

# Parents and Caregiver Guide to Teen Hospitalization

Adolescent Behavioral Health Unit at  
Tacoma General

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## What to Expect & Do: A Day-by-Day Guide for Parents and Care-

### Day of Admission and First Full Day

- Be prepared for your own strong emotions. See page 7 for more information on coping with an inpatient hospitalization.
- Inform the outpatient team (psychiatrist and therapist) that your teen has been hospitalized. Cancel appointments they won't be able to attend.
- Let the school know your teen won't be attending. You can tell them that your teen can't come to school for medical reasons, that they'll be gone for about a week, and that you'll provide a doctor's note when they return.
- Be aware that staff usually spends the first 72 hours observing new patients and formulating a diagnosis. They may wait to contact you until this assessment is complete.
- Consider writing down questions you want to ask and information you want to share when you are contacted by your teen's social worker or psychiatrist/nurse practitioner.
- If your teen calls you, ask for their privacy password. You will need this to contact them in the future and to get information from hospital staff.

### **Tips for talking with your teen in this period:**

- At first being in the hospital is scary and emotional for many teens. Be prepared for your teen to say that they don't need to be here, that the other kids here aren't like them, etc. Listen to them and empathize; let them know you wish there was another way. If it seems helpful, remind them that their stay will not be long, and the treatment team will help decide when they are ready to leave.
- Be aware that your teen may not be ready to discuss the events that led to hospitalization.
- Keep the conversation light the first time you talk with them—be prepared ahead of time with topics. Let them know you are open to talking about more serious things if they would like.
- Contain your own emotions. Openly talking about how upset you or others are can make your teen feel like a burden. It can also send the message that you cannot handle their emotions, making them more reluctant to be open with you in the future.

## **Second through Fifth Day**

- Prepare to receive a phone call from a psychiatrist or psychiatric nurse practitioner and a clinical social worker about 3 days after admission.
- Practice self-care and seek out your own emotional support. You need to be psychologically in the best place possible when your teen returns home, so take this time to care for yourself. If you have other children, spend time with them.
- If you want to check on your teen, consider calling to speak with their assigned nurse. This will require the privacy password.
- Brace yourself for your teen's reaction to hospitalization. Remember that they are in the aftermath of a mental health crisis. Some teens complain that being here is not helpful and some may appear to be not taking the hospitalization seriously. Other teens are angry at their parents.
- Look at the Family Discharge Plan on page 8. It can guide you through thinking about the following:
  - Changes to rules and privileges that may be needed at home to ensure your teen's safety. Don't pressure yourself to have all the right answers when your teen returns home. Think about a "for now" plan that will evolve with time. If you have specific concerns about friends or electronics, look at our guide on page 15.
  - Reducing expectations for your teen. If your teen wasn't meeting expectations around schoolwork, chores, etc. before hospitalization, they likely will not meet them immediately after they leave the hospital. Mental health issues like depression affect energy level and motivation.

### **Tips for talking with your teen during this period:**

- Continue to contain your own emotions when talking with your teen. Seek out your own help if you are struggling with this.
- Begin talking with your teen about changes to rules, privileges, or privacy that will be in place when they return home. Avoid words and phrases like "losing/gaining trust" and "taking responsibility." These phrases may accurately capture what you think, but teens often hear them as blaming. Using them can shut down communication.
- When talking about changes to rules or privileges, speak in terms of safety. See page 5 for more guidance on this.
- Let your teen know that you don't expect them to be perfect or "all better" when

they come home. Assure them that you are ready for bumps and difficult times, and that you are committed to working through them together.

### **Final Days before Discharge**

- The exact date of discharge is usually decided 1-2 days beforehand. The social worker will call you when the date is finalized to help you prepare; be ready with any questions.
- If you want to make use of FMLA, get the documents from your work and speak to the social worker about it when they call to discuss discharge.
- Make a plan (with input from your teen) with the school or schedule an appointment to meet with the school.
  - Arrange for missed work to be excused if possible and made up if not.
  - If your teen was struggling in school consider making a plan with the school to reduce expectations. They may need to drop classes or have a reduced workload.
  - The social worker can help you with paperwork to support these requests.
- If your teen was hospitalized due to concerns about suicide, do a safety sweep or plan to do one with your teen. People at high risk for suicide should not have high risk items around them. Remove all medications and sharps.
- Have a plan for how to respond if your teen becomes suicidal again soon after discharge. Parents have increased peace of mind if they have a plan in place.
- It's normal to feel unsure about whether you and your teen are ready for their return home. Be prepared for your teen to still have thoughts of suicide that they struggle with and to help them with these thoughts as needed.
- Arrange to have an adult constantly with your teen for 24-48 hours after discharge.
- Read "Bringing A Child Home from Psychiatric Hospitalization" for a parent's perspective: <https://childmind.org/article/bringing-child-home-psychiatric-hospitalization/>

### **Tips for talking to your teen during this period:**

- Let them know that your plans for supervision and privileges may change based on how they are doing and feedback from their outpatient therapist.
- Be prepared for them to express mixed feelings about coming home, to say they are not sure they can be safe, or that they want to stay longer at the hospital.

