

YOUTH  
SUICIDE:  
A  
SURVEY  
OF  
BEFORE  
AND  
AFTER



Dr. Shari D. Grady,  
PhD, LCPC, LPC, CISD



# SUICIDE



## EVOLUTION OF A PHENOMENON

2000 BC- Eloquent Peasant

Bible-7 suicides depicted

Ancient society-criminalized

Modern society-psychological vs. sociological

Military and foreign countries

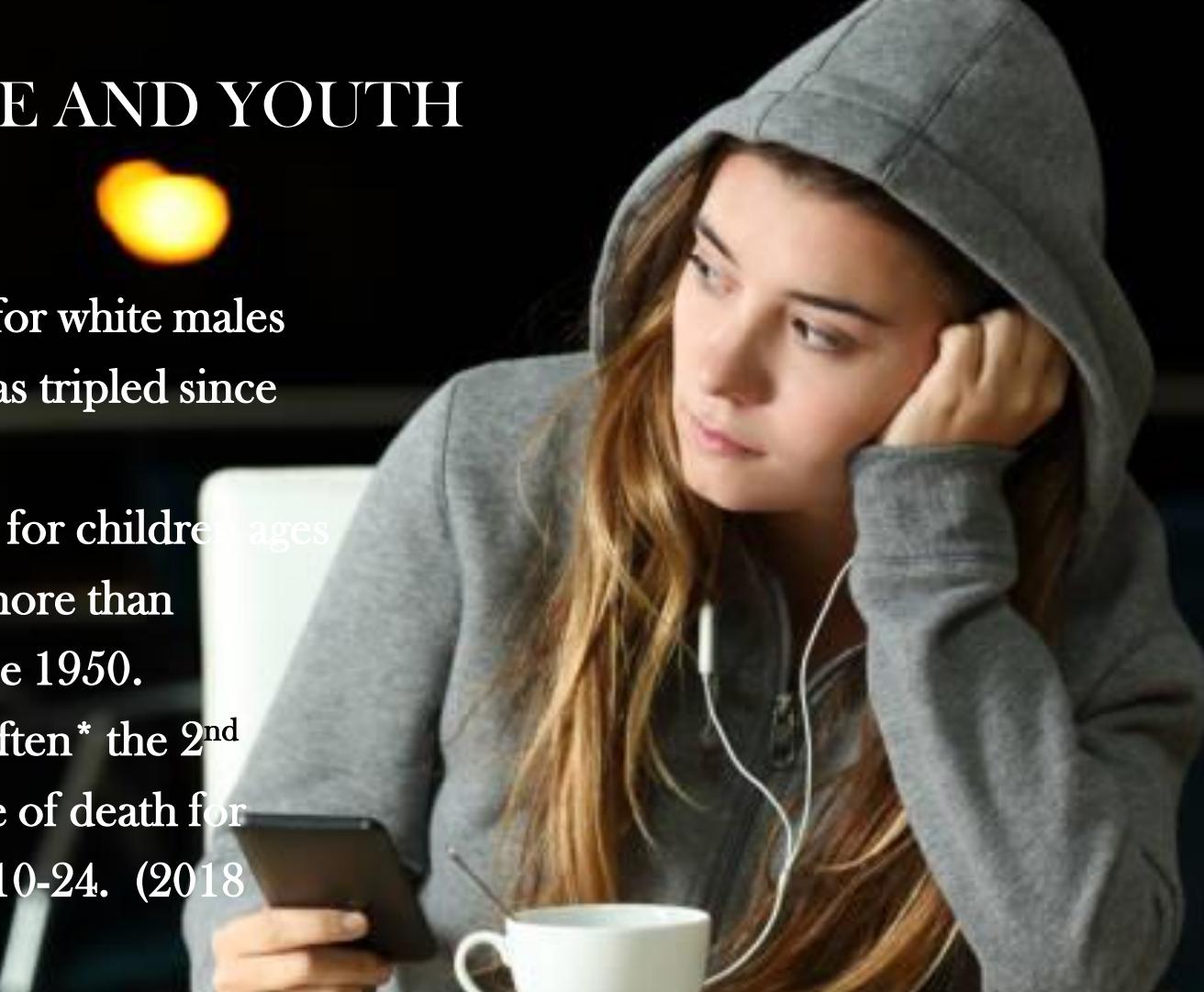
Culture, time, circumstances dependent

Medically assisted approved

# SUICIDE AND YOUTH



- 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 \*often\* the 2<sup>nd</sup> leading cause of death for people ages 10-24. (2018 WISQARS)





- **More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease....COMBINED.**
- **20% of high school students report seriously considering suicide (NAMI)**
- **9% of high school students have made an attempt to end their lives (NAMI)**

# WHAT DO CDC STATISTICS SAY ABOUT YOUTH SUICIDE?

COMPARISONS FROM 2010-2020  
(CENTER FOR DISEASE CONTROL)

