

## Dr. Poland Answers Parenting Questions

### Answers to Parent Questions about Parenting, Suicide Prevention and Promoting Student Mental Health and Resilience

By Dr. Scott Poland

1. How much does academic pressure affect kids (parent or school)?

There are a multitude of problems that contribute to the factors of youth suicide. Epidemiology studies done by the Center for Disease Control have identified a number of factors. Those factors have included family problems, substance abuse, academic pressure, access to lethal means, issues that have to do with harassment and bullying (especially for LGBT students). Academic pressure has been identified as a possible contributing factor. In looking at all these factors together, the most significant one is mental illness and most likely depression.

2. What support can we offer to students who are not part of the majority population (atheist in a largely Christian community, for example)?

It is very important that all of our schools and communities be very embracing of all students regardless of their ethnic, racial, religious views, and sexual orientation. The hallmark characteristic of a Christian community should be acceptance and support of all community members regardless of their religious affiliation or the level of their beliefs. I believe it is very important that the community be very embracing and reach out to all students and let them know that they are accepted.

3. Do you know of any specific filtering software/apps that you have found to be effective with teens?

There are a number of applications for both telephones and computers that can help parents be more aware of websites that their teens are visiting and communications they are receiving. The one point I'd like to make is that not all parents are going to need these applications. They especially need to be used when a parent is excessively concerned about their child's behavior and he/she is being consumed by technology. In addition, there may be parents who are concerned about the negative influence other children are having on their own child. In all of these cases, when concerns reach a critical level, in addition to these applications, I would strongly recommend counseling for your child.

4. How do I find a good mental health practitioner specifically for tweens & teens?

There are many mental health practitioners that specialize in working with children and adolescents. My recommendation is to contact your child's counseling department because the school counselors are very familiar with practitioners who specialize in working with upper elementary students and adolescents.

5. Are children who have a stay-at-home parent at a lower risk for suicide?

Children who have a stay-at-home parent are very fortunate in many respects, as there will be more opportunities for parent and child interactions and increased supervision. The research from the World Health Organization has not specifically emphasized having a stay-at-home parent but instead stressed the following factors that prevent youth suicide: stable families,

access to mental health treatment, lack of access to lethal weapons, positive self-esteem, good relations with other youth, and religious involvement.

6. What social media sites should my junior high student be allowed to join?

Social media is a major issue for junior high school students. It is very important that parents are familiar with the media sites that their children are visiting. Technology is a privilege. It is not a right! Parents are paying for the monthly telephone bills and the Wi-Fi that is available in your home. You do have a right to know what sites your child visits. After visiting the sites and becoming familiar with them, you are in a better position to determine if the site is a healthy one and one that you are comfortable with your child viewing. When you have questions about the developmental appropriateness of the site and you cannot determine this on your own, I suggest that you contact your local counseling department and ask them their opinion.

7. Which social media sites are dangerous for teens?

In the question 6 answer, I made the point that parents need to visit the websites their children are accessing and make their own determination whether these sites are healthy or not. I believe the other important factor is to examine the overall well-being of your child. For example, I am often asked, "My child likes to visit this particular web site as they are fascinated with media violence. Should I be concerned?" I'm going to ask a number of questions and if I find out that the student in question is involved in at least one organized activity, they go somewhere with mom and dad once in a while, they do a good job taking care of the family pet, they apologize when they hurt someone's feelings, and show empathy for other people, then I am going to relax. Because, those are very healthy behaviors for a young person. However, if the young person visits violent and very unhealthy websites and they do not apologize nor show remorse, they are fascinated with violence, guns and bombs, they in fact tried to harm the family pet, and they are totally isolated from all adults, now I am very concerned. Because those behaviors collectively and additively, are extremely troubling signs for young people. The important point is not being overly concerned with a fascination with one subject or the frequent visiting of a social network site that the parents don't necessarily approve of. The most important thing is the overall adjustment of your child. And, if you are concerned and there are many red flags, please consider obtaining counseling for your child and increasing your supervision. And, yes...I would encourage "snooping" with regards to room, websites visited, journals, diaries etc. when you have a number of these concerning behaviors.

8. What causes cluster suicides?

Clusters of suicides fall into two different categories. Mass clusters have been researched extensively since the 1700s. A mass cluster might occur when a celebrity or a known national figure dies by suicide. There are mixed research findings on mass suicide clusters. For example, the suicide of Robin Williams, approximately two years ago, a very beloved American actor, did result in an increased suicide rate in America but suicides of previous celebrities such as the Nirvana singer Kurt Cobain did not. Point clusters refer to more suicides than we would expect in a short space of time in one geographical region. It is well known that teenagers are more susceptible to imitating suicidal behavior than any other age group. Exposure to suicide has been added as a suicide risk factor. I think of it this way; the suicide of a young person is like

throwing a rock into a pond causing a ripple effect in the schools, communities, and churches. This ripple effect is greater than ever before today because of social networks. Vulnerable youth find each other online. Schools have had a tendency to think that the suicide only effected one school when, in reality, students in many middle schools and high schools in the area are effected. Essentially, the response to the suicide cluster must involve the entire village, as no single entity or agency can stop a suicide cluster. It is essential that suicide information be shared with all concerned and everyone understand that suicide is not fate, nor is it destiny, and the vast majority of youth suicides can and should be prevented.

