

Parents Guide to Dealing with Potential Self-Harm

Know the warning signs for adolescent suicidal behavior. Be alert for deepening depression, feelings of hopelessness, suicidal talk, a drop in grades, withdrawal from social relationships, is preoccupied with death, and giving away prized belongings. If your son or daughter talks about having “a plan” to kill themselves, seek immediate intervention.

Know how to get help quickly if you spot behaviors that suggest an immediate threat. Help is available at 800-273-TALK. While your counselor or psychologist will want to be alerted in the event of a crisis, take immediate action rather than waiting for a call back from your teen’s therapist.

During a crisis, do not leave your child alone. Even if she or he denies “meaning it,” stay with him or her. If you are in doubt, go to a psychiatric hospital and have a *risk assessment* completed. If necessary, drive your child to the hospital’s emergency room to ensure that she or he is in a safe environment until a risk assessment/psychiatric evaluation can be completed.

Maintain an open line of communication. Talking to your daughter or son about suicide will not put thoughts into their head. In fact, all available evidence indicates that talking to your child lowers the risk of suicide. The message is, “Suicide is not an option, help is available.”

Suicide-proof your home. Make the knives, pills and, above all, any guns inaccessible. Lock up any medications that might inappropriately be used for self-harm. You might want to leave just 3-5 pills of OTC medications like aspirin in the bottle. The car may also be a weapon of self-harm - consider the potential risk of allowing them to drive.

Utilize school and community resources. Consider talking with the guidance counselor, social worker or school psychologist at your son or daughter’s school about the issue. Ask that they call you if they spot something that is potentially alarming.

Understand that adolescents with both psychiatric and substance abuse programs are more at risk. If this is the case, you need to get help for both the emotional and the drug/alcohol problems. A drug test may alert you to an unknown issue with drugs.

Be regular for counseling appointments. If the child or adolescent’s current counselor/psychologist has not been able to form a therapeutic relationship, consider a new therapist, but don’t allow your child to abruptly quit counseling. Young people often have a hard time dealing with some of their most important issues. This is especially true if they have been abused or if they have substance abuse problems.

If there is any question about your son or daughter’s sexual orientation, understand that your acceptance is apt to be critical. It has been estimated that gay youth may be up to four times more likely to commit suicide than their heterosexual peers.

Listen to your child’s friends. They may give hints that they are worried about their friend but be uncomfortable telling you directly. Be open. Ask questions.

After a crisis has passed, do your best to keep your son or daughter engaged in positive and rewarding activities. Consider some activity that you and your child can do together (bowling league, hiking group, tennis club, etc.) or help them find a peer group activity that they will enjoy (church group, acting troop, volunteer, band, etc.). If possible, encourage exercise. You may want to join a gym with your son or daughter or set up a home exercise program. The physical activity may boost a feeling of well-being and enhance self-confidence.

When things seem better, don’t let your guard down. The risk for suicide often remains for months and sometimes actually increases when young people start improving and thereby gain the energy to be able to complete the act.

Keep in mind the issues that increase the likelihood of suicidal behavior: 1) a mood disorder (including depression & bipolar disorder), 2) substance abuse/addiction, 3) a history of child abuse (either physical or sexual), 4) a family history that includes mood disorders or suicidal behavior, 5) previous self-harm, 6) significant life failures (including school problems), 7) a history of bullying/rejection, 8) unresolved concerns about their sexuality, 9) serious relationship problems (especially family & boy/girlfriends), and 10) having access to guns, knives or pills.