Risk Assessment and Crisis Intervention For Suicidal Adolescents

Practice Guidelines for Telehealth Services During the COVID-19 Pandemic

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Overview

- Intro and Scope of the problem
- Telehealth Guidelines
- Safety Planning with Families
- Risk Assessment with Youth
- Skills
- Clinician Support

Intro

- Clinical Psychologist
- Dialectical Behavior Therapy (DBT) Background
  - Evidence-Based
  - Skills to target suicidality
- Telehealth

Scope of the Problem

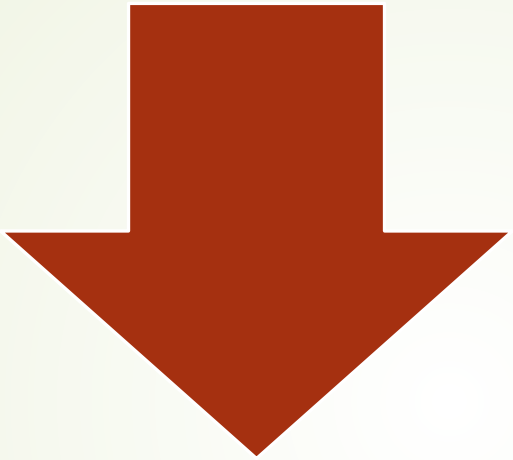
- Youth suicide rates have increased 56% between 2007 and 2017
- Suicide is the second leading cause of death among people ages 10-24
- American Indian/Alaskan Native youth have the highest rates of suicidal ideation, while black youth have the highest rates of suicide attempts and highest lethality compared to other ethnic/racial groups
- Rates of suicidal ideation are almost double for LGBTQA+ youth compared to national average
- COVID-19 contributes to vulnerability, but rates are not significantly higher than general trends have shown

*more slides on stats and references following the presentation

Scope of the Problem

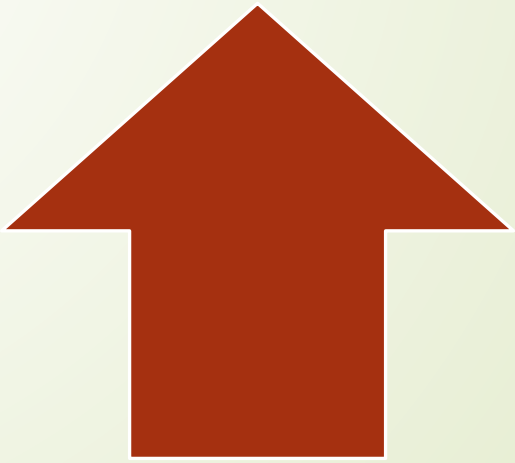
- Winter is coming…

Keep in mind



Asking all the "right" questions and doing all the "right" things may not be enough…

AND -We can make a difference in suicide prevention



Uncertainty in Telehealth World

- Clinician perceived barriers to treating suicidal patients via telehealth
  - Telehealth would not allow for a thorough assessment of high-risk clients
  - Lack of control over physical environment (unable to detain patients in a crisis)
  - Difficulties arranging hospitalizations, accessing first responders, and communicating family members in a crisis (triaging)
- AND
  - "…participants actively treating suicidal clients reported more benefits of using telemedicine than participants who were not."
  - Both high-risk clients and the providers who treat them describe several benefits of telehealth practice!

Gilmore, A. K., & Ward-Ciesielski, E. F. (2019). Perceived risks and use of psychotherapy via telemedicine for patients at risk for suicide. *Journal of Telemedicine and Telecare*, *25*, 59–63. https://doi.org/10.1177/1357633X17735559

Telehealth with Youth- Research and Clinical Observations

- Research is promising
  - Some support for using CBT and DBT over telehealth- but most research is done with adults
  - May increase accessibility- LGBTQA+, rural youth, Indigenous Peoples
  - Precludes some clinical presentations- such as developmental disorders or psychotic disorders
- More research needed for:
  - Culturally diverse groups
  - Interactions of developing brain and constant attention to screens

Telehealth Guidelines- Setting Up Environment and Expectations

- Access to reliable internet bandwidth for audio/visual connection
- Have backup communication methods if initial communication drops or has poor quality
- Private space
- Well lit room- need eyes on the client
- Devices with stands
- Communicate with caregiver and have caregiver contact info
- Caregiver should be on site, even when teen is in individual session
- Give permission to modulate- don't need constant eye contact
- No eating during session. The sounds of crunching can be therapy interfering…

From: Practice Guidelines for Telemental Health with Children and Adolescents

Telehealth- Ethical Considerations

Have formal administrative policies and procedures for telehealth

Inform parents and clients about potential limitations of telehealth practice (particularly regarding evidence-based treatments)

Seek training and consultation regarding telehealth practices- not only on content but on process (building rapport, etc.)