9. Are teens capable of hiding depression?

There are a number of clear warning signs of teenage depression. Parents have reported that they are often confused as to whether it is really depression or typical teenage moodiness, irritability, and angst? Here are the key things that parents need to be looking for. First, is this pervasive? That means, is it affecting all aspects of your child's life? School and academic performance? Peer and social relationships? Family relationships? Is this behavior persistent? That means, has it gone on for two or three weeks or more? The next thing the parent needs to consider is whether their child has dropped out of activities that were previously pleasurable to them. For example, your son enjoyed playing basketball for years but this year he's decided not to go out for the team. Or, your daughter has enjoyed playing volleyball or has been on the dance team for years and now suddenly, she has lost interest in those activities. I believe it is vitally important that parents be involved in all aspects of their child's life and, if you pay attention to these factors, I do not think that an adolescent is going to be able to hide their state of depression from you. If they are isolating themselves in their room and they are having problems with their sleep cycle and they don't want to have meals with the family or they are not involved in social activities at the level previously, then I believe you know, as a parent, something is wrong. Please, do not hesitate to seek professional help for your child. It is estimated that 20% of all teenagers suffer from depression at some point during those tumultuous years. It is also concerning that a review of the literature says that 80% of depressed teenagers never receive any treatment whatsoever. The treatment needed, very likely, will involve cognitive behavior or talk therapy but also in addition, antidepressant medications. Many professionals, including myself, believe that the "black box warning" on antidepressants for adolescents has resulted in many adolescents who desperately needed those medications not receiving them. We also believe that not receiving needed medication has contributed to the increase in suicide rates for adolescents as it is now their 2<sup>nd</sup> leading cause of death. This may be effected by parental reluctance for their child to receive antidepressant medication and a lack of information about their effectiveness. I believe strongly that a careful diagnosis of depression needs to be made and medication needs to be monitored frequently. I specifically request that medications be monitored weekly for the first month after an adolescent starts taking an anti-depressant. If your child is on an antidepressant and you or your child are not pleased with the medication, please go back and talk to the prescribing physician and share your concerns.

10. How can we engage parents who are in denial or who don't want to talk about suicide in our community?

The topic of suicide is a very difficult one. In my career, I have found many parents, school leaders, and even personal friends and colleagues very reluctant to talk about suicide. Many people believe the myth that if we talk about suicide we will plant it in their mind and they will think about it for the first time ever. Nothing could be further from the truth. Our U.S. Surgeon General commented, "More than 45,000 suicides happen annually in this country. We need to talk about this more in our homes, our schools, our churches, and in our communities."

Although our initial thoughts are that we shouldn't bring it up, in reality, because these suicides have occurred, we need to talk about it more. This discussion should always focus on prevention and utilizing national and state crisis hotlines such as 1-800-suicide or 1-800-273-talk.

Young people today are very in tuned with texting and therefore it is important that they are all aware of the National Crisis text [www.crisistextline.org](http://www.crisistextline.org)

If you are aware of a family in your community that is very hesitant to talk about suicide then the best way to open that conversation is through listening. Try a simple question like, "I'm really sorry that suicides have affected your school. What are your thoughts about this?" The more you can be in a listening mode and, hopefully, be able to mention the key points that I brought up in the beginning of this question, as it is really important that we address the most common myth that we plant the idea of suicide in someone's head. The greatest problem we have that limits suicide prevention is the misinformation and the myths surrounding this subject.

11. Is there any significance to the location that a student chooses for a suicide attempt?

The vast majority of youth suicides occur in their own home, after school hours and when their family members are most likely to be in the home. I've always believed that most suicidal individuals do, in fact, want to be stopped and they set it up hoping that someone will figure out what they are thinking, that they are experiencing unendurable pain, are not thinking clearly, and see no alternatives or a way out. Very rarely does a suicide occur at school, however this has happened in a number of schools in our country. My response to a suicide happening at school would be to not make a dramatic conclusion about the location that was chosen, but instead to focus on the young person, who very likely, wanted to be stopped and hoped that someone would be able to figure out the extent of their pain.

