Collaborative Crisis Support in Schools and Community

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With Support from

Thanks

Susan Shelton and

Elana Carnevale

www.MindPeaceCincinnati.com

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Additional Information

- This PowerPoint is for reference only for the participants of the 9-10-2020 training.
- The information contained is accurate as of 9-10-2020. Practices and policies do evolve and change.
- Please refer to http://www.cssrs.Columbia.edu for official training and resources.
- Additional documents can be found at https://mindpeacecincinnati.com/suicide/

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Today's Schedule: Remember to be flexible ☺

9:00-9:10 Intro/welcome/logistics

9:10-9:55 Define a crisis and crisis services by PIRC

9:55-10 break

10-11:00 CSSR-S

11:00-11:10 break

11:10-12:15 safety planning, bridge, resources.

12:15-12:30 wrap up/ review and Q&A

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CEU Information

- The State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board has approved this seminar for 2.75 CEU credits. Cincinnati Children's Hospital Medical Center is an approved provider by the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (provider number RCX111201).
- No partial credit will be given.
- Be sure your sign in and your email is correct.
- Complete the survey at the end of the training through Survey Monkey.
- Failure to complete sign in, full attendance and survey may result in CEU not given.

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Objectives for the day:

- Define what constitute as a mental health crisis for the ED
- Understand crisis services, expectation and limits
- Understand how to complete the C-SSRS (Columbia
- Understand the types of suicide behaviors and learn common language
- Learn how to provide safety planning for a mental health crisis
- Identify Bridge crisis clinic criteria and various pathways to access the clinic
- Improve skills and resources for crisis management

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Mental Health Disorders

What is a Mental Health Disorder?

A mental health disorder is characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior.

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What does PIRC do:

Psychiatric Intake Response Center:

A. Psychiatric Consult Team to the ED at Base and Liberty Campuses
Coordinate psychiatric admissions based on medical necessity

- Licensed independent Social Workers and Clinical Counselors
- Psychiatric assessments to determine level of care
- Evidence Based Suicidal Screen and/or Assessments
- Evidence Based interventions
- 24/7

B. Intake Coordinators available assist with connecting to mental health service
Triage calls from community and families, Information and referral
Schedule and/or refer patients to the appropriate service based on clinical need

- Emergency Department
- PHP
- Outpatient
- Bridge

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What does PIRC NOT do:

- Threat Assessment
- Letters to schools indicating the patient is NOT a threat and is safe to return to school
- Medication assessment and/or management
- Alcohol/Drug Assessment
- Residential Assessment
- Psychological Testing
- Psychiatric Hold on a patient ≤ 17 year old

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When to be concerned:

- Beyond typical response or significant changes
  - Duration
  - Intensity
  - Type: physical,
- Inability to regain control
- Harming self and/or harming others
- Weapons being identified
- Suicide: talk, writing, drawing, social media

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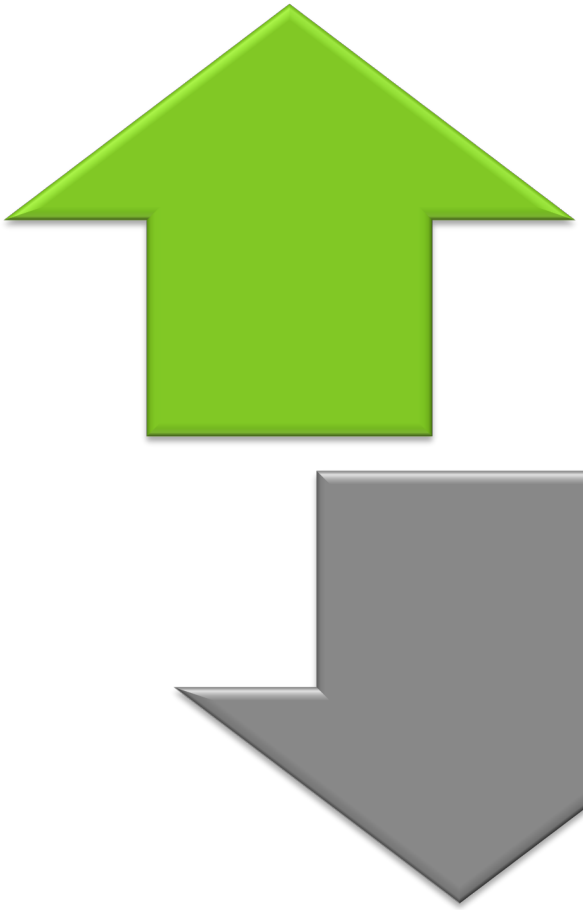
Change in Language…Culture



