Supporting our Families, Protecting our Children After a Traumatic Loss

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Maine Suicide Prevention Program
In Partnership with NAMI Maine

Education, Resources and Support—it’s Up to All of Us.
Statewide Activities Include:

- **Data** collection, analysis & dissemination of educational information

- **Training** and support on suicide prevention and management to a wide range of partners statewide.

- **Technical Assistance and consultation** for schools, healthcare providers and others in protocol implementation and postvention support.

- Expanded youth programming through a federal GLS grant.

- **Annual Beyond the Basics Conference**
Today’s Program Will Cover

• Grief following a traumatic loss or suicide
• How grief impacts our youth
• How you can support the grieving person
• How to talk about suicide
• The facts
• Warning signs
• How to get help for someone you’re worried about
• Resources for Help

How the pandemic complicates all of this.
First, let’s Acknowledge the Loss
• This region lost a youth in a sudden violent way: a suicide

• Even one suicide is too many!

• Other youth are struggling...

• Concern about contagion remains high.

• This loss happened during the pandemic isolation
Grief of a Traumatic Death

I'm the lucky one
who knew you,
who still loves you,
whose life will forever be
divided into a before and
after because of you.

scribbles and crumbs
#oncomingalive
Grief After a Suicide is Different

- **Anticipated Death**
  - loss → hurt → sadness → grief → peace

- **Premature or Accidental**
  - loss → shock → hurt → anger → grief → question & torment

- **Suicide**
  - loss → shock → hurt → anger → grief → question & torment → guilt & regret
Effect of Suicide

• **The Loss is:**
  – Sudden
  – Unexpected
  – Premature
  – Self-inflicted

• **The Reaction is:**
  – Shock, hurt, anger
  – Loss and grief
  – Questions & torment
  – Guilt and regret

• **After a suicide:**
  – Everyone touched is affected
  – For some grief is intense & impactful
  – For a few, the loss impacts their lives deeply
  – Triage support accordingly
How is the Pandemic Affecting this Loss?

• The death occurred in the midst of the physical and social isolation triggered by COVID-19

• Pandemic stresses, deprivations and restrictions leave most of us tense and feeling unsafe

• Our opportunities to connect to process the death or to provide support are more difficult

• Memorial rituals are canceled or reduced

The family attributes the death to the impact of COVID restrictions
How is this Loss Affecting Students?

*We seek to identify those most affected and vulnerable*

- Those emotionally closest to the youth who died?
- Those who knew him well through school, activities, sport teams, the community...
- Those who can relate to him or to his life or situation
- Youth with a history of loss, trauma or who easily go into crisis?
How is this Loss Affecting the Adults?

- Those who knew the youth who died or his family?
- Adults who have suffered other losses, especially children
- Parents of friends or classmates of the person who died
- Parents for whom our children’s world feels less safe
- Parents already worried about how our kids are coping with the pandemic isolation and restricted school schedule.
Grief is the Normal Reaction to Loss

- Grieving is the natural reaction to a loss or death;
  - For youth, this may be the first death of someone close in their life
  - Suicide of someone their own age brings up their own mortality
- Each teen’s grieving experience is unique
  - Reactions can range from seemingly unresponsive to hysterical
  - The strong emotions can be scary as they feel out of control
  - Males and females often grieve differently
  - Teens may hide or mask their feelings! Why?
- Reactions can be powerful and even overwhelming and include:
  - Shock, hurt, anger and denial
  - Questions: the torment of “what if’s”
  - Loss, loneliness and grief
Suicide is a thief,
It doesn't care for grief
It steals happiness
It steals a future
Most of all
It stole you and for that my friend
I shall help others until the very end.

--

– Michael Thomas
The Range of Grief Reactions

– There are no “right” and “wrong” ways to grieve.
  • But there can be behaviors that are not healthy
  • Be concerned about isolation, rumination or depression
  • Emotional reactivity or explosions can occur (displacement)
  • Watch for those who internalize grief but may react later
  • Watch for high risk reactions! Running away, alcohol, drugs, partying

– Grief takes time
  • No appropriate timeline
  • The grief following a suicide takes additional time

– Feelings of responsibility or guilt about the loss are worrisome.
Suicide Grief Does Not Recognize Geography

• *Those affected by a suicide loss define themselves;*

• **Social media** connections mean that traditional boundaries of school districts, communities or others are much less meaningful.
  – Virtual connections
  – Social circles
  – Intramural sports

• Identification with the deceased through shared experience or status

• Be aware of the impact of social media messaging, especially on youth.

