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Paraprofessional Counselors' Perceptions of Storybooks to Facilitate Children's Communication Following Parental Suicide

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ABSTRACT

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A parent's death it is one of the most stressful and traumatic events in a child's life (Guldin et al., 2015; Worden, 1996, 2008). In particular, when bereavement is linked to a parent's suicide, children face unique challenges and are more vulnerable to potentially negative outcomes (Brent, Melhem, Donohoe, & Walker, 2009; Haine, Ayers, Sandler, & Wolchik, 2008; Pitman, Osborn, King, & Erlangsen, 2014; Young et al., 2012). Although many factors influence children's recovery following a parent's suicide, the surviving parent's emotional stability and emotional availability to support their children are of critical importance. Additionally, negative outcomes are often linked to unhealthy patterns of grief, such as avoidance and blame (Ratnarajah & Schofield, 2008), social isolation, closed communication (not talking about the suicide), and secrets kept within the family (Cerel, Jordan, & Duberstein, 2008). Furthermore, society's stigmatization of suicide impedes survivors' emotional healing (Mitchell et al., 2006).

In recent years, researchers have consistently shown the success of bibliotherapy in helping increase children's and parents' understanding and communication about death. However, this efficacy has not been demonstrated specifically with grief related to suicide. No bibliotherapy-related research specifically addresses children's grief associated with a parent's suicide.

Addressing this lack of research, a focus group study was conducted to obtain paraprofessional counselors' opinions about which type of story would be most effective in supporting this unique population of child survivors. We sought participants' (*n*=5) perceptions regarding which specific criteria should be considered when selecting child-appropriate reading materials (picture books) for bibliotherapy. We focused on the purpose of opening communication with young children (ages 4–8-years old) following their parent's suicide.

The following summary and recommendations are based on participants' input. Following a parent's suicide, participants emphasized the critical need to individualize treatment to fit the unique needs of the child. Participants repeatedly stressed the need to know the child—the circumstances surrounding the suicide and the child's specific situation. They also recommended that counselors should strive to find books that fit the child's individual needs; books need to be forthright and honest in their portrayal of suicide; and stories need to show a way forward, provide hope, and assure the child that that they are not alone. Participants endorsed suicide-specific books, indicating that these books tended to be best for helping the child talk about the suicide and their grief. As a foundation for conversation with the child, participants noted the importance of children's books that helped identify and address specific emotions. Additionally, participants cautioned adults to avoid sharing stories that included

ambiguous and unresolved issues, as children needed stories that offered closure and directly taught effective coping strategies.

Future research is recommended to further explore the efficacy of children's picture books that were endorsed by this study's focus group. It is important to assess child survivors' and surviving parents' perceptions of these stories and the effectiveness of stories in opening communication about the deceased parent's suicide. Additionally, future research needs to investigate licensed counseling professionals' perceptions of children's picture books, specifically their perception of the story's capacity to open communication and provide adaptive grief support to child survivors. Additionally, longitudinal research should focus on the long term effectiveness of sharing carefully selected stories to facilitate healthy grieving patterns in child survivors.

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CHAPTER 1

Introduction

Ironically, death is a part of life. At some point in life, everyone will be exposed to death. Although death is a natural part of life, the death of a parent is one of the most stressful and potentially harmful events in a child's life (Cohen, Mannarino, & Deblinger, 2016; Guldin et al., 2015; Worden, 1996, 2008). A parent's death leads child survivors to experience bereavement, possibly for the first time in their lives.

Following the death of a parent, children often experience intense grief, which is a natural, instinctive, human response to the loss of a loved one (Cohen et al., 2016; Stroebe, Schut, & Stroebe, 2007; Young et al., 2012). Whether that grief will take place in a healthy or unhealthy manner is another matter. If children are not taught to handle grief in an adaptive manner, experiences such as the death of a loved one can have lasting negative outcomes (Wolfelt, 2002).

Although grief-related terms are often used interchangeably (Wolfelt, 2002), the following terms are defined to help differentiate these meanings. Bereavement is the experience of having a loved one die (Wolfelt, 2002). Grief is how that bereavement is expressed internally, including one's thoughts and feelings about the loss (Mitchell et al., 2006). Mourning is another term often associated with death and grief. Mourning is the outward expression of grief, shaped by an individual's social, cultural, and spiritual customs.

In 2002, Wolfelt described that if children do not have a *compassionate companion,* someone who is helping them through their mourning, then they are at risk for behavioral and emotional problems. Pfohl, Jimerson, and Lazarus (2002) also stated that children's development could be negatively affected after the death of a loved one, if children do not

experience a healthy way of mourning. Hawkins (2002) stated that some of those negative developments might be hostility towards others, unnecessary guilt, distrust of parents and peers, and difficulty expressing emotion. Therefore, it is essential that parents and caregivers teach children healthy ways to talk about and express grief.

One major factor contributing to the development of healthy grieving patterns in children is a loving, supportive environment in the home, where children are encouraged to express their feelings and grieve in their own time ("Helping Children Cope with Loss," n.d.; Sedney, 2002). An open home environment encourages children to express both their positive emotions, and also negative emotions, such as their fears and questions about death (Waas, 2003). In the past, it was more common for children to be raised in home environments with open communication about death (Leavy, 2005). Mortality rates were much higher than what they are now and children were more frequently exposed to death ("Hospice Net", 2003). Prior to and during the early 1900's, it was common to have a parent or child within a family die (Lamers, 2003). Women often died during childbirth, and children died of infectious diseases at young ages (Wertz & Wertz, 1989). Since hospitals did not exist in the early centuries, families took care of those who were dying, most often in the home. Funerals also often took place in the home. Therefore, caring for the critically ill and the deceased were more of a family affair than it is today, with grief and its expression more apparent to young children. (DiGiulio & Kranz, 1995; Norris-Shortle, Young, & Williams, 1993).

In modern time, there has been an increase in medical knowledge, availability of medications, and improved medical conditions, all of which contribute to decreased mortality rates (Diguilio & Kranz, 1995). Those who once would have died at home now go to the hospital or nursing home to die and are away from their families ("Hospice Net," 2003). This

creates more of a separation between the living and the dying, so children are viewing death from an increasingly detached position (Norris-Shortle et al., 1993). For children, this detached position may not facilitate healthy grieving patterns. Additionally, healthy and unhealthy grieving patterns start developing long before a death occurs ("Hospice Net," 2003*).*

An open home environment and receptiveness to children's questions foster development of healthy grieving patterns. Having the opportunity to ask questions allows children to develop a clearer understanding of death and the ensuing grief. According to Worden (1996), this openness in communication helps children adjust to the changing environment following a parent's death. With open communication about death, children are able to ask questions and express their emotions and fears. Clear communication and honest explanations about death foster healthy grieving patterns (Cain, 2002; Cohen et al., 2016).

Unhealthy grieving patterns begin to develop when homes do not have open communication about death, when children are discouraged from expressing painful emotions and asking questions, and when children do not feel loved and supported by their parents (Moody & Moody, 1991). Some aspects of how our current society cares for the dying facilitate this disjointed and inadequate exposure to death and stymie important conversations about grief. In particular, parent suicide is one specific type of death that greatly inhibits a child's and surviving parent's healthy communication about death (Bennett, 2016; Cerel, Fristad, Weller, & Weller, 1999, 2000; Schreiber, Sands, & Jordan, 2017).

Parent Suicide

In the short term, children who are bereaved specifically by a parent's death by suicide exhibit similar emotional responses compared to children whose parents die of natural causes (Brown, Sandler, Tein, Liu, & Haine, 2007). However, according to Mitchell et al. (2006)

children bereaved by parent suicide experience these emotional reactions to a more extreme degree. Hence, children grieving the suicide of a parent will need to be supported in combating these new extreme challenging emotions. Additionally, research findings suggest that these children face unique challenges and are more vulnerable to negative outcomes (Brent, Melhem, Donohoe, & Walker, 2009; Haine, Ayers, Sandler, & Wolchik, 2008; Pitman, Osborn, King, & Erlangsen, 2014; Young et al., 2012). However, certain environmental factors influence child survivors' resilience and their ability to communicate and move through their grief in an adaptive manner. In particular, the following influences offer positive support for child survivors of parent suicide: the surviving parent's emotional stability and caring influence (Ratnarajah & Schofield, 2008), aspects of openness in the family's communication (Cerel, Jordan, & Duberstein, 2008), and efforts to normalize the experience and counter society's stigmatization of suicide (Hanschmidt, Lehnig, Riedel-Heller, & Kersting, 2016; Mitchell et al., 2006; Schreiber et al., 2017).

Sadly, some parents do not realize that they and the home environment they construct—including the influences and attitudes they allow into their home—offer or fail to offer healthy grieving patterns for their children. It is possible that surviving parents do not know how to handle their own grief and may not model appropriate expressions of grief. Some parents may avoid discussing the cause of the deceased parent's death, possibly never even disclosing that it was a suicide (Bennett, 2016; Ratnarajah & Schofield, 2008). Assuming the topic of suicide is too much for children to handle, parents may believe they are protecting their children (Cain, 2002). What these parents do not realize is that putting up this shield, of supposed protection, actually fortifies communication barriers and creates more difficulties for children across time (Corr, 2004; Wolfelt, 2002). By not divulging the reality of the parent's death by suicide—and

how to cope and talk about it—parents foster an environment of confusion and distrust (Cain, 2002). Not talking about the suicide may lead children to conjure up their own explanations about the death. As a result, children may be more fearful when facing the unknown because their self-made explanations may be more traumatic and frightening than the actual facts surrounding the suicide (Hawkins, 2002; Reily, 2003).

Parent-Child Communication

The social stigma surrounding a parent's suicide is a major factor that negatively affects parent-child communication (Hanschmidt et al., 2016; Schreiber et al., 2017). When a stigma exists, people fear what others think of them, they suffer with self-blame, and they assume that no one else understands their situation. In comparison to those bereaved by other types of violent deaths, there is greater rejection and shame experienced by those bereaved by suicide (Loy & Boelk, 2014; Pitman et al., 2014). As a result, bereaved children and the surviving bereaved parent may be overwhelmed with feelings of stigma and shame that surround the suicide. In an effort to decrease the stigma, the surviving parent may avoid talking about the specific nature of the death with their child, even fabricating a story to negate the possibility of suicide (Montgomery & Coale, 2015). The parent may also want to decrease the number of people who know about the suicide, even forbidding the child to talk about the death, more specially the cause of death (Bennett, 2016; Loy & Boelk, 2014; Schreiber et al., 2017).

If communication following a parent suicide death is to be increased and unhealthy grieving patterns are to be avoided, children must not be shielded from the pain and reality of death. Surviving parents need to give their children permission to grieve, reassuring them that it is okay to feel strong and painful emotions, and that it is okay to ask questions about death (Hung & Rabin, 2009; Montgomery & Coale, 2015). Avoiding the subject of suicide and death

does not model healthy grieving patterns for children (Hanschmidt et al., 2016; Stroebe et al., 2007).

Leavy (2005) pointed out a variety of reasons why parents avoid or find it difficult to talk with their children about death. One obvious reason for this lack of communication is that parents may not know how to answer their children's questions. On a positive note, there are resources, such as bibliotherapy, to help parents in these situations (Corr, 2004; Heath, Sheen, Leavy, Young, & Money, 2005).

Bibliotherapy

Bibliotherapy is when books are used as part of a therapeutic process to facilitate growth and healing (Heath et al., 2005; Kramer, 2009; Pierce, 2015; Wehrly, 2011). Reading a story creates a safe environment in which children can better understand their own actions, feelings, and ways of coping, as well as explore other perspectives and possibilities for thoughts, feelings, and behaviors (Haine et al., 2008; Heath et al., 2005). It also helps to start the conversation about difficult topics in a positive way and normalizes the emotions being felt (Haine et al., 2008; Kanewischer, 2013). Bibliotherapy helps create a safe place where emotions can be expressed and where new skills can be learned.

Bibliotherapy is being used effectively as an intervention with children in connection with a variety of different issues. Examples of these issues include hostile attribution of intent (Bonanno, 2015); bullying (Flanagan et al., 2013); aggression (Abu-Hussain, 2016; Shechtman, 2006); depression (Brire, Rohde, Shaw, & Stice, 2014); anxiety and phobias (Coffman, Andrasik, & Ollendick, 2013); anxiety in children with cancer (Schneider, Peterson, Gathercoal, & Hamilton, 2015); child sexual abuse (Franks, 2015); emotional awareness (Harper, 2011); nighttime fears (Lewis, Amatya, Coffman, & Ollendick, 2015); divorce (Pehrsson, Allen, Folger,

McMillen, & Lowe, 2007); loss precipitated by parental unemployment, divorce, marital separation or death (Morris-Vann, 1983); and a variety of other child-related topics (McCullis & Chamberlain, 2013; Pardeck & Pardeck, 1984; Pierce, 2015).

Although scores of grief-themed books are recommended for children (Carnahan, 2016; Corr, 2004; Johnson, 2004), research investigating the effectiveness of bibliotherapy with grief is limited. However, Leavy (2005) explored the efficacy of using a specific book, *Bridge to Terabithia* (Paterson, 1977), to facilitate mother-son communication about death. Participants in Leavy's study reported that reading this book helped to open channels of communication, making it easier to talk about death. Additionally, Leavy's sample had high levels of communication prior to reading the book, therefore the pre to post differences were small (restriction of range).

Another example of research with bibliotherapy and children's grief was conducted with 187 youth in Israel's foster care (Betzalel & Shechtman, 2017). Their research focused on using specific stories that included superheroes who had experienced a parent's death. Participants were split into three experimental groups: bibliotherapy with superheroes, generic stories without superheroes, and no treatment. Those who received bibliotherapy with superhero stories were observed to have the desired outcomes (decreased anxiety, diminished violent and aggressive behavior, and more realistic future orientation) which sustained through follow-up. The other bibliotherapy group did not display lasting effects, and those with no treatment evidenced no significant changes. This study shows that bibliotherapy is an effective tool to use with children who have lost a parent, and also demonstrates the importance of story content in bibliotherapy.

While there is some research substantiating the usefulness of bibliotherapy to address children's grief in general, there is little research on bibliotherapy use with children who are

specifically grieving the death of a parent. There is even less research to contribute to the specific knowledge base of bibliotherapy interventions with children impacted by suicide. Stillman (2016) compiled a list of resources paraprofessionals used in public schools with children affected by suicide. Bibliotherapy was cited as one resource being used. However, specifics about the books' effectiveness were not offered.

The American Association of Suicidology (2017) gives a list of suggested books for survivors of a loved one's suicide, but again this list has few items directed specifically to aid child survivors. Williams (2014) researched books that could be used for children with parents who attempted suicide, and compiled a list of books related to trauma, grief, suicide, parental death, and depression. Williams did not find any books specifically about parental attempted suicide but did find and review a few available books about parent suicide. While her list is extensive, explaining how she searched out the books, the title, author, recommended audience, summary of the story, and resources included, that study, and that of Stillman's (2016), did not include an applied section. Ideally, an applied section would include an explanation of using these books with participants, following up with those participants, measuring effectiveness, and seeking input from clinicians and practitioners who would select and use the books with the child participants.

Addressing these specific deficits in the literature, this research study proposes to explore which storybooks and materials facilitate children's communication about a parent's suicide. In order to answer this question, appropriate books need to be identified for use in bibliotherapy. This research project seeks to have mental health workers identify and offer perceptions on those specific books.

Purpose of Research and Research Questions

The purpose of this study was to identify which children's picture books, workbooks, and journaling activity books on the topics of parent suicide, grief, and communication are likely to facilitate a child's communication about their parent's suicide. The following research questions were the basis for this study's focus group.

1. What are the criteria for selecting materials to facilitate children's communication about parent suicide?

2. Which materials specific to parent suicide—books, workbooks, and journaling activity—facilitate children's communication about parent suicide?

3. Which materials—books, workbooks, and journaling activity—specific to death, but not specific to parent suicide, facilitate children's communication about parent suicide?

