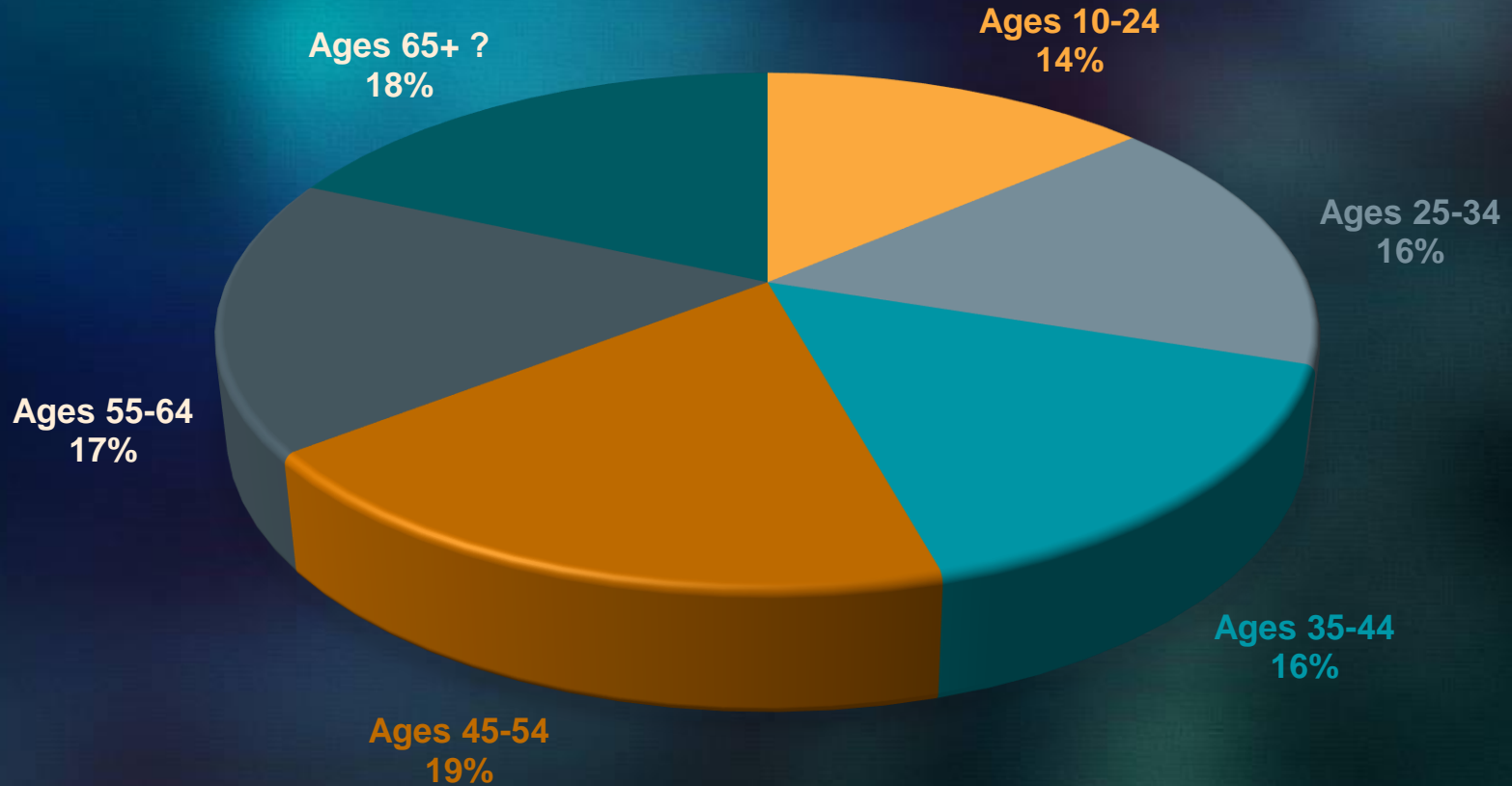


Centers for Disease Control and Prevention