12. Are tattoos and/or piercings a safe and culturally acceptable way of cutting?

Tattoos and piercings, especially for the younger generation, have become socially approved and sanctioned. I am old fashioned and believe that children need to discuss with parents whether getting a tattoo or piercing is acceptable within the family. I emphasized earlier the importance of parents being involved in their child's life. What I really hope is that there is free and easy communication around the dinner table several nights a week. I emphasize in my parenting presentations that we need to bring the family meal back. It's not a McDonald's visit. It's around your kitchen table. Therefore, if you are tuned in and a good listener and really involved in your child's life, hopefully they will share with you any thoughts they are having about getting a tattoo or piercing. I think it's very important that I distinguish tattoos and piercings from injurious behaviors, also referred to as non-suicidal self-injury. NSSI is a coping mechanism. It is one that young people engage in when they are experiencing anxiety and they are overwhelmed with things that are going on in their life. The most common forms of NSSI are

cutting or burning which results in a moderate or superficial injury to their skin. This behavior has biological and psychological benefits. The psychological benefits are of regulation of their feelings. They can shut out the humiliation they just experienced, a major disappointment or perhaps the argument their parents are having in the other room. The biological benefits are that endorphins are released and these endorphins are the very same ones that are released through exercise. So, there are clearly biological and psychological benefits to engaging in NSSI. If a young person gets a tattoo or a piercing, this is something they have thought about and planned over days, weeks, or even months. The self-injurious behavior i.e. the cutting and burning is usually done impulsively following a precipitating event, such as arguments, humiliating events, etc. Therefore, these behaviors are very different because to obtain a piercing or a tattoo you are making an appointment, traveling to a location, deciding on the piercing location or deciding on the exact tattoo. On the other hand, self-injury with cutting and burning can be done immediately in isolation from other people. So, all one has to do is go into the bedroom or school bathroom, isolate self from others and quickly engage in the behavior.

13. What input should teens have when it comes to the programs that schools select for suicide prevention?

This question really refers to suicide prevention initiatives and the importance of getting input from teenagers themselves. First, I highly recommend that schools utilize Best Practices Suicide Prevention Programs and those listed on the National Best Practices Registry and available at the Suicide Prevention Resource Center. The website for SPRC is [www.sprc.org](http://www.sprc.org) and those prevention programs are research and evidenced based. However, I also recommend that teenagers who have been affected by suicide be provided opportunities to promote suicide prevention. This could be through promoting crisis hotline resources. In addition, it is also possible for older teenagers to go through training for participation in teen crisis lines in larger cities. Teenagers, in addition to raising money and awareness, can also memorialize their friend with a "living memorial". The living memorial doesn't involve permanent shrines or markers or planting trees. It concentrates on promoting awareness, designating key mental health resources in our community, emphasizing depression as being treatable, and the fact that many teenagers suffer from depression in those tumultuous years. Teenagers do need to be involved, and have input in the memorialization, suicide prevention resources, and most importantly being able to debunk the many myths associated with suicide. It is not fate or destiny, and the actions of any one person may make all the difference in the world in preventing a suicide. Student initiatives are important.

14. Should schools promote social and emotional wellness?

Absolutely! I practiced as a psychologist full time in the schools for 25 years and have been concerned that too much focus in recent years has been on student academic performance and overall school academic ratings. I strongly support the theory of Abraham Maslow who emphasized in his pyramid theory that the foundation for all of us is first having physical needs taken care of and feeling safe, secure and a sense of belonging. National research has found a very significant factor for overall adolescent well-being is whether or not they feel connected to their school. I hope that every student sincerely feels like someone at school cares if they show

up today or not! I wrote an article for the National School Board Journal a number of years ago called, The Fourth R—Relationships. I now teach in a university and I learn my student names immediately and sincerely learn about their hopes and dreams and focus on how I can help them be successful. I utilize many activities in my classes that I learned in my previous school position where in addition to directing psychological services I supervised the adventure based outdoor counseling program that utilized high elements to build self-esteem and low elements to increase problem solving and connections to others.

