

TALKING TO CHILDREN AFTER SUICIDE:

Tips for Child Life Professionals

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Suicide is preventable. Behavioral health treatments are effective, and we all can help build safe and supportive environments that promote positive mental health and help-seeking for children and families. But despite growing prevention and intervention efforts, suicidality is still one of the leading causes of death globally for people over 10-years-old (WHO, 2019). As child life professionals, many of us support children and families through death, grief, and other difficult stressors every day. Unfortunately, many of us will likely provide support to children and families because of suicide attempts and deaths at some point during clinical practice. The information presented here is intended to help child life professionals navigate the unique coping challenges associated with discussing a suicide attempt with children.

Talking to Children After a Suicide Attempt

Some families may worry that discussing suicide with children will be traumatizing or otherwise negatively affect the child (University of Utah, 2022). But we know that shielding children from adversity can only lead to complicated emotional outcomes moving forward (Cormell, 2022). The way a situation is handled by adults is more influential to child trauma or coping than the event itself (Alvis et al., 2023; Cormell, 2022; University of Utah, 2022).



When encountering a challenging situation, validate for the family that it is natural to want to protect children. Reassure the family that, though scary and stressful, sensitive support to help children understand the situation is necessary for appropriate coping. Help the family understand the nuances between potentially supportive interactions and potentially stressful interactions that could lead to additional trauma.

Concerns of Not Telling Children:

- Learning about suicide and/or the attempts from peers, communities, or the media may cause the child to lose trust and feel hurt, lied to, and isolated from important adults.
- Secrets are confusing. Children perceive when adults are keeping things from them. Avoiding details about the attempt may contribute to child feeling responsible for what happened, responsible for the negative emotions of those around them, or like they are “bad” or did something wrong to cause important adults to keep secrets and/or avoid them.
- Reinforces misconceptions that suicide is not appropriate to talk about, potentially causing the child to feel like they can’t ask questions or talk about the person or what happened. This is concerning due to the need for continued explanation as children grow to prevent developing misconceptions, and helping children feel safe to share thoughts and feelings as they age, about this attempt by the loved one, but also about their own mental health struggles, stress, risky exploratory behavior, etc.

Conversation Tips

Whether for ourselves or for families whom we are coaching through these difficult conversations, it is important to prepare what to say, how to say it, and anticipate any questions or reactions that may arise prior to starting the conversation about a suicide attempt with a child (Alvis et al., 2023; CHOC, 2023; SAMHSA, 2012; University of Utah, 2022).

Encourage parents to use accurate information.

Real terminology prevents misconceptions and loss of trust. Phrases and euphemisms meant to be sensitive may be confusing for children. Withholding or overly mollifying information can

contribute to child feelings of confusion and guilt, and can also discourage children from expressing their thoughts and feelings.

If not positive, then neutral.

Adults’ framing of a situation influences how children perceive, understand, and remember it. Negative, judgmental statements, such as “they were selfish,” contribute to the child perceiving suicide and the person as bad. Projecting worries and openly expecting poor child reactions can lead to perceived trauma, as children incorporate these ideas from others into their understanding of the event as they grow and develop. Encourage families to stay neutral when discussing suicide, and positive and encouraging when discussing the person and the child. This is particularly important to consider when working with many family members at once, as gentle reminders and reframing of statements may be necessary to ensure supportive environments.

Practice what to say beforehand.

Children often have limited meaningful past experiences with suicidality and death. Understanding why someone would hurt or kill themselves on purpose is likely to be a difficult concept for children to grasp. Ask the family about past experiences and use this information to frame explanations in ways the child can best understand, relate to, and retain.

All children should get the same basic information.

The initial conversation should consist of short, simple, developmentally appropriate explanations for the younger children. Details can be expanded and further explained to older children now or later. This ensures all children have an accurate and appropriate understanding without younger children feeling excluded and older children feeling like they must keep secrets or protect younger children from certain details.

Be aware of relevant terms.

NOTE: If the child has experience with neurological disorders, it is important to differentiate between neurological and psychological. For example: "The brain can be sick in a lot of different ways. Your [epilepsy, migraine disorder, concussions, etc.] will not make your brain think you need to die." For more examples of terms relevant to suicidality, please see the blog post about talking to children and adolescents about suicide.

Keep it short.

