Supportive School

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A GUIDE FOR TEACHERS

HOW TO TALK TO THE PARENTS OF A STUDENT IN CRISIS

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The content of the guide concerns to the help system and education system in Poland. In the situation of using the guide in other countries, it is necessary to adapt it taking into account the realities in those countries and the available places and help lines.

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I When a parent learns of their child's problem

Overcoming mental health issues in children/adolescents requires engagement from parents or guardians, and sometimes even teachers and other caregivers. It may seem obvious, but in some cases meeting the child's emotional crisis-related needs may be impeded by various parental behaviors, which can be hard to comprehend. A lack of cooperation, verbal attacks and signs of hopelessness do not indicate that the parent does not care about the child. Similarly, an initial aggressive reaction or denial does not mean that you cannot rely on the parent to be involved in the creation of a safety net for the student you are worried about.

Remember that a child in crisis means an entire family in crisis. A crisis is associated with various emotions, which only surface once you start discussing the difficulties. Parents may be shocked by your observations—they may try to deny or repress what is happening. While discussing the student's difficulties, you might learn that the parents are already aware, but feel helpless to confront them.

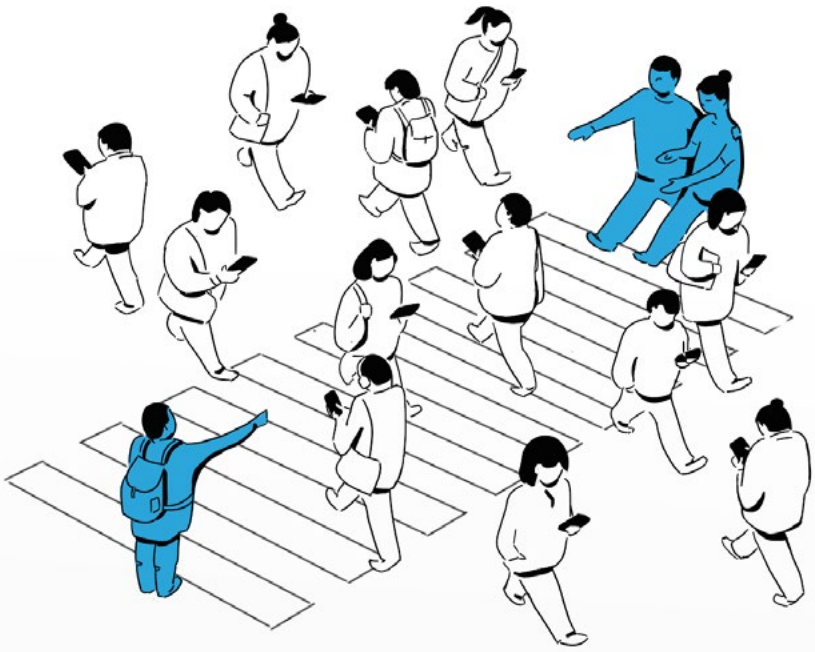
The emotions experienced by the parents of a child in crisis are absolutely natural and include:

- **anger**
- **guilt**
- **anxiety and loss of a sense of security**
- **shame**
- **helplessness**
- **hopelessness**
- **loss of control**
- **betrayal**
- **loss**
- **regret**
- **remorse**
- **wrath**
- **frustration**
- **sadness**
- **despair**
- **uncertainty**
- **surprise**
- **worry**

- **irritation**
- **feeling overwhelmed**
- **and many others...**

Before you meet with the parents, think about the experiences and emotions they are likely to bring to the table and what questions you might expect:

- **What did I do wrong?**
- **How could this happen?**
- **Why is this happening?**
- **What is wrong with us?**



Prepare for the meeting, think about what you want to tell the parents of the student in crisis, and what you expect from them within the context of understanding their perspective on the child's problems and how to act in the child's best interest. Your words may come as a surprise, or scare or upset them, making it more difficult to reach agreement and hindering your attempts to help the student.

THREE PRINCIPLES OF EFFECTIVE COMMUNICATION

Parents are more likely to accept your input about their child's situation if you follow these three principles of effective communication:

- **recognize the other person's efforts to find a solution; their attitude;**
- **show understanding of the other person's feelings;**
- **use active listening to reference what the other person has said.**

The entire message should consist of four parts, the first three of which are intended to lay the groundwork for acceptance of the main message:

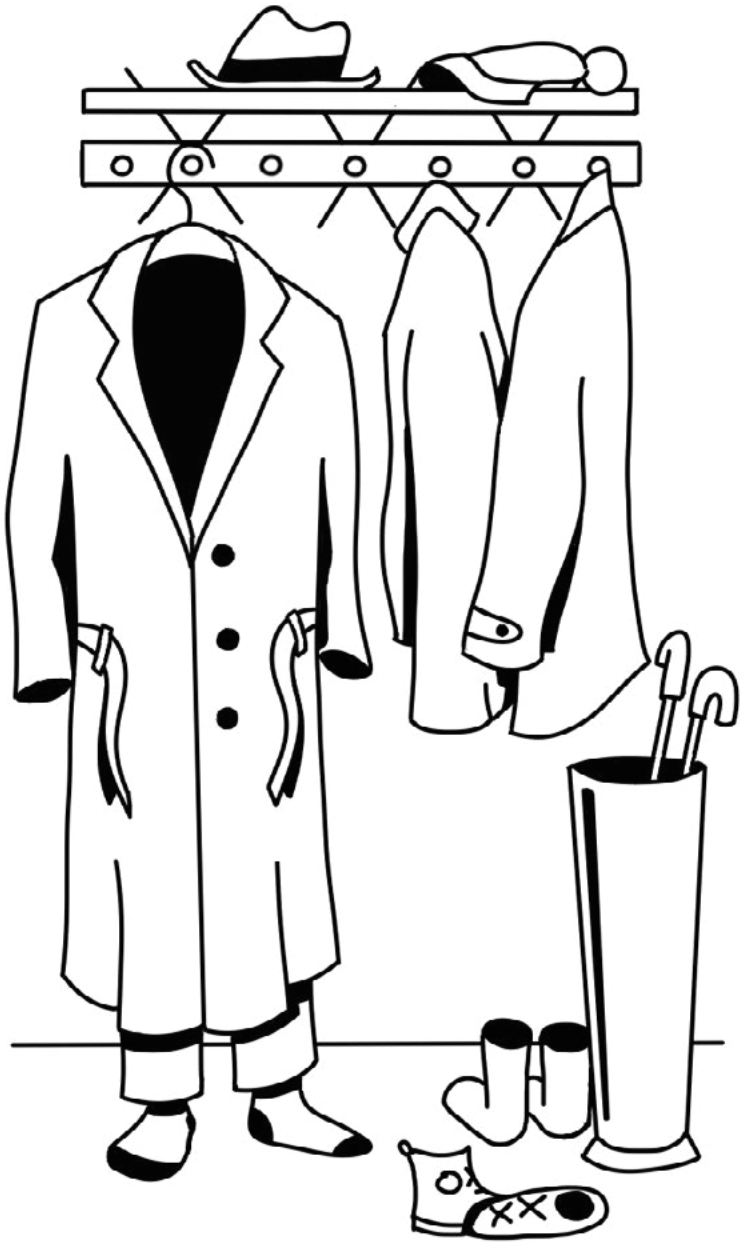
STATEMENT	PURPOSE	GOAL
It is important that you are looking for help. *You are doing a lot to make your daughter feel safe.*	Reinforce the attitude and efforts	To make the parent feel that you have acknowledged and appreciate what they have done so far and how they view the situation, etc.
I can hear a lot of anger and disillusionment in your words. *You are talking about the helplessness and exhaustion the entire family feels with respect to Joan's emotional problems.*	Show understanding of the other person's feelings	To convey that you understand what the parent is going through emotionally, without judgment, dismissing their experience or suggesting they are exaggerating, etc.
You said you would like your son's mood to improve so that he can focus on his schoolwork properly. *You would like your daughter's depressive symptoms to disappear after a few meetings with the school counselor.*	Rephrase what the other person has said	To demonstrate that you have truly been listening carefully and realize what the problem is and what the parent expects
For your son to feel better and experience mood improvement in the long term, it is essential to secure the help of a psychotherapist. *The school can get involved in helping your daughter. It is important that she also receives external support from professionals, such as a psychotherapist and psychiatrist, and is able to rely on her family and peers.*	Main message	To let the parent know what is and what is not possible

When you inform a student's parents or legal guardians about their child's depression, sadness, suicidal thoughts or self-harm, it triggers various thoughts which make it difficult for them to engage in the assistance process.

Such thoughts may include, e.g.:

- *What does she know about problems...?*
- *He has everything he needs...*
- *She wants something out of this...*
- *He is exaggerating...*
- *Depression isn't real...*
- *He is about to take his matriculation exam...*
- *I can't understand what is wrong with him...*
- *I am afraid this will affect his future...*
- *I'm sure this doesn't concern us...*
- *After all, I'm not a bad father...*
- *Where did I go wrong...?*
- *I couldn't stand watching my child suffer so much...*
- *How did I never notice this problem before...?*
- *Why is this teacher telling me all these terrible things about my child...?*
- *He is blaming me for how my son is feeling...*
- *I can't rely on anybody...*

Be prepared for such thoughts and comments from parents. Although we all want the parents of students in crisis to take our words as an expression of our care and commitment, this is not always the case. The way we handle the conversation is key to the efficacy of the assistance process we are implementing.



II Stages of a meeting with parents of a student in crisis

Many teachers who notice symptoms of a crisis in their students think about how and when they should notify the parents.