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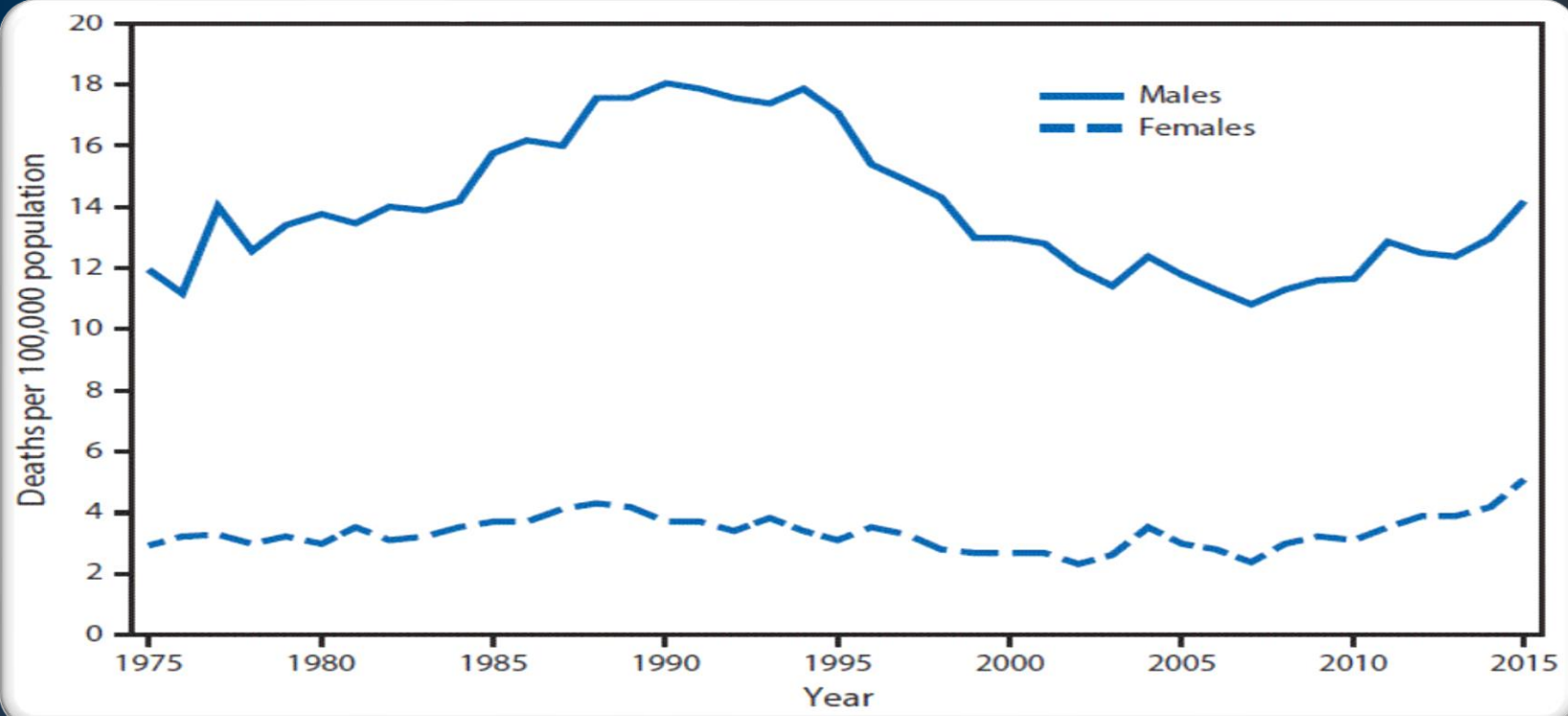
2016 Top Ten Causes of Death