ACCEPTABLE

- Attempted suicide
- Died by suicide

UNACCEPTABLE

- Completed or Committed suicide
- Successful or Failed attempt
- Non-fatal suicide
- Suicidal gesture or threat
- Manipulative suicide

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Lethality Risk

Suicidal Ideation	Method	Intent Behavior

Suicidal Ideation only (No Plan, Intent or Behavior) ➔ Education and Skills
Suicidal thoughts with Plan (No Intent or Behavior) ➔ Urgent Evaluation (0-1 day)
Suicidal thoughts with Intent or Behavior ➔ Emergency Evaluation

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Self Harm

- Cutting yourself (such as using a razor blade, knife, or other sharp object to cut the skin)
- Punching yourself or punching things (like a wall)
- Burning yourself with cigarettes, matches, or candles
- Scratching self repeatedly
- Pulling out your hair
- Poking objects through body openings or under skin
- Breaking your bones or bruising yourself

- Self harm does not indicate suicidal thoughts or intention
- Usually a mal-adaptive coping skill

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Safe Classrooms

- Predictable environment
- Clear Expectations
- Consistent Structure
- Establish a quiet, safe place where students can go and feel comfortable
- Have sensory materials on hand
- Allow students to sit, stand, lay when possible
- Use pleasing, colorful pictures in classroom
- Use music in background, rhythmic sounds

Supportive Adult Relationships

You don't have to be a therapist to be therapeutic !

- Be consistent during interactions with youth.
- Model appropriate coping, anger management, and problem-solving behavior.
- Follow up with youth after a crisis.
- Each interaction presents an opportunity . . .
  - -to build skills.
  - -to foster a helping relationship.

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How to contact us:

Psychiatric Intake Response Center

PIRC at CCHMC

513-636-4124

psychiatryresponse@cchmc.org

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Resources

- https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/schools/nctsn-resources
- https://www.samhsa.gov/child-trauma/learning-materials-resources#educators
- https://positivepsychology.com/resilience-activities-worksheets/
- http://lynnenamka.com/resilience.pdf
- https://positivepsychology.com/resilience-books/
- https://www.isst-d.org/
- http://www.cssrs.Columbia.edu
- https://www.youtube.com/watch?v=Xfddz_Yfnc4

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Columbia-Suicide Severity Rating Scale (C-SSRs):

A Common Language for the Community

Valerie Martin LISW-S
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Laura Deitzel LPCC-S
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Objectives

- Describe how and when to use the Columbia-Suicide Severity Rating Scale (C-SSRS).
- Utilize assessment findings of the C-SSRS as a common language when discussing suicide with PIRC.

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CDC Statistics

- Since 1999 suicide rates have increased 33%. Up 5% since 2016
- Suicide is the 2nd leading cause of death ages 10-34 since 2017.
- Nearly 1 in 10 high school student attempt suicide each year.
- 16% of high school students have seriously considered suicide.
- Survey in June 2020 found the a quarter of 18 to 24 year olds had seriously considered suicide in the past month

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More Statistics

- Ohio suicide rate up by 36% since 1999.
- One million people die by suicide per year. Or one person every 40 seconds.
- Suicide is the #1 kill of adolescent girls around the world
- Suicide attempts rose 73% between 1991 and 2017 among Black high school students.

