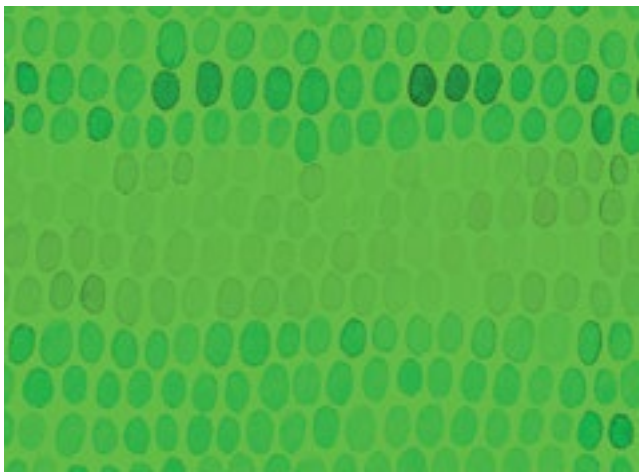
Child & Adolescent Psychiatry

Family & Caregiver Guide



UnityPoint Health Meriter

PARTNER OF UWHealth

TABLE OF CONTENTS

TAB 1 – **WELCOME**

- Letter from the Medical Director
- Things to Know
- Patient Expectations and Code of Conduct
- Visitor Guidelines
- Bringing Food In From the Outside

TAB 2 – **MEET THE TEAM**

- Consultations and Evaluations
- Treatment Team Descriptions

TAB 3 – **WHAT TO EXPECT AS A CAREGIVER**

TAB 4 – **DAY AT A GLANCE**

- Day at a Glance: Descriptions of Groups
- Sample Daily Schedules

TAB 5 – **THERAPIES USED ON THE UNIT**

- Love and Logic
- Zones of Regulation
- Dialectical Behavioral Therapy

TAB 6 – **SAFETY**

- Means Restriction
- Instructions for the Gun Lock

TAB 7 – **EDUCATIONAL TOPICS**

- Fair Fighting
- Means Restriction
- Parenting Oppositional Behavior in Younger Children
- Parenting with Love and Logic
- Parenting Strategies: 123 Magic
- Parenting Strategies: ABCs
- Praise Versus Nonjudgmental Feedback
- Screentime Information
- Self Harm Information
- The Art of Apology
- Wellness Strategies

TAB 8 – **GENERAL RESOURCES**

- County Resources
- Mental Health Apps for Teenagers

TAB 9 – **DISCHARGE INFORMATION**

UnityPoint Health Meriter | PARTNER OF UWHealth

Dear Families and Friends:

Caring for a child or adolescent with a mental illness can be difficult and at times, frightening. At UnityPoint Health – Meriter Child & Adolescent Psychiatry Hospital, we are here to help your child become safe and stable, while supporting you, your family and other members of your child's treatment team.

Children and adolescents who come to our psychiatry program often stay between six and seven days. Registered nurses provide care around the clock. We provide several services including acute stabilization, safekeeping, diagnostic clarification and treatment of mental illness. There are several assessments that can take place while your child is here including:

- Psychiatric evaluation.
- Occupational therapy.
- Neuropsychological testing.
- Speech and Language.
- Medical consultation.

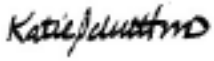
Each assessment helps us better understand your child and guide the child's treatment.

Typically the kids who are patients here are divided into three separate groups in two separate sections of the hospital; Children between the ages of 6 and 12, and two different groups of patients between the ages 13 and 18. We work with these groups under the guidelines of "Love and Logic," an approach that teaches kids to solve their own problems while gaining self-confidence. We also use the Zones of Regulation to encourage kids to communicate more openly about their feelings as well as learn coping skills for distressing emotions.

On the child side we help children and their parents modify problem behaviors. We care for each child individually. With the adolescents we also practice Dialectical Behavior Therapy (DBT). DBT is a system of therapy that combines standard cognitive behavioral techniques for emotion regulation and reality testing with concepts of distress tolerance, acceptance, and mindful awareness. DBT has been shown to help young people develop the skills they need to better manage their emotions during times of stress. Our staff works diligently to ensure our program provides treatment that has been shown through research to be effective statistically. This is called evidence-based care. During the course of your child's hospital stay, we will educate you about your child's diagnosis, medications, helpful approaches, and the recovery process. We will also provide you with the tools to continue your child's care upon discharge from the hospital.

We value each and every child and adolescent who enters our hospital for treatment. We work hard to make the hospital stay a valuable experience for the entire family. Always feel free to call us with any questions or concerns both during and after your child's stay. We can be reached at (608) 417-8777.

Sincerely,



Katie Schmitt-MD
Medical Director
UnityPoint Health – Meriter Child & Adolescent Psychiatry Hospital

Back to TOC

INFORMATION FOR VISITORS
UNITYPOINT HEALTH – MERITER CHILD AND ADOLESCENT INPATIENT UNIT

ADDRESS

8102 Wellness Way
Madison, WI 53719

CONTACT NUMBERS

Phone: 608-417-8777
Fax: 608-417-8757

VISITING HOURS

Teens

Monday – Friday: 5:30pm – 7:00pm
Weekends & Holidays: 5:30pm – 7:00pm

Children

Monday – Friday: 6:00pm – 7:30pm
Weekends & Holidays: 12:45pm – 2:30pm

Your child's safety is of utmost importance during their stay on our UnityPoint Health – Meriter Child and Adolescent unit. This includes keeping the environment safe and considering how visitors impact our patients' care.

The next few pages outline important safety guidelines for the care of our patients and how visitors can support these safety measures. They include:

- Patient Expectations and Code of Conduct
- Visitor Guidelines
- Outside Food Requirements

Back to TOC

THINGS TO KNOW

VISITOR LOCKERS

When visiting the unit, we require that you keep personal items in your vehicle or utilize the lockers in the lobby. This includes electronics (including cell phones), purses, jackets, and bags (unless using the bag to bring patient belongings). Bags brought onto the unit must leave with you. Each locker can be locked and unlocked with a four-digit code which you create. We have strict rules on what is allowed on the unit so please do not give any belongings to your child that have not been checked in by staff. This is for their safety and the safety of others on the unit.

WHAT TO BRING

It is important that each patient feels comfortable while on the unit. Upon admission, staff will check-in patient items to make sure they are safe and appropriate. This is at staff discretion. Items that are not approved will be kept in the patient's hospital locker until discharge or sent home. Below is a list of ideas of what belongings are/are not allowed on the unit.

CLOTHING/DRESS CODE

Appropriate clothing and footwear are expected during the hospital stay. These items include:

- **T-shirts, Long-sleeved shirts, & Sweatshirts**
  - No clothing with offensive or inappropriate images/logos, language, or drug/alcohol references are allowed
  - Sweatshirts cannot have strings or metal buckles
  - Tank tops, low-cut shirts, or crop tops (shirts showing the abdomen/midriff) are not allowed on the unit
- **Shorts, Sweatpants, Jeans, Dresses, & Skirts**
  - Short shorts, short dresses, and skirts are not allowed on the unit
  - Belts are not allowed on the unit
- **Sneakers, Sandals, & Boots**
  - Shoes with laces are not allowed on the unit. The unit does provide safe shoelaces that patients are able to use once their shoelaces are removed if they want to wear sneakers or boots
  - Shoes with buckles are not allowed on the unit
  - If a patient does not want to wear shoes, the unit has non-slip socks available for use

JEWELRY & HATS

- Patients are generally not allowed to wear hats and jewelery on the unit. Please take these items home with you during the admission process.

Back to TOC

PERSONAL HYGIENE ITEMS

- Small/Travel size tubes of toothpaste are allowed. We have these available on the unit for patients.
- Shampoo, conditioner, soap, and deodorant are allowed on the unit
- Makeup is allowed on the unit once staff have safety checked it
- Items such as razors, q-tips, perfume/cologne, aerosol bottles, and cosmetic containers with mirrors, and dental floss are not allowed on the unit
- Personal hygiene items are not stored in the patient room

ELECTRONICS & SCHOOL SUPPLIES

- Patients can bring in their school device to use during supervised school time on the unit. If a patient does not have a device, there are devices on the unit available for use. Devices are only available to patients when supervised.
- Textbooks, chapter books, and notebooks (without spiral binding) are allowed on the unit
  - o If a patient has notebooks with spiral binding that are needed for homework, we ask that papers needed are removed from the spiral notebook.
- Personal laptops, tablets, and cell phones are not allowed while on the unit.

TOYS

- Patients are allowed to bring in stuffed animals that do not have batteries. Patients are generally not allowed to bring personal toys on to the unit.

NON-DISCLOSURE DEFINITION

- Patients can't receive phone calls or visits from anyone but their legal guardians. Changes to disclosure status can only be made by the patient's legal guardian.

Back to TOC

PATIENT EXPECTATIONS & CODE OF CONDUCT

We want every patient and family to feel that they can participate, be an active member in the treatment process, and be able to express themselves in a safe and inclusive space.

PATIENT EXPECTATIONS

While on the unit, each patient has treatment goals and is expected to participate in unit programming to meet these goals. These expectations include:

- Complete all required testing and lab work necessary
- Complete personal hygiene (shower, brush teeth, wear clean clothes)
- Wear appropriate clothing and footwear
- Keep room and common areas clean and tidy
- Attend and participate in all groups
- Complete a red zone or safety plan
- Complete any therapeutic assignments given by staff members
- Be respectful with all other patients, staff, and visitors to the unit
- Be respectful to the unit space, equipment, and materials

PATIENT CODE OF CONDUCT

The patient "Code of Conduct" is to make sure everyone is safe at our hospital. Help us build a space where everyone can get better by following these guidelines for behavior while on the unit.

- **Respect –** We treat everyone (ourselves, other patients, staff, and visitors) and property with respect.
- **Participate –** We participate in the groups and activities that are designed to help everyone get better.
- **Encourage –** We want to partner with you and have you encourage each other.
- **Topics of Conversation –** We talk respectfully and share experiences without causing anyone else harm. While in group settings and with peers, we do not swear or talk about sex or drugs. Even if you are not affected by this in a negative way, someone else might be. We do not use hateful or discriminatory language.
- **Physical Touch –** We do not touch others. Even if you are not affected by touch or hugs in a negative way, someone else might be.
- **Contact & Social Media Information –** We do not give our contact or social media information to others. There are laws to protect people's privacy that are very specific when it comes to mental health care.

Back to TOC

VISITOR GUIDELINES

The campus is not open to the public due to privacy measures that we are required to uphold.

Part of providing a safe and healing environment for our patients is to consider how visitors can impact and influence their stay. Visiting should provide an opportunity for additional patient support and well-being. Because we have patients from the same or neighboring school districts, some visitor restrictions are needed not only for your child's privacy but for the privacy of all the patients on the unit.

GENERAL EXPECTATIONS:

Anyone on the child and adolescent campus (patients, staff, and visitors) is expected to conduct themselves in a positive manner, consistent with the following expectations:

- Safe, non-hostile interactions with patients and staff
- No harassing or intimidating behavior is tolerated
- No disruptive behavior, threats or violence is tolerated
- No verbal or physical abuse is tolerated

WHO CAN VISIT:

- Visitors approved at the time of admission include the legal guardians and/or parents of the patient (unless restricted by law).
- All other visitors, regardless of age must be approved by the patient's provider on a case-by-case basis. Minors must always be accompanied by a responsible adult.
- Patient's friends and significant others are NOT allowed on the unit, to keep confidentiality of all patients on the unit.
- A maximum of two visitors may visit the unit in a 24 hour time period. This is primarily to limit the number of individuals on the unit at one time. The two visitors must be the same persons in the 24-hour time period.
- Visiting takes place in the patient's individual room.

Back to TOC

WHAT TO EXPECT WHEN VISITING:

- Visitors are only allowed during stated visiting hours. This is to allow our patients to attend and focus on our daily therapeutic programming.
- When a visitor arrives, then need to check in at the front desk with a member of the staff.
- Visitors need to provide their name and relationship to the patient to ensure that they have permission to visit.
- Any items that are being brought in need to be reviewed by staff to ensure safety for the patient and on the unit. See the "Bringing in Food from the Outside" information for helpful suggestions on how to bring food onto the unit.
- Visitors are escorted to the unit and back off the unit following visits.
- Visitors will be asked to keep personal items in their vehicle or utilize lockers in the lobby.

Back to TOC

BRINGING IN FOOD FROM THE OUTSIDE

Please call ahead if you are planning on bringing outside food or beverages onto the unit. This guideline is designed to ensure that patients with severe allergies are safe. This can change throughout a patient's stay, so please call each day to have the most up-to-date information. Any food that is brought in and not consumed needs to be disposed of or taken home.

OUTSIDE FOOD REQUIREMENTS

- Items allowed/not allowed are listed below. There will be no exceptions to the items on the "not allowed" list.
- It is your responsibility to meet these requirements before arriving.
- All leftover food and containers must be removed from the building at the end of your visit. Items can be taken out with you, or you can talk with a staff member to assist you discarding food/items.

NOT ALLOWED:

- No glass or metal of any kind, including drink containers
- No brittle plastics, including items used to handle food or drink
- No caffeinated food or drink for patients
- No cloth bags with straps for transporting food
- No plastic bags
- No food or drink is allowed if a person with an anaphylactic allergy is currently housed in the patient area. Admissions can happen at any time so be aware that food may be denied on short notice.

ALLOWED:

- Paper plates
- Paper cups
- Plastic bottles
- Flexible plastic cutlery
- Paper bags for transporting food

Back to TOC

EVALUATIONS

A basic description of some of the most common evaluation procedures are as follows:

Psychiatric evaluation – Each child will be evaluated by a Child and Adolescent Psychiatric Provider following admission to the hospital. This evaluation will consist of a careful review of the concerns and symptoms that prompted the admission to the hospital. Diagnostic clarification, treatment options and safety recommendations will be provided.

Occupational Therapy evaluation – Each child will have an evaluation done by OT. This evaluation looks at how a person's ability to do daily tasks has changed due to recent life stressors. Occupational Therapists assess how well your child or teen is able to engage in sleep, self care, school, social interaction and relaxing activities. The information helps therapists set goals that are worked on during a patient's stay.

Back to TOC

Psychological Testing – Your doctor may request diagnostic testing by a psychologist, evaluation of I.Q., and capacity for academic achievement. This testing evaluates how your child sees themselves and how they understand the world around them. The outcome of these tests may include recommendations based on the results.

Speech and Language – A speech and language therapist may evaluate your child's communication development. Areas to be evaluated may include word pronunciation, understanding and use of words and sentences, and socialization with others.

Physical Examination (Pediatric Consult) – If your child has not had a physical exam within 30 days of admission one will be completed by the medical team or by a UnityPoint Health - Meriter medical provider.

Blood Draws and Urine Specimens – Sometimes blood tests and urine specimens are taken. These are routine procedures to help us be aware of your physical health. Blood tests are usually drawn between 6:00 AM and 7:00AM. If you are on medications, blood tests may be done routinely to check to see if you are taking the right amount.

Electrocardiogram (EKG/ECG) – This test is ordered by the psychiatric provider if indicated. This test measures the electrical activity of the heart. It is not an invasive procedure.

Additional Evaluations – These may include other consults for spiritual, dietary and academic achievement issues.

Back to TOC

THE TREATMENT TEAM

Psychiatric Providers – The psychiatric provider leads the treatment team. They will make decisions regarding medication, diagnostic tests, discharge dates, passes, and other relevant issues. Your child will see their psychiatric provider on a regular basis during their stay. The psychiatric provider will also be contacting the legal guardian(s) often with updates.

Behavioral Health Therapists – The behavioral health therapist is one of the primary contacts for the legal guardian and any outpatient supports. The therapist will check-in with your child to discuss stressors, develop coping skills, and create goals to support them once they discharge from the hospital. They will contact legal guardians shortly after admission to discuss patient and family history and recent stressors. The therapist will schedule a staffing meeting and possibly a family check-in to discuss your child's admission and discharge plan.

Registered Nurses – Registered nurses (RN) are licensed to give medications, assess for any medication side effects, ask about pain and skin if necessary, and asks about your child's mood and safety. RNs start your child's treatment plan when they arrive at the hospital and work with the treatment team to further develop and maintain this plan during hospitalization.

Mental Health Specialists – Mental Health Specialists (MHS) are assigned to support your child each shift. They meet with your child and check-in on their mood and safety. The MHS staff also work with your child each day to set and work on their goals. MHS staff work closely with nursing staff for any medication or other medical information that is reported during their check-ins. MHS staff also assist in leading groups on the unit.

