

# The Girl from Plainville

Discussion guide for parents and carers



## The Girl from Plainville is based on the story of Conrad Roy and his relationship with girlfriend Michelle Carter.

The series follows the events leading up to the suicide death of Conrad Roy, the involvement of Michelle Carter, and her conviction of involuntary manslaughter. The court proceedings in 2017 gained significant media attention and was referred to as the ‘texting suicide case’.

Parents and carers of young people should be aware this series depicts suicidality, conversations that encourage self-harm and suicide, suicide method, court proceedings, and the bereavement of family and friends.

As this series was produced in the United States, headspace was not consulted during production, nor has it viewed the series. The information included aims to make you aware of some of the themes covered – as well as give you information to choose whether it’s right for you and your young person to watch.

headspace developed the following information that may be helpful for viewers of the show and the wider community. The information aims to assist parents and carers engage in healthy conversations about some of the issues addressed in *The Girl from Plainville* with their young person.

There is also information to support you to look after your young person, where to seek help, and how to have conversations with them about some of the issues addressed in the series.





## Important points to remember

- Some people may be distressed by some of the themes in this series, while others are not. This will depend on individual life experiences and current circumstances. It's important to be respectful of other people's experiences.
- Remember, this is TV, dramatised for viewer engagement, designed to entertain. The characters and events may not be realistic representations for every viewer.
- You may not be aware if your young person or their peers have had experiences similar to those of the characters in the series. Having open conversations can help to know when further support is necessary. It can help to keep this in mind in the days and weeks during and after your young person is exposed to the show (through peers or by watching).

## Tips for discussing the show safely

- Do some research and get informed about the show – try to watch it if you can.
- Consider if it is age appropriate.
- Try to have discussions about the show when everyone is feeling calm.
- Talk about your reasons for concern.
- Understand their desire to watch the series. Understanding their point of view doesn't mean agreeing with them but it may help to keep the conversation going.

## If you and your young person decide to watch the series, it might be useful to consider some of the following:

- Take breaks and do soothing things between episodes (for example; go for a walk, share a meal with someone, do some exercise, spend time with friends).
- Ensure they watch with a support person or watch it together.
- Identify what episodes or themes are likely to be more difficult. Then, agree on whether to skip this part, or write a list of things that are likely to help. These are likely to be the same things that help a person uses to cope in other stressful situations.
- Model good self care behaviours.
- Remember to keep checking in with your young person.
- Know where to go for professional support if this becomes necessary and support them to get professional care. There is a list of professional support options included.

## Questions to help start the conversation:

- Do you think the characters in the show are behaving in ways that are similar to people you know? How so? How are they different?
- What do you think about what happened in this episode?
- Did parts of the story make you think about how people who are struggling do not show the full picture of what they are dealing with to others?
- What did you learn about [choose a specific character] situation from this episode?
- Does anything you've watched in the series change your perspective on something you've experienced yourself?
- Do you think the adults did anything particularly helpful or unhelpful? What was helpful about what they did? Or, what could they have done differently?
- What part of the show do you relate to the most?
- Have you experienced anything like the characters in the show?
- Who would you go to if you were experiencing any of the situations these teens went through?
- Have you ever felt the way that any of the other characters feel?
- How do you know when to offer compassion/support/empathy and when to set clear boundaries?
- Do you know anyone that might be in trouble or need help?

## Where to get help

**For immediate help contact:  
triple zero (000) if it is an emergency**

### National 24/7 crisis services:

Lifeline: 13 11 14 or [lifeline.org.au](http://lifeline.org.au)

Suicide Call Back Service: 1300 659 467 or [suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)

beyondblue: 1300 224 636 or [beyondblue.org.au](http://beyondblue.org.au)

### Additional youth support services include:

headspace: visit [headspace.org.au](http://headspace.org.au) to find your nearest centre or call eheadspace on 1800 650 890


Kids Helpline: 1800 55 1800 [kidshelpline.com.au](http://kidshelpline.com.au)

ReachOut: [reachout.com](http://reachout.com)

SANE Australia: 1800 187 263 [sane.org](http://sane.org)



