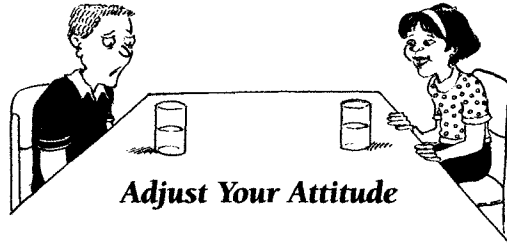


Deal with Your Feelings



Adjust Your Attitude



Discover Your Choices

The Coping Skills Workbook

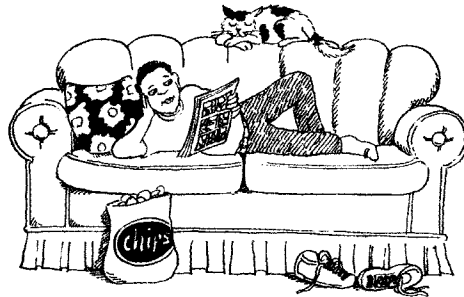
Teaches Kids Nine Essential Skills to Help Deal with Real-Life Crisis



Take Care of Yourself



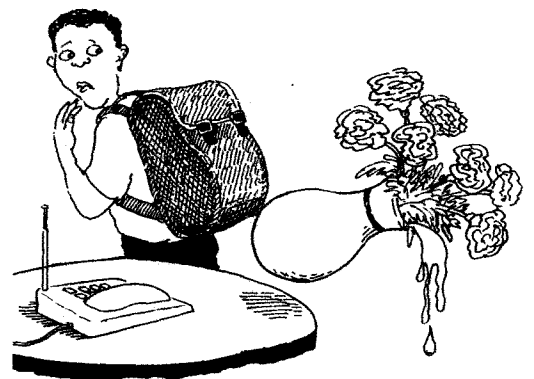
Ask for Help



Give Yourself a Relaxation Break



Take One Step at a Time



Accept Imperfection



Plan Ahead

**Lisa M. Schab, LCSW
Illustrated by Andy Myer**

Time's Passing Means Nothing to Loss

It stalks you
like a cat.
Like a root,
whenever you stumble
on it, it is right
there. It yawns
across the vastness
of the smoothly-made
bed. In the kitchen
it stirs in the empty
chair. Or it sits
at the next table
in the restaurant,
with that profile you
can't stop glancing at.
Loss keep picking
up the thread
of the conversation
it imagines it is still
in the middle of.
But the thread
doesn't go anywhere.
Loss forgets it can't
pick up the telephone
and call, until its
hand is in mid-air.
Loss can sleep
like the dead,
like a snake curled
among warm rocks
in the sun,
but it wakes up
hungry, with venom
and fangs intact.
Loss forgets what
it can and cannot have.
Loss never forgets
what it wants.

Kane (1979): Mental Concepts of Death

Concepts

1. Realization (awareness of death)
2. Separation (location of dead)
3. Immobility (movement of dead)
4. Irrevocability (permanent, irreversible)
5. Causality (internal . . . external)
6. Dysfunctionality (ideas about body function)
7. Universality (ideas of mortality)
8. Insensitivity (dreaming, feeling, thinking, hearing)
9. Appearance (how dead look)
10. Personification (death concretized and reified as person/thing)

Stage Theory

Stage One (age 3-6):

Realization

Separation

Immobility

Stage Two (age 7-9):

Concrete

Causality

Universality

Irrevocability

Dysfunctionality

Appearance

Insensitivity

Stage Three (age 10-12):

Abstract

THE STATION

TUCKED AWAY IN OUR SUBCONSCIOUS IS AN IDYLIC VISION. WE SEE OURSELVES ON A LONG TRIP THAT SPANS THE CONTINENT. WE ARE TRAVELING BY TRAIN. OUT THE WINDOWS WE DRINK IN THE PASSING SCENE OF CARS ON NEARBY HIGHWAYS, OF CHILDREN WAVING AT A CROSSING, OF CATTLE GRAZING ON A DISTANT HILLSIDE, OF SMOKE POURING FROM A POWER PLANT, OF ROW UPON ROW OF CORN AND WHEAT, OF FLATLANDS AND VALLEYS, OF MOUNTAINS AND ROLLING HILLSIDES, OF CITY SKYLINES AND VILLAGE HALLS.