Occupational Therapists – The occupational therapists (OTR) and certified occupational therapy assistants (COTA) lead groups to help your child understand their strengths and function better in their daily life. OTRs and COTAs lead groups that help your child learn coping skills, build self-esteem, identify and express their emotions, and practice self-care. They will also meet with your child and complete an occupational therapy consult.

Licensed School Teachers – The teachers will be in contact with your child's school to discuss ways school staff are currently and can support your child. There are scheduled school times each day that allow your child to work on assignments and get help from the teachers. Computer/iPad access is available at staff discretion during school time.

Resource Coordinators – The resource coordinators (RC) help with discharge planning for your child. If your child does not have outpatient providers, the RCs will work with providers and the legal guardians to establish care and make referrals for higher levels of care if needed.

Back to TOC

Health Unit Coordinators – The health unit coordinators (HUC) manage communication and telephone calls between patients, families, and the treatment team. HUCs create information folders, patient charts, and can answer general questions about the unit.

Patient Services Representatives – Patient services representatives (PSR) greet patients, families, and visitors for admission, visiting, and family check-in meetings. PSRs are typically the first people that you and your child will see when you arrive at the unit.

Security – The security staff ensure the security and safety of the unit, patients, families, and visitors. Security helps during visiting hours and the admission process. During admission, security is responsible for checking in your child's belongings.

Food Services – The food services team provides meals from our onsite culinary program, Mimi's Kitchen. The food services team provides a variety of food options and specials throughout your child's stay. The treatment team will work with you and your child if there are special dietary restrictions or allergies.

Housekeeping Services – The housekeeping staff maintain a clean and comfortable environment for staff, patients, families, and visitors.

Administration – UnityPoint Health – Meriter Child & Adolescent Psychiatry is overseen by an administrative team. This team consists of the Medical Director, Nurse Manager, Inpatient Unit Supervisor, and Clinical Program Supervisor. Policy and process questions can be addressed to these individuals.

Students – UnityPoint Health – Meriter is a teaching hospital. We train students from many areas of study on the treatment team. All students are supervised by staff within their field. You have the right to refuse student involvement if you so choose.

Back to TOC

WHAT TO EXPECT AS A CAREGIVER

As a legal guardian and caregiver, you play an important role in your child's treatment. During your child's stay, you will be contacted by the treatment team and have a staffing meeting to discuss your child's hospital stay, means restriction, and outpatient care and potential referrals. If a question or concern happens at any point, always feel free to contact the unit and ask to speak with your child's treatment team.

CONTACT FROM THE TREATMENT TEAM

- Within 24 hours of admission, the psychiatric provider will contact the legal guardian(s) to gather information on your child's recent stressors, current treatment, and family/developmental/patient's history.
- The psychiatric provider will provide an update to the legal guardian(s) each day.
- The behavioral therapist will also contact the legal guardian(s) to gather similar information as well as schedule a staffing and possible family check-in.
- During the stay, a resource coordinator may contact the legal guardian(s) to discuss appointments with outpatient providers, gather information for potential referrals, or share information about resources that would help both your child and the family as a whole.

Back to TOC

STAFFING MEETING

- Every patient will have a staffing meeting which involves the legal guardian(s), psychiatric provider, behavioral health therapist, and a representative from the occupational therapy team. In addition to the unit staff, staffing meetings can include school team members, outpatient therapists, case managers, or other outpatient providers. These meetings typically last 30 minutes.
- During the meeting, the psychiatric provider reviews your child's stay, medication changes, and means restriction. The occupational therapy team reviews the goals your child created and ways they can continue working on these goals outside of the hospital. The psychiatric provider, behavioral health therapist and our licensed school teachers coordinate with school on ways to support your child as well as discharge plan with any outpatient supports.

FAMILY CHECK-IN

- Based on the recommendations of the treatment team, some patients may have a family check-in during their stay. The family check-in involves the behavioral health therapist, legal guardian(s), and the child.
- During the family check-in, you will discuss your child's safety or red-zone plan, communication and check-ins, and any limits or expectations that may be put into place after your child's stay. These limits could include electronics (phone/computer usage), the number of times a day your child will need to check in with you, or other topics that are important to discuss. The family check-in is to facilitate communication between you and your child and how to continue this once they discharge.

Back to TOC

FAMILY CHECK-IN WORKSHEET
(FOR CAREGIVERS)

Family check-ins are a time for a discussion between you and your child, with the assistance of the behavioral health therapist, to occur about what can be managed in the present (safety, crisis stabilization, etc.). These check-ins can last up to 1 hour. The family check-in is not a time for long-standing treatment goals or processing to occur.

To better prepare for the family check-in, your child will complete a "Family Check-In Worksheet" with their staff members before the meeting. You can also prepare by writing down any ideas on the topics below:

Safety Planning: How can we/I keep you safe?

Communication/Check-Ins: How frequently should we/check in? How should we/I check in with you? What warning signs should we/I be aware of?

Expectations: This can relate to phone usage, screen time, car usage, work/school schedule.

School Expectations: Are there any expectations for school that have been discussed with members of the school team (additional support, going in early, additional breaks, etc.)?

Back to TOC

Changes in the Environment: How can we/I make sure you are supervised? Can friends come to our house instead of you going to theirs? How can we/I make sure you are safely taking your medications each day?

_____

_____

_____

Support from Family: How can we/I support you in your recovery? How can we/I help when we notice you are in distress? Who should be aware of your safety plan?

_____

_____

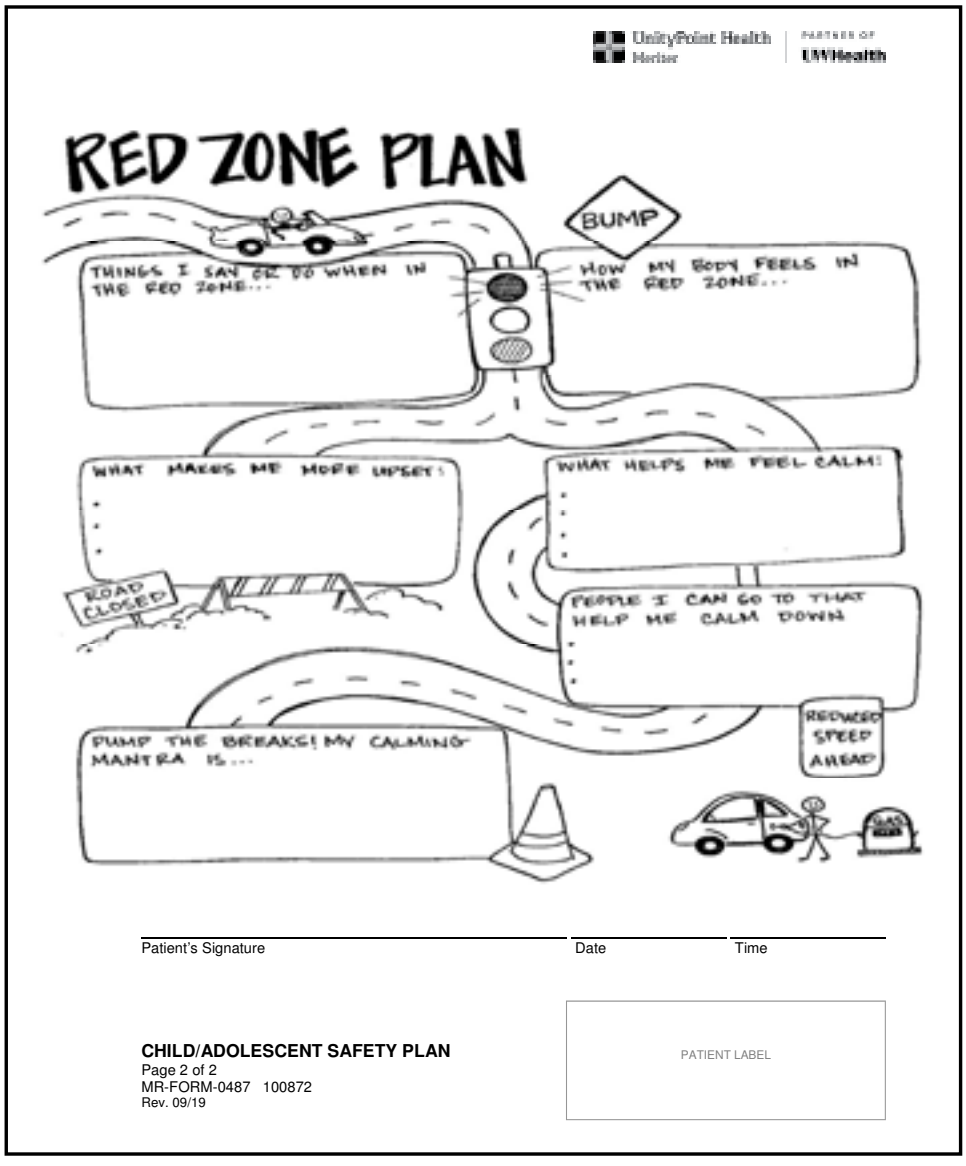
_____

Back to TOC

WHAT ARE RED ZONE & SAFETY PLANS?

Red zone and safety plans are ways for your child to make a plan for when they feel uncomfortable or overwhelming emotions.

They can be used as a tool for caregivers and other support people to help your child. Red zone plans are typically used with patients on the child side of the unit. Safety plans are typically used by our adolescents. During your child's staffing and/or family check-in, the behavioral health therapist will go over your child's safety plan with you. For most adolescents, they will be present during the family check-in to explain their safety plan and collaborate with their caregivers on any areas that they are unsure of. You can create a copy of your child's safety plan and share it with their therapist, school support staff, or other important caregivers in their life.



Back to TOC

WHAT DOES A SAFETY PLAN LOOK LIKE?

Suicide Risk Assessment

UnityPoint Health Meriter | Partner of UWHealth

Safety Plan

(adapted from Brown and Stanley, 2008)

1. Steps I will take to make my environment safe:

1. _____
2. _____

2. Warning Signs – Clues that I may not be doing well:

1. _____
2. _____
3. _____

3. Coping skills – Activities to distract or change my thoughts without contacting another person:

1. _____
2. _____
3. _____

4. Distraction – People and social settings that help me feel better:

1. Name:_____ Phone:_____
2. Name:_____ Phone:_____
3. Name:_____ Phone:_____

5. Support – Persons I can approach to talk about my problems:

1. Name:_____ Phone:_____
2. Name:_____ Phone:_____
3. Name:_____ Phone:_____

6. Professionals or agencies I can contact during a crisis:

Therapist/Case Manager:_____ Phone:_____
Psychiatrist:_____ Phone:_____
Primary Care Physician:_____ Phone:_____
Other Professional:_____ Phone:_____

National Suicide Hotline (English or Spanish): 988 or 1-800-784-2433
Residents of Dane County call the Health/Suicide Prevention Hotline: 608-280-2600
Local Urgent Care/Emergency Room: _____
Call 911

7. One thing that makes life worth living for me:

_____

8. My Preferred Phone Number: _____

COLLABORATIVE SAFETY PLAN
Page 1 of 1

PATIENT LABEL

MR-FORM-0154 100865
Rev. 09/22

Back to TOC

WHAT TO EXPECT AFTER DISCHARGE

At the end of your child's stay, you will be given information regarding their follow-up appointments, outpatient recommendations, satisfaction surveys, and next steps on what to do once your child returns home.

DISCHARGE FOLDER

You and your child will receive a folder when they are being discharged from the hospital. The staff member that is helping you and your child discharge will go through the discharge folder with you to highlight important information. In the folder you will find:

- Your child's "After Visit Summary" which has medication information, diagnosis, outpatient appointment information, and safety recommendations
- Your child's "Red Zone" or "Safety Plan"
- Handouts on how to help your child in a crisis or if they are experiencing suicidal thoughts
- Handouts on "Love and Logic"
- Information on your child's "Safe Kit"
- Additional community resources or referral information that was made during your child's stay
- Handout on apps that can be helpful
- Handout on Zones of Regulation

SAFE KIT

A Safe Kit is created by your child and the treatment team during their stay. It includes items chosen by your child to help them cope with overwhelming emotions. Your child has decorated their kit in a way that is meaningful for them. Your child's Safe Kit should be accessible and available to them at any time. You can always add more items to the Safe Kit that you and your child find safe and helpful. A handout with useful terms to search for online can be found in the discharge folder. Your child's kit currently includes:

- A crisis coping card (Information on people your child identified as someone they can talk to during distress)
- DBT flashcards
- Tactile objects (essential oils, textured fabrics, or worry stones)
- Mindfulness objects (Bubbles, playing cards, or feathers)

EVIE'S ART KIT

Each patient receives an "Evie's Art Kit" when they discharge from the hospital. These kits are sponsored by an incredible family whose daughter loved our art group. Art helped build her self-esteem and provided her with a way to express herself. Through the generosity of her family and additional donors, we are giving some of Evie's favorite art supplies for your child to take home. We hope your child continues to discover different ways to express themselves and add to their art kit.

Back to TOC

PATIENT SATISFACTION SURVEYS

It is important to us to have feedback from our patients/parents/guardians on how we are doing. This feedback helps us know what we do well and how we can improve our services.

UnityPoint Health – Meriter uses a vendor called National Resource Corporation (NRC) to send out surveys with the sole purpose of getting your feedback. We do not see who responds to the survey (unless you want to identify yourself).

The information that is returned is used to improve our services and helps us know how we compare with other inpatient units like ours across the country.

Our NRC survey typically asks questions about the facility, the services provided and how well the staff and providers did when providing care.

If you receive a survey, we encourage you to respond. Your input does make a difference.

DISCHARGE FOLLOW-UP CALLS

Shortly after your child has been discharged, a staff member will contact you to discuss your and your child's discharge experience. They will ask if you have any questions about your child's safety or red zone plan, outpatient appointments, and if means restriction practices have been implemented at your home.

Back to TOC

DAY AT A GLANCE

Community/Friendship Meeting: A daily meeting where the staff check in with and connect with each patient. Staff review Zones of Regulation, set goals, review the schedule and answer any questions.

Life Skills: A daily group where teens participate in a variety of team-building activities, explore coping skills, practice problem-solving, develop self-care routines, engage in creative expression to improve skills required to return to school, socialize, complete self-care routines, etc.

Dialectical Behavior Therapy Group (DBT): A daily adolescent group that teaches skills to help with difficult and stressful times. Skills are taught to help keep life more in balance to avoid having so many highs and lows. This group is taught by various members of the team.

Exercise Group: Moving is very important to keeping good mental and physical health. Exercise group offers a chance to relax, relieve stress and find balance. It can also increase body awareness and reduce muscle tension.

Group Therapy: This group allows the opportunity to discuss daily/life stressors and issues patients are struggling with. It promotes problem solving, hope, connection and insight. This group is led by the behavioral health therapy team.

Mindfulness: Mindfulness teaches how to stay in the moment. It assists with developing awareness of what you are thinking, feeling or sensing in the moment without judging it. This skill creates greater awareness and acceptance of self. It helps you be less sensitive to thoughts and emotions to make healthier choices. This group is led by various members of our team.

Movement Based Therapy: A group that meets on weekends and helps express emotion through movement. This group is led by various people trained in movement.

Social Skills Group: This group focuses on healthy relationships with others. This group is led by occupational therapy staff.

Arts & Tasks Group: This is a time to express through art or focus on a project rather than the stresses of life. This group helps promote self-esteem, self-awareness and self-expression. This group helps develop problem- solving and decision-making skills. Arts & Tasks group is led by members of the occupational therapy staff.

Safe Kit/Calming Kit: This is a group that is run by our floor staff to provide a resource for patients to take home with them. Patients are given a box to decorate in a way that is meaningful to them. They are given a new fidget daily and are encouraged to reach for this box when distressed or upset.