4. Which materials—books, workbooks, and journaling activity—not specific to death or suicide, facilitate children's communication about parent suicide?

CHAPTER 2

Literature Review

The World Health Organization (WHO) reported that more than 800,000 people die from suicide each year (WHO, 2016a). WHO (2016a) identifies suicide is a major issue, one of global scale. Based on their report, when reviewing global injury-related deaths, 24% are due to road traffic crashes and 16% are from suicide, making suicide the second leading cause of death in the world. Death by war and conflict only account for 2% of injury-related deaths. That means suicide is more common than death caused by war. Suicide is also the second leading cause of death for people 15 to 29 years of age (WHO, 2014, 2016a). The third leading cause of death for this age group is homicide. This may come as a shock, for it means that more people are killing themselves than people are being killed by others (WHO, 2016b).

The Centers for Disease Control and Prevention (CDC) reports that suicide is the tenth leading cause of death among Americans (CDC, 2016). In 2013 there were over 41,000 deaths by suicide, a rate of one death by suicide every 13 minutes, or 113 deaths per day (CDC, 2015). Suicide is an extensive problem which has lasting impacts on individuals, families, and communities (Cerel et al., 2008). In the past year, more than 2 million adults reported having suicidal thoughts and more than 1 million people reported making a suicide attempt. There are no exact figures, but it is estimated that between 6 and 32 survivors exist for each suicide. It is difficult to say what compounded effect the suicide deaths have on each of those survivors' lives, but the economic cost to society is large. The work loss costs that come to society after suicide deaths total over $44.6 billion per year (CDC, 2016).

Parental Death

The effect suicide deaths have on society are large; there is an estimated 48 million to 500 million people who experience grief due to suicide each year (Pitman et al., 2014). But what of the impact these deaths have on smaller units of society, such as the family? Parental suicide results in the loss or death of a parent. When a child loses a parent due to any cause, it is a most serious matter, one of the most stressful and potentially harmful events of a child's life (Guldin, et al., 2015; Worden, 1996, 2008). This event causes child survivors to experience bereavement, potentially for the first time in their lives.

Child Bereavement

Bereavement is a term often used in describing death and grief. Wolfelt (2002) describes bereavement as the experience of having a loved one die. Grief is how that bereavement is expressed internally, through an individual's thoughts and their emotional, physiological, and behavioral responses. Children commonly experience sadness, anxiety, anger, shame, guilt, acceptance, and relief (Mitchell et al., 2006).

Mourning is another term often associated with death and grief. Mourning is the outward expression of grief, shaped by an individual's social, cultural, and spiritual customs. Following the death of a parent, children experience grief, which is a natural, instinctive, human response to the loss of a loved one (Stroebe et al., 2007; Young et al., 2012). However, there is some debate over when and to what extent a child is capable of understanding and grieving death (Gudas, 1993). In the past, children were thought to experience bereavement as an *absence of grief* because they were reportedly not capable of handling the intense feelings associated with loss (Gudas, 1993). Countering this belief, Vida and Grizenko (1989) identified grief as commonly

experienced by children who typically displayed their grief through crying, sadness, irritability, and an array of other affective and behavioral expressions.

Grief affects persons of all ages, including children. Emotional responses to death occur even in children three years of age and younger (Norris-Shortle et al., 1993). Researchers have found that children younger than 10 years old have an especially difficult time with the death of a parent and have longer lasting negative impacts (Kranzler, 1990).

Child Outcomes from Parent Death

While the occurrence of grief following a parent's death may be universal, each child's bereavement manifests itself in a range of outcomes (Mitchell et al., 2006; Worden, 2008). These outcomes are unique for each child and are influenced by a number of factors including the individual characteristics of the child; the child's developmental stage; environmental, familial, and cultural dynamics; the services delivered; and the social attitudes surrounding the parent's death (Norris-Shortle et al., 1993; Shooter, 1997). These interpersonal and intrapersonal factors may increase or mitigate children's vulnerability to maladjustment (Dowdney, 2000). Dowdney (2000) reported that, one in five children bereaved by the death of a parent may manifest a range of emotional and behavioral symptoms at levels worrisome enough to require special services. However, the vast majority of children do not receive any supportive mental health services to address their grief.

As reported by surviving parents and child survivors, children may experience anxiety, depressive symptoms, fears, angry outbursts, and may regress in their development (Dowdney, 2000; Mitchell et al., 2006). Children's expressions of emotional symptoms can be grouped into categories of grief. These categories include acute grief, integrated grief, and complicated grief (Young et al., 2012). In situations involving the death of a parent, children commonly

experience complicated grief. This type of grief impairs normal functions of life in unusually prolonged and serious ways. There are often intense emotional feelings of pain, loss, and longing; frequent thoughts of the deceased; an inability to accept or come to terms with the death; and a loss of hope in the future, where the child has difficulty imagining the future without the deceased parent (Shear, 2015). From a clinical standpoint, complicated grief is a syndrome distinct from depression and anxiety that is associated with long-term physical and mental health consequences (Melhem et al., 2004).

Melhem et al. (2004) also noted that although complicated grief shares some risk factors with depression and PTSD, each disorder has its own unique risk factors. Some of the noteworthy risk factors associated with complicated grief were gender, with an increased risk in females (i.e., complicated grief is more commonly experienced by females); participants' feeling of guilt, believing that they could have done something to prevent the death; interpersonal conflict; previous history of depression; and a family history of anxiety disorders.

Brent et al. (2009) conducted a study on parental death and its effects on child bereavement. The bereaved children in the study had a parent who had died in a variety of ways including suicide, accidental death, or sudden natural death. The study compared 176 of these bereaved children to 168 non-bereaved children ages 7–25. They looked at emotional and behavioral health outcomes including major depression, alcohol or substance abuse, as well as other factors regarding bereavement status. They assessed the bereaved group at 9 months and 21 months following the parents' deaths, and assessed the comparison group at 9 months and 21 months from the start of the study. It was found that those youth in the bereaved group who lost a parent experienced lasting health effects. Nearly two years after their parent's death, bereaved youth had higher rates of depression and alcohol or substance abuse, greater functional

impairment, and higher self-reported anxiety than non-bereaved youth. Additionally, at the 21-month follow up, depression was prominent in those offspring who struggled with high levels of complicated grief, blamed others for the parent's death, reported low self-esteem, and lacked adaptive coping skills. In particular, complicated grief occurred more commonly in children whose parent died by suicide (Brent et al., 2009).

In 2015, Guldin et al. completed a study to determine whether children who had a parent die (of any cause) were more likely to complete suicide during their lifetime as compared to children who did not have a parent die. Their findings indicated that children who experienced a parent's death completed suicide at a rate almost double that of the comparison group. Regarding gender differences, the risk was twice as great for bereaved boys as for bereaved girls. Additionally, as compared to the control group, children whose parent died before the child reached 6 years of age were also at an increased risk for completing suicide.

In summary, a parent's death, regardless of the cause, greatly affects a child's life. Following a parent's death, subsequent changes affect children's emotions causing heightened levels of grief, alterations in behavior, negative health outcomes, and an increased likelihood for suicide.

Parental Suicide and Child Bereavement

In the USA, it is estimated that 7,000–12,000 children experience the suicide of a parent each year (Cerel et al., 2008). Although children who are bereaved specifically by a parent's suicide exhibit similar emotional responses as children whose parents die of natural causes, suicide survivors experience these emotional reactions to a higher and more extreme degree (Mitchell et al., 2006). For example, Mitchell et al. (2006) found that although children bereaved by their parent's suicide experienced the typical feelings of sadness, anxiety, anger, shame, guilt,

acceptance, and relief, they experienced higher and more prevalent levels of anxiety, anger, depressive symptoms and shame. In particular, boys display more extreme levels of externalizing problems and girls display more extreme levels of internalizing problems and are at a higher risk for these problems extending across time (Haine et al., 2008). In summary, youth bereaved by a parent's suicide face unique challenges and are more vulnerable to negative outcomes (Brent et al., 2009; Haine et al., 2008; Pitman et al., 2014; Young et al., 2012).

A study conducted by Cerel et al. (1999) compared the loss of a parent due to suicide and the loss of a parent due to other causes. One month after the death, the non-suicide bereaved and suicide bereaved children showed the same level of difficulty coping with the deaths. However, six months following the death, suicide bereaved children were experiencing greater difficulty coping with the parent's death (Cerel et al., 1999). This finding indicates there may be more long term adjustment difficulties for those bereaved by suicide. Negative outcomes may be a product of the struggle during this adjustment period, and can include or be exacerbated by the grief and sadness typical of all grief (Young et al., 2012), the surviving child's relationship to the deceased (Pitman et al., 2014), the surviving bereaved parent's influence (Ratnarajah & Schofield, 2008), aspects of communication within the family (Cerel et al., 2008), a crisis of meaning (Mitchell et al., 2006), stigmatization (Mitchell et al., 2006), and behaviors of the child survivor (Cerel et al., 1999).

Relationship to Deceased

Pitman et al. (2014) found that an individual's relationship to the deceased was highly correlated to the type of negative health and social outcomes experienced by those exposed to suicide of a close contact. Those outcomes included an increased risk of depression in children bereaved by the suicide of a parent.

Children often have a hard time grasping that their parent is gone and that this loss extends across the child's lifetime. This can be especially difficult for young children because they are developing so quickly and their very being, their self and character formation, has been so interwoven with their parents' existence and their interactions together (Pfeffer, 1981). An important step in helping young children accept the finality of death is helping them maintain a connection with the deceased (Haine et al., 2008).

As previously described, beyond grief associated with a parent's death, a parent's suicide seems to elicit the most severe level of grief, referred to as complicated grief. Research suggests that suicide survivors are at a higher risk of developing complicated grief, and that complicated grief is most prevalent among suicide survivors (Young et al., 2012). Melhem et al. (2004) found that complicated grief was the only disorder to cluster in special social networks of suicide victims and that subjects with complicated grief were more likely to have a closer relationship with the suicide victim than those without complicated grief.

Surviving Bereaved Parent's Influence

The surviving parent can have a large influence on a child's ability to maintain or make meaning of the suicidal death that has occurred. Ratnarajah and Schofield (2008) found that family structure and stability greatly influence how things are handled during the aftermath of a suicide. When 10 adult suicide survivors were interviewed, all stressed the importance of having and maintaining relationships and support within the family unit (Ratnarajah & Schofield, 2008). Suicide bereaved children tended to come from families that were more unstable than those families of non-suicidal bereaved children. These preexisting instabilities stemmed from higher rates of divorce, diagnosed mental health disorders and treatment, and general psychosocial stressors (Cerel et al., 2000).

Surviving parents have a direct influence on the manner in which children construct memories regarding the deceased parent (Hung & Rabin, 2009). The way these memories are made have a lasting impact on the ability of the child to cope and adapt during childhood and throughout adulthood. Hung and Rabin (2009) found that "negative legacies" (or negative memories of the deceased parent) were more common among at-risk children (those with elevated Child Behavior Checklist scores) and these children experienced heightened feelings of fear, worry, and burdensomeness. Fear ruled the lives of this at-risk group of children. It affected their choices and would not allow them to be reassured by others. Children not part of the at-risk group had concerns similar to the at-risk children, but did not display them in such maladaptive ways. These children were able to talk about their fears and be reassured. Haine et al. (2008) also found that children's perception of how well their surviving parent understood them was correlated with their ability to adjust.

The surviving parent's influence is critical. Following parent suicide deaths, the severity of children's mental health state is associated with the suicide-bereaved parents' mental health state. If a surviving parent is not handling the loss of their spouse well, it is likely that their children are struggling as well (Hung & Rabin, 2009). While this association exists, Cerel et al. (2000) has also found that suicide bereaved parents do not experience psychopathology at higher rates than other bereaved parents, and that suicide bereaved parents often have positive relationships with their children. So, while a healthy relationship may be found between suicide bereaved parent and children, in other cases both parties may be struggling and negatively affecting one another.

Communication

Difficulties associated with a parental suicide are exacerbated when the surviving parent's mourning interferes with the critically important parent-child discussion about the death (Pfeffer, 1981). Communication is something that tends to take on new forms after a parent death, changing in ways that may be considered maladaptive (Cerel et al., 2008).

Lack of communication was found to be a common issue in a study conducted by Ratnarajah and Schofield (2008) in which 10 adults were interviewed. These participants' families were under the perception that keeping the facts surrounding the suicide a secret would best protect their family. Therefore, most inquiries by the participants (who were children at the time of the suicide) were not met with openness or in a caring manner. Secrecy within the families about facts surrounding the parents' suicidal deaths led to lack of confidence in the honesty of the surviving parent. Children in this circumstance are more likely to be at risk because their surviving parents are less likely to seek professional help. These children may also be less comfortable talking to others because open discussions were not facilitated by surviving parents and others in the home (Hung & Rabin, 2009). Considering these repercussions, the prevalent recommendation is to communicate openly and honestly about a parent's suicide with the surviving children, regardless of age.

Over the years, some basic steps to aid the task of informing children of their parent's suicide have been referenced in the literature (Cain, 2002). Cain (2002) made the first attempt to address the multifaceted task of "telling" a child about the suicide of their parent. The first discovery that Cain made was that most children, more than half of a sample of 45 children ages 4–14 years-old, were *not* told of their parents' suicide. Cain determined that a surviving parent's avoidance of the topic and dishonesty in communicating the reality of what happened with their

child resulted in compromised and distorted grieving processes and developmental interferences. Parental secrecy has damaging effects on children, and the question remains of whether it is healthy to communicate in a 'tell all' method. Cain suggested at times the surviving parents felt a rushed and immediate need to inform their child with the specifics of the death. However, caution must be used because the exact nature of the death is not actually always at the top of a child's current needs list. The child may be thinking about other things that are more pressing in their minds, such as "Who is going to walk me to school?" "Who will do my hair?" "Will we have to sell our home?" Cain suggested that using the dichotomous question of whether a child knows, or does not know, about the suicidal death is not adequate. There are many factors which could make each of these dichotomous answers untrue. For example, the surviving parent could choose not to tell the child about the suicide and would describe the child as *not knowing*. However, the child may accurately describe the method of the suicide, having witnessed it—details the surviving parent chooses to overlook.

Cain (2002) concluded that a one-size-fits-all approach is not appropriate when it comes to telling about a suicidal death. There may be negative consequences from either disclosing or not disclosing. Even if a surviving parent has good intentions in informing the child of the suicidal death of their parent, and it would be appropriate in their individual situation to do so, there is no assurance that the child will understand or comprehend all that is being disclosed. This process of disclosure must be just that a process. A one-time telling of the basic facts is insufficient. Knowledge and understanding of a suicidal death is something that takes time and will be continually reworked, re-understood, and integrated into a child's experience, across time and throughout their lifespan. The specifics of this process, the telling of *what*, *how*, and *when* of the death, have not been thoroughly explored and call for additional research.

Communication with a child about the topic of a suicidal death is a sensitive thing. The methods and voice used in answering the questions of *why* this has happened also have an impact on children (Cain, 2002). Family cohesiveness can be jeopardized as family members experience and express feelings of blame, even if that blame is expressed nonverbally or through social withdrawal (Cerel et al., 2008). Lack of communication can cause the subject of suicide to become taboo, which leads to feelings of shame (Ratnarajah & Schofield, 2008). Shameful feelings about a suicide occurring within a child's family can be exacerbated due to poor family relations, caused by the lack of communication about this now taboo subject. Greater mental health problems are associated with children who feel that they cannot share the negative emotions they are experiencing (Haine et al., 2008). Parents need to create a safe environment in which questions are encouraged and in which feelings can be expressed.

Stigmatization and Crisis of Meaning

When a parental death is by suicide not only do the children have to deal with the loss of a parent, but they also deal with the stigma that surrounds suicide (Mitchell et al., 2006). Because of this stigma, survivors are reluctant to seek help because they fear what others think of them, that there is something wrong with them (WHO, 2014). Survivors may be so burdened by this stigma that they stay away from much needed resources of healing and support (Young et al., 2012). Pitman et al. (2014) found there is greater rejection and shame experienced by those bereaved by suicide than those bereaved by other types of violent deaths.