BUT UPPERMOST IN OUR MINDS IS THE FINAL DESTINATION. ON A CERTAIN DAY AT A CERTAIN HOUR WE WILL PULL INTO THE STATION. BANDS WILL BE PLAYING AND FLAGS WAVING. ONCE WE GET THERE, SO MANY WONDERFUL DREAMS WILL COME TRUE AND THE PIECES OF OUR LIVES WILL FIT TOGETHER LIKE A COMPLICATED JIGSAW PUZZLE. HOW RESTLESSLY WE PACE THE AISLES DAMNING THE MINUTES FOR LOITERING - WAITING, WAITING, WAITING FOR THE STATION.

"WHEN WE REACH THE STATION, THAT WILL BE IT!" WE CRY. "WHEN I'M 18." "WHEN I BUY A NEW MERCEDES!" "WHEN I PUT THE LAST KID THROUGH COLLEGE." "WHEN I'VE PAID OFF THE MORTGAGE!" "WHEN I GET A PROMOTION." "WHEN I REACH THE AGE OF RETIREMENT, I SHALL LIVE HAPPILY EVER AFTER!"

SOONER OR LATER, WE MUST REALIZE THERE IS NO STATION, NO ONE PLACE TO ARRIVE AT ONCE AND FOR ALL. THE STATION IS ONLY A DREAM. IT CONSTANTLY OUTDISTANCES US.

"RELISH THE MOMENT" IS A GOOD MOTTO, ESPECIALLY WHEN COUPLED WITH PSALM 118.24: "THIS IS THE DAY WHICH THE LORD HATH MADE; WE WILL REJOICE AND BE GLAD IN IT." IT ISN'T THE BURDENS OF TODAY THAT DRIVE MEN MAD. IT IS REGRETS OVER YESTERDAY AND THE FEAR OF TOMORROW. REGRET AND FEAR ARE TWIN THIEVES WHO ROB US OF TODAY.

SO, STOP PACING THE AISLES AND COUNTING THE MILES. INSTEAD, CLIMB MORE MOUNTAINS, EAT MORE ICE CREAM, GO BAREFOOT MORE OFTEN, SWIM MORE RIVERS, WATCH MORE SUNSETS, LAUGH MORE, CRY LESS. LIFE MUST BE LIVED AS WE GO ALONG. THE STATION WILL COME SOON ENOUGH.