Assessing Risk

- Validate the Valid- It is normal to want to avoid pain. It is normal to want to do whatever is necessary to alleviate intense pain.
- Understand the function

Measures

- Columbia Suicide Severity Rating Scale (CSSRS)
  - Structured, brief assessment of suicidal ideation and suicidal behaviors
  - Available for free: https://cssrs.columbia.edu
- Collaborative Assessment and Management of Suicidality (CAMS)- Suicide Status Form (SSF)
  - Structured assessment of emotional intensity, hopelessness, plans, intent, reasons for living, and safety planning
  - Some evidence to support effectiveness in telehealth (with adults)
  - Also free: https://www.nevadacertboard.org/wp-content/uploads/2017/08/SSF-4.pdf

Safety Planning- Identify Triggers

- What situations/events/relationships trigger heightened emotional responses?
- SUDS- Subjective Units of Distress
  - Help teens assess intensity of emotions
    - 5- Moderately upset, uncomfortable. Unpleasant feelings are still manageable with some effort
    - 10- Feels unbearably bad, beside yourself, out of control as in a nervous breakdown, overwhelmed, at the end of your rope. You may feel so upset that you don't want to talk because you can't imagine how anyone could possibly understand your agitation.
  - Connect levels of emotional intensity to behaviors
  - In moments of crisis, teens can quickly communicate their distress initially and following implementation of crisis skills

Safety Planning

- Caregiver involvement is key!
  - Assess access to means, such as guns in the home
  - Awareness of triggers for teens to check in on emotional wellbeing
  - Skills to coach teens in effective behavior when in crisis
  - Access to crisis support resources

Safety Planning

- An invalidating environment is a risk factor for teen suicidality
- For LGBTQA+ individuals
  - Affirming gender identity among transgender and nonbinary youth is consistently associated with lower rates of suicide attempts
- For ethnic and racial minority individuals
  - Discrimination has been linked to increased risk for suicide in black individuals above and beyond depression and non-discrimination stressors
  - AI/AN individuals- suicide rates closely linked to interpersonal relationships, either domestic violence or a community member dying by suicide; also more likely than white individuals to have suicide linked to alcohol use

Safety Planning- Crisis Support

- National Suicide Hotline 800/273-8255 [TALK]
- UNI Crisis Line 801/587-3000
- UNI Warm Line 801-587-1055
- Download SAFE UT App
- Trevor Lifeline—The only national 24/7 crisis intervention and suicide prevention lifeline for LGBTQ young people under 25, available at 1-866-488-7386.
- TrevorChat—A free, confidential, secure instant messaging service for LGBTQ youth that provides live help from trained volunteer counselors, open daily.
- TrevorText—A free, confidential, secure service in which LGBTQ young people can text a trained Trevor counselor for support and crisis intervention, available daily by texting START to 678-678.

Principles of Risk Assessment

- Ask directly
- Respect autonomy
- Assess risk **and** protective factors
- Be genuine, but be calm- sensitive individuals read concern as disappointment or disapproval, and telehealth increases chance of nonverbals getting lost in translation

What to Say

- Respect autonomy
  - "We will figure this out together."
- Do not make promises to keep secrets
  - "I will respect your privacy but my most important job is to keep you safe."
- Don't freak out
  - "I've heard these things before. I'm here to help."
- Validate emotion AND emphasize a different pathway to relief
  - "It sounds like you are in so much pain. Let's find another solution"

What to Say

- Identify events that prompted crisis
  - "Help me understand what happened."
- Listen carefully and summarize problem situation
  - "It sounds like X happened and then Y?"
- Generate a more skillful plan of action
  - "What's worked in the past? What if we tried…?"
- Emphatically tell them not to commit suicide or self-harm
  - "I care about you and you must not die."
- Generate hope
  - "Right now you feel stuck, but we will absolutely figure this out."

Identify Risk AND Protective Factors

- What did you think you would do? [Plan]
- Were you thinking about how you'd go through on the plan? [Access to means]
- Do you think you might go through with it? [Intent]
- What might prevent you from acting on that plan? [Barriers to acting]
- What reasons do you have for not committing suicide? [Reasons for living, protective factors]

