

STEP BY STEP



TO EFFECTIVE PARENTING

UNDERSTANDING SUICIDE

By Ruby M. Johnston

About Step by Step

Parenting is both an exciting and challenging journey. Having a child to love, nurture, and encourage is a blessing. However the journey is filled with challenges which are sometimes puzzling and at other times frustrating. This booklet and others in the series are designed to help you sort through the steps in helping a child grow and develop to reach her fullest potential.

Each booklet contains core information on parenting attitudes, skills and abilities. There are activities to work through to help in applying each strategy. While the booklets contain information which can lead to more effective parenting, it may not answer all the questions a parent might have in the area presented. It is therefore recommended that each and every parent join the thousands of other parents in the journey for lifelong learning. Parenting is a step by step learning process.

We invite you to read all our titles and join us in one of our many different training sessions. We look forward to walking together with you step by step to effective parenting!

Sincerely,

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UNDERSTANDING SUICIDE

Suicide: Self-Inflicted Death

Suicide is one of the most painful tragedies a parent could ever experience with their child. Yet research shows the third leading cause of death for youth is suicide. Children are taking their own lives. Parents need to be informed and knowledgeable about this serious issue facing some youth today. Although suicide rates vary from country to country, the effect on a family is the same; it is devastating and leaves the family in pain, often for a lifetime. It is the attempt of this booklet to help parents understand suicide, recognize its signs and learn methods of intervention.

Suicide in its many and varied forms is a desperate attempt to solve a problem in living. Suicide comes about because of some problem in living which seems too overwhelming, too intolerable and too hopeless in outcome. Life as it is felt, sensed and experienced seems too bad for the child to go on living.

The basics of suicidology¹ are an understanding, sensitivity, and an intimate connection with what it means to be suicidal for a child. In essence, the basic of suicidology is empathy for the child's perception of his life situation.

Empathy in suicidology refers to a personal willingness and commitment to understand suicide and its torturing psychological despair from the perspective and experience of the child who is contemplating suicide. It is a commitment of the heart which strives to see through the child's eyes and to feel through his or her senses why life seems so bad and why suicide seems like the only way out.

It is an understanding that goes deeper than symptoms, deeper than theory, deeper than techniques. It is a personal willingness to

¹ Adapted from *Newslink*, American Association of Suicidology, Spring, 1989.

become intimate with the child and their world of pain, yet the parent must hold a personal conviction that life can become better and worth living. It is the personal relationship with the child which, in and of itself, powerfully answers and comforts the cry for help. When you work intimately with a child who is considering suicide, parental empathy is a life-saving force.

The next few pages of this guide contain the following:

- Who commits suicide?
- What are the signs and risk factors?
- What are the myths of suicide?
- What can I do if I fear my child is thinking of suicide?



WHO COMMITS SUICIDE?

Suicide is not limited to any particular age or population. In fact, there are suicides in every religion, race, ethnic group and at a wide range of ages. Research has found certain high risk groups: mid-age, the teenage years, those with illnesses which will be ongoing and debilitating, those incarcerated and those who are bereaved by another suicide.

Males complete suicide at a higher rate than females, but research shows it is most likely that females attempt at a greater rate. This is largely due to the methods used in suicides that differ between females and males. Males commit by guns, hanging and jumping, whereas females most often commit by drugs overdoses, hanging and jumping. Most female attempts are from cutting and drug/pills, not common among males. Suicides are more common in the spring, decrease before holidays and increase after holidays. In addition, they often occur in clusters of other suicides. Yet, there is ambivalence, or indecision, right up to the moment of death. Suicide intervention is to help the child considering suicide to side with life and hope for their future instead of making the choice to die.

Suicides have been recorded as early as age 4. In fact, this author had a young girl who was in foster care say she was going to die to be with her mother, whom she thought was dead. She proceeded to stand on a high ledge to jump before being rescued and taken to see her birth mother. Her reason for jumping was to be with mother. Her young mind was seeing this as the only solution to the pain she felt in the separation between herself and her mother. Hope was established when she was able to visit her mother and see that indeed she was alive and that she would be able to visit with her often until a plan for reunification was established. Did she

understand? Not likely, yet the decision to die by jumping to her death was a decision of suicide.

Although there is no single cause of teenage suicide, researchers find certain situations are more likely to trigger underlying emotional problems for adolescents:

- ☑ A major disappointment or humiliation, either real or imagined.
- ☑ Loss of a loved one or a loved object – parent, friend, boyfriend, girlfriend, or pet.
- ☑ Failure in school, school sports, in a job, or in society.
- ☑ Refusing to talk, especially with parents, teachers or other trusted adult about feelings of unhappiness, loneliness, isolation, failure and frustration.

There are hundreds of thousands of suicide attempts yearly across the world, many of these by children. Millions more are affected and left in the wake of suicide actions. However, help is available for those who feel hopeless, but first we must be able to recognize when a child is in trouble and be willing to provide the support needed to get the help that will give the child a view of the hope he so desperately needs.