15. How can I differentiate between 'normal' stress & anxiety and teen depression?

This question refers to normal stress, anxiety, and teenage depression. Please review my answer in question number 9. In addition, this question brings up the term "anxiety." I think it is important that it be addressed from several avenues including sleep deprivation. The research is very clear that unfortunately many adolescents are not getting enough sleep. There are a number of factors that contribute to this. Including the fact that, unfortunately, teenagers are not wired to go to bed early and the fact that many secondary schools in this country start too early. The national recommendation is that no secondary school start before 8:30 in the morning. One of the factors that contributes to teenagers' sleep deprivation is all of their technological devices. I suggest that parents decide the bedtime for their child and simply say, "I need your laptop now, I need your cell phone and iPad, and I will charge them and hand them back to you in the morning." National research has estimated that as many as 1/3 of teenage wake in the middle of the night to check to see what might have posted about them. Taking charge of technology is something parents must do to ensure that their child is getting adequate sleep. Inadequate sleep is connected to anxiety, frustration, hopelessness, and depression for young people. Anxiety may also be the result of academic demands and pressure on young people. It was only a few years ago that a young person would be accepted to any state university of their choosing when they graduated from high school. Unfortunately, our flagship state universities have increased standards so it might be necessary to be in the top 8 to 10% to be accepted into these universities. This has added a lot of pressure to young people as parents and grandparents were able to go to that flagship university where their own acceptance is in doubt or they may have been turned down. I like to share with young people who are experiencing these difficulties that I did not make the top 25% of my own high school class in Kansas. And, in fact later, I was kicked out of the University of Kansas for poor scholarship. It took me a couple of years to find myself, and frankly military service helped. Today, I am proud to tell you that I have three degrees, including a doctoral degree and have authored and/or co-authored 5 books. The sentiment that needs to be echoed by staff and parents is that not everything is going to work out perfectly. It is okay to go to a junior college. I actually attended 2 of them. After the student is more successful, they will be able to transfer to a college that may have been one of their top choices. The school district in Palo Alto, California has really wrestled with whether they should have "zero hour." When I was there, I asked, "What is zero hour?" and I was told it was an opportunity to go to school an hour before everyone else and take an extra AP class. My advice was to do away with zero hour, therefore lessening some of the academic pressure on students. At least they initially eliminated it. However, zero hour is now back because parents with extremely high academic expectations for their children wanted them to be able to get an extra AP class into their schedule. I believe that returning zero hour

was a very unfortunate decision. I am obviously looking at the total well-being of our students and recommend when possible to lessen the academic pressure.

Some thoughts for the school and community are the following: Can we make certain that the various academic departments don't all give homework on the same night? For example, maybe Tuesday night is the English department, Thursday night is math, etc. A second suggestion would be to create a forum to allow students to log in to record the amount of time they are spending on each homework assignment. A parent and school committee could examine the number of hours spent on specific homework and make recommendations that could lessen some of the academic pressure. Please, also refer to my comments in question 9 regarding this issue, specifically with regards to anxiety. Perhaps your child is so anxious about a test in their class tomorrow and you know they didn't eat well or sleep well or they were up all night studying for the exam. Or perhaps they are telling you they can't go to school today because they are not ready for that important test. As a parent, you know your child the best and if there is a consistent pattern of these behaviors I have just described, please don't hesitate to get professional help for your child and share concerns about academic expectations.

16. How do you walk the line between your child's privacy/freedom and keeping them safe? It is certainly a challenge in giving your child privacy and balancing your right to know and your concerns. It has been said that some adolescents are leading secret lives with regards to sex, drugs, and other dangerous behaviors. I have a couple of key thoughts on this.

One: I am a fan of desk top computer, meaning it's on the kitchen counter, it's in the family room, and your teenager needs access to that computer but the websites they will be visiting and the comments they will be posting will be significantly different when you are going in and out of the room where that computer is housed. Unfortunately, many parents "gave away the farm" when they gave their children access to technology in upper elementary school. It is then hard to make changes later. If your child already has a laptop then the kitchen counter or family room or dining room table needs to become their work space not their bedroom where they probably have closed the door. In particular, I am extremely concerned about a laptop that contains a camera. Sexting has become a very severe problem in this country. Most students are not aware that sending a picture of themselves nude to a classmate, in some states still can be prosecuted, not as a misdemeanor, but as a felony. I also know that sexting, and being severely humiliated, and being taunted and teased by everyone at school for the picture that was sent out, not realizing it would be shared with everyone was certainly a contributing factor to some tragic suicides of young people. If you have a number of concerns about your child's behavior choices and then I believe you need to do a little snooping of online behavior, diaries and journals. I would also highly recommend finding a shared time that your child will talk to you. I realize parents are extremely busy but we have to make sure there are at least a few times each week when we are not distracted and we give our child individual attention, we are in a listening mode, and hopefully our children will share with us the frustration and challenges they are facing. If you remain concerned about their behavior with school, social life, and family then I suggest it is time to obtain private counseling. I am often asked, "Should it be up to my child whether or not they go to counseling?" My response is, "absolutely not? Your 14 year old is not in a good position to determine whether or not they need help." Simply say, "We are going to get counseling. Would you rather have a male or a female counselor?" Secondly, you could say,

"I am happy to go with you and be in the meeting with you and your counselor, if you like. But, going is not up to you given my level of concern about the behaviors you are exhibiting." I'd like to also take a moment to emphasize I strongly believe that in places where multiple youth suicides have occurred, that all guns in homes need to be securely locked up. I'm aware of numerous situations where the parents believed that their child didn't know where they kept the gun, didn't know the combination to the safe, and didn't know the bullets were stored. I am aware of tragedies that did result. Please, take charge and secure fire arms in your family because your children have all been exposed to suicide and that alone is a risk factor.