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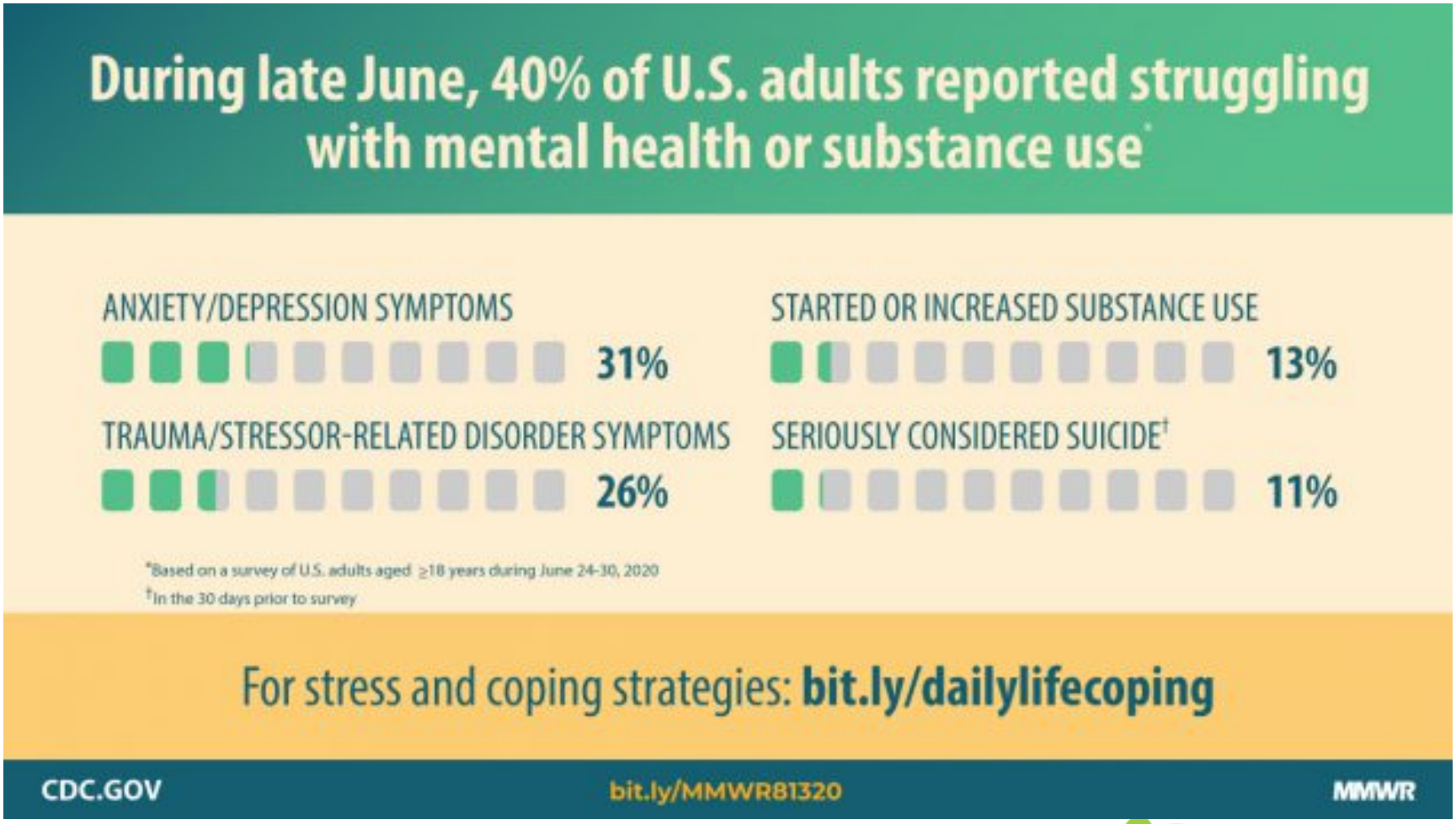
It's not just for the kids



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CCHMC and C-SSRs

PIRC adopted the C-SSRs in January 2017 and it is now being used by PIRC, Social Work, and Inpatient psychiatry at CCHMC and throughout community mental health.

Why the C-SSRS?

- Need for inter-rater reliability
- Documentation of medical necessity
- Common language
- Simple
- Efficient
- Evidence Supported
- Free

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History of the C-SSRS

- Created in 2007 by Columbia University, the University of Pennsylvania, and the University of Pittsburgh as a screening decrease suicide risk among adolescents with depression.
- In 2011, the Centers for Disease Control and Prevention adopted the scale's definitions for suicidal behavior and recommended the use of the C-SSRS for data collection.
- In 2012, the Food and Drug Administration declared the C-SSRS the standard for measuring suicidal ideation and behavior in clinical trials.
- Today, the C-SSRS is used in clinical trials, public settings, and everyday situations, such as in schools, faith communities, hospitals, and the military, to identify who needs help — saving lives in 45 nations on six continents.

