This guide is based on the Family Engagement Module.
To be used as supplementary material, not as a substitute for the training.
The training can be found here: NYASSC Training Page

A Guide for Clinicians:

Engaging Families and Supportive Others in Working with Suicidal Individuals

When appropriate, family members and other social supports from within a suicidal individual's natural environment can be engaged in the patient's treatment plan, enhancing patient safety by providing support to both the individual and treatment provider. Yet, family engagement guidelines are not a usual feature of clinical training, so it can also be a challenge for clinicians to know how to balance a patient's treatment needs, safety concerns, and the needs of the family/supportive others as well.

Common Concerns

- Some suicidal individuals **are unable to identify people who can support their recovery**. Or patients may be experiencing **family conflict.** Clinicians may fear making the patient's situation worse by involving the family.
- Patients are sometimes **reluctant to give consent** to involve loved ones, fearing that personal information may be revealed or they will become a burden to others.
- **Some families are reluctant to attend sessions** or can be defensive when they do attend.
- Clinicians may not feel sure about how to **balance their focus** on the patient's safety with the needs and feelings of the patient's social support network. They may be concerned that they will need to do family therapy if they bring the family in to support the patient's treatment.
- Some families want to help but **do not feel equipped to deal with the situation**.

Inpatient Units

The three months after discharge is a particularly high-risk period for a suicidal individual. Families/supportive others should be engaged, when appropriate, throughout the course of the inpatient stay and especially in the discharge planning process. Clinicians should meet with the family/supportive others to plan for safety and follow up with the outpatient treatment upon discharge.

Outpatient Settings

Families/supportive others can be engaged, when appropriate, to provide ongoing support, and enhance treatment outcomes and engagement. The clinician can facilitate working together to provide ongoing support, such as helping the patient attend appointments, serving as an emergency contact, monitoring warning signs, and/or occasionally attending sessions.

Emergency Departments

In the ED, decisions are made quickly and in a one-time interaction. Clinicians can try to engage the individual who came with the patient to the ED to provide support with next steps. This could include being part of the patient's safety plan, and/or facilitating follow up on outpatient recommendations upon discharge from the ED or hospital.

The following best practice guidelines address these Obstacles and concerns to facilitate family engagement:

1. Engage patient and obtain consent

Help the patient identify people in their lives that may be willing to provide them with a safety net when they are suicidal by weighing the pros and cons of involving that individual in the treatment plan. If the patient refuses, it may be useful to explore their concerns. Consider the possibility of limited consent – sharing some but not all information with supportive others.

REMEMBER: In times of imminent risk or life-threatening behavior, it is appropriate to override consent to ensure the patient's safety.

2. Address family concerns

Family members may feel scared, blamed, or even traumatized by their loved one's suicidal thoughts or behaviors. It is important to approach family members without judgment. Understand that you may be seeing family members at their worst, and they may find it hard to focus and take in information. Both parties will be experiencing fears related to suicide, so it is important to try to put *everyone* at ease and to help them through this difficult time.

3. Providing psychoeducation better prepares loved ones to respond

Inform social supports about the fluctuating nature of suicide risk: how it comes and goes rather than staying constant and stable.

Educate regarding the warning signs for increased suicidal risk. The FACTS acronym helps – Certain **Feelings**, **Actions, Changes, Talking, and Situations** indicate increased risk.

Debunk myths about suicide. Remind loved ones that:

- Many suicidal individuals are ambivalent about dying
- Talking about suicide is a warning sign for suicide attempt
- Anyone can notice the signs of suicidal risk and encourage someone to get treatment
- Restricting access to means provides a barrier between urges and actions

Provide resources regarding local emergency departments or 24-hour crisis hotlines:
National Suicide Prevention Lifeline: 1-800-273-8255 | *Crisis Text:* Text "Got5" to 741741

4. Assess willingness and capacity of loved ones

Some loved ones may be too distraught to make plans for next steps. Explore whether it makes sense for the family to be involved, if they *can* help, or whether involving them would make the situation more difficult for both parties.

5. If able and willing, families can help in a variety of ways

In addition to psychoeducation, consider involvement in treatment. This may include monitoring warning signs, checking in with the patient, reaching out at times of increased risk to the therapist and/or being listed as a contact on the patient's safety plan, and being involved with a plan for reducing lethal means.

6. Help the family reach a shared decision using evidence to inform their choice

Use the shared decision-making model to present and explore options for involvement and the pros/cons of each option. The goal here is to empower patients and families to make the best decision for everyone involved and encourage everyone to make an informed choice about how they might work together without imposing on the patient's autonomy.

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