The answer is: as soon as possible. The sooner the parents learn about what their child is struggling with, the sooner the child can get the help they need. Although providing information about the child's feelings and needs is the most salient part of the meeting with parents, it should not be discussed first. Below, you will find some suggestions for statements to be used during particular stages of the conversation.

Establishing contact

Presenting the student's problem

Jointly exploring possible causes of the child's difficulties

Offering help

Stage 1: Establishing contact with the student's parent(s)

Building a sense of safety is an essential component of the meeting. The parent may be surprised by what you tell them, but they may also feel extremely guilty, because your observations will be quite similar to what they have noticed themselves. It is also possible that the parent has long been witnessing the crisis that you have just noticed as a teacher or educator.

Show your appreciation for the conversation by saying:

- *I am happy you are here.*
- *I appreciate your willingness to be present here today.*
- *Thank you for meeting me about your daughter.*

Stage 2: Presenting the student's problem

The parent's perspective on their child's situation may differ from yours. Try to present what you know about the child in a way that does not make the parent feel that you are blaming them or believe they have neglected or downplayed something important. This increases the likelihood of effective cooperation at an early stage in your relationship.

Some helpful statements:

- *I am worried about your son. I can see he is struggling with something. I know we both want what is best for Mark and that we can help him together.*
- *Mark often does not hear what he is being told. He looks worried and deep in thought.*
- *I am worried about your daughter's behavior. I hope that we can find a solution to her problems if we discuss the situation together.*

Stage 3: Jointly exploring possible causes of the child's difficulties

Invite the parents or legal guardians to share their observations about the child's behavior. This will make them feel co-responsible, while restoring their sense of security and relevance in their child's life.

Some helpful statements:

- *I am wondering what has been going on with John lately. Do you have any ideas?*
- *You said you were worried about your son's behavior. I am wondering about the ways you try to influence him. How do you react if John fails another test or neglects his chores?*
- *On the one hand, you say that your son is exaggerating, but on the other, you would really like to help him feel better. Which of these perspectives is more relevant to you?*

Stage 4: Offering help

Before you start sharing information about available sources and forms of assistance, invite the parents to join you in thinking about who could help their child. In this way, you will learn more about the resources available to the child and family, and the parent will be able to confront any stereotypes or increase their knowledge.

Suggest books to read and useful websites, and share helpline numbers to help them better understand their child's problems.

Some helpful statements:

- *What do you think would help Mark to cope better with all the tension?*
- *Mark is under a lot of pressure. He can't cope with it on his own. He needs help from a professional.*
- *It would be a good idea for you to take advantage of assistance as well.*
- *What would help you in this situation?*

Summary of the conversation

Talking about a child's problems is a huge challenge for parents. It is your role to summarize the conversation and any agreements reached. This will be helpful for both you and the parents.

To sum up the meeting, you can say:

- *Although our conversation was quite emotional, we were able to establish that your son needs professional help, as well as support at school and at home.*
- *I know how difficult this conversation was for you. I really appreciate that you decided to enroll your daughter in psychotherapy.*
- *We have established that you are going to apply for an individualized education program for your son. The school will have the relevant report ready in two days.*

When preparing or while speaking to the parent of a student experiencing emotional crisis, focus on whether the parent and family play a protective role or if, on the contrary, they represent a risk factor for suicidal behavior on the part of the child.

PARENTAL ATTITUDES ASSOCIATED WITH AN INCREASED RISK OF SUICIDAL BEHAVIOR IN THE CHILD

(Pilecka, 2005)

- **excessive control**
- **no interest in the child's affairs**
- **aggression toward the child**
- **excessive parental expectations**
- **inconsistent communication between the parents and the child**
- **parental conflicts**
- **projection of unfulfilled needs and dreams onto the child.**

CHARACTERISTICS OF FAMILIES WITH AN INCREASED RISK OF SUICIDAL BEHAVIOR IN CHILDREN

(Pilecka, 2005)

- **loose social ties, limited contact with people outside the immediate family (atomization of family life)**
- **living in the here and now, weak ties to the past and limited expectations for the future**
- **disordered communication**
- **disharmony in mutual relationships**
- **an emotionally distant atmosphere**
- **frequent conflicts**
- **frequent moves during childhood**
- **parental addictions to psychoactive substances, violence, very disadvantaged economic situation**

III Resistance and counter-resistance

When a conversation with the parent(s) of a student in crisis is not going as expected, you may feel upset, frustrated, incompetent or helpless. Notice whether the following thought patterns arise during or after conversations with parents of your students:

- *They do not want my help.*
- *He prefers to be stuck with the problem, rather than change things.*
- *She is testing me.*
- *I am not competent enough.*
- *I am not the right person to help somebody like that and with these kinds of problems.*
- *He is so annoying.*

- *She is stubborn.*
- *With this attitude, it is no wonder the child is having problems.*
- *It's my fault for not being able to get my message across.*
- *I am tired of being around them.*
- *This person prevents me from being as good as I would like to be.*

These are signs of resistance. Such thoughts about or interpretations of a parent's attitude or behavior have a negative effect on your likelihood of staying engaged in the conversation about the student's situation. Being aware of them is the first step to reframing them in order to interpret the parent's behavior or attitude in a way that bolsters further communication. Below are some examples of reframing automatic thoughts or interpretations which may arise during conversations with parents that are not proceeding as expected.