Though the conversation may be started in the hospital setting, it can and will build over time. Every detail does not need to be discussed right away. Start with the most basic and necessary information for the moment and follow the child's cues to share more details. Help families practice what they might say as the child asks for more details outside of the hospital. Remind families it's okay to say they don't know the answer to something and validate that they have questions or are confused by the situation as well!

Talk about feelings.

Validate whatever the child is feeling. Explain that all feelings are normal and okay, even non-fun feelings like anger or sadness. Encourage families to express their own emotions in front of the child. "Staying strong," does not help children learn coping skills or build the sense of safety necessary to share their own grief, which is important for the family to see how the suicide is affecting the child. Remind children they are loved, and this is not their fault.

Perfection is not the goal!

Families may be worried about "saying the wrong thing" or "ruining their childhood." Remember that children just want to understand to the best of their ability what is happening and how it will affect their lives moving forward, just like we all do! Yes, language choice and timing are important. But more important is having the conversation in the first place and reminding the child that they are safe, and it is okay to talk about and ask questions at any time.

The Conversation

- Warn the child that this is a serious conversation.
 - ◇ "I need to tell you something that is very sad."
 - ◇ "This might be very hard to hear, and it's okay to be sad or cry if that's how you feel. And it's okay to be angry, confused, happy, or anything else that you feel! I am feeling..."
 - ◇ "I might start crying when I tell you this because it makes me very sad, but that's okay. I can still talk about something that makes me sad, and I want you to know what's going on."
- Start with the most important details: They made themselves die (or tried to) on purpose.
 - ◇ "They made themselves die."
 - ◇ "Their brain was sick and they chose to die."
 - ◇ "When someone makes themselves die on purpose, it's called suicide."
 - ◇ "When someone dies, their body doesn't work anymore. They are not alive anymore."
- Build on this as the child shows interest. Ask if they want to keep talking about it now, or if they want to take a break. Remind them you are available any time when they're ready or have questions.
 - ◇ "They made themselves stop breathing."
 - ◇ "They made their heart stop."
 - ◇ "They hurt their body and the doctors couldn't fix it, so they died."
 - ◇ "They had been feeling very, very sad and couldn't think of another way to stop the sadness."
- Explore reasons why the person wanted to die.
 - ◇ "Some people have an illness called depression. Depression makes them very, very sad and confused. Suicide is when a person is so sad, they choose to die to make the sadness stop."
 - ◇ "The brain is an organ, like the heart or

stomach/belly. Sometimes it can get sick, just like other organs. Their brain was sick, which made them feel very, very sad/emotional pain, and confused. Some people can't think of any other way to stop those hurt feelings, and they choose to die."

◇ "They had an illness called depression. They've had it for a long time."

5. Discuss what the child would do if they ever felt like dying.

◇ "Do you have anybody in mind you feel comfortable talking to about really strong feelings?" NOTE: Make sure they name a trusted adult, or offer them the names of a few trusted adults (e.g. family, teachers, coaches, neighbors, friends' parents, etc.)

◇ "What would you do if one of your friends ever told you they feel like they want to hurt themselves or don't want to live anymore?"

◇ "I am always here if you ever feel so sad that you don't want to live anymore."

◇ "If you ever feel this way, or if someone else ever tells you they don't want to live anymore, you can always tell me or another adult right away so we can help."

How Children Show They Need More Details

- **Asking questions.** Children only ask questions they want to know the answer to. Their questions are a clear indication that they are seeking more information and understanding.
- **Referencing the person or death.** This may mean they are trying to make sense of the situation or have questions on certain aspects or details, but don't have the language to ask or are worried to bring it up.
- **Expressing misconceptions.** Incorrect or exaggerated details when talking about the person or death could indicate they didn't fully understand the information in the first place, or that they developed misconceptions while trying to process the death in their mind.
- **Opportunities in everyday conversation.**

Be attentive to moments when the child's questions or comments naturally lead to discussions about the death or the person, as this presents an opportunity to provide additional information in a relevant context.

When the Family is Not Ready to Tell the Child

Though it is ideal to be open and honest from the beginning, sometimes it can be very difficult for loved ones to tell children about a suicide attempt or death. If a family shares that they do not intend to disclose the suicide to the child, explain the benefits of being honest, and make it clear that even if they do end up choosing to avoid some details now, they can always change their minds and disclose the suicide later.