# 2010

## 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	Cerebro-vascular 109,990	Cerebro-vascular 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	Cerebro-vascular 5,910	Cerebro-vascular 10,693	Diabetes Mellitus 49,191	Alzheimer's Disease 83,494
7	Bacterial Sepsis 583	Septicemia 62	Cerebro-vascular 47	Chronic Low Respiratory Disease 73	Cerebro-vascular 190	Diabetes Mellitus 606	Cerebro-vascular 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	Cerebro-vascular 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	Cerebro-vascular 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

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  
 National Center for Injury Prevention and Control

# 2018

## 10 Leading Causes of Death by Age Group, United States - 2018

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 4,473	Unintentional Injury 1,226	Unintentional Injury 734	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 526,509	Heart Disease 655,381
2	Short Gestation 3,679	Congenital Anomalies 384	Malignant Neoplasms 393	Suicide 596	Suicide 6,211	Suicide 8,020	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 431,102	Malignant Neoplasms 599,274
3	Maternal Pregnancy Comp. 1,358	Homicide 353	Congenital Anomalies 201	Malignant Neoplasms 450	Homicide 4,607	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Chronic Low. Respiratory Disease 135,560	Unintentional Injury 167,127
4	SIDS 1,334	Malignant Neoplasms 326	Homicide 121	Congenital Anomalies 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345	Chronic Low. Respiratory Disease 18,804	Cerebro-vascular 127,244	Chronic Low. Respiratory Disease 159,486
5	Unintentional Injury 1,168	Influenza & Pneumonia 122	Influenza & Pneumonia 71	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Alzheimer's Disease 120,658	Cerebro-vascular 147,810
6	Placenta Cord. Membranes 724	Heart Disease 115	Chronic Low. Respiratory Disease 68	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Diabetes Mellitus 60,182	Alzheimer's Disease 122,019
7	Bacterial Sepsis 579	Perinatal Period 62	Heart Disease 68	Chronic Low Respiratory Disease 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro-vascular 5,128	Cerebro-vascular 12,789	Unintentional Injury 57,213	Diabetes Mellitus 84,946
8	Circulatory System Disease 428	Septicemia 54	Cerebro-vascular 34	Cerebro-vascular 54	Influenza & Pneumonia 200	Cerebro-vascular 567	Cerebro-vascular 1,704	Chronic Low. Respiratory Disease 3,807	Suicide 8,540	Influenza & Pneumonia 48,888	Influenza & Pneumonia 59,120
9	Respiratory Distress 390	Chronic Low. Respiratory Disease 50	Septicemia 34	Influenza & Pneumonia 51	Chronic Low. Respiratory Disease 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 42,232	Nephritis 51,386
10	Neonatal Hemorrhage 375	Cerebro-vascular 43	Benign Neoplasms 19	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Parkinson's Disease 32,988	Suicide 48,344

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  
 National Center for Injury Prevention and Control