Two: The most dangerous thing your child engages in is riding in a car and driving a car. Make sure that you follow the graduated driving laws for your state and be aware that 16 year olds die three times more often than 18 year olds in car accidents and that is usually the result of inexperience. For example, not being familiar with driving after dark and being easily distracted when multiple friends are in the car. Take charge and model wearing your seat belts, never driving while intoxicated, never talking or texting on your phone while you drive your car. If you do those things, then why wouldn't your own children fail to wear a seatbelt, get in a car operated by someone clearly intoxicated, and talk and text while they are driving a car? The most frequent crisis, throughout my career that I have responded to, has been many tragic car accidents that took the lives of our children. These car accidents can be prevented.

17. How can a parent foster a culture of compassion/kindness with their elementary student?

Gandhi had a great quote, "What we do speaks so loudly to our children that when we talk to them, they cannot hear us." His quote certainly stressed the importance of modeling. That modeling is especially important for compassion and kindness. As parents, ask yourselves, "How do I treat my partner in my home? How do I treat my neighbors? How do I respond when I interact with law enforcement when I've been stopped for speeding, having a tail light out, etc.? How do I respond in a teacher conference at school? How do I respond if I'm in the assistant principal's office because my child has exhibited a misbehavior? "These questions set the stage for our children. I believe strongly, when we model compassion, caring for everyone, regardless of their sexual orientation or their religious affiliation that we are setting the tone for children to express kindness and compassion for everyone. A suggestion might be that parents ask that a task force be formed that would include school personnel who would look at kindness and compassion at a school. When we address these subjects, we must also bring up the topic of bullying. It is very important that schools do the following: support the victim and make it clear that the victim does not deserve this and the school will get it stopped and be there for them every step of the way. The bully needs to be told, "Here are the consequences for today...if this behavior continues, and then the consequences will escalate. It will not be kept a secret. All the other staff will be told about your bullying behavior and they all will be watching.

Additionally, it needs to be a teachable moment for the bystanders. Research has shown that the larger the number of bystanders, the less likely someone will intervene. That means one bystander when they are alone and observing the incident is more likely to intervene than when there are several bystanders. It has even been argued that the term "bystander" is too passive. The term needs to be replaced with "witness". When we are a witness to something we feel responsible to report what took place. Reaching the bystanders/witnesses is the key to reducing bullying in our schools. Empathy is really important to address. Empathy involves



envisioning and putting ourselves in someone else shoes. When we can do that, we can envision what it would be like to be treated a certain way. Hopefully, parents discuss empathy with their children as opportunities might arise when watching movie or television program or discussing something that happened at school. You could ask, "How do you think that person might have felt in that situation?" The parent can help the child envision and empathize with the thoughts that had to be going through the movie character or real child's mind at the time. .

18. How does bullying in elementary school impact suicide in later years?

I did address a number of issues about bullying in question number 17. I do want to emphasize the literature says that we have underestimated the impact of being a bullying victim. Bullying may affect us for decades and therefore the things that I said about the critical role of schools and parents are very, very important to be able to reduce and eliminate bullying. In addition, it's important to clarify that there is a relationship between bullying and suicide. The research which is summarized by the Suicide prevention Research Center [www.sprc.org](http://www.sprc.org) in a brief entitled, "Suicide and Bullying", can be summarized with a few statements. There is a strong association between bullying and suicide. The research does not show a causal relationship between bullying and suicide as it is almost impossible to rule out other factors. For example, things like poverty, loss, trauma, mental illness, and abuse. A number of parents believe strongly that bullying caused the suicide of their child and they have actually sued the school district. One of those cases went all the way to the Supreme Court in Kentucky which ruled in favor of the Floyd County School District. It is almost impossible to rule out all the other contributing factors, but it would also be impossible for us to say that being a bullying victim did not contribute to the death by suicide. My strongest hope is that schools have bullying prevention programs and suicide prevention programs and that staff will not hesitate to ask the student known to be a victim of bullying, "Have you thought about giving up? Have you thought your life might be hopeless? Have you thought about dying by suicide?" There is a strong association between bullying and suicide that schools, families, and communities need to recognize.

19. Should schools be using a universal screening tool to help identify students who are at risk?

I believe the best thing to come along in decades to prevent youth suicide is depression screening. I am a strong advocate for Signs of Suicide which is available at [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org) Signs of suicide has two major components, first is a very well done video with the motto ACT; Acknowledge, Care, and Tell. The video, a middle school and a high school version, clearly shows young people exhibiting suicidal warning signs. But, their classmates and their teachers identify their warning signs and get them help utilizing ACT (Acknowledge, Care, and Tell). The second component is a brief 7 item questionnaire that contains questions about energy level, joy of life, depression, thoughts of suicide, and suicidal actions. Students at either level in a classroom setting, answer the 7 questions, turn it over and score it, and know immediately whether or not they need to see a mental health professional today. I am proud to serve on the SOS advisory board. But, speaking honestly, I have found it difficult to convince schools to utilize this universal depression screening. I strongly recommend that all middle schools and high schools implement the SOS program every single year. I've sometimes been asked, "Well, we've done SOS two years in a row with the same students...should we do it again?" And I might say, "This year, bring in a mental health speaker

talking in classrooms to students...not in an assembly...reviewing suicide prevention and highlight the key components that are in the motto ACT.” I also want to emphasize the SOS program is not expensive and believe it is the best program to come along in decades because we are reaching the students themselves. Students tell things to each other that they are never going to share with adults. The SOS program teaches students how to respond and stressed getting adult help!