Back to TOC

Child Schedule

(updated 12.5.23)
Orange OT Blue Teachers
Black Movement Based Therapist
Green Music Therapist Purple Therapists

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00-8:30	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast	Time / Schedule	
8:30-8:45	Friendship Meeting	Friendship Meeting	Friendship Meeting	Friendship Meeting	Friendship Meeting	8:00-9:00 Showers & Breakfast	Showers & Breakfast
8:45-9:30	Thinking Time!	Thinking Time!	Thinking Time!	Thinking Time!	Thinking Time!	9:00-9:15 Friendship Meeting	Friendship Meeting
9:30-10:00	Gym/Play	Gym/Play	Gym/Play	Gym/Play	Gym/Play	9:15-10:00 Movement Group	OT Group
10:00-10:15	Snack	Snack	Snack	Snack	Snack	10:00-10:15	Snack
10:15-11:00	Social Skills	Social Skills	Social Skills	Social Skills	Social Skills	10:15-10:30 Snack	Movement Group 10:15-11:15
11:00-11:15	Game Time	Game Time	Game Time	Game Time	Game Time	10:30-11:00 Gym Time	
11:15-11:30	Mindfulness	Mindfulness	Mindfulness	Mindfulness	Mindfulness	11:00-11:45 Music Group	Game Time
11:30-12:15	Lunch	Lunch	Lunch	Lunch	Lunch	11:45-12:15 Lunch	Lunch
12:15-1:00	Thinking Time!	Thinking Time!	Thinking Time!	Thinking Time!	Thinking Time!	12:15-12:45 Gym Time	OT Group
1:00-1:30	CBT	CBT	CBT	CBT	CBT	12:45-2:30 Visiting & Phone Time	Visiting & Phone Time
1:30-1:45	Snack	Snack	Snack	Snack	Snack		
1:45-2:15	Exercise	Exercise	Exercise	Exercise	Exercise		
2:15-3:15	Arts & Tasks	Arts & Tasks	Arts & Tasks	Arts & Tasks	Arts & Tasks	2:30-3:00 OT Group	Mindfulness
3:15-3:45	Solo Play	Solo Play	Solo Play	Solo Play	Reset Activity	3:00-3:30	Snack/Shift Report
3:45-4:00	Goal Time	Goal Time	Goal Time	Goal Time		3:30-4:00 Game Time	Story Time
4:00-4:30	Calming Kit	Calming Kit	Calming Kit	Calming Kit	Calming Kit	4:00-4:45 Calming Kit	Calming Kit
4:30-5:15	Dinner & Friendship Meeting	Dinner & Friendship Meeting	Dinner & Friendship Meeting	Dinner & Friendship Meeting	Dinner & Movie	4:45-5:30 Dinner and Friendship Meeting	Dinner and Friendship Meeting
5:15-6:00	Reset Activity	Reset Activity	Reset Activity	Reset Activity			
6:00-7:30	Visiting Time & Bed Prep	Visiting Time & Bed Prep	Visiting Time & Bed Prep	Visiting Time & Bed Prep	Visiting Time & Bed Prep	5:30-7:15 Movie Night	Movie Night
7:30-7:45	Contribution Time	Contribution Time	Contribution Time	Contribution Time	Contribution Time		
7:45-8:00	Relaxation	Relaxation	Relaxation	Relaxation	Relaxation	7:15-7:30 Contribution Time	Contribution Time
8:00-8:15	Bedtime Phone Calls	Bedtime Phone Calls	Bedtime Phone Calls	Bedtime Phone Calls	Bedtime Phone Calls	7:30-7:45 Relaxation	Relaxation
8:15-8:30	Bedtime	Bedtime	Bedtime	Bedtime	Bedtime	7:45-8:15 Bedtime Phone Calls	Bedtime Phone Calls
						8:15-8:30 Bedtime	Bedtime

Back to TOC

Teen 1 Schedule

(updated 12.5.23)
Orange OT Blue Teachers
Black Movement Based Therapist
Green Music Therapist Purple Therapists

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:45	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast
8:45-9:00	Community Meeting	Community Meeting	Community Meeting	Community Meeting	Community Meeting
9:00-9:15	Mindfulness	Mindfulness	Mindfulness	Mindfulness	Mindfulness
9:15-10:00	Life Skills	Life Skills	Life Skills	Life Skills	Life Skills
10:00-10:45	School	School	School	School	School
1045-11	Snack	Snack	Snack	Snack	Snack
11:00-12:00	Arts & Tasks	Arts & Tasks	Arts & Tasks	Arts & Tasks	Arts & Tasks
12:00-12:45	Lunch	Lunch	Lunch	Lunch	Lunch
12:45-1:30	DBT	DBT	DBT	DBT	DBT
1:30-2:15	School	School	School	School	School
2:15-2:30	Mindfulness	Mindfulness	Mindfulness	Mindfulness	Mindfulness
2:30-3:00	Exercise	Exercise	Exercise	Exercise	Exercise
3:00-3:45	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy
3:45-4:00	Goal Time	Goal Time	Goal Time	Goal Time	Goal Time
4:00-4:45	Reset Activity	Reset Activity	Reset Activity	Reset Activity	Reset Activity
4:45-5:30	Dinner	Dinner	Dinner	Dinner	Dinner/Community Meeting
5:30-7:00	Visiting Time	Visiting Time	Visiting Time	Visiting Time	Visiting Time/Contribution
7:00-7:30	Community Meeting	Community Meeting	Community Meeting	Community Meeting	Movie Night
7:30	Contribution Time	Contribution Time	Contribution Time	Contribution Time	
7:45-8:30	Safe Kit	Safe Kit	Safe Kit	Safe Kit	
8:30-9:00	Relaxation	Relaxation	Relaxation	Relaxation	Relaxation
9:00-9:30	Prep/Bedtime	Prep/Bedtime	Prep/Bedtime	Prep/Bedtime	Prep/Bedtime

Saturday		Sunday
Time	Schedule	
8:00-9:00	Showers & Breakfast	Showers & Breakfast
9:00-9:15	Community Meeting	Community Meeting
9:15-10:15	OT Group	Music Group 9:15-9:45 Gym Time 9:45-10:15
10:15-11:00	Music Group	OT Group
11:00-11:15	Snack	
11:15-12:15	Movement Group	Movement Group
12:15-12:45	Lunch	Lunch
12:45-1:15	Goal Time	DBT
1:15-1:45	Gym Time	Mindfulness
1:45-2:30	Safe Kit	Safe Kit
2:30-2:45	Mindfulness	Snack/Shift Report
2:45-3:30	Snack/Shift Report	
3:30-4:00	Craft Group	Craft Group
4:00-4:30	Gym Time	Gym Time
4:30-4:45	Comm Mtg	Comm Mtg
4:45-5:30	Dinner	Dinner
5:30-7:00	Visiting Time/Contribution	Visiting Time/Contribution
7:00-8:45	Movie Night	Movie Night
8:45-9:00	Relaxation	Relaxation
9:00-9:30	Prep/Bedtime	Prep/Bedtime

Back to TOC

Teen 2 Schedule

(updated 12.5.23)
Orange OT Blue Teachers Green Music Therapist
Black Movement Based Therapist Purple Therapists

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:45	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast	Showers & Breakfast
8:45-9:00	Community Meeting	Community Meeting	Community Meeting	Community Meeting	Community Meeting
9:00-9:15	Mindfulness	Mindfulness	Mindfulness	Mindfulness	Mindfulness
9:15-10:15	Arts & Tasks	Arts & Tasks	Arts & Tasks	Arts & Tasks	Arts & Tasks
10:15-10:30	Snack	Snack	Snack	Snack	Snack
10:30-11:15	Reset Activity	Reset Activity	Reset Activity	Reset Activity	Reset Activity
11:15-12:00	School	School	School	School	School
12:00-12:45	Lunch	Lunch	Lunch	Lunch	Lunch
12:45-1:30	DBT	DBT	DBT	DBT	DBT
1:30-2:15	Life Skills	Life Skills	Life Skills	Life Skills	Life Skills
2:15-3:00	School	School	School	School	School
3:00-3:45	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy
3:45-4:00	Goal Time	Goal Time	Goal Time	Goal Time	Goal Time
4:00-4:30	Exercise	Exercise	Exercise	Exercise	Exercise
4:30-4:45	Mindfulness	Mindfulness	Mindfulness	Mindfulness	Mindfulness
4:45-5:30	Dinner	Dinner	Dinner	Dinner	Dinner/Comm. Meeting
5:30-7:00	Visiting Time	Visiting Time	Visiting Time	Visiting Time	Visiting Time/Contribution
7:00-7:45	Safe Kit	Safe Kit	Safe Kit	Safe Kit	Movie Night
7:45-8:15	Community Meeting	Community Meeting	Community Meeting	Community Meeting	
8:15-8:30	Contribution Time	Contribution Time	Contribution Time	Contribution Time	
8:30-9:00	Relaxation	Relaxation	Relaxation	Relaxation	Relaxation
9:00-9:30	Prep/Bedtime	Prep/Bedtime	Prep/Bedtime	Prep/Bedtime	Prep/Bedtime

Saturday		Sunday
Time	Schedule	
8:00-9:00	Showers & Breakfast	Showers & Breakfast
9:00-9:15	Community Meeting	Community Meeting
9:15-10:00	Music Group	Movement Group
10:00-10:15	Snack	
10:15-11:15	Movement Group	Safe Kit 10:15-11:00
		Mindfulness
11:15-12:15	OT Group	Music Group 11:15-11:45
		Gym Time
12:15-12:45	Lunch	Lunch
12:45-1:30	Safe Kit	DBT
1:30-2:00	Goal Time	OT Group
2:00-2:30	Gym Time	
2:30-2:45	Mindfulness	Snack/Shift Report
2:45-3:30	Snack/Shift Report	
3:30-4:00	Gym Time	Gym Time
4:00-4:30	Crafts	Crafts
4:30-4:45	Comm. Meeting	Comm. Meeting
4:45-5:30	Dinner	Dinner
5:30-7:00	Visiting /Contribution Time	Visiting /Contribution Time
7:00-8:45	Movie Night	Movie Night
8:45-9:00	Relaxation	Relaxation
9:00-9:30	Prep/Bedtime	Prep/Bedtime

Back to TOC

Love and Logic® INSTITUTE, Inc.

Misbehavior

THE MISBEHAVIOR CYCLE

Anger and frustration feed misbehavior. That's right! When adults respond to misbehavior with anger and frustration, a vicious cycle of misbehavior begins. Love and Logic teaches adults to prevent or break this cycle by replacing anger with genuine sadness or empathy.

Adult Shows Anger or Frustration

Child's Perception of Authority Figures

"The most powerful people in my life can't make me behave"

OR

"The most powerful people in my life really have to sweat to make me behave"

OR

"It's entertaining to make adults mad"

Negative Self-Concept

"If it's so hard for adults to help me behave, I must be a pretty hopeless case."

www.loveandlogic.com
1-800-338-4065

Back to TOC

ZONES OF REGULATION

The Zones of Regulation™ (The Zones) program was developed by Leah Kuypers, a licensed occupational therapist and is used daily at Child & Adolescent Psychiatry (CAP). This program uses colors to help kids and teens identify, communicate, and cope with big emotions. CAP will provide handouts explaining what each Zone means in discharge paperwork.

It is important to note that there are no "bad" Zones. For example, using a Zones chart or visual may be helpful to help your child/teen identify needs and use coping skills when they are feeling overwhelmed/in the Red Zone.

The **ZONES** of Regulation® Reproducible E The Zones of Regulation Visual

The ZONES of Regulation®

BLUE ZONE	GREEN ZONE	YELLOW ZONE	RED ZONE
Sad	Happy	Frustrated	Mad/Angry
Sick	Calm	Worried	Terrified
Tired	Feeling Okay	Silly/Wiggly	Yelling/Hitting
Bored	Focused	Excited	Elated
Moving Slowly	Ready to Learn	Loss of Some Control	Out of Control

Back to TOC

BLUE ZONE	GREEN ZONE	YELLOW ZONE	RED ZONE
SAD	PROUD	ANNOYED	MAD
TIRED	HAPPY	NERVOUS	OUT OF CONTROL
BORED	CHILL	ANXIOUS	HOPELESS
DEPRESSED	RELAXED	FRUSTRATED	UNSAFE
LONELY	FOCUSED	SILLY	TERRIFIED
SICK	CONTENT	EXCITED	ENRAGED
DISAPPOINTED	NEUTRAL	FIDGETY	FUMING
WITHDRAWN	READY TO LEARN	UNCOMFORTABLE	FURIOUS
SHY	CALM	WORRIED	DESTRUCTIVE
HURT	LOVED	GRUMPY	OVERWHELMED
GLOOMY	SATISFIED	CONFUSED	ELATED
SLUGGISH	CHEERFUL	ENERGETIC	EXPLOSIVE
EMPTY	CONFIDENT	RESTLESS	AGGRESSIVE

Back to TOC

THERAPIES USED ON THE UNIT:

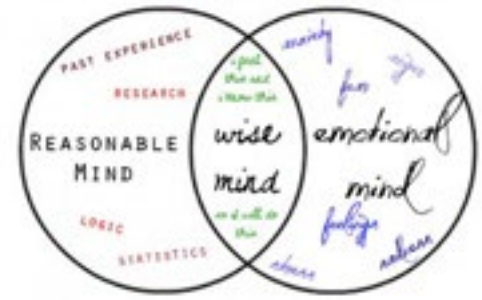
DIALECTICAL BEHAVIORAL THERAPY

Dialectical Behavioral Therapy (DBT) is used to teach people how to cope with stress (distress tolerance), regulate emotions (emotion regulation), improve relationships with others (interpersonal effectiveness), and live in the moment (mindfulness). Dialectical means we have two ideas that seem opposite but are both true at the same time. Our thoughts and ideas change over time and we can apply these skills to different situations to adjust, cope or decrease stress levels to live a more fulfilling life. In DBT, the more that a skill is practiced, the more likely it will succeed. Practice these skills with your child both when they are and are not in stress.

WISE MIND (MINDFULNESS)

Wise Mind vs Emotion Mind vs Reasonable Mind

Think of two circles overlapping each other (Venn diagram). One circle represents "reasonable mind" and the other circle represents "emotional mind." The space where they overlap is called "wise mind." Being "mindful" or "living in the moment" puts your thoughts in "wise mind," a perfect combination of emotional and reasonable mind.



EXAMPLES:

Emotion Mind: Anxious, fearful, angry, overwhelmed. You're in emotion mind when you "let your emotions get the best of you" and your decisions are based on emotions. Wants, being reactive and not thinking, and just acting are examples of emotion mind. (Go to a pet store and see a cute puppy and buy it right away)

Reasonable Mind: Research, logic, statistics. No emotion involved. Time, money, space, and needs. (Go to a pet store and ask yourself, do I have the money for this? Do I have the time for this?)

Wise Mind: I'm angry right now, but yelling at this person or storming away is not going to help. I can excuse myself and have 5 minutes to myself before talking to them again. ("I feel this, and I know this, so I will do this." STOP. BREATHE. THINK. DO.)

Back to TOC

ACCEPTS (DISTRESS TOLERANCE)

Distract yourself with ACCEPTS

Pain/discomfort is a part of life and can't always be avoided! How we cope with it makes all the difference! The goal here is to avoid acting impulsively or avoid living in emotion mind.

Activities: Playing a game, crosswords, word searches, sports, music

Contributing: Volunteering, thinking of others, surprising someone, donating

Count your blessings: List things you are grateful for

Emotion: Create different emotions (When you're sad, do something that makes you happy)

Pushing Away: Temporarily push away painful thoughts

Thoughts: Count something, notice the colors in something, read, do number puzzles

Sensations: Touch something cold, hold an ice cube, eat something sweet/sour, squeeze stress ball, pet your dog/cat

Self-Soothing with the 5 Senses

We can calm ourselves/cope with uncomfortable urges/feelings and avoid making things worse by soothing ourselves using our senses.

Sight: Take in the environment around you or think of a place you enjoy

Hear: Listening to birds chirp, listening to music or find a soothing sound

Smell: Aromatherapy (candles and essential oils), bake cookies or bread

Taste: Drink some tea, eat something sweet/sour

Touch: Pet your dog/cat, hugs, soft blanket, fidgets

**Notice how practicing these makes you feel. Add more to the list!*

OPPOSITE ACTION (EMOTION REGULATION)

Opposite Action

<u>You are in control!</u> Emotions, thoughts, and behaviors are all linked together. You have the power to change your behaviors/actions. Each emotion has an action causing the emotion to stay, increase, or decrease. If you are experiencing an intense, uncomfortable emotion, try using "opposite action" to decrease that uncomfortable emotion.

"Your beliefs become your thoughts, your thoughts become your words, your words become your actions, your actions become your habits, your habits become your values, your values become your destiny." – Mahatma Gandhi

EXAMPLES:

Anger → Action urge is to attack → Opposite action is to gently avoid, be nice, walk away, use a calm voice

Fear/Anxiety → Action urge is to avoid → Opposite action is to approach

Sadness → Action urge is to withdraw → Opposite action is to be active

Jealousy → Action urge is to accuse or spy → Opposite action is to let go of controlling others, share

Back to TOC

JOBS OF EMOTION (EMOTION REGULATION)

Jobs of Emotion

Why are emotions helpful?

- They communicate that something is happening to us.
- They communicate and influence others.
- They prepare us to do something/prepare us for action.

Why is it important for us to be in control of our emotions?

- They determine what coping skill is appropriate to use.
- It allows us to pick the right coping skill to manage the strength of the emotion your feeling.

