

Parent Notification Following a Suicide Risk Assessment

School Resources to Support Military-Connected Students is a project by the Clearinghouse for Military Family Readiness an applied research center at The Pennsylvania State University and is funded by the Department of Defense Education Activity Grant number HE1254-19-0009.

For more information on these resources click on the links below:

<https://schoolresources.militaryfamilies.psu.edu/>

<https://militaryfamilies.psu.edu/>

<https://www.psu.edu/>

<https://dodeagrants.org/>

Our goal is to provide school personnel with free, evidence-based resources to support military-connected students. This training is part of our Suicide Prevention series.

Important Reminders

Before starting this training, please read the items below carefully and check the box in front of each item to indicate your understanding.

- The following content discusses suicide and may be upsetting to some individuals.
- Follow all district, local, state, and federal regulations. This training is **NOT** intended to replace or override existing procedures or laws.

Introduction

What is the purpose of this training?

While no parent wants to hear that their child may be at risk for suicide, contacting parents opens an essential line of communication and can establish a good relationship prior to later risk (Erbacher, Singer, & Poland, 2015). It is preferable that parents are notified immediately following a risk assessment and face-to-face, if possible, about suspected suicidal ideation. A phone call is acceptable, but less secure means such as email should not be used according to the ASCA's ethical code.

"A.2. Confidentiality

I. Convey a student's highly sensitive information (e.g., a student's suicidal ideation) through personal contact such as a phone call or visit and not less-secure means such as a notation in the educational record or an e-mail. Adhere to state, federal and school board policy when conveying sensitive information."

- ASCA

Objective

The goal of this training is to increase your confidence in your ability to:

Engage parents following a suicide risk assessment with their child.

How confident are you in your ability to do this now?

Please click on the link below to submit your response.

https://pennstate.qualtrics.com/jfe/form/SV_6Gp3iBHlvhcTluR?modulenumber=suicide21

Verify that you have completed each of the tasks below before proceeding with this training.

Answered the survey question in the link.

Clicked the arrow underneath the survey question to submit your response.

Recorded the ID number provided after you submitted your answer to the survey question. You will need it to complete the survey at the end of this training.

Research

What is most important for me to know?

SAMHSA (2012) provides the following steps to help support and engage parents (p. 73):

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
4. Acknowledge the parents' emotional state, including anger, if present.
5. Acknowledge that no one can do this alone — appreciate their presence.
6. Listen for myths of suicide that may be blocking the parent from taking action.
7. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
8. Align yourself with the parent if possible...explore how and where youth get this idea...without in any way minimizing the behavior.

In their sample of parents from the rural Midwestern US, Slovak and Singer (2012) identified five major elements of clinicians' engagement with parents. This information may be especially helpful to practitioners serving rural and/or conservative communities.

Presenting difficult information

"Counselors stated that it was not enough to present the information to parents. Most participants presented the results of their assessment with the purpose of raising awareness, getting parents to take seriously their child's risk for suicide and educating parents about risk" (p. 214).

Responding to parents' reactions

"Counselors agreed that one of the challenges of talking with parents following a suicide assessment was that there was no way of knowing how parents would react, 'You just never really know what you're going to get from the parent. So, you have to take each parent and work with that, whatever you end up with.' That said, an analysis of their comments suggested that there were three basic reactions parents had to the news: resistance, minimizing the risk, and shock" (p. 215).

Joining with parents

Counselors noted that '...part of our interaction is we have to be supportive and join the parents in that process.' One of the barriers to joining was when parents' emotional reactions prevented them from focusing on the current suicidal crisis, e.g. when they engaged in self-blame or wanted to convince the counselor that they were 'good' parents" (p. 216).

Moving the parents towards concrete actions

"Upon determining that a child was at risk for suicide, all counselors indicated that action was needed to mitigate the risk. One of the main objectives of counselor's interactions with parents was to move them towards concrete actions. Counselors described actions starting with the first phone call to parents, convincing parents to come in, making a safety plan and transporting the child to the hospital" (p. 216).

Addressing rural gun culture

“The counselors in this study worked in a rural community in the Midwest USA. The cultural aspect discussed in the most detail was the cultural attitude towards, and access to, firearms. Counselors agreed that nearly everyone owned and used guns...counselors had to balance acknowledging perceived fundamental rights to own a gun, and addressing the potential risk associated with guns and suicidal youth” (p. 217).

As highlighted in the Slovak and Singer (2012) article, one likely parent response is shock. Erbacher, Singer, and Poland (2015) remind us not to rush a parent who is in shock because it will likely decrease their attitudinal engagement. Use reflective listening skills to label parents’ feelings, validate their confusion, and reduce self-blame. This can help move parents from their natural reaction of shock to engagement with the response process.

Application

How might this look in my professional practice?

Remember that the goal of this training is to increase your confidence in your ability to:

Engage parents following a suicide risk assessment with their child.