WHAT ARE THE SIGNS AND RISK FACTORS

Knowing your child is the first key to being able to recognize the signs and risk factors related to suicide. There are three common factors present in all suicides – no matter the age of the person committing the act:

1. Feeling Helpless
2. Feeling Hopeless

3. Feeling Worthless

There seems to be no way out. For youth there might have been a break up of a relationship which leaves them feeling extremely lonely and unhappy. The emotions are intense and there can be a sense of loss so significant that they see no future of happiness without this loved person. Although an adult might have many experiences of having lost loved ones in their own past, this does not reduce the pain the youth feels with the present situation. As noted above, when teenagers feel failure, experience disappointment, they too can experience intense feelings of helplessness, hopelessness, and worthlessness.

All feelings can lead to behaviors and it is this that alerts the parent to pay attention and to act. Warning signs to be concerned about are:²²

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Signs of feeling hopeless
- Signs of feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities – seemingly without thinking
- Signs of feeling trapped – like there is no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Signs of feeling anxious or agitated, being unable to sleep, or sleeping all the time

²² US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, 2007.

- Dramatic mood changes and personality changes
- Seeing no reason for living or having no sense of purpose in life
- Giving away personal belongings that have had great meaning to them
- Significant changes in appetite and weight

Although these signs can exist for other reasons, they are still warning signs for the parent. It is time to talk to your child, to help your child understand his actions and to deal with the circumstances which might be bothering him and bringing forth these behaviors. It is not a time to be a timid parent. Children do commit suicide.



WHAT ARE THE MYTHS CONCERNING SUICIDE?

There are many myths around suicide and it is important that we dispel these myths in order to help our children. Silence can be a killer. Therefore we must be able to see and hear clearly in order to speak openly and honestly to our children about this serious subject of suicide.

The following are all myths:

1. Asking a person to discuss his/her suicidal thoughts will likely cause an act of self-injury. MYTH - UNTRUE
2. Suicide is generally committed without warning. MYTH - UNTRUE
3. Suicide rates are higher in poor people. MYTH - UNTRUE
4. Membership in some religions protects against suicide more than others. MYTH - UNTRUE

5. The motives for suicide are easily established. MYTH - UNTRUE
6. Suicide is not common in depressed people. MYTH – UNTRUE
7. A person with terminal physical illness is likely to commit suicide. MYTH - UNTRUE
8. There is a very low correlation between alcohol abuse and suicide. MYTH - UNTRUE
9. Males have the highest rate of suicidal behavior in the world. MYTH - UNTRUE
10. Suicidal people clearly want to die. MYTH – UNTRUE
11. Suicide is influenced by cosmic factors such as sunspots and phases of the moon. MYTH – UNTRUE
12. Severe mental illness is particularly associated with youth suicide. MYTH - UNTRUE
13. Improvement in emotional state means lessened risk of suicide. MYTH - UNTRUE



WHAT CAN I DO IF MY CHILD IS THINKING OF SUICIDE?

This is not the time to be timid or shy. It is a MYTH to say that talking about suicide will cause a person to commit suicide. In fact, the opposite is more likely to be true. Research indicates that persons committing suicide have thought about this for some time – it is not a quick decision. Most who complete suicide have attempted before, but did not die from the attempt. In order to know what to do next it is critical to ask some very direct questions when you are concerned about your child and the decisions he is about to make. Being direct

might not be easy, but it just might be the key to your child seeing hope and a reason to live. Remember, there is ambivalence right up to the moment of death when a person is considering suicide.

Direct questions:

1. Are you thinking of killing yourself? (If the answer is yes, proceed to question #2.)
2. Do you have a plan? (If they say no, the risk factor is there, yet lower than if they say yes – go to question #3.)
3. Do you have the means to carry out your plan? (If the answer is yes, the risk factor is high – go to question #4.)
4. Right now – what reasons might you give me that will cause you to hold off on that decision until we can get some help? (You are looking at their hopes, dreams and wants.)

Finally, you need to get someone to help you, yet you need a commitment from your child to accept time before making such serious decisions. You need another person to talk to – perhaps your spouse, a friend. And you need to get your child to a professional for help. Suicide is not a matter to be taken lightly. At this point you want a commitment from your child to wait on such a decision – a commitment to talk to you more and to talk to someone else about the situation.

If you have a suicide resource, you want to call them. If you have a contact with a mental health professional, they can direct you to the next steps.

Your conversation with your child needs to be about hope, about living and what to live for: the future, his dreams, and his desires to make changes to succeed in school, with friends and with himself.

5. This step is not a question, but a statement. It is a statement about who would miss the child if they were dead. You will and you must *tell* them – not ask them – who else would miss them. It might even be a special pet. All this begins to help the child see a reason for living longer.

6. The final question is to ask the child is what is the one reason they can think of for living a little longer....the one reason they might best hold off on such a final decision. You are leading them to the hope that is within them – asking them to “dig” it out and hold onto that hope.