Difficulty controlling intense emotions can lead to impulsive or unhealthy behaviors. These behaviors are not effective in managing the intense emotion and can cause us to develop behaviors with negative consequences in the long-term.

Common examples include: over-eating, over-exercising, self-harm, drug/alcohol abuse.

DEAR MAN (INTERPERSONAL EFFECTIVENESS)

Asking for What You Want

Describe the situation and the facts

Express feelings, opinions, or desires about the situation; "I feel…"

Assert your wishes, directly ask what you want; "I would like…" or "I need…"

Reinforce (or reward) people who respond positively to your request

Stay **M**indful by staying focused on your objective and maintaining your position

Appear Confident through tone of voice, body language, and appropriate eye contact

Negotiate or offer alternative solutions

EXAMPLE:

Describe: "I've completed all my chores this week and I haven't gotten to do anything fun or relaxing."

Express: "I really feel I've earned a trip to the mall with my friends."

Assert: "Will you let me go to the mall tomorrow afternoon?"

Reinforce: "I'll be sure to complete my homework before I go."

Stay **M**indful: Keep asking or expressing your opinion while staying calm.

Appear Confident: Look the person in the eye, stand up straight, keep arms by your side.

Negotiate: "It seems you feel tomorrow may not be a good time for me to go. I wonder if we can solve this by agreeing on another time?"

Back to TOC

RIDE THE WAVE (EMOTION REGULATION)

Ride the Wave of Emotions

Emotions should be experienced like a wave coming and going. Do not try to get rid or push away your emotions. Instead, observe what you are feeling and try to cope without changing what is happening.

Recognize what you body is doing

Identify what the emotion is you are feeling

Distract yourself from this emotion with healthy coping skills

End by writing a positive self-statement on emotions

EXAMPLE:

Emotions you tend to get stuck in:

Recognize what your body is doing: Sweaty, shaky, heart rate, stomachache, goosebumps

Identify the emotion: Say what you are feeling

Distract yourself: Find coping skills that will help you distract you from this emotion

End: "I have gotten through this feeling before." "I can do hard things." "This is not a permanent feeling. It will pass."

WHAT & HOW (MINDFULNESS)

"What" Skill

Many people ask, how can you be mindful? These are the skills that show you "What" and "How" to be Mindful.

WHAT: Observe, Describe, Participate

- **Observe:** Let your thoughts and feelings drift like clouds, notice the experience and your senses (54321 skill)
- **Describe:** Apply words to the experience, label what you observe, identify physical symptoms with the emotions ("My face feels hot" or "I feel my heart racing")
- **Participate:** Fully experience the moment without being self-conscious, actively practice, allow negative emotions to occur and make a decision with your Wise Mind

"How" Skill

HOW: Non-judgmentally, One-Mindfully, Effectively

- **Non-judgmentally:** Don't judge! Acceptance. Stick to the facts.
- **One-Mindfully:** One thing at a time! Let go of distractions from the past and future. Avoid doing two things at once.
- **Effectively:** Let go of being "right." Do what works for you.

Don't let emotions control your behaviors.

Back to TOC

ABC PLEASE (EMOTION REGULATION)

Manage Your Emotions with ABC Please

Accumulate positive experiences

Short term: "Daily" tasks/activities
Long term: "Ideas" or goals for the future

Build Mastery: Schedule positive activities every day, practice positive coping skills, build a sense of accomplishment

Cope with emotional situations ahead of time: Create a plan envision success

Physical I**L**lness: Take care of yourself, treat illness as needed, get enough rest, take prescribed medications, hygiene

Balanced **E**ating: Pay attention to the food you eat, avoid emotional eating

Avoid mood altering drugs: Be aware of caffeine intake, avoid non-prescribed drugs

Balanced **S**leep: Maintain a regular sleep schedule, sleep hygiene is important

Get **E**xercise: Daily, move your body

EXAMPLE:

- Daily walks with the dog or a friend
- Listen to happy music
- Having essential oils/fidgets handy for stressful situations
- Taking a nap
- Practice singing/playing an instrument
- Read
- Learn some jokes
- Do a puzzle, word search, or crossword
- Go bowling
- Draw, doodle, or paint
- Watch your favorite TV show or movie
- Go swimming
- Dance
- Go for a drive

Back to TOC

WORRY THOUGHTS (INTERPERSONAL EFFECTIVENESS)

Worry Thoughts

"What keeps me from reaching my goal?" or "What is getting in the way of good relationships?"

It's probably one of the following:

1. **Lack of skill:** You don't know what to say or how to act
2. **Worry thoughts:** The thoughts are interfering with doing and/or saying what you want; Cognitive distortions
3. **Emotions:** Emotions, instead of skill, are in control
4. **Can't decide:** You can't decide what you want or need
5. **Environment:** You have the skill, but your environment gets in the way

Cheerleading Statements

When our worry thoughts are getting in the way of doing or saying what you want, try using a cheerleading statement:

- I may want to please people I care about, but I don't have to please them all the time.
- It is okay to want or need something from someone else.
- I can still feel good about myself, even though someone else is annoyed with me.
- Just because I say "no" to someone, does not make me a selfish person.
- Giving, giving, giving is not the be-all of life. I am an important person in this world, too.
- Standing up for myself over "small" things can be just as important as "big" things are to others.
- I can understand and validate another person and still ask for what I want.
- I have a choice to ask someone for what I want or need.

IMPROVE (DISTRESS TOLERANCE)

IMPROVE the Moment

Stressful situations can be really uncomfortable. You can get yourself through an emotional crisis by remembering the IMPROVE skill.

Imagery: Imagine yourself coping well, imagine your pain/hurt draining from your body, picture a safe and soothing place

Meaning: Create meaning for yourself, what can I learn from this experience

Prayer or **P**ower: Ask for strength to bear the pain from whatever you believe in, find power in something (Nature, connection, positive energy)

Relaxation: Practice progressive muscle relaxation, deep breathing, hot bath/shower, coloring

One thing in the moment: Mindfulness activities, dedicating all attention to one thing (eating, coloring, reading, word search)

Vacation: Step away from the situation, engage in self-care

Encouragement: Cheerleading statements ("This will pass.", "This is tough, but so am I.")

Back to TOC

GIVE FAST (INTERPERSONAL EFFECTIVENESS)

"GIVE" Skill

This acronym helps us remember the tools to use to build and maintain positive relationships.

Be **Gentle**: Be nice and respectful, don't threaten or judge the other person, be aware of your tone of voice

Act **Interested**: Listen, don't interrupt, be patient, maintain good eye contact

Validate: Acknowledge the other person's feelings about the situation

Use an **Easy** manner: Use a little humor and smile, notice your body language

"FAST" Skill

This acronym helps us remember the tools to use to be respectful to ourselves.

Fair: Be fair to yourself and the other person, give yourself some "me time"

No **Apologies**: Do not over apologize for having a differing opinion, asking for something, or for being you

Stick to values: Your values are important to who you are!

Truthful: Do not lie and/or make up excuses

RADICAL ACCEPTANCE (DISTRESS TOLERANCE)

Pain vs Suffering

We can use DBT skills to manage distress and avoid suffering.

Pain: Distress that cannot always be avoided. Normal part of life. (Being stung by a bee)

Suffering: Constant state of distress. Abnormal to have constantly.

Radical Acceptance: Complete acceptance coming from deep within you.

Turn suffering you cannot cope with, into pain you can cope with. Try to "let it go!"

What to Say to Yourself:

- "Right here is where I'm supposed to be."
- "Thinking of the past just robs me of the present."
- "What I do in this moment is all that I have control over."
- "Every event of my life has brought me to now."
- "The present moment is perfect even if I don't like it."
- "I accept my body the way it is. I'm unique and beautiful. I don't need to be a certain way. I can be myself."
- "I am accepting myself unconditionally, no matter what."

Back to TOC

SAFETY

WHAT IS MEANS RESTRICTION?

Suicide is one of the leading causes of death for youth in our state. To prevent suicide, we need to try to understand the 'how' of suicide attempts. The means or method that someone uses to hurt themselves has a large impact on the lethality or harmfulness of a suicide attempt. Firearms are the most used method in successful suicide attempts. Non-fatal attempts are more likely to involve medication overdoses or poisoning as the means. This does not mean that we should only pay attention to firearms, but everyone needs to be aware that this method does have a much higher suicide completion rate.

We must also be aware that children, tweens and teens tend to be very impulsive and that suicide attempts can be made in a moment of crisis as a result of short-lived periods of increased impulsivity. Having easy access to means to complete suicide increases the chances that someone will make an attempt. By decreasing the access to means for attempting suicide, and thus increasing the amount of time it takes for someone to make a suicide attempt, there is a chance that feelings of distress and thoughts of suicide may lessen in intensity and pass before a suicide attempt occurs.

Check out our Means Restriction video at either of the links below:

https://vimeo.com/825229169/f38ef294bd?share=copy

https://unitypoint.org/madison/cap-inpatient-hospitalization.aspx

Back to TOC

WHAT YOU CAN DO!

Firearms: If you have someone in your house that is suicidal or depressed it is recommended that you remove firearms from your house. See if you can store these at a neighbor's, friend's, or family member's home for a while. If it is not possible to remove the firearms, then it is recommended to lock the guns in a gun safe. You must make sure that the gun safe is secure and that no one else knows the combination or has the key. Other options include using cable locks or trigger locks to secure firearms.

Medications: Keep all medications in the home locked away (not just hidden) from anyone that is depressed or suicidal. It is common for families to only think that they need to lock up prescription medications, but there are many over-the-counter medications (such as ibuprofen, Tylenol, aspirin) that can be deadly in an overdose. It is recommended that only one person in the home supervise handing out medications to the person that is suicidal or depressed. It is recommended to only give out one dose of the medication at a time and to observe that the medication is taken appropriately.

Other Dangerous Materials: Although safely securing all firearms and medications at home is critically important, it may also be helpful to consider taking other safety measures at home as well. This may include safely securing sharp objects, like knifes and razor blades, in a locked container or cabinet at home. This might also include minimizing access to potential means of strangulation at home, such as securing loose ropes, cords, or belts. To help reduce the risk of poisoning, it may also be helpful to remove unnecessary cleaners, chemicals, and pesticides from the home.

Back to TOC

REGAL® Industrial Sales, Inc. (Model R07XXX, R10XXX, R11XXX and R15XXX) Keyed Cable Lock Instruction Sheet

As a firearms owner, it is YOUR RESPONSIBILITY to know how to safely handle and securely store your firearms. Please read the OWNERS MANUAL for safe handling and storage methods.

⚠ WARNING ⚠

Before installing this or any gun lock, be sure the firearm is completely UNLOADED and the safety is on SAFE. When installing the lock, keep your finger off the trigger and always have the firearm pointing in a safe direction.

⚠ **WARNING:** This product can expose you to chemicals including lead, which is known to the State of California to cause cancer and birth defects or other reproductive harm. For more information, go to www.P65Warnings.ca.gov. Use of this product, including its use after discharging firearms in poorly ventilated areas, cleaning firearms, or handling ammunition may result in exposure to lead. Have adequate ventilation at all times and wash hands thoroughly after handling this product.

REMEMBER: No firearm's safety or lock can be a substitute for safe, careful gun handling and storage. This lock is intended to discourage unauthorized access to a firearm, particularly by young children. This lock may be defeated by a determined individual using tools or other aggressive means and may not prevent intentional misuse of a firearm.

GUN LOCK SAFETY TIPS

- Keep cable and lock outside of trigger guard at all times.
- Always push cable into padlock and turn the key until securely locked. After removing key, tug on cable to ensure connection is secure.
- Store key to the gun lock and the firearm separately. Be sure to store key in a location inaccessible to unauthorized persons, particularly children.
- Do not work the firearm's action with the lock in place. This may damage the lock and/or the firearm. If the lock's protective coating becomes damaged or separated from the steel cable or the lock face, replace the lock.

INSTALLATION INSTRUCTIONS

TO UNLOCK: Turn the key clockwise. Remove loose end of cable from padlock and thread it through UNLOADED firearm as explained and shown on the reverse side.

TO LOCK: With key turned to farthest clockwise position, insert loose end of cable into padlock. Turn the key counterclockwise and remove key. Check that cable is secure.

See other side for example of lock installations

Como dueño de un arma de fuego, es SU RESPONSABILIDAD saber cómo manejar y almacenar con seguridad sus armas de fuego. Lea el MANUAL DEL PROPIETARIO para conocer los métodos de manejo y almacenamiento seguros.

⚠ ADVERTENCIA ⚠

Antes de instalar este candado para armas o cualquier otro, asegúrese de que el arma esté totalmente DESCARGADA y que el seguro esté activado (en SAFE). Al instalar el candado, mantenga el dedo apartado del gatillo y el arma siempre apuntada en una dirección segura.

⚠ **ADVERTENCIA:** Este producto puede exponerle a sustancias químicas, entre ellas el plomo, que el estado de California ha determinado que ocasionan cáncer y defectos congénitos u otros daños reproductivos. Para obtener más información, vaya a www.P65Warnings.ca.gov. El uso de este producto, lo que incluye su utilización después de descargar armas de fuego en áreas con poca ventilación, de limpiar las armas de fuego o de manejar munición, puede dar como resultado la exposición al plomo. Tenga una ventilación adecuada en todo momento y lávese las manos minuciosamente después de manipular este producto.

RECUERDE: Ningún seguro ni candado de un arma pueden sustituir a un manejo y almacenamiento seguros y cuidadosos del arma. Este candado tiene por objeto desalentar el acceso no autorizado al arma de fuego, especialmente por parte de niños pequeños. Una persona decidida puede vencer este candado con herramientas u otros sistemas agresivos y puede no evitar el mal uso intencional del arma.

SUGERENCIAS DE SEGURIDAD SOBRE EL CANDADO PARA ARMAS

- Mantenga siempre el cable y el candado fuera del guardamonte.
- Siempre empuje el cable al interior del candado y gire la llave hasta que esté cerrado firmemente. Después de quitar la llave, tire del cable para asegurarse de que la conexión es segura.
- Guarde la llave de la cerradura de armas y el arma por separado. Asegúrese de guardar la llave en un lugar inaccesible a las personas no autorizadas, especialmente niños.
- No haga funcionar el actuador del arma con la cerradura puesta. Esto puede dañar la cerradura o el arma. Si la capa protectora de la cerradura se daña o se separa del cable de acero o del frente del candado, sustituya el candado.

INSTRUCCIONES DE INSTALACIÓN

PARA ABRIR: Gire la llave en sentido de las agujas del reloj. Quite el extremo libre del cable del candado y hágalo pasar por el arma DESCARGADA según se explica y muestra en el lado de atrás.

PARA CERRAR: Con la llave girada a la posición más extrema en sentido de las manecillas del reloj, introduzca el extremo libre del cable en el candado. Gire la llave en sentido contrario al de las agujas del reloj y quitela. Compruebe que el cable esté firme.

Vea el otro lado para conocer un ejemplo de instalaciones del candado

En tant que propriétaire d'armes à feu, il est de VOTRE RESPONSABILITÉ de savoir comment manier sans risque et de ranger vos armes à feu dans un endroit sûr. Veuillez lire le MANUEL DU PROPRIÉTAIRE concernant les méthodes sûres de maniement et de rangement.

⚠ AVERTISSEMENT ⚠

Avant d'installer ce verrou de pontet ou n'importe quel autre verrou, assurez-vous que l'arme à feu est complètement DÉCHARGÉE et que la sûreté est en position SAFE (sécurité). En installant le verrou, gardez votre doigt éloigné de la détente et maintenez toujours l'arme pointée dans une direction ne présentant aucun danger.

⚠ **AVERTISSEMENT :** Ce produit peut vous exposer à des produits chimiques y compris du plomb, un produit reconnu par l'État de Californie comme provoquant le cancer, des malformations congénitales et autres problèmes liés à la reproduction. Pour plus amples d'informations, veuillez consulter le site www.P65Warnings.ca.gov. L'utilisation de ce produit, y compris son utilisation après avoir déchargé une arme à feu dans un endroit mal aéré, pendant le nettoyage d'armes à feu ou pendant la manipulation de munitions peut entraîner une exposition au plomb. Disposez d'une ventilation adéquate à tout moment et lavez-vous soigneusement les mains après avoir manipulé ce produit.

NE PAS OUBLIER : Aucun dispositif de sûreté ou verrou d'arme à feu ne peut remplacer le maniement et le rangement sûrs et prudents d'une arme à feu. Ce verrou a pour but de décourager l'accès non autorisé à toute arme à feu, en particulier par les jeunes enfants. Ce verrou peut être forcé par une personne déterminée équipée d'un outil ou de tout autre moyen agressif et ne peut pas empêcher la mauvaise utilisation intentionnelle d'une arme à feu.