Early psychodynamic models that focused on bereavement theory saw bereavement as a simple process of letting go and moving on from what was lost and returning to a *normal* behavior state (Mitchell et al., 2006). In essence, they saw bereavement as something of little consequence. However, many noted limitations in these older models. Newer models focus on

and emphasize that loss plays an important role in an individual's life experience. Mitchell et al. (2006) suggests that this loss and bereavement create a crisis of meaning in a person's life. A transformation and reorganization of the relationship between the child and the deceased takes place. Newer models focus on strengthening relationships with others and reestablishing meaning, and continuing a relationship with the deceased, while in the face of bereavement, loss, and mourning (Mitchell et al., 2006). If the bereaved are too fearful to seek help from a health professional or counselor because a stigma exists in their community, the process of recreating meaning may be stifled.

Behavior, Depression, and Alcohol or Substance Abuse

Children who lost a parent to suicide were found to have more behavioral problems prior to the parent's death than children who were not suicide bereaved but who had experienced a parent's death (Cerel et al., 1999). Compared to females, males have higher rates of emotional and behavioral difficulty and tend to be less likely to disclose their sadness (Dowdney, 2000; Kranzler, 1990). Surviving parents may also be less capable of attending to children's social and emotional needs and giving adequate supervision to their children when they are struggling with intense grief and personal devastation.

Higher rates of depression and alcohol or substance abuse exist among the child survivors of parental suicide as compared to other causes of parent death (accidental death or sudden natural death; Brent et al., 2009; Pitman et al., 2014). Brent et al. (2009) found that, following a parent's suicide, children's risk of depression during the second year was affected by the increased presence of depression during the first nine months after the parent's suicide, making the time shortly after the parent's death a crucial time for intervention. Children whose mothers

completed suicide were at significantly higher risk of hospital admissions for depression than children not bereaved by a mother's suicide (Pitman et al., 2014).

Increased Risk of Suicide

Children who are bereaved by parental suicide death are at an increased risk of suicide (Geulayov, Gunnell, Holmen, & Metcalfe, 2012; Pitman et al., 2014). They have increased rates of suicidal ideation, attempts, and completions (Ratnarajah & Schofield, 2008). As previously mentioned, Guldin et al. (2015) found that regardless of cause, children who experienced parental death in childhood had an increased long-term risk of suicide. But the risk was found to be higher for children who had a parent who died of suicide. The risk heightened if that parental suicide death had occurred before the child reached the aged of 6 years, and remained elevated for at least 25 years.

Child survivors of a maternal suicide were at greater risk of being hospitalized for their own suicide attempts (Geulayov et al., 2012; Kuramoto et al., 2010). However, paternal suicide was not related to an increased risk of child survivor hospitalization for suicide attempts. Additionally, Geulayov et al. (2012) found no evidence of a stronger association or risk in male versus female child survivors.

Brent et al. (2015) suggest that children at risk for mood disorder who have parents with a history of suicide attempts are about five times more likely to make a suicide attempt themselves, even after adjusting for mood disorder transmission. Children can inherit genetic predispositions for psychiatric disorders associated with suicidality, but they also can internalize the methods by which their parents chose to cope with stressors, including the suicide response (Pitman et al., 2014; Ratnarajah & Schofield, 2008). Studies have found that the more children

identify with traits of the deceased parent, the higher their risk for engaging in suicidal behaviors (Hung & Rabin, 2009; Pfeffer, 1981).

Cain (2006) investigated the effects of a parent's suicide on a third generation of descendants, the grandchildren of the deceased (Cain, 2006). Evidence indicated that the effects of suicide can reach these descendants through factors such as parental indulgence of the child, parental communication of extreme expectations, existence of family secrets, paralyzing shame, defensiveness towards depressive symptoms, as well as an avoidance of producing a third generation at all. This ongoing fallout from parent suicide alerts us to the need for preventative interventions on behalf of suicide survivors.

Interventions/Resources

Minimal research has been conducted to determine the specifics of effective interventions with the suicide-bereaved, especially interventions specific to children (Gall, Henneberry, & Eyre 2014; Hung & Rabin, 2009; Mitchell et al., 2007; Ratnarajah & Schofield, 2007). With research that has been conducted, there are challenges encountered that prevent research from being as sophisticated as one would prefer (Hung & Rabin, 2009).

Ratnarajah and Schofield (2007) examined the existing body of research on children's grief and its long-term outcomes. More specifically, they reviewed articles from 1995 to 2005 that focused on the impact of parental suicide, the factors associated with the children's adjustment, and implications for interventions. Children's adjust was related to such factors as the age of the child at the time of parent suicide, the child's personal attributes, the level of family support, the social environment, economic and environmental factors, and the process of the child's meaning making. While intervention support was shown to lessen negative feelings

and help with meaning making for those bereaved by parent suicide, there were no specifics as to the effectiveness, type, and timing of the support provided.

In 2016, Stillman completed research identifying current resources and strategies being used by different types of school-based professionals to address suicide prevention, intervention, and postvention needs of youth who were at risk for suicide. The following themes were found: (a) listening/teaching/talking strategies with the individual, (b) group counseling, (c) utilizing school or community resources, (d) books or website resources, professional resources, and (e) collaboration with school personnel and families. The study discussed how current practices recommended by mental health professionals were consistent with the findings of research for evidence-based practices in assisting at-risk youth.

Based on Gall et al.'s (2014) study, it also appears that mental health professionals are attempting to reach out and meet the needs of individuals bereaved by suicide. Their study looked at two distinct perspectives on possible best practice interventions for those bereaved by suicide. They interviewed 11 suicide-bereaved adults (age mean=49) and 4 mental health workers who worked with suicide survivors. Three of the 11 participants were bereaved by parental suicide. Analysis of interviews with the suicide-bereaved individuals produced six themes. They included grief, coping, interpersonal concerns, struggle for meaning, self-reflection, and moving forward. The mental health professional's interviews produced five themes which seemed to align with the bereaved individuals' themes. Mental health workers' themes included the need to focus on the nature of the helping relationship, the need to help survivors acknowledge and process their grief, the importance of *meaning making*, the need to help survivors with social and emotional support groups, and the important role of one-on-one

counseling. The study organized the information from survivors and counselors to offer a set of interventions that would help address the needs of suicide-bereaved individuals.

Jordan, Feigelman, McMenamy, and Mitchell (2011) provided some insightful statistics on interventions and their perceived effectiveness. In a table for usefulness of resources, general grief therapy support groups were perceived to be *moderately* helpful, suicide specific support groups and individual therapy were each rated *very* helpful, and books were rated *very* helpful. In a table for usefulness of people as resources for intervention use, teachers were found to be of *little* help, parents were described as *moderately* helpful, and mental health professionals and friends were rated *very* helpful. It is interesting that teachers are perceived as being of very little help.

Even school-based mental health professionals self-report that they do not have enough training on how to handle students' grief (Allen, Burt, et al., 2002; Allen, Jerome, et al., 2002). When responding to traumatic and crisis-related needs in schools, from the perspective of school counselors (Allen, Burt, et al., 2002) and school psychologists (Allen, Jerome, et al., 2002), training on responding to suicides was reported as their most critical training need.

In addition to those previously mentioned throughout this document, the following items are topics and resources gathered from the body of research on what effective interventions with suicide-bereaved children are recommended to include. Children who are bereaved by parental suicide need to be identified and have preventative interventions started early on to decrease the risk of more extensive psychosocial challenges (Pfeffer et al., 1997; Pitman et al., 2014). Interventions that focus on mood disorders and impulsive aggression are also needed as these are things that may lead to suicidal behavior in these high-risk bereaved children (Brent et al., 2015).

Promoting resilience was sighted as an important goal of interventions (Ratnarajah & Schofield, 2007). Resilience can be built by addressing innate characteristics of the child such as their personal characteristics, social environment, or ability to understand traumatic events. While these factors help to foster resilience, in their absence, children may feel hopeless and isolated. Familial, cultural, and faith-based strengths, as well as internal protective factors, were also listed by Ratnarajah and Schofield (2007) as aspects to be enhanced and used as a focus for intervention.

In research conducted by Pfeffer, Jiang, Kakuma, Hwang, and Metsch (2002) with children bereaved by the suicide of a relative, intervention groups focusing on strengthening coping skills and addressing reactions to death and suicide were found to decrease the distress of bereaved children. Targeting issues associated with complicated grief and blaming of others were also found helpful in relieving symptoms (Brent et al., 2009).

Support group interventions are useful because of their social nature, fostering a sense of empathy, and creating a surrogate support system (Hung & Rabin, 2009). However, Hung and Rabin (2009) noted that caution was needed when including suicide-bereaved children in support groups with children bereaved by other causes, because suicide-bereaved children tended to have negative results, such as increased anger, shame, guilt, rejection, and psychopathology.

Haine et al. (2008) found that boys bereaved by suicide displayed greater externalizing problems and girls displayed greater internalizing problems and were at risk of this vulnerability lasting for an extended period of time. Also because girls tended to take on a motherly or parental role, girls benefited from interventions that helped to restructure appropriate familial roles and shift roles to be more developmentally appropriate.

Additionally, because protective and risk factors are found within the family system, and both parties could benefit from assistance, interventions should focus on postvention for both the child and surviving parent (Hung & Rabin, 2009). Haine et al. (2008) found that one supportive postvention strategy was to encourage the surviving parent and child to read books together. This shared activity helps create a safe environment in which children can share their feelings. This activity also becomes a positive and supportive time to discuss and build children's understanding of death. Reading books together is a quick and inexpensive way for a surviving parent to strengthen bonds with their child and create positive habits in the home. This is an extremely important area that interventions can focus on, because the family system is a malleable factor which can be increased and helped to be make protective, as both the child and the surviving parent are assisted (Haine et al., 2008; Hung & Rabin, 2009).

A key take away from Haine et al.'s (2008) research is that a dual focus is needed in interventions with children who are suicide-bereaved. Interventions need to create an open environment where children can experience and understand their grief and interventions must also model a set of skills that encourage children to adaptively cope with their life challenges following their parent's suicide. From a broader perspective, these adaptive coping skills will allow children to better manage life challenges.

Children's Perspectives on Needed Support

By talking with adult childhood survivors of suicide we learn that they are forever changed by the bereavement they experience (Mitchell et al., 2007). These changes and the consequential struggles are usually not found and addressed until adulthood. In talking with these individuals, it has been found that they unanimously agreed that had there been a chance during their childhood, each would have benefited from talking about the suicide they had

experienced (Bennett, 2016; Mitchell et al., 2007). There is a great need to ask survivors what they feel would have helped them, if it been available, or what was done that was helpful, so that interventions can be designed to complement the natural coping efforts of families (Cerel et al., 2008).

Bibliotherapy

Bibliotherapy is when books are used as part of a therapeutic process to facilitate growth and healing (Heath et al., 2005; Kramer, 2009; Pierce, 2015; Wehrly, 2011). Reading a story creates a safe environment in which children can better understand their own actions, feelings, and ways of coping, as well as explore other perspectives and possibilities for thoughts, feelings, and behaviors (Haine et al., 2008; Heath et al., 2005; Mudėnaitė, 2016). Reading books with children also helps start conversations about difficult topics in a positive way and normalizes the emotions that are being felt (Haine et al., 2008; Kanewischer, 2013). Bibliotherapy helps create a safe place where emotions can be expressed and where new skills can be learned.

Bibliotherapy as an intervention with children. Bibliotherapy is being used effectively as an intervention with children in connection with a variety of different issues. McCullis and Chamberlain (2013) report that bibliotherapy is used with children of all ages to encourage healthy social and emotion growth, deeper self-awareness and self-esteem, development of problem solving skills and life skills. They go on to propose that specific issues such as mild behavioral issues or physical or psychosocial conditions could be addressed with a bibliotherapy program. This idea that aggression can be affected by bibliotherapy use is further explored by Shechtman (2006). Coffman, Andrasik, and Ollendick (2013) have demonstrated bibliotherapy's effectiveness for anxious and phobic youth.

Bibliotherapy has lowered depression symptoms of youth when combined with other forms of treatment such as cognitive behavioral therapy (Müller, Rohde, Gau, & Stice, 2015), and when youth began treatment with heightened levels of depression (Brire, Rohde, Shaw, & Stice, 2014). Additionally, bibliotherapy has been shown to enhance students' emotional awareness among students with emotional and behavioral disorders (Harper, 2011).

Bibliotherapy has also been used to help support familial growth and change, bridging the gap of understanding that often exists between adolescents and the adults in their life (Pierce, 2015). Bibliotherapy also addresses topics such as adjustment to parental divorce (Pardeck & Pardeck, 1984; Pehrsson, Allen, Folger, McMillen, & Lowe, 2007), marital separation, and unemployment (Morris-Vann, 1983). Bibliotherapy has even proven effective in helping children cope with nighttime fears, decreasing their separation anxiety, and increasing the amount of nights children slept in their own bed (Lewis, Amatya, Coffman, & Ollendick, 2015).

Some research studies are conducted in schools, a natural environment for bibliotherapy interventions to be integrated into the classroom curriculum (Chai, 2012). These classroom-based interventions have increased students' social problem-solving skills and skills are generalized to other settings (Chai, 2012). Prater, Johnstun, Dyches, and Johnstun (2006) suggested teachers use books as a way to help their at-risk students, and offered a 10-step process delineating how this task is accomplished. There has also been research to determine the effectiveness of bibliotherapy on preschool children's aggression levels (Bonanno, 2015). Bullying seems to be an inevitable experience for school aged children and research is starting to consider what types of coping solutions are presented as possibilities through the types of books that are chosen to be read (Flanagan et al., 2013).

Bibliotherapy is underused by clinicians (Mendel, Harris, & Carson, 2016). In a survey of 44 child psychiatry trainees and staff, 43% of them had never recommended a children's book to their patients. More than half (59%) stated they did not know of any good books and almost all (96%) of them thought access to a database with book suggestions would increase their recommendations. The authors Mendel et al. (2016) in a previous study produced a database with a list of suggested books by clinical topic. However, the list did not include grief, death, or suicide. Another website with a list of "common mental health conditions for youth" and corresponding book title suggestions also included nothing on grief, death, or suicide ("Reading Well: Books on Prescription," 2017). It is distressing that so little has been written to provide aid in these areas.

Bibliotherapy as an intervention for grief and trauma. While bibliotherapy is underutilized by clinicians and practitioners (Mendel et al., 2016; Stillman, 2016) and lacks a full spectrum of topic areas in database systems, there is some research using bibliotherapy to address grief and other traumatic topics. The intervention has been used with victims of sexual abuse and the books have proven to be an effective way of reducing anxiety and beginning the conversation between such children and clinicians about these difficult experiences (Franks, 2015). Bibliotherapy has also been shown to be a convenient and inexpensive way to reduce emotional distress levels of children with cancer (Schneider, Peterson, Gathercoal, & Hamilton, 2015). Perception of increased coping skills and interpersonal functioning as well as decreased distress levels were manifested immediately after reading the book and persisted for months after when the book was left with the child (Schneider et al., 2015).

Bibliotherapy as an intervention for grief and loss of parent. Kanewischer (2013) created an intervention using bibliotherapy for children in foster care and in the adoption system.

This intervention focuses on using the story of a girl named Alia as a comparison, who had been removed from her home due to neglect and abuse from her mother. Children are encouraged to interact during the reading as the question is repeatedly asked whether they have felt similar feelings.

Another area of bibliotherapy research that does address the grief of a child is being done in Israel by Betzalel and Schechtman (2017). Recently, their research with children in foster care focused on using specific stories that have superheroes characters who have lost a parent or both parents. When split into three experimental groups, bibliotherapy with superhero stories, bibliotherapy without superheroes, and no treatment, those who received bibliotherapy with superhero stories were observed to have the desired outcomes (decreased anxiety, violent behavior and aggression, and future orientation such as motivation and life goals) which sustained through follow-up. The other bibliotherapy group did not display lasting effects at follow-up, and those with no treatment experienced no significant change. This study shows that bibliotherapy is an effective tool to use with children who have lost a parent, and also explores the fact that the specific content of those books used in therapy is important.