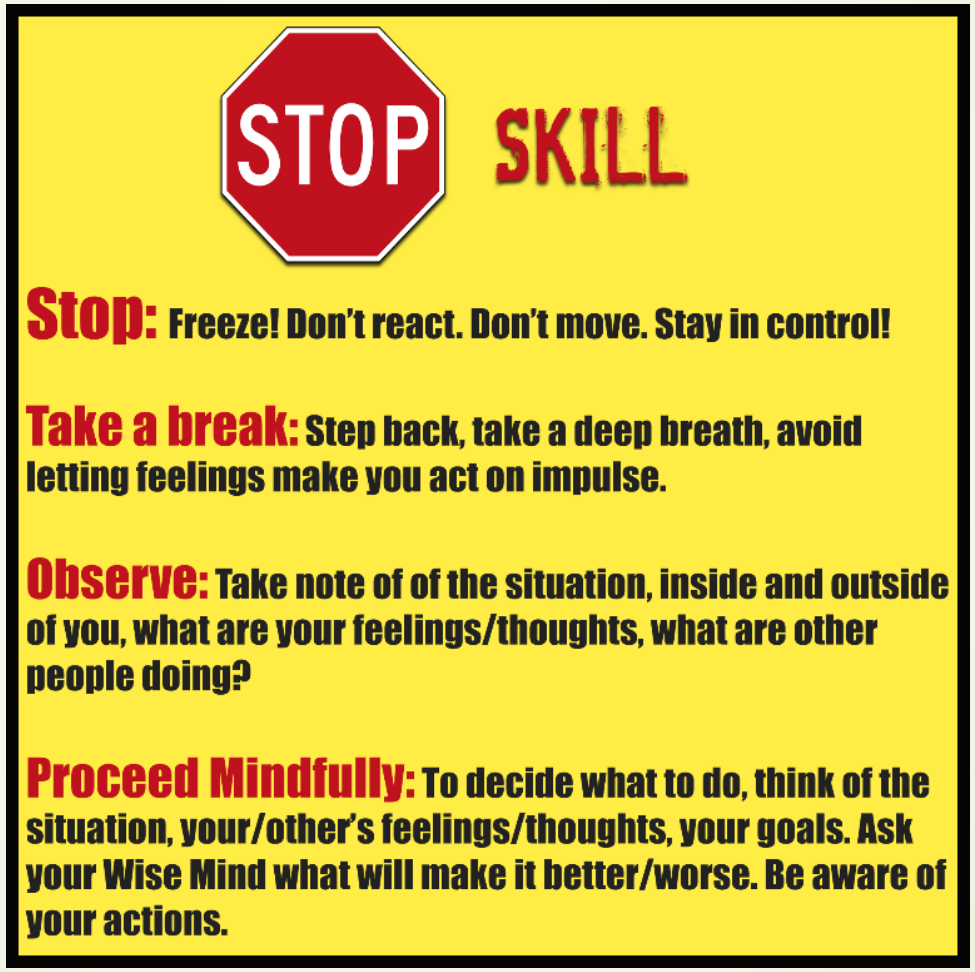
When to seek emergency services

- Clear plan, means, intent, few barriers
- Similar circumstances to past suicide attempts
- AND distress too high to either assess appropriately or be willing to engage in skill use
- Caregiver is unable/unwilling to monitor safety at home

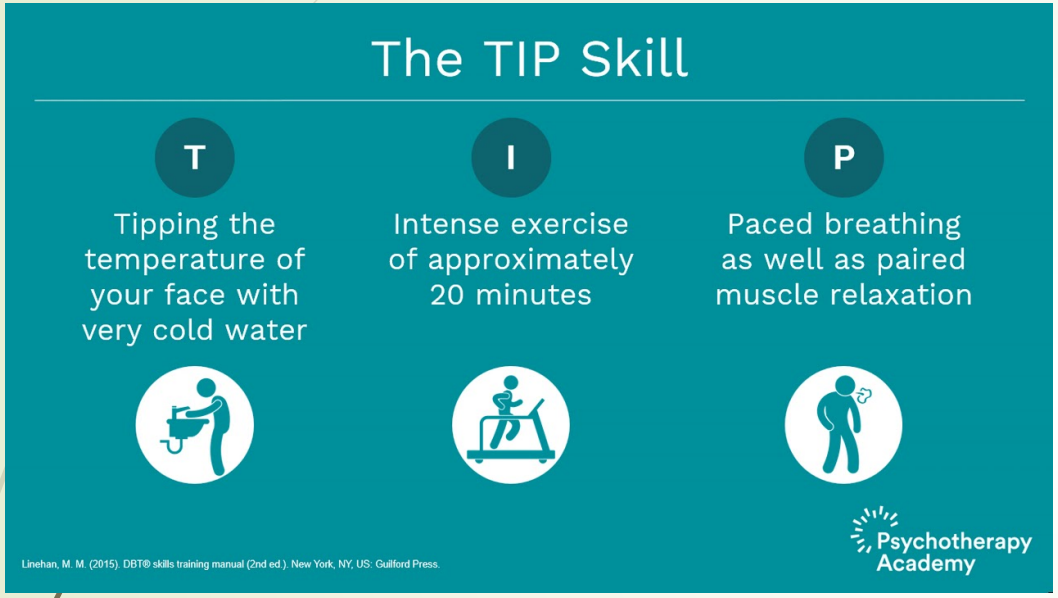
When to use crisis survival skills and monitor outside the hospital