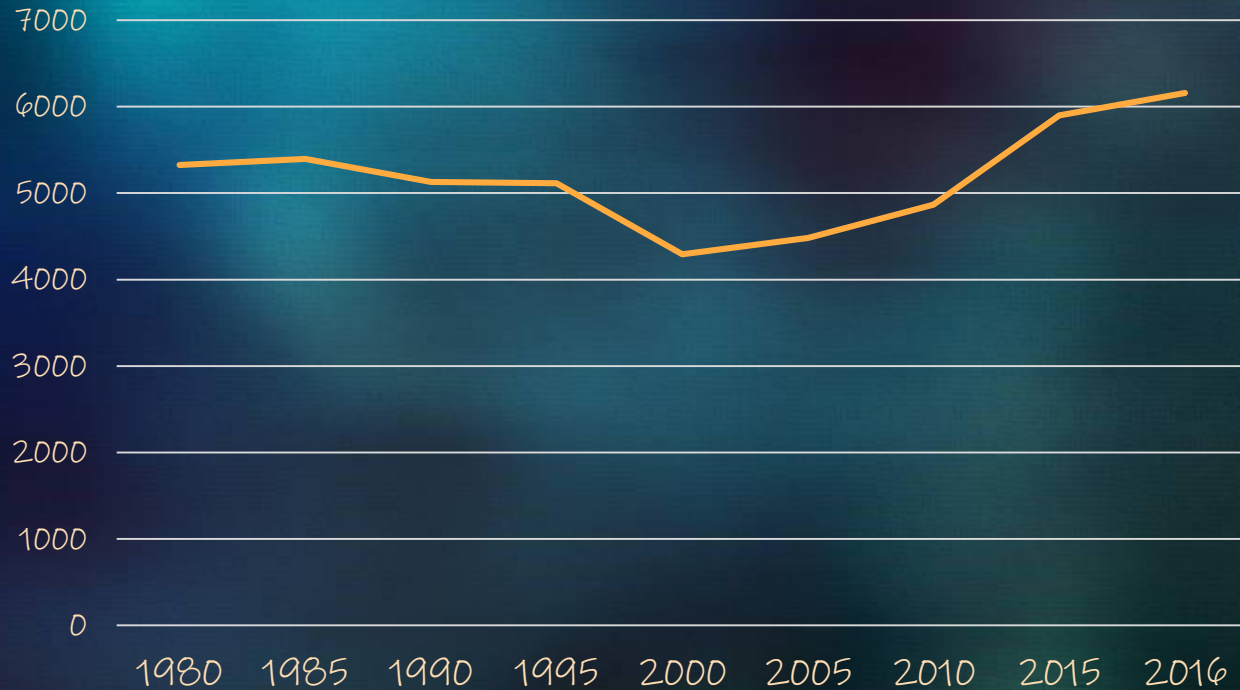
2016 SUICIDE COMPARISON



Teen Suicide Rate 1975-2015



Age 10-24 Suicide Rate 1980-2016



Why talk about suicide??



Universal

Fear

Stigma

Griever's burden

Common grounds

What Happens Before?



A Look at the Red Flags

Red Flags

Grades

Attendance

Property

Behaviors

Hopelessness

Research

Social media





Alcohol/drugs

Sleep

Revenge seeking

Mood swings

Isolation/withdrawal

Marginal statements

Self-harming

Pediatric Suicide

A Post-Mortem Analysis of 3000

Study #1

Data collected from:

National Violent Death Reporting
System

2005-2008

16 states

Published in 2012

by D.L. Karch, et al

Study #2

Data collected from:

National Child Death Review
Case Reporting System

2004-2012

29 states

Published in 2016

By Theodore Trigylidas, et al.

Pediatric Suicide Study #1

Demographic Breakdown

1046 youth

ages 10-17

Male—75.2%

White—69.3%

Mean age—16-17 years

Karch DL, Logan J, McDaniel DD, et al. Precipitating circumstances of suicide among youth aged 10-17 years by sex: data from the National Violent Death Reporting System, 16 States, 2005-2008. *J Adolesc Health* 2013;53(1)

Pediatric Suicide Study #1

A More Psychosocial Approach

51.1% non-intimate partner
issues

42.4% crisis in last 2
weeks (or impending)

37% depressed
mood/current MH problem

29.2% disclosed intent

Pediatric Suicide Study #2

Demographic Breakdown

2850 youth
ages 7-21

Male—73.6%

White—65.1%

Hispanic—14.0%

African American—10.1%

Mean age—15.6 years

Trigylidas TE, Reynolds EM, Teshome G, et al. Inj
Prev 2016;22: 268-273.

Pediatric Suicide Study #2

Methods Utilized

2850 children
ages 7-21

Strangulation/Suffocation—50.2%

Weapon/Firearm--36.5%

Overdose/Poison—5.4%

Involuntary statements

Self-harming

Trigylidas TE, Reynolds EM, Teshome G, et al. Inj
Prev 2016;22: 268-273.



