

There is a great need for research that would provide empirical support for interventions and approaches to acute care that reduce the morbidity and mortality of suicide-related thoughts and behaviors in adolescents (Corcoran et al., 2011). The treatment adolescents currently receive on inpatient psychiatric units is sub-par, and this is not due to the experience and skills of clinicians, but rather, the larger system of psychiatric care in the United States. When parents agree to psychiatric hospitalization for their adolescents, they typically believe their adolescents will receive treatment at these units. However, rather than receive the active treatment they need on these units, they are essentially held there until they are “stable enough” to receive community-based residential treatment or outpatient treatment. This is an extremely ineffective way to treat adolescents with active suicide-related thoughts and behaviors. Why not take advantage of the time when they are in crisis to deliver evidence-based treatments in brief formats but intensive doses? Currently, there are no evidence-based