# Top Ten Leading Causes of Death by Age Group, 2020, U.S.

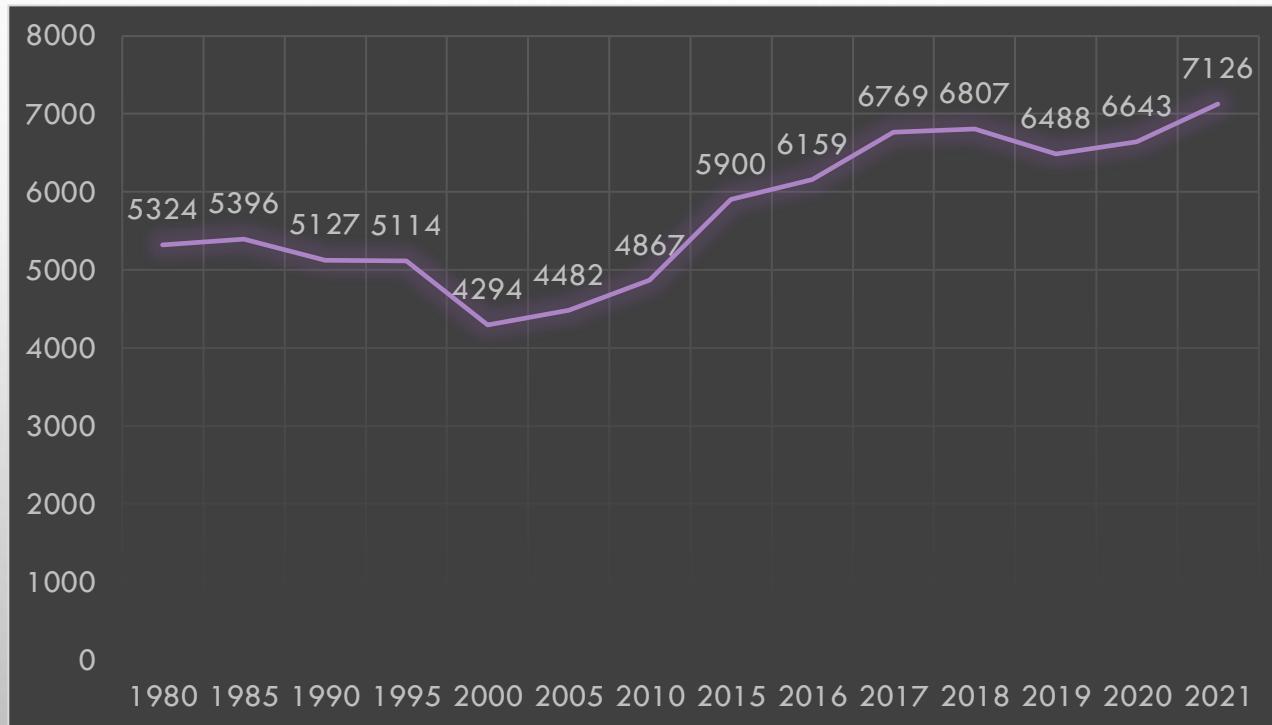
Rank	< 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Perinatal period 9,550	Accidents 1,153	Accidents 1,566	Accidents 15,117	Accidents 31,315	Accidents 31,057	Cancer 34,589	Cancer 110,243	Cancer 175,464	Heart disease 167,346	Heart disease 254,492
2	Congenital anomalies 4,043	Congenital anomalies 382	Cancer 792	Homicide 6,466	Suicide 8,454	Heart disease 12,177	Heart disease 34,169	Heart disease 88,551	Heart disease 134,827	Cancer 162,876	COVID 109,529
3	Accidents 1,194	Homicide 311	Suicide 601	Suicide 6,062	Homicide 7,125	Cancer 10,730	Accidents 27,819	COVID 42,090	COVID 76,277	COVID 97,030	Cancer 102,413
4	Homicide 246	Cancer 307	Homicide 454	Cancer 1,306	Heart disease 3,984	Suicide 7,314	COVID 16,964	Accidents 28,915	Chronic lower respiratory diseases 38,559	Chronic lower respiratory diseases 49,363	Alzheimers 85,713
5	Heart disease 242	Heart disease 112	Congenital anomalies 321	Heart disease 870	Cancer 3,573	COVID 6,079	Liver disease 9,503	Chronic lower respiratory diseases 18,816	Diabetes 27,213	Stroke 43,252	Stroke 67,777
6	Flu/pneumonia 125	Flu/pneumonia 84	Heart disease 167	COVID 501	COVID 2,254	Liver disease 4,938	Diabetes 7,546	Diabetes 18,002	Stroke 26,363	Alzheimers 37,728	Chronic lower respiratory diseases 40,790
7	Septicemia 117	Stroke 55	Chronic lower respiratory diseases 147	Congenital anomalies 384	Liver disease 1,631	Homicide 4,482	Suicide 7,249	Liver disease 16,151	Accidents 18,609	Diabetes 25,445	Accidents 25,541
8	Stroke 104	Perinatal period 54	Flu/pneumonia 105	Diabetes 312	Diabetes 1,168	Diabetes 2,904	Stroke 5,686	Stroke 14,153	Liver disease 11,895	Accidents 18,646	Diabetes 19,536
9	Cancer 54	Septicemia 43	Stroke 76	Chronic lower respiratory diseases 220	Stroke 600	Stroke 2,008	Chronic lower respiratory diseases 3,538	Suicide 7,160	Kidney disease 11,461	Parkinsons 17,323	Flu/pneumonia 18,219
10	Meningitis 46	Benign neoplasms 35	Diabetes 56	Pregnancy-related 191	Pregnancy-related 594	Flu/pneumonia 1,148	Homicide 2,542	Flu/pneumonia 6,295	Flu/pneumonia 10,460	Kidney disease 14,696	Hypertension 16,663

Data source: CDC WONDER

2020



# AGE 10-24 SUICIDE COUNT 1980-2021



# COVID-19 AND YOUTH SUICIDALITY

- THE U.S. SAW HIGHER THAN EXPECTED RATES OF SUICIDE FOR YOUTH IN 2020 (BRIDGE, RUCH, SHEFTALL, HAHM, O'KEEFE, FONTANELLA, BROCK, CAMPO, HOROWITZ, 2023)
- SELF-POISONING FOR PERSONS 10-19 YEARS INCREASED BY 30% IN 2021 VS 2019, AND INCREASED 73% IN YOUTH AGE 10-12 YEARS, AND 48% IN YOUTH AGED 13-15 YEARS (FARAH, REGE, COLE, HOLSTEGE, 2023)
- EXPECTED RATES OF SUICIDE SHOWED INCREASE DURING CERTAIN MONTHS OF THE PANDEMIC-ESPECIALLY THOSE ATTRIBUTED TO FAMILY-RELATED PROBLEMS AND SOCIAL CONCERNS (GOTO, OKUBO, AND SKOKAUSKAS, 2022)
- A SUBSET OF YOUTH (THOSE WHO WERE ISOLATED, EXPERIENCED DISRUPTIONS IN SCHOOL AND MENTAL HEALTH CARE, OR EXHIBITED BEHAVIOR CHANGES WERE AT INCREASED RISK FOR SUICIDE, BUT GIRLS SUFFERED MORE SUICIDALITY (SCHNITZER, DYKSTRA, AND COLLIER, 2023)

