

Supporting Grieving Youth and Children

Provided by PACT for Families Collaborative



Grieving is a natural reaction to a death or other significant loss. Grief over the loss of a loved one is a process that is incorporated into the lives of survivors, forever changing their lives. The grief reaction to suicide typically includes expression of shock, disbelief, denial, anger, guilt and shame.

The suicide of a friend or classmate can cause a special form of grief for children and teens. Children and teens will need your help – provide them with information, understanding and comfort. Follow normal household routines as much as is possible. This can provide a sense of comfort and safety to a grieving child.

Children express their reactions to a crisis in different ways. Children and teens may show anger, get upset easily, want to talk, or withdraw to make sense of it themselves. Younger children may be more open about their feelings than older children and teens.

What to Do:

- ◆ Be absolutely genuine and truthful
- ◆ Demonstrate love and respect by being attentive
- ◆ Encourage talking about feelings and about the deceased friend
- ◆ Listen, no matter what!
- ◆ Allow crying--perhaps lots of crying
- ◆ Expect laughter—a sign of happy memories
- ◆ Expect that your presence may be important, while talking may be limited (“Silence is Golden”)
- ◆ Share some of your experience with loss, but keep the focus on the person you are supporting
- ◆ Help to identify others to talk to (i.e., minister, priest, rabbi or counselor)
- ◆ Encourage expression of feelings by writing poems, songs, letters or making a scrapbook
- ◆ Believe in healing and growth

What to Avoid:

- ◇ Giving a lot of advice
- ◇ Arguing over trivial matters
- ◇ Making moralistic statements about the person who died
- ◇ Minimizing the loss
- ◇ Discouraging or time-limiting the grieving process
- ◇ Always, when talking to children about suicide, be clear that suicide is never a solution to any problem.



Warning Signs

Immediate Action:

Observable and strong signs of a suicidal crisis:

- Someone threatening to hurt or kill themselves
- Someone looking for the means (gun, pills, rope, etc.) to kill themselves
- Someone talking or writing about death, dying or suicide

Do not leave the person alone.

Call our local 24-hour Crisis Line at Woodland Centers:

320-231-9158 or

toll free at 800-432-8781

Warning Signs are the earliest observable clues that show the risk of suicide for an individual in the near-term (within minutes, hours or days.) Warning signs can be organized around the following phrase:

IS PATH WARM

Ideation / thinking or talking about suicide
Substance Abuse / excessive or increased

Purposelessness / no reasons for living
Anxiety / agitation / insomnia (unable to sleep)
Trapped / feeling no way out
Hopelessness / nothing will ever change

Withdrawal from friends, family, society
Anger (uncontrolled)/ rage / seeking re-venge

Recklessness/ risky acts / unthinking
Mood Changes (dramatic)



Urgent, but not an emergency.

Seek help by contacting a Mental Health Professional or call for a referral if you notice anyone exhibiting one or more of these behaviors:

Hopelessness

Rage, anger, seeking revenge

Acting reckless/engaging in risky activities

Feeling trapped (like there is no way out)

Increasing alcohol or drug use

Withdrawing from friends, family or society

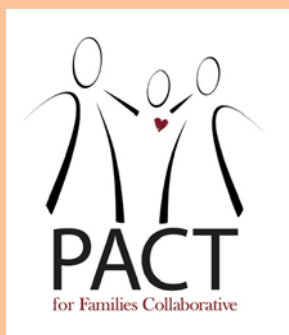
Anxiety, agitation, unable to sleep/sleeping all the time

Dramatic changes in mood

No reason for living; no sense of purpose in life

Risk Factors - long standing conditions, stressful events or situations that may increase the likelihood of a suicide attempt or death.

Protective Factors - the positive conditions, personal and social resources that promote resiliency and reduce the potential of suicide and other high-risk behaviors.



10 MYTHS & FACTS

You Should Know About Suicide

Myth: Alcohol and/or drugs, whether used casually or habitually, play little or no part in an attempted or completed suicide.

Fact: In HALF of suicide attempts and completions, alcohol and/or drugs were ingested by the suicidal person before the act.

Myth: Suicide is more common among lower income groups.

Fact: Suicide crosses all social and economic boundaries and no one class is anymore susceptible than another.

Myth: Suicide occurs without warning.

Fact: Most suicidal people plan for their suicides in advance and then present clues indicating that they have become suicidal to the people around them.

Myth: Asking a person if they are suicidal might plant the idea in their head.

Fact: Asking about a person's suicidal intentions has been found to lower anxiety levels and act as a deterrent to suicidal behavior by encouraging the ventilation of pent-up emotions.

Myth: Suicidal tendencies are inherited.

Fact: Suicidal tendencies are not known to be hereditary, however, depression is a hereditary illness. If left untreated, depression may lead to an act of suicide.

Common Youth Reactions to Suicide

Everyone grieves differently. Personal and family experiences with death, religious beliefs, community exposure and cultural traditions all play a role. Below are some of the more or less predictable adolescent reactions to a suicide and suggested responses.

Shock and Denial. At first there may be remarkably little response. The reality of the death has yet to be absorbed. *"You are kidding, right?" "This is just a joke-it can't be true."*

Suggested Response: Acknowledge the shock, anticipate the reaction to come, show a willingness to talk when the youth are ready.

Anger and Protection. Generally speaking, "black and white" thinking sets in. Youth want someone to blame for this and may openly express/ direct anger at the deceased's parents/ teachers/boy/girlfriend. *"Why did you let this happen?" "It is all your fault that this happened!"*

Suggested Response: Listen and then listen some more. Gently explain that it is natural to want to find a reason for things we don't understand. Suggest that suicide is a very complicated human behavior and that there are always multiple reasons. Explain that blaming another individual may be very harmful to them.

Guilt. Youth close to the deceased may blame themselves. *"If only I had called him back last night." "I should have known...I should not have teased him..."*

Suggested Response: Remind the youth that only the person who kills him/herself is responsible for having made that decision. Be clear that you don't believe it is his/her fault.

Anger at the Deceased. This is surprisingly common, among close friends as well as those who were not close to the deceased. *"How could she do something so stupid?"*

Suggested Response: Allowing and acknowledging some expression of anger is helpful. Explain that this is a normal stage of grieving. Acknowledgment of anger often lessens its intensity.

Anxiety. Youth sometimes start to worry about themselves and/or other friends. *"If she could get upset enough to kill herself, maybe the same thing will happen to me (or one of my friends)."*

Suggested Response: Help the youth see the differences between themselves and the dead person. Remind them that help is always available. Discuss other options and resources. Practice problem solving.

Loneliness. Those closest to the deceased may find it almost impossible to return to a normal routine, and may even resent those who appear to be having fun. They may feel empty, lost, totally disconnected. They may become obsessed with keeping the memory of their friend alive.

Suggested Response: Encourage them to help each other move forward in positive ways. Notice anyone who seems to be isolating from others and reach out to them, offering resources to help with the grieving process.

Hope and Relief. Once the reality of the death has been accepted, and the acute pain of the loss subsides, youth find that life resumes a large degree of normalcy and they come to understand that over time, they feel much better. They can remember their friend without the extreme pain.

Suggested Response: Simply remain open to listening to their feelings, especially on anniversaries (two weeks, months, years etc.), and transition times (graduations etc.). Recognize the importance of both mourning and remembering.