

# Youth at Risk

## INFORMATION FOR PARENTS

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### Communicating With Your Child About Suicide

Communication is the first step in suicide prevention.

Perhaps you have noticed your son or daughter seems very down lately, not eating or doing any of the things he enjoys. Maybe she is talking about dying, not wanting to live anymore. You are concerned but not sure whether to take her seriously. You are afraid if you bring up the subject it will be painful or,



even worse, you might put ideas about suicide in your child's head. Your own discomfort with suicide and the stigma associated with it may also be complicating matters. What do you do?

First of all, accept the possibility that your child may be at risk of suicide. Secondly, ask the questions – Are you thinking about suicide? Are you thinking about killing yourself? Do you have a plan? Do you have the means to do it (a way to do it)? If your child answers yes to these questions, you need to get help immediately. Do not leave your child alone.

In asking these questions you will not make your child suicidal. By expressing concern you open the door for communicating with your child, giving her permission to talk about her feelings. You show him that there is strength in asking for help.

Communicating with a teenager who is in crisis and may be thinking about suicide is difficult, especially if it is your own child. You will need to reassure her that help is available and that you will assist her in finding the right help. Be careful you do not take over and try to 'fix' things for your child.

Making significant changes can be a long process and there will be some bumps along the way. The journey begins with a conversation. It will take courage, time, space, patience and skill to start this conversation.

#### **Time**

- Make a time to have the conversation when you will not be interrupted.
- Be flexible about the amount of time that you set aside

#### **Space**

- Choose a place where there will be no distractions.
- Choose a place that offers comfort and privacy.

#### **Patience**

- Before beginning the conversation, clear your mind of other issues and calm yourself.
- Remember that your child may talk about things that are difficult to hear. Try not to react with anger, shock or frustration. Do not interrupt or provide unwanted advice.
- Continue to ask questions until you have a clear understanding of what your child is saying. Do not become frustrated if things are not immediately apparent or reasonable to you.
- Maintain a positive outlook.

#### **Skill**

- Good communication requires both talking and active listening. This is the art of responding to someone in a way that makes them feel heard.

- Show your child acceptance, that he is worth listening to and that he is being heard. Maintain eye contact and don't be afraid to show affection.
- Start the conversation with "I" statements. For example, "I heard you say you don't want to be here or that everyone would be better off without you. I am really concerned and want to talk more about it with you."
- Use open-ended and direct questions to get your child talking. When necessary, encourage your child to elaborate or clarify by saying things like "Tell me more..." or "I am not sure what you mean..."
- Ensure your tone of voice matches your words and body language. Crossing your arms, avoiding eye contact or turning away are signals that you are not comfortable and open to having the conversation.
- Don't get angry. Anger will not help you make the best decisions and will interfere with problem solving.
- Remember your child is relaying her feelings from her perspective. What you may consider a minor issue may be much more critical to your child. Even though difficult, - try looking at the world from his perspective.
- Be sincere in affirming your child's feelings and what they say. Let them know their problems are important.
- Identify any positive thoughts your child has towards life and use these as stepping stones to exploring other solutions to their problems.

#### **Where your child is coming from...**

- Your child may be embarrassed, frightened, or ashamed.
- The stigma associated with suicide and mental illness is far reaching and may present a barrier to seeking help.
- Even though your child may look like an adult, he may not have the emotional maturity or literacy to explain or describe his feelings. She may need help in expressing herself.
- Recognize that your child may not have the life experience or maturity to move beyond the present and cope with what seems like a major life crisis. He may not be able to see that his situation can change for the better.
- Be alert to your child's nonverbal cues too. Pay attention to gestures, facial expressions and tone of voice... they may convey doubt about your child's true thoughts and feelings. Trust your instincts.

#### **Safety Tip**

**If you feel you cannot have this conversation, please seek help from an outside source – another family member, your family doctor, a member of the clergy from your place of worship, a counsellor or a teacher. You could also call a crisis line for third party advice.**

## Warning Signs and Risk Factors

Most suicidal youth give signs of their distress, although not all show warning signs.