- Some degree of plans, means, intent and some barriers OR similar circumstances to prior attempts
- AND
- Willing to problem-solve, try skills; believes they will not act; commitment to safety
- Caregiver is able/willing to monitor safety at home

Crisis Intervention: Skills for Survival



Crisis Intervention: Skills for Survival



Crisis Intervention: Skills for Survival

Crisis Intervention: Skills for Survival

- Radical Acceptance- to fully see and understand reality, to accept what is real, and to act with wisdom from that understanding

Clinicians- Protect Yourself

- The burden of self-care is not on you AND strive toward exceptional self-care anyway
- Use skills
- Utilize consultation
  - The benefit of evidenced-based models is that there are many others out there doing what you're doing!
- Peer support- build from existing networks
  - Listservs, graduate school, training cohorts
- Following a crisis- Document! Document! Document!

Setting Boundaries

- Time off, coverage for phone coaching, caseload limits
- If the client is not safe being treated in an outpatient setting, step up to higher level of care
- DEAR MAN to ask for what you need or to say no effectively

Describe the situation

Express how you feel about it

Ask for what you want

Reinforce the other person

be Mindful

Appear confident

be willing to Negotiate

Concluding thoughts

- Telehealth can be an effective and accessible means of treating high-risk clients
- Assess risk directly, frequently, and nonjudgmentally
- Have a clear plan of action
- Maintain communication with caregivers
- Refer to more intensive therapy or higher levels of care when necessary
- TEACH SKILLS
- Take care of yourself

Resources

Crisis

- National Suicide Hotline 800/273-8255 [TALK]
- UNI Crisis Line 801/587-3000
- UNI Warm Line 801-587-1055
- Download SAFE UT App
- Trevor Lifeline: 1-866-488-7386.

Measures

- CAMS- Suicide Status Form https://www.nevadacertboard.org/wp-content/uploads/2017/08/SSF-4.pdf
- Columbia Suicide Severity Rating Scale: https://cssrs.columbia.edu

LGBTQA+

- Trevor Project
  - Trevor Support Center: https://www.thetrevorproject.org/resources/trevor-support-center/
  - TrevorChat and TrevorText (text START to 678-678)
- Family Acceptance Project: https://familyproject.sfsu.edu/

The Black Clinicians

- Our purpose is to be a referral network for people seeking culturally competent therapists and/or therapists of color, to do mental health outreach for the Black community specifically, and to engage businesses and organizations on topics of diversity and equity.
- Training for clinical groups, including on suicide prevention
- Facebook https://www.facebook.com/theblackclinicians

Thank you!

If you're interested in more….check out our all day training for assessing and treating suicidality. Coming February 5th 2021

