



The Sashbear Foundation

Managing Trauma and Distress when Coping with Loved Ones' Risky Behaviours,

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Suicidality – The Problem is Enormous

- At least 45,000-60,000 completed every year in the U.S.
- About 23 suicide attempts for every one that is completed
- More than 1.1 million suicide attempts each year
- More than 2 million parents, millions of siblings, grandparents, and other loved ones become **traumatized**, stigmatized, and confused about what to do in the face of suicidal behaviors

What Do We Mean by ‘Traumatized’?

- When an event, or series of events, causes a lot of stress, it is called a **traumatic event**
- Traumatic events are marked by a **sense of horror and helplessness**
- Traumatic events typically involve **serious injury, the threat of serious injury or death and/or sexual assault**
- Traumatic events can either be **experienced personally or witnessed**; individuals’ witnessing the trauma of a ‘loved one’ typically have a traumatic reaction themselves
- it is particularly traumatic for parents when one’s child is involved in a traumatic event such as self-harm or suicidal/risky behaviors-**parents/relatives in this position are themselves at risk for developing an initial Acute Stress Disorder (ASD) or, eventually, Post-Traumatic Stress Disorder (PTSD)**

Family Members Are At Increased Risk for Developing Stress Responses Following a Child's Suicidal Behaviors

- When a child engages in suicidal or other high-risk behaviors, it has an impact on parents and other family members who can themselves develop stress responses and even Post Traumatic Stress Disorder (PTSD).
- Parents and family members can also *develop different types of PTSD*, with some experiencing more intrusive or avoidant symptoms, while others experience a great deal of emotional turmoil and alteration in their beliefs as result (for example coming to believe that “I must be a bad parent if my child continues to struggle”)
- Earlier traumas that a parent/family member may have experienced (for example, their own earlier abuse, a serious car accident or illness, etc.) can render that parent/family member more vulnerable to developing PTSD in response to a child's later high-risk behaviors

Acute Stress Disorder (ASD)

- ASD is an **anxiety disorder** that develops within one month of experiencing a traumatic event that lasts at least three days and can persist for up to one month
- ASD is characterized by **dissociative symptoms** such as feeling numb, detached and emotionally unresponsive
- ASD is characterized by **re-experiencing the traumatic events** in terms of recurring thoughts, images, flashbacks and nightmares
- ASD is characterized by avoidance, particularly of people, places, activities, etc., that remind one of the traumatic event
- ASD is characterized by increased distress and vigilance

Post-Traumatic Stress Disorder (PTSD)- How Is this different from ASD?

- PTSD is a stress disorder that develops after experiencing/witnessing/learning about (if close friend or family member is involved) an event involving actual or perceived threat to life or physical integrity. Also covers repeated exposures to non-personal trauma (e.g., first responders)
- Characterized by four clusters of symptoms: re-experiencing (1 symptom), avoidance (1 symptom), negative alterations in cognition/mood (2 symptoms) and increased arousal/reactivity (2 symptoms).
- Duration of the disturbance is more than one month.
- The disturbance causes clinically significant distress or impairment in social//family functioning.

Parents who have witnessed, and been involved with, a child's suicidal, self-harming or risky behavior have a significant chance of themselves becoming traumatized and developing either ASD or PTSD

Understanding Trauma- The Bio-Psycho-Social Theory

The Bio-Psycho-Social Model helps us understand stress and trauma by looking at the components separately and how they interact, or affect, each other:

Important to Recognize that:

- Trauma is a normal response, as is healing from it (*70% of adults in the US have experienced trauma*)
- Current traumas are impacted by past stress/old traumas
- Your **body** has a physical response to stress & trauma
- Trauma & stress effect your **mental health**
- Trauma & stress affects your **social life**, relationships, and your professional work.

The Importance of Self-Care for Parents/Relatives

During times of heightened stress/trauma, it is critical to pay attention to how you are doing as a parent/relative: **This means putting the Oxygen Mask on yourself before trying to caretake/problem solve for others.** You can do this by:

- **Reducing biological vulnerabilities**, take care of your body track and balance sleep (not too much, not too little), eating, exercise, physical wellbeing, and general self-care!
- **Taking care of your Emotional Wellbeing**-build new and positive experiences into daily life
- **Taking care of your Psychological Wellbeing**-turn your attention, with intention, towards what is safe rather than stressful in your life
- **Taking care of your Social Wellbeing**- build supportive relationships
- **Taking care of your Cultural Wellbeing**-doing things that your culture supports!