### Warning signs

Most suicidal youth show signs of their distress, although some do not. If your child is showing changes such as these, he or she may be at risk for self-harm:

- Talking about suicide or a plan for suicide.
- Saying things like, “I’m going to kill myself,” “I wish I were dead,” “I shouldn’t have been born,” “I won’t be a problem for you much longer,” “Nothing matters,” or “It’s no use.”
- Making statements about hopelessness, helplessness or worthlessness.
- Complaining of being a bad person or feeling “rotten inside,” refusing help or feeling beyond help. Not tolerating praise or rewards.
- Giving away favourite possessions or making a will.
- Being preoccupied with death.
- Showing a loss of interest in pleasurable activities or things they once cared about. Always feeling bored.
- Showing marked personality changes and serious mood changes. Withdrawing from friends and family.
- Having trouble concentrating or difficulties with school work.
- Complaining frequently about physical symptoms often related to emotions, such as stomach aches, headaches or fatigue. Changes in eating and sleeping habits.
- Showing impulsive behaviours, such as violent actions, rebellious behaviour or running away.
- Becoming suddenly cheerful after a period of depression (may mean the youth has already made the decision to escape their problems through suicide).

All suicidal thoughts or threats must be taken seriously, as should any behaviour that is out of character for your child. Trust your instincts. If you are concerned, tell others about it. Get help from family, friends, clergy, teachers, counsellors, doctors, crisis lines, mental health services or hospital emergency departments.

### Risk factors

- Youth are more likely to consider suicide if they have some of these factors:
- Previous suicide attempt or gesture.
- Family History of suicidal behaviour.
- Feelings of hopelessness or isolation.
- Psychiatric disorders or mental illness.
- Substance use or abuse.
- Life stressors, such as interpersonal losses and legal or disciplinary problems.
- Physical abuse.

- Sexual abuse.
- Sexual orientation (gay, lesbian and trans-gendered).
- Juvenile delinquency.
- School or work problems.
- Contagion or imitation (the suicide of a friend or exposure to media reports of suicide).
- Chronic physical illness.
- Living in isolation.
- Access to more lethal means, such as firearms and medication.
- Impulsive behaviours.
- Homelessness.
- Some youth in minority or marginalized groups have an increased risk of suicide.

### Safety Tip

If you suspect your child is at risk of suicide, remove readily available means; for example, take all firearms out of the home, lock up medications and other poisonous substances.

## Protective Factors

Certain factors are thought to protect youth and reduce their risk of suicide.

### Age of change

The behaviour of children begins to change when they reach the pre-adolescent and adolescent stages. They become more impulsive, moody and belligerent. Developmentally, adolescents may begin to pull away from you in a search for their own identity and many struggle through a dependence-independence crisis. Physically, adolescents may grow 15 percent in both height and weight and appear to look more like adults than children.

However, while their bodies are maturing, the same cannot be said of the adolescent brain. Research in neuroscience indicates that adolescence is a chaotic time for the brain. Different regions are developing on different time tables and a number of neurotransmitter levels are increasing and declining. Additionally, the release of sex hormones is changing the architecture of the brain. The teenage brain is less able to control emotions and its ability to make good judgments and control impulses is compromised. All these factors may put your child at higher risk of suicide.

### Protective factors

Fortunately, most teenagers emerge from this tumultuous time with few or no permanent scars or thoughts of suicide. Research has shown that certain factors help protect and strengthen youth during this developmental stage.

## External factors

- Family cohesion, e.g., involvement, shared interests and emotional support.
- Good relationships with other youth and adults.
- Academic achievement.
- Stable environment.
- Social integration and opportunities to participate in activities.
- Responsibilities for other people or pets.
- Adequate care for substance use, physical and mental disorders.
- Lack of access to means for suicidal behaviour.
- Connection to a religious community.

## Internal factors

- Sense of belonging.
- Sociability, i.e., ability to be a friend.
- Love of learning.
- Perceived connectedness to school.
- Sense of worth and self-confidence.
- Self-motivation.
- Help-seeking and advice-seeking behaviour.
- Service, i.e., gives of self in service to others or a cause.
- Life skills, e.g., good decision-making, assertiveness, impulse control, coping skills, flexibility and perseverance.