UTAH CENTER FOR EVIDENCE BASED TREATMENT

Coming soon…

References

- American Telemedicine Association. (2017). Practice Guidelines for Telemental Health with Children and Adolescents. https://www.cdphp.com/-/media/files/providers/behavioral-health/hedis-toolkit-and-bh-guidelines/practice-guidelines-telemental-health.pdf?la=en
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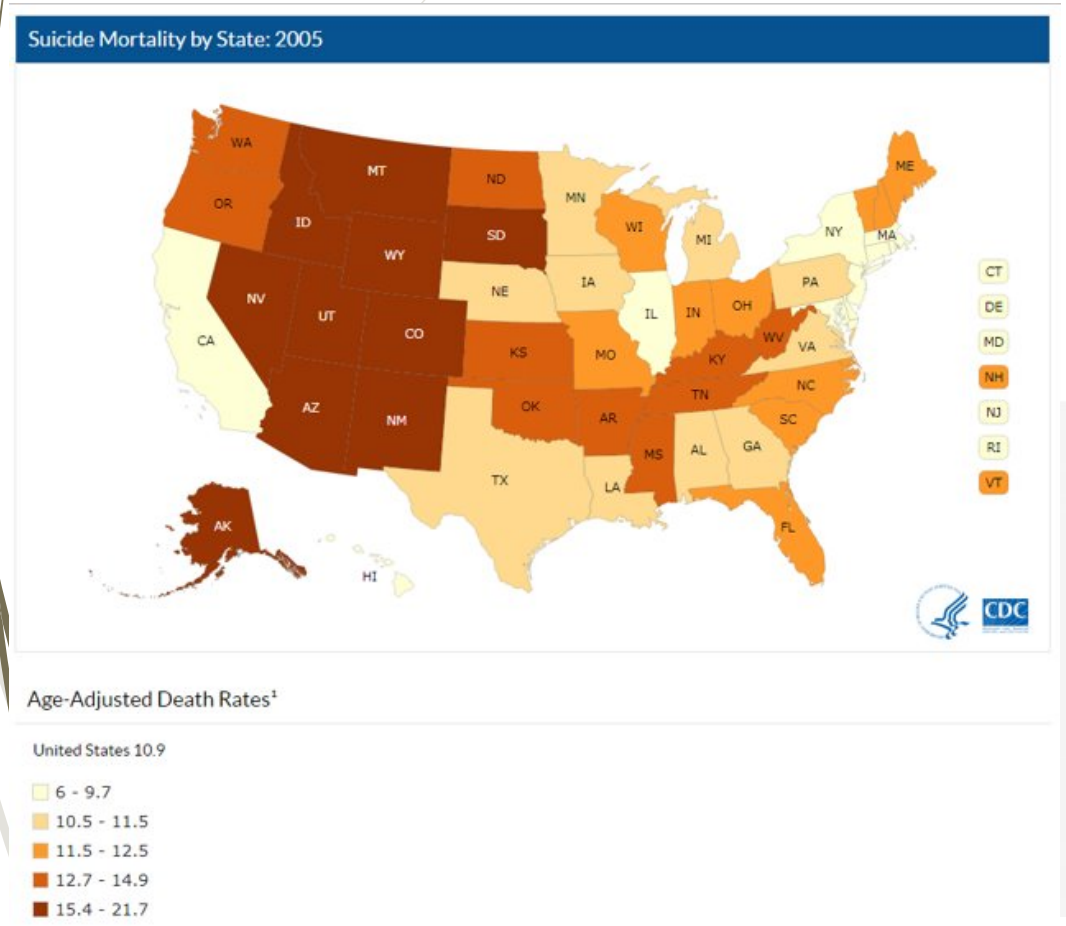
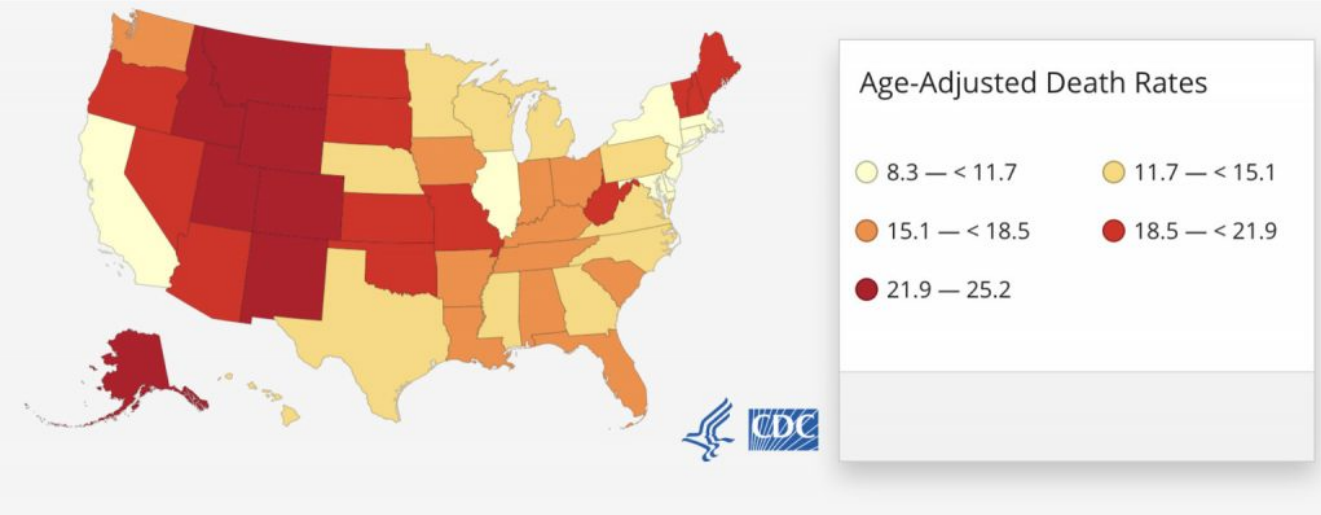
- Trevor Project Website can be found at https://www.thetrevorproject.org/resources/preventing-suicide/