Bibliotherapy as an intervention for those impacted by suicide. While there is little research on bibliotherapy use with children who are grieving the loss of a parent there is even less research that contributes to the specific knowledge base of bibliotherapy interventions with those impacted by suicide. Stillman (2016) compiled a list of resources professionals used with children who are affected by suicide and bibliotherapy is cited as one resource being used. No specifics of which books, or how effective they are, were given. The American Association of Suicidology (2017) offers a list of suggested books for those who have survived an attempted suicide, but unfortunately this list has few books for aiding child survivors.

Williams (2014) did some work for her thesis looking at books that could be used for children with parents who attempted suicide, and compiled a list of books related to trauma, grief, suicide, parental death, and depression. Williams did not find any books specifically about parental attempted suicide but did find and review several books about parent suicide. While her list is extensive, explaining how she searched out the books, the title, author, recommended audience, summary of the story, and resources included, her study, and that of Stillman's (2016), do not include an application section. An application section would include using these books with participants, following up with those participants, measuring effectiveness, and include the input of clinicians and practitioners who are the ones selecting which books to use with the child participants.

Statement of the Problem

The body of research is lacking data, results, and analysis of the use of bibliotherapy with child survivors of parent suicide. There is also a lack of information on how the few existing lists of such suggest books were created, i.e., how the individual books are chosen, as well as how the selected books are actually used, and the books' level of effectiveness.

Even as bibliotherapy is a proposed effective intervention for the suicide bereaved child (Haine et al., 2008), with lists of recommended books in the literature, many questions remain. Which materials are most helpful and effective in encouraging children's communication following parent suicide? The research questions posed in this study are inquiries that will help address this and other unanswered questions.

CHAPTER 3

Method

A qualitative inquiry method was chosen for this study as it allowed for an in-depth understanding of what paraprofessionals perceive to be the most helpful and effective materials to encourage children's communication following parent suicide. The design included a focus group, and two short quantitative surveys completed by each focus group participant. The focus group design was chosen because it creates the "ability to reveal socially constructed meaning and underlying attitudes" (Morgan, 1997, p. 89).

As John McLeod (2001) stated, the purpose of qualitative research is not to explain the topic being researched, but rather to understand what is being researched. This qualitative study draws upon a hermeneutic phenomenological perspective to gain such understanding. Creswell (2007) depicts phenomenological research as a way to identify a certain human experience, or the phenomenon of interest, and describe it in a universal sense. In such research, the researcher collects data from individuals who have experienced the phenomenon and then creates a picture of what that experience was like for each of those individuals. This picture will include the description of *what* the individuals experienced, and *how* they experienced it (Creswell, 2007, p. 76). The researcher will be involved in the interpretive process, "mediat[ing] between different meanings" that are revealed during the focus group discussion, and afterwards through data analysis (Creswell, 2007, p. 80). Hermeneutics is said to be the "interpret[ation of] the *texts* of life" (Creswell, 2007, p. 79). Repeated review of these "texts of life" (text from the transcribed focus group) will be performed, in order to create the essential picture of our chosen phenomenon. In this research, the phenomenon under study is the potential of certain children's picture books to open communication with children after a parent's suicide. When completed,

this research will add to the limited literature regarding this important avenue for helping bereaved children.

Participant Recruitment

The primary researcher contacted local grief centers by phone, and follow-up email. The researcher spoke to the managers, providing information about the study and contact information (email and phone number). An email containing the information/invitation to be shared with the potential participants was given to managers to share with their employees and volunteers. Via email or posted flier, the manager passed information on to their employees and volunteers who met the inclusion criteria. Those who received emails from the grief centers also passed information about this study on to others they felt may be interested and eligible for participation. Those who were interested in participating in the study contacted the researcher.

Therefore, participants were recruited from the body of paraprofessionals employed or volunteering in local grief support centers and schools. Purposeful sampling was used and participants were selected based on (a) employment with or volunteering in local grief support centers or schools; (b) prior experience using bibliotherapy; (c) experience working with five or more children or adults who had a family member complete suicide; (d) and a willingness to participate in the focus group. While this selection criteria may seem to have limited the number of available participants and the generalizability of the findings, the group's homogeneity fostered an environment where participants felt comfortable sharing their ideas and opinions (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009).

It is also pertinent to note why paraprofessionals and not seasoned therapists or professionals were used, and why participants were recruited who strictly work only with child survivors. Our rationale for their inclusion was that we could not find seasoned therapists who

had worked with our desired populations (that population originally being five or more children who had a parent complete suicide). We altered that desired population to include children and adults who had a family member complete suicide, and still could not find seasoned professionals that were willing and or qualified to participate in the focus group. We found that those members of the community who had the most experience working with survivors of suicide were paraprofessionals who often work under supervising therapists or professionals. And they did not often work strictly with child populations.

Participants

Five volunteers who met the inclusion criteria participated in the study. All participants had previous experience working with children or adults who had a family member complete suicide. Each participant also worked in a local grief support center or in a school setting and had experience using bibliotherapy. Two participants had personal experiences with family members who completed suicide.

The participants ranged in age from 27 to 57 ($M = 46.6$ years). All five participants self-identified as Caucasian or White. Four participants were female and one was male. Their years of working with children and youth ranged from 7 to 20 years ($M = 10.4$ years). Participants worked with an average of 7.6 children whose parent had completed suicide (range from 0 to 20). A participant who had no experience working with child survivors of parent suicide was included in the study, for reasons explained above (i.e., lack of available persons with that type of experience). However, the other four participants had worked with many child survivors of suicide.

Compensation

Participants were compensated for their involvement in the study. A light meal was provided to subjects during the focus group. Participants were also compensated by receiving three of the books or activity books (of their choice from the selection of a predetermined set of books) that were discussed during the focus group meeting. Food and drink were provided during the focus group to ease the subjects' ability to participate, allowing participants to eat a meal and participate at the same time. Subjects were compensated with three books or workbooks because these are among the materials that will have been identified as best suited for improving the communication of children about parent suicide and we wanted to give these professionals the opportunity to use those resources. Following the focus group, their chosen compensatory books were mailed to each participant's designated address. Participants had the option of not receiving the books, but all chose to receive them.

Benefits to Participants and Society

As a direct result of this research, participants have been exposed to resources that could possibly be used with child survivors of parent suicide and have voiced their own opinions, and heard other participants' opinions, about these resources. Participants may have the benefit of using these resources in ways or cases that would not have previously been possible. At the conclusion of this research study, summaries of which materials were thought most helpful in facilitating child communication will be distributed to community professionals who help support children following a parent's suicide.

In recent years, researchers have proven the success of using bibliotherapy with children and their parents to increase their understanding and communication about death. But this efficacy has only been proven when talking about death in general. No research on bibliotherapy

addresses suicide deaths specifically. The existing body of research is lacking data, results, and analysis of the use of bibliotherapy specifically with child survivors of parent suicide. More pointedly, there is a lack of information on how to select books to use with this unique and vulnerable population of children. This research adds to the scientific knowledge of which selection criteria are important when choosing a book to share with a child survivor of parent suicide, in order to help increase and facilitate their communication about that death. This research also benefits society as it obtained paraprofessionals' opinions about resources currently available, and exposed these community professionals to additional available, yet previously unknown resources. The benefit to society is one of increased knowledge about specific children's literature that could facilitate communication with bereaved children about a specific, particularly traumatic type of death, namely a parent's suicide death.

Procedures

The focus group took place at a local law firm in a secure conference room (a location convenient to participants). In total, the whole focus group meeting lasted just under two hours and thirty minutes, typical for adult focus group meetings (Morgan, 1997). This time period included participants reviewing the materials, followed by the focus group discussion. The discussion portion of the meeting was audio-recorded and later transcribed (1 hour and 17 minutes in length). No identifying information was included on the transcriptions. The audio recordings were deleted after offering participants the opportunity to correct the transcribed audio recordings. The primary researcher acted as moderator during the focus group discussion and was responsible for creating an open environment in which the participants felt comfortable (Krueger & Casey, 2002).

The focus group began by the moderator presenting the participants with materials to review. The materials included 15 children's picture books, workbooks, and journaling activity books on the topics of parent suicide, grief, and communication. These books were selected by the research team based on (a) positive reviews from grief websites' recommendations; (b) Amazon stars (online marketing company that includes average customer ratings on a five-point scale); (c) and recommended resources from professionals with experience working with grieving children. These pre-selected resources represent a comprehensive sample of the best rated available materials. Participants were given approximately one hour to review all the books. Fifteen pre-selected books included children's picture books, approximately 32 pages in length with few words per page. Books were considered appropriate for children ages 4–8 years-old. This length of time, an average of four minutes per book, was determined as appropriate by the researchers based on how long it took the researchers to read each of these books in one sitting. So after approximately one hour, after participants had reviewed the books, the moderator then engaged the participants in a discussion about the materials. A predetermined discussion guide with questions, included in Appendix A, was used to structure the focus group's conversation and obtain participants' opinions about how specific materials could facilitate children's communication about their parent's suicide (Krueger & Casey, 2002).

Following the focus group discussion, each participant provided the information for four sheets of paper: (a) Rating sheet, (b) Ranking sheet, (c) Demographic sheet, and (d) Compensation sheet. The rating sheet, included in Appendix B, asked participants to rate each book on a Likert scale (1 to 5, with 5 being the most effective), indicating how effectively the book would facilitate children's communication about suicide.

The ranking sheet, included in Appendix C, asked participants to rank order the 15 books, from 1 to 15, indicating how effectively the book facilitates children's communication about suicide. A ranking of 1 indicated the best choice; 15 indicated the worst choice.

The demographic sheet is included in Appendix D. The demographic sheet asked participants to describe themselves and to describe other materials that participants perceived as helpful in facilitating children's communication about a parent's suicide.

The compensation sheet is included in Appendix E. Participants were asked to share a mailing address, if they were interested in the option of receiving three books (of their choice from a pre-selected list of books).

Appendix F is the Brigham Young University's Institutional Review Board's letter of approval for this study. The Institutional Review Board concluded the study did not include any undue risks for human participants, as it did not meet the regulatory definition of human subjects research.

Data Analysis

The focus group discussion was audio-recorded and later transcribed. An additional member of the research team was also present at the focus group meeting and took notes on the proceedings. Names, and other personal identification items were not included in the transcribed portion of the focus groups. A coded name was inserted to protect confidentiality. A research team member transcribed the recordings. Electronic versions of the transcription were kept on a password sensitive google drive, only available to the primary researcher and faculty advisor, and to undergraduate research assistants assisting with transcribing and data analyses. After the transcripts had been completed, each participant was invited to review their transcript to ensure

accuracy and to make corrections, if needed, to clarify their intended meaning. This offer was declined by all participants.

The transcript was analyzed by the primary researcher and two others on the research team using the hermeneutic phenomenological method, looking for themes (Creswell, 2007; Kvale & Brinkmann, 2009). Themes repeatedly discovered were noted and will be discussed in the results of this research. Themes were identified by first noting all significant statements (items that provide understanding of how each participant experienced the phenomenon), and then organizing them into "clusters of meaning" (Creswell, 2007, p. 82). These clusters of meanings are the themes that were used to write the description of *how* and *in what way* the participants experienced the phenomenon (Creswell, 2007). This will include a description of the environment that has influenced the participant's experience (Creswell, 2007). Since focus groups allow participants to say anything they wish, they are considered naturalistic (Creswell, 2007; Krueger & Casey, 2000). From this naturalistic setting, the researcher was also able to gain insight through nuances such as facial expressions and body language. These observations will be included in descriptions of the participants' environment (Onwuegbuzie, et al., 2009). The researcher will also include a statement about her own experiences and the factors that influence her experiences because those experiences in turn influence the way the researcher will have interpreted the data (Creswell, 2007; Moustakas, 1994).

The primary researcher first engaged in this process of reviewing the meeting transcript, looking for significant statements individually. She then met with another member of the research team and together they continued to look for significant statements and began to group them into clusters of meaning. Unique ideas and contradictory statements were also noted. The researchers then circled back to re-examine the transcript text and looking for additional

confirming statements or meaning to support or disprove the themes identified. As potential themes were identified, the researcher continued to follow the hermeneutic cycle and return to the text to find confirming or disconfirming evidence. Confirmed themes were kept to be discussed in the results, while the unsubstantiated themes, or ones that were not broadly represented, were discarded. After the primary researcher and research team member had completed this process to the extent necessary to identify all major themes, their notes and identified themes were then shared with a third member of the research team who served as an auditor. The auditor, trained in qualitative research, checked the transcription, coding of themes, and data summary.

The data analysis was done in a way that discloses information about the level of consensus/dissent among participants. This is a method known as data expansion, and will create a more meaningful context in which our results can be viewed, and will avoid misleading analytical generalizations (Onwuegbuzie, et al., 2009; see table with Rating/Rankings).

The primary researcher is currently a graduate student at Brigham Young University. She is studying to become a School Psychologist and a Counseling Psychologist and has an interest in assisting children affected by parent suicide. She was born and raised in Utah to Canadian born parents, and lived in Utah County, State of Utah, during the course of this study. Her first involvement with suicide prevention was in middle school, but increased dramatically as she worked at a children's inpatient psychiatric unit for three years after receiving her undergraduate degree in public health. She is an active, regularly participating member of The Church of Jesus Christ of Latter-day Saints (LDS). While none of her immediate family members or relatives have died by suicide, she has been affected by suicides of friends and children she has worked with, as well as by disclosure over the years of suicidal thoughts from

close friends. Throughout the course of this study she had the opportunity to travel and make presentations about and learn from others about the field of suicidology. She felt a need to share these biases, and share the fact that she is a religious person, because it was the goal of this study to look at the books from a secular perspective. No books with religious statements, topics, or themes were included in this study. All of these factors contribute to the researcher's bias and the position from which she approached this research.

Using themes identified from the focus group discussion, as well as the Likert Scale ratings and rankings, specific materials were identified that may best facilitate a child's communication following a parent suicide. These materials are organized in the following categories: general criteria for selecting materials, materials specific to parent suicide, materials specific to death, and materials not specific to death or suicide. The materials that were not specific to death or suicide were informative about children's emotions and may be helpful to open conversation about feelings in general, prior to talking about suicide.

CHAPTER 4

Results

Five adults were invited to participate in a focus group discussion related to how

presented materials (15 children's picture books) facilitated children's communication about

their parent's suicide. All participants had previous experience working with children or adults

who had a family member complete suicide. Each participant also worked in a local grief

support center or in a school setting. Two participants had personal experiences with family

members who completed suicide. These factors shape the environment and personal context

from which participants experienced this research.

Overarching Themes

Focus group participants identified specific elements that should be present in books

selected to facilitate a child's communication about their parent's suicide. This section presents

these specific criteria in themes. It also presents results for three specific genres of materials,

those specific to parent suicide, those specific to death, and those not specific to death or suicide.

Focus group members described which materials within these genres may best facilitate

children's communication about parent suicide. Participants' comments are included to

demonstrate the themes that arose during the focus group discussion.

Books as conversation starters. There was consensus among all participants that books

could indeed encourage conversation. One participant commented that books and stories "open

up a dialogue" and encourage children to talk and express themselves. Conversations begin

because books create a starting point for discussion. Stories become shared examples between

the reader and the listener. Each story's situations and events are offered as examples that may

or may not resonate with the child and their life experience. It is important to talk about the

similarities and differences. This provides an opportunity to talk about the portrayed story, then to talk about the actual events that transpired in the child's personal life.