## Building and enhancing protective factors in youth

### 1. Help your child build connections

Research in the field of youth development and resiliency shows that building stronger connections with family, school, other adults and youth, and getting involved in community activities, are some of the most important ways to develop protective factors in a young person's life. Help your child find volunteer opportunities in the community.

### 2. Help your child to identify their external and internal strengths by asking questions like these:

In previous difficult situations, how did you cope, what did you do?

Who do you talk to when experiencing stress? How do they help? Can they help you now and in the future? Who else can help?

Can you use what you have learned in other situations to help you now and in the future?

### 3. Help your child create a network of support.

Develop or strengthen your relationship with your child. Provide support, communicate positive expectations and invite participation. Demonstrate attitudes and messages of optimism, strength and overcoming difficulties. In doing so you will help to empower your child.

### Safety Tip

**It is never too late to help your child develop coping skills and strengths.**

## Resistance to Counselling

*Your child in crisis may resist looking for or accepting help.*

It may be comforting to know that a teenager who is experiencing emotional or mental health problems will often turn to family members or friends for help and support. There are some, though, who will not look for help, thinking they may be able to solve their problems on their own. But when your child's problems become unmanageable and they won't look or accept help, what do you do?

It might help you, as a parent, to understand why your child is resisting getting the help they need. Some reasons include:

- They may be denying they are suicidal or not recognize they have a problem.
- They know of friends who have not had good experiences with counselling.
- They may not understand how therapy works - the process, goals and desired outcomes of counselling.
- They may be worried about their privacy and having confidentiality maintained.
- They may feel shame and stigma around mental health issues.
- They may fear they will be blamed for their problems.
- Their negative thoughts may be making it impossible to see that positive change can happen.

Adolescence is a chaotic time and even though your child is struggling to move toward independence, he/she will need your guidance and support more than you know. Sometimes issues become too difficult to work out within the family and you may need to reach out for help. If your child resists going outside for help there are many things you can do as a parent to show the benefits of getting help.

**Examine your attitude...** toward mental illness, suicide and looking for help. Ask yourself, "Do I value counselling?", "Do I show my child that reaching out for help is a good thing?"

**Model help-seeking behaviours** - If your child sees you reaching out for help with your problems they will see outside support as a way to help them cope too.

**Research community services** - Look for agencies and resources that offer counselling and support for suicide prevention, emotional and mental disorders or substance abuse.

**Talk with your child** ... about her feelings and getting counselling. Ask her what she thinks will happen in a counselling session, what she might gain from getting help. Use this time to address any misconceptions she might have.

**Review some goals of counselling** - these might include enhancing problem-solving and coping skills, learning how to express feelings, and developing positive self-image and self-esteem. You might explain that the counsellor will help her to find her own solutions and identify her strengths.

**Respect your child's privacy** - as a parent you are going to be concerned and try to get details about what is being discussed in counselling. You can show your concern and support by asking how the counselling is going. Let your child decide the level of detail that he reveals to you. Your child also needs to know that a counsellor has a legal obligation to notify you if they speak about harming themselves or others.

**Find the 'right' outside help** - finding a counsellor who 'feels' right to your child may take some time and effort. Look for someone who specializes in adolescent mental health. Other sources of help include your family doctor, a social worker, school guidance counsellor, a member of the clergy.

### Safety Tip

**Do no deny or ignore signs of emotional or mental distress. If your child is physically ill, you take them to the doctor. Do the same for mental health issues.**

## Myths and Facts

*Separating fact from fiction may help you better understand if your child is at risk of suicide.*

**Myth:** Only "crazy" people think about suicide.

"My child doesn't seem to have a mental illness. I don't need to worry about suicide."

**Fact:** Suicidal thoughts and behaviours occur in people of all age groups and all walks of life. Many studies have shown that suicidal thoughts, feelings and behaviours are common among young people. Your child might have suicidal thoughts when she is in crisis and cannot see other alternatives. **If you are worried about her, trust your instincts and do not dismiss the possibility of suicide.**

**Myth:** Talking about suicide may give my child the idea.

"I'm concerned about my child but I don't want to talk about suicide. I'm scared if he haven't thought of it before, he will now."