AUTOMATIC THOUGHT OR INTERPRETATION	REPHRASED THOUGHT OR INTERPRETATION
They do not want my help.	The parent believes that the school is responsible for students' mental health.
He prefers to be stuck with the problem, rather than change things.	The parent doesn't fully understand the seriousness of the crisis their child is in.
She is testing me.	It is difficult for the parent to accept that their child is suffering.
I am not competent enough.	The parent does not know how my competences differ from those of a psychologist, psychotherapist or psychiatrist.
I am not the right person to help somebody like that and with these kinds of problems.	The parent has the right to express their take on the child's situation, which may be different from mine.
He is so annoying.	We cannot reach a consensus.
She is stubborn.	She is worried about her child's future, which is why she is rejecting my observations and information about the crisis.
With this attitude, it is no wonder the child is having problems.	The parent(s) need(s) more information on supporting their child and ways to help them overcome the crisis.
It's my fault for not being able to get my message across.	I wonder what is preventing us from seeing the student in the same way.
I am tired of being around them.	We will never reach an agreement if the conversation continues in this way.
This person prevents me from being as good as I would like to be.	The most important focus of our conversation is the student, as well as ensuring the parent sees and reacts to the child's needs during this crisis.

What is resistance?

"It is an observable behavior that occurs in the context of a client's therapy and represents an important signal of a disturbance in the therapeutic process. In a sense, it suggests that the client cannot keep pace with the therapist, as if they were saying: 'Let's slow down a bit; I don't understand this, I don't agree with that'" (adapted from: W. R. Miller, S. Rollnick).

Resistance is a sign that one party is having trouble keeping up with the other, as if saying:

Let's slow down a bit.

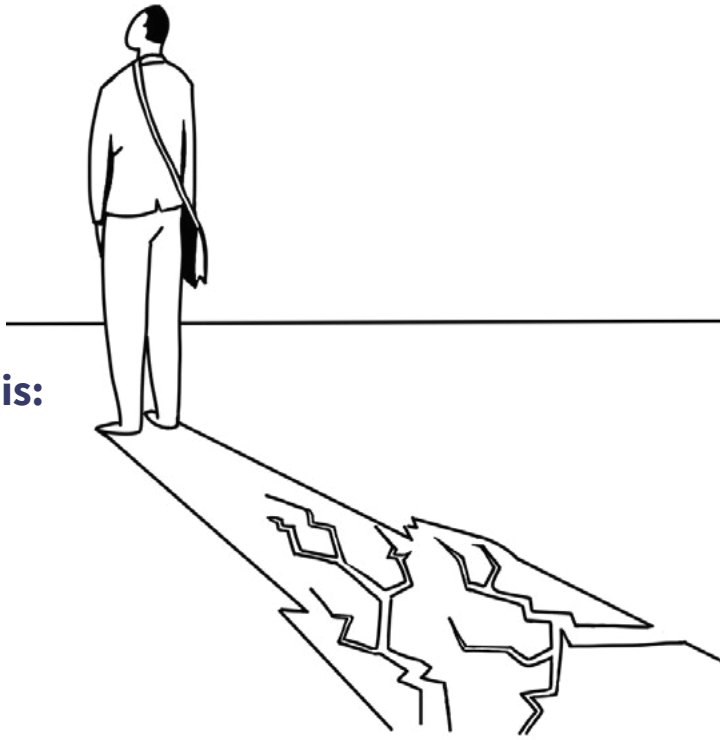
I don't understand this.

I disagree with that.

I'm scared of this.

I don't have the strength for this.

This does not matter to me.



However, what they are saying is:

Well, I don't know...

I can never count on her...

This isn't the best idea after all...

I would try that, but...

Yes, but...

This is not going to work...

Counter-resistance

Miller and Rollnick define counter-resistance as a therapeutic approach that engages in confrontation or presents counter-arguments in response to patient resistance—such an approach often escalates resistance.