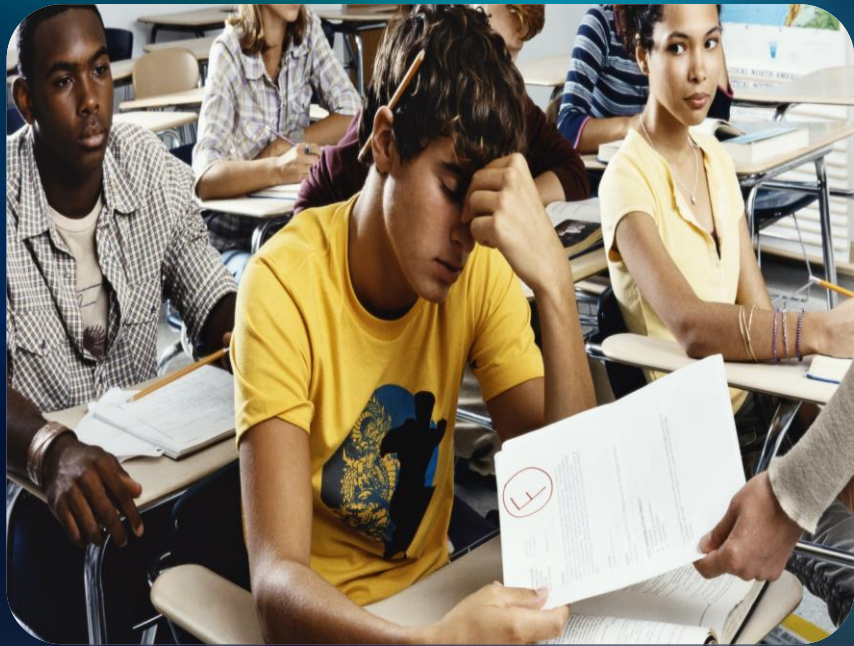
21.7% Victim of child abuse

18.0% Suspensions

15.6% Move to new school
w/in year

4.9% Expulsions

Psychosocial Issues



Psychosocial Issues

40.8% Behavioral issues
at school

33.1% Truancy

28.3% Failures

27.9% School concerns

25.6% Discussion about
suicide



Mental Health Issues

25.5% noted some mental health issues

72.3% were receiving mental health services at the time of suicide

75.7% had previously received mental health services

60.8% had prescriptions for mental health medications



40.8% MDD

20.6% ADHD

16.3% Bipolar Mood
Disorder

3.9% Schizophrenia

Mental Health Issues



23.8% noted substance abuse issues

5.9% opiates

6.2% methamphetamines

8.8% cocaine

13.3% prescription drugs

48.3% alcohol

58.3% marijuana

Substance Abuse Issues

Marijuana-it helps with anxiety, right?

Colorado Springs has been dubbed
"Teen Suicide Capital" of the US

Suicide rates in Colorado are double
that of the national average

2016 Colorado noted the highest ever
suicide rate

Suicide is the leading cause of death
for youth 10-24 years of age in
Colorado



More interesting data from Study #2

- Of nearly 3000 suicides, only 560 left a note
- Highest rated characteristics of deceased include:
 - 1). School related concerns (27.9%)
 - 2). Previous discussion of suicide (25.6%)
 - 3). Victim of child abuse (21.7%)
 - 4). Argument with friend/significant other (17.0%)
 - 5). History of family discord (15.5%)
 - 6). Prior suicide attempts (13.1%)



Another Study -Teens and Gaming-

- Internet/Video Games
- 24 hours per week=pathological/addictive
- 5 hours per day=2 times more likely to experience suicidal ideation AND planning



Messias, Eric, et al., (2011). *Suicide and Life-Threatening Behavior* 41(3) June 2011 307
2011 The American Association of Suicidology

What do these findings suggest may help?

- Increase ability to cope with school related problems/conflict
- Help youth build positive relationships with parents, family members, peers, teachers, and intimate partners
- Address barriers for access to mental health services
- Find effective substance abuse treatment
- Monitor youth currently in treatment
- Increase youth's belonging with community
- Increase connectedness

A School-Based Screening Program Connected Community Wellness Screen

➤ Screening should include

NSSI

psychopathology

hopelessness

substance abuse

suicidal ideation

➤ Multi-stage Screening Program

Accurately identified AND connected youth in need of MH services

Schools utilizing this program have doubled and it's now self-sustaining

Hilt, Lori, et al. (2018) Development and Initial Psychometrics of a School-Based Screening Program to Prevent Adolescent Suicide

A Teen in My
Life is suicidal

How Can I Help?