CONSEILS DE SÉCURITÉ POUR LE VERROU DE PONTET

- Maintenez en permanence le câble et le verrou en dehors du pontet.
- Insérez toujours le câble dans le cadenas et tournez la clé jusqu'à ce que l'ensemble soit solidement verrouillé. Après avoir retiré la clé, tirez vigoureusement sur le câble pour vérifier que l'ensemble est solidement verrouillé.
- Rangez la clé du verrou de pontet et l'arme à feu séparément. Assurez-vous que la clé est rangée dans un endroit inaccessible à toute personne non autorisée, en particulier aux enfants.
- N'actionnez pas le mécanisme de l'arme à feu lorsque le verrou est en place. Cela pourrait endommager le verrou et/ou l'arme à feu. Si la gaine de protection est endommagée ou détachée du câble d'acier ou de la surface du verrou, remplacez le verrou.

INSTRUCTIONS D'INSTALLATION

POUR DÉVERROUILLER : Tournez la clef dans le sens des aiguilles d'une montre. Enlevez du cadenas l'extrémité libre du câble et passez-la à travers l'arme à feu DÉCHARGÉE comme expliqué et illustré au verso.

POUR VERROUILLER : La clé tournée au maximum dans le sens des aiguilles d'une montre, insérez l'extrémité libre du câble dans le cadenas. Tournez la clé dans le sens contraire des aiguilles d'une montre puis retirez la clé. Vérifiez que le câble est fermement bloque.

Voir des exemples d'installation de verrous au verso

Back to TOC

	INSTALLATION INSTRUCTIONS	INSTRUCCIONES DE INSTALACIÓN	INSTRUCTIONS D'INSTALLATION
	**AUTOLOADING PISTOL** With the slide locked back and the magazine removed, insert the cable through the ejection port and out the magazine well.	**PISTOLAS DE CARGA AUTOMÁTICA** Con el lado bloqueado hacia atrás y sin el cargador, introduzca el cable por el puerto de eyección y sáquelo por el pozo del cargador. **PARA CERRARLO:** VEA ABAJO:.	**PISTOLETS À CHARGEMENT AUTOMATIQUE** La glissière verrouillée pour ne pas coulisser et le chargeur retiré, insérez le câble dans la fenêtre d'éjection et faites-le ressortir par la chambre du chargeur. **POUR VERROUILLER :** VOIR CI-DESSOUS.
	**REVOLVERS** With the cylinder open, insert the cable through the barrel or through an empty cylinder chamber. **TO LOCK:** SEE BELOW.	**REVÓLVERES** Con el cilindro abierto, inserte el cable por el cañón o a través de una recámara vacía del cilindro. **PARA CCERRARLO:** VEA ABAJO:.	**REVOLVERS** Le barillet ouvert, insérez le câble à travers le canon ou à travers une chambre vide du barillet. **POUR VERROUILLER :** VOIR CI-DESSOUS.
	**AUTOLOADING AND PUMP-ACTION SHOTGUNS** With the bolt in the locked open position, insert the cable through the ejection port and out the loading port. **TO LOCK:** SEE BELOW.	**ESCOPETAS DE CARGA AUTOMÁTICA Y DE BOMBEO** Con el cerrojo en posición abierta bloqueada, introduzca el cable por el puerto de eyección y sáquelo por el puerto de carga. **PARA CERRARLO:** VEA ABAJO:.	**FUSILS À CHARGEMENT AUTOMATIQUE OU À POMPE** La culasse verrouillée en position ouverte, insérez le câble à travers la fenêtre d'éjection et faites-le ressortir par la fenêtre de chargement. **POUR VERROUILLER :** VOIR CI-DESSOUS.
	**BOLT ACTION RIFLES** Open the action (lock open if your firearm has a bolt hold open device) and remove the magazine. Insert the cable through the ejection port and out the magazine well. **TO LOCK:** SEE BELOW. **OR** Remove the bolt from the rifle. Insert the cable through the ejection port and out through the end of the receiver assembly. **TO LOCK:** SEE BELOW.	**RIFLES DE CERROJO DE ACCIÓN** Abra el cerrojo de acción (bloquéelo en posición abierta si su arma tiene un dispositivo para mantener abierto el cerrojo) y quite el cargador. Introduzca el cable por el puerto de eyección y sáquelo por el pozo del cargador. **PARA CERRARLO:** VEA ABAJO:. **O** Quite el cerrojo del rifle. Introduzca el cable por el puerto de eyección y sáquelo por el extremo del conjunto del receptor. **PARA CERRARLO:** VEA ABAJO:.	**ARMES À RÉPÉTITION À CULASSE CYLINDRIQUE** Ouvrez la culasse (verrouillez-la en position ouverte si votre arme à feu est équipée d'un dispositif de verrouillage de la culasse en position ouverte) et retirez le chargeur. Insérez le câble par la fenêtre d'éjection et faites-le ressortir par la chambre de chargement. **POUR VERROUILLER :** VOIR CI-DESSOUS. **OU** Retirez la culasse du fusil. Insérez le câble à travers la fenêtre d'éjection et l'extrémité de l'assemblage récepteur. **POUR VERROUILLER :** VOIR CI-DESSOUS.
	**MODERN SPORTING RIFLE** With the charging handle and bolt locked back and the magazine removed, insert the cable through the ejection port and out the magazine well. **TO LOCK:** SEE BELOW.	**RIFLE DEPORTIVO MODERNO** Con la palanca de carga y el cerrojo bloqueados hacia atrás y habiendo quitado el cargador, inserte el cable por el puerto de expulsión hasta que salga por la bahía del cargador. **PARA CERRARLO:** VEA ABAJO:.	**FUSIL DE SPORT MODERNE** Le levier d'armement et le verrou de culasse étant verrouillés vers l'arrière et le chargeur ayant été retire, insérez le câble dans la fenêtre d'éjection et sortez-le par le puits d'alimentation. **POUR VERROUILLER :** VOIR CI-DESSOUS.
	**SINGLE-ACTION REVOLVERS** After removing the cylinder pin, remove the cylinder from the frame and insert the cable through a chamber in the primary cylinder and then through an additional cylinder (if applicable). Run the remaining cable through the cylinder opening in the revolver frame.	**REVÓLVERES DE ACCIÓN SIMPLE** Después de retirar el pasador del cilindro, retire éste del armazón del revólver. Inserte el cable a través de una recámara en el cilindro principal y luego a través de una recámara en un cilindro adicional (si corresponde). Haga pasar el resto del cable a través de la abertura del cilindro en el armazón del revólver.	**REVOLVERS À SIMPLE ACTION** Après avoir retiré l'axe du barillet, retirez le barillet de la carcasse du revolver. Insérez le câble à travers une chambre du barillet principal et ensuite à travers une chambre d'un barillet supplémentaire (le cas échéant). Faites passer le reste du câble à travers l'ouverture du barillet laissée au niveau de la carcasse du revolver.
	TO LOCK: With key turned to farthest clockwise position, insert loose end of cable into padlock. Turn the key counterclockwise and remove key. Check that cable is secure. **DON'T SEE YOUR FIREARM?** Please refer to the firearm's Owner's Manual for locking instructions or contact the manufacturer's Customer Service department. This lock is a California-approved firearm safety device that meets the requirements of Penal Code section 23655 and the regulations issued thereunder.	**PARA CERRARLO:** Con la llave girada a la posición más extrema en sentido de las manecillas del reloj, introduzca el extremo libre del cable en el candado. Gire la llave en sentido contrario al de las agujas del reloj y quitela. Compruebe que el cable esté firme. **¿NO VE SU ARMA?** Consulte el Manual del propietario del arma para ver las instrucciones de bloqueo o póngase en contacto con el Departamento de Servicio al Cliente del fabricante. Este candado es un dispositivo de seguridad para armas de fuego aprobado en California que cumple los requisitos de la sección 23655 del Código Penal y los reglamentos emitidos en virtud del mismo.	**POUR VERROUILLER :** La clé tournée au maximum dans le sens des aiguilles d'une montre, insérez l'extrémité libre du câble dans le cadenas. Tournez la clé dans le sens contraire des aiguilles d'une montre puis retirez la clé. Vérifiez que le câble est fermement attaché. **VOUS NE VOYEZ PAS VOTRE ARME À FEU ?** Veuillez vous reporter au manuel du propriétaire de l'arme à feu pour des instructions de verrouillage ou contacter le service clientèle du fabricant. Ce verrou est un dispositif de sécurité pour armes à feu, homologué en Californie, qui répond aux exigences du code pénal, section 23655 et des règlements d'application qui en découlent.

Back to TOC

Manufactured by: Regal Industrial Sales, PO Box 355,
Victor, New York 14564 888-908-6411 or 585-398-1290

EDUCATIONAL TOPICS
FAIR FIGHTING

FAIR FIGHTING

Fair Fighting Rules

1. Remain calm
2 Express your feelings in words, not actions
3. Be specific about what is bothering you
4. Deal with only one issue at a time
5. No "hitting below the belt" (no name calling, attacking areas of personal sensitivity)
6. Avoid accusations (instead talk about how someone's actions made you feel)
7. Don't generalize (avoid words like "never" and "always". Such statements are usually inaccurate)
8. Don't exaggerate
9. Don't stockpile complaints
10. Avoid clamming up (maintain two-way communication)
11. Establish common ground rules

Back to TOC

Before you begin, ask yourself why you feel upset.

Are you truly angry because your partner left the mustard on the counter? Or are you upset because you feel like you're doing an uneven share of the housework, and this is just one more piece of evidence? Take time to think about your own feelings before starting an argument.

Discuss one issue at a time.

"You shouldn't be spending so much money without talking to me" can quickly turn into "You don't care about our family". Now you need to resolve two problems instead of one. Plus, when an argument starts to get off topic, it can easily become about everything a person has ever done wrong. We've all done a lot wrong, so this can be especially cumbersome.

No degrading language.

Discuss the issue, not the person. No put-downs, swearing, or name-calling. Degrading language is an attempt to express negative feelings while making sure your partner feels just as bad. This will just lead to more character attacks while the original issue is forgotten.

Express your feelings with words and take responsibility for them.

"I feel angry." "I feel hurt when you ignore my phone calls." "I feel scared when you yell." These are good ways to express how you feel. Starting with "I" is a good technique to help you take responsibility for your feelings (no, you can't say whatever you want as long as it starts with "I").

Take turns talking.

This can be tough, but be careful not to interrupt. If this rule is difficult to follow, try setting a timer allowing 1 minute for each person to speak without interruption. Don't spend your partner's minute thinking about what you want to say. Listen!

No stonewalling.

Sometimes, the easiest way to respond to an argument is to retreat into your shell and refuse to speak. This refusal to communicate is called stonewalling. You might feel better temporarily, but the original issue will remain unresolved, and your partner will feel more upset. If you absolutely cannot go on, tell your partner you need to take a time-out. Agree to resume the discussion later.

No yelling.

Sometimes arguments are "won" by being the loudest, but the problem only gets worse.

Take a time-out if things get too heated.

In a perfect world we would all follow these rules 100% of the time, but it just doesn't work like that. If an argument starts to become personal or heated, take a time-out. Agree on a time to come back and discuss the problem after everyone has cooled down.

Attempt to come to a compromise or an understanding.

There isn't always a perfect answer to an argument. Life is just too messy for that. Do your best to come to a compromise (this will mean some give and take from both sides). If you can't come to a compromise, merely understanding can help soothe negative feelings.

Back to TOC

EDUCATIONAL TOPICS
SUICIDE RISK REDUCTION THROUGH MEANS RESTRICTION

MEANS RESTRICTION AND ITS IMPORTANCE

Means restriction is the act of reducing access to lethal methods of attempting suicide.

As of 2018, suicide was the second leading cause of death for youth ages 10–18 years-old.

Although some suicides are carefully planned in advance, most suicide attempts tend to be quickly decided upon in the context of an episode of increased distress, and many involve little or no preparation in advance.

Even though underlying risk factors such as depression, anxiety, and substance use may be present, the acute period of heightened risk for suicidal behavior is often only minutes or hours long.

Due to these factors, restricting access to lethal means for attempting suicide has proven to be an effective strategy for reducing rates of completed suicide, as delaying access to such means creates time for moments of crisis to pass and for other less catastrophic outcomes to occur.

Because it is impossible to consistently predict in advance when episodes of acutely increased distress may occur, means restriction must be implemented consistently and continuously over time to be most effective.

Means restriction can potentially be applied to any method of attempting self-harm or suicide, but it has the largest effect when reducing overall suicide rates when the method being restricted is common or highly lethal, and when no direct substitution is available. In many cases, when the first-choice method is restricted, the distressed person does not attempt to find a substitute.

WHY RESTRICTING ACCESS TO MEDICATIONS AT HOME IS IMPORTANT

In the United States about 60% of suicide attempts and 12% of suicide deaths involve drug overdoses. Suicide attempts using over-the-counter painkillers, such as ibuprofen and acetaminophen, are among the most common, due to their ready accessibility. Overdoses on individual's prescribed medications, and on medications prescribed to family members, are also common. Even when medications overdoses are non-fatal, they can cause severe injury, leading to hospitalization for concerns such as seizure, acute liver failure, or other organ damage.

For this reason, the following recommendations are provided to all families:

- Please safely secure all medications in the home, including over the counter medications. These medications should be kept in a locked container, and your child should not have access to them without your direct supervision.
- A parent, guardian, or other responsible adult should oversee directly administering any needed medication each day - watching to be sure it is taken appropriately.

Back to TOC

Upon request, a medication lockbox can be provided by unit staff free of charge to help secure medications at home. Please review the written warning on the product's packaging, as these devices are considered harm reduction interventions, and may be damaged with significant force or effort. UnityPoint Health – Meriter is not responsible if the device becomes nonfunctional or if someone tampers with the device or seeks to gain access to the object with significant force.
UnityPoint Health – Meriter receives no reimbursement from the companies who produce these devices and has no affiliation with the companies.

WHY RESTRICTING ACCESS TO FIREARMS IS CRITICALLY IMPORTANT

Firearms are the most lethal and most common method of suicide in the United States. More people who die by suicide use a gun than all other methods combined.

In a 2014 analysis of 14 different studies, the risk of completed suicide was three times greater among individuals with access to firearms than those without. Approximately 55% of suicides among male adolescents (14 to 18 years-old) and 23% of suicides among female adolescents are associated with firearms.

Guns are more lethal than other suicide means, they're quick, and they're irreversible. About 85% of attempts with a firearm are fatal, which is a much higher case fatality rate than for nearly every other method.

Many of the other most widely used suicide attempt methods have case fatality rates below 5%. Individuals overdosing on medication or cutting themselves have time to reconsider mid-attempt, to summon help, or be rescued. With a firearm, once the trigger is pulled, there's no turning back. Even when the resulting injury does not result in death, it often leaves the individual horribly injured with lasting disfigurement and impairment.

Every United States study that has examined the relationship has found that access to firearms is a risk factor for suicides. Firearm owners are not more suicidal than non-firearm owners; rather, their suicide attempts are more likely to be fatal.

In the United States, firearms are present in approximately one-third of households with children. Children are often able to find firearms that are stored out of sight or out of reach. When interviewed, three out of four children living in a house know where the gun is, even when their caregivers think they do not know. For this reason, it is strongly recommended that firearms be removed from the home, when possible, as the absence of guns from the home is the most effective means of prevention of firearm injuries and lethal suicide attempts. It is also recommended that caregivers ask, "Is there an unlocked gun in your house?" before allowing their children to play in another person's home.

When removal of firearms from the home isn't possible, it is strongly recommended that:

- Any firearms kept in the home should be stored unloaded and locked, with the ammunition stored securely in a separate location. Storage in a gun safe is ideal.
- These procedures must be applied to all firearms present in the home and be utilized continuously and consistently to be effective.
- It is also important that all family members who have access to the firearms know the procedures to keep them secure. This means not having firearms, ammunition, lock keys, and other methods of security accessible to the person who is distressed.

Back to TOC

Upon request, cable gun locks can be provided by hospital staff free of charge to help secure firearms at home. Please review the written warning on the products' packaging, as these devices are considered harm reduction interventions, and may be damaged with significant force or effort. UnityPoint Health – Meriter is not responsible if the devices become nonfunctional or if someone tampers with the devices or seeks to gain access to the object with significant force.
UnityPoint Health – Meriter receives no reimbursement from the companies who produce these devices and has no affiliation with the companies.

FINAL THOUGHTS

It's important to remember the following:

- Suicide usually results from the convergence of several risk factors at the same time, which cannot always be predicted in advance.
- Most suicide attempts tend to be impulsive in nature, occurring with little planning and utilizing readily available items and methods.
- Restricting access to lethal means for attempting suicide has proven to be an effective strategy for reducing rates of completed suicide, as delaying access to such means creates time for moments of crisis to pass and for other less horrific outcomes to occur.

