

# After a Suicide: Answering Parents' Difficult Questions

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The suicide of a young person not only creates crisis response challenges for school personnel but also sparks a multitude of reactions and questions from parents who may be anxious about contagion and the increased risk of another suicide occurring. Providing leadership in the aftermath of a student death by suicide is an essential role of the school psychologist and requires knowledge, preparedness, and possession of best practice resources for administrators, staff, and above all, parents. We have provided consultation to numerous school districts in the aftermath of student suicides and have led many community forums with the goals of empowering and informing parents of their critical role in suicide prevention. We have learned the importance of having a broad-based topic for the parent presentation, such as “Safeguarding Children in a Challenging World” or “Building Resiliency and Helping Children After Traumatic Events.” In this article, we would like to share just a few of the difficult questions that were posed by concerned parents after a cluster of student suicides shocked and overwhelmed their community.

## ***Are teens capable of hiding depression?***

There are a number of clear warning signs of teen depression. Parents have reported that they are often confused as to whether what they see is really depression or typical teenage moodiness, irritability, and angst. Here are the key things that parents need to be looking for. First, is it *pervasive*? Is it affecting all aspects of your teen’s life (school and academic performance, peer and social relationships, family relationships)? Is the behavior *persistent*? Has it gone on for more than 2 or 3 weeks? Has the teen *dropped out* of activities that were previously pleasurable to them? We believe it is vitally important that parents are involved in all aspects of their teen’s life and that, if you pay attention to these factors, a teen is unlikely to be able to hide their depression from you. Please, do not hesitate to seek professional help for your teen. It is estimated that 20% of all teenagers suffer from depression at some point. It is also concerning that a review of the literature says that 80% of depressed teens never receive any treatment whatsoever.

## ***What are recommendations for addressing the risk factor of exposure to suicide in our school community? For example, for students who are stressed more by exposure to the community grief than by knowing a suicide victim?***

Contagion is a factor that distinguishes youth from adult suicide. The goal of postvention is clearly to prevent the next suicide. The process by which we assess risk by exposure is known as psychological triage. In the aftermath of a death by suicide, the school will be proactive and try to identify students who might now be at risk. These students generally fall into three groups: those who were physically proximal to the event, such as witnesses; those emotionally proximal to the student, such family members, friends, classmates, or teammates; and the vulnerable youth (the most difficult student to find). The vulnerable youth is one who could be on the outside looking in; with a history of depression, recent loss, or trauma or stress issues prior to the death by suicide; for whom the sad events around them (even if they did not know the victim) deepens their sense of loss and isolation.

Traumatic loss causes a wide spectrum of crisis reactions. These reactions are very common in the short term and need to be normalized by the adults who surround a child. Many teens get better on their own when left to their own natural support systems. Reach out to the school to create a circle of care around the student.

Psychological first aid can be helpful. But if reactions such as recurrent and intrusive thoughts, hypervigilance, or school avoidance persists over months, this could indicate an acute stress reaction and require a referral for mental health services.

***What are recommendations for announcing and communicating suicides to the school community?***

Schools need to immediately and in person contact the parents of a student who has died to offer support and condolences. This personal contact should be done as quickly as possible so that the school knows the facts. Parents of the victim need to understand that the school believes strongly in telling the truth about a death by suicide because this provides very important opportunities to share crisis helpline numbers, warning signs, and other information that will prevent further suicides. Parents should be assured that there will be no discussion or theorizing about why the suicide occurred and that the focus will be on helping students with their shock, grief, and confusion. If the parents are adamant that the cause of death of their child not be disclosed, the school crisis team is encouraged to review the relevant section in *After a Suicide: Toolkit for Schools*, which is available at <http://www.afsp.org>, and then consult with school administration to decide how to proceed. The toolkit offers templates for communication to use when parents are cooperative or when they request no disclosures at all.