Scope of the Problem



- Prior to COVID-19, suicide rates were already on the rise since 2007

Suicide Mortality by State: 2018



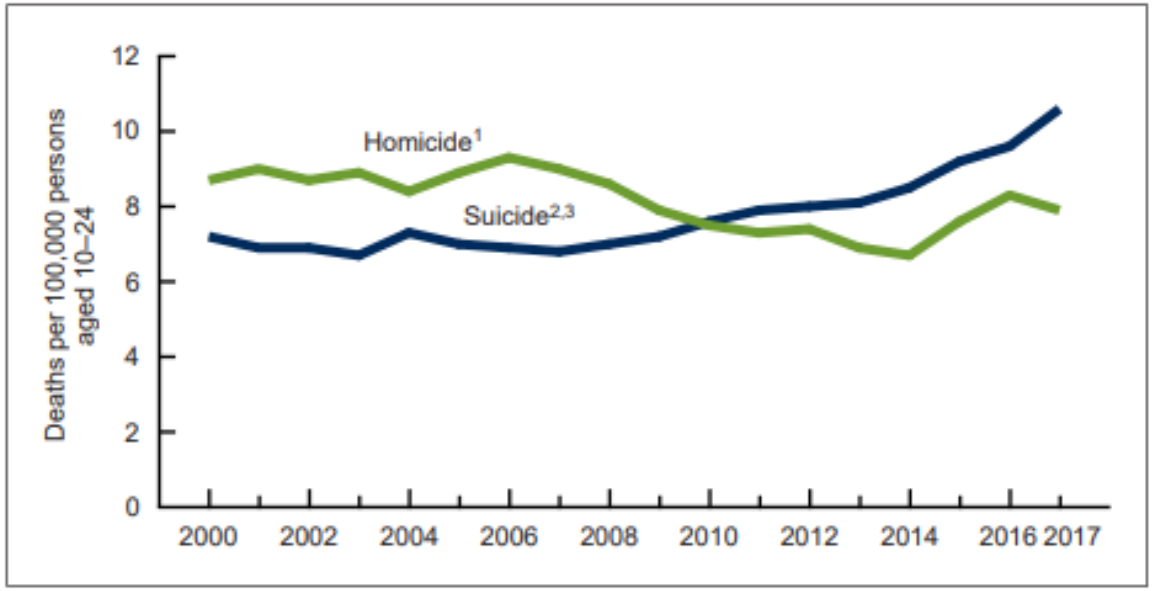
https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm

Scope of the Problem

-The suicide rate among persons aged 10–24 was stable from 2000 to 2007, and then increased 56% from 2007 to 2017

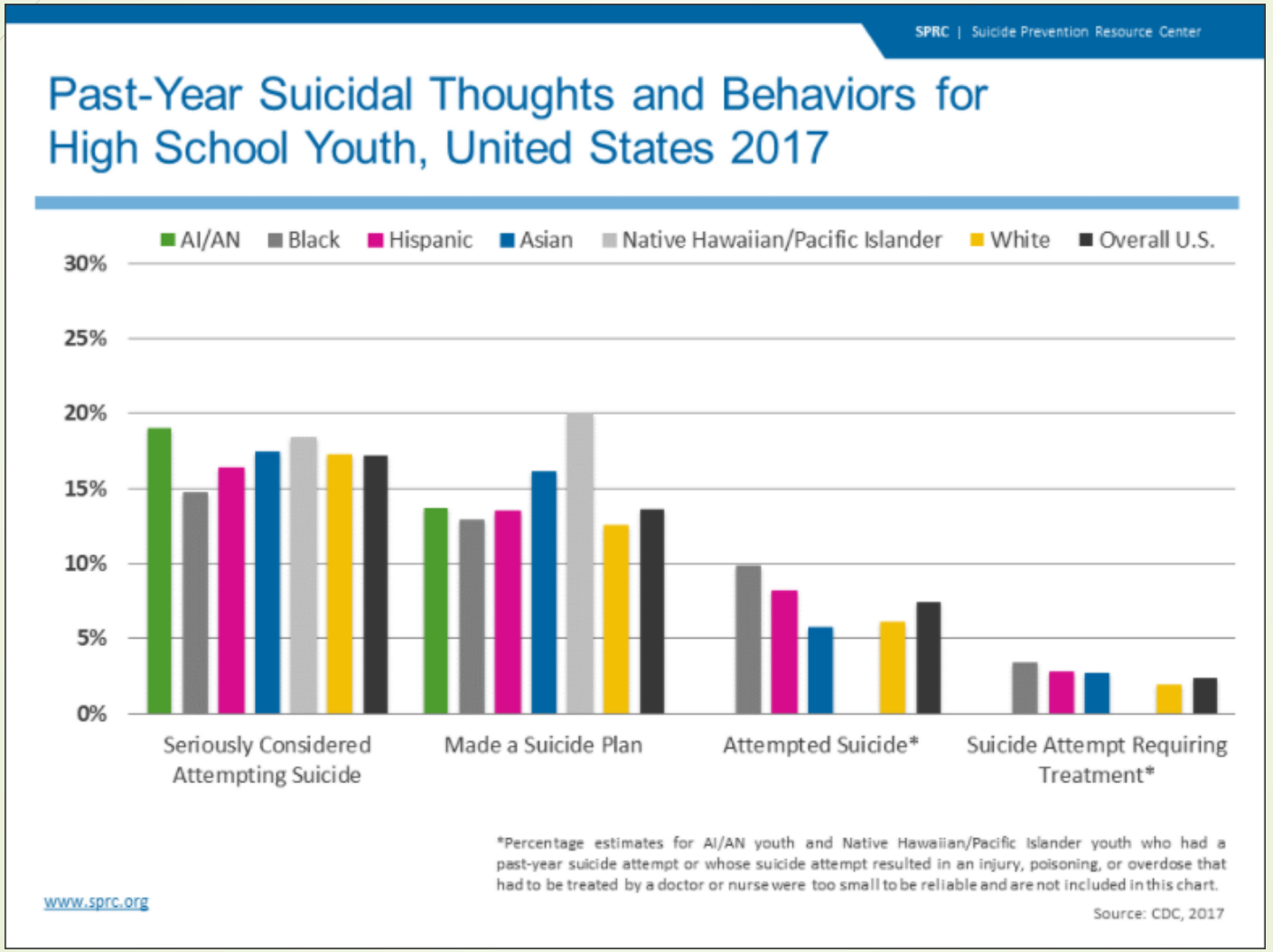
-Suicide is the second leading cause of death among people ages 10-24, after accidents according to the most recent data available from the CDC.

