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

A Common Language for the Community

Valerie Martin LISW-S
valerie.martin@cchmc.org

Laura Deitzel LPCC-S
laura.deitzel@cchmc.org

Cincinnati Children's
changing the outcome together

CEU Information

- The State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board has approved this seminar for 3 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.
- Failure to complete sign in, full attendance and survey may result in CEU not given.

Cincinnati Children's™
changing the outcome together

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.

Cincinnati Children's
changing the outcome together

CEU Information

- Please **double** and **triple** check your **name, email address and License number**.
- If you are missing any of the above information or this information is not accurate it may result in CEU credit not given or certificate not uploaded to CE Broker.

Cincinnati Children's
changing the outcome together

Helpful Hints

- Stay logged in, even if you step away
- There will be two breaks, but keep your zoom logged in
- You patience and support is appreciated
- Ask questions
- Self Care: the topic is a hard one, take care of you

Cincinnati Children's
changing the outcome together

Are you using the C-SSRs?

- Yes and I am comfortable with it.
- Yes, but I am struggling to feel comfortable with it.
- No, not at this time.

Cincinnati Children's
changing the outcome together

Objectives

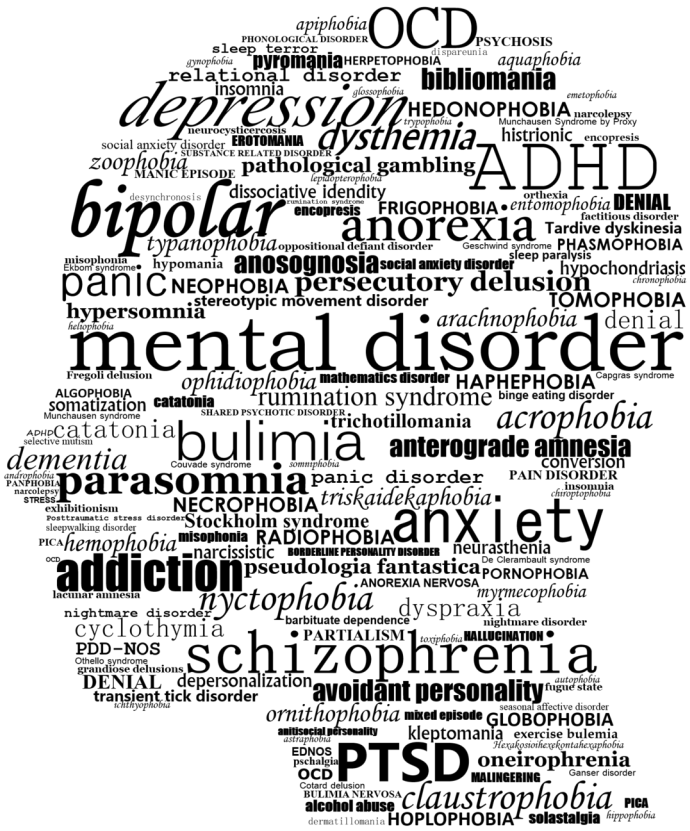
- Describe how and when to use the Columbia-Suicide Severity Rating Scale (C-SSRS).
- Utilize assessment findings of the C-SSRS as a common language when discussing suicide with Psychiatric Intake Response Center (PIRC.)

Cincinnati Children's
changing the outcome together

CCHMC - PIRC

Psychiatric
Intake
Response
Center

513-636-4124



Cincinnati Children's
changing the outcome together

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.

Cincinnati Children's
changing the outcome together

Risk factors for suicide

- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt(s)
- Family history of suicide
- **Job or financial loss**
- Loss of relationship(s)
- Easy access to lethal means
- Local clusters of suicide
- **Lack of social support and sense of isolation**
- Stigma associated with asking for help
- **Lack of healthcare, especially mental health and substance abuse treatment**
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