Use frankness and show a way out. Another common theme these books need to have is to be solidly factual with nothing left to the imagination. Non-specifics lead children to wonder. "Books that leave things up to kid's imagination [don't] work well because they are already ruminating on so many things." When the plot is not wrapped up at the end of a story it can cause children to "make up horrible things in their heads and they get really sidetracked." Books showed strength when they used frankness, because "the truth is always easier." Participants commented on the need to be honest with children when talking about the suicide:

> …Kids can fill in the blanks; if you are not speaking frankly and honestly with them then they will think that we are making stuff up or that it must be their fault and that they could have prevented it.

> Having a book that does that (leaving things to the child's imagination) is not very helpful. It is almost like the parents who won't tell the child how the other parent died.

Although some parents may think not sharing all the details surrounding the parent suicide will protect their child from greater pain and misunderstanding, it can actually do more harm than good (Cain, 2002). Books, and parents, need to "show a way out" and let their children know that "there can be a plan and a way towards having normal lives."

A sub-theme to ensuring frankness and a way out that participants expressed was to simplify and keep stories basic. If a book creates or adds to the feelings of confusion, it does not help the child. "Sweet and simple" books that give "clear examples" of why the parent has died and how they can't come back, and how the child can feel connected to the parent that has died, are important. Metaphors can be a creative and simple way to help children understand death

and grief. But the language and concepts behind the metaphor need to be very basic and concrete to assure that the child is able to understand it. There was some controversy among participants whether or not the water bug metaphor in *Water Bugs and Dragonflies* was too complex for children. One participant stated they "would not use [that book because] the language was completely, like way up here [raises hand way above their head], I couldn't follow the story." On the other hand, another metaphor about a twig was used in *Samantha Jane's Missing Smile* and was well liked by the group, "especially for a classroom setting." In an effort to use frankness and show a way out of the grief caused by suicide we need to use simple stories that convey concrete, honest facts through words and metaphors that are easily understood by children.

Normalize the reality of suicide. The perceived uniqueness of a suicide death can alienate children from other people's experiences with death and leave them feeling all alone. Helping children not feel alienated and alone in this specific type of parent death was a crucial criterion discussed. Suicide is a harsh reality for these children, but when they can read books that teach about specific types of death "it makes the loss of their parent by suicide feel better because there are so many different kinds of ways to die." There was much discussion about how some books can be too "sweet," "innocuous," and "light and breezy" for talking about suicide. There is a big discrepancy between sweetness and the reality of suicide. Sweet books are those that are universal—they are a light theme and something that "you would keep on the coffee table." When asked if these sweet books address the issue as they need to, one participant responded, "definitely not, at least not to open that communication." So, sweet, innocuous books do not do the job of opening communication about suicide well. More specific books, those that

mention suicide specifically, do a better job of addressing and normalizing the harsh reality that these children face.

Address emotions. Another element considered important when selecting books to facilitate children's communication about their parent's suicide are the books that use emotions. Books need to "give language to the emotions" that the children are feeling. The non-grief specific books (such as *The Way I Feel*, *In My Heart*, and *My Many Colored Days*) introduce different emotions and help give children tools for how to recognize and deal with their emotions. "Kids open up" about what they are feeling when they can put a name to it, when they can see examples of different emotions, and when they are asked questions about their emotions, such as, "when is a time when you felt that?" Participants liked books that "specifically went through each emotion."

It is important to know where a child is at currently at emotionally to start effective communication. Starting your work with a child by figuring out where they are at emotionally, what they are feeling, is a good first step to having a conversation. "Feelings of being overwhelmed and being anxious and lonely or at loss" tend to be common emotions children experience. But we need to be conscious and cautious of what types of emotions we are introducing to the child through the books we read. If they have not felt extreme anger over the death, a book focusing on that (*Luna's Red Hat*) may not be a good option. We may be "introducing things into their world that did not belong there" such as a feelings of anger. This caution may be a good reason why we should start with the books about feelings, to gauge where the child's feelings are, and learn from them what they are experiencing, before starting to read some of the more emotionally heavy, suicide specific books. With a proper understanding of the

child's emotions, and with the child aware of their own emotions, there will be a solid foundation to build on during communication together.

Displacement makes talking easier. Another theme identified in our focus group was books that utilized an animal or pet in the story. It is easy for youth to "talk about their pets all the time and [about] how their pets are feeling." As reported by one participant,

> It is also very common for children to tell you about when their cat died or dog died and they will open up to you about that. They are very willing to talk about that and it is just another way to normalize that conversation.

Therefore, talking about when a pet has died can be a good way to normalize the conversation about death and can act as a "comfortable bridge" to talking about the child's own feelings about death. Starting out talking about a pet's feelings allows for displacement to take place; the child can talk about feelings a safe distance from their own present experience. This is a nonthreatening way to begin speaking about the topic of death and then move deeper. There was some caution in the discussion about what types of animals could be used in stories. Some felt that in a book such as *When Dinosaurs Die*, "they don't connect as well with dinosaurs as they do with [other] animals." So, it is important to consider the type of animal with which the child would easily connect.

Illustrations. Another significant aspect to consider when selecting books to use with children are the illustrations. Participants voiced the need to find books with illustrations that "the kids will really enjoy." To do this it is important to think about the illustrations from the child's perspective. There may be some images that they could perceive as too graphic or be more sensitive to. Therefore, we need to be cautious and carefully consider the illustrations used. Some books' illustrations were described as, "creepy," and "dreary," and some even

"looked like blood." Illustrations set the mood for the story. So even when a book has appropriate, helpful, text, such as with *Luna's Red Hat*, some participants still "wish[ed] it had different illustrations" to make it more appealing to a child. When a book has both the appropriate text and illustrations, participants were confidently able to say, "yeah I love this book."

Individualize treatment. Above all, the group consensus was that "the real thing (or overarching theme) is to know your audience." In order to use appropriate books, "you would have to know the kid you are reading to." We need to know our audience, their circumstance, their mind and emotion set, and what specific things we should be cautious about. This is key to successfully selecting materials to open communication with a child about death.

Think developmentally. We need to think developmentally when individualizing treatment for each child. This includes considering age, gender, and developmental level of understanding. Consider and be sensitive to the child's ability to pay attention for a certain amount of time, as this will lead to which length of book to select. Also, how books are worded are important. Our discussion did not bring specification to the type of wording specifically, but we personally do not like too much wordiness. Simple and clear is best and was mentioned previously as a theme. Some books "take time to get through," and we need to know when to consider breaking them up to make sure the time spent reading and discussing them is appropriate for the child and productive. Certain age groups can resonate with some concepts more easily, such as "how young little boys go through a dinosaur stage," so you may consider using a book such as *When Dinosaurs Die* with younger boys or interested girls, because it may have a greater appeal for certain children of a specific age and gender.

Take cues from child and assess needs. We must take the cues from the child about how and when to move forward. "Step by step you take the pulse of a child's emotions as you go forward." "You need to be specific and understand if the book fits [the] child's needs." Our competence as professionals is apparent through our ability to gauge where a child is at and what the child needs at the specific point in time we are working with them. When we consider a child's individual circumstances and needs we will quickly learn that just because something has worked or been a good book for a child in the past does not mean it will be the right book for the current child we are working with. As we assess where the child is at we will know what type and length of book to select, using the prior themes addressed for further direction. One of the books specific to suicide might be just what they need, something that "goes straight into it." Or, as we assess the emotions of the child (as was discussed earlier) we may feel that a lighter book, i.e., those that discuss emotions or grief in general, may be a better starting place. The child may need the opportunity to talk about their emotions first, to identify and explore their emotions, and to establish a connection in conversation. After using a general book about emotions, then the counselor could use a different book to tackle the harder details and aspects of suicide.

Having a parent's guide at the back of the book. When there was a parent's guide available in the book our participants tended to value that. They felt that it was an important way to increase the parent's level of confidence in reading a book with their child or discussing the book after. And also, "it is good to have those instructions on the back, because it will help a parent to start to see things from a child's perspective." Parents may need help understanding the child's point of view, and these additional pages of instruction or notes to the adult reader tend to have information to helpful to parents. When a parent is able to read a book with their child it provides a common base for experience and understanding the concept discussed, which

is important if there is to be open communication about that subject. Thus, parent guides in children's books can also help adults know what to do or say, giving them some education about the topic at hand so that they may be more aware and feel empowered to act. Reading these books could also be healing for the parent, helping them address their own grief.

Additional Noteworthy Themes: Special Considerations

Other themes that arose during our discussion unrelated to the development of selection criteria for books included the following: family privacy/secrets, counselor characteristics, longitudinal needs for help, and unaddressed additional needs from books. These noteworthy considerations are more fully described in the following sections.

Family privacy/secrecy. Sometimes parents' behavioral and emotional issues, especially anger, can get in the way of the parent giving assistance to, or getting assistance for their child. Surviving parents have a lot to deal with. "A lot of parents want to keep home at home and school at school, which has been hard." This can be hard because children tend to have a more difficult time keeping family information to themselves. Parents might want certain information kept within the family, so there may be some secrecy about what has happened especially with a suicide death. But children are not as good at compartmentalizing their feelings as adults and these "family secrets" that are supposed to be kept at home do creep into their school day and affect them there. Additionally, the way the surviving parent acts, feels, or requires the child to behave at home, and at school, can greatly affect the child's ability to grieve properly. These parent actions, including the need for privacy or secrecy can create issues within the family that block communication and could make it more difficult for a child to talk about the loss, the death, and the suicide.

Counselor characteristics. Two characteristics described as being needed by counselors to effectively utilize any books or materials with a child were to have courage and a level of expertise. Counselors need courage to talk about tough topics honestly. One participant said,

Kids can fill in the blanks. If you are not speaking frankly and honestly with them then they will think that we are making stuff up or that it must be their fault and that they could have prevented it. You have to be prepared to really dive into that.

Having courage as a therapist allows you to lead the conversations and help the child make sense of death and suicide. The other trait discussed as being significant was a certain level of expertise. This was discussed in the sense that a counselor needs to know when they are dealing with a tougher situation than they can handle. They need to seek consultation or know when to refer to a more experienced outside source when they are not the expert or do not feel confident in their ability to reach or assist the child in the way needed.

Longitudinal needs for help. Another important concept to keep in mind is that children will need help communicating about the suicide across time and at different stages of their development. Grief is a process and "you work through it again and again" over the course of a life. Participants thought that "suicide is way more complicated as they [children] revisit it at different ages" as compared to other forms of death or grief. We need to be aware of children who have had parents, siblings, other relatives, or friends complete suicide in years past, and not only focus on the children who are "currently" struggling. We know grief can and does return throughout the lives of those bereaved by suicide and all children who have been exposed to this type of death may needed added supports now and again.

Unaddressed additional help needed from books. One participant reported that they wished we had more/different material presented at the focus group meeting, specifically books

that addressed culture. An additional need we did not address was books that allowed for different ways of responding to the suicide. One participant voiced the following observation:

> I wish there was a book that would address, 'My sister feels this way, and I feel this way, and we both feel this way.' And that we feel things that are totally different and that's okay.

It is true that within the same family there may be people that react differently and children may need help navigating those differences.

Results for Three Specific Genres of Children's Picture Books and Activity Books

As the research questions asked, we were curious which type of material would be perceived as best able to facilitate a child's communication about their parent's suicide. Table 1 includes the three specific groupings of materials, those books that are specific to suicide, those that are specific to death and grief, and those that are non-specific (about emotions, communication, etc.). Additionally, Table 1 includes information that summarizes participants' rankings and ratings of perceived effectiveness. The rankings were based on participants considering and comparing all 15 books/materials available and then rank ordering the books from 1 to 15 (with 1 being the best and 15 the worst at opening communication about parent suicide). In another column, book ratings offer an indication of participants' opinions of how effective each book would be in opening a child's communication about parent suicide. Participants rated each book on a scale of 1 to 5, with 1 being the lowest rating and 5 being the highest rating. Amazon ratings and number of reviews were also included in the table for comparison.

Considering the information in Table 1, we note important trends in participants' ratings and rankings of the 15 books. The top ranked materials tended to be in the suicide specific

genre. This means that books that specifically address the issue of suicide were judged to be more effective at opening communication about that difficult topic. Some of these books included *Bart Speaks Out: Breaking the Silence on Suicide*; *After a Suicide Death: A Workbook for Grieving Kids*; *Luna's Red Hat: An Illustrated Storybook to Help Children Cope with Loss and Suicide;* and *Someone I Love Died by Suicide: A Story for Child Survivors and Those Who Care for Them*. There were books rated and ranked highly from each genre of books, which again speaks to the need and necessity of knowing the child you are working with and individualizing the bibliotherapy to fit each child's specific needs.

Books that had unresolved issues at the end, such as *Rabbityness*, *A Terrible Thing Happened*, and *Water Bugs and Dragonflies*, were rated poorly (1.75; 2.75; 3.00). This highlights the importance of books having some closure for these children. If the book describes a situation that is unresolved it may too closely resemble the limbo a child is already experiencing and encourage them to continue to feel anxious, uncertain, and uncomfortable about the story's ending. Thus, based on participants' perceptions, stories with unresolved plots would potentially make books less effective materials to help open communication; to normalize the suicide that has occurred; and to assist children in talking about the suicide and their feelings related to the suicide.

Table 1

Ratings and Rankings of Children's Picture Books That May Open Communication About Parent's Suicide

Book title	Author	Participants' book ranking[a]	Participants' book rating[b]	Amazon ratings and reviews[c]	
				Star rating	No. of reviews
Suicide-specific books					
Bart Speaks Out: Breaking the Silence on Suicide	Linda Goldman	1	5.00	5.00	3

This workbook is written from the perspective of a dog, whose master has died by suicide. There are pages to record thoughts, pictures, memories, etc. A book from this type of perspective allows for displacement and can be easier for a child to express feelings when reading.

After a Suicide Death: A Workbook for Grieving Kids	Dougy Center	2	5.00	4.80	9

This is a workbook by the Dougy Center. It has some very honest and possibly shocking personal experiences and expressions from children who have lost a parent to suicide. Review of this book before use with a child is recommended. Work pages to record thoughts, feelings, pictures, etc.

Luna's Red Hat: An Illustrated Storybook to Help Children Cope with Loss and Suicide	Emmi Smid	3	4.00	4.80	6

This story is about a young British girl who has lost her mother to suicide. She expresses anger and grief over the loss of her mother, but her father helps her realize how she can see things differently.

Someone I Love Died by Suicide: A Story for Child Survivors and Those Who Care for Them	Doreen Cammarata	6	4.30	4.60	7

This story is about a child who has lost their parent to suicide. It explains some of the thoughts, feelings, and situation that a child may go through following that loss. Parent guide in the back of the book.

When Dinosaurs Die: A Guide to Understanding Death	Laurie Krasny Brown & Marc Brown	10	3.25	4.10	113

This book is written about dinosaurs, and explains many different ways that a dinosaur can die, including suicide. It also explains other events that may surround death, such as caskets, funerals, cremation, cemeteries, etc.

Death/grief-specific books					
Where Are You? A Child's Book About Loss	Laura Olivieri	4	4.20	4.40	54

This book is about a child who has lost a parent, and wonders where they are now that they have passed. Different explanations are given as to where the father could be, and how he can still be a part of the child's life.

Book title	Author	Participants' book ranking[a]	Participants' book rating[b]	Amazon ratings and reviews[c]	
				Star rating	No. of reviews
Samantha Jane's Missing Smile: A Story About Coping with the Loss of a Parent	Julie Kaplow & Donna Pincus	5	4.60	4.70	17

This story is about a girl, Samantha, whose father has died. Her neighbor is an influential figure, and the one who starts a conversation about how it is okay for Samantha to express her feelings, to be happy, or sad, and participate in the activities she used to enjoy. Includes simple metaphor.

Water Bugs and Dragonflies	Doris Stickney	11	3.00	4.40	188

This story is about a group of water bugs where one of their number occasionally leaves the water, and they wonder where they go. It is a metaphor for how death is not something we can totally understand in this life.

Tear Soup	Pat Schwiebert	12	3.50	4.70	976

This story is about a Grandmother who is grieving a loss, type of loss not specified. The Grandmother is making a pot of tear soup, which symbolizes that process of grief that she is going through.