TABLE 7.1 TEN COMMON MISCONCEPTIONS ABOUT SUICIDE

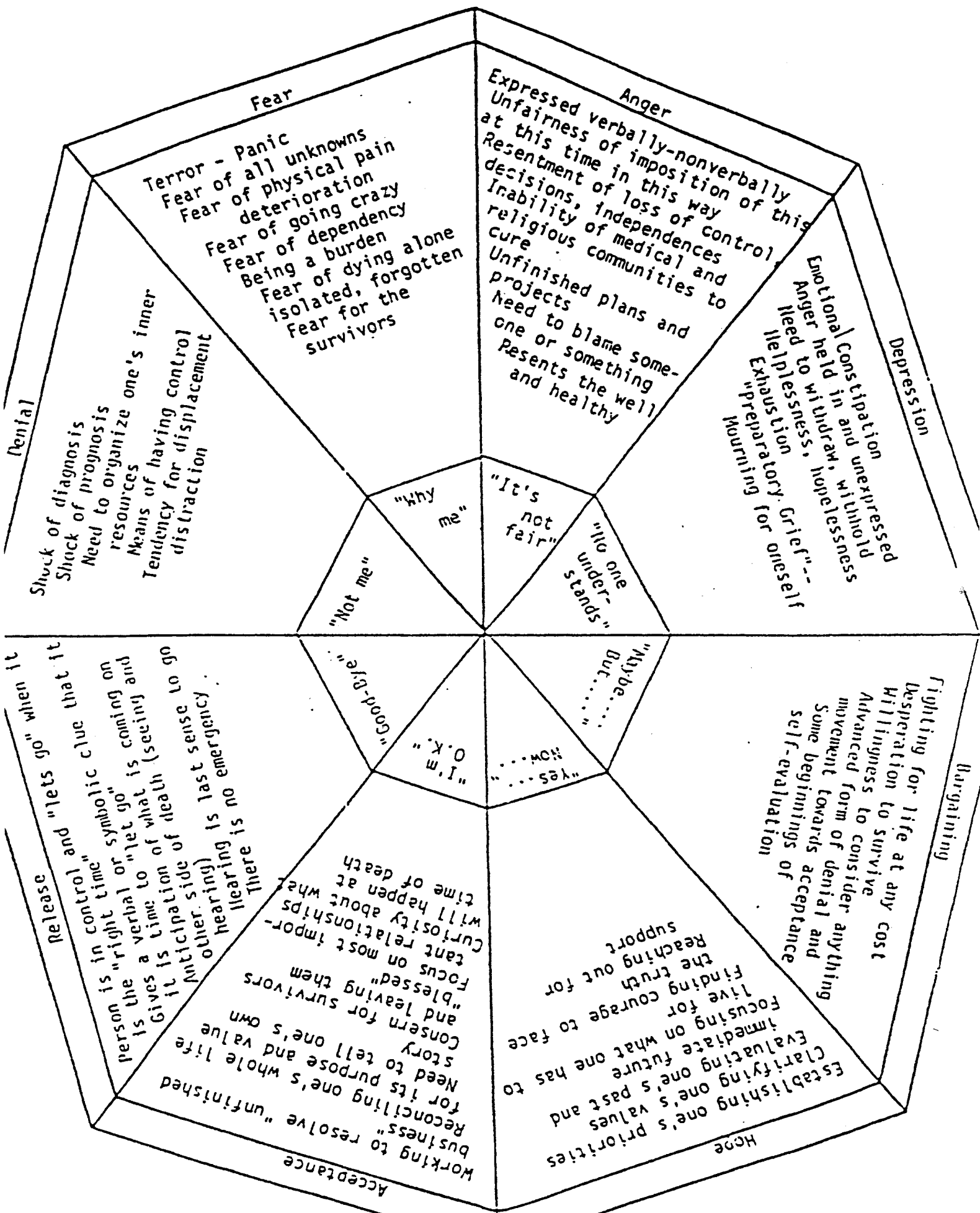
FALSE	TRUE
1. People who talk about suicide rarely commit suicide.	1. People who commit suicide have given some clue or warning of intent. Suicided threats and attempts must be taken seriously.
2. The tendency toward suicide is inherited and passed on from one generation to another.	2. Suicide does not "run in families." It has no characteristic genetic quality.
3. The suicidal person wants to die and feels there is no turning back.	3. Suicidal persons most often reveal ambivalence about living versus dying and frequently call for help immediately following the suicide attempt.
4. Everyone who commits suicide is depressed.	4. Although depression is often associated with suicidal feelings, not all people who kill themselves are obviously depressed. Some are anxious, agitated, psychotic, organically impaired, or wish to escape their life situation.
5. There is very little correlation between alcoholism and suicide.	5. Alcoholism and suicide often go hand in hand; that is, a person who commits suicide is often also an alcoholic.
6. A person who commits suicide is mentally ill.	6. Although persons who commit suicide are often distraught, upset, or depressed, many of them would not have been medically diagnosed as mentally ill.
7. A suicide attempt means that the attempter will always entertain thoughts of suicide.	7. Often, a suicide attempt is made during a particularly stressful period. If the remainder of that period can be appropriately managed, then the attempter can go on with life.
8. If you ask a client directly, "Do you feel like killing yourself?" this will lead him to make a suicide attempt.	8. Asking a client directly about suicidal intent will often minimize the anxiety surrounding the feeling and act as a deterrent to the suicidal behavior.
9. Suicide is more common among the lower socioeconomic groups than elsewhere in our society.	9. Suicide crosses all socioeconomic groups and no one group is more susceptible than another.
10. Suicidal persons rarely seek medical help.	10. In retrospective studies of committed suicide, more than half had sought medical help within the six months preceding the suicide.

