



H.E.L.P.

Helping Every Living Person

Helpful Advice for Parents

[If parents ask you for help or support, feel free to share this document. They should also talk with the school counselor.]

As a parent, you may be aware of changes in your teen's behavior that indicate depression or suicidal thinking. These might include:

- Persistent unhappiness, negativity, irritability, anger, or rage
- Restlessness and agitation
- Withdrawal from friends and activities
- Chronic worry, excessive fear, or expressions of guilt
- Drop in school grades or conduct
- Feelings of being unable to satisfy expectations
- Feelings of sadness or hopelessness
- Difficulty with relationships
- Self-destructive behaviors

Do not hesitate to err in the direction of over vs. underreacting. Document your concerns. Talk with others that you trust—teachers, a school counselor, or family friend—about your concerns AND also talk with your teen. It would be most helpful to have already-established patterns of positive interaction before the crisis. While it is probably not appropriate to reduce the complex task of childrearing into a few points, there are some important things to keep in mind. **The most important point is to understand that suicide is a crisis in communication.**

1. Create occasions for communication

- No TV during dinner.
- At times, no radio in the car.
- Do chores together.
- Stop by just before bedtime. Teens are more relaxed and less guarded at this time.
- Share about your day and feelings (Often parents don't engage in small talk with their kids. Instead most of their communication consists of questions and "tidying up" kids' behavior).
- Find common interests/activities.



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2. When you do talk with your teen:

- Really listen.
- Try to understand their viewpoint first, before trying to provide an alternate viewpoint.
- Accept the feelings and concerns rather than evaluate. "You shouldn't get upset over that!" or "If you had made a decision earlier, this wouldn't have happened!"
- Don't minimize by saying, "Everyone feels that way" or "Don't let little things like that get to you."
- Recall that the teen sees their experience as unique. Acknowledge this, and then let them know that others may have also struggled with these concerns.
- Don't compare with siblings, other kids, yourself, your childhood.
- Don't overreact: "How could you think something like that?"
- Pause, take a deep breath and listen.
- Have definite standards and limits, but follow the rule of minimum conformity. That is, decide what are the absolute minimum requirements for behavior, talk, dress, etc. and let the rest go. You can't enforce these anyway, and the more you have, the less influence you have.

3. Be aware of the pressures and expectations that you place on your child.

Clearly, kids must learn to stick it out and develop discipline, but each achieves in their own way and at different paces. This is a difficult line to walk between preparing kids for life's pressures and adding too much pressure of your own in regard to school, sports, achievement, appearance, manners, etc.

4. Be aware of the demands that teens place on themselves.

This may be a very important source of stress for teens.

5. Remember that it is difficult to imagine that your teen could feel so badly that suicide is a possible alternative.

Parents of teens who have died by suicide all say that they also felt this way, and they urge other parents to listen and take action. It is important to remember that teens are generally more impulsive than adults in all matters, but particularly regarding suicide. Clearly, if a teen is depressed, or anxious, or is exhibiting impulsive behavior, guns should be temporarily removed from the house.



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Tips for Talking With Your Child About Depression & Anxiety

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- Without judgment, comment on the verbal and/or non-verbal behavior that you are concerned about: "I've noticed that you have been really stressed out (or looking sad) for several days."
- Invite your child to talk about their feelings: "Tell me what's going on."
- Respect their feelings.
- Allow your child to talk more than you do. Avoid interruptions or distractions.
- Avoid unkind words that ridicule, shame, or label your child: "You get everything you want. What do you have to be depressed about?"
- Ask your child one question at a time and then wait for the answer; be comfortable with silence.
- Avoid diagnosing and/or giving advice; express concern and offer reassurance. "I'm on your side... We'll get through this together."
- Share a book, video, or game about feelings to help open up the dialogue.
- Help your child see that there are different ways of resolving their feelings. Discuss the options. For example:
 - "You could go and talk with your teacher about the 'D' grade that you got on your last exam. Let's practice how you would talk with your teacher."
 - "We could get you a tutor."
 - "I could help you study for the next exam."
- Develop a "plan of action." What does your child agree to do? What are you committed to doing? When will the two of you talk again? Do you need to seek professional help?
- Communicate love and acceptance of your child's feelings and acknowledge the courage that it takes to talk about "hard things." Acknowledge your willingness to talk again.



Training of School Faculty & Staff

Crisis Clinic strongly encourages teachers and school staff to receive training on an annual basis to recognize the signs and symptoms for depression, anxiety, and suicide. Not only is it important to know what behaviors to look for, but how and when to make a referral to the school counselor. The school counselor and/or nurse has typically identified the local community resources for assessing and treating anxiety and depression, and knows how to make a referral and whether these resources have the clinical capacity and core competencies to handle referrals.

Crisis Clinic staff can provide training for teachers and school staff. Awareness presentations are interactive, encourage audience participation, and are designed to:

- Identify the signs and symptoms of childhood stress, anxiety, depression and suicidal behavior;
- Teach strategies for intervening with a student of concern; and
- Clarify the process for referral to the school counselor or nurse or designee;

Presentations are held at the convenience of the teachers and staff. The presentation lasts between 60 and 180 minutes and is offered for free if the school is located within one of our designated WA counties. Otherwise there is a small fee associated with the training. The presentation can include audio-visual materials.