# WHAT DOES THIS TELL US?

- DECREASED ACCESS TO RELIGIOUS OR EDUCATIONAL INSTITUTIONS, BARRIERS TO MENTAL HEALTH TREATMENT, AND SOCIAL ISOLATION INCREASED SUICIDALITY IN YOUTH
- GIRLS MAY BE MORE IMPACTED THAN BOYS
- THE IMPORTANCE OF CONNECTIONS THAT YOUTH MAINTAIN WITH OTHERS IS LIKELY GREATER THAN WE CURRENTLY UNDERSTAND



# WHY TALK ABOUT SUICIDE??

- Universal
- Fear
- Stigma
- Griever's burden
- Common grounds





# HOW DO WE BEST UNDERSTAND SUICIDE?

- risk factors
- precipitating circumstances
- psychological autopsy
- post-mortem analysis

# RISK FACTORS

Life Circumstances

Personality Characteristics

Mental Health

# COMMON WARNING SIGNS





# 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 10,000

## STUDY #1

## STUDY #2

Data collected from:

National Child Death Review Case  
Reporting System

2004-2012

29 states

Published in 2016

By Theodore Trigylidas, et al.

Data collected from:

National Violent Death Reporting System

2003-2018

Up to 40 states

Not yet completed

By Shari Grady

# PEDIATRIC SUICIDE STUDY #1

## METHODS UTILIZED

2850 youth  
ages 7-21

Strangulation/Suffocation—50.2%  
Weapon/Firearm--36.5%  
Overdose/Poison—5.4%

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

# PEDIATRIC SUICIDE STUDY #1

## 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.

# SUICIDE HISTORY

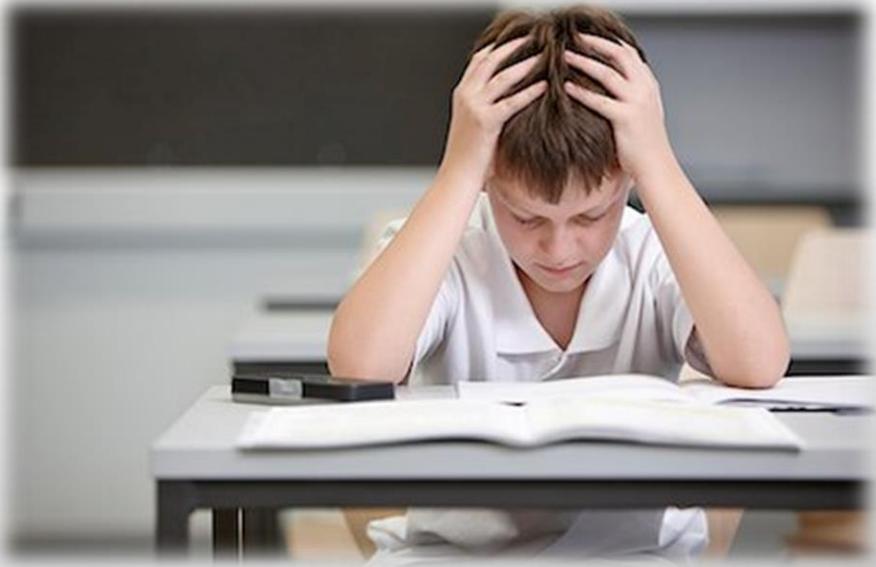
- Prior suicide attempts (13.1%)
- Family history of suicide (4.2%)



# SCHOOL CONCERNS

-Noted in 28% of cases-

- Behavioral concerns (40.8%)
- Truancy (33.1%)
- Failures (28.3%)
- Suspensions (18%)
- Move to new school (15.6%)
- Expulsions (4.9%)



# MENTAL ILLNESS

-Noted in 40% of cases-

- Receiving meds or counseling at time of death (18.6%)
- Depression (40.8%)
- ADHD (20.6%)
- Bipolar (16.3%)



# PERSONAL CRISIS

- History of family discord (15.5%)
- Parental divorce/separation (5.9%)
- Argument with friend/sig other (17.0%)
- School concerns (27.9%)
- Bullying involvement (4.4%)
- Victim of child abuse (21.7%)



# SUBSTANCE ABUSE

-Noted in 23.85% of cases-

- Opiates (5.9%)
- Meth (6.2%)
- Cocaine (8.8%)
- Prescription drugs (13.3%)
- Alcohol (48.3%)
- Marijuana (58.3%)



# 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



# PEDIATRIC SUICIDE STUDY #2

**NEW DATA, DIFFERENT  
APPROACH**

- 7434 youth
- Ages 10-17
- Up to 40 states included

# **PEDIATRIC SUICIDE STUDY #2**

## **A MORE PSYCHOSOCIAL APPROACH**

- 82.67% happened in the home
- 42.4% crisis in last 2 weeks (or impending)
- 37% depressed mood/current MH problem
- 29.2% disclosed intent