For this reason, it is important to:

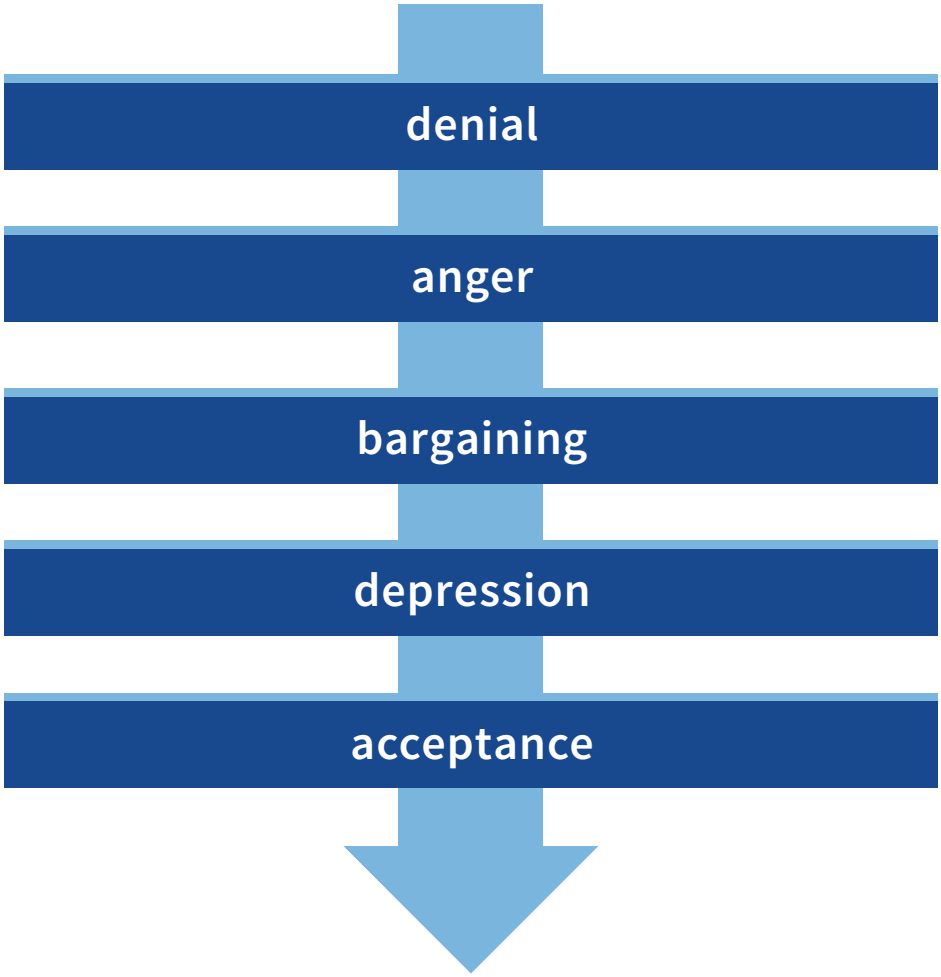
- ✓ **respect resistance** (as a sign of a defensive attitude, fear of change, not being ready to take action, etc.);
- ✓ **respond to resistance with no resistance.**

Resistance is part and parcel of the change process. Although we all aware of that fact, sometimes it takes us by surprise. Acknowledging resistance and discussing its root causes is an effective and conscious reaction to its appearance. Getting into an argument, trying to convince the parents and making a case for change fails to actually bring it about, and only serves to deepen the dissonance between the parties, enhance the parent's feelings of being misunderstood and intensify your frustration. Without responding to the parents' needs, you will not be able to plan joint assistance of the student.

The Elisabeth Kübler-Ross change curve

The Elisabeth Kübler-Ross change curve is a helpful tool to support understanding of the various reactions parents may demonstrate when informed about their child's crisis. The curve is usually presented as a model depicting the process of coming to terms with a disease (especially if terminal) or death. It takes time to come to terms with change. Support and normalization of the parents' feelings and needs can be very helpful as they move along the curve, though the significance of focusing on helping the child must always be stressed as a priority. Make sure you explain to the parent the important role they play in their child's mental recovery. Along with many other people, parents are part of a child's safety net.

The figure below presents the stages of coming to terms with information about child's difficulties. Remember that particular stages may overlap and coexist.



How do you know where a parent is on the change curve?

Denial

- Downplaying the child's condition, sticking to the existing routine:

Nothing is wrong—we will expect as much of our daughter as we always have.

- Contesting the signs of crisis:

You are wrong.

This is an exaggeration.

- A disrespectful attitude toward professionals, reluctance to participate in meetings, being late, hanging up the phone, avoiding contact:

I don't have time to meet with you.

I was not at the meeting because I have more important things to attend to.

- Failure to follow recommendation or attempts to negotiate them:

She was prescribed some medication, but we're not using it.

My daughter can see the school psychologist once a month—we don't want her there every week.

- Looking for alternative explanations:

She is just sad because her boyfriend left her, it's not depression.

Anger

- Attacking the professionals:

You don't know anything about anything.

Mind your own business.

- Openly undermining the professionals' competences:

You are a state school biology teacher. Please don't act as if you know more about my child than I do.

Please stick to the curriculum. You are so far behind the curriculum and here you are playing the psychologist.

- Reacting with anger to questions about well-being or the family:

Please do not be so inquisitive.

