

BACKGROUND INFORMATION

On February 24th, Jimmy (an 11th grade student) at one of the high schools in your district was screened by the school counselor, Mr. Horizon, due to expressing suicidal thoughts that day.

Mr. Horizon completed the Youth Suicide Risk Screening Form and immediately determined that Jimmy requires a more comprehensive suicide risk assessment. He referred Jimmy to the building's school psychologist, Dr. Reynolds, who completed the Youth Suicide Risk Assessment Form that same day, per district protocol. After conducting a thorough risk assessment, Dr. Reynolds determined that Jimmy's risk level was classified as "high risk" due to suicidal thoughts that have increased with frequency and severity over the past month. Dr. Reynolds was also able to determine that Jimmy was not only experiencing suicidal ideation, but had a plan as well.

Dr. Reynolds appropriately followed school protocol by contacting the parent/guardian and releasing Jimmy to his parents, among other necessary actions. Jimmy's parents were kind and comforting towards him when they came to get him. They agreed to the recommendations provided by Dr. Reynolds – Specifically, they agreed to take Jimmy to the hospital, but they expressed a strong desire to "handle it from here without the school's interference whatsoever." Dr. Reynolds expressed the importance of working together, but they dismissed it as "a family problem that they will handle."

Hospitalization

Jimmy was placed into the Youth Crisis Stabilization Unit at Nationwide Children's Hospital for 10 days. Dr. Reynolds notifies you that she has tried to contact the family several times but has not been able to get ahold of them. However, the family did sign a release of information with the hospital so that the inpatient team could consult with the school team. The attending psychiatrist, Dr. Hill, confirmed that Jimmy has been in inpatient care for the last 10 days, which is an indicator of the severity of Jimmy's ideation and plan. Dr. Hill reports to Dr. Reynolds that he has been in consultation with Jimmy's pediatrician and that they have decided to discontinue Zoloft, start Jimmy on Prozac, and that while this new medication will take some time to be effective, Jimmy is stable and will be ready to return to school this upcoming Monday 03/13/2023. Although not ideal, it is not feasible for Jimmy to enter a PHP or IOP program prior to school reentry (due to the waitlist for such programs in central Ohio).

Dr. Reynolds has asked you, the parent mentor, to step in and assist the family throughout the school reentry process. She is hoping that Jimmy's parents may be more receptive to you as a parent mentor and that you can help to facilitate effective parent-school collaboration.

GROUP DISCUSSION

- 1) What should the school team's next steps be?
- 2) What role(s) should you take as the parent mentor?
- 3) What step(s) should you take:
 - a. Prior to the reentry meeting?
 - b. During the reentry meeting?

- c. Post-reentry meeting?
- 4) What types of accommodations might be beneficial to the family during this process?
 - 5) How can you promote an inclusive and empowering environment during this process?
 - 6) What additional resources are you aware of that may be beneficial to the family?

Group Notes

* Adapted from Suicide in Schools: A Practitioner's Guide to Multi-Level Prevention, Assessment, Intervention, and Postvention (2015)

** This case (including all names, identities, and details) is fictitious. No identification with actual persons (living or deceased) is intended or should be inferred.