From C. L. Hatton & S. M. Valente, *Suicide: Assessment and Intervention* 2nd Edition. Englewood Cliffs, N.J.: Prentice-Hall, 1984, pp. 57-58. Reprinted by permission.

cially hard to deal with, as he is likely to be defensive, blaming, provocative, and generally indifferent to your attempts to draw him into therapy.

Suicidal clients are ambivalent. Part of them wants to kill themselves, while part of them wants to continue to live. If it weren't for that latter part, they would

EXPERIENCE OF GRIEF



WHAT NOT TO SAY OR DO

- Don't compare grief.
- Don't set a timetable.
- Don't underestimate or overestimate the client's intensity.
- Don't assume you have the answers.
- Don't make the mistake of thinking that knowing is doing.
- Don't give false hope, but never lose sight of the exceptions--never surrendering hope that is appropriate.
- Don't worry if you are not perfect. Neither is the client.
- Don't enmesh! Just mesh!
- Don't defend God. He will defend Himself.

As the client works through the loss and mourning process, there will be anger and self-examination before issues will be cognitively assessed.

What is grief

Psychosocial response to loss

Reactive state

Hits Cognitive

Emotional } Dimensions

Behavioral }

Some of the possible

Feelings

Sadness

Fatigue

Frustration

Anger

May affect our self-esteem

Mourning-Active-

Tasks of Mourning

1. Understand our feelings and thoughts
2. Work through the pain accompanying the loss
3. Learning what we need to do to reorganize thinking and feelings to live after loss

DEVELOPMENTAL AGES AND POSSIBLE REACTIONS TO DEATH.

AGE	THINK	FEEL	DO
3-5 years (Preschool)	<ul style="list-style-type: none"> ▪ death is temporary and reversible ▪ finality of death is not evident ▪ death mixed up with trips, sleep ▪ may wonder what deceased is doing 	<ul style="list-style-type: none"> ▪ Sad ▪ Anxious ▪ Withdrawn ▪ Confused about changes ▪ Angry ▪ Scared ▪ Cranky (feelings are acted out in play) 	<ul style="list-style-type: none"> ▪ Cry ▪ Fight ▪ Are interested in dead things ▪ Act as if death never happened
6-9 years	<ul style="list-style-type: none"> ▪ about the finality of death ▪ about the biological processes of death ▪ death is related to mutilation ▪ a spirit gets you when you die ▪ about who will care for them if a parent dies ▪ their actions and words caused the death 	<ul style="list-style-type: none"> ▪ Sad ▪ Anxious ▪ Withdrawn ▪ Confused about changes ▪ Angry ▪ Scared ▪ Cranky (feelings are acted out in play) 	<ul style="list-style-type: none"> ▪ Behave aggressively ▪ Behave withdrawn ▪ Experience nightmares ▪ Act as if death never happened ▪ Lack concentration ▪ Have a decline in grades
9-12 years	<ul style="list-style-type: none"> ▪ about and understand the finality of death ▪ death is hard to talk about ▪ that death may happen again, and feel anxious ▪ about death with jocularly ▪ about what will happen if their parent(s) die(s) ▪ their actions and words caused the death 	<ul style="list-style-type: none"> ▪ Vulnerable ▪ Anxious ▪ Scared ▪ Lonely ▪ Confused ▪ Angry ▪ Sad ▪ Abandoned ▪ Guilty ▪ Fearful ▪ Worried ▪ Isolated 	<ul style="list-style-type: none"> ▪ Behave aggressively ▪ Behave withdrawn ▪ Talk about physical aspects of death ▪ Act as if death never happened, not show feelings ▪ Experience nightmares ▪ Lack concentration ▪ Have a decline in grades

Each teenager is an individual with a unique personality and special interests, likes and dislikes. In general, however, there is a series of developmental tasks that everyone faces during the adolescent years.