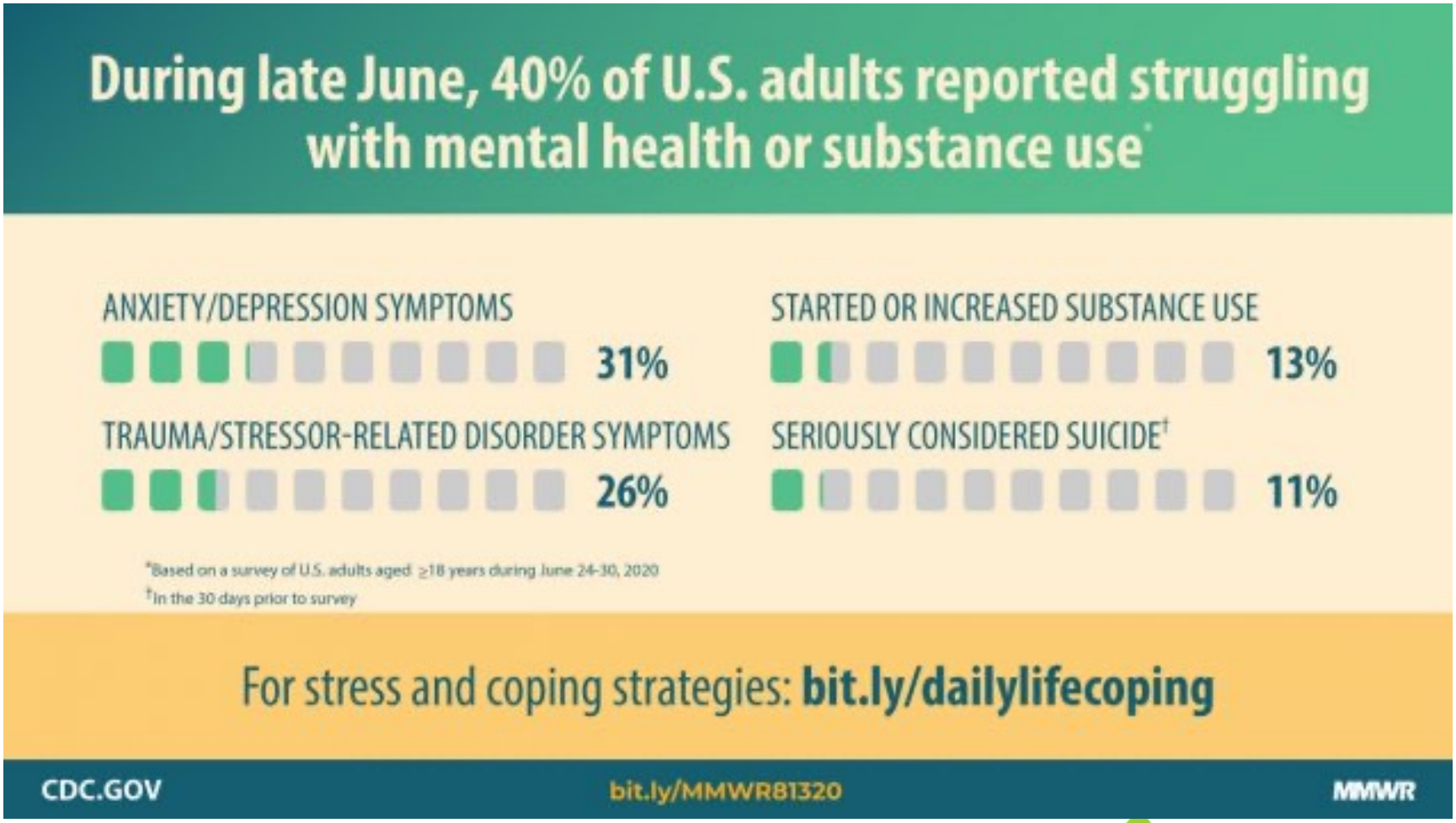
Cincinnati Children's
changing the outcome together

Statistics on Suicide

- Nearly 1 in 10 high school student attempt suicide each year.
- 16% of African American males between 15-23 will die by suicide.
- In 2018 suicide became the leading cause of death in Ohio for those 10-14.
- From Mid-March 2020 to October 2020 ED visits for mental health went up by 44% while ED visits in total went down by 43% compared to the same times in 2019

Cincinnati Children's
changing the outcome together

It's not just for the kids



Cincinnati Children's
changing the outcome together

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
- Developed in 2007 by Columbia University, the University of Pennsylvania, and the University of Pittsburgh as a screening tool for suicide.
- 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.

Cincinnati Children's
changing the outcome together

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?

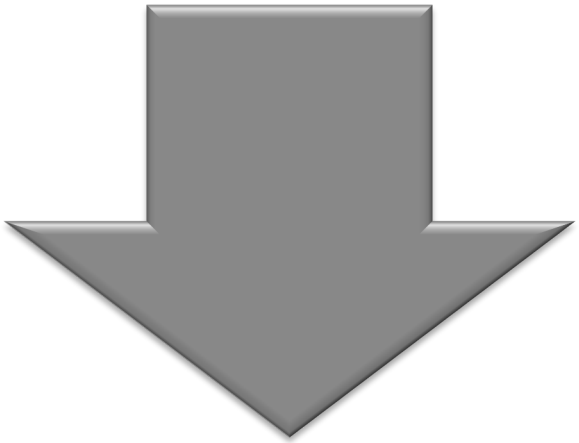
- Need for inter-rater reliability
- Documentation of medical necessity
- Common language
- Simple
- Efficient
- Evidence Supported
- Free

Cincinnati Children's
changing the outcome together

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

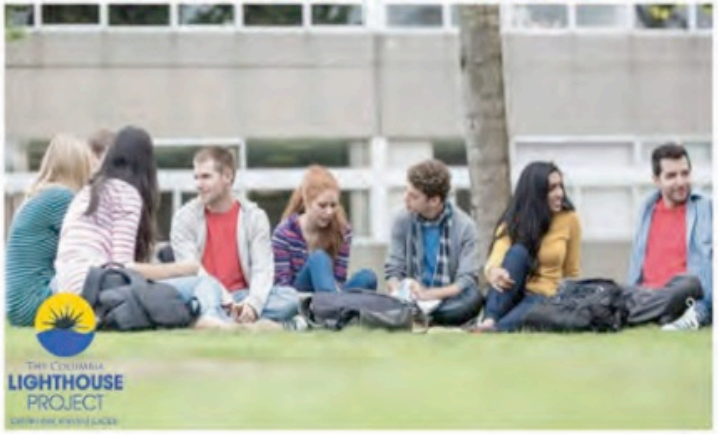
Cincinnati Children's
changing the outcome together

Type of C-SSRs

- There are many various versions 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.