Reassure them that these feelings are normal, and that you are ready to help.

## After a Suicide Attempt or Hospitalization: Tips for Communicating with your Teen

### Do:

- Listen. Focus on understanding rather than making your own point
  - Focus on them and their emotions.
  - Let them know you take what they say seriously
  - Be patient and wait through silence. It may take teens a minute to come up with what they want to say.
  - Have strategies in advance for handling any strong emotions that might come up for you. While it's normal for parents to have an emotional reaction to their teen's suicide attempt, openly displaying your strong emotions can suggest that you can't handle knowing how they feel or add to their feelings of guilt
- |   |                               |
|---|-------------------------------|
| · I'm listening to you.                 | · I need to.                  |
| · I'm sorry you've been feeling so bad. | · I'm glad you're still here. |
| · You can always talk to me if you      | · I'm here for you.           |

### Say

### Don't:

- Expect them to be able to say how they feel or why they were suicidal. They may not know the answer, or may not be able to put it into words
- Have high expectations about how much they will communicate or share with you. If they aren't used to doing this, it will take time for them to learn.
- Disagree with how they feel or try to convince your teen to think differently.
- Make them feel guilty/selfish by talking about how much they upset you or other people.
- Suggest that it wasn't really a suicide attempt
- Criticize or judge: "That was such a stupid thing to do," "Suicide is selfish," "You should've asked for help," or "You shouldn't have done that."
- Use phrases like "broken trust"; this implies that the teen has purposefully done something wrong and doesn't focus on the pain that led to the behavior.

## Changes to Privileges and Privacy: Tips for Communicating with Your Teen

- Focus on how the changes you are making will contribute to your teen's health and safety.
- Avoid using words like "trust" and "responsibility"; these are loaded words for many teens that can shut down communication.
- Specifically say what healthy behaviors you are looking for. Considering using a "when. then." format. Examples:
  - When I see that you have the energy to maintain your hygiene and sleep schedule, then I'll know you're ready for more phone time.
  - When you're able to spend a couple hours outside of your bedroom every day, then we'll know you're able to care for a puppy.
  - When you feel comfortable attending a couple of classes in school and trying the work, then you can have more time with the PlayStation.
- Also talk about lowering expectations for chores, homework, etc. Sometimes this makes it clear that the changes are not punishments but attempts to help.
- Be prepared for your teen to not like any reductions in privileges, privacy or independence. Be prepared for them to be sad, frustrated or angry.
- Give them time to think over their reaction to the changes. If they're initially upset, plan to talk about it again later.
- Be open to your teen's ideas about meeting these goals.
- Be clear that any reductions in privileges and privacy are only for now and will likely change soon.

## Family Coping Plan

When a teen attempts suicide, the emotional impact on parents can be overwhelming. At first you may feel like you're in shock or that things seem unreal. Some people feel that they failed as parents, that they should have known how much their teen was struggling, or that life can never be the same again. Hospitalization may be a relief for families that have been overwhelmed with trying to keep their teen safe. Other parents feel angry at the teen who made the attempt and question their motives or seriousness.

As a parent, it's easy to focus all your energy and attention on your struggling teen and neglect your needs and the needs of other children. While your teen is hospitalized, take time to focus on building your emotional and physical health and meeting the needs of other children. This helps everyone be in the best position possible to support your teen when they return home.

### **Self-care for parents**

Try to eat right and get enough sleep. Be prepared to feel moments of panic, blame, anger, or despair. When strong emotions come up, take time for yourself. Listen to relaxing music or go for a walk. It's okay for you to make time for things you enjoy while your teen is hospitalized. If it helps, write down your thoughts. If you feel comfortable doing so, reach out to friends or see a therapist of your own.