Steps to come to an agreement to live a while longer...

- Explore what they have to live for..
- Assess ways they might hold off and reasons to hold off
- Choose an action
 - Non-directive = they plan
 - Cooperative = both plan
 - Directive = you plan
- Create a contract to live a while longer...



FINAL STEP

Suicide intervention with someone is emotional and difficult. The outcome is difficult to think about. Yet, if we are to be fully involved with our children, we are the best person to confront the concerns we see – approaching with love and respect for their struggles in growing and developing as a child. We are not therapists, we are parents. We will talk to our children, be open with them and remain faithful to confront even the most difficult of subjects – the signs that our child might be considering suicide. We will follow the experts' advice and do the following:

- Engage – open the door to conversation – no matter how difficult.
- Identify – what we are seeing
- Inquire – ask the difficult questions
- Assess – the answers carefully and thoroughly
- Contract – for a plan to live and further deal with the issues
- Implement – the plan and continue to keep the communication lines open with our child

SUMMARY: This has been one of the most difficult *Step by Step* booklets for me to write. Every parent wants the best for their child and no parent wants to even consider that their child might be feeling so helpless, hopeless and worthless that suicide might be something they are considering. Yet, it happens daily and children are dying due to decisions of suicide. Let's work together as parents, helping one another and encouraging one another. We should not be blaming – we should be showing understanding. Children are in pain. Parents are in pain. Yet there is hope. We must reach out to one another in understanding. Suicide is not the **FAULT** of the parent, it

is a decision being made by the person who cannot see hope. Let's work together and communicate HOPE for all.

RIGHT NOW: Go to someone you know and discuss this booklet. Ask if they know of places to go for help? Write those numbers down. NOW.

Person I will share this with: _____

In need of help – call _____

In need of help – call _____

OTHER STEP BY STEP TITLES WITH NUMBERS

1. Understanding Child Development – Birth to Two – “The Infant”
2. Understanding Child Development – Three to Five – “The Preschooler”
3. Understanding Child Development – Six to Eleven – “The School Aged Child”
4. Understanding Child Development – Twelve to Fifteen – “The Young Teen”
5. Understanding Child Development – Sixteen to Eighteen – “The Older Teen”
6. Communication – Responding to Children
7. Communication – Feelings
8. Communication – Asking Children Strength- Focused Questions
9. Communication – Being Direct with Children
10. Communication - The Languages of Love for Your Child
11. Communication – What you Say and How you Say It
12. What Every Parent Should Know About Child Abuse
13. Sharing Secrets and Keeping Surprises – James’s Story
14. Teaching Your Child to Say, “NO” – Jessica’s Story
15. Understanding Childhood Illnesses
16. Caring for a Sick Child
17. Disease and How it Spreads
18. First Aid – What Parents Need to Know
19. Home Safety
20. Childproofing Your Home
21. Teaching Safety
22. Food Safety
23. Foodborn Illness
24. Nutrition
25. Feeding Problems
26. Bringing a Foster Child Into Your Home
27. Understanding the Effects of Fostering on the Family
28. Understanding the Effects of Fostering on the Marriage
29. Guide to Dealing with Stress As a Parent
30. Guide to Building a Healthy Marriage Relationship
31. Bringing our Adopted Child into Our Home
32. Helping Children Understand Adoption
33. Joining With my Adopted Child’s Culture
34. Understanding the Birth Parent of My Child
35. The Blended Family
36. When Family Members Treat My Foster or Adoptive Child Different

37. Understanding Attachment
38. Recreating History for My Adopted Child
39. Helping the Child who has been Sexually Abused
40. Teaching about Sexuality
 - a. How to Talk to Your Child
 - b. How to Talk to Your Parents
41. Understanding Sexual Behaviors
42. Teaching Your Child about Abstinence
43. Talking to your Teen about Identity
44. Contracting with Your Teen About Behavior
45. Developing Responsibility
46. Teaching Your Child to Build Relationships
47. Teaching about Marriage and Family
48. Telling Your Child Someone has Died
49. Understanding the Grieving Cycle
50. Understanding and Approaching Behavior
51. Dealing with Lying
52. Toilet Training and Bedwetting
53. Dealing with Defiance
54. Dealing with Hitting and Biting
55. Dealing with Stealing
56. Dealing with Anger
57. Dealing with Fighting
58. The Child Who Plays With Fire
59. Helping My Child Deal with Fear
60. Helping My Child Kick a Bad Habit
61. Help with Tattling
62. Dealing with the Two Year Old's Temper Tantrum
63. Help with Thumb Sucking
64. Help with Bedtime Problems
65. Dealing with Substance Abuse
66. Understanding Suicide
67. Developing Good Study Habits for School
68. Dealing with Failure
69. Demonstrating Manners
70. Helping Siblings Get Along
71. Nurturing Optimism

MORE TITLES TO BE DEVELOPED IN THE FUTURE