

Common Reactions from Parents Who Have Been Informed That Their Child Is Suicidal

Parental Reaction	Explanation	How to Address It
1. Denial— “Not my kid.”	The denial can be the result of a variety of factors. Many parents, for example, have no idea that suicide is the third-leading cause of death in adolescence. Their denial of the problem in this situation may be the result of being uninformed.	Explain that suicide <i>is</i> a very significant possibility. Too many parents have felt this way and missed opportunities to get help for their children before it was too late. Refer them to www.sptsusa.org and encourage them to view the “ <i>Not My Kid</i> ” video that addresses common parental questions about teen suicide.
2. Shock and defensiveness— “You don’t know what you’re talking about.”	This type of reaction can reflect fear of being labeled a bad parent. “If I had been a better parent, this never would have happened” is the unspoken message from these parents.	Validate the parents’ feelings: “I can understand this seems to be coming out of the blue.” Remind them that suicide is an unfortunate reality for today’s kids. You want to try to help them understand that there are a lot of kids who struggle with suicide and that their child is one of them. Emphasize how good it was to identify what was going on before something really serious happened.
3. Self-blame	This reaction reflects an element of embarrassment and personal failure. “I’m a bad parent because my son is suicidal.”	Assure parents that there is no one to blame when a child is feeling suicidal. Speak to how common thoughts of suicide are for youth today. Remind the parents that suicide is related to a problem the youth is struggling to solve through a very destructive means. Thank the parents for showing their concern by their willingness to meet with you and follow your recommendations.
4. Feeling overwhelmed	Especially for families that have been addressing other pressures, hearing that their child might be suicidal may be the proverbial straw that breaks the camel’s back—“This is just too much—we are already at the breaking point—this will push us over the edge.”	Validate feelings. Remind the parents that you are now involved with them to help them deal with this crisis with their child and that you will do everything you can to try to help them address the problem.

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5. Immobilized	Some families are already so limited—one or both parents might be depressed or they may have been trying unsuccessfully to cope with a difficult child for some time. Whatever the reason—the family resources are depleted and the parents are simply empty—“We’ve already tried everything—there’s nothing left to do.”	Empathize with the family’s situation, and let the parents know you will do everything you can to get the appropriate resources to help them deal with their child’s distress. Don’t minimize what they’ve been through—just remind them you’re there with them now to try to move toward a better outcome.
6. Angry	These parents may express anger at their child for even thinking about suicide. Or if the child has expressed suicidal thoughts in the past, they may be annoyed that the “problem” wasn’t “fixed.” “After everything we’ve given this kid, he’s got the nerve to tell you his life isn’t worth living!”	Acknowledge the frustration you hear and let the parents talk about it for a while (remember the ways to deal with crisis thinking). Summarize their distress, and review what’s been done in the past so you can make a different suggestion for proceeding. If you do have to send them back to a resource they had a bad experience with in the past, offer to make a personal call to see if the agency might be able to respond to this family’s needs in a more positive way.
7. Terrified	Especially if there has been a family history of suicide attempts or completions, parents may be extraordinarily fearful and see suicide as inevitable: “Oh my God, we knew this day would come . . .”	Be empathetic to the family’s concern. Use that empathy to engage the parents in thinking about what they can do to try to avoid the outcome they fear. Make sure to set up a time to follow up—you want to be sure they get the help they need.
8. Afraid to violate cultural or family norms, or worried about confidentiality concern	Some cultures strongly discourage seeking outside help for what are perceived as personal problems. Other families may be worried about the reaction of extended family members if they pursue professional mental health treatment—“In our family and our culture we take care of our own.” There may also be families who worry that mental health treatment may negatively impact their child’s future or ability to get into college.	Validate the family’s concerns. Try to use a relevant example to make the point that in certain circumstances outside help is necessary. For example, when there’s been a car accident, an ambulance is called to transport all the injured to the hospital for assessment and treatment. What’s happening to their child is like a car accident in his or her mind—he or she desperately needs professional help to avoid dying. Explain that the referral is not part of the student’s transcript and if they don’t take care of their child’s needs now, he or she might not have a future.

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9. Need to avoid an underlying family problem or secret	In families that are holding secrets, there may be great unwillingness to let an outsider get too close. Sometimes you get a sense that something is missing as you talk with the parents. They may seem unconcerned, dismissive, eager to get out of your office as quickly as they can. "Thank you so much for your concern—we'll be sure to take care of that right away."	This is often a very tricky situation—your gut tells you something is happening that is different than what is being said or communicated overtly. In the school, it's not your job to figure out the unspoken message. Your best bet with parents like this is to ask their permission to get feedback from the agency that the family showed up for the assessment. Make it clear that all you need is this limited information, but that it's important for school records.
10. Grateful that someone else has validated their concerns about their child	Some families do recognize that something is going on with their child before it is called to their attention by the school, but they may be clueless about how to handle it. They may be relieved to have the school's input and truly appreciate being directed to additional, appropriate resources.	This reaction can provide you with an opportunity to get even more insight into the stresses in a student's life. Explore the reasons for the concerns of the parents, and encourage them to share these with the community referral resource. Explain to the parents that the more information this referral resource has about what's been happening in their child's life, the better able the person or agency will be to provide the kind of help their child needs.
11. Politely let you know that their child is already receiving help	Mental health treatment is often considered a private matter, and many families are reluctant to divulge the fact that their child is already getting treatment.	Thank the parents for their honesty, but remind them of the school's policy regarding at-risk students and the need for a documented assessment of risk by a community mental health resource.