# PSYCHOSOCIAL ISSUES



- Victim had history of child abuse/neglect (3.5%)
- Suicide of friend/family in past five years (4%)
- Recent legal problems (5.63%)
- Other death of family/friend (4.58%)
- Family relationship problem (23%)
- Other relationship problem (15.49%)
- Argument/conflict (16%)



## MENTAL HEALTH ISSUES

- Largest percentages included mental health concerns
- Current mental health problem (39%)
- Ever treated (35%)
- Current depression (30%)
- Current treatment (28%)
- History of suicidal ideation or plan (22%)
- History of suicide attempt (17%)

# MORE INTERESTING DATA FROM STUDY #2

- Of the 7434 suicides, only 33% left a note and 24% disclosed intent

Highest rated characteristics of deceased include:

- 1). Current mental health problem (38.67%)
- 2). Ever treated for mental health (34.75%)
- 3). Crisis in the +/- two weeks (32.49%)
- 4). Current depressed mood (30.40%)
- 5). Current treatment for mental health (27.56%)
- 6). School problem (23.31%)



# ANOTHER STUDY -TEENS AND SCREENS-

- Internet/video games/phones
- 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  
The American Association of Suicidology

# BUFFERS

- School Connectedness (Marraccini And Brier, 2017)
- Positive Self-concept (Osman Et Al., 2004)
- Problem-solving (Grover Et Al., 2009)
- Religiosity (Greening And Stopplebein, 2002)
- Positive Attributional Style (Hirsch, 2007)



# SYNTHESIS OF STUDIES

# WHAT DO THESE FINDINGS SUGGEST MAY HELP?



- Address barriers for access to mental health services
- Find effective substance abuse treatment
- Increase youth's belonging with community and school
- Increase ability to cope with school related problems/conflict
- Increase connectedness

# CONTINUED...

- Get to know and understand why a new student arrived in the district/school
- Ask youth if there is anything they're worried about in the upcoming weeks
- Inquire about peer group issues
- Get more involved with a youth's mental health practitioner



# A TEEN IN MY LIFE IS SUICIDAL

HOW CAN I HELP?

- Stay calm
- Normalize
  - Listen
  - Empathize
- Assess for safety
- Discuss reasons for living
- Link to appropriate level of care
- Discuss with parents/caretakers

# INTERVIEWING TIPS



- Interview separately from parents
- Directly ask about suicidality or utilize a screening tool
- Remember safety takes precedence over confidentiality- explain this from beginning
- No data indicate that inquiry about suicide precipitates that behavior
- Determine the sequence of events that preceded the threat (look for conflicts and problems)
  - Assess access to available resources
- Start with open-ended questions and refrain from abrupt and intrusive questions

# 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

# CHALLENGES

## SCREENING YOUNGER CHILDREN

- One study showed only 71% of children aged 6-12 understood that death was final
- Although the children understood what the word “suicide” meant, nearly 2/3 of 1<sup>st</sup> graders expressed a belief that dead people can still have experiences
- Children’s past experiences influence their views on death

# INTERVENTIONS

## SCREENING YOUNGER CHILDREN

- Pfeffer (1986) developed the child suicide potential scales
- Says all children should be asked about suicidal thoughts as part of an intake
- If child reports them, ask the child what death/suicide means to them (i.e. escape from pain or punishment)
- Ask child to draw what happened before they had suicidal thoughts

# WORKING WITH SUICIDAL YOUTH

IN SESSION

- EXPLAIN UNDER WHICH CIRCUMSTANCES THEY WOULD BE HOSPITALIZED
- BE COMFORTABLE DISCUSSING ALL ASPECTS OF SUICIDE
- HELP THEM IDENTIFY TRIGGERS
- TALK OPENLY ABOUT WHERE THEY ARE WITH SUICIDALITY EACH SESSION
- FOCUS ON REASONS FOR LIVING
- BE AVAILABLE TO ANSWER CALLS/TEXTS
- BUILD ON PAST STRENGTHS
- REMIND THEM OF SUICIDE BEING A PERMANENT SOLUTION TO A TEMPORARY PROBLEM
- DEVELOP A DEEP CONNECTION OVER TIME

A CHILD IN OUR  
COMMUNITY  
DIED BY  
SUICIDE

WHAT NOW?

