

Risk Management Recommendations

Short-Term Risk

The following are things parents need to do throughout treatment to reduce the risk of their child acting on suicidal or self-injurious thoughts. Complete the *Safety Checklist*, and give it to your child's primary therapist, if your child has ever had any suicide risk.

1. Secure all dangerous objects and substances in a safe.
2. Remove firearms from the home or store them securely.
3. Secure household cleaners and solvents that can be dangerous if ingested. Call the poison control hotline to find out the risks of different substances in your house.
4. If it is possible your child may ever run away from home to attempt suicide, we recommend you install a home security system (with an alarm triggered by motion sensors) and attach/activate GPS location devices (e.g., in their purse, shoe, or phone).
5. Be vigilant to efforts to "outsmart" your security methods, including searching your house for the key. For example, one teen set up his phone to secretly record his parent entering the code to their safe. Another teen dusted the keypad of a safe with baby powder to detect which keys had oil residue on them indicating that those were the keys used for the code. We recommend that you always keep the key on your person, if possible, since teens often find hidden keys.
6. Once per month, change the passcode on your safe and home security system, or move the storage location of the key (if not kept on your person).

These are additional things parents can do during periods of increased suicide risk:

1. Monitor your child throughout their period of crisis (keep eyes on them, remain in the same room, sleep in their room overnight).
2. Physically prevent your child from leaving your house.
3. Remove kitchen knives and other cutting tools and sharp objects.
4. Secure keys to vehicles and have license plate numbers readily accessible.
5. Remove belts, ropes, or other items that can be secured around the neck.
6. Talk to a DBT therapist before calling another mental health professional or the police, whenever possible. You should consider calling 911 if your child made a credible suicide threat and 1) no parent is available to intervene, 2) no parent is available to stay with your child during the crisis and your child does not speak to a therapist (refuses skills coaching or no therapist is available before your child would be unsupervised), 3) your child leaves the house, 4) or you cannot take away the suicide means.

Long-Term Risk:

These strategies minimize reinforcement of suicidality and non-suicidal self-injury:

1. Delay (e.g., by at least four days) engaging in long discussions or comforting them (e.g., "heart to hearts" talks) following suicide/NSSI threats or behaviors. Prior to suicidal/NSSI communication or behaviors show high levels of interest and initiate conversations with your child about how they are doing, validate their feelings, show warmth and concern. Communicate that you do not want them to have to be suicidal, or engage in NSSI to communicate emotional pain or distress. Make a request that if they feel distressed, that they tell you directly. Provide alternatives for how they can approach you in a more skillful way.

- a. "I'm angry that you said I can't go to my friends house; Is there anything that I can do to get you to reconsider?" instead of "If you don't let me go, I'll cut."
 - b. "I'm really worried about my grade in math and I'm scared I'm not going to pass" instead of "I just want to die" (in response to a poor grade or upcoming test).
 - c. "I'm feeling hopeless and noticing suicidal thoughts and I'm not sure how to manage them, can you help?" instead of "I want to kill myself"
2. As much as possible, try not to let NSSI or suicide comments/threats interfere with the normal responsibilities/activities of you or your child if the function of may be to influence you. For example, do not let your child stay home from school or come home early, or get out of doing chores or homework. Do not come home from work early, cancel date night, or cancel your out of town work trip. Instead try to handle the situation in other ways, e.g., with help from the other parent, a therapist, school counselor, etc.

When you deny a request:

- a. Give clear reasons (e.g., why you will not let them miss school, or why you will not be with them). Explain Escape Coping and Reinforcement problems (pages 3-4 of the "Parent Interventions" transcripts).
- b. Be prepared for "extinction burst" escalation by having a strong safety plan.
- c. In advance, explain the reasons to your teen in a therapy session, and complete the safety plan with your parent training therapist.