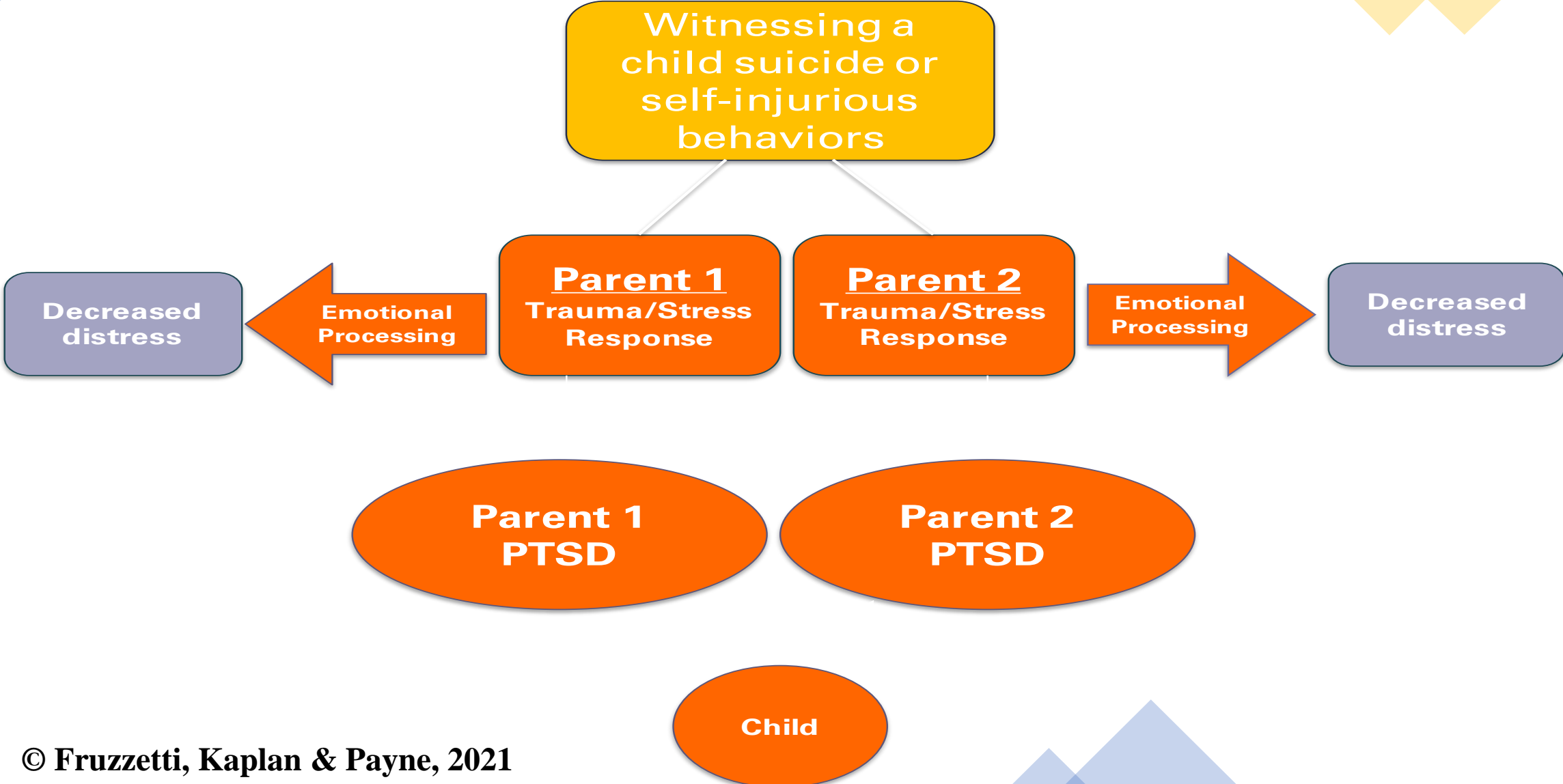
Understanding the Impact of Traumatic Events- The Importance of Emotional Processing

- The Bio-Psycho-Social Model helps us understand stress and trauma by looking at the components separately and how they interact, or affect, each other:
- Natural recovery results from the emotional processing that occurs during daily life by the repeated activation of trauma memories/responses and feelings and the sharing of these with others
- In the absence of additional trauma, these natural/informal exposures contain information that disconfirms the common, post-trauma perception such as, “the world is dangerous, and that we may be incompetent”
- Talking and thinking about the memory helps to 1) organize the memory 2) habituate to associated anxiety/fear and 3) decrease unjustified feelings and unhelpful avoidance behaviors

How Does Stigma Interfere With Emotional Processing for Parents/Relatives?

