

Article 5: Parent's Guide To A Suicidal Child

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The information in this article should not replace the support and evaluation of other trained professional counselors or therapists, but should be utilized as a helpful guide for parents who have a child that has exhibited behavior that has raised concerns about suicide.

The idea of a child being so depressed as to consider suicide is beyond understanding by many adults. They can perhaps grasp the possibility in an adult who has lost a career or a family after years of effort, or has contracted an untreatable disease. But with all the perceived advantages of youth, health, and all the good things that go along with being young, while lacking most responsibilities of adulthood, many parents cannot envision a child being suicidal in any real sense.

Then again, those same parents may not be taking into consideration other factors that have changed since the days of their youth. For instance, where alcohol and cigarettes were the big “drugs” of my teen years, today’s teenagers have a Pandora’s Box filled with drugs and other toxic substances from which to choose. Alcohol is still around, and still popular with teens, but marijuana, cocaine, heroin, and methamphetamines (as well as other street drugs) are in place across the country. Add to that the variety of drugs our kids find through *Pharming*, which is a term applied to going through the parental “medicine cabinet” at home to grab a plethora of drugs designed to impact depression, anxiety, psychotic episodes, bipolar mood swings, and hyperactivity – just to name a few. And don’t forget the myriad other forms of “chemical abuse” that occur, frequently with middle school students, who get their hands on spray paints and glues for an intense, albeit brief, high. It boggles the mind.

Young people today also have stressors that come from within their own population. Image and appearance are everything. What you do, how you do it, and with whom you do it are all critical elements. What your parents do for a living. What kind of car they drive and what kind of car they buy for their son or daughter – all carry significant weight with teenagers. The clothes worn to school and the circle of friends, all establish a certain aura around the teen of 2009. If you’re blessed with good looks, a relatively wealthy family, and cool, in-crowd friends, then middle and high school tend to be pretty rosy. But if you’re not blessed with those things, or worse yet,

deemed an outcast because you lack most of those things, life at school can be lackluster at best, and downright miserable in the worst case scenario. The old cliché, “kids can be cruel” can’t do justice to just how sinister some of the young people can be. This isn’t meant to assert that there are no “good-hearted kids” left in the world, there are. But for far too many, life falls short of that fabled bowl of cherries.

When a child lacks friends at school, is constantly ignored, teased, or bullied, life can be lonely and cruel, and encouragement to be patient doesn’t help. For a teen who lives in a teen world where image and being cool is everything, this kind of maltreatment can sometimes lead to an unrelenting drum roll that leads to depression, hopelessness, and periodically, suicidal thoughts.

Now consider the teen that is being physically and/or sexually abused at home. If the previous scenarios are in play at school, and a nightmare of abuse is happening at home, who would be surprised if that teenager felt suicidal? For the parents who are still dubious in trying to understand suicidal thinking, I recall an old case that might shed some light on the subject.

This young man had been in great emotional pain for nearly a year. His entire life was going from ideal to nightmare. At the time he was losing his family and a promising career. At one point I helped his brother intervene and we stayed up all night discussing the man’s largely self-inflicted dilemma. At one point, I admitted that I had never really understood people who considered suicide as a viable way to deal with problems. It just didn’t make sense to me.

He told me that he had been in so much emotional pain, for so long, that he was trying every possible way to ease or stop the pain. He wasn’t just sitting around feeling sorry for himself. But in the end, he hadn’t had any luck with other strategies and drinking wasn’t solving anything. Every day he woke up inside this nightmare of personal destruction. Finally, the idea of shooting himself began to surface in his thoughts. Though he knew it would be a permanent solution to what had to be a temporary set of problems, he also knew the pain was intense and maddening, and that suicide would take the pain away.

That’s when it hit me. Here was a married, career-oriented young adult with all the adult support frames a successful young man would have at his disposal. And yet, he was driven to the point where he decided suicide was a plausible option. Suddenly, I saw more clearly the troubled teenager who might consider suicide.