- Anger directed at people whose children are well:

Thoughts: *Why don't her children have problems?*

- The conviction that they are being treated unfairly:

It's not fair that I have to go through this.

- Fear of somebody trying to disrupt the status quo:

Nothing is wrong, just leave us alone.

Bargaining

- Bargaining with fate, God or specialists as a result of the diagnosis being perceived as a sentence.

If this turns out not be true, I will repent.

I will meditate (pray) every day if my child could just get back to normal.

- An abrupt change in behavior, momentary effort, appreciating the child or dedicating more time to them, believing that this will change the diagnosis:

We'll take a two-week holiday somewhere tropical, and she'll recover quickly.

Depression

- Sadness, regret, wallowing in a sense of having been wronged:

I feel overwhelmed by how my child is feeling.

It's not fair that I'm the one suffering again.

- Looking for the causes behind this experience:

There must be some deeper reason and meaning to my child's suffering.

- Doubts about being able to change the situation:

It's all over.

My child will suffer forever.

- Catastrophic ideas about the future:

  Nothing can be done.

- Shifting responsibility for dealing with the situation onto professionals:

  You take care of it. I don't know what to do or where to look for help.

Acceptance
(i.e. the stage we are all waiting for)

- Accepting the experience of being unwell.
- An objective perspective on behavior and symptoms, as well as understanding their impact on: education, peer relationships, household chores, etc.
- Cooperation and compliance with expert recommendations.

IV How to counteract resistance?

When the person trying to help causes communication problems...

Sometimes it is the person trying to help that (unwittingly) hinders positive interactions in a difficult situation. This can also happen to a teacher who tries to talk to parents about their child's crisis. Therefore, avoid the following:

1. Giving advice.

Avoid saying things like:

- *If I were you, I would...*

2. Talking about your own experience.

Avoid saying things like:

- *I was in a similar situation once and I did X.*
- *I once did X—it's the best solution.*
- *I never had such problems with my child.*
- *Positive thinking is what helped me a lot. It can also help you; you just need to make the effort.*

3. Using specialist language.

Avoid saying things like:

- *I can hear that you are misconstruing your daughter's anhedonia and the dysphoria accompanying dysthymia as structural components of her personality.*

4. Denying the parents' experience.

Avoid saying things like:

- *It cannot possibly be as bad as you are saying.*
- *You said you didn't know how to cope with feelings of guilt after you didn't notice your son's depression. Chocolate can work wonders when you feel sad.*

5. Lack of interest.

Avoid:

- remaining silent;
- not asking questions or asking questions about things the parent is not talking about;
- not answering their questions;
- becoming repeatedly distracted;
- thoughtlessly nodding along.

6. Preaching.

Avoid saying things like:

- *You see, if you took better care of your safety, you could have avoided plenty of problems.*
- *Listen to what I'm saying—I have plenty of experience with such cases.*

7. Judging and imposing your own point of view.

Avoid saying things like:

- *You acted unreasonably.*
- *You have no reason to feel sad or sorry for yourself.*
- *You are overreacting.*

8. Using indirect or general language.

Avoid saying things like:

- *Mark is having a difficult time* (instead of: Mark is unable to focus. He gets distracted easily and has a lot of critical thoughts).

9. Shortening the distance.

Avoid saying things like:

- *I feel like I've known you for ages.*
- *We are having a very nice conversation, aren't we?*

V Motivating techniques for working with a resistant parent

Express your empathy through reflective listening to accompany the parent in their distress:

- *I can hear that it's difficult for you to discuss your daughter's crisis.*
- *I can hear that it's difficult for you to decide on a solution.*

Probe and name ambivalent attitudes to change:

- *I have the impression that, on the one hand, you would really like to improve your daughter's situation, but on the other, you may feel discouraged to approach another institution for help.*

Support a sense of effectiveness, reinforce all efforts to confront the difficulties:

- *I suspect that it may be painful for you to discuss your daughter's crisis, but I appreciate your being here and looking for a solution with me.*

Emphasize the parent's responsibility for choosing a solution and their sense of control:

- *We have already considered a number of different solutions; in the end, it is up to you which one you choose to help your son.*

Ask about any concerns and beliefs that may trigger resistance. Address them:

- *Is there anything you are concerned about when it comes to taking action to help your son?*
- *What could happen after you make an appointment with a psychologist for your son? What would be difficult about it for you?*

Asking for a miracle

We use this technique when the parent cannot define their expectations, e.g. uses very general and vague statements. This kind of question helps you to understand the parent's expectations, which you may then delve deeper into (e.g. using the clarification or scaling technique).

- *What would have to happen for you to be happy with the solution?*
- *What would you like to happen when it comes to your daughter's crisis?*

The "Yes, but..." reaction technique

We use this when talking to a parent who rejects every conclusion or solution by finding fault with it (*Yes, but...; It is a good solution, but...*). Openly say what you can and cannot do and give responsibility back to the parent. Emphasize their autonomy, freedom of choice and decision-making authority.