**Fact:** Asking about suicide shows your child that you care and are concerned. You will not make him suicidal by talking about suicide. Most likely, he will feel relieved you asked. Suicidal people are in pain

and they want their pain to end but do not necessarily want to die. **Talking about suicide provides an accurate picture of how your child feels and is the first step to getting him the help he needs.**

**Myth:** Most suicides occur with little or no warning.

“No one saw it coming. There was nothing anyone could do.”

**Fact:** You can learn to see the warning signs. Youth who attempt suicide often have behaviours, personality characteristics or circumstances in their lives that are associated with suicide. The key is to notice these indicators and to respond to them as a call for help.

**Myth:** Suicidal feelings are permanent.

“Once a person starts thinking about suicide, the thoughts never go away.”

**Fact:** Thoughts and feelings of suicide are a temporary response to a situation that a person sees as unbearable. A metaphor for this feeling is the “bug in a cup.” Your child, like the bug, may feel trapped and unable to escape from what seems an impossible situation. However, if the cup is turned over, the bug can escape. As their parent, you, a counsellor or another person may be able to help your child see their situation from other perspectives and learn to cope in different ways.

**Myth:** Suicidal youth only want attention.

“She doesn’t mean it when she says she is thinking of suicide. She’s only trying to get out of doing what she needs to do.”

**Fact:** Threatening suicide is cause for concern, no matter what the motivation. Although some people are seeking attention or trying to manipulate others, all threats are cause for concern and require professional follow-up. At the very least, threatening suicide is a sign that your child needs to learn more effective coping skills.

**Myth:** Suicidal youth want to die.

“What can I do if he really wants to kill himself? There’s no hope for him now.”

**Fact:** Your child is in pain and he wants this pain to end but he does not necessarily want to die. He may see suicide as a way to stop pain, not stop life. More often than not, death is not the goal of suicide. He may not know how to make things better or have the energy to take the steps to get help.

**Myth:** A suicidal child will seek help.

“If she really is suicidal, she will tell me.”

**Fact:** Young people are more likely to go to their peers for help, rather than their parents. The concern is that peers may not let an adult know a friend is suicidal. You should keep the lines of communication open with your child and her friends. Youth need to be taught and encouraged to go to adults who can help if they learn of a friend’s suicidal thoughts or plans.

## After a Suicide Attempt

*Suicidal thoughts or behaviours can throw an entire family into crisis.*

While a suicide attempt may cause you to feel rejected, it is more likely, in fact, that it may be a sign your child needs you and your support more than ever. To help your son or daughter, you must first believe that what happened really was a suicide attempt. You need to work through your own reactions – shock, anger and helplessness - to be able to get and give your child the help they need.

You and your family can get through this immediate crisis and make positive changes that will minimize the likelihood of another attempt or other suicidal behaviors. A safety plan, worked out by you, your child, and the treatment team, is essential after a suicide attempt. If your child has been hospitalized, the safety plan needs to be in place before discharge and all parts of it, including medications and professional treatment, clearly stated and understood by everyone.

### **Key elements of a safety plan may include:**

- Steps that will be taken to reduce the risk of further suicidal behaviours at home, e.g. removing highly lethal means such as firearms and medications.
- A list of key contacts – phone numbers for the hospital or other crisis services, family doctor, mental health workers and or family members who can be called upon in an emergency.
- Steps to help your child develop a sense of self-responsibility that will encourage her to be proactive in getting help if she begins to feel suicidal again, e.g. have her help to choose the caregivers and the type of help received.
- Actions you will take if you notice behaviours or signs that indicate a suicide risk.
- How you will build a community of support that will decrease your child’s actual or perceived social isolation. This community will include professional caregivers, other family members, friends and community agencies.
- Strategies to foster your child’s problem-solving abilities and a positive self-image.
- Steps to address family problems, e.g. courses on communication skills, parenting skills, building self-esteem, developing coping strategies.
- Self-care strategies for your child, other siblings and friends, and for yourself.

### **The plan will also include strategies to increase the chance your child will comply with its terms, such as:**

- Talking to him about counselling and any concerns he may have about it. Discuss how counselling can help him and offer assurance that his issues and feelings will be taken seriously.
- If outpatient treatment is part of the plan, scheduling appointments at times that are convenient and locations that are readily accessible. Ask for a telephone call to remind you of the appointment.
- Setting goals that are realistic and achievable.

