Family Safety and the Therapist's Role In Prevention

Distributed by Delta Kappa Zeta University of Nevada, Las Vegas

Family Safety

- What is Family Safety?
 - Family Safety is recognizing potential hazards to a member of a family system and taking action to prevent harm from occurring to the family
 - Prevention through educating the family on potential risks to their systems

The Red Umbrella Metaphor of Family Safety and Prevention in Therapy

- The Red Umbrella is a metaphor for the Therapist's role in family safety and prevention
 - It is shared by someone who genuinely cares
 - It can be offered, but is not forced
 - It can be offered at any time-preventative or in the thick of it
 - It is offered as assistance to life's down pours or hot spots
 - It may be used right way, refused completely, or held onto for a rainy day
 - It is all encompassing
- The Three R's to the Therapist's Role
 - Responsibility
 - Relationship
 - Regard

Helpful Hints

- Casual conversation- Family safety and prevention topics should not be lectures, judgments or criticisms. "by the way, you were mentioning...and I had a thought..."
- Genuine concern- Clients can tell when the therapist really cares about them, and any family safety and prevention conversations should reflect genuineness and a concern for what is going on in their family. "I was thinking about how your family is about to grow any day now, and thought we could talk about family and child development, and safety a bit today..."
- Pamphlets- Pamphlets can be less intrusive "You mentioned...and I saw this pamphlet, and thought you might be interested in this...
- Posters and easily accessible material- Posters on the office wall, in a waiting room, and
 pamphlets available to take home allow the clients to explore on their own. Often times a child
 member will take one home to the family. They also let the client know that you are willing and
 able to have these conversations with them

Helpful Hints

- Educate yourself on best practices and family safety and prevention recommendations— The more you know, the more opportunities and the family's needs will reveal themselves within the conversations you have with your clients
- Stay up-to-date on your knowledge- Just as in any knowledge based area of the therapy profession, a therapist has a responsibility to stay current on new recommendations, resources, and issues in the area of family safety and prevention
- Be culturally aware and sensitive- Family safety issues start in the family, so culture plays a big role in both the safety issues and how to approach for prevention. For example, co-sleeping has a cultural and SES component to it, and is often taught generationally.
- Don't be hesitant to be proactive- A conversation on family safety and prevention with your clients may make the difference in you seeing a family for something like communication versus having them return to you for grief or trauma.

FAMILY SAFETY: INFANTS AGES LESS THAN ONE YEAR

In Clark County in 2012:

- There were 21 accidental suffocations in Clark County, which is that largest number in the past five years. All but three of the cases involved infants less than one year old. All of the decedents under one year were in a sleeping environment at the time of their death (Phebus, 2013)
- In 40% of cases where a child needed supervision, the supervisor was asleep at the time of the incident (Phebus, 2013)
- Nearly all incidents of accidental suffocation (90.5%) occurred in the child's home, and the remaining deaths occurred
 at a friend or relative's home (Phebus, 2013)
- Of those decedents who died in a sleeping environment, in more than 60% of the cases the infant was sleeping on an adult mattress or couch while in the remaining 39% of cases, the child was sleeping in a crib, bassinette or playpen. In 39% of the cases, the infant was sleeping with a parent, other adult or another child (Phebus, 2013)

Sleep Environment, SIDS, and Prevention*

- Safe Sleep Tips
 - Infant in own sleep space- Parents, siblings or animals that sleep with infants can accidently roll on top of them and smother them
 - Do not let infant sleep on couches, chairs, regular beds/mattresses, air mattresses, or other soft surfaces
 - Place infant in crib or bassinette
 - Make sure infant's crib or bassinette is free from pillows, comforters, or stuffed toys
 - Position infant on their back when placed to sleep
- Sudden Infant Death Syndrome (SIDS)
 - Position infant on back when placed to sleep
 - Place infant to sleep on a firm surface
 - Do not smoke/expose infant to smoke
 - Keep infant in lighter clothing to prevent overheating

Choking, Suffocation, Strangulation and Prevention*

Choking

- Supervise when eating and playing
- Avoid small, hard round foods i.e. grapes, hotdogs, and hard candy
- Small parts tester (available from toy or baby specialty store) to check if toy is small enough to be a potential hazard. (A toilet paper role can also be used. If it fits through the roll, it is too small)
- No small, round, oval objects i.e. balls or marbles
- Learn Cardiopulmonary Resuscitation (CPR)

Suffocation

- Actively supervise at all times
- No playing with plastic bags or in and around poorly ventilated spaces
- No uninflated balloons and broken balloon pieces

Strangulation

- Cords and strings out of reach
- Remove hood and neck drawstrings from infant's clothing
- No hanging jewelry, purses, scarves, or loose clothing on infant
- All crib-railing slats are secure and no more than 3 ½ inches apart (the size of a soda can)
- Remove crib toys with strings, cords, or ribbons

FAMILY SAFETY: TODDLERS AGES 1-4

- Drowning
- Outdoor Safety
- Pedestrian Safety
- Home Safety
- Choking
- Suffocation
- Strangulation
- Medication
- Poisoning