# suicide

- Suicide is a complex issue with many contributing factors, including individual personality characteristics, coping styles, life history of experiences, current circumstances, support networks, and mental health difficulties.
  - Unfortunately, thinking about suicide is more common than it should be. Despite this, it is still a serious sign that things are not OK.
  - Thoughts of suicide can occur when life circumstances have been difficult and stressful, such as after a major loss or traumatic event.
  - Some young people have thoughts of suicide when life seems unbearable and they want to end their pain. Most young people who have thoughts of suicide may not want to die, they just can't imagine another way out of what they are going through.
  - It's important to know that young people can and DO get through these times in their lives. Most young people who've had thoughts of suicide find a way to work through them. With effective treatment, social support and time, many who have tried to end, or considered ending their lives can go on to live full, meaningful and productive lives.
  - It can be hard for young people to share if they are experiencing thoughts of suicide. Things to look out for that indicate you should be more proactive in providing support are: increased isolation, hopelessness, withdrawal, avoidance, an increase in unpredictable behaviour (e.g. drug and alcohol use). Some other circumstances include:
    - recent discharge from psychiatric care
    - previous suicide attempt, or self harm
    - recent presentation to hospital emergency department for self harm or suicide
    - knowing someone who is experiencing thoughts of suicide, has attempted to suicide or has suicided.
  - A close and trusting relationship with adults increases the chance a young person will seek help during tough times. Strategies to improve the relationship between key adults and young people will help reduce the risk of suicide.
  - If you are concerned your young person may be experiencing suicidal thinking, it is important to start a conversation. Some things to consider when approaching the conversation:
    - find the right time. This might be when you're both feeling calm and safe
    - it is OK to ask directly if they have been thinking about suicide. Research shows that doing this in a safe and respectful way does not increase the likelihood that they will carry out suicidal behaviour
    - you might choose to be specific about what you have seen that gives you concern
    - really try to hear them out and understand their experience. Although it may be difficult, it is important to try to remain calm and composed if your young person tells you they are experiencing suicidal thinking. This is likely to help them to feel in control
    - try to understand whether you both feel like you are able to keep safe until seeking professional support. Keeping safe might include; making sure they're not alone, developing a list of things that are particularly hard and staying away from them, or developing a list of things that are helpful and trying to do them. If this feels possible together, continue to check in until professional support is accessed. This should be as soon as possible. If you do not feel that you're able to keep safe, seek immediate support.
    - as hard as it can be, try to remain calm and available. This can help to keep the conversation going, and may help to understand what support you can provide.
  - It is OK to be upset if your young person discloses suicidal thinking. It can be really hard to understand, but it can be useful to try to use it as an opportunity to connect with them.
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# **grief**

- Grief happens after experiencing loss. There are many types of loss, such as a loss of a relationship through break-up, a family unit through separation, virginity or sexual freedom; loss of social standing; loss of a friendship group through bullying or rumours, or the loss of a loved one.
- The grief that happens after loss is different for everyone. It can be different in duration and intensity. Commonly it is incredibly painful. There are many ways a person can experience grief:
  - How you feel: shock, disbelief, numbness, pain, intense sadness, anger, resentment, regret, guilt, abandonment, anxiety or worry.
  - What you think: Thinking about all of the details of the loss, imagining a different future or past, having flashbacks or re-experiencing episodes, thinking that things don't matter any more, or you don't care, having trouble concentrating or remembering things.
  - What you do: Some people find themselves doing a lot to keep busy, while others stop doing a lot of the things they normally do.
- If you notice the things above happening for someone you're caring for, there are a number of things you can do to support them:
  - Let them know that grieving is OK, and it's OK to be sad.
  - Try to help them name and understand the feelings they're experiencing.
  - Listen to their concerns and try to understand what it is about their experience of grief that is causing them distress.
  - Try to keep things as 'normal' as possible in the home. Grief can bring up feelings of being unsafe or insecure, so anything that promotes safety can help. Sometimes these are routine activities.
  - Support your young person to maintain their participation in school or work or study.
  - Help them to look after themselves in key areas, such as: good sleep habits, eating well, staying active, staying connected to family and friends, keeping up hobbies that are important to them, reducing alcohol and other drug use, and working with them to find new ways to handle tough times.
  - Regularly check in with them. If it appears they don't feel comfortable with you, support them to talk with someone you trust.
- If the impact of grief includes the following, it might be time to reach out:
  - Ongoing major sleep troubles
  - Ongoing withdrawal from school or study, or major academic troubles.
  - Hopelessness about the future
  - Relationship troubles or conflict with friends and family
  - Doing things out of character; such as increased or more unpredictable use of alcohol and other drugs, or sexual behaviour.
- Regularly checking in with your young person can help to know what they might need to get through this tough time. Supporting them to keep up 'normal' living can be important.