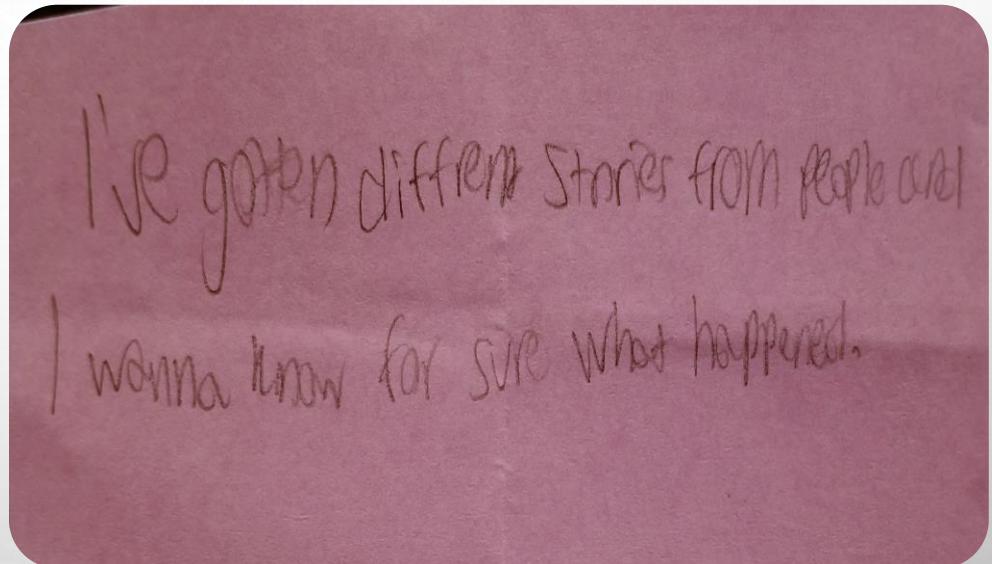


# HOW DO WE EXPLAIN SUICIDE TO YOUTH?



# 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?

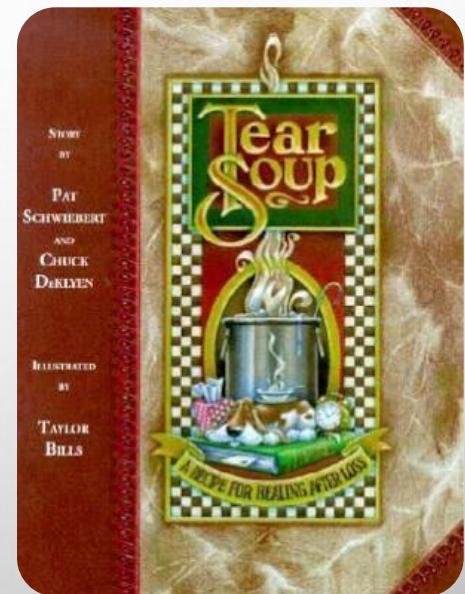
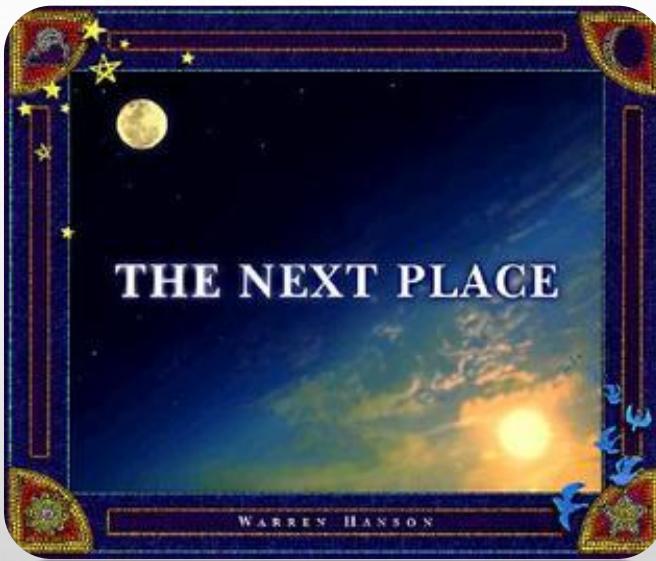
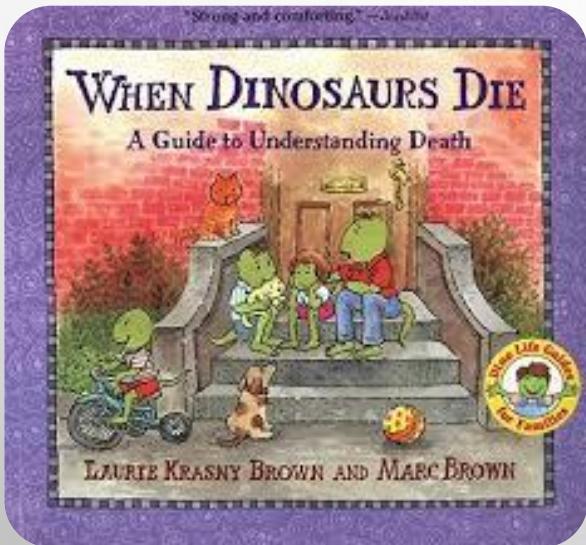
# HOW DO WE EXPLAIN SUICIDE TO YOUTH?