Drowning and Prevention*

Supervision

- Supervise around any standing bodies of water- Children can drown in less than 3 minutes
- Buckets of water are emptied and stored when not in use- Children can drown in less than 2 inches
 of water
- Learn Cardiopulmonary Resuscitation (CPR)
- Adult supervision of child in bathtub at all times
- Never leave child alone or with another child in the bathtub

Pool Safety

- Floatation devices- Always put floaties or a life jacket on child even if they have had swimming lessons
- Gates/Fences- four sides, self-latching gate/fence around pool that is secured at all times
- Keep objects out of the water- Children are attracted to toys, balls and other objects in the water
- Secure doggy doors
- Parties/Gatherings- Identify and designate an adult supervisor that will watch children around water at all times

Outdoor, Pedestrian, Home Safety and Prevention*

- Outdoor and Pedestrian
 - Supervise at all times
 - Teach child to never play around or under vehicles
 - Assume children are always present- Check street and driveway before backing vehicle out
 - Look behind you and back vehicle out slowly with your windows rolled down
 - Driveway is not a play area

Home

- Check that railings on stairs and balconies, and windows and screens are secure to prevent falls
- Use safety gates in kitchen, bathrooms, and any areas that may be unsafe for children.
- Electrical cords out of reach
- Storage bags, grocery bags, trash bags, and dry cleaning bags out of reach
- Sharp objects out of reach
- Secure larger objects which can fall on children i.e. televisions, furniture (Childproofing supplies available at many retail stores)
- Never keep a loaded weapon with in a child's reach-Guns should be locked up, unloaded, trigger lock on it, and bullets stored in a separate location

Choking, Suffocation, Strangulation and Prevention*

Choking

- Small objects out of reach i.e. buttons, beads, marbles, coins, tacks
- Under age 3- No small, hard round foods i.e. grapes, hotdogs, nuts, popcorn, hard candy
- Age appropriate toy- Use small parts tester (available from toy or baby specialty store) to check if toy is small enough to be a potential hazard. (A toilet paper role can also be used. If it fits through the roll, it is too small)

Suffocation

- No sleeping on couches, chairs, regular beds/mattresses, air mattresses, or other soft surfaces- Only firm, uncluttered spaces
- No playing in and around poorly ventilated spaces i.e. washing machine/dryer, car trunks, toy chests

Strangulation

- Window blinds and drapery cords out of reach
- No necklaces, purses, scarves, helmets, or clothing with draw strings

Medication, Poisoning and Prevention*

- Any medication is stored in a locked cabinet
- Never leave out loose pills
- Read labels to find potentially poisonous items
- Child resistant packages to put medications in
- Never refer to medication as candy or vitamins
- Use child resistant locks on cupboards and cabinets
- Properly dispose of all expired or unneeded medication
- Place household cleaning supplies up high, in locked cabinets, and out of child's reach
- Never put chemicals in bottles or packages that a child may grab such as soda or water bottles
- Have the number for Poison Control on hand- (800) 222-1222 and (702) 732-4989
- Leave products in original containers so that you can provide the ingredients to Poison Control in the event of exposure

^{*} Prevention provided by NICRP

FAMILY SAFETY: CHILDREN AGES 5-9

- Playground safety
- Bicycle Safety
- Stanger Safety
- Any previously mentioned preventions or subsequent mentioned preventions depending on developmental stage

Playground Safety and Prevention*

- Playground safety
 - Supervision
 - Age appropriate equipment
 - Properly cushioned fall surfaces
 - Check equipment for safety- broken, loose, hazards
 - Teach
 - Never push or rough house
 - Use equipment properly
 - Look out for others before jumping off
 - Avoid trips or falls by leaving backpacks and bikes away from play area
 - No clothes with draw strings, other strings, scarves, necklaces, purses
 - Always wear sunscreen when outside

^{*} Prevention provided by NICRP

Bicycle and Stranger Safety and Prevention*

- Bicycle Safety
 - Teach child to wear helmet and double check that they do it properly
 - Buy a bike that is the right size
 - Tires are inflated properly
 - Supervise at all times
 - Teach
 - Look both ways when crossing the street
 - Stay on the sidewalk
 - Ride so drivers and cyclist can see them
 - Watch out for rocks, potholes, and railroad tracks
 - Go with the flow of traffic
 - Watch for cars exiting driveways
- Stranger Safety
 - · Always keep an eye on child
 - Role-play stranger scenarios
 - Get to know child's friends and parents
 - Pick a safe house child can go to if being harassed or followed
 - Teach them who a stanger is

^{*} Prevention provided by NICRP

FAMILY SAFETY: PRE-ADOLESCENTS AGES 10-14

- Pedestrian Safety
- Internet Safety
- Any previously mentioned preventions or subsequent mentioned preventions depending on developmental stage