# bullying

- Bullying is repeated verbal, physical, and/or social behaviour by one or more people towards someone with an intention to cause fear, distress or harm.
- Bullying is not just ‘playing around’ or harmless fun. Experiencing bullying can have serious immediate and long-term consequences, and increase the risk of developing mental health problems such as depression and anxiety.
- Bullying can take many forms. It can be:
  - physical (e.g., hurting people or their property)
  - verbal (e.g., insults / teasing or threatening others),
  - and/or relational (e.g. excluding people or spreading rumours).
- Bullying can occur in many different environments: face-to-face, over the phone or online (cyberbullying). Cyberbullying can be particularly difficult as it can happen anonymously, 24 hours a day.
- Bullying is highly contextual and dynamic. The same person can be a bully, bystander or victim. Each of these different roles has a negative impact on mental health and wellbeing, and can increase the risk of experiencing mental health problems.
- Those involved in bullying, as both a victim and perpetrator, are at the greatest risk of self-harm and suicide.
- Although not all people who experience bullying develop thoughts or feelings about suicide, people involved in bullying, including the victim and perpetrator, are at a greater risk of self-harm and suicide. This does not mean that bullying causes suicide. Instead, it suggests that bullying may be one of a number of major life challenges that contributes to distress, and may be a precipitating factor in some circumstances when accompanied by a number of other risk factors.
- Responding to bullying behaviour is not solely the responsibility of either parents or schools. Research indicates that bullying is most likely to happen during school years. Therefore, interventions that position parents and schools as partners in responding to this issue are most likely to be effective.
- More than one method of addressing bullying may be needed as no single approach is appropriate or effective in all circumstances or for all people.
- Dealing with bullying can be complex and challenging. Both short and long-term approaches need to be adopted, including regular reviews of policy and procedures and monitoring of progress using the school’s data.

## What can parents do to support someone who has been bullied?

It’s important to engage with young people suspected of being bullied, provide reassurance, and respectfully ask about their situation, while understanding they may not necessarily feel like talking. There are six key steps for parents if their child tells them they have been bullied:

1. **listen** calmly to what your child wants to say and make sure you get the full story
2. **reassure** your child that they are not to blame and ask open and empathetic questions to find out more details
3. **ask** your child what they want to do and what they want you to do
4. **discuss** with your child some sensible strategies to handle the bullying – starting a fight is not sensible
5. **contact** the school and stay in touch with them
6. **check in** regularly with your child.

# bullying

## What to consider if the bullying is online

- Consider whether responding is helpful
- Keep evidence of what is sent – emails, texts, instant messages and comments on social media
- Block the people bullying online
- Ask your young person what they want to do, and what they want you to do
- Develop with your child some sensible strategies to handle the bullying
- Work with your young person, and contact the school if the person bullying is at school. Work with the school to develop a coordinated response
- Continue to check in with your young person, to make sure they are safe
- If bullying continues and you feel afraid or threatened, report to the eSafety Commissioner or the police

## What do I do if I suspect my child is a bully?

Young people who bully others need to understand that their behaviour is not acceptable and to learn more appropriate ways to behave and to resolve conflicts. If a parent suspects their child has been bullying others, they can talk to their child about:

- why they have been behaving this way
- taking responsibility for their behaviour
- how to sort out differences and resolve conflicts
- how to treat others with respect
- the effect of bullying on others
- the need to repair harm they have caused to others
- the need to restore relationships.

Parents may also like to talk to their child's school to come up with a plan to help their child learn more appropriate ways to behave, or talk to headspace.





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headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.



headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.



headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.