Let’s practice responses to a potential parent reaction, then review a sample response based on recommendations from Erbacher, Singer, & Poland (2015).

Scenario 1:

A parent says, “Gina has been saying things like this for a few weeks now, but she doesn’t really mean it – she’s just wanting more attention now that her older sister has moved out. I’m sorry this got so blown out of proportion.” How do you respond? When you are ready, click below to review a sample response.

Response:

“I agree kids don’t always say what they mean, and you seem to be really in tune with what seems to be bothering Gina. Even if she is just wanting more attention, there must be something else going on for her to say things that are so extreme. I know they can’t be easy things to hear, and just imagine if something happened to push her toward acting on them. That’s why I think it’s really important for us to schedule an appointment with a community therapist.”

This response would be expected to help move the parent from minimizing to engagement because the student support personnel agrees with the parent and praises what they are doing well – genuinely aligning themselves with the parent – and continues to dig deeper into the issue with an emotional appeal and specific request for action.

Let’s try another example.

Scenario 2:

A parent yells at you and threatens to report you to your superintendent for doing a suicide risk assessment with their child without their consent. The parent then accuses you of putting the thoughts of suicide in their child’s head after prying about the parents’ impending divorce. How do you respond? When you are ready, click below to review a sample response.

Response:

“I understand your anger about not being made aware when the need to assess the risk came up. We can certainly talk through the school policy on that in further detail, but first I’d like to cover what we’re seeing in school that raised concern, what you’re seeing at home, and how being asked about suicide may actually reduce the risk. I know we’re on the same team when it comes to keeping your child safe.”

This response may allow you to acknowledge the parent’s emotional reaction and address the myth about suicide – putting ideas in the student’s head – that may be blocking the parent from taking action.

Remember, engagement helps move a parent towards necessary action such as:

1. Removing dangerous items from the home (or locking them up), including, but not limited to firearms, sharp knives, over-the-counter and prescription medications, and alcohol;

2. Scheduling an appointment with a mental health service provider in the community (preferably while the parent is still at the school) or hospitalizing the student, depending on risk level;
3. Signing an acknowledgment of notification.

Implementation

How can I effectively implement this content in my professional practice?

Please review the considerations below regarding potential implementation strategies, barriers to implementation, and collaboration strategies related to this content. This will help you coordinate the next steps as you begin to incorporate the information presented in this training into your professional practice.

This information can also be found on a handout that you will be able to download at the end of this training.

Implementation Strategies

- Practice with colleagues, in role play, anticipated reactions from parents and how to handle them so that you can be more prepared in a crisis situation.
- All members of the school community, including office staff and administrators, should be aware of parent notification practices so that they may assist, when needed (e.g., bringing parents into conference rooms, finding contact information, being present for discussions if necessary).

Overcoming Barriers to Implementation

- Training and ongoing communication about parent notification of suicide risk is essential for smooth continuity of care.

Collaboration Strategies

- Ongoing outreach to community providers will help with making referrals easier when students are in need.

Resources

Are there any resources available to help me implement this content?

Click on the link below to download a tool that you can use to implement this content in your professional practice.

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:358a285a-5e99-4f19-872d-8e5df8706dce>

Feedback

How can I help improve this training?

The objective of this training was to increase your confidence in your ability to:

Engage parents following a suicide risk assessment with their child.

Answer the questions in the link below to let us know how well this training increased your confidence in your ability to accomplish this objective. Once you have answered all of the questions, click the blue arrow button underneath to submit your responses.

https://pennstate.qualtrics.com/jfe/form/SV_d771mLr9ZgW3kyx?modulenumber=suicide21

Verify that you have completed each of the tasks below.

Answered all of the survey questions above. You may have to scroll to see all of the questions.
Clicked the arrow underneath the last survey question to submit your responses.

Additional Readings

Where can I learn more about this content?

The following resources were used to create this training. If you would like more information about the information presented in this training, we encourage you to start here.

Erbacher, Terri & Singer, Jonathan & Poland, Scott. (2015). Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention.

Slovak, K. and Singer, J.B. (2012), Engaging parents of suicidal youth in a rural environment. *Child & Family Social Work*, 17: 212-221. <https://doi.org/10.1111/j.1365-2206.2012.00826.x>

Substance Abuse and Mental Health Services Administration. (2012). Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.

Thank You!

Thank you for taking the time to complete this training. If you have any questions or comments, please email us at schoolresources@psu.edu.

Proceed to the next training

Click on the link below to move on to the next training titled *Transfer of Responsibilities for a Student*. In this training, you will increase your confidence in your ability to assess the ability of a parent to carry out needed treatment and supervision for a suicidal student.

https://learning.militaryfamilies.psu.edu/school-resources/modules/suicide_22-transfer-of-responsibilities-for-a-student_201022/

Return to the module directory

Click on the link below to return to the module directory.

<https://schoolresources.militaryfamilies.psu.edu/modules/>