- The stigmatization that surrounds mental illness is now recognized as a major obstacle to individuals and family members speaking out about their struggles with a child's suicidal/self-injuring behaviors
- In addition, parents often report feeling blamed for their child's mental health issues, making it difficult to seek necessary help and support
- This persisting stigma can operate on a personal, extended family, school, and community level, interfering with a parent's need to be able to get both critical validation and help with problem solving/resources

The Benefit of Emotional Processing



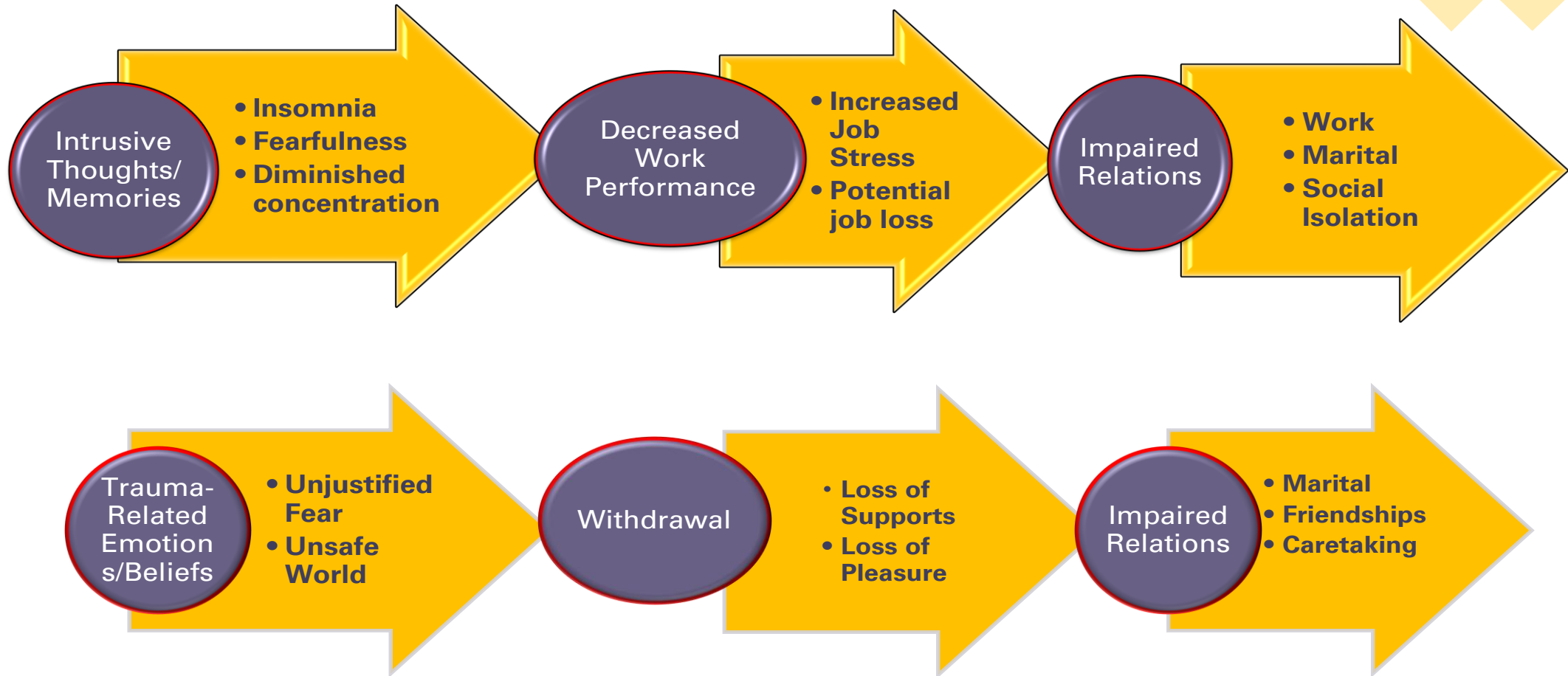
Understanding the Impact of Traumatic Events on Daily Life & Relationships