A teenager's development can be divided into three stages -- early, middle and late adolescence. The normal feelings and behaviors of adolescents for each stage are described below.

Early Adolescence (12-14 Years)

MOVEMENT TOWARDS INDEPENDENCE

- * Struggle with sense of identity.
- * Moodiness.
- * Improved abilities to use speech to express oneself.
- * More likely to express feelings by action than by words.
- * Close friendships gain importance.
- * Less affection shown to parents, with occasional rudeness.
- * Realization that parents are not perfect; identification of their faults.
- * Search for new people to love in addition to parents.
- * Tendency to return to childish behavior, fought off by excessive activity.
- * Peer group influences interests and clothing styles.

CAREER INTERESTS

- * Mostly interested in present and near future.
- * Greater ability to work.

SEXUALITY

- * Girls ahead of boys.
- * Same-sex friends and group activities.
- * Shyness, blushing and modesty.
- * Show-off qualities.
- * Greater interest in privacy.
- * Experimentation with body (masturbation).
- * Worries about being normal.

ETHICS AND SELF-DIRECTION

- * Rule and limit testing.
- * Occasional experimentation with cigarettes, marijuana and alcohol.
- * Capacity for abstract thought.

Middle Adolescence (14-17 Years)

MOVEMENT TOWARDS INDEPENDENCE

- * Self-involvement, alternating between unrealistically high expectations and poor self-concept.
- * Complaints that parents interfere with independence.
- * Extremely concerned with appearance and with one's body.
- * Feelings of strangeness about one's self and body.
- * Lowered opinion of parents, withdrawal of emotions from them.
- * Effort to make new friends.
- * Strong emphasis on the peer group with the group identity of selectivity, superiority and competitiveness.
- * Periods of sadness as the psychological loss of the parents takes place.
- * Examination of inner experiences, which may include writing a diary.

CAREER INTERESTS

- * Intellectual interests gain importance.
- * Some sexual and aggressive energies directed into creative and career interests.

SEXUALITY

- * Concerns about sexual attractiveness.
- * Frequently changing relationships.
- * Movement towards heterosexuality with fears of homosexuality.
- * Tenderness and fears shown towards opposite sex.
- * Feelings of love and passion.

ETHICS AND SELF-DIRECTION

- * Development of ideals and selection of role models.
- * More consistent evidence of conscience.
- * Greater capacity for setting goals.
- * Interest in moral reasoning.

Late Adolescence (17-19 Years)

MOVEMENT TOWARDS INDEPENDENCE

- * Firmer identity.
- * Ability to delay gratification.
- * Ability to think ideas through.
- * Ability to express feelings in words.
- * More developed sense of humor.
- * Stable interests.
- * Greater emotional stability.
- * Ability to make independent decisions.
- * Ability to compromise.
- * Pride in one's work.
- * Self-reliance.
- * Greater concern for others.

CAREER INTERESTS

- * More defined work habits.
- * Higher level of concern for the future.
- * Thoughts about one's role in life.

SEXUALITY

- * Concerned with serious relationships.
- * Clear sexual identity.
- * Capacities for tender and sensual love.

ETHICS AND SELF-DIRECTION

- * Capable of useful insight.
- * Stress on personal dignity and self-esteem.
- * Ability to set goals and follow through.
- * Acceptance of social institutions and cultural traditions.
- * Self-regulation of self-esteem.