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Questions and Misconceptions

- Is suicide really preventable?
- Does asking people about suicide put the idea into their heads?
- If someone intended to attempt suicide, why would that person tell you?
- How can asking the Columbia Protocol questions help me allocate my available resources?

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Using the Scale

- Who can use the Columbia Protocol?
- Do I need training to use it?
- Which version of the protocol should I use?

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C-SSRs in a Co-Vid19 World

- You need the location of the student.
- Ask if there are adults in the home or at their location.
- Try to ensure child has privacy when answering questions.
- If you can use a visual platform to do the assessment. (non-verbal communication)
- Then follow up with parent.

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What is the C-SSRs

- A series of evidenced based question about **suicidal thoughts** and **suicidal behaviors**

- Provides information to laymen and clinical staff to identify next steps for an individual in crisis

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Type of C-SSRs

- There are many ways and formats to the C-SSRs include screener, triage and full scale versions.
- C-SSRs can be modified for different agency needs. Throughout this presentation we will discuss modifications used by PIRC.

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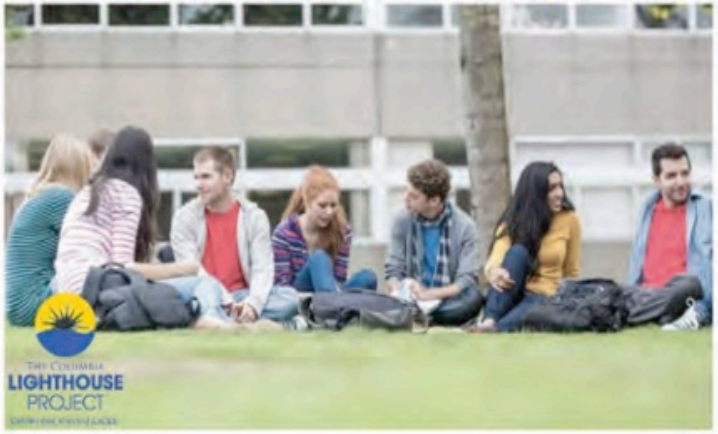
COMMUNITY CARD



ASK YOUR FRIENDS

CARE FOR YOUR FRIENDS

EMBRACE YOUR FRIENDS

See Reverse for Questions that Can Save a Life

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If **YES** to 2, answer questions 3, 4, 5 and 6 If **NO** to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	**High Risk**
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	**High Risk**
Always Ask Question 6	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	**High Risk**

Any YES must be taken seriously. Seek help from friends, family
If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care or call 1-800-273-8255 or text 741741 or call 911

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

DON'T LEAVE THE PERSON ALONE
STAY ENGAGED UNTIL YOU MAKE A WARM HAND OFF TO SOMEONE WHO CAN HELP

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Questions?

For more information:
http://www.cssrs.Columbia.edu

For further trainings:
http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/cssrs_web/course.htm

https://www.youtube.com/watch?v=Xfddz_Yfnc4

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Crisis Management Planning: A Critical Mental Health Intervention to Mitigate Suicide Risk

Monica vonAhlefeld, LISW
Emergency Department Social Worker/ Bridge Clinician
Psychiatric Intake Response Center (PIRC)

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Objectives

1. Understand the necessary elements to create an effective mental health crisis plan.

2. Understand that Crisis Management planning is a critical intervention with individuals at risk for suicide.

3. Understand that a Crisis Management plan and a suicide risk assessment work cooperatively to decrease risk.

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Crisis Management Plan Defined (Mental Health Crisis Plan)

According to the (National Alliance of Mental Illness, NAMI (2018)

"A crisis plan is a written plan developed by the person with the mental health condition and their support team, typically family and close friends. It's designed to address symptoms and behaviors and help prepare for a crisis."

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Crisis Management Planning

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WHY do we Initiate a Crisis Management Plan?

- Increase safety/Decrease risk
- Propose safe options when unable to reason in a crisis.
- Crisis Management Plans may be used both for self-harming behavior as well as suicidal thoughts without acute intent or plan.
- Help an individual feel more in control of their problems and treatment.
- May assist with future treatment goals.
- Provide reassurance for the individual and guardian/family.