Take this time to figure out how to cope with difficult situations that may come up. If you are anxious about how you'll cope when your teen returns home, starting to plan now can relieve stress. Don't put too much pressure on yourself to have the perfect plan when your teen returns home from the hospital. You'll be able to adjust the plan over time so that it meets the needs of you and your teen. See the Discharge Plan for Families later in this booklet.

### **Siblings**

Even if they don't mention it or seem fine, your other children will realize something is wrong. If they don't know what's going on, their imaginations can jump to the worst. Talk with them in an age-appropriate way about what has happened. They don't need to know all the details.

Explain to them that this situation is about the emotional pain their sibling was having and is not because of anything they did. Let them know their sibling will be home in a week or two. It might help them to see pictures of this facility from our website, so that they don't have scary mental images of where their sibling is.

### **Spouses and partners**

If you have a spouse or partner, they may have a different emotional reaction to this crisis than you do. Crises like these can put strain on relationships. You may wish to seek professional support or family therapy even if your teen isn't yet involved.

## Family Discharge Plan

Complete this form to prepare for your teen's return home. This plan focuses only on preventing life threatening behavior.

### CHANGES IN THE HOME

In order to keep your teen safe, will any privileges be different when the teen gets home?

Are there any expectations that will be lowered or changed (example: school, chores)?

### SAFETY PLANNING/SUICIDE PREVENTION PLAN

What might happen in the week after discharge that could lead to a suicide attempt?

What are warning signs that your teen is at risk for a suicide attempt?

What would you do if you think your teen is at high risk for a suicide attempt? (See page 17-18)

What family issues that should be worked on in outpatient therapy\*? (Outpatient treatment should help teen and family continually evaluate adequacy of safety plan, when teen is ready for increased privileges, and when restrictions on sharps/medications can be removed).

## Family Discharge Plan: For Parents and Caregivers Only

This plan focuses on steps parents can take to prevent unnecessary parent-child escalation. It is not designed to share with your teen or other children.

### PARENT TRIGGERS

What expectations (e.g. being respectful, no missing assignments) are you putting on hold for now to prioritize your teen's mental health and reduce conflict?

Are there certain things (e.g. teen's bad attitude, you being busy, you being tired, etc.) that put you more at risk for saying things you later regret ?

### PARENT COPING

How will you know if you are at risk for becoming so anxious, angry, or sad that you can't help your teen? What are your warning signs?

What strategies will you use to cope with your frustration, anxiety, or sadness related to your teen?

What kind of help do you need for you?

## Frequently Asked Questions

### **How long will my teen be in the hospital?**

Average stays on our unit are around 7 – 10 days. Almost all teens still have some symptoms when they return home; some may continue to have severe symptoms.

### **What can be accomplished during a brief hospitalization?**

A hospitalization of 7 - 10 days is usually long enough to stop immediate suicide risk, offer the chance to learn basic coping skills, and start or change medications. Because patients have usually had a recent mental health crisis, it can be difficult to learn new skills or do meaningful therapeutic work. We expect that most of the progress they make will occur after discharge from the hospital.

### **What are the other patients like?**

Patients on psychiatric units usually have severe emotional and behavioral problems. Your teen may see behaviors or hear stories you find disturbing and would prefer they not experience. This may include swearing, aggression, self-harm, and psychotic behavior (that is, other patients who see or hear things that aren't there, have strange beliefs, or do and say things that don't seem to make sense).

### **Will my teen receive individual therapy?**

Therapy is provided in group settings; we do not provide individual therapy. Patients meet with their psychiatrist or psychiatric nurse practitioner once a day. They have opportunities throughout the day to talk with nurses and mental health technicians.

### **How can I support my teen in using their coping skills?**

Be prepared: have a plan for handling problems before they occur. Know where your teen's safety plan is and what kind of support they want from you. Know their "warning signs" and what you as a parent can do when they are getting upset.

### **Is it okay to tell people my teen is hospitalized?**

Mental health problems are nothing to feel ashamed about, but they are personal. While health care providers and immediate family members should be made aware, respecting your teen's wishes about who should be informed is an important part of building and maintaining a solid relationship with them. You may consider discussing such issues with unit staff or your outpatient therapist.

### **Treatment Team**

### **How often will I hear from hospital staff? How do I talk to someone about my teen?**

The psychiatrist, psychiatric nurse practitioner, or clinical social worker will call in the first few days after admission. Staff usually spend the first 72 hours observing new patients and formulating a diagnosis and may not contact you until this is

complete. If you want to check on your teen, call and ask to speak with the nurse currently assigned to them.

Due to the short duration of their stay and limited treatment provided, providers and social workers cannot offer regular updates. Most families speak with the doctor only once or twice during hospitalization.