When you are compelled to give in, try to minimize reinforcement:

- a. Do not allow fun or distracting replacement activities. For example, make your home as boring as possible (no TV, phone, internet, and minimal conversation) during school hours.
 - b. Allow natural consequences of the child not completing their responsibilities (examples: avoid pleas from your child to email teachers to change assignment deadlines, and do not let them "off the hook" with chores).
2. During any necessary communication with your child during or following suicidal/NSSI behaviors or communication, talk as little as possible, maintain a neutral tone of voice, minimize eye contact, and avoid physical contact (hugs, rubbing their back, etc) except as needed for physical restraint.
 3. If your child's NSSI or suicidal behavior requires medical attention, provide only what is needed for the specific severity of the injury (for example, give them bandages to apply on their own for superficial cuts) and maintain the verbal and nonverbal behaviors described above while tending to their wounds or waiting with them at a medical facility.
 4. Avoid providing special activities to your child directly following NSSI or suicidal threats or behaviors, or because of those behaviors. For example, do not allow them to have a friend over on school night to "cheer them up" when normally that would not be allowed, no special outings, no giving favorite foods, no giving quality time. The most problematic reinforcement is when a child demands a privilege (e.g., go to an outing with friends), parents say no, then the child harms herself, and then the parents change their mind and allow her to go to the event.

Long-Term Risk: Use the "Master List of Triggers/Behaviors" worksheet to understand triggers for suicidality and non-suicidal self-injury, and to clarify opportunities to help them solve their problems, reduce distorted thinking, and reduce avoidant behaviors (increase opposite action). Review the worksheet with the primary therapist and your parent training therapist to clarify the specific ways you can help with these targets.

Safety Checklist

Complete this *Safety Checklist*, and give it to your child's primary therapist, if your child has ever had any suicide risk.

Things to Do Immediately

Yes No Are you storing razors and utility knives in a safe, or remove them from your home?

Yes No Did you secure all prescription and over-the-counter medications in a locked safe?

key - How are you keeping your child from getting the key? _____

passcode - How did you derive your security code? _____

Yes No Do you agree to once per month change the passcode on your safe and home security system, or move the storage location of the key (if not kept on your person)?

List all prescribed medications kept in your house: max (mg) lethal dose (mg) In safe?

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

For all medications, report the maximum number of milligrams you have in your house (e.g., how many total milligrams immediately after the prescriptions are filled). According to your child's psychiatrist, how much would your teen would need to ingest at once to pose risk of serious harm or death?

List all the non-prescribed (e.g., allergy or anti-inflammatory/pain pills) you keep in your house. Write in "none" if you keep none in your house.

<u>Name</u>	<u>mg. per pill</u>	<u>total # pills purchased</u>	<u>In safe?</u>
Aspirin, Anacin, Bayer, Bufferin	_____	_____	<input type="checkbox"/>
Acetaminophen, Tylenol	_____	_____	<input type="checkbox"/>
Ibuprofen	_____	_____	<input type="checkbox"/>
Benadryl	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Yes No Did you report to your child's psychiatrist all of the prescribed and over-the-counter medications kept in your house, including the maximum amounts that could be in your house at any one time (e.g., right after your prescriptions are filled)? And did you verify with your child's psychiatrist how much of the medications your teen would need to ingest at once to pose risk of serious harm or death.

According to your child's psychiatrist, What is lowest possible lethal dose of these products for your child?

- ___ How many 325mg aspirin pills (including Anacin, Bayer, Bufferin)?
- ___ How many 325mg acetaminophen pills (including regular Tylenol)?
- ___ How many 500mg acetaminophen pills (including extra-strength Tylenol)?
- ___ How many 200mg ibuprofen pills (including Advil)?
- ___ How many Aleve pills (naproxen sodium)?
- ___ How many Benadryl pills?

Yes No Are there any guns in your home?

Yes No If yes, are they stored in a locked safe with the ammunition stored in a second locked/secured location?

Yes No Did you already provide to us your license plate and vehicle information?
If not, list here your license plate and make, model, year, and color of each of your vehicles.

Yes No Are you consistently keeping bleach and other household cleaners and solvents (that can be dangerous if ingested) locked up?

Yes No If not, do you agree to lock them up (or remove them from the home) immediately after suicidal threats or behavior, or as soon as suicide ideation increases?

Client's printed name(s): _____

Parent's printed name(s): _____

Parent's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Administrative Use Only

Effectiveness of security methods verified by _____ (therapist signature)

Yes No Reviewed the "Risk Management Recommendations" handout with parents

Yes No N/A Therapist verified the safe code and/or key storage method

Verified by clinic director _____ (initials)