Cincinnati Children's
changing the outcome together

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

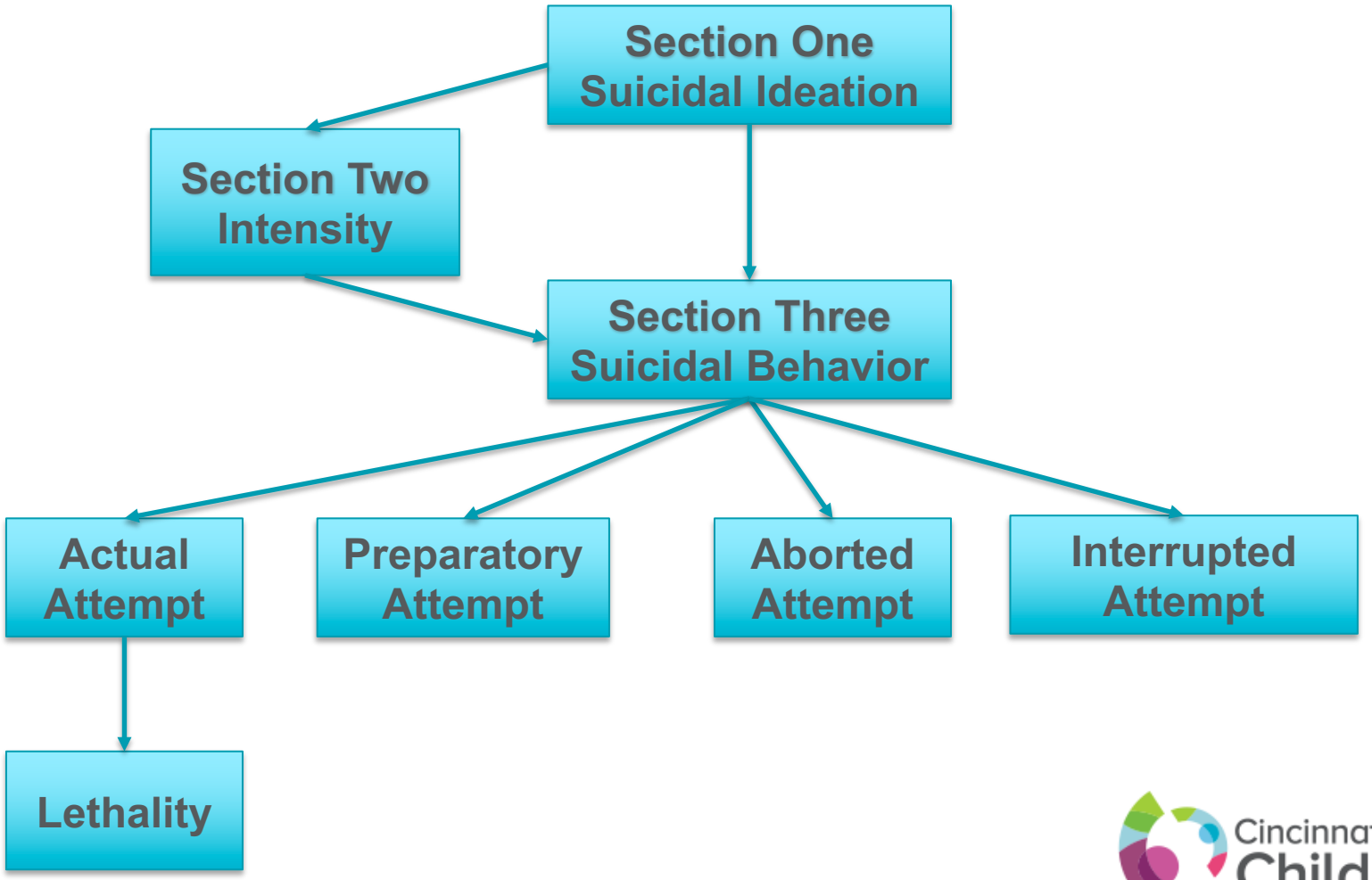
Cincinnati Children's
changing the outcome together

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.

Cincinnati Children's
changing the outcome together

Lifetime/Recent Structure



Cincinnati Children's
changing the outcome together

Section 1: Suicide Ideation

SUICIDAL IDEATION		
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.	Lifetime: Time He/She Felt Most Suicidal	**Past 1 month**
1. Wish to be Dead **Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.** **Have you wished you were dead or wished you could go to sleep and not wake up?** **If yes, describe:**	Yes ☐ No ☐	**Yes ☐ No ☐**
2. Non-Specific Active Suicidal Thoughts **General non-specific thoughts of wanting to end one's life/die by suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.** **Have you actually had any thoughts of killing yourself?** **If yes, describe:**	**Yes ☐ No ☐**	**Yes ☐ No ☐**

Cincinnati Children's
changing the outcome together

Section 1: Suicide Ideation

- Ask questions 1 & 2. If the answer is **NO** to both, **STOP** - do not ask questions 3-5, **GO** to Section 3: Suicide Behavior.
- If the answer to both or only question 2 is **yes**, **continue** to ask questions 3-5. Then **continue** to Section 2: Suicidal Intensity
- **Auditory hallucination saying "Kill yourself" = Ideation**
- For young Children (under 12), instead of "dead" can use "not alive." See the young child form for different options of how to phrase questions.

Cincinnati Children's
changing the outcome together

Section 1: Suicide Ideation

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act **Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it."** **Have you been thinking about how you might do this?** **If yes, describe:**	**Yes No** □ □	**Yes No** □ □
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan **Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u>, as opposed to "I have the thoughts but I definitely will not do anything about them."** **Have you had these thoughts and had some intention of acting on them?** **If yes, describe:**	Yes No □ □	**Yes No** □ □
5. Active Suicidal Ideation with Specific Plan and Intent **Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.** **Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?** **If yes, describe:**	**Yes No** □ □	**Yes No** □ □

Section 1: Suicide Ideation

- Definition: **Means**
  - "Have you been thinking about how you might do this?"
  - Has the client thought about different ways
    - Hanging, overdosing, jumping off at tall building
- Definition: **Plan**
  - "Have you started to work out the details of how to kill yourself?"
  - Client has answered the questions of how, when, where in their response.
    - After school I would take the pills that I have been hiding in my room before anyone else is home.