Stay calm

Normalize

Listen

Empathize

Assess for safety

Link to appropriate level of
care

Discuss with
parents/caretakers

A Child in our
community died
by suicide.

What now?

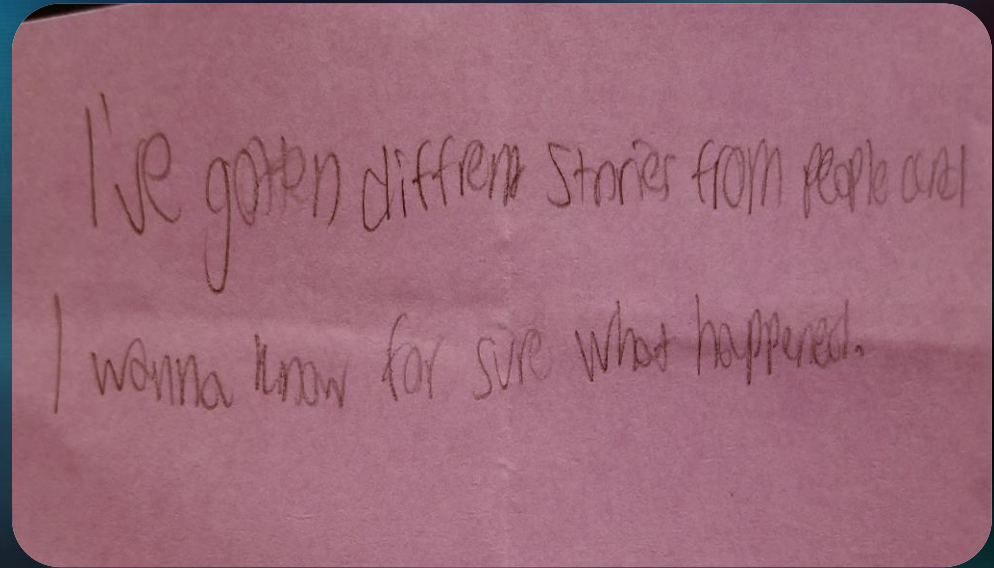


How Do We Explain Suicide to Youth?



How Do We Explain Suicide to Youth?

- Prepare age appropriate conversation lengths
- Explain the importance of the topic
- Find out what they already know
- Age appropriate language and concepts



How Do We Explain Suicide to Youth?

- Be truthful, honest, clear, and complete
- Use concrete terms to describe death
- Allow youth to ask questions

What was it like to be able to hear it?

Did her family know about her depression

Why would she do it at school?

Why did she do it

How Do We Explain Suicide to Youth?

Was she bullied?

What really did happen?

I dunna if we're allowed to ask this but...
what happened?

I feel bad I wasn't here I feel like I
needed to be here

- Answer to the best of your ability, but having to say "I don't know" is okay
- If you're uncomfortable, they will likely sense this. Try to reduce your own fears about having the conversation

Resist the urge to shelter a child/teen from reality

Stick to the facts. Know that children generally don't feel as negatively about suicide as adults do

How Do We Explain Suicide to Youth?

- Explain that mental illness often feels like physical illness
- Refrain from making it sound like the person was 'bad.' Instead focus on how inadequate coping skills lead to poor decision making.

What makes someone
feel like killing themselves
is the only option
left?

How Do We Explain Suicide to Youth?