- Above all, the plan should work with the strengths of your child and family and offer hope that things can change for the better.

## Bereavement Issues for Parents

The suicide of a child may be one of the most devastating events a parent can experience.

### For parents who have been bereaved...

The sudden loss of a child is a shocking and traumatic event that will impact you and your family in a number of ways. It is not unusual to feel overwhelmed by sorrow, physically ill and angry. You may also experience disbelief, shock, feelings of failure, loss of self esteem, a sense of inadequacy, fear for other children, and guilt.

Grieving is a long process, a journey that is best traveled with people who support you. Remember that you will heal and, with time, the pain of your loss will lessen.

### Suggestions for coping

Seek and accept support from trusted friends, family, colleagues and the community.

Join a grief support group. This will reduce your feelings of being alone and isolated.

Allow yourself time for reflection and healing. Remember that grieving takes time.

Practice self-care: physical activity, enough sleep and proper nutrition will help you cope with the work of grief.

Try to be open about the suicide. This will give others permission to talk about your loss. Keeping suicide a secret can add to the burden of shame some survivors may feel.

Seek out information on suicide and grief.

### For parents helping siblings and friends of the deceased...

#### Tell the truth

As a parent you may be tempted to hide the truth from your other children. However, it is important to be honest with your children and their friends because lying about the cause of death will create an atmosphere of mistrust, fear, and loneliness. They may not need or want to know all the details, especially if they are very young.

Children and youth will experience a range of emotions after the death of a sibling or a close friend, similar to the feelings you may have. However, they may not express their feelings in the same way as an adult. Your children may also revisit their grief as they mature and have new responses to, or new questions about the suicide at different times in their lives.

## Strategies to help

- Remember that you cannot take away the loss, but you can assist your children and their friends as they explore and express their grief.
- Understand and make allowances for the developmental level and maturity of your children.
- Recognize that your children's assumptions about control and their personal safety may be challenged or lost.
- Respect differences in grieving. Young people cannot control where, when or how they will be affected by their grief.
- Answer questions honestly, providing factual information about suicide.
- Talk about the person who died. Remembering the person who has died is a part of the healing journey. Sharing memories will give others permission to talk about their thoughts and feelings.
- Get back to normal routines as soon as possible.
- Seek professional help if you are concerned or if grief is interfering with activities of daily living over a long period.

## Returning to school

Going back to school after a death in the family or the death of a friend can be difficult. Other students, teachers and school staff may not know how to react or may act inappropriately. As a parent you can assist your child's return to school.

Contact the school principal and ask for a meeting that also includes the guidance counsellor and your child's teachers. Make sure your child is present and helps to plan the return to school. Things to accomplish in the meeting include:

- Sensitizing school staff and administrators to your child's loss.
- Working together to plan a safe return for your child and, when necessary, their friends.
- Developing strategies to help your child cope if they begin to feel overwhelmed by their loss or their emotions. These might include asking for peer support, flexible homework schedules, and a safe place where they can express their grief.

## Safety Tip

**Seek help if you or your child are having trouble coping with your grief.**

## Caring for You

Tips for taking care of your well-being.

Parenting can be very stressful and, if you are parenting an adolescent at risk for harmful behaviours or even suicide, the stress can be overwhelming. For you to be an effective support for your child, and a model of healthy behaviour, you need to care for yourself. Chronic tension or stress can lead to

problems in your physical and mental health as well as disruptions in family, work and social life. Here are some ideas on how to cope with the stress and take care of you.

## Physical Well Being

### *1. Eat a well balanced diet.*

Be sure to include enough servings of fruits and vegetables. Have a good breakfast, eat foods high in fibre, and foods that are rich in vitamins, especially Vitamin B (green leafy vegetables).

### *2. Get plenty of exercise.*

Recent research shows that exercising daily may be as effective as using medication to treat depression, and exercise is a great way to relieve tension and stress.

### *3. Aim for eight hours of sleep every night.*

Go to bed earlier, get up at the same time everyday and get as much light early in the day as possible.