Cincinnati Children's
changing the outcome together

Suicidal Ideation Exceptions

- For young children
  - Use “not alive” instead of “dead”
  - Need to have a concept of death which is different than sleep.
- Hearing a voice telling them to kill themselves counts as a Yes – Auditory Hallucinations

Cincinnati Children's
changing the outcome together

Polling Questions

- For each questions
  - Select the correct way to complete question 1 and 2 on the C-SSRs
  - Select which questions on the C-SSRs should be asked next

Cincinnati Children's
changing the outcome together

Polling Question 1

Andy, a ten year old male, presents with anxiety. He says that he is afraid to go asleep after his grandfather died in his sleep. Pt denies wanting to die or thoughts about killing himself ever.

Cincinnati Children's
changing the outcome together

Polling Question 1

Andy, a ten year old male, presents with anxiety. He says that he is afraid to go asleep after his grandfather died in his sleep. Pt denies wanting to die or thoughts about killing himself ever.

	Lifetime	Past month
Question 1:	No	No
Question 2:	No	No

Next CSSRs questions to ask: Suicidal Behaviors

Cincinnati Children's
changing the outcome together

Polling Question 2

Violet, 17 year old female, reports that three months ago she wished she could die in her sleep, but denies these thoughts in the last month. She also denies ever thinking about killing herself.

Cincinnati Children's
changing the outcome together

Polling Question 2

Violet, 17 year old female, reports that three months ago she wished she could die in her sleep, but denies these thoughts in the last month. She also denies ever thinking about killing herself.

	Lifetime	Past month
Question 1:	Yes	No
Question 2:	No	No

Next CSSRs questions to ask: Intensity of Ideation Section

Cincinnati Children's
changing the outcome together

Polling Questions 3

Olaf, 13 year old male, reports that every day for the past 3 months he wishes he was dead and in the past week has started to have thoughts about killing himself.

Cincinnati Children's
changing the outcome together

Polling Questions 3

Olaf, 13 year old male, reports that every day for the past 3 months he wishes he was dead and in the past week has started to have thoughts about killing himself.

	Lifetime	Past month
Question 1:	Yes	Yes
Question 2:	Yes	Yes

Next CSSRs questions to ask: Question 3-5 followed Intensity of Ideation and Suicidal Behaviors

Cincinnati Children's
changing the outcome together

Section 2: Suicide Intensity

INTENSITY OF IDEATION		
The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal. Lifetime - Most Severe Ideation: _____ _____ Type # (1-5) Description of Ideation Recent - Most Severe Ideation: _____ _____ Type # (1-5) Description of Ideation	Most Severe	Most Severe
Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	___	___
Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	___	___

Cincinnati Children's
changing the outcome together

Section 2: Suicide Intensity

- Once it has been determined patient has suicide ideation, follow-up questions are necessary to help inform your clinical judgement.
- Top part of this section is just bringing down the data from suicidal ideation or what was the last question the child said yes to for each time period.
- **For very young children**
  - Only ask “How many times have you had these thoughts?”
  - Options are, “Only one time,” “A few times,” “A lot,” “All the time” and “Don’t know/Not Applicable.”

Cincinnati Children’s
changing the outcome together

Section 2: Suicide Intensity

- **Intensity Questions:**
  - **Frequency**: How many times have you had these thoughts? (Only one question for the very young child version)
  - **Duration**: When you have these thoughts how long do they last? (studies have shown that teenagers with higher duration of the suicidal ideation are at higher risk compared to other questions in this section.)

Cincinnati Children's
changing the outcome together

Section 2: Suicide Intensity

Controllability **Could/can you stop thinking about killing yourself or wanting to die if you want to?** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	___	___
Deterrents **Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?** (1) Deterrents definitely stopped you (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	___	___
Reasons for Ideation What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both? (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on and to end/stop the pain living with the pain or how you were feeling) (0) Does not apply	___	___

Cincinnati Children's
changing the outcome together

Section 2: Suicide Intensity

- **Intensity Questions**
  - **Controllability**: Can you stop thinking about killing yourself or wanting to die if you want to?
  - **Deterrents**: Are there thigs – anyone or anything that stopped you from wanting to die or acting on thoughts of committing suicide?
  - **Reasons for ideation**: What reasons did you have for thinking about wanting to die or killing yourself? To end the pain or stop the way you were feeling? To get attention, revenge or a reaction from others?

Cincinnati Children's
changing the outcome together

Practice in Breakout Rooms

- Group will create scenario in which either or both questions 1 and 2 are yes
- 4 to 5 people in a room and each has a role
  - Child, Counselor, and other are observers
- Complete the C-SSRs through the 1st two sections (suicidal ideation and intensity of ideation)

Cincinnati Children's
changing the outcome together

Section 3: Suicidal Behavior

SUICIDAL BEHAVIOR (Check all that apply, so long as these are separate events; must ask about all types)	Lifetime	Past 3 months
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as meth-od to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a highly floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. Have you made a suicide attempt? Have you done anything to harm yourself? Have you done anything dangerous where you could have died? What did you do? Did you_____ as a way to end your life? Did you want to die (even a little) when you_____? Were you trying to end your life when you _____? Or Did you think it was possible you could have died from_____?	Yes No ☐ ☐ Total # of Attempts _____	Yes No ☐ ☐ Total # of Attempts _____
Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe: Has subject engaged in Non-Suicidal Self-Injurious Behavior?	Yes No ☐ ☐	Yes No ☐ ☐

Cincinnati Children's
changing the outcome together

Section 3: Suicidal Behavior

- Definition: **Suicide attempt**
  - "potentially self-injurious act with at least some intent to die"
  - Actual harm is not needed, just **potential** for injury
  - A suicide attempt begins with the first pill swallowed or scratch with a knife