20. Are affluent communities at a higher risk for suicide?

Specifically, I have been involved just in the last two years in responding to suicide contagion and clusters in New Smyrna Beach, FL, Fairfax County, Virginia, Palo Alto, California, and in Colorado. I believe all of those communities would meet the definition of being affluent. Youth suicide, however, does cross all racial and socio-economic boundaries in our country. The part that is difficult to clearly designate is whether or not affluence contributed to the suicides in those communities. I might argue that clusters in other less affluent communities may have occurred and have stayed under the radar and somehow not been the focus of media stories. The Center for Disease Control as described in question 1 has been studying suicide contagion in adolescents. They have identified a number of factors, including the following: families reluctant to get mental health services for their children, substance abuse, gun availability, harassment of GLBT students, and academic pressure. Those are the factors that we have identified so far. Those epidemiology studies continue. My hope will be that the school community and the parents who tragically lost their sons and daughters to suicide will contribute to those studies because it can only help us in identifying at-risk youth and preventing further suicides. To summarize, my belief is that affluent communities are at higher risk but we don't have substantial research to clearly determine if that is the case.

21. Is there an increased risk of suicide for students with ADHD or sensory issues?

I am not aware of increased suicide risk for students with sensory issues and hyper-sensitivity. There is growing research that links attention deficit hyperactivity disorder and suicide (ADHD). Children with ADHD often have co-existing mental health issues and if their ADHD is untreated they are especially at risk for frustration, school failure, and depression. Parents are encouraged to obtain the proper treatment for a child identified with ADHD. Personnel such as physicians, psychologists, and school counselors in addition to parents are encouraged to monitor these children for signs of depression. Mental health professionals and parents should not be afraid to inquire directly about suicidal thoughts and if the child discloses suicidal thoughts/actions then a safety plan needs to be implemented.

22. How can parents best address the 'choking game' with their children?

This question has to do with the "choking game" which goes by many different terms like: pass out, black out, etc. It's very unfortunate that it is called a game because it can be deadly. Most young people learn about it from another student at school or online. The activity is often engaged in by pairs. One young person might ask the second young person to choke them until they pass out. You must be wondering, why they do this, and what is the possible benefit? The benefit is that the oxygen to your brain is stopped through the activity and then returns to your brain when the choking has stopped, causing a "high." Students do it to get the "high." The

literature discusses that a number of students have gotten the message that drugs are bad, which is a very important message, but they did not get the message that the choking activity is bad. Some schools have found “good kids”; kids who play on sports teams, kids on student council actually engaging in this behavior. And, they do it to experience that sense of a “high.” The activity is particularly dangerous when one young person engages in it in isolation because they pass out and therefore cannot release the pressure from the rope that they have put around their neck. I encourage parents to be alert for the following: Are there ropes and straps in your child’s bedroom that simply do not need to be there? Have you noticed your child with bloodshot eyes, coming out of their room disoriented, or having marks on their neck? Have you heard a loud thud like someone falling in their room? The question of how much to discuss this with young people is actually quite challenging. I highly support discussing suicide prevention in a classroom, a small group, or an individual setting. I do not support discussing suicide in an assembly. Likewise, the choking game should not be discussed in an assembly. Additionally, I do not recommend discussing it in a classroom setting. The reason for this caution is that someone in the classroom will inevitably speak up and say, “Oh, yea! I did it and I felt really cool. I got the feeling of elation afterwards.” This is the problem with discussing it in a group. However, given the tremendous danger of the choking activity, I do believe it is important for the parents of middle school adolescents to have a discussion with them. It might be best brokered with a lead in question such as, “Hey, I heard something about this choking game or activity. What is that?” And, then the parent listens and then talks about the dangers of the behavior. For more information, I encourage everyone to visit the Games Adolescents Should Not Play Foundation [www.gaspinfo.com](http://www.gaspinfo.com)

23. What are some effective suicide prevention programs?

The effective suicide prevention programs were discussed in question 19. In particular, I highlighted Signs of Suicide (SOS) on the National Registry of Effective prevention programs. But, that is not the only program that is highlighted there. A number of programs also provide very important prevention information for school staff and parents. One of the programs listed there is Sources of Strength which provides a broad based approach to teaching young people, not only how to recognize when they or someone they know is suicidal, but that program also promotes various sources of strength; resiliency factor, and key skills that all promote social and emotional wellness for young people.