Pedestrian Safety and Prevention*

- Pedestrian Safety
 - Always use crosswalks
 - Walk on sidewalk if available
 - Stop at curb and look both ways before crossing street or at the edge of parked cars
 - Go against the direction of traffic when walking
 - Wear white clothing or reflectors when walking at night
 - Cross at least 10 feet in front of a school bus
 - Turn off headphones and cell phones when crossing streets to hear vehicles approaching
 - Never dart out from between cars or sun across dark streets

^{*} Prevention provided by NICRP

Internet Safety and Prevention*

- Internet Safety
 - Keep computer in a public area of the house
 - Monitor child's activities online
 - Block unsafe content
 - Set online rules and make sure child follows them.
 - Learn the language- Chat acronyms are common among pre-teens and teens
 - If something is suspicious contact law enforcement
 - Teach
 - Never give out name or other personal information to anyone online
 - Never meet up or get together with anyone met online
 - Never send messages/pics that would not be comfortable with face-to-face
 - Talk to parent or trusted adult if feels scared or threatened in anyway

^{*} Prevention provided by NICRP

FAMILY SAFETY: TEENS AGES 15-17

- Suicide is the third leading cause of death for people ages 14-24 years of age (Phebus, 2013)
- In Clark County, Nevada in 2012, ages of youth who died from suicide ranged from 10 to 17 years, with most decedents being between 16-17 years old (Phebus, 2013)
- Millions of kids and teens consider attempting suicide every year (suicideproof.org)
- Means reduction- reducing a suicidal person's access to highly lethal means (HSPH)
 - Many suicide attempts occur with little planning during a short-term crisis
 - Intent isn't all that determines whether an attempter lives or dies; means also matter
 - 90% of attempters who survive do NOT go on to die by suicide later
 - Access to firearms is a risk factor for suicide
 - Firearms used in youth suicide usually belong to a parent
 - Reducing access to lethal means saves lives
- Teens who attempt suicide use medications more than any other method (suicideproof.org)
- Firearms are used in close to half of teen suicide deaths (suicideproof.org)
- Motor vehicle accidents are the second leading cause of accidental death for teenagers in Clark County (NICRP)
- 53% of all Clark County children killed in motor vehicle accidents were teens between the ages of 15 and 17 (Phebus, 2013)
- In Clark County in 2012, there was a nearly 50% increase in child motor vehicle deaths from 2011 (Phebus, 2013)
- Recklessness, running a stop sign/light, and driver distraction were the three leading primary causes of motor vehicle accidents involving children and teens in Clark County, however, in 2012, speeding, drug and alcohol use, and recklessness were primary causes (NICRP; Phebus, 2013)

Suicide and Prevention*

- Firearms- Remove, Lock.
 - Ask a trusted friend or family member to keep it temporarily
 - Your local police precinct or shooting club might offer temporary storage
 - At very least, LOCK the firearm SECURELY AWAY from the ammunition
- Medications- Lock and limit
 - Don't keep lethal doses on hand. A pharmacist can advise you on SAFE QUANTITIES
 - Lock up medications
 - Dispose of any medications you don't need
- Provide Support
 - The warning signs of suicide are NOT always obvious
 - Pay attention to your teen's mood and behavior
 - If you notice significant changes, ASK them if they're thinking about SUICIDE
- Ropes, knives, and razorblades
 - Remove from home or lock up
- Seek professional help and resources
- * Prevention provided by suicideproof.org and NICRP

Motor Vehicles and Prevention*

- Set clear restrictions and punishments for driving infractions
- Control access to the vehicle and items that may distract the driver such as radios and cell phones
- Assure that the vehicle is safe. Make sure the vehicle the teen is driving gets routine maintenance and service so that it is safe to drive
- Be a role model for your teen driver. Drive safety
- Write a contract with your teen. See Resources for Families for sample contract links
- Devote some of your time to teaching your teen how to drive

Substance Abuse and Prevention*

- Build an ongoing open dialogue with them
- Be absolutely CLEAR that you don't want them using drugs
- Be a better listener
- Give honest answers to your children's questions
- Use TV reports, anti-drug commercials, or school discussions about drugs to help you introduce the subject in a natural, unforced way
- Don't react in a way that will cut off further discussion-talk calmly and openly with your teen
- Role-play with your teen and practice ways to refuse drugs in different situations

Resources For Therapists

- National Suicide Prevention Lifeline [24/7, free and confidential] 1-800-273-TALK (8255)
- Driving contracts and parent resource tool kithttp://www.underyourinfluence.org

Pamphlets

- Sleeping Environment, SIDS, Safe Sleep, Suffocation: http://www.nichd.nih.gov/sts/materials/Pages/default.aspx
- Suicide: http://www.suicideproof.org/resources.html
- Drowning and Water Safety: http://www.safekids.org/watersafety
- Internet Safety: http://www.ncpc.org/resources/files/pdf/internet-safety
- Choking: http://www2.aap.org/sections/ipp/Publications.cfm
- Many Safety Topics: http://www.nationalchildsafetycouncil.org

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