Figure 1. Suicide and homicide death rates among persons aged 10–24: United States, 2000–2017



[1]Stable trend from 2000 to 2007; significant decreasing trend from 2007 to 2014; significant increasing trend from 2014 to 2017, $p < 0.05$.
[2]Stable trend from 2000 to 2007; significant increasing trend from 2007 to 2017 with different rates of change over time, $p < 0.05$.
[3]Rate significantly lower than the rate for homicide from 2000 to 2009 and significantly higher from 2011 to 2017, $p < 0.05$.
NOTES: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD–10) codes U03, X60–X84, and Y87.0; and homicide deaths with ICD–10 codes U01–U02, X85–Y09, and Y87.1. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db352_tables-508.pdf#1.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Scope of the Problem



SUICIDE & MENTAL HEALTH

40% of LGBTQ respondents seriously considered attempting suicide in the past twelve months.

More than half of transgender and nonbinary youth have seriously considered suicide.

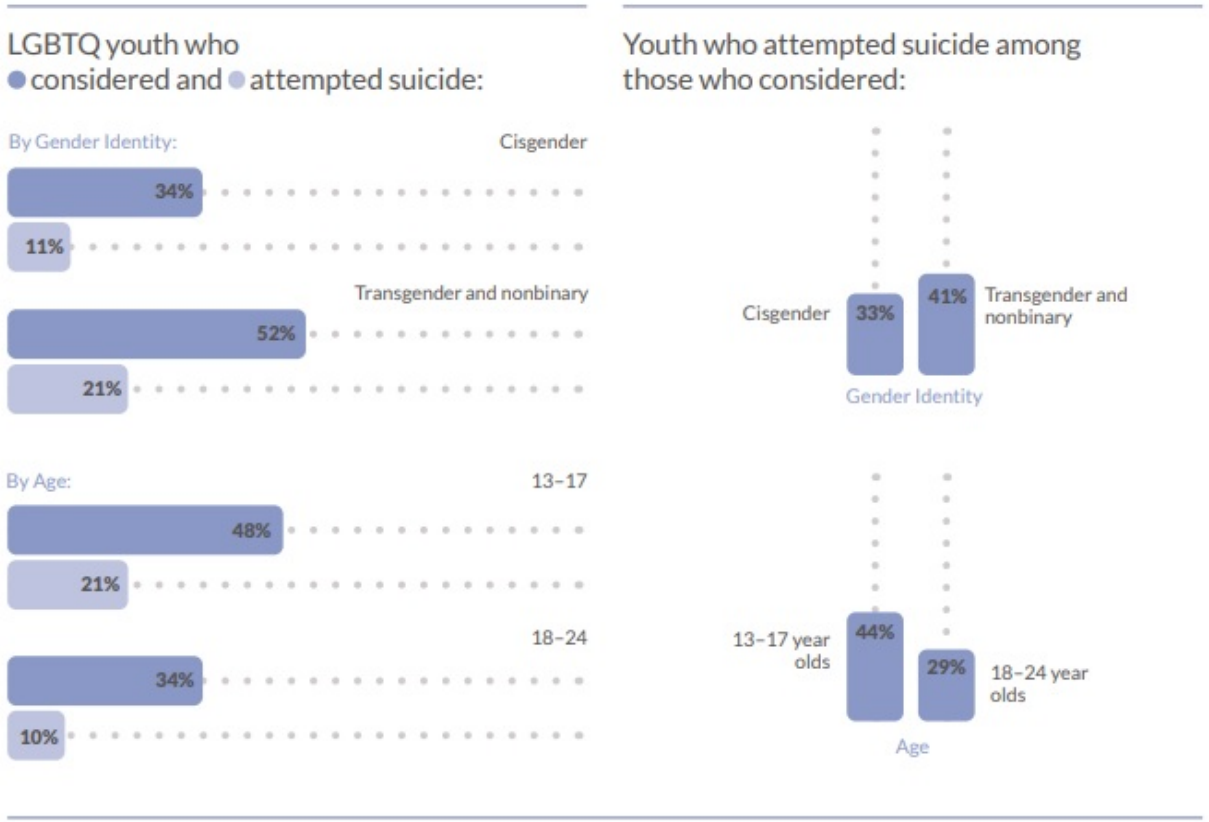
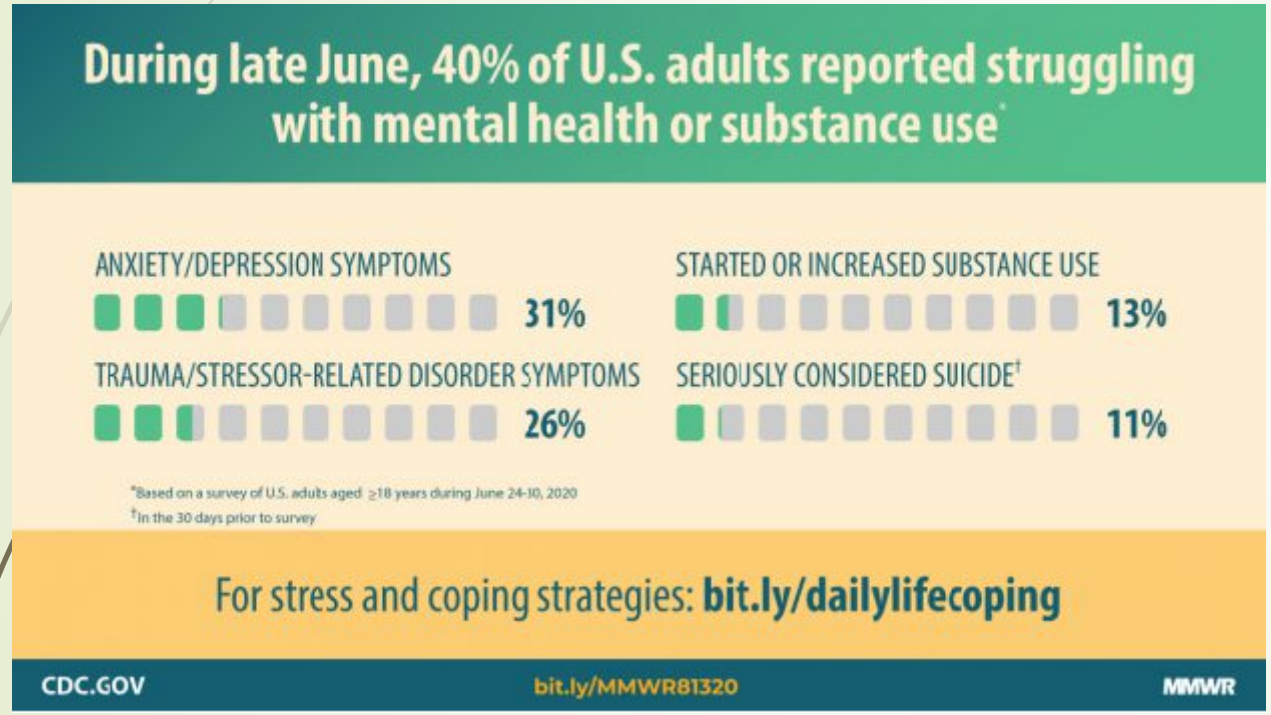


Image from The Trevor Project 2020 survey data https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf

Scope of the Problem- COVID-19 Impact



"Almost 11 percent of all respondents to that survey said they had "seriously considered" suicide in the past 30 days. For those ages 18 to 24, the number was 1 in 4 — more than twice as high"

Figure 1. Suicidal behavior in vulnerable populations in the COVID-19 era.