24. Should I read my child’s texts, google hangouts, Facebook, Instagram, etc.? How much should I ‘snoop’?

This is a great question about how much should you snoop. I have addressed this in a number of previous questions. Refer to the answers in questions 7 and 16. I want to again stress, that as a parent, you know your child the best. You should be in a good position to address whether everything is healthy and appropriate in your child’s life right now. If you do not believe that things are healthy and appropriate, you are concerned about behavior, friendships, websites, if you are seeing signs of isolation and possibly depression, or substance abuse then it is really important that you snoop. My experience has been that parents are often extremely high on denial and they are reluctant to acknowledge there is a problem and get help. The first place to start is with the school counselor, “I am concerned about my child for these reasons...can you

give me some information about how things are going at school? Does this seem out of the norm for you? You're trained as a counselor. Do I need to get some mental health treatment for my child in the community?" Please, share your concerns with the school counselor and determine whether you need to snoop and most importantly do you need to seek mental health treatment for your child. To be honest, the majority of the time in my 35 plus year career as a school psychologist when the parent described to me what was going on and asked, "Should I be worried? Should I go get help?" Nearly 100% of the time the answer was "yes" and the parents knew I was going to say this. They simply needed to hear it.

25. How can schools/parents help students develop coping skills?

Resilience is arguably the biggest word in our vocabulary post 9/11/01. What is resiliency? Resiliency is learned. The modeling that adults do in our families is very important in order to help our children bounce back from adversity. The keys to resiliency are the following: Being comfortable venting and sharing strong emotions, being surrounded by loving and caring family and friends, utilizing problem solving skills and always remaining optimistic about the future. These are issues and skills that really need to be emphasized beginning at the elementary school level through activities and through learning from Americans that have faced incredible misfortune and yet they persevered. One great example is Abraham Lincoln. He had many misfortunes, lost many elections in a row before he finally won one. Our materials in school should certainly highlight successful people who overcame obstacles in their lives. Parents often wrestle with how much they should share with their children about their own obstacles, difficulties, mistakes and misfortunes. As a parent, you will be in the best position to determine when to share some of those obstacles and adversities you've experienced. For example, my own children know that I was kicked out of school. I shared with them in the hope that they would not repeat my poor scholarship in the early days of college. None did. I think these are important lessons to share in our families. The most important thing about focusing on resiliency and coping skills is the following: the worth of our children or a student at school should never be in question, nor should our love for them be questioned. This means that we need to be very careful in moments of anger and frustration regarding what exactly we say to them. We should clearly state, "I am disappointed in your misbehavior. However, my love and appreciation for you as a person is never in question. But there will be a consequence." This means that calling a child "stupid" and yelling at them should never take place. Only statements such as, "What can you learn from this? Do you need to apologize? How can you do something to make this right?"

26. At what age should we begin talking to our students about suicide?

It's a challenge to figure out when we should talk to a young person about suicide, both in our homes and in our schools. I've already said that in our families we need to tell the truth when we have lost a loved one to suicide. Upper elementary school counselors all across this country have emphasized that more and more 5<sup>th</sup> graders have expressed suicidal thoughts. However, most adults have never thought we need to talk to 9 and 10 year olds about the problem of suicide. I was involved in a legal case in Blue Springs Missouri where sadly a 10 year old child drew a picture of himself hanging and wrote, "If someone doesn't stop me, I will hang myself at 4:35 today." He handed that note to a 5<sup>th</sup> grade classmate. I'm sorry to tell you that the

classmate did not alert an adult because no one had ever talked to her about suicide and no one had ever anticipated her being in that position. Tragedy was the result. Most programs on the Best Practices Registry, are middle school and high school programs. The only program mentioned at the elementary level is the Good Behavior Game which focuses on appropriate behavior and social skills not on suicide prevention directly but it has demonstrated promising results for suicide prevention. I believe strongly that we have to get across to elementary students that if something doesn't feel right, something is giving them a bad headache, or a feeling in the pit of their stomach because something really bad could happen, they need to get adult help. It is my hope that in the next few years, at least for upper elementary, we come out with programs for students that will emphasize that 1-800-suicide is a national crisis helpline that can be called every moment of the day. Frankly, the majority of calls to the helpline are not about suicide. They are from kids who are experiencing trauma, bullying, loss, don't know where their parents are, there's nothing to eat in their home, their electricity has been turned off, or they've had a really bad day at school. So, I'd really like to see the national crisis help line as something that we share with elementary students.

27. Will talking to students about suicide/choking game put the ideas in their head?

I've already addressed the importance in several questions about the importance of talking openly and directly with our young children about suicide. Certainly beginning in middle school and through high school. And, in question 22 I talked about the importance of speaking individually with students about the dangers of the choking game. I want to reiterate the reason we have so many suicides that occur is because we do not talk about it. Talking about suicide does not plant the idea in someone's head.