### **How do I communicate with my teen's treatment team?**

Your teen has an assigned nurse each shift. If you want to check about how your teen is doing, consider calling and asking to speak with your teen's nurse.

If you want to speak with a provider (psychiatrist or psychiatric nurse practitioner) or social worker, it's best to call in the morning or early afternoon. Due to their workload, they may not be able to return your call in a timely manner.

Social workers and providers have full schedules and have limited time to talk. In order to make the most effective use of their time, it helps to make a list of your questions and any information to share.

### **Can I meet in-person with the doctor or social worker?**

Due to the limited nature of treatment we provide, in-person meetings with doctors and social workers are not offered.

## **School**

### **Should I tell the school that my teen has been hospitalized?**

Many patients have problems at school, such as missing work, failing grades, behavior problems, peer issues, or poor attendance. In these cases we suggest working with the school to address these issues. However, if your teen is hospitalized during a school vacation (like summer, winter break, or spring break) and has no history of difficulties at school, you may not need to inform the school.

### **What if my teen does not want me to tell the school?**

Include your teen in decision-making. Ask them about:

- Is there a person at the school they trust and would feel most comfortable knowing about their hospitalization?
- What is your teen comfortable with the school knowing?
- What do they not want the school to know?

Let them know you respect their opinions about sharing such information, and you want to honor their wishes - but that you may not be able to. If you have already talked to the school about the hospitalization, tell your teen who you talked to.

### **Can teens do schoolwork while they're at ABHU?**

They can work on anything that can be completed without electronic devices, such as reading a novel or doing math.

### **What do I say if someone asks me how my teen is?**

If someone asks how your hospitalized teen is, you can say, "Like most teenagers,

he has his challenges that he's working through." or "She's dealing with life's ups and downs."

### **Why is my teen complaining of boredom?**

While feelings of boredom often accompany depression, it can be tough for anyone to adjust to an environment without smart phones, computers, television, video games, etc. We encourage patients to participate in groups and activities in order to prevent boredom.

## **Discharge**

### **When will my teen leave the hospital?**

This depends on how they're doing. Usually teens leave about 8 days after they get here, but it can be shorter or longer. Often, it's not decided until the last 1 or 2 days of their stay. Teens who want to leave the hospital show they are when they:

- Have a plan for coping with the stressful things that brought them to the hospital;
- Know how to handle difficult things in their lives without hurting themselves or others;
- Know how to handle suicidal thoughts and impulses;
- Express willingness to participate in outpatient treatment

### **My teen says they are not ready to come home yet. Do they need to stay longer?**

In some ways life in the hospital is simple. Everything is predictable. The stressors and temptations of regular life aren't there. Teens are surrounded by supportive peers and adults. When teens leave the hospital, they'll have to face their stressors and resist falling into old habits. Your teen may feel scared about these things.

The treatment team will not discharge your teen if they don't think they're ready. If they believe your teen needs longer-term treatment, they will discuss it with you. Otherwise, let your teen know it's normal to feel unsure about leaving the hospital. Reassure them that things may be tough now, but that they will have support in dealing with their concerns.

### **My teen told me their discharge date—why didn't I hear about this from staff?**

Teens may hear an estimated discharge date from staff. For example, at first we usually estimate that all patients will stay about 8 days. As we see how a teen responds to treatment, the discharge date often moves. Parents are informed at least 24 hours before discharge.

Teens may misunderstand an estimated discharge date as a definite date. A discharge date is never definite until a staff member confirms it with the parent/caregiver.

### **Why is my teen being discharged when they still have so many difficulties?**

Psychiatric hospitalization is only one step on the path of recovery. Most of

# After Discharge: Information for Parents and Caregivers

## Phones, Friends and Screens after Hospitalization

It's normal to be concerned about how your teen is affected by their friends and phone use, especially when they struggle with mental health issues. There is no one right answer for how to handle electronics and friends. Below are some guidelines to help you with making these decisions.

### **Is it a significant safety issue?**

Social media, cell phones, and other electronics raise concerns for many parents. There is a difference between concerns about well-being and serious safety issues.

Examples of safety issues might include:

- Regularly spending 16 hours a day on electronics and not bathing, exercising, or doing schoolwork.
- Repeatedly getting bullied online and not taking steps to avoid it; or repeatedly bullying or harassing others online.
- Using the phone to make plans to get drugs, have sex with strangers, etc.
- Repeatedly posting or receiving explicit photos or having sexually explicit interactions with strangers.
- Repeatedly looking at material online that *clearly contributes to mental health difficulties*—such as information explicitly encouraging self-harm, eating disorders, or suicide.
- Repeatedly getting so angry when gaming that they punch holes in walls or threaten suicide.