***My school district told staff not to use the term “suicide” and use some other phrase like “tragic unplanned loss.” Do you agree?***

Many schools and parents have had to make quick decisions about what to say after a death. There is often hesitation to use the word suicide. The concern has been that hearing of a suicide death might cause someone to think about it for the first time. The facts are that all secondary students know a peer who has talked about suicide and many know someone who has attempted or even died by suicide. It is important for schools to determine the facts of the death. Once the death has been verified, we recommend (hopefully with the permission of the affected parents) telling the truth that the death was a suicide. This allows students to have the opportunity to ask questions about suicide prevention and to learn about resources that might save their life or the life of their friend in the future.

***How do you approach the parents of children whose behavior is a negative influence on your child?***

This is *every* parent's question because it is never *our* child who is the negative influence. But there is some recent research that suggests that kids are who they hang out with, so the best way to approach this problem might be to focus on *your* child, their behavior, and the choices they are making. If you already know the parent of your child's friend, it might be good to sit down together, not in confrontation, but to work out a plan to supervise your children when they are together at each other's houses. If your kids are teens and they enjoy a lot of freedom, it might take a village to achieve this, so help to create circles of care around each teen. And any concerned parent can reach out to the counseling staff at their child's school for guidance and support.

***SSRI medication: helpful or hurtful? What does the black box label mean for teens?***

The black box warning on antidepressant medications for adolescents was instituted in 2004, and many professionals now believe that the warning has been a factor in the *increased* number of adolescent suicides in the past 12 years. Most adolescent suicides were the result of untreated or undertreated mental illness (most likely depression). Parents are often very cautious and even totally opposed to placing their child on medication for depression. We know that the most effective treatment for depression is a combination of medication and therapy. Parents are encouraged to discuss the benefits of all medications for their child thoroughly with the physician and to make sure that the physician monitors closely (there should be weekly medication monitoring meetings for at least the first month).

**Components of the Parent Role in Suicide Prevention**

- Don't be afraid to talk to your child about suicide.
- Know the risk factors and warning signs of youth suicide.
- Respond immediately and reach out to the school.
- Remove all lethal means, such as firearms, from home.
- Monitor social media.
- Dispel rumors and provide safe messaging.

***How do you reconcile the fact that kids do not want to report bullying for fear of further ostracizing themselves socially? They feel caught in a Catch 22.***

We know that schools take bullying very seriously, and parents who have a child who is being bullied need to set up a conference at school with an assistant principal or counselor to discuss their concerns so that an intervention can be implemented. The intervention will include, at a minimum, support for the victim and an investigation, and likely will result in consequences for the bully. The student who is the victim of bullying needs to know that all adults are going to work together to get the bullying stopped. The victim needs to be assured that it is not their fault and that they are not somehow bringing the bullying on themselves. The victim of bullying often fails to tell adults, and the most common reason is the belief that the adults in their lives are not going to be able to do anything about it. The conference described above will demonstrate to the victim that significant adults at home and at school are working together to stop the bullying.

***How do we help reduce the stress of seniors as they are applying for college?***

For many students, the college application process will be the most stressful time in their young lives. This is why it is good for students, early in their school career, to prepare a caregiver plan for themselves for coping with stressful events. Teens can control their stress reactions by practicing mindfulness and other techniques such as meditation, visualization, and breathing. Engaging in regular exercise and getting into good sleep and eating habits can also help a lot. Volunteering to local charitable efforts in the community can distract yet fulfill a need to contribute. Success should never be viewed through one acceptance letter. For some young adults, cognitive-behavioral therapy can help to teach ways to reframe life events or look at things a little differently when disappointment comes. Parents probably realize that increased pressure might not help their child because children have already internalized the pressure to get into their first-choice college. Both of us struggled academically at times in our careers before finding our paths and our passion for suicide prevention.

***How do we help students go back to school after the suicides last year? My daughter is afraid to be here and face the loss of her friends in the classroom.***

The district has done many things to support students returning to school. The emphasis is on a sense of hope and community. The students have already returned to school at the time of this writing and we hope all went well. It's a new year, new classrooms—a focus on today. If your daughter is still experiencing difficulty, please reach out to the school counseling team for recommendations, particularly if you have noticed that she is suffering from poor eating and sleeping problems or avoidance of school completely.