It is also important to recognize that suicide is not inevitable. The great majority of people who survive a suicide attempt do not go on to die by suicide later.

Most people who die by suicide in the Unites States have not made a previous attempt. This means that prevention efforts that focus only on those who have already attempted suicide will miss the majority of completers. Because of this, the above means restriction recommendations should be implemented in all households.

Still, history of suicide attempt is one of the strongest risk factors for suicide, so it is vitally important to practice means restriction at home if your child has a history of a suicide attempt.

Back to TOC

EDUCATIONAL TOPICS
PARENTING OPPOSITIONAL BEHAVIOR IN YOUNGER CHILDREN

Oppositional behavior is very common in school-aged children. In fact, it's normal and part of their development. However, it can be problematic and learning to change it over time is important. Oppositional behavior is generally considered abnormal when it impacts the basic daily function, social development, emotional growth, or safety of the child or the family.

The most evidenced-based approaches to oppositional behavior tend to involve a similar set of skills called "contingency management". This is basically just a fancy way of saying positive and negative reinforcement. In short, you want to grow positive or "just okay" behaviors and reduce "not okay" or negative behaviors.

Common examples of contingency management include sticker charts and time outs. Almost all parents have tried these things, and almost all parents have seen limited benefit from these interventions.

That's because for contingency management to work, it must be done on the foundation of a solid relationship with the child. With that in mind, here is a step-by-step structure for how to implement successful contingency management to help reduce oppositional behaviors in children ages 5-12:

MONTH 1:

1. For one month, your goal as a parent will be to simply have fun with your child. This is called "The Child's Game". Every day of the week you will need to commit at least 15 minutes (no more than 1 hour) to playing one-on-one with your child in a game of their choice. It can be anything, but it must be interactive (e.g., don't watch TV together). *During this time the parent cannot direct the play. The child must direct the play.* This means, no instructions, no suggestions. You can only ask questions, make non-judgmental comments, or provide positive feedback. This creates an environment in which the child feels validated and loved. You absolutely cannot provide any negative feedback during this time. If the child does something, do you not like then IGNORE IT. The only exception to this if is the child does something that is unsafe. This can be very hard for parents. Most parents are hardwired to constantly give feedback and direct their children. This is usually appropriate on normal basis because it's a parent's job to teach their child about the world. However, The Child's Game is not about teaching life lessons. The Child's Game is about bonding, and so you must avoid negative interactions or parent-directed play. The focus of The Child's Game is on allowing the child to do what they want to do while the parent provides support and praise when appropriate.
2. During this time, you will also begin practicing clear *instructions* when not in the The Child's Game. In the typical busy home life, instructions are often yelled, mumbled, or said as a parent is flying through the house doing other things. This makes it harder for the child to follow directions. Giving clear instructions requires first getting the child's attention, then making eye- contact, and then delivering simple instructions in a polite yet firm manner.

Back to TOC

3. In addition, during this time you will also begin practicing ignoring bad or "not-okay" behavior unless they are unsafe. *This is one of the most powerful tools for controlling bad behavior.* Even though it doesn't seem that way, all children want the attention of their parents. Some children even get caught in a malfunctioning loop where the only way they know how to get their parent's attention is through bad behavior. It's very important to learn to ignore all bad behavior unless it's unsafe (this obviously has some limits - if your child is painting on the wall, you're not going to ignore that). Be aware though that when you start ignoring there will be what is call the "extinction burst". The extinction burst is used to describe the increase in intensity or rate of a behavior when the behavior no longer results in the usual reinforcer (in this case – parental attention). So, a warning – once you start ignoring a bad behavior it will get worse before it gets better. Ride it out as best you can. Ignoring is effect but you must stick with it. Additionally, it is important to "catch your child doing well," including offering praise and positive feedback for desired behaviors. Sometimes it is hard for parents to give praise for behaviors that are expected, however this is important in reinforcing wanted behaviors.

MONTH 2

1. Begin this month by making a list of 3 behaviors you want to see more of and 3 behaviors you want to see less of. You must inform your child of this list. Some parents even put the list on the wall or the refrigerator.
2. Introduce "The Parent's Game". The Parent's Game is less of a game and more of the beginning of negative consequences which are delivered in a specific fashion. This involves:
   a. Continuing the daily protected time for The Child's Game in exactly the same way you have been doing it.
   b. Providing clear praise or positive feedback when your child does of the 3 behaviors you want to see more of.
   c. Providing negative feedback (a time out, taking away screen time, etc.) when your child does one of the 3 behaviors you want to see less of. *Important: you must at least try to negotiate or inform your child of what the negative feedback will be in advance*. They need to know it's coming so they have time to adjust their behavior.
   d. Continue to ignore other bad behaviors
   e. Use clear instructions when asking your child to do things around the house. If they do not respond after you ask clearly twice (it has to be clear, make sure they hear you) then you can provide negative feedback (as above – a time out, taking away screens, etc.). Again, let them know you are going to start doing this before the first time you do it.

MONTH 3

1. This month you will keep doing what you have been doing, with 3 exceptions:
   a. You should review your lists of 3 behaviors you want to see more of and 3 behaviors you want to see less of, then adjust this list if needed.
   b. You should also review the consequences for negative behaviors in "The Parent's Game" – are they working? Are they too much?

Back to TOC

c. If you want to add bigger positive reinforcements (like prizes, fun activities, or material goods) for achieving good behaviors you may do so (but it's often not necessary).

These interventions are not easy and may take time, but they do work for a large majority of children! Sometimes it's okay to adjust the above methods to fit your child, so don't be afraid to follow your parental instincts. If you get stuck, great books to check out include *The Kazdin Method for Parenting the Defiant Child* by Alan Kazdin, PhD and *Helping the Non-compliant Child* by Rex Forehand, PhD. If you're still feeling stuck, consider finding a therapist that will either do family therapy or parent coaching.

Back to TOC

EDUCATIONAL TOPICS
PARENTING STRATEGIES – LOVE AND LOGIC

Book Reference: *Parenting with Love and Logic* by Foster Cline, MD, and Jim Fay

This is more of a philosophy rather than a parenting manual.

CORE CONCEPTS:

- Decision making is a skill acquired via significant learning opportunities (SLOs)
- Protecting children can extend to point of preventing SLOs
- Directing children can extend to point of preventing SLOs
- Providing autonomy and choices (within developmentally appropriate limits) facilitates SLOs

TWO RULES:

- Adults set firm loving limits using enforceable statements without showing anger, lecturing or using threats
- When child causes a problem, the adult shows empathy, then lovingly hands the problem and consequences back to the child

COMMON INEFFECTIVE PARENTING STYLES:

- Helicopter (communicates "you are fragile and can't make it without me")
- Drill Sergeant (communicates "you can't think for yourself, I'll do it for you")

Note: parents from both styles still love their children dearly!

THE LOVE AND LOGIC APPROACH ADVOCATES FOR A "CONSULTANT PARENTING STYLE

- Ask questions
- Offer choices
- Allow failure
- Give the child the burden of the decision making
- Maximize effect of natural consequences to behaviors (or administering consequences directly and calmly if necessary)

A CHILD'S SENSE OF SELF DEVELOPS FROM THESE THREE IDEAS:

- I am loved
- I have skills
- I am capable of making decisions

Back to TOC

Praise, though very important, is not the same as encouragement

	Praise	Encouragement
Concept	Good feelings come from the outside	Builds good feelings from the inside
Technique	Statements	Questions
Assumptions	The child and adult have a good relationship	No assumptions about the relationship
Content	Judgmental	Nonjudgmental
Results when the child has good self-image and likes the adult	Feels good about job and adult.	Feels more competent in making decisions. Feels good about self.
Results when child's self-image is poor	Discounts the praise, "He's just trying to make me feel better" etc.	Feelings towards adult unchanged. May be better able to self-evaluate. Behavior doesn't worsen if nonjudgmental questions are asked.
Examples:	"What a great job!" "You did so well!" "I bet you feel proud of yourself!"	"How do you think you did?" "Why is that?" "How did you figure that out?" "How do you think you'll handle that next time?"

(Source: Parenting with Love and Logic, page 47)

- Encouragement is more likely to help a child judge their own behavior themselves and to modify their decisions and actions in the future
- Be encouraging of your child, that when they make mistakes, they are capable of learning from them
- Cultivate their sense of accomplishment, as this will help their self-esteem grow.

FIGHTING WORDS VS THINKING WORDS:

Fighting	Thinking
"You put that coat on now!"	"Would you rather carry your coat or wear it?"
"Because I said put your boots on, that's why! It's snowing outside!"	"Would you rather put your boots on now or in the car?"
"I'm trying to watch this football game, so be quiet!"	"Would you rather play nicely in front of the television or be noisy in your room?"

Back to TOC

THE ART OF GIVING CHOICES

Set limits through giving **choices**, rather than issuing commands or threats.

- Parents should give choices they can accept, which includes accepting the consequences of the child's choice
- Parents shouldn't give choices when safety is an issue
- Parents should establish that if a child doesn't make a choice, then the parents will

Ways to phrase choices:

- "You're welcome to _____ or _____ ."
- "Feel free to _____ or _____ ."
- "Would you rather _____ or _____?"
- "What works best for you? ____ or _____?"

ALLOWING FAILURE

Success requires failure.

"Protection is not synonymous with caring, but both are a part of love"

Caring does not mean protection from **failure**, rather, the goal is to love them enough to allow them to fail, to allow them the privilege of solving their own problems and going through significant learning opportunities.

Responsibility is "caught not taught"

- We must offer them opportunities to be responsible
- When they are irresponsible, it is a **significant learning opportunity** for them
- When they grow in responsibility, they grow in self-esteem

NATURAL CONSEQUENCES

It is often difficult as a parent to allow your child to suffer a natural consequence of their choices. There is a temptation to accommodate so they don't experience the pain from it (and so the parent doesn't, either).

However, natural consequences can be a very effective teacher.

Examples of natural consequences:

- Being cold after refusing to wear a jacket
- Being hungry at bedtime when refusing to sit at the dinner table
- Getting into trouble with school staff or getting poor grades when persistently neglecting homework and studies

Back to TOC

EDUCATIONAL TOPICS
PARENTING STRATEGIES - 1-2-3 MAGIC!

This is a parenting strategy that works better with younger children (2-12yo), for helping children with problem behaviors. It is based on age-appropriate guidance and limit-setting. It was designed by Dr. Thomas Phelan. You can read more in his book "1-2-3 Magic".

The message to your child in this model is: "I love you, and it's my job to train and discipline you. I don't expect you to be perfect, and when you act up, this is what I will do." *Phelan, Thomas W. . 1-2-3 Magic*

Two of the biggest mistakes to avoid when disciplining children:

1. Too much talking
2. Too much emotion

Rule#1: Try to limit your words. Too much talking can overwhelm a young child who is still learning language and has limited resources for processing your words and managing their big emotions.

Their misbehaving is usually not related to a lack of information.

"Give one explanation, if absolutely necessary, and then count [see below]. No extra talking and no extra emotion. You stay calmer and you feel better." *Phelan, Thomas W. . 1-2-3 Magic*

Rule #2: Limit your own negative emotions and anger during discipline.

It is important to remember that children are not "little adults". Kids are just kids.

They are still learning to tolerate frustration

So, we as parents need to adjust our expectations

Consistent. Decisive. Calm.

Try to remain gentle and calm yet firm and persistent.

What to Avoid:

- Talking too much about it in the moment
- Attempting to persuade or bargain
- Argue, yell, or hit

THE STRATEGY:

The "1,2,3" Magic model suggests that when there is a problem behavior occurring, you give your child a warning with a count to three, and that if you get to 3, a **consequence** will occur.

The two types of behaviors: START and STOP behaviors

Back to TOC

STOP Behaviors

- Things you want them to stop doing
- Arguing, fighting, yelling, tantrums, etc.
- Strategy: use the **1,2,3 counting method**:

  - Start by looking at the child and firmly saying "That's a 1". Give the child 5 seconds to correct his or her behavior

- If they do not do what they should after 5 seconds say, "That's a 2.". Again, give 5 more seconds

  - If the behavior continues, say "That's a 3." At 3, a **consequence** should occur

- Consequences:

  - A "time-out" or "break time" is one effective consequence (though becomes less effective around ages 8-10)

  - Could also take away a privilege as a consequence

START Behaviors

- Things you want them to start doing
- Getting up in the morning, doing homework, cleaning their room, practicing piano
- Strategy: use praise, natural consequences, or timers

Tips:

- Give 5 seconds between each number in order to give your child a chance to stop and think
- Reset count after 10-180 minutes depending on age, being realistic about their learning curve and attention span
- Practice ahead of time
- Talk with your child about the new system you will be started
- Consider rehearsing it or role-playing
- It is best to practice this before it is needed, when the child is calm and not in the midst of a behavioral outburst

Trust that it's working to modify the behavior and don't hold grudges, return the emotional temperature to a happy one as soon as you can!

Back to TOC

EDUCATIONAL TOPICS
PARENTING STRATEGIES – THE ABC'S

This is a brief overview of central concepts of Behavioral Modification for children and teens (Also called PMT for Parent-Management Training).

See also:

Parent-child interaction therapies

The incredible years program

The Kazdin method

The Barkley method

Note: managing these behaviors can get tricky. It is ideal to go through these concepts and their implementation with the guidance of a child and adolescent therapist who specializes in helping parents modify their child's behaviors.

THE ABC MODEL FOR SHAPING BEHAVIORS

A = "Antecedent": what comes **before** the behavior. It's the context, the situation and the reinforcer

B= "Behavior": the actual behavior we are concerned with

C= "Consequences": another word for what happens after the behavior

A IS FOR ANTECEDENT

Setting of the event, and other context or environmental issues that may contribute to the behavior. Think about things like:

- hunger, fatigue, heavy stimulation
- demeanor, mood, tone of voice of parent (overly authoritarian > oppositional)
- bedtime routines
- activity of family members / household chaos
- status with siblings
- being present with the child

Prompt: something that triggers a behavior to happen
for example, asking a child to do the desired behavior is a "prompt".

- **Be specific:**
  - example: instead of saying "Focus", you could say "Keep your eyes on the page and solve these math problems"
  - break large tasks into smaller ones

Back to TOC

- **Be calm and polite:**
  - instead of saying "knock it off!" you could say "please keep your hands at your sides"
  - prompt no more than twice, 3 or more times starts to become "nagging"
  - if you're asking three times, it is usually your cue that you should do something different with how you are asking
- **Be close:**
  - instead of a "drive-by command", establish **eye contact**
  - fill their field of vision
- **Prompt when you expect the behavior:**
  - for example, instead of a "10-minute warning", more immediately would be "put your coat on now"
- **Giving directives:**
  - "Why don't you be a big help to Daddy and start getting ready?"
  - "Please turn off the television and come over here."

B IS FOR BEHAVIOR

Define the behavior you want to see more of.

Think about the **"positive opposite"**

- instead of focusing on the NEGATIVE behavior you want them to stop, think of the POSITIVE behavior you want them to do instead

Think about it as shaping behavior in small steps forward

- reward and reinforce behaviors that resemble the desired behavior
- example: A child refuses to get ready in the morning. What you want to see is that they fully dress themselves and pack their bags. If they do any small part of this such as packing their bag, getting their shirt on, finding their shoes, and putting them on–praise, reward and reinforce that! Although it's not the full desired behavior, it's one important part of it.
- most behaviors we ask of children and teens can be broken up into several smaller steps. Chaining refers to breaking down the positive opposite behavior into smaller steps and reinforcing/rewarding each step of the way.

It's important to make sure the behavior you are expecting of them is in their repertoire

- all kids have different levels of skill, developing at different times.

Back to TOC

C IS FOR CONSEQUENCES

C stands for Consequences, meaning "what happens after the behavior". This can mean Reinforcement, Punishment, and/or Extinction (see below).

This is where *reinforcement* of behaviors occurs

In this model, we want to find ways to *reinforce* the positive opposite behavior when it occurs we also want to watch out for ways that the negative/unwanted behavior may be getting reinforced

A good rule: ***Catch them doing good***

Negative behaviors are excellent at grabbing our attention

Our careful attention is one of the most powerful reinforcers of a child's behavior as it is a fundamental need

So, pay attention to what you're paying attention to!