Even if you're not facing a serious safety issue like those listed above, you may still have valid concerns about electronics use. Indeed, many parents worry about the time their teens spend on electronics or how online interactions impact them. For concerns like these, you may find the following resources helpful:

- <https://www.healthychildren.org/English/family-life/Media/Pages/How-to-Make-a-Family-Media-Use-Plan.aspx>
- [www.common sense media.org](http://www.common sense media.org)
- [www.internetmatters.org](http://www.internetmatters.org)

### **Limit, rather than eliminate**

Limiting the use of electronics can help, but avoid taking them completely away from your teen. Focus on safety issues. Be aware that:

- Completely taking away electronics, whether phone, games, etc., can leave teens feeling more stressed and disconnected. This lack of social connection is a risk factor for suicide.
- Sometimes putting limits on teens contributes to different problems. When faced with social isolation, some teens will be deceitful (for example, borrow phones, create secret accounts) or run away to have contact with their friends.

## **How to limit privileges**

1. Avoid putting yourself in a situation of trying to physically take a phone or electronic device away from your teen. Instead, look at online controls. For phones, go to your phone company's website and search for "parental controls". Information about other options for parental controls can be found through an internet search.
2. Rather than making the focus *decreasing* screen time, focus on *increasing* the time they spend doing other (non-screen) activities they may enjoy, such as exercise, homework, seeing friends in real life, volunteering, or interacting with the family.
3. Work with your teen and their therapist to create a clear plan about getting more freedom and privacy with electronics. For example, if they follow electronics rules for a week, they might earn an additional electronics privilege. As they get healthier, the amount of supervision and monitoring can decrease.
4. It's okay to monitor online behaviors for safety if your teen knows it's happening. If you plan to look at their phone or access their social media accounts tell them in advance. They might create secret accounts or erase phone texts, but you are still sending a clear message about expectations.

## **Spending time with friends**

Parents often think that certain friends are a bad influence, particularly if a friend is involved with unhealthy behaviors like drugs, self-injury, or sex. But before you forbid contact with certain friends, ask yourself:

- Will this encourage my teen to sneak around or run away in order to see this friend?
- Does my teen have other friends to spend time with? Will losing this relationship contribute to depression?
- Is there a safer way my teen can have contact with this friend (for example, hanging out at my home instead of going to the friend's house)?

Remember to express concerns about friendships respectfully and don't criticize your teen's friends. Acknowledge that these relationships have value to them.

## Suicide Prevention for Families

### Key suicide prevention steps for parents and caregivers

- Remove access to things teens can easily use to kill themselves, including pills, sharp things, and things that were part of past suicide plans.
- Know your teen's safety plan and keep it somewhere that you and they can easily get it. Think about keeping a picture or copy on your phone.
- Help them stay connected to peers.
- Don't give your teen the idea they are a disappointment or burden to you.
- Make sure your teen attends all therapy appointments.
- Verify that your teen takes prescribed medications daily.

### Warning signs

Know your teen's warning signs. If something seems wrong, trust your instincts. These are possible signals of increased risk for suicide:

*Situations:* Getting in trouble at home or school (even if consequences are mild); poor grades; feeling rejected by friends; being humiliated online or in public; a break-up; upcoming stressors or changes they don't feel ready for.

*Behaviors:* Look for changes in behavior or habits, such as acting or talking differently, spending less time with friends, changes in eating or sleeping patterns, inconsistent school performance, or increased agitation. Even sudden improvements can be a cause for concern.

*Emotional changes:* Notice if your teen appears to be suddenly appears more irritable or withdrawn, say things about having no friends, or expressing that they feel like a disappointment or burden to others.

### How to Respond to Thoughts of Suicide

Suicidal thoughts aren't necessarily a crisis. Many depressed teens have suicidal thoughts but don't plan or intend to kill themselves. If you find out your teen is having thoughts of suicide:

- Avoid comments that might sound critical, like "I thought things were better," or "Why aren't you using your coping skills?"
- Empathize with your teen's pain. "It sounds like you feel hopeless." "You're really angry."
- Stay calm and listen. Empathizing and talking with your teen about their thoughts can reduce them.
- Remember, suicidal thoughts don't necessarily mean there's a crisis. Ask these questions:
  1. Have you actually thought about how you might kill yourself? (If they answer yes to this, ask all of the next 3 questions. If the answer to this is no, just ask the third question.)
  2. Have you intended to act on these thoughts of killing yourself, or do you have the thoughts but definitely would not act on them yourself?
  3. Have you started working out details of how to kill yourself? Do you intend to

carry out the plan?