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WHY does it work?

According to the Centre for suicide prevention, "A safety plan is an assets-based approach designed to focus on a person's strengths. Their unique abilities are identified and emphasized so they can draw on them when their suicidal thoughts become intense."

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WHEN is it appropriate to initiate a Crisis Plan?

A Crisis Management Plan is formulated *AFTER* risk is assessed and *WHEN* it is determined appropriate and safe to proceed. When assessing risk, the provider must ask specific questions about suicidality.

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Some Examples of WHEN Crisis Management Planning May be Appropriate

- Youth is cooperative and able to participate in a safety/risk assessment. Youth denies current plan, intent, means.
- A qualified support provider has assessed safety.
- There is no known immediate risk and the outpatient provider is available to assess.
- Guardian is not requesting an Emergency Department Assessment.
- No medical concerns.
- The symptoms are being managed appropriately by an outpatient provider.
- Behavioral Issues are not emergent or acute.
- Guardian feels safe with child at home.
- Guardian is able and willing to implement home safety.
- Guardian is involved in the crisis planning process.

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WHO is involved?

Youth ~ Guardian ~ Support Provider

- A Guardian *MUST* be involved and in agreement with this plan of care.
- Youth must be engaged and willing to participate.
- Support provider must be qualified to assist in a risk assessment and if appropriate, the crisis management plan.

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Protective Factors

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Protective Factors

- Social Connectedness
- Life Skills
  - Problem solving
  - Coping skills
  - Adaptability to change
- Self-esteem/Sense of Purpose
  - Cultural, religious, personal beliefs that discourage suicide Individuals with increased risk factors, but ***without*** acute risk of suicide.
  - Examples of risk factors include anxiety, school refusal, behavior issues, etc. (not imminent)
  - Individuals capable, willing, and able to be assessed and to discuss the intervention.
  - No medical concern.
  - Guardian involvement/ability/ and agreement.
  - Protective factors exist for the individual.
- Access to effective Behavioral Health Care

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WHERE Crisis Management Planning Occurs

Crisis Management Planning may occur in schools, outpatient clinics, agencies, Physician's offices, etc.

However, in certain circumstances it is most appropriate to refer to the Emergency Department.

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Factors to consider when establishing WHERE to safety plan

Immediate Safety Concern  Emergency Department

<u>Safety planning outside of the ED:</u>

- Least Restrictive
- Least Traumatic
- Does not stress families - Logistics/Financial Stressors
- Avoids transmission risk/ ED exposure

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Some Examples of Appropriate Referrals to the Emergency Department

- Guardian has an acute safety concern and/or requests an ED evaluation.
- Recent/immediate suicide attempt.
- Youth has Plan/Intent/Means.
- Youth is unwilling to discuss suicidality or to state that they will be safe.
- Medical concern (possible ingestion, etc.)
- Provider is not qualified to assess for safety and to complete crisis plan.
- Your instincts tell you the youth is at risk for suicide and other social or environmental dynamics are or concern for safety.

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Every situation is unique. Sometimes Crisis Management Planning is an appropriate deterrent from the ED.

Trust your instincts about safety and call PIRC (513-636-4124) for guidance when considering the Emergency Department.

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WHAT are the components of a Crisis Management Plan ?

- Home Safety Planning
- Coping skills & Problem Solving
- Warning Signs/Triggers
- Family/Friends/Community Supports
- Interventions
- Steps to Use when in Crisis
- Crisis Resources
- Personal Reasons for Living

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Keeping Your Child Safe at Home

Research tells us that children are at high risk for suicide or self-harm after discharge and before their first mental health outpatient appointment.

It is now important for you to help your child in these ways.