Five stages of resistance
(Enright, 1980 za: Santorski J., *ABC psychologicznej pomocy*, 1993)

If you detect a problem with rapport in your conversation, determine the parent's current stage of resistance:

Step 1: Is the parent talking to you of their own accord? Is the parent ready to accept help?

Step 2: What is the parent's true problem? What does the parent see as a desirable outcome?

Step 3: Does the parent believe that the problem can be solved? Do they believe that the desired outcome is achievable?

Step 4: Does the parent believe that I am a specialist (that I can recognize a crisis)? Is this a good time to deal with change?

Step 5: Does the parent have any other contradictory goals? Does the parent have competing motives?

Questions to help you to understand the situation of a parent with a child in crisis and overcome their resistance:

- *What expectations do you have about our meeting?*
- *How did you think about our meeting after I told you on the phone that it was about your son's well-being?*
- *Is there anything you would like to change?*
- *What is the most important thing for you in terms of your son's mental health?*

- *What are our goals?*
- *If it was only up to you, what would your son's situation be?*
- *What are the negative consequences of your son seeing a doctor?*
- *Is there anything you are concerned about with respect to your son's appointment with a therapist?*
- *Is there anything you don't want to change?*

When working with the parents of a child in crisis, you can also benefit from the suggestions offered by Jeffrey A. Kottler, an outstanding psychotherapist and the author of numerous publications about resistance.

SOURCE OF RESISTANCE	BEHAVIOR	INTERVENTION
LACK OF UNDERSTANDING	The parent's answers are very literal; the parent does not understand their role in assisting their child	Explaining, adjusting the language used to the recipient, discussing the role they can play alongside professionals
NO KNOWLEDGE, SKILLS	The parent is not cooperating because they cannot function in a way that will be helpful to the child	Patience and psychoeducation
LACK OF MOTIVATION	The parent is distancing themselves because their motivation is weak due to unrealistic expectations, and a lack of trust in their own capabilities and the relevance of the conversation	Establishing a common goal, restoring hope, inspiring positive expectations
FEAR AND A SENSE OF GUILT	The parent withdraws from the conversation out of fear of the unknown, embarrassment, pain or being judged	Offering support and building a relationship based on trust, encouraging insight and analysis here and now, encouraging the parent to go into therapy themselves
SECONDARY SYMPTOMS	The parent is inhibited by their concerns about potential losses related to eliminating the symptoms	Confronting the parent with the sources of resistance, along with providing support

VI Psychoeducation that should be offered to the parent of a child in crisis

You can do a lot now to help your child—such a statement can help the parent to focus on action and, as a result, to feel more in control.

It is important that we know what Alice is struggling with—this statement enables the parent to understand that the most important thing right now is to know what is going on with the child, while attempts to understand what led to this situation will limit the space needed to support the child here and now.

The fact that Mark confided in a stranger may suggest that he was trying to protect you—upon learning about their children's problems from teachers, parents fall into a spiral of remorse and self-criticism. Where did I go wrong if my child would rather tell a stranger about her issues than confide in me? Try to shed additional light on the possible reasons why the child might be hiding their problems from their parents.

If Veronica receives help and support, the experience of the crisis might not have a long-term impact on her development—parents of children in crisis may feel terrified about the anticipated negative impact of this experience on their entire future life. Therefore, you should explain that crises are an integral part of life and nobody—even a parent relying on the power of their love for the child—is capable of protecting others from their occurrence. However, an appropriate reaction to the crisis, such as enlisting the help of professionals, support from family and peers, adjusting the education process to the student's individual needs, can trigger post-crisis growth in the affected child, who may emerge from the crisis stronger and better prepared to confront future adversities.

Suicidal thoughts may subside—the belief that suicidal thoughts remain with the person forever is one of the most deeply entrenched myths about them. This false perspective leads parents to experience a sense of extreme helplessness, anger and injustice. Discovering that suicidal thoughts can be overcome, and that their occurrence does not necessarily indicate they will be recurrent throughout a person's life, can restore hope and provide motivation to take swift action to help the child.

It is important that you help Monica relieve tension whenever you see it—many parents erroneously assume that if a child is receiving professional support from a psychotherapist, psychiatrist, school counselor or teachers, it means that they are safe and able to cope with all difficulties. It takes time to overcome a crisis, to gain new knowledge and the strength to practice and consolidate new skills. The parents play an important role in this process by observing their child and supporting them through the difficult moments which are part and parcel of every change process.

WHEN DISCUSSING A STUDENT'S CRISIS WITH THEIR PARENTS, MAKE SURE THAT:

The child is not being interrogated about the reasons behind the crisis by members of their (immediate or distant) family.

