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Parent/Caregiver Involvement for Moderate-to-High-Risk Adolescents

Let’s Get Started

Brave Play Activity:

Choose **2-3 atoms** that represent what it feels like in your body when you are conducting a safety assessment and a parent is also present in the session.

Focus on somatic experience:

- Weight, temperature, and pressure
- Movement vs. stillness

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PROTECTED
BRAVE
Subway
Times Square
42 Street Station

Guided Reflection

Take a moment to write down the atoms you selected and share what drew you to each one.

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Parent/Caregiver Meeting Requirements

Mandatory Frequency

For minor clients at **moderate to high risk** for suicidal ideation or self-harm:

- At least **one meeting per month**
- In addition to weekly individual appointments
- Focus: Treatment planning, support, and risk management

Meeting Format & Flexibility

Meetings can include the adolescent or be conducted separately with the caregiver.

Considerations for Clinical Judgment:

- Treatment goals & safety
- Developmental needs
- Relational dynamics

Purpose of Parent/Caregiver Meetings

Foundational Goals

- Strengthen caregiver engagement before active crisis
- Promote a proactive, relational, and supportive environment

Relational Impact

- Increase positive attachment and communication
- Reduce pattern of only involving caregivers during crises

Clinical & Educational Focus

- Improve understanding of risk factors and safety planning
- Review coping tools and session resources
- Improve treatment consistency and clinical buy-in

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Clinical Rationale

Research supports **consistent caregiver involvement** in the treatment of moderate-to-high-risk minors.

Limiting parent involvement to periods of crisis may unintentionally reinforce negative interaction patterns where caregiver involvement becomes associated with conflict, punishment, or emotional escalation.

Regular meetings outside of crisis help improve:

- Attachment & communication
- Collaborative problem solving
- Treatment adherence & continuity of care

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Office Scheduling Expectations

Protocol for Moderate-to-High Risk Adolescents

When a clinician identifies an adolescent client as **moderate-to-high risk**, the following action is mandatory:

- **Notify Scheduling:** Inform Scheduling that recurring parent/family sessions are clinically indicated. Meetings may include the family with or without the client present.

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Clinician Responsibility & Scheduling

<u>The clinician is responsible for adding the client to the “Parent Session Tracker.”</u>

Schedulers support ongoing scheduling of recurring sessions. If preferred formats aren't available, alternates or temporary note time may be used.

Documentation Requirements for Declines/Resistance:

Schedulers must document: Scheduling attempts, refusals, resistance, or barriers.

Clinicians must document:

- Recommendation made <u>in session</u> and through outreach
- Parent/caregiver refusal or inability to participate
- Efforts made to re-engage the caregiver
- Clinical considerations related to the refusal

Clinical Expectations: *Incorporate caregiver involvement into ongoing treatment and relational support rather than reserving it exclusively for crisis.*

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