Cincinnati Children's
changing the outcome together

Intent is of primary importance

- Definition: **Intent**
  - **"Wish to die"** Client does not have to endorse 100% wanting to die, if any part of them wanted to die then the act would be considered an attempt
  - Helps determine if act was a suicide attempt or self harm

- Definition: **Inferred Intent**
  - A client does not respond or denies intent/plan to die, but the behavior and potential for being lethal is evident.
  - A client denies intent to die, but they thought that what they did could be lethal.
  - "**Clinically impressive**" circumstances – highly lethal act where no other intent but suicide can be inferred

Cincinnati Children's
changing the outcome together

How to ask the questions

- Have you made a suicide attempt?
- Have you done anything to harm yourself?
- Have you done anything dangerous where you could have died?
- What did you do?
- Did you_____ as a way to end your life?
- Did you want to die (even a little) when you_____?
- Were you trying to end your life when you _____?
- Or Did you think it was possible you could have died from_____?

Cincinnati Children's
changing the outcome together

Section 3: Suicidal Behavior

- Definition: **Self injurious behavior**
  - Self harming for other reasons than to kill oneself
  - No intention of death
  - Purpose of action was to relieve stress, feel better get sympathy or *get sympathy, attention, make someone angry*

Cincinnati Children's
changing the outcome together

Section 3: Suicidal Behavior

Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred). Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything? If yes, describe:	Yes ☐ No ☐ Total # of interrupted _____	Yes ☐ No ☐ Total # of interrupted _____
Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything? If yes, describe:	Yes ☐ No ☐ Total # of aborted or self-interrupted _____	Yes ☐ No ☐ Total # of aborted or self-interrupted _____

Cincinnati Children's
changing the outcome together

Section 3: Suicidal Behavior

- Definition: **Interrupted Attempt**
  - When person starts to take steps to end their life, but someone or something stops them. Bottle of pills or gun in hand but someone grabs it. On ledge poised to jump, but police stop them.
  - "*Has there been a time when you started to do something to end our life, but someone or something stopped you before you actually did anything?*"

Cincinnati Children's
changing the outcome together

Section 3: Suicidal Behavior

- Definition: **Aborted or Self Interrupted Attempt**
  - When a person begins to take steps towards making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior.
  - "*Has there been a time when you started to do something to end your life, but you stopped yourself before you actually did anything?*"

Cincinnati Children's
changing the outcome together

Section 3: Suicidal Behavior

Preparatory Acts or Behavior: **Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).** **Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?** **If yes, describe:**	**Yes No** □ □ **Total # of preparatory acts** _____	**Yes No** □ □ **Total # of preparatory acts** _____

- Definition: **Preparatory Acts or Behavior**
  - Any other behavior – beyond saying something with suicide intent. Not impulsive, but planned. Collecting or buying pills; Purchasing a gun; Writing a will or suicide note
  - *"Have you taken any steps towards making a suicide attempt or preparing to kill yourself such as, collecting pills, getting a gun, giving valuables away, writing a suicide note?"*

Cincinnati Children's
changing the outcome together

Section 3: Suicidal Behavior

	Most Recent Attempt Date:	Most Lethal Attempt Date:	Initial/ First Attempt Date:
Actual Lethality/Medical Damage: 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death	Enter Code _____	Enter Code _____	Enter Code _____
Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over). 0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care	Enter Code _____	Enter Code _____	Enter Code _____

Actual Lethality/ Medical Damage

0. No physical damage or very minor physical damage (i.e., surface scratches)
1. Minor physical damage (i.e., lethargic speech; 1st degree burns; mild bleeding; sprain)
2. Moderate physical damage/medical attention needed (i.e., conscious, but sleepy; somewhat responsive; 2nd degree burns; bleeding of major vessel)
3. Moderately severe physical damage/medical hospitalization and likely intensive care required (i.e., comatose with reflexes intact; 3rd degree burns less than 20% of body; extensive blood loss but can recover; major fractures).
4. Severe physical damage/medical hospitalization with intensive care required (i.e., comatose without reflexes; 3rd degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).
5. Death

Potential Lethality:

Only answer if actual lethality is 0

1. Behavior not likely to result in injury
2. Behavior likely to result in injury but not likely to cause death
3. Behavior likely to result in death despite available medical care

Cincinnati Children's
changing the outcome together

Polling Question 4

Rapunzel wanted to escape from her mother's home. She researched lethal doses of ibuprofen. She took 6 ibuprofen pills and said she felt certain from her research that this amount was not enough to kill her. She stated she did not want to die, only to escape from her mother's home. She was taken to the emergency department where her stomach was pumped and she was admitted to a psychiatric unit.

Was this a suicide attempt?

◯ Yes ◯ No ◯ Not enough information

Cincinnati Children's
changing the outcome together

Polling Question 4

Rapunzel wanted to escape from her mother's home. She researched lethal doses of ibuprofen. She took 6 ibuprofen pills and said she felt certain from her research that this amount was not enough to kill her. She stated she did not want to die, only to escape from her mother's home. She was taken to the emergency department where her stomach was pumped and she was admitted to a psychiatric unit.

Was this a suicide attempt?

No – She never wanted to die. No intent

Cincinnati Children's
changing the outcome together

Polling Question 5

Anna, age 15, following a fight with her boyfriend, felt like she wanted to die, impulsively took a kitchen knife and made a superficial scratch to her wrist. Before she actually punctured the skin or bled, she changed her mind and stopped.

Was this a suicide attempt?

◯ Yes ◯ No ◯ Not enough information

Cincinnati Children's
changing the outcome together

Polling Question 5

Anna, age 15, following a fight with her boyfriend, felt like she wanted to die, impulsively took a kitchen knife and made a superficial scratch to her wrist. Before she actually punctured the skin or bled, she changed her mind and stopped.