• The stresses of the pandemic leaves us already vulnerable
How to Support Your Youth

• **Consider the age and maturity of your youth**
• **They may be more comfortable than you with the conversation...**
• **Acknowledge the elephant in the room!**
  – *Talk about the person and the death; be clear about what is known.*
    • Create the time and the setting to open the conversation
    • Be comfortable asking and answering hard questions
    • Be open to a range of questions
• **Don’t force the conversation, but be gently persistent.**
  – *If not you, then who else can they talk with?*
• **Not showing emotions does not mean not feeling emotions**
How are you and your youth coping?

• Stress, trauma and grief live in the body!
• Common signs of a stress reaction:
  – Hyper-vigilance and anxiety
  – Emotional roller coaster of sadness, anger, numbness...
  – Sleep disturbance
  – Persistent thoughts of the deceased
  – Reminders or re-awakening of other losses
  – *All these are normal reactions to an abnormal event!*

• They should diminish over time.
What Can You Do?

• Be aware of how this loss affects you and your family,
• Encourage, practice and **model** good self-care
  – Eat well and *get adequate sleep*,
  – Exercise; walk, yoga, dance…
  – Distractions (music, movies, board games, social events…)
  – Talk with someone you trust,
  – Give yourself and your youth time, and allow for more time
• If needed, consider grief counseling....
• Ensure care for the Caregivers!
• Reach out for help as need indicates
• What MSAD75 is doing: Sharon Fowler; Krista Chase, Maora Bannon & Danielle Hiltz

• Programming from Midcoast Hospital: Jennah God

• New: Family Navigator Program. Opportunity Alliance Naomi Davis. naomi.davis@opportunityalliance.org

• Reach out to your PCP or Pediatrician’s office!
Resources to Support Grief

• Camp Kita: A week long summer camp experience for youth who have lost someone to suicide. [www.campkita.com](http://www.campkita.com)  For local Contact: sjenkins@campkita.com

• CHANS Home Health; Andy Sokoloff, LCSW. 844-4571. asokoloff@midcoasthealth.com  for Grief Resources

• Maine Center for Grieving Children:  207-775-521  [www.cgcmaine.org](http://www.cgcmaine.org)  resources, Cumberland and York Co.

• Grief Support Resources: [http://www.state.me.us/suicide/survivors/index.htm](http://www.state.me.us/suicide/survivors/index.htm)
Midcoast Youth Center
Midcoast Youth Center provides a diverse array of programs and services designed to improve the lives of youth and prevent youth suicide in Sagadahoc County, Brunswick, and Harpswell.

**Midcoast Youth Center**
A place to engage and find community. Serving 500+ youth each year, ages 10-24.

**Merrymeeting Homeless Youth Project**
Support for teens in Sagadahoc County, Brunswick & Harpswell. Office hours in RSU1 and MSAD75 3 days a week.

**Referrals to Treatment**
Supportive connections to trusted, local mental health & substance use treatment. Team approach to help a young person find wellness & success.

**Community Alliance Meetings**
Monthly gathering of community members, parents, students, healthcare professionals, community stakeholders - all welcome!
FIND HELP.

FIND US.

Call us: (800) 464-5767
• Press 1 for the Help Line
• Monday - Friday, 8am - 4pm

Find us online:
www.namimaine.org
• Sign up for membership and classes
• Browse support and resources
• Find your local affiliate and support groups
A PEER SUPPORT TEEN TEXT LINE

• Open 12pm – 10pm
• Designed for 14 – 20 year olds
• Staffed by youth under 23 years of age

• 207-515-8398
Questions or Discussion
Suicide Awareness

Because every loss shakes our foundation of safety, and contagion is a risk
Talking About Suicide

Preventing suicide starts with our comfort in acknowledging and talking about suicide

Preferred:
Simply use the word
• “suicide”
• “died by/of suicide”
• “suicide attempt”

Use clear language that is age appropriate for the person
Responding to a Suicidal Statement

• Do:
  – Listen and encourage sharing
  – Ask “How can I help?”
  – Act decisively to keep the person safe
  – Actively connect the person with help
  – Follow-up with the person after the crisis

• Avoid:
  – Over-reacting with fear or anger
  – Reassure and redirect before listening to the person
  – Dismiss or minimize the person’s concerns or problems
  – Keep secrets where safety is a concern
Suicide Risk in School-Age Youth-Maine