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Having established how a teen becomes suicidal, let's look at the warning signs a parent might look for in their child. Most professionals would identify numerous behaviors that lend themselves to warning signs of severe depression and/or suicidal thinking. We'll list some of them here. Watch for combinations of the following behaviors when your child is:

- * Constantly focused on the subject of death, suicide, or hopelessness.
- * Making statements like "I'm going away on a long trip" or "I want to sleep and never wake up" or "You don't have to worry about me anymore" or "Does God punish suicides?"
- * Reading, writing, or drawing images that focus on themes of death, suicide, or depression.
- * Making fatalistic, hopeless remarks about their life, their future, or the world in general.
- * Constantly picked on or bullied at school, or is withdrawn and has few or no friends.
- * Exhibiting uncharacteristic bouts of rage or anger, at self, or others.
- * Struggling with frequent moves from home to home, town to town, or relative to relative.
- * Frequently sad or depressed and rarely finds joy in activities.
- * Losing interest in activities or organizations that were previously enjoyed.
(like quitting sports, or band, drama, debate, or dance class)
- * Frequently exhibiting dramatic mood swings, with questionable triggers or no obvious triggers at all.
- * Decreasing energy toward or losing interest in school and making good grades.
(sudden falling grades)
- * Withdrawing from family activities and preferring isolation.
- * Listening to music that focuses on death, suicide, loneliness, or misery.
- * Giving away formerly prized possessions to others.
- * Scratching or cutting hands, arms, or legs.
- * Struggling because of some traumatic event, like abuse, rape, witnessing family violence, an ugly, angry divorce, or seeing one's home burning down.
- * Struggling because a friend or family member has died, particularly if it's due to suicide.
- * Getting into trouble for drug abuse.
- * Running with other teens that are themselves depressed, troubled, or generally unhappy.
- * Struggling with the loss of an important boyfriend or girlfriend.

NOTE TO PARENTS:

Try not to panic if you see one or two of the lesser of these symptoms in your child. Teenagers can be a bit grim about their life from time to time, or find any number of teenage reasons to be depressed. Of course, some behaviors are more concerning than others, so an alert parent should simply pay attention to the behaviors of their children and evaluate any and all signs that might pop up. **The point is to know the signs, and never ignore them.**

I've always encouraged parents to maintain good lines of communication with their children. If concerns arise, NEVER fear talking to your child about any struggles they may be experiencing. Explaining why you are concerned, and asking them to explain their behavior is always a good place to start. If your suspicions remain, don't be afraid to ask if your child is having suicidal thoughts.

A good rule of thumb for using the aforementioned list of suicidal behaviors is the more symptoms your child exhibits, the more you should be concerned. Talk to them about counseling support, particularly if the child is not talking to anyone else. And never be afraid to bring up the topic of suicidal thinking. **Contrary to fear-based myths, talking about suicide does not push a young person closer to the act.**

And finally, don't try to be something you're not. If counseling isn't your thing, don't approach your child as a counselor. If crisis intervention isn't your thing, avoid intervening with your child when a crisis arises. Seek professional help, and let the professional guide you in terms of what you can do at home to be most supportive and helpful to your child – as a parent.

PARENTAL TIPS. There are also a few tips for parents who have reasons for concerns, and decide to talk to their children about possible suicidal issues.

1. Never promise to keep a secret with a child who wants to talk, but request it be kept secret. If they admit suicidal plans, you'll find yourself caught between a rock and a very hard place. It's been my experience that it's far better to be honest up front with a child. You can tell them that you'll keep a secret if you can, but if it involves something that requires action, the child will just have to trust you to do the right thing. I've had parents argue that if they said that, the child would simply refuse to share the "secret." In over twenty years of crisis counseling, I had that same conversation at least a hundred times, and never had a child fail to share their secret. After all, they trusted me enough to seek me out. It only makes sense that they would trust me to do the right thing about their problem.