Understanding the reasons behind the crisis is the aim of psychotherapy. The child may not know why they are feeling the way they are. They might not feel like talking about it. Adults, in turn, often persist in trying to identify the reasons, only to judge and contest them (as if that could make the crisis go away).

The child is not blamed by the parents for being in crisis.

Upon learning about their child's crisis, parents sometime switch into "sermon mode," telling their child that had he or she listened to them, the problems would not have occurred or that had he or she come to them earlier, the crisis would not have escalated so much. Messages like these can stir up feelings of being unsupported and misunderstood in the child. Young people (just like adults) often realize with the benefit of hindsight that if they had done things differently in the past, they might not have the problem today. But nobody can alter the past, so it makes more sense to discuss what can be done now to recover a sense of safety, rather than debating past missteps.

The parent is not ignoring signs of the crisis.

Explain that a mental crisis impacts four areas of their child's functioning: emotions, thoughts and cognitive processes, the body and behavior. Help them to understand this impact and encourage the parents to accept their child's difficulties and work toward creating a robust safety net they can fall back on. Suggest a brochure for the parents to read.

The parent does not assume that the crisis is over only because they do not discuss it with the child.

For various reasons, the child might not want to discuss their feelings and challenges with their parents. This may also be true even once the parent already knows about the problem. The young person has the right to decide whom they want to confide in about issues. The choice not to confide in their mom or dad does not mean that they are "bad" parents.

The parent does not expect immediate results.

Many parents wrongly assume that a few appointments with a psychologist will ensure that their child will overcome the emotional crisis or suicidal thoughts. This is linked, on the one hand, with the parents' limited knowledge about how the assistance process works, and on the other, with the correction reflex which is inherent in being human. Whenever we learn that a person who is important to us is suffering, we want to see their emotional balance restored as soon as possible. However, that is unfeasible. The parent of a child in crisis must be patient and closely monitor the child to react to any noticeable signs of crisis.

The parent reassures the child that they will ensure the child's safety.

Encourage the parent to emphasize as often as possible that they care about lifting the child's spirits, that it is a good thing that they know what the child is struggling with and that they will do whatever they can to ensure the child's safety, along with other people who make up part of the child's safety net.

The child is able to express all of their feelings.

The parents of a child in crisis are often very focused on any potential signs of a child's positive mood, unconsciously implying that only pleasant emotions are worth communicating. The parent's role is to notice, react to and help to vent negative emotions, such as sadness, anger and feelings of loneliness and helplessness.

VII Polish nationwide helplines and websites for parents of children in crisis

let's talk about life

„Let's talk about life"
www.zwjr.pl

Free consultations with an expert suicidologist for the parents and legal guardians of children who:

- have suicidal thoughts (or are suspected of having such thoughts),
- have attempted suicide,
- are planning to kill themselves,
- engage in self-harm or other forms of self-aggressive behaviour.

Children's Safety Helpline for Parents and Teachers

tel. 800 100 100

www.800100100.pl

A toll-free helpline for parents and teachers who need support and information about helping children and adolescents who encounter problems and difficulties.

Children's Helpline affiliated with the Ombudsman for Children

tel. 800 12 12 12

A toll-free helpline offering psychological and legal assistance for children and in matters related to children.

Forum Przeciw Depresji Anti-Depression Support Line

tel. 22 594 91 00

A toll-free number for people affected by depression and their loved ones.

Orange Line

tel. 801 140 068

www.pomaranczowalinia.pl

A helpline for individuals who experience alcohol or drug problems, as well as their loved ones.

Drugs – Drug Addiction Helpline

800 199 990
Ogólnopolski Telefon Zaufania Narkotyki - Narkomania

tel. 801 199 990

A helpline for individuals who experience drug problems, as well as their loved ones.

KARAN Association Helpline for Addicts and their Families

Karan
STOWARZYSZENIE KATOLICKI RUCH ANTYNARKOTYCZNY

tel. 800 120 289

A toll-free helpline for individuals with substance abuse problems, as well as their loved ones.

A list of helplines for children and adults is available on the

"Let's talk about life"

website: https://zwjr.pl/bezplatne-numery-pomocowe

Behavioral Addictions Helpline

tel. 801 889 880

www.uzaleznieniabehawioralne.pl

A helpline for individuals with behavioral addiction problems, as well as their loved ones.

www.forumprzeciwdepresji.pl

www.twarzedepresji.pl

www.zobaczjestem.pl

www.naglesami.org.pl

List of healthcare providers (with contact details) that offer psychiatric care services for children and adolescents within particular healthcare system referral levels:

I. **Community-based psychological and psychotherapeutic care centers for children and adolescents**
II. **Counseling centers for the mental health of children and adolescents**
III. **Tertiary inpatient psychiatric care centers**

https://www.nfz.gov.pl/dla-pacjenta/informacje-o-swiadczeniach/ochrony-zdrowia-psychicznego-dzieci-i-mlodziezy

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Supportive School

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