• Self-reported ideation peaks in 8th grade (MIYHS, 2015)
• Self-reported attempts peak in 10-12 grade based on gender
  • 9-10th grade for girls
  • 11-12th grade for boys
• In the 3 years 2015-2017 Maine reported: (US, CDC)
  – 88 suicides among youth under age 25
  – 12 females, 76 males
  – Rates of suicide increase with age,
  – 33% died by hanging; 56% by firearm
• For someone very private or socially disconnected, a suicide attempt may come with little overt indication of risk.
Recent US survey of 18-24 y/o

Prevalence of Mental Health Symptoms Among Young Adults by Gender

- Anxiety
- Mod. Depression
- Mild Depression
- Sleep
- Suicidality

Gender:
- Men
- Women
Recent US survey of 18-24 y/o

Prevalence of Mental Health Symptoms Among Young Adults by Education

Anxiety         Mod. Depression    Mild depression     Sleep.           Suicidality
Suicide Attempts

• A suicide attempt may be the first overt sign that someone is struggling!
• A call for Help
  – Often trigger being seen by a provider!
• Estimates 25 attempts for every suicide death
  – 200:1 for adolescents
• Ask about a history of suicide, especially for a depressed patient
• If there is a history, as about specifics

A past suicide attempt is most predictive of future suicide behavior.
Warning Signs

These are changes in behavior or appearance that indicate someone is in crisis!
Clear Signs Of A Suicidal Crisis

1. Someone threatening to hurt or kill themselves
2. Someone looking for the means (gun, pills, rope etc.) to kill themselves
3. Someone showing clear distress/ agitation/ anxiety

Get the facts and take action!

Call 911 if lethal means is present
Call Crisis Hotline if no means present
Adolescent Warning Signs for Suicide

Is the youth (up to age 24) :

• Talking about or making plans for suicide
• Expressing hopelessness about the future
• Displaying severe/overwhelming emotional pain or distress
• Showing worrisome behavior or changes particularly in the presence of the above warning signs.
  • Specifically:
    ○ Withdrawal from or changes in social connections
    ○ Recent increased agitation or irritability
    ○ Anger or hostility that seems out of character or context
    ○ Changes in sleep (increased or decreased)

AAS Consensus group, 2014
## Warning Signs

| I | Ideation / threatened or communicated |
| S | Substance abuse / excessive or increased? |
| P | Purposelessness / no reasons for living |
| A | Anxiety / agitation / insomnia |
| T | Trapped / feeling no way out |
| H | Hopelessness / nothing will ever change |
| W | Withdrawal from friends, family, society |
| A | Anger (uncontrolled) / rage / seeking revenge |
| R | Recklessness / risky acts / unthinking |
| M | Mood changes (dramatic) |
Direct clues:
- I wish I was dead
- I’m going to end it all
- I’m going to kill myself

Less Direct clues:
- Life’s just too hard
- You’d be better off without me
- What’s the point?
From a Suicidal Person’s Point of View

- Crisis point has been reached
- Pain is unbearable
- Solutions to problems seem unavailable
- Thinking is affected

HOWEVER:
- Ambivalence exists
- Communicating distress is common
- Invitations to help are often extended
Intervention: A bridge to help
What IS Helpful

1) **Show You Care**—Listen carefully—Be genuine
   “I’m concerned about you . . . about how you feel.”

2) **Ask the Question**—Be direct, caring and non-confrontational
   “Are you thinking about suicide?”

3) **Get Help**—Do not leave him/her alone
   “You’re not alone. Let me help you.”
Resources for Help

What are YOUR resources?
When to Call Crisis

• Crisis clinicians are:
  • Available 24/7
  • Clinicians can often come to your location for an assessment

• Call for a **phone consult, TEXTing or CHAT** when you are:
  • Concerned about someone’s mental health
  • Need advice about how to help someone in distress
  • Worried about someone and need another opinion

• The phone call is free

  **1-888-568-1112**
MSPP Training and Technical Assistance

- Suicide Prevention Gatekeeper Training
- Suicide Prevention: Training of Trainers
- Teacher Training in Suicide Prevention Curricula
  - Lifeline Lessons
  - Middle School Lessons
- Suicide Prevention Protocol Development Training & TA
- Non-suicidal Self Injury
- Collaborative Safety Plan Training
- Suicide Assessment for Clinicians

Contact NAMI Maine Suicide Prevention Training Coordinator for more details
mspp@namimaine.org
MSPP Contact Information

• Training Program Inquiries: 207-622-5767 x 2318
  mspp@namimaine.org

• Greg Marley, Clinical Director gmarley@namimaine.org

• MSPP Program Coordinator: Sheila Nelson, 207-287-3856
  Sheila.Nelson@maine.gov
Before you leave . . . .

Any Questions??
Thank you for learning about suicide prevention . . .