Rabbityness	Jo Empson	14	1.75	4.90	13

This story is a colorfully illustrated story about a rabbit that is beloved by all the creatures in the forest. The rabbit has an enjoyable life, but then one day he goes missing. All the other animals are sad, and do not understand where he has gone, but find ways to remember him. Caution should be used due to uncertainty of cause of the rabbit's disappearance.

Non-specific to suicide books; includes information on general feelings/emotions/communication

My Many Colored Days	Dr. Seuss	7	4.25	4.80	1,542

This book is a colorful depiction of different types of emotions that can be experienced.

The Invisible String	Patrice Karst	8	3.25	4.70	694

This story is about two children who are frightened by a storm and want to stay with their mother. She teaches them that even when they aren't together in the same room, she can be with them, just as if an invisible string was connecting them. It is discussed how this invisible string can connect all those the children love, living and dead.

The Way I Feel	Janan Cain	9	4.00	4.50	306

This book is about a little girl as she describes many of the different ways she feels. It goes through a variety of emotions and the situations which may bring those feelings.

A Terrible Thing Happened	Margaret M. Holmes	13	2.75	4.80	215

This book should be used with caution, as its story is centered around an unexplained event that has happened to a raccoon. This raccoon is very distraught because of this terrible thing, and is having a hard time focusing on takes of daily living and in school. It does have a good representation of talking to adults for help and how the situation with hard things can get better over time.

Book title	Author	Participants' book ranking[a]	Participants' book rating[b]	Amazon ratings and reviews[c]	
				Star rating	No. of reviews
In My Heart	Jo Witek	15	4.50	4.90	300

This board book is a story of a little girl and things that are important to her. Each page describes one thing, and why it is important and why it is a part of her heart.

[a] Participants' ranking of books: 1= top ranked book; 15=lowest ranked book.

[b] Participants' rating of books, based on a 1 to 5 scale: 5 = highest rating; 1 = lowest rating.

[c] An average of online marketing Amazon's consumer ratings are based on a 1 (lowest rating) to 5 (highest rating). Information is also provided about the number of reviews each book received on the website [https://www.amazon.com/].

CHAPTER 5

Discussion

This study examined the perceived effectiveness of different materials that could be used for bibliotherapy with children, to open communication following their parent's suicide. This is an important issue to address because children may often be overwhelmed by feeling the stigma and shame surrounding their parent's death (Mitchell et al., 2006; Pitman et al., 2014). It is hard for children to grieve in healthy ways when experiencing these feelings, especially when the surviving parent is struggling in their own way and unable to provide support. Bibliotherapy has been used successfully with children to talk about death and grief (Johnson, 2004; Leavy, 2005) and even about the loss of parents (Betzalel & Schechtman, 2017). No research has been found that explored the use of bibliotherapy in suicide-specific deaths, especially with child survivors of a parent suicide. There are a few studies that list resources and recommendations of books that could possibly be used with children affected by suicide, but there are no application sections included in these papers (Stillman, 2016; Williams 2014). An application section would hopefully include an explanation of which books were chosen and why, and then explain the use of these books with participants, follow up with participants, measuring effectiveness, and having input from clinicians and practitioners who are the ones selecting which books to use with the child participants.

This study was conducted to help sift through the vast amount of available resources and recommended lists of books through gaining experienced paraprofessionals' opinions about which genres of books would be most effective to use when focusing on the element of communication with a child following their parent's suicide. We specifically focused on learning what specific criteria should be considered when selecting materials for use in this type

of bibliotherapy. We hope that our research enhances the possibility of another study focusing on application and use of bibliotherapy with child survivors come to fruition.

From the overarching themes identified in this study, there were a few principles we found most informative and interesting. The first was the overwhelming need to individualize the treatment provided by ensuring that you know the child that is participating in counseling. So much of the book selection process draws upon how much the paraprofessional, therapist, or parent, know about the child, and their individual specific situation, emotional state, and developmental level. It is vital that we invest time before commencing bibliotherapy into considering and learning these things.

Another important theme identified was the need for books that use frankness and show a way out. Being frank and open about the situation the child is in allows for normalization and simplification. This type of clarity was most often identified in the books that were of the suicide-specific genre. This was a huge finding and brings perspective to the vast quantity of book options available. These suicide-specific books were rated and ranked much higher by participants than by those ratings found on Amazon (see Table 1). Books that were very popular and well known on Amazon (i.e., had hundreds of reviews) were somewhat surprisingly, and informatively, not the books that our participants rated and ranked as the best options. We note that this discrepancy may be due to a number of factors. First would be that Amazon ratings are not created by a population specifically looking to identify books that would help a suicide bereaved child. Second, a lay audience may be less adept at identifying books that are truly effective at helping a child address grief. Just because a book is popular on Amazon does not mean it would be the most effective book to use in all circumstances. So, to those selecting

books to use in bibliotherapy, it would be best to select books based on the criteria suggested by this study, or another reliable criteria, rather than relying solely on a book's internet popularity.

Another important theme identified was the weight that illustrations carry. Artwork sets the tone for a book. We shared previously that some books' illustrations viewed in our study were described as creepy, dreary, and that some even looked like blood. However, it is interesting to note that these books were not the ones that were ranked at the bottom of the list. Yes, their illustrations may be creepy and inappropriate for use with some children, but they may be just right for another. This speaks again to the importance of individualizing treatment and knowing the child you are working with as we consider the images, feelings, and mood that our chosen book and accompanying illustrations will convey to the child.

Additionally, we found that addressing emotions was a foundational theme. We need to ensure that the child we are working with has the vocabulary to address and express feelings for the situation at hand. This may vary by the child's age and developmental level, and should be identified as we strive to individualize our treatment. Understanding that the child we are working with is lacking vocabulary to express emotions may necessitate starting bibliotherapy with a more general genre of books that address emotions, rather than the suicide-specific books. Once we have strengthened the foundation upon which conversations about emotions can take place, we can move into using the suicide-specific books to approach the topic of suicide directly.

Surprisingly, there was strong agreement between focus group participants on which books they perceived as poor choices when working with child survivors of parent suicide-- particularly regarding the aspect of some books having stories with unresolved issues. There was a consensus that these types of books may too closely resemble the threat and uncertainties

the child is currently experiencing and be unproductive. Children need books with closure, books that show ways out of the current troubles.

In the following sections, we will share this study's implications as they apply to practitioners and to surviving parents helping children. Limitations of this study will also be addressed. Then we will conclude by addressing the implication for future research.

Implications for Practitioners

There is much room for practitioners to improve in their work with child suicide survivors. The most important suggestion we can make is to individualize the treatment for each child. What works for one child will not work for all. It is our prerogative as practitioners to use our knowledge and expertise to gather information about the individual child being assisted, and what makes them special and their situation unique, in order to adjust our treatment accordingly. This research has articulated at least eight different themes, or principles, which will help practitioners know which elements of books to consider as they select a book or books for bibliotherapy use. These themes should guide practitioners, but practitioners should also give priority to their specific knowledge of each child's unique situation. To more sensitively and effectively meet the child's needs, the practitioner's specific knowledge of the child may influence selection of stories that vary from what is commonly recommended.

Other key implications for practitioners to remember are that courage is needed on their part to help the child, as well as the knowledge that treatment should be longitudinal. A practitioner might not realize the amount of courage they will need to start a conversation with a child about the suicide of their parent. But as our research has shown, giving frank, simple, honest answers and using books that specifically address suicide are the best methods to ensure the child has a clearer opportunity to understand and express their thoughts and feelings.

Practitioners should not be discouraged if they believe they do not have the skills necessary to work with a child who has been faced with the task of grieving and living through and after a parent's suicide. They should strive to be aware of their personal expertise and be confident in the need and decision to consult with other professionals, or to make a referral when the child's needs exceed their level of proficiency. Also, practitioners should be aware that children who they work with for a short time, even for a few weeks or few months, may continue to need ongoing support. Grief is not something that is experienced like a checklist of stages, especially when the death is a suicide death. It is a process that can be revisited and re-experienced throughout the lifetime (Worden, 2008). This means that children may need help making sense of the loss of their parent at various points in their life. Be open to continued work with these children, observing and supporting their progress. Additionally, look for signs of suicide-related grief in other children who are in your care.

Appendix G is a succinct summary of this study's findings. This might be used as a handout to share with mental health professionals, paraprofessionals, and parents. This information would assist them in considering which books to read with a child who is grieving their parent's death by suicide.

Implications for Surviving Parents

Parents need to understand that suicide is a difficult topic, but one that needs to be addressed, not avoided or glossed over. They need to realize that their reaction to the loss of a spouse can greatly affect their children, and how their children are able to grieve and communicate about the suicide. Children will try to honor their parent's wishes, even if that means keeping the suicide as a family secret. Children may even avoid talking with school adults and friends to protect their family, or family prescribed secrecy. But children need to talk

about their experiences, thoughts, and feelings about the loss of their parent (Stroebe et al.,

2007). They need the opportunity to communicate about it. Parents should be encouraged to

read a carefully selected book as a strategy to start that ongoing conversation with their child.

Especially when addressing a suicide death, books with stories specifically about suicide

ultimately can open communication and help children to start discussing and making sense of

what has happened. However, a beginning with a book about emotions may be more

developmentally appropriate starting point for their child.

A surviving parent may feel uncomfortable beginning or having this conversation on their

own. They may doubt they know the right things to say or how to answer all the child's

questions. A great resource identified though this research was the "parent guides" that are often

included in the front or back pages of books specific to suicide. Parents can benefit from these

books perhaps as much as children, and can read these guides and receive some education and

tips of how to handle the conversation with their child. Parents may also receive personal help

and healing as they read a book together with their child. Surviving parents may also take

comfort in knowing about local resources and supports that are available in the community.

These resources may be available through the local school or community grief center, places

where their child can receive additional support and opportunities to talk.

Limitations

This study had some limitations. A few limitations had to do with the nature of the

sample. Participants in this study were not seasoned therapists or professionals. They were

paraprofessionals who were employees or volunteers in local grief-support centers and schools.

These paraprofessionals worked under supervising therapists and professionals. Our rationale

for using this sample was the fact that we could not find seasoned therapists who had worked

with our desired population (experience working with five or more children or adults who had a family member complete suicide). This however, may not be specific to our study, but may reflect the mental health support that is currently available in many communities. Mental health services are often delivered in this country by layman, paraprofessionals, and not by seasoned, well trained individuals.

Even when our desired population was modified because we could not restrict it to persons who had just worked with child survivors of parent suicide, our sample size was still small. This is another limitation, but it reflects how there are not enough counselors working in the community to fulfill this specific need (survivors of parent suicide). Having a small overall sample size that consisted of paraprofessionals may limit the generalizability. However, it may just reflect the reality that our society is facing with its efforts to treat mental health issues.

We feel that our inability to find seasoned therapists in the community who had worked with child survivors of parent suicide willing to participate in our study is a reflection the mental health support that are currently available in many communities. We feel that there are not enough counselors working in the community to fulfill this specific need (survivors of parent suicide). Furthermore there is a lack of appropriate child health care in many areas of mental health, such as child psychiatry. Mental health services are often delivered in this country by layman, paraprofessionals, and not by seasoned, well trained individuals. It is vital that we do more to reach out to and support this vulnerable population.

Another limitation came from our assumed bias that participants like bibliotherapy as a method of treatment. Having prior use of bibliotherapy was one of the inclusion criteria for this study and may have resulted in more positive responses to the proposed effectiveness of using books for opening a child's communication about a difficult topic. Another limitation from this

study is that we did not look into what other resources people are using to support these child survivors. There may be other effective resources outside of bibliotherapy, but such resources were not the focus of our study.

Another possible limitation was the group member influence inherent when participating in a focus group. For example, when a member expressed liking or disliking a particular book, this perception may have influenced the other members' opinions. However, focus groups have also been praised for opening and engaging conversations and creating synergy in discussions.

Implications for Future Research

One aspect of bibliotherapy use with child survivors of parent suicide this research did not address was the actual use, and result of use, of particular books with this population of children. As previously noted, this is an area of research greatly lacking for this population. So research that involves bibliotherapy, or even other methods of treatment for children survivors of parent suicide, and what the actual impact of those interventions is on specific children, would be a valuable contribution to the body of knowledge (Linde, Treml, Steinig, Nagl, & Kersting, 2017). Taking the books from this study and using them with children who are survivors of a parent's suicide would be a solid next step to verifying the principles recommended by our findings. This future research could also investigate how improved communication from and with children may decreases feelings of stigmatization and shame, or improve coping skills for such feelings, as these are two areas that greatly contribute to isolation and lack of communication about suicide (Mitchell et al., 2006; Young et al., 2012).

Another type of study that could be conducted would be to talk with the surviving children. Their insights and perceptions of these books would be valuable, especially if they are different from what practitioners would expect (as was the case in the study done by Bennett,

2016). Research could investigate the surviving parents' perceptions of their children's needs.

Identification of parents' struggles and concerns would provide important input regarding how to

better support their children. Additionally, researchers may consider investigating the family

unit as a whole, to determine how a parent's suicide affects family functioning and how the

children adapt to this altered family circumstance.

Expanding on this study, future research may consider gathering feedback from licensed

professionals. Would licensed professionals' impressions differ from paraprofessionals'

opinions about the effectiveness of these different genres and types of books? Future research

may also want to look at books that include religious topics, as these books could have a

different impact on children and the way they communicate about their parent's suicide.

Whatever future research is conducted, we recommend looking at the effectiveness of practices

that are currently in use (Linde et al., 2017), evaluating the effectiveness of those practices being

created, and continually assessing the needs of our target population. We emphasize—children

should *never* have to struggle and grieve alone.

Conclusions

Because parent suicides are not a commonly occurring death, some may question if this

topic warrants extensive research. However, each surviving child needs to be supported

following such a tragic event. We know parent suicide is a tragedy that leaves children highly

vulnerable to negative mental and physical health outcomes (Brent et al., 2009; Haine et al.,

2008; Young et al., 2012; Pitman et al., 2014). In taking an active role in supporting these

vulnerable children, we need cost-effective treatment that is research-based. As an adjunct to

therapeutic intervention, bibliotherapy is a feasible, inexpensive, and effective option.

Bibliotherapy holds potential to open communication pathways to discuss children's experiences

and helps them on the path to healing. This study's findings will assist supportive adults—including paraprofessionals, mental health professionals, and surviving parents—in knowing how to provide enhanced support and services for children effected by a parent's suicide.

     We should not hesitate to address the topic of suicide, head on. There is too much evidence supporting the negative effects that take place when no action is taken. If both children and adults are to grieve in healthy ways we must bring this subject into the light, and out from under the veil of stigma and shame. As we talk openly about suicide and discuss the ways it affects survivors, we will gain an increased understanding of their vulnerabilities and negative health outcomes and how suicide affects families, schools and communities. By more fully and openly engaging in our efforts to support child survivors, we will facilitate communication. Opening communication will dispel the stigma and shame surrounding this topic. With an increased understanding and a proper perspective about what has occurred, child survivors will feel empowered to move forward with hope.

REFERENCES

Abu-Hussain, J. (2016). The role of bibliotherapy in reduction of violence in Arab schools in
Israel. *American Journal of Educational Research*, *4*(10), 725–730. doi:
10.12691/education-4-10-3

Allen, M., Burt, K., Bryan, E., Carter, D., Orsi, R., & Durkan, L. (2002). School counselors'
preparation for and participation in crisis intervention. *Professional School Counseling*,
6(2), 96–102.

Allen, M., Jerome, A., White, A., Marston, S., Lamb, S., Pope, D., & Rawlins, C. (2002). The
preparation of school psychologists for crisis intervention. *Psychology in the Schools,
39*(4), 427–439.

American Association of Suicidology [Website]. (2017). *Recommended readings, surviving
suicide*. Retrieved from http://www.suicidology.org/resources/recommended-reading

Bennett, S. (2016). *Survivors' perceptions of support following a parent's suicide* (Unpublished
master's thesis). Brigham Young University, Provo, UT.