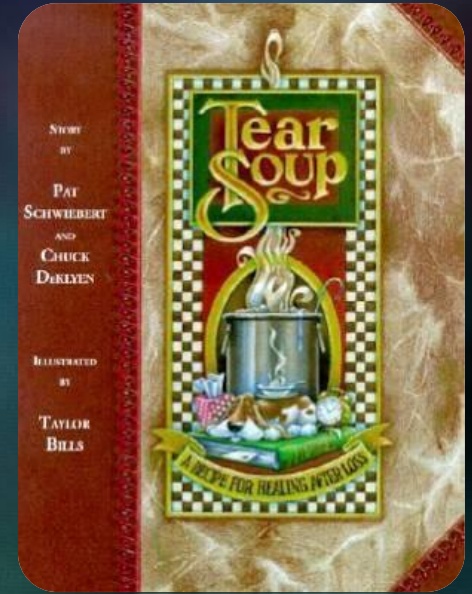
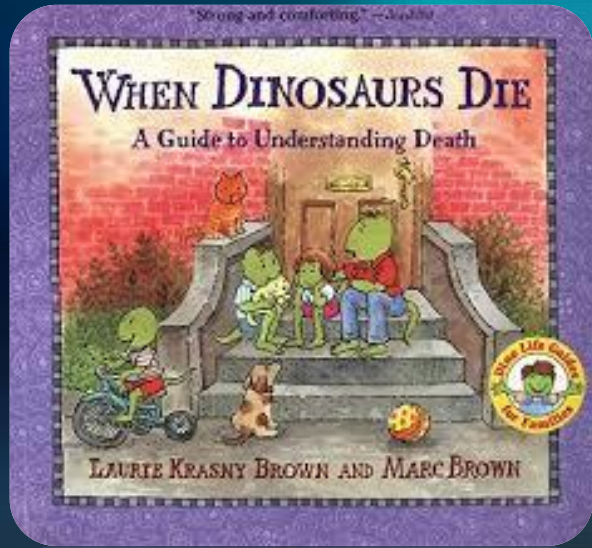
- Remind youth that not everyone who feels sad/depressed ends their life. Help is available by talking to an adult.

why? She was so beautiful. why? I hope she knows how much we love her and how much her life meant to us.

I don't really know how I feel I'm sad I'm feeling regret, I saw her that morning I smiled at her before the bell rang & told her to have a good day If I would have known I just don't know how to feel at all; But I

love you
I miss you

Reading Material That Might Help



Getting Grief "Right"



What's normal and when is it a problem?

Grief Responses

Varied

Unique

Not time-limited

Sleep disturbances

Eating issues

Emotional

Survivor's guilt



Working Through Grief

5 Stages of Grieving

Denial

Anger

Bargaining

Depression

Acceptance

Dr. Elizabeth Kubler-Ross

Tasks of Grieving

Acknowledging Reality of Death

Processing Emotions of Grief

Learning to Live Without Your
Loved One

Finding a Way to Remember and
Maintain Connection

William Worden

Children Working Through Grief

Some Common Myths

- A predictable, stage-like progression
- Just like an adult's grief
- Short in duration
- Shouldn't attend funerals
- Reminders of loved one who died only upsets them more

Children Working Through Grief

Some Differences

- More likely to forget their grief
- Stay present more often
- Less knowledge and understanding of death
- Dependent upon adults for information

Children Working Through Grief

Some Differences

- Moods are more changeable and easily misunderstood
- Greater need for family support system
- Information gaps lead to story-completion
- More matter-of-fact about death

Remember....



- If they're old enough to ask, they're old enough to know
- Open communication is the healthiest approach
- Grieving youth still need routine
- Children learn how to grieve by watching their adults grieve (and it's okay for them to see)

Adults Working Through Grief

Normal Grief Responses

Sleep disturbances

Changes in eating habits or weight

Thoughts about wanting to 'go be with' their loved one

"Cognitive fog"-difficulty making decisions, struggle with memory or processing information


Potentially Problematic Grief Responses

Devising a plan to complete suicide

Eating/sleeping changes that do not subside within six months

Loss of meaning or purpose in life

Unable to practice good hygiene or self-care over an extended period of time



When It's Grief Following A Suicide

First, know these things about suicide...

- It is usually a long, debilitating breakdown of an individual's emotional health followed by an impulsive act.
- Often we must just leave a person's suicide at a question....EVEN if they left a note.
- The period of numbness lasts longer and there's an added burden of wondering why that lingers afterward.
- It is a complex phenomenon so it's best not to oversimplify its causes.
- Grieving a suicide death may frequently be different than your 'regular' death

How Does Grief After Suicide Differ?

Rejection

Blame

Fear

Hopelessness

Isolation

Confusion

Relief

Anger

Shame

Guilt

How did I miss it?