Effective Reinforcement:

- be specific about what you are noticing and why that is great
- be close Just like with prompting, get close to them. Make eye contact. Be focused on them and in their field of view
- be quick as soon as you see the behavior, provide the reinforcement
- be enthusiastic! Think on the level of a cheerleader or a charismatic coach
- be sincere because they know when we are not!
- use touch and nonverbal communication (i.e., a pat on the back, a hand on the shoulder, or even a warm hug)
- **NO CABOOSES!** A caboose is when someone adds a tagline that takes away the praise they just gave. (Example: "Wow, great job finishing all your homework…I just wish you would do that every night")

TIMEOUT

Timeout is meant to be a removal of attention to undesired behavior

- guidelines
- don't do anything besides sitting and serving the timeout quietly
- child should be out of eye contact from parent
- avoid triggering anxiety (i.e., for a child with significant separation anxiety, shutting the door to their room during a timeout may trigger unhelpful anxiety. They could still go into their room with the door open)
- short period of time (~one minute per year of age)
- don't start until child is calm, don't drag them there

Back to TOC

PUNISHMENT:

Punishment needs to be:

- contingent: only administered when the problem behavior occurs
- immediate
- continuous: almost every time the behavior occurs
- of appropriate severity: administer milder and shorter durations in order to minimize adverse effects of punishment (i.e., being grounded for weeks, or depriving a privilege that is occurring months away, such as a trip to a theme park, is not as helpful as something more immediate, and may even lead to worsened behaviors and mood)
- assign work/tasks/jobs/chores
- unpleasant, punishing, over quickly
- example: cleaning the bathroom
- pre-defining the punishment is important
- have a go-to punishment
- backup punishments:
- something you as a parent have control over (like WIFI connection, WIFI password, keys to the car)
- "If you want the Wi-Fi password, here's the list of things to do"
- consider these if they are not serving the time-out or doing other punishment

BEWARE OF THE EXTINCTION BURST!

Early on when a behavior is starting to respond to the limits being set, the frequency of the behavior might temporarily increase or even get more intense. This does not mean the method is not working!

If you continue to hold the limits and reinforcing positive opposite behaviors, typically the extinction burst will resolve.

Back to TOC

EDUCATIONAL TOPICS

PRAISE VERSUS NONJUDGMENTAL FEEDBACK FOR CHILDREN WITH PERFECTIONISM

Kids who are perfectionists often have the misperception they always could be doing better and are seeking approval based on their performance. Although striving to do well is a positive trait, perfectionism is not attainable. Children put undue pressure on themselves, and as caregivers, it is important that we do not reinforce the distorted view that worthiness is based on performance or how one compares to others.

Praise, a form of extrinsic reward (tangible, controlled by others) can reinforce perfectionism. Research shows that external incentives can reduce intrinsic motivation. The activity becomes "work" and not "play", or school becomes "grades" rather than about learning and curiosity.

Non-judgmental feedback targets self-actualization- doing something for how it makes you feel about yourself versus how someone else feels about you.

As parents, we can curtail perfectionism by the use non-judgmental feedback. This includes observations that are **specific, descriptive, or fact based**.

The following are examples of strategies and tools to offer non-judgmental feedback.

1. Be specific versus Global praise
   - "I saw you used 3 moves in the game." (Versus "you played great!")
   - "I noticed you incorporated ____ in your paper" (Versus "you are so smart.")
   - "You really improved on that tricky measure since the last time I heard you play." (Versus "You are so good at violin.")
   - "I liked how each character's perspective was written about in your story." (Versus "that's a great story.)
2. Inquire
   - "How did that feel? What did you think about that?"
   - "How did you think the lesson went and why?"

3.Congratulate
   - "You did it! You tried something new."

4.Praise Effort NOT Outcome
   - "You worked really hard. I hope you feel really proud of yourself."
   - "I can tell you put a lot of time and effort into this."
   - "I noticed you made flashcards and spent time reviewing those notes. You worked hard on that."
   - "You've really practiced your technique. "

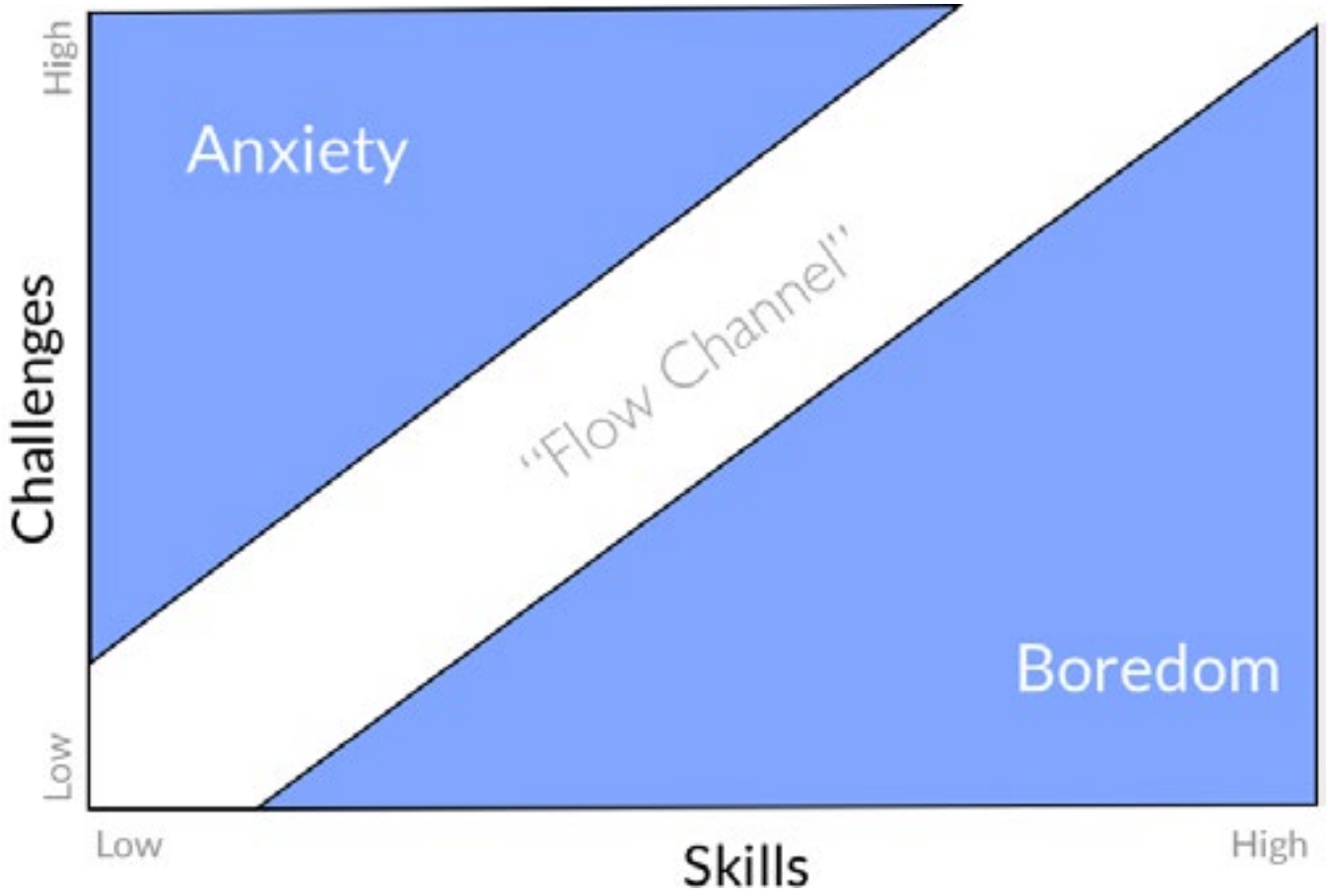
5.Share your feeling (i.e., reflect parental emotion).
   - "I love the ending you came up for that story."
   - "I really enjoyed watching/listening to you play/sing/perform."
   - "You've been really spending a lot of time practicing. I'm excited to hear you play."

6. Appreciate
   - "I noticed you got up on time and ready for class without me asking."

Back to TOC

UNDERSTANDING VIDEOGAMES

- There are many types of games: First-person shooters, MOBAs, battle royale games, simulations, platformers, open-world sandbox games, MMORPGs, strategy games, mobile phone games, etc. Understanding the particular type of game that your child plays might help you to better understand what they are spending so much time doing.
- Reinforcing design in video games
  - Flow – Increasing challenge that keeps players engaged with the game, feeling a sense of achievement or success.



  - **Variable ratio reinforcement** – Many games use this type of reinforcement through the "loot box" mechanism. Players can win, or purchase, a loot box in a game that sometimes has a valuable item or more often contains a low-value item. This type of reinforcement is similar to what is used in slot machines.

Back to TOC

- **Social pressure** – Many games are designed around a team experience that will pressure children to continue to play alongside their peers.
  - Risks to understand with video games
  - The reinforcing design of games can lead to excessive screentime, necessitating limits.
  - Many video games are designed with an adult audience in mind, and are not appropriate for children.

  - Games rated Mature may contain graphic depictions of violence and gore, substance use, or sex. It will say why the game earned the rating on the packaging of the game.
  - Many games incorporate an online aspect during which children may interact with unknown, anonymous strangers. An example of this is Roblox, which is a popular multiplayer game for younger children where users can create content.

- How to discuss videogames with children
  - Knowledge about individual games is not necessary to discuss them
  - "Tell me about the games you like." "What is fun about that game?" "Do you play alone or with friends?" "Is there anything bad about that game? Why?"
  - Consider appropriateness of particular games for your child, develop an understanding of the games your children spend the most time playing, and set appropriate boundaries like time limits or completing necessary work before playing.

Back to TOC

- Internet gaming disorder – proposed in DSM 5, but not enough evidence. The disorder proposed would include 5 of the following criteria over the course of a year:
  - Preoccupation with gaming
  - Withdrawal symptoms when gaming taken away or not possible
  - Tolerance (needing more time gaming to satisfy the urge)
  - Inability to reduce playing, unsuccessful attempts to quit
  - Giving up other activities, loss of interest in other activities
  - Continuing to game despite problems
  - Deceiving family members about the amount of time spent gaming
  - The use of gaming to relieve negative moods
  - Risk, having jeopardized or lost a job or relationship due to gaming

DISCUSSING ANIME WITH YOUR CHILD

- Anime is a style of japanese cartoon.
- As with videogames, it is more important to have an idea about age-appropriateness, have some involvement with what they are choosing to watch, and to consider time spent in front of the screen than to have exhaustive knowledge about individual shows.
- It is important to note that many popular anime are very adult oriented, and are not meant for children. In contrast to American cartoons, it is not uncommon for anime to depict blood and gore, sex, or substance use.
  - Watch an episode with your child to get a sense of the show.
  - Look up the show online and read about it. Commonsensemedia.org is a good resource.
- Why bother discussing anime with your child?
  - Showing interest in topics they enjoy can help build your relationship.
  - Understanding appropriateness for their developmental level – talking about a show they like, or watching it with them, might help you decide whether you are okay with them watching the show.

SOCIAL MEDIA

- Definition of social media - Websites or applications that allow users to create and share content and participate in social networking
- Reinforcing design in social media
  - Similar variable reinforcement with many videogames. When the feed is refreshed, there is often interesting new information that is registered as a "reward" by the user's brain. Notifications and "likes" from other users are similarly reinforcing.
  - Social media apps learn to show users posts and articles that are interesting to them (or that they will agree with) based on what they previously click or share with others.

Back to TOC

- Approach to social media use with children
  - Monitor, don't spy – It should be discussed and expected that parents will check on what children are doing on their social media.
  - Co-engagement – Parents should be on all the social media apps their children use, and able to see what they post on their Facebook wall, Snapchat story, etc.
  - Know each social media app that the child uses – Be aware that these are frequently changing.
  - Know the passwords the child uses for each app – Some children will use false accounts with different usernames to mislead parents
  - Discuss the idea of curating a healthy online identity.

SETTING APPROPRIATE LIMITS ON SCREENTIME

Spending excessive time on the internet, children may be exposed to:

- Violence and risk-taking behaviors
- Videos of stunts or challenges that may inspire unsafe behavior
- Sexual content
- Negative stereotypes
- Substance use
- Cyberbullies and predators
- Targeted advertisements
- Misleading or inaccurate information

Excessive screentime may lead to:

- Sleep problems
- Poor grades
- Reading less books
- Less time with family and friends
- Not enough outdoor/physical activity
- Weight problems
- Mood problems
- Poor self-image and body issues
- Fear of missing out
- Less time learning other ways to relax and have fun

Back to TOC

DEVELOPING A SCREENTIME CONTRACT

- Many families find it helpful to develop a written agreement about what constitutes appropriate screentime. Potential topics such an agreement might include are as follows:
  - Appropriate times of the day to be online (e.g. not after bedtime)
  - Appropriate amount of time online per day
    - We do not recommend a specific amount of time, as this will vary depending on the family. It is certainly unhealthy for a child to be spending many hours per day on screentime.
  - Appropriate places to be using the internet (e.g. not during class, not at the diner table)
  - Appropriate content to look up or watch online
  - How the child should present themselves to the world online.
  - Who is it appropriate for the child to contact online
- It is generally inadvisable to have a television or computer in a child's room, as this will tempt them to use the internet at inappropriate times. The privacy of their room may also lead to them being more at risk for using the internet in inappropriate ways.
- Some parents will need to take a hands-on approach to helping their children adhere to the agreement. For example, they may need to take away their phone at bedtime.
- It often helps children to follow rules around internet use if they see that everyone else in the family is also following those rules. Children learn by the example of those aruond them.
- If an agreement is made and the child breaks a rule, consequences should be brief and enforceable.

Resources for parents:
Commonsensemedia.org
Healthychildren.org

Back to TOC

EDUCATIONAL TOPICS
SELF-HARM IN CHILDREN AND ADOLESCENTS

WHAT IS SELF-HARM?

Self-harm is an important and common problem in children and adolescents struggling with mental health concerns. As a parent, you may have a lot of questions about what causes self- harm and what to do about it. Self-harm takes many forms, has a range of severity and a variety of causes. The most common example is cutting, a term to describe superficial self- injury caused to skin. Other forms of self-injury include scratching, hitting oneself, headbanging, biting, burning and other forms of intentional injury to oneself. Self-harm behaviors differ from suicide gestures, in that self-harm behaviors are a form of coping (although a maladaptive coping skill) and not an attempt to end their life.

WHAT CAUSES THIS TO HAPPEN?

What causes kids and teens to self-harm? There are many potential reasons. Children and teenagers are still learning how to regulate their emotions. At times this can become physically uncomfortable and emotionally overwhelming. Many teens might turn to self-injury such as cutting to provide relief from the difficult emotional state they are in, and because they do not currently know other skills for managing these feelings. These feelings can include pain, sadness, anger, hate or fear. It's not uncommon that a teenager may describe feeling overwhelmed and numb, and that cutting may cause them to feel something again, even if it is physical pain. That pain sometimes serves as a distraction and a relief from the overwhelming feelings and discomfort. This is often a temporary relief, though, and so there is a need for learning new skills. Peer pressure and contagion effects can also influence teenagers to hurt themselves. Some may injure themselves in order to feel accepted, to state their individuality, to rebel or to take risks. It may also occur out of desperation, or anger, or to express their sense of hopelessness or worthlessness. Teens may afterwards hide their scars, bruises, and burns due to feeling embarrassed, criticized, or rejected by others.

It is also important to recognize that self-harm is often an indicator of an underlying mental illness that needs to be addressed. Children who have depression, anxiety, trauma, abuse, or neglect may harm themselves. Individuals with autism or developmental delays may also engage in self-injurious behaviors. Self-injury may be related to underlying suicidal thoughts. Many teens who engage in self-injury also have suicidal thoughts. It is important for parents and providers to understand the intent of the behavior.

WHAT TO DO AS A PARENT?

ASSESS – is there a new injury that needs immediate attention? If you see a fresh cut or your child shows you one, first assess it. Offer to help wash it and put on topical anti-biotic ointment and/or a band-aid, if necessary. If the injury looks severe (actively bleeding, deep cut, infected) have it evaluated by a medical professional.

Back to TOC

REASSURE – talk with your child calmly; listen to what they say. How you react to the discovery that your child is harming themselves is more important than what you say. Speak in calm and comforting tones. Reassure them that you care about them and that you don't judge them, that you want to understand what they are experiencing.

ENCOURAGE – your child to express their feelings and thoughts. Explain you want to understand what's happening and learn how you can help. They may not want to talk about their self-injury behavior at first; they may also deny it's a problem. Don't pressure them and let them know you'll be there when they're ready to talk.

LISTEN – when they're ready, actively listen. Reflect their feelings without judgement. Look for how their feelings or thoughts make sense given their history or current situation, even if you don't approve of the emotion, behavior, or action itself. Be a respectful listener before offering your opinions or thoughts. It's OK to ask questions, too. For example:

"How long have you been hurting yourself?" "How often do you hurt yourself?"