***How much time is it okay for kids to spend in their room on technology?***

The answer certainly varies by age, and one suggestion is to have the technology in the family room so the child is not isolated from others in the family. Key questions to ask to determine if the technology time is too much are the following: Is the child involved in physical exercise and sports or other outdoor activities? Do they engage in family game activities? What amount of time do parents spend on technology? How about a weekly technology-free night where the family plays old-fashioned games for a few hours and where there is interaction with each other? We have many concerns about laptops and cell phones and students spending time isolated in their rooms. Technology can also significantly interfere with sleep for adolescents, and many adolescents are sleep deprived, which can contribute to hopelessness and depression.

***How does anxiety contribute to suicide?***

In 2013, researchers examined suicide attempts among a group of individuals diagnosed with an anxiety disorder, whom they followed for up to 12 years. Six percent of this group made a suicide attempt at some point in the study. The authors identified factors that increased suicide risk among this group, finding evidence that “mood disorders and past history of suicide attempts are the most powerful predictors of a future suicide attempt” in people experiencing anxiety disorders. Results also indicated that when posttraumatic stress disorder (PTSD) coexists with depressive disorder, particularly in veterans and the military, the risk for suicide attempt increases significantly.

***I am a teacher at a school that has multiple student deaths by suicide this year. It is hard to be associated with so many suicides. How do staff keep our morale up when it feels like we are the “suicide school”?***

It is difficult to imagine all that your staff has been through, but sadly, yours is not the only school that has had to deal with a suicide cluster. The district has responded with many best practices interventions. It is very important that your staff maintain a positive and optimistic outlook, turn to each other for support, and realize that no one thing is to blame for the suicides. Staff members are encouraged to identify sources of coping that they have used before when they have had to deal with sad circumstances. Some staff members are likely to also be dealing with family issues and other stressors in addition to the suicides that have occurred, and if so, we recommend professional help through the employee assistance program.

***How do you stop or prevent your child feeling responsible for a friend’s action? What about tattling?***

Suicide and the grief that follows are very complex and it can be comforting for survivors to know that no one thing and no one person is ever to blame for their friend’s choices. Key actions such as staying with their friend and telling a trusted adult have been found to prevent suicides. This is *not* tattling! It is not like telling who took the last chicken wing; it is taking action to potentially save the life of a friend, peer, or classmate. Better to have a friend angry than, well, the alternative.

***How long is it appropriate for a teen to grieve or be upset by a suicide of a classmate? How do you encourage them to move on?***

This question is impossible to answer because the grief that follows a death by suicide is so unique and complex. There are so many unanswerable questions. For many survivors, coping with such a loss takes a lifetime. One thing for sure, our personal experience says that it does not help when anyone, especially a parent, tells a grieving child or teen to “just move on.” Research suggests the vast majority of kids are able to cope with loss and “move on” on their own when comforted by their natural support systems such as their family at home and friends and peers at school. Always be alert and prepared for certain dates such as anniversaries, birthdays, prom, or graduation that may evoke grief reactions.

*Research has found that there are warning signs at least 90% of the time that most often include: threatening, talking, or writing about suicide, death, or dying; dramatic changes in behavior; making out a will; or giving away prized possessions.*

***What are suggestions for friends who lost friends to suicide when returning after summer break to school and sports that represent memories of loss?***

Friends who have lost friends can be comforted by a number of actions they can take. There is often a need to memorialize their lost friend that reflects a basic human desire to remember those we have lost. Sports can be a powerful place of belonging and connectedness, so working with the coaches, counselors, and the victim’s family, students can reach out to the family of the victim; contribute to a suicide prevention effort in the community; and assist in developing living memorials, such as student assistance programs, that address risk factors in local youth.

***Oftentimes, we hear that there were no warning signs. Is that just parents being naïve?***

The research has found that there are warning signs at least 90% of the time that most often include the following: threatening, talking, or writing about suicide, death, or dying; dramatic changes in behavior; making out a will; or giving away prized possessions. We have been asked this question before and have responded by pointing out that the warning signs may have been subtle, and because very few Americans are trained to be alert for the signs of suicide, they might go unnoticed.