Surviving Survivor's Guilt

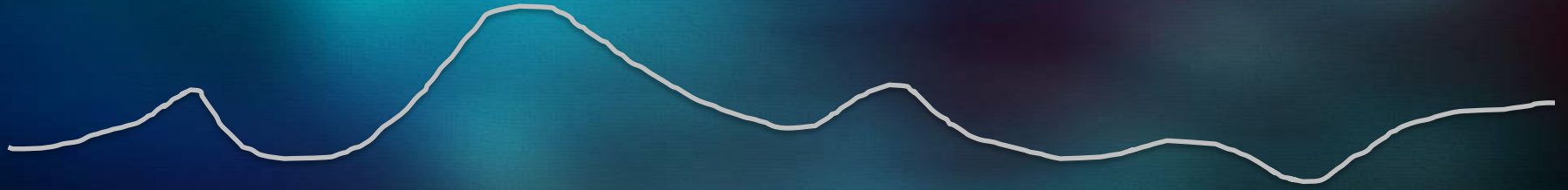
Keep these things
in mind...

- Understand that guilt doesn't exist without first there being a feeling of responsibility.
- Acknowledge the emotional and physical toll that grief takes on a person.
- Know that guilt is our way of controlling a situation that we cannot.
- Realize that you are more emotionally reactive right now.

Keep these things
in mind...

- Survivor's guilt often generates a more positive, magical ending with our involvement.
- The only person who is responsible for suicide is the suicider
- You only have part of the picture

Getting Through It Together



How to heal while you're healing

Getting Through it Together

- Keep the focus on unity and resist the urge to isolate/withdraw.
- Never blame/accuse another staff member, student, or coworker.
- Be there for one another. Lend a hand when you're strong, and speak up when you feel weak.



Getting Through it Together

- Model positive coping strategies. The younger folk are watching.
- Avoid making unuseful statements to the grieving.
- Ask questions that dig beneath the surface. Avoid "how are you doing?"
- Practice good self-care



Getting Through it Together

Self-Care for the Helping Professional

Cry when you feel the need to cry.

Ensure you're getting proper nutrition, exercise, and sleep.

Become aware of your personal signs of burnout and take some time off when you recognize them.

Manage your time responsibly.

Getting Through it Together

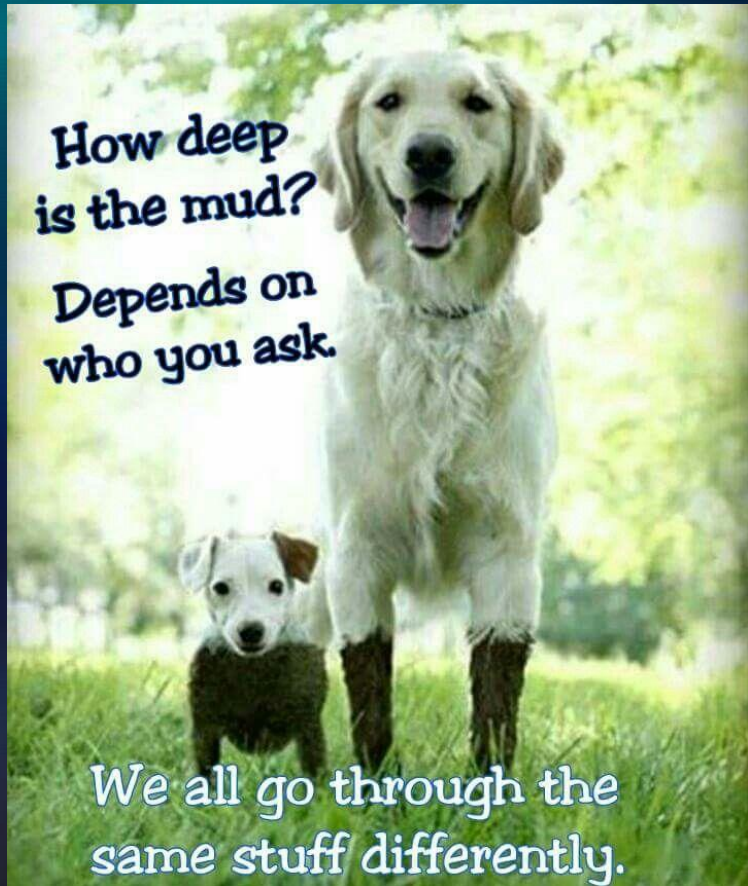
Self-Care for the Helping Professional

Say "yes" to saying "no."

Increase your emotional intelligence.

Find a comfortable work/life balance.

If your grief/trauma experience begins to impact your mood, consult with a therapist.



How deep
is the mud?
Depends on
who you ask.

We all go through the
same stuff differently.

Lastly,
remember
this...

Shari Scott, LCPC, LPC, NCC, CISM, TBH-BC

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