Ask Suicide-Screening Questions (ASQ):

A Brief Introduction

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Housekeeping and Helpful Hints

Bathrooms

Take breaks as needed

Ask questions

Suicide is an intense topic – take care of yourself



CEU Information

- The State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board has approved this seminar for 4 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 and RSX030902).
- No partial credit will be given.
- Be sure your sign in and your email is correct.
- Failure to complete sign in, full attendance and survey may result in CEU not given.



Columbia and Safety Planning, 08/24/23 Counselor and Social Worker Sign In





48 Hours to Complete Survey

You must complete the survey through **Survey Monkey** within **48 hours** of completion of the training. **CEU credit** will **NOT** be provided if you do not complete the survey within this timeframe.



Objectives

Understand 3 Tiered Clinical Pathway for assessing suicide risk

Provide introduction to Ask Suicide-Screening Questions (ASQ)

 Provide an introduction to Cincinnati Children's Hospital Psychiatry Intake Response Center (PIRC)



Three Tiered Clinic Pathway to Assess for Suicide Risk

- **1. ASQ:** four brief suicide screening questions that take less than 2 minutes to administer.
 - Administered at each outpatient visit.
 - If positive screen is obtained, move to second tier.
- 2. CSSRS: more comprehensive evaluation that confirms/estimates suicide risk.
 - Used to guide next steps for safety planning or additional assessment
- 3. Full Psychiatric Evaluation: at the Emergency Department, Bridge Clinic, or Best Point Urgent Care
 - Used to guide next steps for safety planning, short term crisis therapy or hospitalization



Ask Suicide-Screening Questions (ASQ)

- A rapid, psychometrically sound 4-item screening tool for all pediatric (8 and up) and adult patients presenting to health care settings
- Developed by 3 pediatric Emergency Departments (EDS)
 - Children's National Medical Center, Washington, DC
 - Boston Children's Hospital, Boston, Massachusetts
 - Nationwide Children's Hospital, Columbus, Ohio
- Can be used by non-psychiatric clinicians
- Brief takes less than 2 minutes to administer



Initial Assessment Questions

- 1. In the past few weeks, have you wished you were dead? Yes, No
- 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes, No
- 3. In the past week, have you been having thoughts about killing yourself? Yes, No
- 4. Have you ever tried to kill yourself? Yes, No
 - If yes, how?
 - If yes, when?



Acuity Question

 Ask only if individual has answered 'Yes' to any of the previous 4 questions

- 1. Are you having thought of killing yourself right now? Yes, No
 - If yes, please describe:



Screening Positive for Suicide Risk

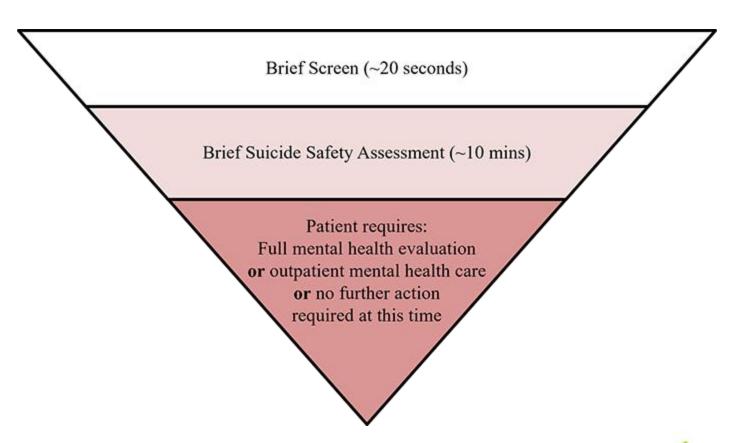
Non-Acute Positive

- Most common positive screening
- Individual answers 'yes' to any one of the first 4 questions
 - If anyone refuses to answer any question, it should be considered positive
- Next step: Conduct a brief suicide safety assessment (CSSR-S) to determine next steps

Acute Positive

- Individual answers 'yes' to the 5th question
- Next step: CSSR-S is not necessary as individual is automatically deemed an imminent risk
- Individual should receive a full psychiatric evaluation







Considerations

ASQ questions are for children and adults ages 8 and older

Try to ask questions with parents/guardians out the room

ASQ should be administered at each outpatient visit



Psychiatric Intake Response Center (PIRC)

Psychiatric Intake Response Center (PIRC)

513-636-4124





What does PIRC do?

Serves as a community resource to connect children to the right level of care and takes emergency department referrals

- Can take information to be share with the individual assessing the child in the emergency department.
- If referral is made, provide you with information on decisions made while the child was in the emergency department.
- Connect a child to alternative crisis care via the Bridge Clinic.