***If my child is depressed and I am getting help for my child but he/she is still struggling, should I inform the school? If so, whom should I inform?***

You are to be commended for seeking help for your child. Coping with depression sometimes can be more like a marathon than a sprint. Provide support throughout, and discuss with your child first about the

decision to inform the school. Particularly in the choice of who you can approach. The school can be helpful in so many ways. Modifying programs, strategies, and expectations are just some of the ways. There is one situation where we would *strongly* support your contacting the school's counselors and that is if your child begins a course of medication for depression. It is critical to monitor a young person who begins antidepressant medication for the first month by a circle of care that includes the parent, student, doctors, counselor, and appropriate teachers.

#### **Safe Messaging for Suicide Prevention**

- Suicide is preventable.
- Everyone plays a role in suicide prevention.
- Suicide is complex, and no one person and no one thing is ever to blame.
- There are treatments for all risk factors, such as depression and alcohol or substance abuse.
- Kids are resilient and recovery is possible.

#### ***How do we heal our kids now?***

Your district is taking many steps for helping students to recover, and we were very impressed with the caring and involvement of the many parents we met. The effects of having a classmate die by suicide may last for a number of years. The goal is to help all students to be resilient, which means bouncing back from adversity and going on with their lives. All students should be given permission to focus on this school year and their goals and activities while the adults in their lives monitor them closely for signs of stress and depression. Adolescents who have been traumatized may, unfortunately, turn to reckless behavior or drugs as means of

copied. The literature states clearly that resiliency is learned and that adolescents do better when surrounded by loving and caring family and friends, when they have the opportunity to vent strong emotions, when they have an optimistic view of the future, and when they utilize problem solving skills.

***My daughter is currently being treated for moderate depression. She has just started Prozac (SSRI). She is not receptive to cognitive-behavioral therapy. We brought her to a counselor who specializes in this type of therapy, but she will not open up. What do we do?***

We have responded to this question at many parent meetings across the country. Stick with it! Work with the therapist to find the right avenues to help your child open up. Utilizing artwork, drama, role-play, or participating in a group can be helpful. Medications can be a most effective intervention for teen depression when paired with any form of talk therapy that can address the impact of negative thinking, stormy relationships, and poor coping styles.

***How do we convince our community that having suicide prevention assemblies is not causing more suicides?***

The suicide of an adolescent is the result of many factors and never one thing or one person. We believe strongly that the biggest handicap to preventing suicide is not talking about it enough at school, in our churches, and in our homes. Discussions at school after a suicide must take place to address the reactions that many students have, which are often shock, grief, and confusion. These discussions should focus on the future and how we can all work together to prevent further suicides. These discussions or presentations are best provided in a typical size classroom so that students will ask questions and so that the adults can carefully monitor and observe their mood state. We believe these discussions and presentations are most effective when led by a trained counselor, psychologist, or social worker and assisted by the classroom teacher.

***How do you talk to your kids about suicide? Please include tips, tricks, and examples.***

Here are some tips for parents. Keep in mind that how a parent responds to crisis has a profound impact on children, so always model the values of empathy, communication, and collaboration.

- Don't be afraid to talk; you will not put ideas in their heads. Be the trusted adult to whom they can bring difficult conversations and concerns about their friends.
- Timing is everything, so know when the best time is to approach your child. Then book the time!

- Think about what you want to say and prepare by reviewing the risk factors of youth suicide and knowing the warning signs that require immediate actions.
- If you are concerned that your child may be thinking of suicide, ask directly and clearly, “Many adults and kids have thought about suicide at some time; have you ever thought of killing yourself?”
- Be honest when questions are asked.
- When your child is concerned about their friend, *advocate* and *take action*.
- If your child knew anyone who had died by suicide (particularly a family member), they can be comforted by other survivors or, at the appropriate time, by participating in a survivor group.
- Always respond with calm, compassion, and caring.
- If you are concerned about your child, respond immediately.
- Turn to the school for help.

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