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

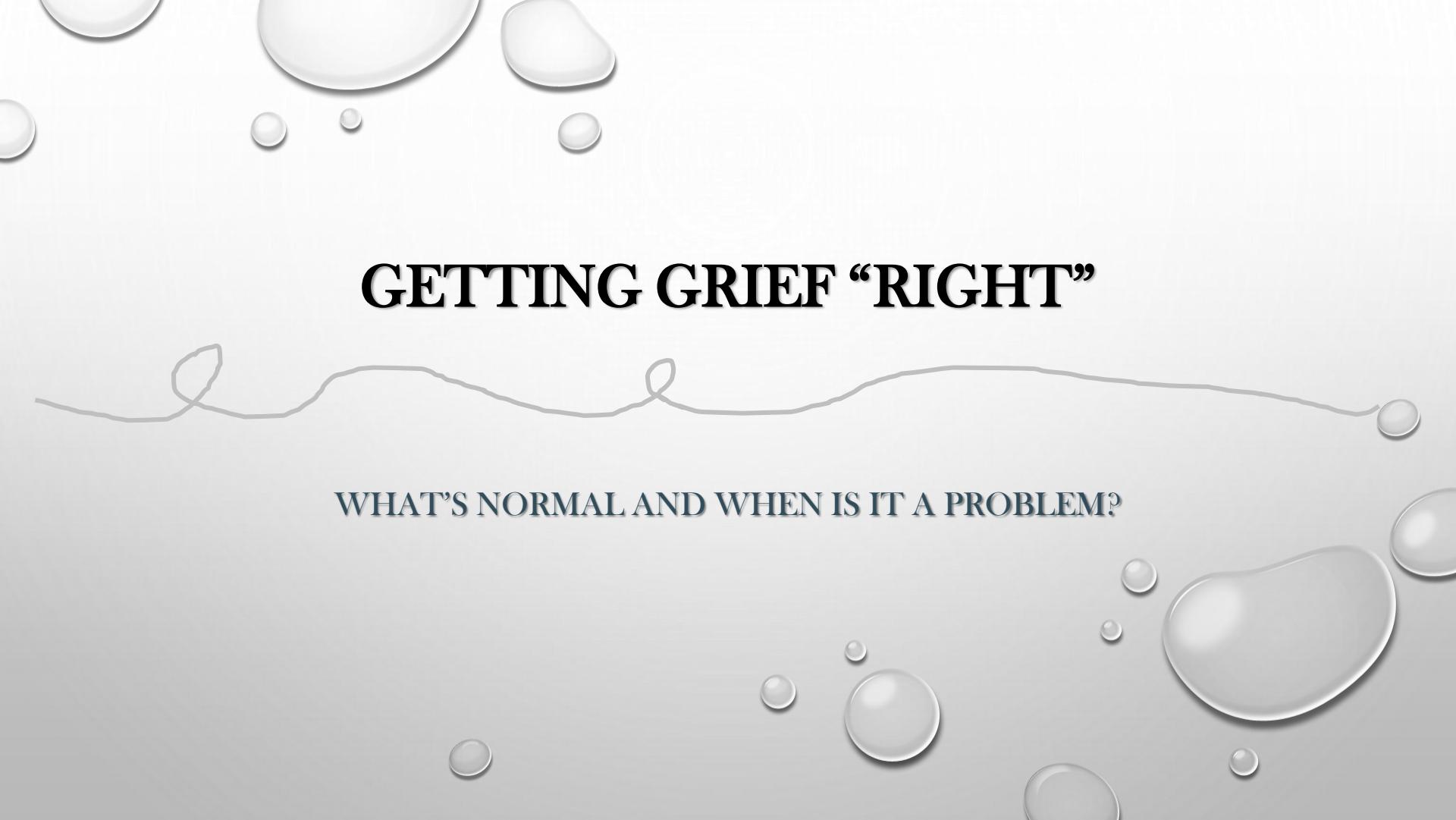
why? She was so beautiful. why? I hope she knows how much we love her and how much her life meant to us.

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 I told her to have a good day If I would have known I just don't know how to feel at all; But I