It is essential to understand how Trauma/Stress impacts the various roles/relationships in your life... Important to evaluate:

- Impact of stress and trauma on self-care (and vice-versa)
- Impact of stress and trauma on work functioning (and vice-versa)
- Impact of stress and trauma on personal relationships (and vice-versa)

Parents/Relatives often need help keeping a balance between their various roles in the face of traumatic events involving a family member. Essential to get support!

Different Ways that Stress & Trauma Affect Parents/Relatives



Skills Can Help Decrease Trauma Reactions: Opposite Action=Exposure

- When we feel angry, we can act opposite to our action urge (attacking) by being genuinely kind (or gently avoiding the other).
- When we feel afraid of something, and we can approach what we fear (rather than running away), which typically decreases the fear.
- When we feel ashamed about something, and we are open about what we did in a matter-of-fact way (rather than hiding), the shame lessens.
- When we feel sad (shut down), we can get active, engage.

Reducing the Cumulative Impact of Stress and Trauma Through Opposite Action

- Suicide attempt by child while parent is out → conditioned fear, to *all* excursions out of home
- Being away from home becomes a cue for fear, so you avoid going out and then... fear goes down (brain “thinks” avoidance = safety)
- Every time you refuse to go out, you *reinforce* fear and escape/avoidance
- You over time develop a stronger and stronger urge → avoid, run away
- **Opposite Action:** plan a small excursion that is safe, and *bring your mind/attention with you* (repeat often)
- Fear initially goes up, then peaks, then comes down without avoiding or escaping (see the habituation graph earlier)
- Brain re-learns and returns to its natural state of balance: leaving home is no longer a cue for fear (or, at least not nearly as much)

Principles of Opposite Action



- *Commit to an exposure around fears/avoidance involving your child's safety*
- *Commit to an exposure within your network/community; (e.g., a place you have been avoiding connected to your child's difficulties)*
- *Commit to an exposure around talking with your partner about your own distress*

Grief and Reactivation Following Trauma

Remember, **talking about your trauma and exposing yourself to previously feared situations, will:**

- *reduce your emotional distress*
- *build connections with others*
- *keep stress and trauma (and their associated emotions) from accumulating.*

Grief is also a very common response to trauma, and often accompanies fear.

- Even after the fear around a child's safety goes down, loved ones often need to come to terms with what has been lost; both for themselves and for their child.
- It is common to have a lot of sadness and grief around the loss of what we had hoped for, or wanted to happen, but didn't happen after all; especially when this involves our disappointment that life is more difficult/dangerous than we wanted it to be for a child

Allowing sadness and grief is healthy and recognizes and honors the importance of what we have lost. Allowing grief, along with self-validation, validation from others, and reactivation, helps resolve grief and loss. Successful grieving keeps losses from accumulating into further stress and trauma and allows us to move on and enjoy what comes next.

Living with Trauma; Allowing Natural Recovery and Building Connections

When unjustified fears are noticed to increase, remind yourself to:

- 1) practice good self-care
- 2) seek out additional support/validation and
- 3) look to where you can use your Opposite Action skills to practice non-avoidance and interrupt the cycle of isolation and withdrawal

When unjustified fears are noticed to increase, remember your skills! and:

- Allow the fear to come up and recede without escape or avoidance.
- If you notice sadness hanging around, just acknowledge it and bring your attention back to what you are actually doing, as often as needed.
- Reactivate by making a commitment to rejoin the “flow” of your life by turning your awareness away from fear and sadness with intention
- Throw yourself into whatever you are doing, and completely bring your mind – your attention – with you
- You can pay more attention to your grief and sadness at a later time and repeat all of these steps as needed

Reducing the Cumulative Impact of Stress and Trauma

RESTART=

- **R**educe self-invalidation
- **E**ngage in self-care
- **S**eek social support
- **T**alk about your experiences, especially grief
- **A**void avoiding!
- **R**e-engage in your life, broad activities both big and small
- **T**ell the difference between safety and danger...notice it is safe *right now*



The Sashbear Foundation

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and suicide prevention

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