



centre for
suicide prevention



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How to Talk to Parents about a Child at Risk of Suicide

The facts and conversation between
teachers and parents

Subject-Matter Experts

Kevin Hodgson, Manager of Programs, Hockey Education Reaching Out Society (HEROS Hockey). His 15-year career in the Human Services sector has exclusively focused on marginalized children and youth. He is also a Consulting Trainer for the Centre for Suicide Prevention.

Linda Scurr, MEd, counselling program supervisor with Adult Addiction Services Calgary, Addiction and Mental Health (formerly AADAC), Alberta Health Services. As the supervisor of the Calgary AADAC Enhanced Services for Women program Linda was awarded the Premier's Award of Excellence 2005. She is a Consulting Trainer with Centre for Suicide Prevention and has taught suicide intervention training since 1975.

Dave MacLeod, MSc RPsych, founding clinical psychologist with Western Psychology Services in Calgary, now the overseer of the WPS co-operative. Dave began work in suicide prevention in the late 1970s as a volunteer with the Distress Centre/Drug Centre and has, since then, worked in a variety of adolescent treatment centres around the world. Dave is a Consulting Trainer with the Centre for Suicide Prevention.

Secondary Research

Robert Olson, BA, MLIS, Librarian, Centre for Suicide Prevention, provided secondary research for this webinar.

Co-sponsoring Organizations

Injury Prevention Centre

A provincial organization committed to advancing the impact or prevention, emergency response, treatment and rehabilitation of injuries in Alberta. IPC is part of the School of Public Health, University of Alberta. For more information, visit us at:

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Centre for Suicide Prevention

An education centre committed to reducing suicide through education: information services, workshops, presentations, and webinars. CSP is a branch of the Canadian Mental Health Association (CMHA). For more information, visit us at:

<https://www.suicideinfo.ca/>

**It's a conversation we
have to have.**



Taboo still influences our willingness to talk about suicide.

Fact #1

Constantly shifting power imbalance

Proactive

use opportunities to
stimulate discussion
between youth and adults
about suicide

VS.

Reactive

care of the child is
dependent on the
conversation, legal, and
moral obligation requires it

Fact #2



If we are thinking it, parents are already thinking it too

As a parent, it is hard to have your greatest fear confirmed

If parents are already thinking it, they are emotionally tired

Parents need an ally first, then support, and an expert last



L

Listen, empathize, and communicate respect

A

Ask questions and ask permission to take notes

F

Focus on the issues, observed (changes in) behaviour

F

Find a first step

Fact #3

As a parent, it's hard not to be defensive

Avoid “I need to talk to you” or “We need to talk about something”

Focus needs to be on observed behaviours, shared concerns

Parents need to be honoured as the experts, our role is as the objective observer



Fact #4

People respond with their heart, not their head

Parents will most likely react emotionally, not logically

How does this reflect my ability as an effective parent - is it my fault?

Waiting to talk vs. listening



Fact #5

Parents and surrogate caregivers can respond differently

Parents - child focused, influenced by personal experience and attitudes about suicide

Surrogate Caregivers - information focused, influenced by external systems

Parents can focus more solely on supporting child, surrogate caregivers have to focus on informing others as well



References

- Canadian Centre on Substance Abuse (CCSA). (2007) Substance Abuse in Canada: Youth in Focus. Ottawa, ON: Canadian Centre on Substance Abuse.
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- National Strategy for Suicide Prevention. (2001). Substance use disorders and suicide. Rockville, MD.: U.S. Department of Health and Human Services.

Thank You

More questions?

Contact us at: csp@suicideinfo.ca



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