Betzalel, N., & Shechtman, Z. (2017). The impact of bibliotherapy superheroes on youth who
experience parental absence. *School Psychology International, 38*(5), 473–290. doi:
10.1177/0143034317719943

Bonanno, C. M. (2015). *A school-based bibliotherapy intervention for hostile attribution of
intent for preschoolers* (Unpublished master's thesis). Fordham University, New York,
NY.

Brent, D., Melhem, N., Donohoe, M. B., & Walker, M. (2009). The incidence and course of
depression in bereaved youth 21 months after the loss of a parent to suicide, accident, or

sudden natural death. *The American Journal of Psychiatry, 166*(7), 786–794. doi:

10.1176/appi.ajp.2009.08081244

Brent, D. A., Melhem, N. M., Oquendo, M., Burke, A., Birmaher, B., Stanley, B., …Mann, J.

(2015). Familial pathways to early-onset suicide attempt. *JAMA Psychiatry, 72*(2), 160–

168. doi: 10.1001/jamapsychiatry.2014.2141

Brire, F. N., Rohde, P., Shaw, H., & Stice, E. (2014). Moderators of two indicated cognitive-

behavioral depression prevention approaches for adolescents in a school-based

effectiveness trial. *Behaviour Research and Therapy, 53*, 55–62. doi:

10.1016/j.brat.2013.12.005

Brown, A. C., Sandler, I. N., Tein, J., Liu, X., & Haine, R. A. (2007). Implications of parental

suicide and violent death for promotion of resilience of parentally-bereaved children.

Death Studies, *31*(4), 301–335. doi: 10.1080/07481180601187092

Cain, A. C. (2002). Children of suicide: The telling and the knowing. *Psychiatry, 65*, 124–136.

doi: 10.1521/psyc.65.2.124.19937

Cain, A. C. (2006). Parent suicide: Pathways of effects into the third generation. *Psychiatry*

69(3), 204–227.

Carnahan, S. (2016, February 4). Readers' advisory, bibliotherapy, and grief in YA literature.

[*The HUB blog post]*. Retrieved from

http://www.yalsa.ala.org/thehub/2016/02/04/readers-advisory-bibliotherapy-and-grief-in-

ya-literature/

Centers for Disease Control and Prevention. (2015). *Suicide*. Retrieved from

http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf

Centers for Disease Control and Prevention. (2016). *Suicide: Consequences*. Retrieved from

http://www.cdc.gov/violenceprevention/suicide/consequences.html

Cerel, J., Fristad, M. A., Weller, E. B., & Weller, R. A. (1999). Suicide-bereaved children and

adolescents: A controlled longitudinal examination. *Journal of the American Academy of

Child & Adolescent Psychiatry, 38*(6), 672–679.

Cerel, J., Fristad, M. A., Weller, E. B., & Weller, R. A. (2000). Suicide-bereaved children and

adolescents: II. Parental and family functioning. *Journal of the American Academy of

Child and Adolescent Psychiatry, 39*(4), 437–444.

Cerel, J., Jordan, J. R., & Duberstein, P. R. (2008). The impact of suicide on the family. *Crisis*,

29(1), 38–44. doi: 10.1027/0227-5910.29.1.38

Chai, A. Y. (2012). *The use of bibliotherapy in natural environments to develop social skills in

young children* (Unpublished doctoral dissertation). Retrieved from ERIC database.

(ED528892)

Coffman, M., Andrasik, F., & Ollendick, T. H. (2013). Bibliotherapy for anxious and phobic

youth. In C. A. Essau, T. H. Ollendick, C. A. Essau, & T. H. Ollendick (Eds.), *The Wiley-

Blackwell handbook of the treatment of childhood and adolescent anxiety* (pp. 275–300).

Hoboken, NJ: Wiley-Blackwell. doi: 10.1002/9781118315088.ch13

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (Eds.). (2016). *Treating trauma and traumatic

grief in children and adolescents* (2nd ed.). New York, NY: Guilford.

Corr, C. A. (2004). Bereavement, grief, and mourning in death-related literature for children.

Omega, 48(4), 337–363.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five

approaches* (2nd ed.). Thousand Oaks, CA: Sage.

DiGuilio, R., & Kranz, R. (1995). *Straight talk about death and dying.* New York, NY: Facts on

    File.

Dowdney, L. (2000). Annotation: Childhood bereavement following parental death. *Journal of*

    Child Psychology and Psychiatry and Allied Disciplines, *41*(7), 819–830.

    <http://dx.doi.org/10.1017/S0021963099006216>

Flanagan, K. S., Vanden Hoek, K. K., Shelton, A., Kelly, S. L., Morrison, C. M., & Young, A.

    M. (2013). Coping with bullying: What answers does children's literature provide?

    School Psychology International, 34(6), 691–706. doi: 10.1177/0143034313479691

Franks, L. N. (2015). *The benefits of bibliotherapy and comprehensive informed treatment in*

    trauma focused cognitive behavioral therapy for victims of child sexual abuse (Doctoral

    dissertation) Retrieved from ProQuest Dissertations and Theses Global. (Order No.

    3703532).

Gall, T. L., Henneberry, J., & Eyre, M. (2014). Two perspectives on the needs of individuals

    bereaved by suicide. *Death Studies, 38*(7), 430–437. doi:

    10.1080/07481187.2013.772928

Geulayov, G., Gunnell, D., Holmen, T. L., & Metcalfe, C. (2012). The association of parental

    fatal and non-fatal suicidal behaviour with offspring suicidal behaviour and depression: A

    systematic review and meta-analysis. *Psychological Medicine*, *42*(8), 1567–1580.

Gudas, L. J. (1993). Concepts of death and loss in childhood and adolescence: A developmental

    perspective. In C. F. Saylor (Ed.), *Children and disasters* (pp. 67–84). New York, NY:

    Plenum Press.

Guldin, M., Li, J., Pedersen, H. S., Obel, C., Agerbo, E., Gissler, M., …Vestergaard, M. (2015).

    Incidence of suicide among persons who had a parent who died during their childhood, a

population-based cohort study. *JAMA Psychiatry, 72*(12), 1227–1234. doi: 10.1001/jamapsychiatry.2015.2094

Haine, R. A., Ayers, T. S., Sandler, I. N., & Wolchik, S. A. (2008). Evidence-based practices for parentally bereaved children and their families. *Professional Psychology: Research and Practice*, *39*(2), 113–121. doi: 10.1037/0735-7028.39.2.113

Hanschmidt, F., Lehnig, F., Riedel-Heller, S. G., & Kersting, A. (2016). The stigma of suicide survivorship and related consequences—A systematic review. *PLoS ONE, 11*(9), 1–16. doi: 10.1371/journal.pone.0162688

Harper, E. (2011). Bibliotherapy intervention exposure and level of emotional awareness among students with emotional and behavioral disorders (Master's thesis). Available from *ProQuest Dissertation and Theses database*. (UMI No. 2011-99010-265)

Hawkins, P. G. (2002). Helping children cope with death. In J. Sandoval (Ed.), *Handbook of crisis counseling intervention and prevention in the schools* (2nd ed.) (pp. 161–181). Mahwah, NJ: Lawrence Earlbaum.

Heath, M. A., Sheen, D., Leavy, D., Young, E., & Money, K. (2005). Bibliotherapy: A resource to facilitate emotional healing and growth. *School Psychology International, 26*(5), 563–580. doi: 10.1177/0143034305060792

Helping children cope with loss. (n.d.). Retrieved January 29, 2005, from http://www.nmha.org/children/prevent/loss.cfm

Hospice Net. (2003). Hospice website [http://www.hospice.org].

Hung, N. C., & Rabin, L. A. (2009). Comprehending childhood bereavement by parental suicide: A critical review of research on outcomes, grief processes, and interventions. *Death Studies, 33*(9), 781–814. doi: 10.1080/07481180903142357

Johnson, J. (2004). Historical perspectives and comments on the current status of death-related literature for children. *Omega, 48*(4), 293–305.

Jordan, J. R., Feigelman, W., McMenamy, J., & Mitchell, A. M. (2011). *Research on the needs of survivors*. Retrieved from https://books.google.com/books?id=V6KRAgAAQBAJ&dq=Jordan,+J.+R.,+Feigelman,+W.,+McMenamy,+J.,+Mitchell,+A.+M.+(2011)+Research+on+the+needs+of+survivors&lr=

Kanewischer, E. J. W. (2013). Do you ever feel that way? A story and activities about families and feelings. *Journal of Creativity in Mental Health*, *8*, 70–80. doi: 10.1080/15401383.2013.763686

Kramer, K. (2009). *Using self-help bibliotherapy in counseling* (Unpublished master's thesis). University of Lethbridge, Alberta, Canada.

Kranzler, E. M. (1990). Parent death in childhood. In A. L. Eugene (Ed.), *Childhood stress* (pp. 405–421). New York, NY: Wiley.

Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Krueger, R. A., & Casey, M. A. (2002). Designing and conducting focus group interviews. *Social Analysis, Selected Tools and Techniques*, *4*(23), 4–24. Retrieved from http://web.worldbank.org/archive/website01028/WEB/IMAGES/SDP_36.PDF#page=10

Kuramoto, J. S., Stuart, E. A., Runeson, B., Lichtenstein, P., Långström, N., & Wilcox, H. C. (2010). Maternal or paternal suicide and offspring's psychiatric and suicide-attempt hospitalization risk. *Pediatrics*, *126*(5), 1026–1032. doi: 10.1542/peds.2010-0974

Kvale, S., & Brinkmann, S. (2009). *InterViews: Learning the craft of qualitative research interviewing* (2nd ed.). Thousand Oaks, CA: Sage.

Lamers, E. (2003). Helping children during bereavement. In I. Corless, B. B. Germino, & M. A. Pittman (Eds.), *Dying, death, and bereavement* (pp. 267–286). New York, NY: Springer.

Leavy, D. G. (2005). *Facilitating communication about death between mothers and adolescent sons using fictional children's literature* (Unpublished master's thesis). Brigham Young University, Provo, UT.

Lewis, K. M., Amatya, K., Coffman, M. F., & Ollendick, T. H. (2015). Treating nighttime fears in young children with bibliotherapy: Evaluating anxiety symptoms and monitoring behavior change. *Journal of Anxiety Disorders*, *30*(1), 103–112. doi:10.1016/j.janxdis.2014.12.004

Linde, K., Treml, J., Steinig, J., Nagl, M., & Kersting, A. (2017). Grief interventions for people bereaved by suicide: A systematic review. *PLoS ONE, 12*(6), e0179496. doi: 10.1371/journal.pone.0179496

Loy, M., & Boelk, A. (2014). *Losing a parent to suicide: Using lived experiences to inform bereavement counseling.* New York, NY: Rutledge.

McCullis, D., & Chamberlain, D. (2013). Bibliotherapy for youth and adolescents: School-based application and research. *Journal of Poetry Therapy*, *26*(1), 13–40. doi: 10.1080/08893675.2013.764052

McLeod, J. (2001). *Qualitative therapy*. London, UK: Sage.

Melhem, N. M., Day, N., Shea, M. K., Day, R., Reynolds III, C. F., & Brent, D. (2004). Predictors of complicated grief among adolescents exposed to a peer's suicide. *Journal of Loss & Trauma, 9*(1), 21–34. doi: 10.1080/15325020490255287

Mendel, M. R., Harris, J., & Carson, N. (2016). Bringing bibliotherapy for children to clinical practice. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(7), 535–537. doi:10.1016/j.jaac.2016.05.008

Mitchell, A. M., Wesner, S., Brownson, L., Dysart-Gale, D., Garand, L., & Havill, A. (2006). Effective communication with bereaved children survivors of suicide. *Journal of Child and Adolescent Psychiatric Nursing, 19*(3), 130–136. doi: 10.1111/j.1744-6171.2006.00060

Mitchell, A. M., Wesner, S., Garand, L., Dysart-Gale, D., Havill, A., & Brownson, L. (2007). A support group intervention for children bereaved by parental suicide. *Journal of Child and Adolescent Psychiatric Nursing, 20*(1), 3–13. doi: 10.1111/j.1744-6171.2007.00073

Montgomery, S. S., & Coale, S. H. (2015). *Supporting children after a suicide loss: A guide for parents and caregivers*. Pasadena, MD: Chesapeake Life Center.

Moody, R. A., & Moody, C. P. (1991). A family perspective: Helping children acknowledge and express grief following the death of a parent. *Death Studies, 15*(6), 587–602.

Morgan, D. (1997). *Focus groups as qualitative research*. Thousand Oaks, CA: Sage.

Morris-Vann, A. (1983). The efficacy of bibliotherapy on the mental health of elementary students who have experienced a loss precipitated by parental unemployment, divorce, marital separation, or death. *Dissertation Abstracts International*, 47, 676A. (Wayne State University Microfilms No. 83–15, 616)

Moustakas, C. E. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Mudėnaitė, V. (2016). *Bibliotherapy for children and adolescents*. Retrieved from https://www.norden.ee/images/kultuur/info/kirjfoorum2014/VeronikaMudenaite_kirjfoorum2014.pdf

Müller, S., Rohde, P., Gau, J. M., & Stice, E. (2015). Moderators of the effects of indicated

    group and bibliotherapy cognitive behavioral depression prevention programs on

    adolescents' depressive symptoms and depressive disorder onset. *Behaviour Research*

    and Therapy, 75, 1–10. doi:10.1016/j.brat.2015.10.002

Norris-Shortle, C., Young, P. A., & Williams, M. A. (1993). Understanding death and grief for

    children three and younger. *Social Work*, *38*(6), 736–742.

Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative

    framework for collecting and analyzing data in focus group research. *International*

    Journal of Qualitative Methods, *8*(3), 1–21. doi: 10.1177/160940690900800301

Pardeck, J. T., & Pardeck, J. A. (1984). Bibliotherapy: An approach to helping young people

    with problems. *Journal of Group Psychotherapy, Psychodrama & Sociometry, 37*(1), 41–

    43.

Paterson, K. (1977). *Bridge to Terabithia*. New York, NY: Crowell.

Pehrsson, D., Allen, V. B., Folger, W. A., McMillen, P. S., & Lowe, I. (2007). Bibliotherapy

    with preadolescents experiencing divorce. *The Family Journal, 15*(4), 409–414. doi:

    10.1177/1066480707305352

Pfeffer, C. R. (1981). Parental suicide: An organizing event in the development of latency age

    children. *Suicide and Life-Threatening Behavior*, *11*(1), 43–50. doi: 10.1111/j.1943-

    278X.1981.tb00998

Pfeffer, C. R., Jiang, H., Kakuma, T., Hwang, J., & Metsch, M., (2002). Group intervention for

    children bereaved by the suicide of a relative. *Journal of the American Academy of Child*

    & Adolescent Psychiatry, 41(5), 505–513.

Pfeffer, C. R., Martins, P., Mann, J., Sunkenberg, M., Ice, A., Damore, J. P., ... & Jiang, H. (1997). Child survivors of suicide: Psychosocial characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry*, *36*(1), 65–74. doi:10.1097/00004583-199701000-00019

Pfohl, W., Jimerson, S. R., & Lazarus, P. J. (2002). Developmental aspects of psychological trauma and grief. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 309–323). Bethesda, MD: National Association of School Psychologists.

Pierce, L. M. (2015). The use of bibliotherapy with adolescents and their families, *Journal of Family Psychotherapy*, *26*(4), 323–330. doi: 10.1080/08975353.2015.1097294

Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry, 1,* 86–94. doi: 10.1016/S2215-0366(14)70224

Prater, M. A., Johnstun, M. L., Dyches, T. T., & Johnstun, M. R. (2006). Using children's books as bibliotherapy for at-risk students: A guide for teachers. *Preventing School Failure*, *50*(4), 5–13.

Ratnarajah, D., & Schofield, M. J. (2007). Parental suicide and its aftermath: A review. *Journal of Family Studies*, *13*(1), 78–93.