# READING MATERIAL THAT MIGHT HELP



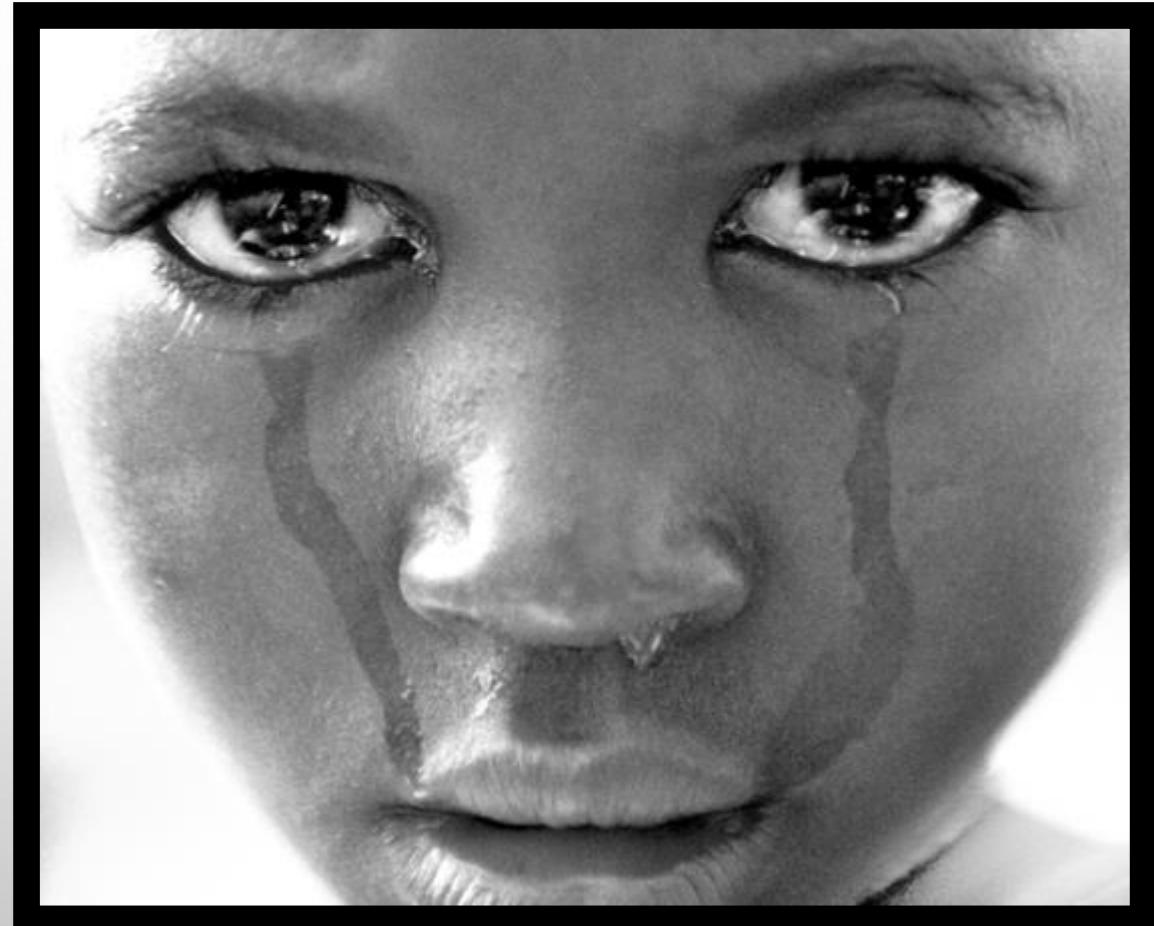
# GETTING GRIEF “RIGHT”



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

A single lit candle is centered in the foreground, its flame bright and focused. The background is a soft, out-of-focus glow of numerous other candles, creating a sense of depth and community. The overall atmosphere is somber and reflective.

# 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

Hopelessness

Confusion

Shame

Isolation <sup>Fear</sup>

Relief <sup>Anger</sup>

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

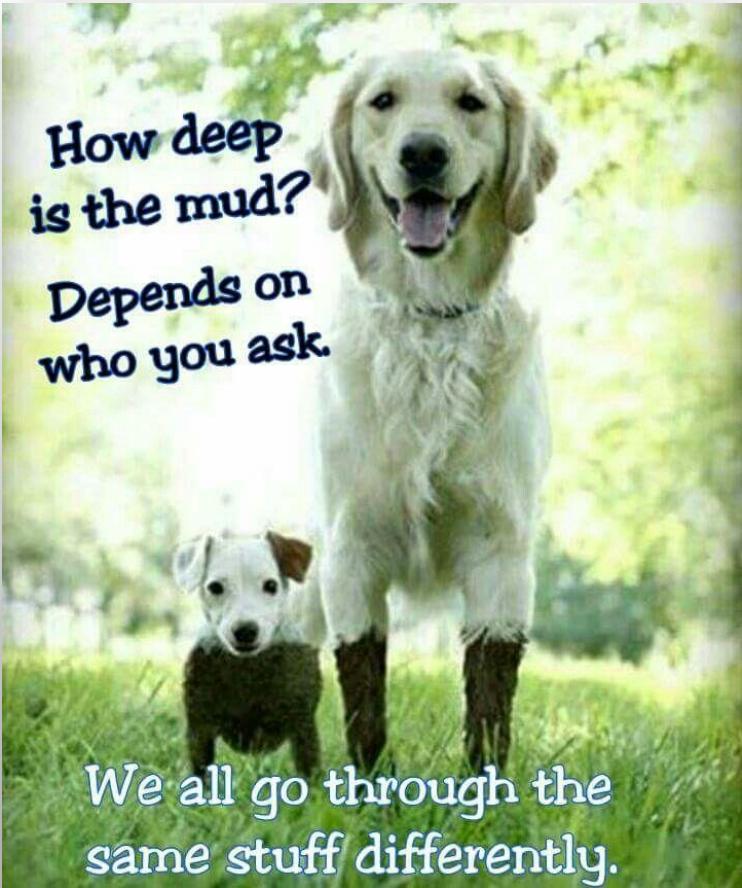
## SELF-CARE FOR THE HELPING PROFESSIONAL

- 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.



LASTLY,  
REMEMBER  
THIS...

DR. SHARI GRADY, PHD, LCPC, LPC, CISD  
BIRCHWOOD COUNSELING GROUP

8016 STATE LINE ROAD #201  
PRAIRIE VILLAGE, KS 66208

CONTACT INFO:

PHONE: 913-549-9546  
EMAIL: DRSHARIGRADY@GMAIL.COM

WEB: WWW.THERAPYINKC.COM