4. Have you done anything, started to do anything, or prepared to do anything to end your life (since the last time you've told me about)?

*\*These questions are taken from the [Columbia Protocol](#), a tool for assessing suicide risk. For more information.*

**What if my teen has an intention or a plan?**

Your teen may have "dark moments" when suicide seems like an option. If your teen states they are taking steps or intending to kill themselves..

- Have an adult with them constantly.
- Be sure that medications, sharp objects, and anything that is part of their suicide plan is unavailable.
- Take out their safety plan and encourage them to try their coping strategies or to contact listed support people or hotlines.
- Interact with them and try to distract or redirect. Turn on the TV & ask them to watch a show with you. Take them with you to the store. Get them to help you with a task or project.
- If you don't think you can keep your teen safe, take them immediately to the Emergency Department or call 911.

## **What to Expect in Your Teen's Outpatient Therapy**

### **The first appointment**

The first appointment is often with an intake specialist who will not be the actual therapist. They will collect information about your teen's history and symptoms. Bring important school records (like IEPs and Evaluation Reports), contact information for previous therapists, and discharge summaries from inpatient hospitalizations.

### **Parent involvement**

With adolescents, privacy between the teen and therapist is important for trust and helping the teen change. If your teen is willing, it helps if parents sometimes participate briefly in appointments so they can share information and learn how to support their teenagers. If problems involve family relationships, family therapy may be needed (see later section).

You can ask the therapist about how they usually work with teens like yours, what they will talk about, and what types of therapy they use.

### **What therapy is like**

What happens in a therapy session depends on the type of therapy the therapist uses. In one of the most common types, Cognitive Behavioral Therapy (CBT), teens learn and practice strategies for managing their emotions and behaviors. Then they practice using these strategies at home or in school.

### **Treatment plan**

Working with your teen, the therapist makes a written plan for therapy. The plan describes current problems and lists specific goals that are important to your teen. The treatment plan also lists strategies that will be used in therapy. This plan ensures that therapy is addressing the goals that are most important. It is also a way of measuring whether therapy is working.

### **How to tell if therapy is working**

The treatment plan lists specific ways to tell if your teen is getting better. The therapist will use your input to help tell if your teen is making progress, and if the therapy should be continued, changed, or stopped. Regularly updating the therapist about progress and concerns helps them know if treatment is on track.

### **How much can therapy help?**

The exact goals of therapy will be unique for your teen. Therapy can help your teen learn skills to cope with difficult situations and emotions. If your teen continues in

therapy, with time they'll gain the skills to better handle important life tasks (like schoolwork and getting along with peers and family). They'll learn to manage problems without the help of a therapist.

### **Getting the most out of therapy**

- Your teen should attend all appointments. In the weeks after discharge, therapy appointments will be at least once a week.
- Your teen will usually have something to work on or practice between sessions. Doing this work is important for success. Talk with the therapist about how involved you should or shouldn't be in helping your teen practice.
- Share your concerns with the therapist. Decide with your teen and the therapist the best way to do this. Should you come in at the beginning of the appointment? Leave a voicemail? Write a note?
- Change can take time, so look for small amounts of progress.

### **Individual vs. family therapy**

Individual therapy for your teen will help them learn coping skills for handling the things that led to their hospitalization. After the teen (and parents) have addressed issues in individual therapy, family therapy can help family members learn how to communicate better with each other and express their feelings more constructively. First teens need to learn how to handle their emotions better. Participating in family therapy immediately following a suicide attempt may feel overwhelming to a teen who is still trying to figure out their own emotions.

### **Support for parents**

## **Resources for Parents**

Ideally, a mental health professional would guide families in helping their teen. Sometimes a teen's individual therapist may feel comfortable giving parents general guidance about how to support their teen. Your teen will first need to consent to this. Consider saying something like the following to your teen: "I'm worried about whether it's safe to give you more privileges. I'd like to get your therapist's professional opinion before I give you more (independence/privacy/privileges/etc.). Will you talk with your therapist, and if you feel comfortable, all of us can then talk together?"

### **Recommended books and websites:**

Ask your teen's provider, social worker, and outpatient therapist about books or websites they recommend. They will be able to tailor their recommendations for you teen.