Was this a suicide attempt?

Yes – She wanted to die. There was intent.

Cincinnati Children's
changing the outcome together

Polling Question 6

Ralph was feeling ignored. He went into the kitchen where mother and sister were talking. He took a knife out of the drawer and made a cut on his arm. He denied that he wanted to die, but just wanted them to pay attention.

Was this a suicide attempt?

◯ Yes ◯ No ◯ Not enough information

Cincinnati Children's
changing the outcome together

Polling Question 6

Ralph was feeling ignored. He went into the family kitchen where mother and sister were talking. He took a knife out of the drawer and made a cut on his arm. He denied that he wanted to die, but just wanted them to pay attention.

Was this a suicide attempt?

No – He didn't want to die. There was no intent

Cincinnati Children's
changing the outcome together

Polling Question 7

Sally cut her wrist after an argument with her boyfriend.

Was this a suicide attempt?

◯ Yes ◯ No ◯ Not enough information

Cincinnati Children's
changing the outcome together

Polling Question 7

Sally cut her wrist after an argument with her boyfriend.

Was this a suicide attempt?

Not enough information

Cincinnati Children's
changing the outcome together

Polling Question 8

Wendy stated that she experienced heartbreak over the "loss of her boyfriend" a week ago. She stated that she took 4 clonazepam, called a girlfriend, and talked/cried it out while on the phone. She was dismissive of the seriousness of the attempt, but indicated that she wanted to die at the time she took the overdose.

Was this a:

- ◯ Suicide attempt
- ◯ Interrupted attempt
- ◯ Aborted attempt

Cincinnati Children's
changing the outcome together

Polling Question 8

Wendy stated that she experienced heartbreak over the "loss of her boyfriend" a week ago. She stated that she took 4 clonazepam, called a girlfriend, and talked/cried it out while on the phone. She was dismissive of the seriousness of the attempt, but indicated that she wanted to die at the time she took the overdose.

This was a:

Suicide attempt – There was intent and she actually took pills. It does not matter that it was not a lethal dose.

Cincinnati Children's
changing the outcome together

What's next?

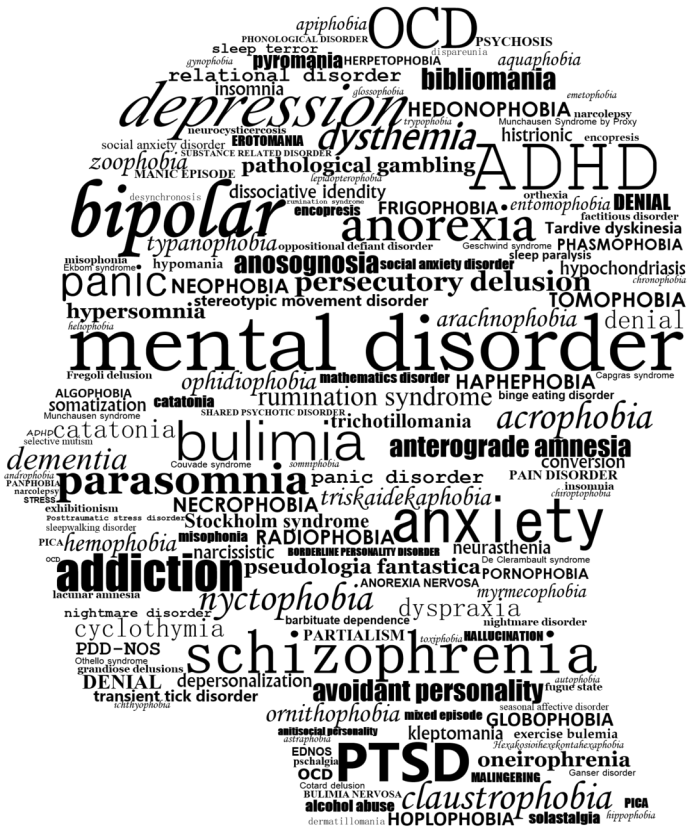
- Complete a crisis management plan.
- Connect the student to their mental health provider or primary care physician.
- Call PIRC **513-636-4124** if further assessment is needed either through Bridge Clinic or the Emergency Department.

Cincinnati Children's
changing the outcome together

PIRC

Psychiatric
Intake
Response
Center

513-636-4124



Cincinnati Children's
changing the outcome together

Questions?

For more information on suicide and C-SSRs:
http://www.cssrs.Columbia.edu

Lifeline (suicidepreventionlifeline.org)

For further trainings on C-SSRs:
http://zerosuicide.sprc.org/sites/zerosuicide.actionalliance forsuicideprevention.org/files/cssrs_web/course.htm

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

Cincinnati Children's
changing the outcome together

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)

Cincinnati Children's
changing the outcome together

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, such as the C-SSRS, work cooperatively to decrease risk.

Cincinnati Children's™
changing the outcome together

Terminology
Plan versus Contract

(Mental Health) Crisis Management Plan / Safety Plan

- Partnership Based on Strengths

Safety Contract

- Not a legal contract
- No evidence contracts work
- False premise of safety

Cincinnati Children's
changing the outcome together

Crisis Management Plan Defined

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***."

Cincinnati Children's
changing the outcome together

Crisis Management Plan

Cincinnati Children's
changing the outcome together

Examples not limited to:

- Individuals with increased risk factors, but *without* acute risk of suicide, homicide or any imminent harm to self or others.
- Individuals struggling with mental health concerns that are not life-threatening. Examples include anxiety, depression, school refusal, behavior issues, etc. (not imminent).
- Individuals capable, willing, and able to be assessed and to discuss the intervention.
- Guardians who are involved, willing and capable of safety planning for their child.
- Individuals with Protective Factors.