We ask that you:

- Watch your child closely until safety planning is progressed through collaboration with outpatient mental health provider.
- Talk with the therapist about how you will keep your child safe.
- Keep all mental health appointments.
- Remove all firearms from the home.
- Keep checking your child's room for unsafe items.
- Secure all razors, knives, scissors, and other sharp objects. If your child needs to use these objects, he/she should do so under adult supervision. If your child has a history of self-harm or there are new concerns of self-harming behavior, conduct skin checks 1 times per week, or more often if needed.
- Search your child's room before discharge in order to remove any potentially unsafe objects. Conduct room checks 1 times per week, or more often if needed.
- Lock medications (prescription, over-the-counter, and vitamins), household chemicals, cleaners, poisons, and all sharp objects in a lock box or locked tool/tackle box.
    - Look for these items in your home, garage, basement, kitchen, bathroom, and storage areas.
    - Give all medication to your child and watch him/her swallow it.
- Secure all car keys (regardless of your child's age) and if applicable, do not permit your child to drive a vehicle for a minimum of 30 days following discharge.
- Use car harness, door/window locks and alarms, cameras, and/or GPS tracker as recommended.
- Ask your child to stay in common areas of the home to avoid isolation (when awake).
- Ask your child to keep doors open (bedroom and bathroom doors can be partly open).
- Do not permit sleep overs or social activities unless you or a trusted adult can supervise your child the entire time.
- Listen to your child. Do not judge or criticize. Be mindful of the way your behavior/reactions and attitudes affect your child.
- If you or your child believes that things are getting worse, follow these steps:
    - Ask your child if he/she is thinking about hurting self or others.
    - Read your child's Safety Plan and calmly help your child remember the coping skills.
    - Call your child's outpatient mental health provider for help.
    - Call the Psychiatric Intake Response Center (PIRC) at 513-636-4124 for help.
    - Call 911 or take your child to the nearest emergency room if you feel you cannot keep your child safe.

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- Barrister, Teri, PhD., LPC. (2018). *Navigating a Mental Health Crisis. A NAMI resource guide for those experiencing a mental health emergency*. Retrieved from
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- Centre for Suicide Prevention. (September 9, 2019). *Safety Plans to Prevent Suicide*. Retrieved from https://www.suicideinfo.ca/resource/safety-plans/.

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INTERVENTION: PIRC BRIDGE

Purpose:

Provide an alternative level of care for patients who have been assessed in the ED, triaged by PIRC via phone, or stepped-down from acute hospitalization

Objectives:

- Minimize unnecessary inpatient stays
- Reduce unnecessary ED visits via the availability of a crisis clinic
- Provide crisis management intervention for safety and stability
- Support transition to ongoing mental health providers

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INTERVENTION: PIRC BRIDGE

Service Components

1. Care Coordination Calls (CCC):
   Telephonic assistance to families

2. Crisis Intervention appointments:
   Outpatient appointment with PIRC Clinician

3. Psychiatric prescriber appointments:
   Medication management with MD or APRN

4. Telehealth appointments via TEAMS

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PATHWAYS TO THE PIRC BRIDGE

1. Psychiatric patients discharged from the emergency department
2. ED diversion – family, community providers, schools and PCP's
3. CCHMC outpatient providers who have patients who are experiencing a mental health crisis
4. Patients presenting to the ED who have no medical concern (triaged at greeter's desk)
5. Psychiatric unit step-down

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Bridge Criteria

- No current Mental Health Providers
- Delay in care: Patient's current provider is not accessible to assist in the current crisis event
- Patient not actively suicidal/homicidal with plan within the last 24 hours
- Patient not actively aggressive causing significant harm to others/objects within the last 24 hours
- Patient has engaged parent/guardian, who has the ability to complete safety plan
- Patient is not developmentally delayed – e.g. patient with Dx of Intellectual Disability

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When in doubt, Call us:

1. Do not leave patient unsupervised

2. **Call PIRC 513-636-4124**

3. Provide your contact information and caregiver contact information

4. Report: triage symptoms and concerns

5. Review Complicating factors
   - aggression/impulsiveness
   - transportation

6. Discuss and determine urgency of evaluation

7. Parent consent

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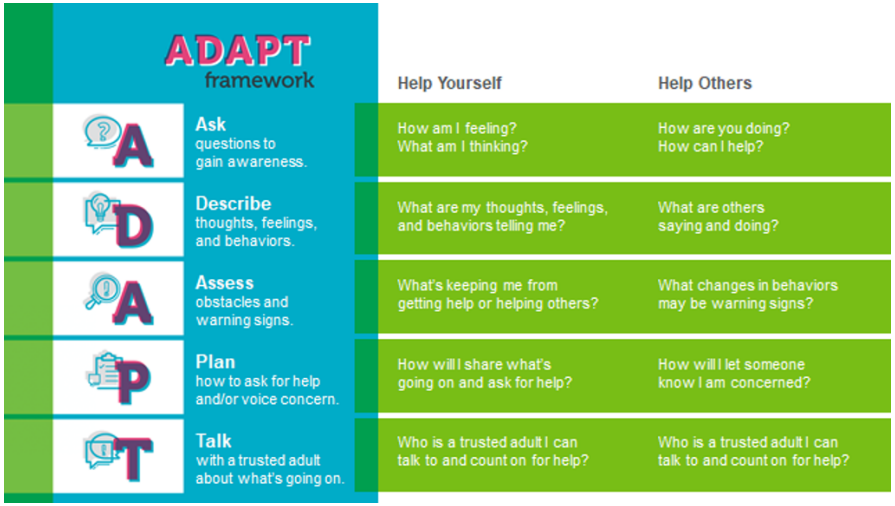
Adapt for Life

Cincinnati Children's offers school-based mental health education and suicide prevention…

Adapt for Life is an integrated, holistic approach to mental health education and suicide awareness and prevention that teaches students through the following ADAPT framework, a method for getting help for themselves or a peer:



ADAPT framework	Help Yourself	Help Others
A Ask questions to gain awareness.	How am I feeling? What am I thinking?	How are you doing? How can I help?
D Describe thoughts, feelings, and behaviors.	What are my thoughts, feelings, and behaviors telling me?	What are others saying and doing?
A Assess obstacles and warning signs.	What's keeping me from getting help or helping others?	What changes in behaviors may be warning signs?
P Plan how to ask for help and/or voice concern.	How will I share what's going on and ask for help?	How will I let someone know I am concerned?
T Talk with a trusted adult about what's going on.	Who is a trusted adult I can talk to and count on for help?	Who is a trusted adult I can talk to and count on for help?

For more information, please contact

Stacey Hoffman

Program Manager

513-802-8630

AdaptforLife.org

adapt for life

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Community Resources

Mobile Response & Stabilization Services (MRSS)
https://mobileresponse.org/
Serving Butler, Preble, Warren and Clinton
Access by calling the County's hotline 24/7:

- **Butler Co. Mobile Crisis 1 (844) 427-4747**
- **Warren/Clinton Co. Mobile Crisis 1 (877) 695-6333**
- **Preble County: (866) 532-3097**

- **Hamilton Co. Mobile Crisis (513) 584-5098**
  - ***Clinical team trained to respond to mental health emergencies in the community; M-F – 8am-12am; Sat/Sun – 11:30am-7:30pm***

- **Clermont Co. Mobile Crisis (513) 528-7283**

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Community Resources

- Talbert House Care Crisis Hotline (513) 281-CARE (2273)
- Northern Kentucky Crisis Line (NorthKey) (859) 331-3292
- National Suicide Prevention Lifeline 1 (800) 273-TALK (8255)
- CCHMC Psychiatric Intake Response (513) 636-4124
- Emergency Services 911

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Community Resources

- Suicide Prevention Apps: My3 App http://my3app.org/
- A Friend Asks http://jasonfoundation.com/get-involved/student/a-friend-asks-app/
- Crisis Textline-Text the keyword “CONNECT” to 741741
- Trevor Project LGBTQ 1-866-488-7386 or Text START to 678678 or online TrevorChat at: http://www.thetrevorproject.orgget-help-now

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Step 1: Down load the app https://wysabuddy.app.link/cchmc
Step 2: Choose a nickname; all conversations are private
Step 3: Try the COVID Anxiety Module – choose the tool helpful to you.

Wysa can help you:

- **manage your emotions and thoughts**
- **track your activity and sleep**
- **proactively engages with you**
- **Need to be 13+ to use Wysa; If under the age of 13 can still practice the self-help tools with parent/guardian**
- **Wysa does not request or collect personal information nor share any personally identifiable information.**

https://www.cincinnatichildrens.org/news/release/2020/covid-anxiety-app

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CONTACT INFORMATION

PIRC 513-636-4124

We can come to your clinic or school for live presentations.

Call or email us:

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Cheryl.Hilvert@cchmc.org

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