



Keeping your mind over your matters.

Teen Suicide Prevention Conversation Starters...

How To Talk With Your Child About Teen Suicide

According to Premier Psychological Services Founder and Clinical Psychotherapist Nancy L. Peskin, MSW, LCSW and Licensed Psychologist (Clinical, Clinical Child) JoAnna Snider Anderson, Psy.D, parents should always take a proactive role in the lives of their children and their children's circle of friends in order to determine whether their child is showing signs of depression and is at risk for suicidal thinking. The following examples are ways to get the conversation rolling with your child based on age appropriate stages of cognitive and emotional development.

Ages 5 - 7

With this age group, there might be thoughts of wishing they were not born, or thoughts like "I'm so mad/sad I just want to die", but the intent is typically very low. However, the thoughts do need to be taken seriously. You might engage them in a conversation about "what is making you so sad that you don't want to be here." If you see it becoming a pattern of thoughts and behaviors (biting, pinching themselves, banging their head, lots of talk about sadness and death) you ought to seek professional guidance.

Ages 8 - 12

If parents notice drastic changes in their child's behavior, such as increased irritability, sleep changes, appetite changes, regressive behaviors (displaying behaviors typical of a younger child) they should monitor these changes closely and not dismiss them as a phase. The child's artwork may have themes of death and aggression. When upset, the child may say "I want to die" "Just kill me" "Why did you have me?" As in the younger age group, you don't want to deny the feelings, but instead engage them in a conversation about how often they feel this way; how long have they felt this way and if they were going to hurt themselves, how would they do it? If a plan is identified, seek immediate help. If you notice the above behavioral changes for two or more weeks, your child may be clinically depressed and in need of professional help.

Ages 13 and up

This is the most difficult and high risk age group for suicidal thinking and behaviors. These children tend to be less open about their feelings and may deny the presence of a problem and instead be more likely to discuss their feelings with peers. Parents may notice irritability, increased crying, appetite changes (eating more or less), sleep changes, isolation and withdrawal from family and friends and activities they once enjoyed no longer interest them. In addition, their personal hygiene may decrease. (Their hair may remain dirty, they may not bathe, brush their teeth, etc) If you notice these behaviors over a span of two weeks to a month, professional consultation should be sought. However, the following behaviors, if present, necessitate IMMEDIATE attention: self-harm (cutting, burning, scratching and breaking skin surface) giving away prized possessions, talking about and a fascination with death, increase in drug/alcohol use, finding a note or drawings with suicidal intent, are just some of the behaviors a suicidal teen may display. If a teenager actually says something about dying, once again the parent needs to engage them in a conversation and find out if there is a plan, a timeframe, reasonable means (guns in the house, access to medication, etc.). Even if the teenager denies suicidal thinking or intent, if any of the warning signs are present, professional intervention is a must.

The above are guidelines for parents to be aware of and follow and are not intended to be used to diagnose or treat a depressed individual. Always seek professional counsel.

Nancy L. Peskin, MSW, LCSW, Founder and President of Premier Psychological Services (www.premierpsychservices.com), a clinic that specializes in comprehensive evaluations and therapy for children, adolescents and adults who have attentional, behavioral, cognitive and academic problems in school, work, home or social settings. After earning her Master's Degree in Social Work from the University of Pittsburgh where she was the recipient of the Dean's Scholar Award, she spent several years in an inpatient hospital setting conducting research and providing therapy to adolescents and adults who were struggling with anxiety, mood and eating disorders. After much soul searching, she left the hospital to develop and launch a successful out-patient mental health clinic within a



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rural medical facility for underprivileged children and families outside her hometown of Pittsburgh, Pa. She provided numerous seminars at public and private schools, doctor's offices, church youth groups, and community chamber meetings on childhood disorders/treatments before moving to Houston in 2001 to begin providing specialized services for children and adolescents.

JoAnna Snider Anderson, Psy. D. is a Licensed Psychologist (Clinical) who received her Doctorate of Psychology from Spalding University with an emphasis in childhood disorders. In addition to her consulting contributions with Premier, she also provides comprehensive psychological services for children with neurological differences in a private therapeutic school environment. Dr. Anderson also has significant training in the ADD/ADHD assessment process. Her expertise enables her to consider other conditions or developmental disorders that might co-exist with ADD/ADHD or, in some cases, better explain the difficulties found within the family seeking help for their presenting problems.

About MindOH!

MindOH! was founded in 2000 to provide young people, educators and parents with the necessary tools to help develop strong character traits and healthy self-concepts. The Company creates character-based, interactive tools that teach students problem-solving techniques and communication skills, reinforcing universally held virtues such as respect and responsibility. MindOH!'s *Discipline and Life Skills Series*™ (DLSS) and MindOH!'s *At Home Series*™ (AHS) incorporate scientifically based research and adapt successfully in multiple environments, such as home, education, juvenile justice and youth organizations. In 2001 MindOH! extended their commitment to character education by starting the MindOH! Foundation (www.mindohfoundation.org). Every year, the MindOH! Foundation sponsors the Character's Cool Contest which is a national, online contest for kids to reflect on what it means to have good character. For more information, visit www.mindoh.com.