Cincinnati Children's™
changing the outcome together

Crisis Management Plan Objectives

Goal = ↑ safety ↓ future risk

- Propose safe options for future crises when unable to reason.
- Non – acute issues may be addressed on a Crisis Management Plan (such as self-harming without intent to die).
- Help an individual feel more in control of their problems and treatment.
- Assist with future treatment goals.
- Provide reassurance for the individual and guardian/family.
- Enhance Communication with individual and guardian/family.

Cincinnati Children's
changing the outcome together

WHY it Works?

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."

Cincinnati Children's
changing the outcome together

Polling Question

The best time to complete a Mental Health Crisis Plan is when:

a. Youth is in crisis with imminent safety concerns.
b. Youth is stabilized.
c. Youth and provider are alone.
d. Youth, provider and guardian are present.

(Choose all that apply)

Cincinnati Children's
changing the outcome together

Correct Answer

b. Youth is stabilized – They are not in imminent risk, can discuss (or show with behavior) that they are safe. They can use self-awareness to create a plan to use if future crises occur.

d. Youth, provider and guardian are present – Guardian is key in establishing safety when youth leaves your presence. Interventions draw upon youth/guardian collaboration and communication.

Cincinnati Children's
changing the outcome together

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 who can assist in a risk assessment and if appropriate, the crisis management plan.

Cincinnati Children's
changing the outcome together

WHEN it is appropriate to initiate

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.

Cincinnati Children's
changing the outcome together

REVIEW: Some Examples of WHEN Crisis Management Planning May be Appropriate

- Youth is cooperative, calm, 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.

Cincinnati Children's
changing the outcome together

Protective Factors

Cincinnati Children's
changing the outcome together

Protective Factors

- **Social Connectedness**
  - Connectedness to parents/ non-parental adults/ friends/ neighbors
  - Connectedness to community organizations (schools, faith groups).
- **Self-esteem/Sense of Purpose**
- **Life Skills**
  - Problem solving/ Coping skills
  - Adaptability to change
  - Overall resilience – positive self-concept and optimism
  - Academic Achievement
- **Cultural, religious, personal beliefs that discourage suicide**.
- **Access to Effective Behavioral Health Care**

(Suicide Prevention Resource Center, https://www.sprc.org/about-suicide/risk-protective-factors)

Cincinnati Children's
changing the outcome together

Case Examples
Protective Factors

Jordan, age 11, has had suicidal thoughts since COVID quarantine began. He misses school and his friends. He states, “I would never do it because of my grandmother. She would be so sad.” (Social connectedness)

LaShawna, age 14, has history of one ingestion. She reports that the ingestion is now a deterrent from ever attempting again. She was so afraid, regretted it instantly, and learned from it. She is proud that she now uses coping skills and tells her mom when she has suicidal thoughts. (Life skills, Self esteem, Sense of Purpose)

Morgan, age 15, has a history of anxiety and depression and she feels the highest anxiety at school. She really likes his therapist and asks to see her at school when she struggles. It helps to have her at school. (Access to Effective Behavioral Health Care)

Cincinnati Children's
changing the outcome together

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.

Cincinnati Children's
changing the outcome together

Factors to consider when establishing WHERE to safety plan

Immediate Safety Concern  Emergency Department

Helpful Factors when able to safety plan:

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

Cincinnati Children's
changing the outcome together

Some Examples of Appropriate Referrals to the Emergency Department

- Guardian has an *acute safety concern* and/or requests an ED evaluation (Guardian may speak with PIRC directly).
- 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 does not feel capable to assess for safety or 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.

Cincinnati Children's™
changing the outcome together

Crisis Management Plan or Call PIRC/ Emergency Department?

The next two Breakout sessions focus on determine whether Crisis Management Planning is appropriate or a referral to PIRC. You will consider answers to the C-SSRs and Protective Factors to make your determination.

(Please take a photo of the scenarios to discuss in your group).

Cincinnati Children's
changing the outcome together

Breakout Session One

Rachel, age 14, shows her Guidance Counselor superficial cuts on top of her arm. She has panic attacks and this is primarily when she cuts. The C-SSRs is completed and Rachel has no current intent or plan to end her life. She cut last night "to help her cope." She last had the thought of ending her life by hanging one year ago and made no attempt.

Tyler, age 6, is sent to his school therapist after drawing a graphic picture of knives and guns in class. Tyler denies that he has thoughts of dying or of killing anyone. The C-SSRs is completed and he denies any history of intent to harm self or others. Tyler reports that he hates school because kids bully him. When he gets upset, he draws these pictures.

Susie, age 17, is sent to the office because she has had thoughts of wanting to die. She talks to the School Therapist (who happened to be available). Susie said she doesn't want to die currently, but two months ago, she almost ended her life by ingestion after a break-up. Her mother is not aware and she's worried about her knowing. Susie wishes she could see a Therapist to help her.

How are these SIMILAR? Would you complete a Crisis Management Plan? Why or why not? Other interventions with the child/guardian?

(5 minute Activity)

Cincinnati Children's
changing the outcome together

Similarities in the Scenarios

- No current or immediate thought/plan/ intent to harm self or others.
- All are struggling to cope with emotions such as depressed mood, anger, and anxiety.
- All would benefit from a Crisis Management Plan.
- All should be referred to an outpatient provider if they do not have one.
- Guardians should be made aware of ALL statements made by their child and guardians should be involved in the Crisis Management Planning.
- You may call PIRC about any of these situations with questions.