### *4. Avoid or limit your intake of alcohol, caffeine, drugs and tobacco.*

These will aggravate your stress rather than relax you.

### *5. Drink plenty of water.*

Try to drink at least six glasses a day to keep yourself hydrated and alert during the day.

## Mental Well Being

### *1. If the stress is more than you think you can handle, seek help.*

Use a depression checklist. If you have many of the symptoms, contact your family physician to discuss treatment options.

### *2. Learn some relaxation techniques and practice them everyday.*

Two simple techniques you may find effective are deep breathing (breathe in deeply through your nose, count to eight, then breathe out slowly through pursed lips) or taking a mental vacation (picture yourself on a dream vacation).

### *3. Keep a journal.*

Writing down your thoughts and feelings can give you a new perspective or clarify something that has been bothering you.

### *4. Take some courses in communication skills, parenting or related subjects.*

Arm yourself with information and you may find new skills that can help. If you cannot take courses, consider borrowing books or videos from your local library or family resource centre.

### *5. Talk things out. Meet with a trusted friend, family, colleague or a professional counsellor.*

Do not try to cope alone. A family physician, member of the clergy, or a counsellor may be able to help you find a new perspective, develop strategies and cope better with the stressors in your life.

### *6. Take a break.*

Do something you enjoy every day. Listen to music, dance, go to a movie, walk with a friend, pursue a hobby, volunteer in the community.

7. *Learn to say 'no'.*

Turn down extra projects, invitations or work that you don't have the energy or time for. Recognize that everyone needs quiet time to relax and be alone.

8. *Schedule some alone time.*

Reflect on what you have learned or accomplished and what you still need. Take a hot bath, get a massage, read a book or go for a drive.

## Spiritual Well Being

Explore your spiritual side.

Attend different places of worship, volunteer at your regular place of worship or read books on spirituality.

## Further Information for Parents

Resources for parents helping a child at risk.

***Coloroso, B. (1999). Parenting with wit and wisdom in times of chaos and loss. New York: Viking Press.***

This book is meant to help families cope during difficult times. Answers are provided to questions such as what to say to children when a loved one dies or how to tell children about divorce. Coloroso also discusses how parents can help their children with their feelings when they are struggling with their own grief.

Available on loan to residents of Alberta. SIEC Number 1999-0480.

***Crook, M. (2003). Out of the darkness: Teens talk about suicide. Vancouver, BC: Arsenal Pulp Press.***

Based on interviews with teen suicide survivors, parents, and professionals, the author explores adolescent suicide, in particular why some young people engage in self-destructive behaviours. The history of teen suicide in Western history and other cultures is also examined, as well as what parents and schools can do to prevent teen suicide, and coping strategies for teens who are in crisis.

Available on loan to residents of Alberta. SIEC Number 2005-0872.

***Kaufman, M. (2000). Helping your teen overcome depression: A guide for parents. Toronto, ON: Key Porter Books.***

Dr. Kaufman explains what teen depression is and how it can be overcome. Parents are given a thorough overview that includes many case histories. A question-and-answer section addresses the specific concerns of parents and teenagers. Warning signs of suicide are discussed and professional advice is offered for preventing teen suicide.

Available on loan to residents of Alberta. SIEC Number 2001-0000.

***Shapiro, P. G. (1994). A parent's guide to childhood and adolescent depression. New York: Dell Publishing.***

This book, written in association with doctors at the Children’s Hospital of Philadelphia and the Philadelphia Child Guidance Clinic, will provide parents with information on how to recognize the early signs of depression and suicide, consulting with a mental health professional, treatments for depression including counselling, medications, and hospitalization, and recovery.

Available on loan to residents of Alberta. SIEC Number 1997-1176.

***Williams, K. (1995). A parent’s guide for suicidal and depressed teens: Help for recognizing if a child is in crisis and what to do about it. Center City, MN: Hazelden Foundation.***

The author wrote this book to help parents recognize the signs of a child in crisis, find immediate, effective help, deal with various adolescent issues, cope with their own feelings of shame and inadequacy, respond to the impact of adolescent depression on the entire family, and create a manageable family life.

Available on loan to residents of Alberta. SIEC Number 1998-0575.