28. How do we respond when our child says "I'm the worst kid in the world" when they get in trouble or make a bad decision? Is this a warning sign?

Several previous questions (5, 7, 9, 12, 15, 16, 17, 22, 25, and 26) have talked about the importance of communication between parents and children. Specifically, what should we say when we have a child who consistently berates themselves, puts themselves down, says things like, "I'm the worst kid in the world! Nobody is as bad as I am!" Obviously, this would be very concerning when we have a young person who is making these derogatory statements about themselves. First of all, in our schools and homes, we need to be able to clearly let our children know all of the things we love and appreciate about them. I like to begin every conference about a child by asking the adult present, tell me the things you truly love and appreciate about this child. Frankly, I am the most concerned when a person tells me one thing and then goes to the negative or they do not tell me one positive thing at all. I believe that all children do far more right than wrong. Parents need to clearly stress positive qualities for their child. Most importantly, how they love and appreciate the child for who they are. But, what if your child continues these derogatory statements and they have been pervasive and persistent. Then you need to get mental health treatment for your child. Get them involved in treatment to help build up their self-esteem. Additionally, it is really important that all students find their niche. What do I mean by this? Our children need to find an activity where they feel successful. It could be running down the field in football, playing chess, reading books, volunteering in a retirement home, tutoring a younger child. We simply need to put all children in a position where they are

doing something they feel good about. This can go a long way towards alleviating situations in their life that are not going so well. Find an activity that your child can participate in, feel good about it, and have a sense of accomplishment about what they are doing.

29. How can I help my child who reached out in a positive way to a child who ultimately completed suicide?

This question brings up an important point. Some of your children may have reached out and tried to help and yet their friend or classmate still died by suicide. It's important that young people know that we cannot prevent every suicide. The young person who died by suicide traveled a very long road. It was never one thing, it was never one person, nothing and no one is to blame. I have often shared with young people devastated by the suicide of their friend that they didn't really know much about suicide. They didn't really think it could happen to someone they knew and cared about. Unfortunately, no-one had ever prepared them by providing them with information about suicide and what to do to intervene with their friend. I know, because, I lost my own father to suicide and I missed the obvious warning signs he was exhibiting. I will forever second guess myself for failing to take action to get him mental health treatment. I have found some comfort in getting involved in suicide prevention and I believe that many survivors of suicide ultimately reach a point where they also get involved in suicide prevention because they just may be able to save the life of someone else's loved one. I would say to these young people who lost a friend to suicide that, in many ways, this will be something you will always feel sad about, but it's very important that you give yourself permission to go on with your life and focus on what is in front of you so you can be successful. There will be times when this will be especially difficult for you. This would logically be the birthday that the deceased would have had, or the anniversary of his or her death. Do not hesitate to reach out to your parents and counselors at that time. As months and years go by it will get a little easier but it is always something that will stay with you. Many people who have lost loved ones to suicide decide ultimately that they would like to get in a helping profession....as a counselor, physician, and social worker for example. The adults who are reading this question should always be there for the child who has lost a friend to suicide. I've been aware that young people have often been told by well-meaning adults, "Oh, you should be over that by now. You shouldn't be focusing on that. I'm tired of hearing you talk about the friend(s) you've lost to suicide." Obviously, these are not the correct responses from adults. Instead, the answer should be, "I'm always here to listen to you. Please, know there will be a lot of ups and downs to this and I'm here for you every step of the way. Things will get better and if you feel they are not getting better, then we are going to get you professional help". Please, contact the school counseling office and get a referral to recommended provider in your community that are skilled with working with teenagers in trauma and loss issues.

30. Are there times when well-intentioned peer/teacher support exacerbate normal teenage angst? What are the limits on this support/if any?

This question has to do with the issue of support for young people that have experienced trauma, losses, and the young people who are depressed. Please read my answer to question 29, which simply states that our schools and families often underestimate the effect of trauma and loss and especially the effect of suicide on our children and students. I don't believe that too

much support can be offered. We need support in school, support in our home, support in local mental health, and support in our local churches. We need to continue to revisit the losses and suicides with our affected young people and not hesitate to ask how they are doing. They will quickly let us know if they are doing okay with it, and will probably thank you for asking.

Teachers and counselors being aware of the anniversary of a student that committed suicide should say to the friend of the student, "I know that tomorrow is the day a year ago that your friend died by suicide. That might be on your mind. I'm here to listen if you'd like to talk about it." I simply do not believe there can be too much support after the suicide of students. One Canadian study, clarified that we underestimate the impact of a suicide and focus on too few people being at risk. The same study said that losing a student to suicide might affect classmates and schools as long as 6 years. I know that is something that people reading the answer to this question do not want to hear. It's necessary to provide support for affected students now and for many years to come.