2. Never ignore concerns, and when enough symptoms raise your alarm, don't be afraid to talk frankly. There should be no such thing as a taboo topic between parent and child. The fact that

you're paying attention to your child will help. If your concerns appear warranted, always ask if the child has considered suicide or has developed a plan.

(The detailed plan: how to do it, a best time of day or night to do it, best location to do it, or whether or not to write a note to leave behind, etc.)

3. Always err on the side of caution. Better to be concerned about suicidal signs and be wrong several times, than to ignore emerging signs and be fatally wrong once. When in doubt, seek professional help.

4. Never leave a suicidal child alone if suicide appears imminent, or the child has previously attempted suicide.

5. Avoid being too quick to dismiss the concerns, as it may unknowingly give the child the impression that your concern was never very serious.

6. Always be willing to talk straight and be honest, about your feelings, and about the steps you feel that need to be taken. A suicidal child may well find solace and comfort in a parent who is willing to take charge in a caring way.

7. NEVER tell a suicidal child that “everything will be all right,” or “you’ll find another girlfriend” or “your father (or mother) will eventually realize how important you are and start treating you better.” (First of all, you have NO control over any of those circumstances, and you should never make promises you can't absolutely keep. You might say instead, “we'll do everything we can to make things better, but I need you to work with me, be patient with me, and be patient with the world.”)

If suicidal issues are at hand with your child, I always recommend getting that child connected with a counselor. Preferably, it would be one the child likes, or at least tolerates. Having support outside the home can be very helpful in such cases.

Dealing With Siblings:

There is one final note I would offer. When the suicidal child has siblings, younger or older, it is wise to clue them into the situation, to some degree, and enlist their support if possible. Of course, this enlisting of support will depend on the personalities of the children, their ages, and the nature of each child's relationship with the suicidal sibling. Before talking with siblings, it is advised to speak with the suicidal child first. Find out what his or her fears are, and figure out the best way to deal with widening the child's support network. Fear of “everybody knowing” is common. You can arrange an agreement as to how to gather support from family, and when it comes to school friendships, the child in question will be in control of who is told about his

situation – if it is determined that anybody needs to know. Siblings can be instructed not to share the suicidal element of the story, or they may not know about it in the first place.

A general rule of thumb for enlisting siblings with a suicidal sibling follows:

Ages 2-5: No need explaining, they cannot grasp the subtleties of suicidal thinking at this stage of development. It would be better to simply encourage them to “be nice to” the child in question “because he (or she) is not feeling good lately.”

Ages 6-9: A parent can explain to this aged sibling that their brother or sister is not feeling very good about things and could really benefit by this child not causing problems or hassling the sibling in question. One can talk of the sibling in question being sad, or not feeling very good, and simply say that the child is in need of “our support.”

Ages 10-13: This aged child can better understand that a sibling is depressed and not feeling very good about life at this time. Parents can enlist their support in more specific ways, as in not teasing their sibling, not picking on, or otherwise tormenting that child. As for the suicidal issue, this child can understand to some degree what being “suicidal” means, but some of the subtleties might be lost on them. This child is capable of knowing that their brother or sister is suicidal, deciding that this is “stupid” behavior, and walk right up and tell the troubled sibling he or she is a jerk for scaring their parents with this junk. Sometimes, these adolescents are not very empathetic. Use your very best judgment before enlisting their help.

Ages 14 and up: Once teens reach their late teen years, they can begin to understand the more subtle variables of suicidal behavior. Like most adults, they may not grasp why anyone would feel like committing suicide, but they can be encouraged to be supportive and can be given very specific tasks to help out.

In brief summary, never take suicidal behaviors lightly. Don’t be afraid to talk with your child should they become suicidal. Know the signs, always err on the side of caution, and use all the resources you have at your disposal, including support counseling. And always remember: just because a child becomes suicidal at one stressful point in their life, does not mean they will always return to that option when under stress in the future. Increasing coping skills and widening supportive resources will always improve our ability to survive the hard times when they come.