"Do you want to change your self-injury behavior? "How can I help?"

AVOID – power struggles. You cannot control your child's behavior. Demanding or insisting that they stop the behavior is generally counter-productive. Also avoid:

- Expressing feelings of disgust or judgment
- Yelling
- Disciplining for cutting
- Lecturing
- Invalidating their feelings
- Dismissing their concerns*

*Sometimes, when children perceive that their self-injury is not being taken seriously, they may escalate to more dangerous behaviors.

CONSIDER – next steps. Teens engage in self-injury behavior for a variety of reasons and figuring out the "why" for your child may take time. Working with a therapist and psychiatrist is strongly recommended; they can support you with parenting as well as help your child.

Changing self-injury behavior is often a long process; be kind to yourself and your child in the event of recurrences and setbacks. Your presence and willingness to be there through tough times and painful situations is enormously helpful for your child (even if they say it isn't!)

Back to TOC

EDUCATIONAL TOPICS
THE ART OF APOLOGY

"I'm Sorry" may be the two most important words we say to our kids. However, it often can be the most difficult. Often times an apology can be mistaken for being weak, not having control (or authority). However, the reality is the opposite. Apologizing is an amazing gift we can give to our children and ourselves. When apologizing is difficulty, an important question to ask oneself is, "Do I want to be right?" or "Do I want the relationship?"

Harriet Lerner, PhD is a researcher who studies relationships and the importance of a GOOD apology. A summary of her work is below, and further information can be found her book, *Why won't you apologize? Healing big betrayals and Everyday hurts*.

So why should we apologize, especially to our children? Primarily it is a gift to the child, to oneself and to the relationship. An apology helps free someone from anger, bitterness, and pain. When a parent apologizes, it affirms to the child that their feelings are valid, make sense, and the adult it is taking responsibility for their words and actions. Children have a strong sense of justice and suffer when a parent's defensiveness invalidates what the child experiences. Thus, the apology fosters emotional safety. The child can trust their loved one cares about their experience. It also reinforces secure attachment; all humans "mess up," and the relationship is important enough to work through the discomfort.

An apology also builds respect and fosters integrity. As models to our children, we want to be our best selves. It doesn't matter if the other person is "more wrong." It models to the child how to do the right thing. Apologizing does NOT equate to losing authority, and contrarily will gain trust from a child when offered a heartfelt apology. However NOT apologizing can end or jeopardize quality of relationship.

Despite knowing the benefits of an apology, they can still be hard. And sometimes, efforts to apologize are not always received well. Sometimes common missteps impede a quality apology. The following include a summary of key aspects to the "art" of apology.

TRUE APOLOGIES:

1) Do NOT use the word "BUT". Saying "I'm sorry BUT ___" is the most common apology error. Even if what after follows the "but" is true, it is a criticism, a justification or rationalization, and cancels the apology. The goal is to think about the intention of the apology and owning our own response. Often a teachable moment is needed and appropriate, but that conversation must be DELAYED, to separate it from the apology. "Now that we're both calm, I want to talk about ____."
2) Keep focus on Actions, not the other person's feelings or response. Do NOT say "I'm sorry **you felt** hurt by what I said." This implies that the problem is other's feelings (e.g., the other person is being too sensitive). The purpose of the apology is to own your own behavior. It is ok to reflect the hurt to another such as "I'm sorry I hurt your feelings," "I wasn't aware at all I was hurting your feelings. I'm really sorry I made that comment," or "I didn't realize I had hurt your feelings. I'm really sorry I ___."

Back to TOC

3) Don't focus on who is to blame or who is "more right?" Avoid the thought, "they are more to blame, so I don't need to apologize." Asking oneself, "do I want to be right, or do I want the relationship?" is a helpful reminder of this key point. Also, as parents, we are the model, and it is important if we apologize **first**. Often times the child will follow suit, but do not expect the apology or force an apology in return. They may need time to react to the apology (i.e., they may not expect the apology from parent or need time to process their own actions).
4) Apologize for heartfelt reasons. An apology is Not a bargaining tool or a transactional tool. Avoid thinking "I will apologize so in turn [other] will get back to normal." An apology can be both feeling heartfelt AND wanting to move forward, but the **intention** is not to get something.
5) Do NOT serve to silence the other person. An apology is not a way to get out of a dispute or difficult situation. A sarcastic "sorry" or hurrying through the apology is effectively communicating you are not listening nor engaged in their experience. However, it is ok to delay if not ready to respond and apologize. A delayed response might be, "I want to think about what you have to say".
6) Do NOT overdo. Stay focused on the feelings of the hurt party without overshadowing them with one's own feelings or remorse. Avoid comments such as, "I'm sorry, I'm such a terrible person," or "I don't do anything right" or "I'm the worst parent."
7) Avoid Repeat Performances. The genuine meaning of an apology is lost if the behavior keeps happening.

So how does one **receive** an apology? A great response is "thank you for the apology. I appreciate that." Others include: "That meant a lot to me, thank you." "That means something to me." "I appreciate your apology. That was a really hard thing for me."

Common, but undesirable responses include "that's ok", "don't worry about it", "no big deal" or "no need to apologize!" These comments minimize our feelings and experience. It is important to respect our feelings as well as respect the effort someone gives us when giving an apology.

When it comes to children, it's not uncommon that they sometimes don't want to apologize or are not ready. Also remember children are still developing and building skills for success in the relationship. It is important not to minimize their efforts. It is important to AVOID the "Add-ons", demands or lectures. Examples include: "Thanks for the apology, but next time you need to include your brother." "Thank you for the apology, but I don't really know if you're sincere." "…But I don't know if you meant that apology." "Maybe next time you can apologize before I ask you to." "You better think twice about that." "Look me in the eye. Say it like you mean it." "If you were truly sorry, you wouldn't have done it in the first place."

It is human to err, and an apology restores trust and connection. It truly is a gift to the relationship. It teaches the child they will be heard and acknowledged, and reaffirms their feelings matter and it's safe to share.

Lastly, have self-compassion. "But I am still angry with my child" is a natural experience and your feelings are valid. Continue to develop healthy ways to release the emotional charge. Some outlets include taking deep breaths, meditation, journaling, art, music, exercise, taking a walk, being in nature, crying, calling a friend, and talking to a therapist.

Back to TOC

EDUCATIONAL TOPICS
WELLNESS STRATEGIES

Most of the time when we think about mental health treatments for children, we envision psychotherapy or medication. However, there are lifestyle and wellness strategies that can be equally as powerful as more traditional interventions. That said, recently the word "wellness" has become a little overused and it can be confusing to know what really works. To help with this, below are some of the most evidence-based and specific wellness interventions that help kids who are struggling with mental health.

EXERCISE

Imagine if we had a pill that was as powerful as any antidepressant and makes you physically healthier at the same time… well, it may not be a pill, but exercise certainly fulfills that promise. Exercise, in the right frequency and intensity, has been shown time and time again across many research studies to be as powerful as common antidepressants like fluoxetine for the treatment of depression in teenagers. Unfortunately, it can be really hard to motivate teenagers to exercise frequently and the "dose" of exercise required to really impact mood can be intimidating for some. Ideally, to exercise in the amount that would really improve mood, a teenager would need to exercise 4-5 times a week for approximately 25 minutes each session. In addition, each session those 25 minutes would need to be spent doing intense exercise such as running, high intensity interval training, swimming, or something that really gets the heart rate up consistently. Very few teenagers can just go from exercising not at all to suddenly exercising 4-5 times a week but it's okay to make it a journey. It's okay to start with 1-2 times a week and work your way up. For many people there are a lot of barriers to exercising, even beyond just motivation. Sometimes it takes time to save money for a gym membership, get the right clothes for exercising, or figure out how to do exercises at home. However, it is worth the effort because in the long run building in fitness as a routine can have extraordinary benefits for mood.

One tip - the website www.fitnessblender.com has outstanding, customizable, and free workouts you can do at home with little to no equipment.

MEDITATION

Mindfulness and meditation have become quite popular in our modern culture. It is everywhere - it is taught in schools, celebrities brag about it on social media, and the most popular athletes use it to focus before games. One of the reasons it is everywhere is because it works! When practiced regularly, meditation can significantly help alleviate anxiety. However, just like exercise, to really get the benefits from it takes commitment and time. The most commonly researched meditation for anxiety involves more classical meditation in which a person focuses their attention on their breath. It is normal for other thoughts to come up during this time, but the idea is to gently redirect your attention back to the breath. Meditating like this once or twice a day for 5 to 10 minutes for 1 to 2 months can improve anxiety. In addition, once you have a regular meditation practice going it is possible to use it on an as-needed basis during times of acute stress.

Back to TOC

There are lots of great apps with free meditation tutorials. A good starting place is using the free "basics" course on the app headspace. Once that is finished and you have the basics of meditation down, you can look for free meditations elsewhere. Insight timer is an app with hundreds of excellent free guided meditations.

COMMUNITY INVOLVEMENT

There is a strong and building evidence base for how community involvement can create resilience and reduce the risk of the relapse of depression. Specifically, the most powerful community involvement for mental health tends to be one in which a child or teenager learns a skill that also results in social engagement. For example, learning a musical instrument is a skill, but then it can also result in extremely positive social engagement as kids can join a band and build a community of fellow music lovers. Sports is another example. Being active in the theater also fits the bill. There are many examples of activities which would allow a child to build a skill while also building friendships. In general, it is important for each child to have at least one thing like this in their life. By building a skill they gain confidence and a positive identity, and then by building a community around that skill they gain positive relationships which are extremely protective for their mental health.

FAMILY MENTAL HEALTH

Parent and caregiver mental health directly impacts child mental health. In fact, there is research that shows that when both a parent and child are suffering from depression, it is possible to improve the child's depression simply by treating the parent's depression alone. Unfortunately, many parents struggle to see this. In part that is because a lot of parents feel like they have to put everything for their child ahead of themselves. In reality that is not always good for children. In fact, it is important for parents to look at their own self-care as an act of caring for their child. After all, it is not really possible to be the parent you want to be if you are not doing well yourself. Sometimes this means that it is important for parents to get their own mental health treatment. Sometimes it is something more basic, like parents talking with each other about ways they can share responsibilities to free up time for each other to engage in self-care.

SLEEP

It's really hard to rebound from depression and anxiety if you are not sleeping. Unfortunately, depression and anxiety have a tendency to disrupt sleep. Teenagers need 8 to 10 hours, and a lot of the time when they are going through depression or anxiety, they get a lot less than that. Screen time and poor sleep habits often get in the way. The term "sleep hygiene" refers to a series of strategies and behaviors you can use to make it easier to fall asleep. Sometimes, just engaging in good sleep hygiene can dramatically change how much sleep a teenager gets. Other times, it can be important to talk to a doctor about what is getting in the way of sleep, or even consider if a medication could be helpful.

For more on sleep, including sleep hygiene tips please check out the American Academy of Sleep Medicine's website: https://sleepeducation.org/

Back to TOC

GENERAL RESOURCES

NATIONAL SUICIDE AND CRISIS LIFELINE: 988

COUNTY RESOURCES

Dane County

- 24-Hour Crisis Line: (608) 280-2600
- Department of Human Services: (608) 242-6200
- **UnityPoint Health – Meriter Emergency Department**
  - 202 S. Park St. Madison, WI 53715 (608) 417-6000
- **UW Health Emergency Department**
  - 600 Highland Ave. Madison, WI 53792 (608) 262-2398
- **SSM Health St. Mary's Emergency Department**
  - 700 S. Brooks St. Madison, WI 53715 (608) 251-6100

Rock County

- 24-Hour Crisis Line: (608) 757-5025
- Department of Human Services: (608) 757-5200
- Edgerton Hospital Emergency Department
  - 11101 N. Sherman Rd. Edgerton, WI 53534 (608) 884-3441
- Beloit Memorial Emergency Department
  - 1969 W. Hart Rd. Beloit, WI 53511 (608) 364-5011
- Mercyhealth Emergency Department
  - 1000 Mineral Point Ave. Janesville, WI 53548 (608) 756-6000
- SSM Health St. Mary's – Janesville Emergency Department
  - 3400 E. Racine St. Janesville, WI 53546 (608) 373-8101

Jefferson County

- 24-Hour Crisis Line: (920) 674-3105
- Department of Human Resources: (920) 674-3105
- Fort Healthcare Emergency Department
  - 611 Sherman Ave. East Fort Atkinson, WI 53538 (920) 568-5330
- Watertown Regional Medical Center Emergency Department
  - 125 Hospital Dr. Watertown, WI 53098 (920) 262-4222

Dodge County

- Business Hours Crisis Line: 920-386-4094
- After-Hours, Weekend, & Holiday Crisis Line: 1-888-552-6642
- Department of Human Services: (920) 386-3500
- Marshfield Medical Center – Beaver Dam Emergency Department
  - 707 S. University Ave. Beaver Dam, WI 53916 (920) 887-7181

Columbia County

- 24-Hour Crisis Line: 1-888-552-6642
- Department of Health & Human Services: (608) 742-9285

Back to TOC

- Prairie Ridge Health – Columbus Emergency Department
  - 1515 Park Ave.
    Columbus, WI 53925
    (920) 623-6466

Sauk County

- 24-Hour Crisis Line: 1-800-533-5692
- Department of Human Services:
  (608) 355-4200
- Reedsburg Area Medical Center Emergency Department
  - 2000 N. Dewey Ave.
    Reedsburg, WI 53959
    (608) 524-6487
- Sauk Prairie Hospital
  - 260 26th St.
    Prairie du Sac, WI 53578
    (608) 643-3311
- SSM Health St. Clare's Emergency Department
  - 707 14th St.
    Baraboo, WI 53913
    (608) 356-1400

Iowa County

- 24-Hour Crisis Line: 1-800-362-5717
- Department of Social Services:
  (608) 930-9801
- Upland Hills Health Emergency Department
  - 800 Compassion Way
    Dodgeville, WI 53533
    (608) 930-8000

Green County

- 24-Hour Crisis Line: 1-888-552-6642
- Department of Human Services:
  (608) 328-9393
- SSM Health Monroe Emergency Department
  - 515 22nd Ave.
    Monroe, WI 53566
    (608) 324-1160

SEXUAL ASSAULT RESOURCES

Dane County–Rape Crisis Center

- 24-Hour Crisis Line: (608) 251-7273
- Medical & legal advocacy
- Case management services
- Emotional support & therapy services/ groups
- Bilingual services

Rock & Green County–Sexual Assault Recovery Program

- 24-Hour Crisis Line: 1-866-666-4576
- Medical & legal advocacy
- Case management services
- Restraining orders
- Support groups
- Referral services
- Bilingual services

Dodge County–PAVE

- 24-Hour Crisis Line: 1-800-775-3785
- 24-Hour Text Line: 1-920-344-0123
- Support at SANE (sexual assault nurse exams)
- Counseling
- Support groups
- Support at trials

Columbia County–SAFE

- 24-Hour Crisis Line: (503) 397-6161
- Advocacy
- Assistance with reporting

Sauk County–HOPE House

- 24-Hour Crisis Line: (608) 356-7500 or 1-800-584-6790
- Also supports Columbia, Juneau, Marquette, & Adams Counties
- Medical & legal advocacy
- Emergency shelter
- Counseling & support groups
- Emergency assistance

Iowa County–Family Advocates

- 24-Hour Crisis Line: 1-800-924-2624
- Medical & legal advocacy
- Referral services
- Support groups

Back to TOC

MENTAL HEALTH APPS FOR TEENS

CALM

This app aims to reduce stress and anxiety, and allow for restful sleep. The app includes sleep stories, guided meditations, calming sleep music, and breathing programs.
*requires in app purchases

CALM HARM

Calm Harm aims to reduce self-harming behaviors through its Dialectical Behavioral Therapy approach. The app includes strategies to distract teens through short activities.

MY3 - SUPPORT NETWORK

Offers safety planning that can be used in the moment of a crisis. The app also has the user choose three safety people to contact if they feel they need more support.

HEADSPACE

Headspace can be used as a coping mechanism to help teens manage their thoughts. Headspace can be especially useful in dealing with anxiety over school/friends. The app also helps teens focus on grounding skills.
*requires in app purchases

ALL APPLICATIONS ARE FREE TO DOWNLOAD

*some require in app purchases

Back to TOC

AFTER VISIT SUMMARY

When your child is discharged, you will receive a folder with information that has their safety/red zone plan, community resources, additional handouts, diagnosis information, and their prescriptions. You will also receive their "After Visit Summary." This has your child's medication changes, upcoming appointment information, and any referral or outpatient recommendations that were made during their hospital stay.

Back to TOC