Something to consider: Sometimes, especially with a suicide attempt, details are extremely limited. Families may want to wait to disclose the suicide until they have more details to share. While this logic is valid, reassure the family that it is okay to tell the child that there are very little details and everyone is confused about what happened, but that the family will share new information as they learn it.

Disclosing the Suicide Attempt Later

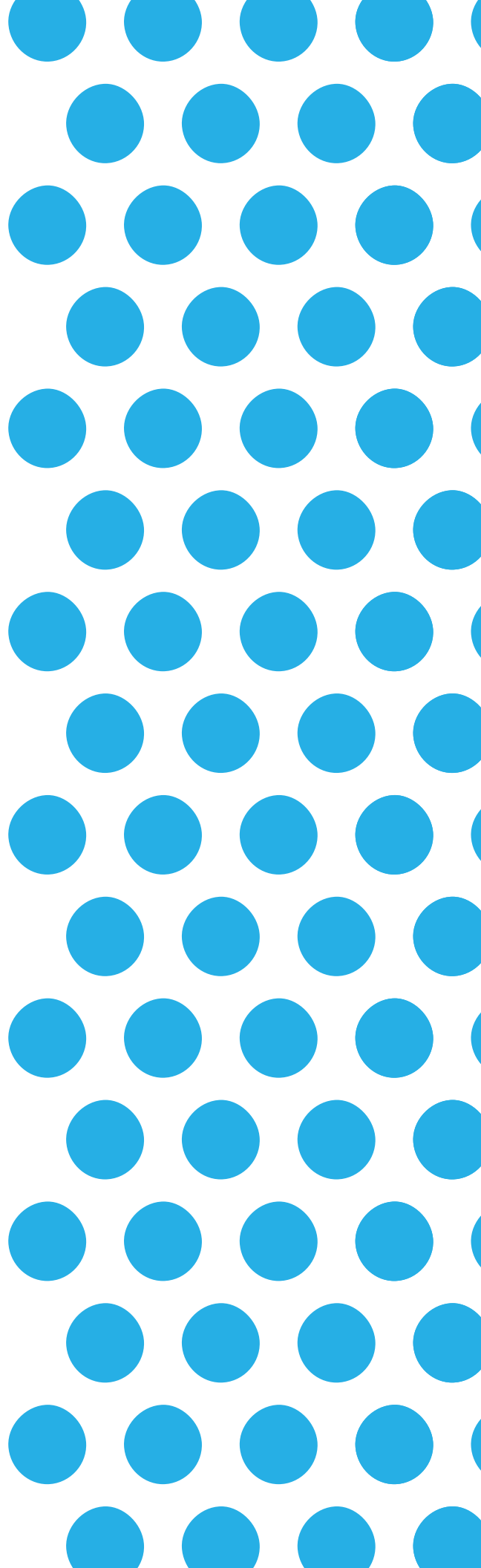
Validate that it is okay for the family to have not originally disclosed the suicide. More complete and accurate information can be shared at any time after the initial conversation. Prepare the family to expect initial strong emotions of sadness, confusion, and even anger. Reassure them that this is normal as the child is integrating the new information with what they already learned and processed.

◇ "Remember I told you that they were hurt/in the hospital/stopped breathing? Would you like to know a bit more about why that happened?"

◇ "When they were hurt/in the hospital/died it was hard to explain exactly what happened. But now I'd like to tell you more about how they got hurt/died."

If the child shows signs of strong feelings, emphasize that nothing the child did contributed to withholding these details. Be honest about why they weren't shared before and focus on the child's strength and ability to cope.

- ◇ "I've noticed how you've been sharing your feelings since they got hurt/have been in the hospital/died and I think you're mature enough to know some more about what happened. Can I tell you a little more about it?"
- ◇ "It made me sad to think about and I was worried it would make you sad too, so I didn't want to tell you at first."
- ◇ "I was trying to protect you, but that wasn't fair of me. You deserve to know, if you want to."



Helpful resources to give to parents after a suicide death

<https://aws-fetch.s3.amazonaws.com/flipbooks/childrenteenssuicideloss/index.html?page=1>

Online e-book for parents to help children of all ages understand and cope with a suicide death.

<https://www.camh.ca/en/health-info/guides-and-publications/when-a-parent-dies-by-suicide>

Web article about common questions children have after a suicide death and how to address them.

<https://www.winstonswish.org/support-young-children-after-death/>

Web article with information to help very young children cope with death in general and answers questions about children and funerals.

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