Ratnarajah, D., & Schofield, M. J. (2008). Survivors' narratives of the impact of parental suicide. *Suicide and Life-Threatening Behavior*, *38*, 618–630. doi: 10.1521/suli.2008.38.5.618

Reading Well: Books on Prescription. (2017). Retrieved from http://reading-well.org.uk/books/books-on-prescription/common-mental-health-conditions

Reily, M. (2003). Facilitating children's grief. *The Journal of School Nursing, 19*(4), 212–218.

Schneider, N. M., Peterson, M., Gathercoal, K. A., & Hamilton, E. (2015). Bibliotherapy's effect on anxiety in children with cancer. In J. Merrick (Ed.), *Child and adolescent health issues* (pp. 121–132). Hauppauge, NY: Nova Science Publishers.

Schreiber, J. K., Sands, D. C., & Jordan, J. R. (2017). The perceived experience of children bereaved by parental suicide. *Omega—Journal of Death and Dying, 75*(2), 184–206. doi: 10.1177/0030222815612297

Sedney, M. A. (2002). Maintaining connections in children's grief narratives in popular film. *American Journal of Orthopsychiatry, 7*(2)*, 279–288.

Shear, M. (2015). Clinical practice. Complicated grief. *New England Journal of Medicine, 372*(2), 153–160.

Shechtman, Z. (2006). The contribution of bibliotherapy to the counseling of aggressive boys. *Psychotherapy Research, 16*(5), 631–636. doi: 10.1080/10503300600591312

Shooter, M. (1997). The impact of death, divorce and disaster on young people. *Current Opinion in Psychiatry*, *10*(4), 268–274.

Stillman, A. P. (2016). Utah mental health professionals' recommendations for working with youth at risk for suicide (Unpublished master's thesis). Brigham Young University, Provo, UT.

Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet, 370*(9603), 1960–1973. doi: 10.1016/S0140-6736(07)61816-9

Vida, S., & Grizenko, N. (1989). DSM-III-R and the phenomenology of childhood bereavement: A review. *Canadian Journal of Psychiatry*, *34*(2), 148–155.

Waas, H. (2003). Death education for children. In I. Corless, B. B. Germino, & M. A. Pittman (Eds.), *Dying, death, and bereavement* (pp. 25–41). New York, NY: Springer.

Wehrly, B. (2011). Bibliotherapy homework for persons of mixed-race heritage. In H. G.

　　Rosenthal (Ed.), *Favorite counseling and therapy homework assignments* (2nd ed., pp.

　　345–348). New York, NY: Routledge.

Wertz, R. W., & Wertz, D. C. (1989). *Lying-in: A history of childbirth in America*. New Haven,

　　CT: Yale University Press.

Williams, E. E. (2014). Establishing a bibliotherapeutic resource for children who have

　　experienced a parent's attempted suicide (Unpublished master's thesis). Forest Institute,

　　Springfield, MO.

Wolfelt, A. D. (2002). Children's grief. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.),

　　Best practices in school crisis prevention and intervention (pp. 653–671). Bethesda, MD:

　　National Association of School Psychologists.

Worden, J. W. (1996). *Children and grief: When a parent dies*. New York, NY: Guilford Press.

Worden, J. W. (2008). *Grief counseling and grief therapy: A handbook for the mental health

　　practitioner* (4th ed.). New York, NY: Springer.

World Health Organization (2014). *Preventing suicide: a global imperative*. Retrieved from

　　http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

World Health Organization (2016a). *Suicide: Fact sheet*. Retrieved from

　　http://www.who.int/mediacentre/factsheets/fs398/en/

World Health Organization. (2016b). *Violence and injury prevention*. Retrieved from

　　http://www.who.int/violence_injury_prevention/media/news/2016/18_09/en/

Young, I. T., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S.

　　(2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*,

　　14(2), 177–186.

APPENDIX A

Semi-Structured Focus Group Protocol

Guided Discussion Questions

Pre-Discussion
Establish rapport
Provide meal
Review research study
Explain Consent Form—Need for confidentiality, gain participants verbal agreement to comply
Explain 4 Sheets to be completed after discussion
Answer any questions

Signed consent form from participant _____
(1 copy of Consent Form remains with participant)

Part A: Reviewing books
Start audio recording
Show empathy
Express appreciation

Thank you so much for participating. I realize this topic isn't always the easiest to talk about. If at any time you need to take break, redirect questions that might be uncomfortable, or end participating in the focus group, please let me know. We can stop at any time, if needed.

Invite the participants to review the 15 children's books/materials on communication, grief, death, suicide, or related topics.

Present hard copies of the picture books/materials and give the participants a chance to review them (approximately 50 minutes). Allow and encourage participants to take notes about the different aspects of the books and materials that they believe would or would not make that item a good choice to facilitate a child's communication following parent suicide.

Our goal today is to have a discussion about these books/materials. We would like to discuss the different elements in the books that make the book either a good choice or a poor choice for encouraging a child's communication after their parent has completed suicide. As you may not be familiar with these books the time is now yours to read and review each of these books. Please feel free to take notes on the paper provided on things you liked or did not like, etc., for reference during group discussion. You will have approximately 50 minutes to view the books before our discussion. Are there any questions?

Part B: Guiding discussion questions
Begin group discussion about the materials that have been reviewed (approximately 1 hour).

Let's start with a general question—

• After reviewing these materials, are there any that you have used before?
> o   *What did you like about the material?*
> o   *How did it influence the child's communication?*
• Of all the materials reviewed, which do you think would encourage children's communication about their parents' suicide?
> o   *What are the strengths of these materials?*
• Is there anything we should be cautious about when using a particular material?
> o   *Why/what would make you not use these materials?*
Think back over our discussion today—
• Did you see any overarching themes? What features were common between the best materials for increasing children's communication following parent suicide?
• Are there any books or materials that we have already discussed that you would like to make additional comments about?
• Do any materials have strengths that were not previously mentioned?

Think back, are there any methods or activities you have previously used that were not talked about today that you use to help children feel comfortable talking about their parent's suicide death?

Part C: Ratings, Rankings, Demographics, and Compensation
Following the focus group discussion, participants will complete 4 separate sheets.
   (1) They will individually rate each book on a Likert Scale of how likely it is to effectively facilitate communication.
   (2) They will rank all the books from 1-15, with one being the best choice and fifteen being the worst choice material.
   (3) They will complete a demographic sheet
   (4) They will complete the compensation sheet (optional) and provide a mailing address to which 3 books will be sent following the study, as gratitude for their participation.

Ratings sheet from participant _____
(check for complete answers and legible handwriting)

Rankings sheet from participant _____
(check for complete answers and legible handwriting)

Demographic sheet from participant _____
(check for complete answers and legible handwriting)

Compensation sheet from participant _____
(check for complete answers and legible handwriting)

Wrap up

Ask the participant if they would be willing to review a transcript of the interview to ensure accuracy and make any corrections or modifications; if so, direct the participant to include their email address on bottom of the Informed Consent document.

Invite the participants to call and email with further comments or thoughts.
Thank the participant for their cooperation and remind them that we will be sending them 3 books/materials in the mail, if they chose to receive that compensation.

APPENDIX B

Rating Sheet

Rating Sheet

Please individually rate each book on a Likert Scale (1 to 5), indicating how effectively the book facilitates children's communication about suicide. Circle the number of the book title if you have used that book before.

	Title of Book & Author	(least effective) 1 2 3 4 5 (most effective)				
1	*A Terrible Thing Happened* by Margaret M. Holmes	1	2	3	4	5
2	*After a Suicide Death: A Workbook for Grieving Kids* by The Dougy Center	1	2	3	4	5
3	*Bart Speaks Out: Breaking the Silence on Suicide* by Linda Goldman	1	2	3	4	5
4	*In My Heart* by Jo Witek	1	2	3	4	5
5	*Luna's Red Hat: An Illustrated Storybook to Help Children Cope with Loss and Suicide* by Emma Smid	1	2	3	4	5
6	*My Many Colored Days* by Dr. Seuss	1	2	3	4	5
7	*Rabbityness* by Jo Empson	1	2	3	4	5
8	*Samantha Jane's Missing Smile: A Story About Coping with the Loss of a Parent* by Julie Kaplow and Donna Pincus	1	2	3	4	5
9	*Someone I Love Died By Suicide: A Story for Child Survivors and Those Who Care for Them* by Doreen Cammarata	1	2	3	4	5
10	*Tear Soup* by Pat Schwiebert	1	2	3	4	5
11	*The Invisible String* by Patrice Karst	1	2	3	4	5
12	*The Way I Feel* by Janan Cain	1	2	3	4	5
13	*Water Bugs and Dragonflies* by Doris Stickney	1	2	3	4	5
14	*When Dinosaurs Die: A Guide to Understanding Death* by Laurie Krasny Brown and Marc Brown	1	2	3	4	5
15	*Where Are You? A Child's Book About Loss* by Laura Olivier	1	2	3	4	5

APPENDIX C

Ranking Sheet

Please rank order all the books from 1-15, with 1 being the best choice and 15 being the worst choice material, based on that material being an effective facilitator of child communication following a parent suicide.

Rank	**Book Title**
_____	*A Terrible Thing Happened* by Margaret M. Holmes
_____	*After a Suicide Death: A Workbook for Grieving Kids* by The Dougy Center
_____	*Bart Speaks Out: Breaking the Silence on Suicide* by Linda Goldman
_____	*In My Heart* by Jo Witek
_____	*Luna's Red Hat: An Illustrated Storybook to Help Children Cope with Loss and Suicide* by Emma Smid
_____	*My Many Colored Days* by Dr. Seuss
_____	*Rabbityness* by Jo Empson
_____	*Samantha Jane's Missing Smile: A Story About Coping with the Loss of a Parent* by Julie Kaplow and Donna Pincus
_____	*Someone I Love Died By Suicide: A Story for Child Survivors and Those Who Care for Them* by Doreen Cammarata
_____	*Tear Soup* by Pat Schwiebert
_____	*The Invisible String* by Patrice Karst
_____	*The Way I Feel* by Janan Cain
_____	*Water Bugs and Dragonflies* by Doris Stickney
_____	*When Dinosaurs Die: A Guide to Understanding Death* by Laurie Krasny Brown and Marc Brown
_____	*Where Are You? A Child's Book About Loss* by Laura Olivier

APPENDIX D

Demographic Sheet

Please answer the following questions.

What is your age?

What is your ethnicity?

What is your gender?

What county do you currently reside in?

What is your current occupation?

How long have you been working with children/youth?

Over the course of your career, how many children whose parent has completed suicide have you worked with?

Have you been through a similar experience, having experienced a suicide death in your own life? If so, explain.

Did you find yourself wishing we had more/different materials presented at the focus group?

Were there any materials that we did not discuss today that you have used/seen/think would be effective at increasing parent-child communication following a parent suicide? If so, what are their titles?

APPENDIX E

Compensation Sheet

Thank you for your participation in this study! To show our gratitude for your participation today we would like to send you a gift of three books/materials that were discussed at our focus group today. *This is optional, you do not have to provide your name or address.*

Please list the titles of three books you would like:

      1._____

      2._____

      3._____

Please provide a mailing address to which we can send these books:

        _____

        _____

        _____

        _____

APPENDIX F

Institutional Review Board Approval Letter

INSTITUTIONAL REVIEW BOARD
FOR HUMAN SUBJECTS

Memorandum

To: Lindsay Regehr, Graduate Student
Department: CPSE
College: EDUC
From: Sandee Aina, IRB Administrator
Date: May 23, 2017
IRB#: A 17-2016
Subject: *Books to Facilitate Children's Communication Following Parental Suicide*

The protocol referenced in the subject heading has been reviewed by Brigham Young University's Institutional Review Board for Human Subjects (IRB). The IRB has determined that this scholarly activity does not meet the regulatory definition of human subjects research 45 CFR 46.102(f).

Most research in the social and behavioral sciences involves gathering information **about** individuals. However, this research will involve the collection of data from paraprofessionals. The paraprofessionals will contribute information about some aspect of the external world primarily from the perspective of their special expertise, rather than their personal opinions, preferences, perceptions or experiences.

Please remove BYU IRB's contact information from the consent statement.

Sincerely,
Sandee M.P. Aina, MPA
Institutional Review Board for Human Subjects, Administrator
Office of Research & Creative Activities
Brigham Young University
A-285 ASB Campus Drive
Provo, UT 84602
Ph: 801-422-1461 | http://orca.byu.edu/irb/
BYU

APPENDIX G

Summary of Study's Feedback

The following information summarizes feedback from the focus group conducted with paraprofessional counselors (*n*=5). These paraprofessionals worked with children/families affected by parent suicide. Those who work with child survivors may consider this feedback when they select books to best fit the child's needs.

Ranking of Children's Books

Considering books that helped to facilitate communication in children affected by the suicide of a parent, therapists/counselors ranked what they considered to be the "best" and "worst" books from a selection of 15 books.

Books rank ordered as best choices to facilitate communication with child survivors of a parent suicide

The following six books were ranked as the "**best choices:**"

1. *Bart Speaks Out: Breaking the Silence on Suicide* by Linda Goldman
2. *After A Suicide: A Workbook for Grieving Kids* by the Dougy Center
3. *Luna's Red Hat: An Illustrated Storybook to Help Children Cope with Loss and Suicide* by Emma Smid
4. *Where Are You? A Child's Book About Loss* by Laura Olivieri
5. *Samantha Jane's Missing Smile: A Story About Coping with the Loss of a Parent* by Julie Kaplow and Donna Pincus
6. *Someone I Love Died by Suicide: A story for Children Survivors and Those Who Care for Them* by Doreen Cammarata

Books that were considered the worst choices to facilitate communication with child survivors of a parent suicide

When compared to a selection of options (15 books), these books were cumulatively ranked as the "**worst choices:**"

1. *In My Heart* by Jo Witek
2. *Rabbityness* by Jo Empson
3. *A Terrible Thing Happened* by Margaret M. Holmes
4. *Tear Soup* by Pat Schwiebert
5. *Water Bugs and Dragonflies* by Doris Stickney
6. *When Dinosaurs Die: A Guide to Understanding Death* by Laurie Krasny Brown & Marc Brown

Rating of Children's Books

Books rated individually on a 1 to 5 Likert scale

When rating books individually, and not comparing them to any other options, on a Likert Scale (1 to 5, with 1 being the lowest rating and 5 being the highest rating), the following list includes the books that were perceived as being effective in facilitating children's communication about suicide. This lists includes the books with the highest cumulative ratings:

1. *Bart Speaks Out: Breaking the Silence on Suicide* by Linda Goldman
2. *After a Suicide Death: A Workbook for Grieving Kids* by The Dougy Center
3. *Samantha Jane's Missing Smile: A Story About Coping with the Loss of a Parent* by Julie Kaplow & Donna Pincus
4. *In My Heart* by Jo Witek
5. *Someone I Love Died By Suicide: A Story for Child Survivors and Those Who Care for Them* by Doreen Cammarata
6. *My Many Colored Days* by Dr. Seuss

Focus Group Recommendations:
Important Things to Consider When Selecting a Book to Open Communication with Child Survivors of a Parent Suicide

- Carefully consider the individual child's experience and current needs.
- Use simple stories that convey concrete, honest facts through words and metaphors easily understood by the child.
- More specific books, those that mention suicide specifically, do a better job of addressing and normalizing the harsh reality that these children face.
- Consider starting with non-grief specific books as a way to introduce different emotions and help give children tools for how to recognize and deal with their emotions.
- Keep information and therapeutic activities developmentally appropriate for the child.
- Pay attention to the illustrations and how the child might interpret what things look like (strange and "creepy" illustrations, red watercolor effects that could trigger images of blood, etc.).
- Utilize books with an animal or pet in the story. It is easier for children to talk about displaced feelings, such as talking about how an animal would feel in their situation.
- Take caution when considering stories that leave things unresolved, such as in the book *Rabbityness* and *A Terrible Thing Happened*. When information is ambiguous and unclear, this leaves children feeling unsettled.
- Utilize the parent or counselor guide at the back of the book (if one is included).