Cincinnati Children's
changing the outcome together

Breakout Session Two

Jenna, age 10, reports that she considered jumping from the stairwell to end her life on her way to lunch today a few hours ago. The C-SSRs is completed and while in session with her counselor, she reconsidered and does not currently want to die.

Josh, age 16, is sent to the office and school nurse after friends tell staff that he attempted suicide by ingestion last night. He didn't tell anyone until he came to school today.

Sydney, age 15, tells her school therapist that she wants to die. She does not know of a method, but wishes she had the ability to do "something" to end her life.

What course of action would you take? In your breakout group, discuss the risk factors and possible interventions.
(5 Minute Activity)

Cincinnati Children's
changing the outcome together

Breakout Session Two Discussion

Jenna does not want to die during the C-SSRs, however her very recent thoughts, intent, and plan to end her life, preclude completing a crisis management plan. She should be referred to the Emergency Department and a referral should be placed with PIRC.

Josh had an attempt by ingestion and needs medical clearance and an evaluation in the Emergency Department.

Sydney is considered imminent risk. Although she cannot think of a method at this time, she is expressing desire to end her life and desire to find a method.

Guardians should be notified of ALL statements made and PIRC will document referral information for the Emergency Department Social Workers.

Cincinnati Children's™
changing the outcome together

Trust Your Instincts

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.

Cincinnati Children's
changing the outcome together

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

Cincinnati Children's
changing the outcome together

PIRC Bridge

- Alternative clinic that can provide assessments, brief outpatient care, mental health resources/ referrals.
- PIRC will discuss the possibility for a child to be seen in Bridge as an Emergency Department Diversion.
- They will review criteria with you and the guardian.
- Outcome may be an Admission to Psychiatry or Crisis Management Planning.

Cincinnati Children's
changing the outcome together

Crisis Management Plan
Key Components

Crisis Management Plans may be individualized for your setting, however key components to include are:

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

Cincinnati Children's
changing the outcome together

Cincinnati Public Schools Crisis Management Plan

	CRISIS MANAGEMENT PLAN SAFETY PLAN TRANSITION PLAN	Page 1 of 2

This plan is designed to help maintain my wellbeing and prepare me for times of high stress and/or anxiety. It includes plans to make my day safer, identifies when I need help, helps me figure out what to do cope, and what to do in crisis situations.

PREVENTATIVE STRATEGIES How can the day be safer?	
☐	Check-in and out with an adult at certain times → Describe:
☐	Increase supervision – Describe:
☐	Practice coping skills with an adult
☐	Review daily routine with staff member
☐	Staff member will search child's bookbag/locker to ensure unsafe items are removed
☐	Supervise at all times (Not allowed alone to restroom or in the hallway)
☐	Other:
☐	Other:

TRIGGERS What words, events, or actions ignite negative feelings and risky behavior? What makes me upset?	
Locations/Events	***Triggers***
At home	
During class	
During specials/ electives (i.e. Art, Music, PE)	
Cafeteria/Playground (breakfast/lunch)	
During school arrival/dismissal	
Other locations/events:	

KNOWING WHEN I NEED HELP (WARNING SIGNS OF ANXIETY) *I know I am beginning to feel stressed and unsafe when:*	
Physical (Body)	**Thoughts & Feelings**

MY COPING SKILLS What can I do when I am faced with my triggers?		
*What can I do when I **start to feel anxious and/or getting upset**?*		
☐ Ask to get a drink of water	☐ Draw/Color/Write in journal	☐ Think of a peaceful place
☐ Ask to go to the "Calming corner"	☐ Forgive, let go, and move on	☐ Tell the teacher and ask to be moved
☐ Ask who is bothering me to "Please stop."	☐ Stretch	☐ Use a stress ball/fidget
☐ Count to 10	☐ Take slow mindful breaths	☐ Use kind caring positive self-talk
☐	☐	☐
*What can **my teachers do to help** when they notice me getting anxious?*		
☐ Allow me to see a trusted adult	☐ Give space, but check in	☐ Spend 1:1 time
☐ Give me a task to do	☐ Listen	☐
☐	☐	☐

CRISIS PLAN *When it becomes dangerous for me or others around me*	
List dangerous behaviors:	What steps should be taken: (list at least 3) 1. 3.

Name: _____ DOB: _____ Grade: _____ School: _____ Date: _____ Transitioning From: _____ To _____	CRISIS MANAGEMENT PLAN SAFETY PLAN TRANSITION PLAN	Page 2 of 2

RE-ENTRY	
How am I going to tell my friends when I get back to school about where I have been?	Who is going to tell my teachers about my plan?
I will: ☐ Refer to this plan when I am in a crisis ☐ Review this my family ☐ Review with someone I trust at my school ☐ Review with my mental health provider	

MY SCHOOL SUPPORTS When my coping skills aren't working, who can I talk to for additional support?		
Name (Role)	**Phone number/Extension**	**How can I get access to them? (Ask, signal)**

MY UPCOMING APPOINTMENTS		
Name of Organization	**Reason**	**Date/Time**

MY ADDITIONAL COMMUNITY RESOURCES When my coping skills aren't working outside of school, who can I talk to for additional help?			
Place/Name	**Phone number/Ext.**	**Place/Name**	**Phone number/Ext.**
CCHMC Psychiatric Intake Response	(513) 636 – 4124	National Suicide Prevention Lifeline	1 (800) 273-TALK [8255]
Children's Home (main line)	(513) 272-2800	St. Joseph's Orphanage (Central Access)	(513) 741-5690 ext. 2214
Crisis Text Hotline	Text 4hope to 741741	Suicide Prevention My3 App	http://my3app.org/
Emergency Services	911	Talbert House Care Crisis Hotline	(513) 281-CARE [2273] OR Text Talbert to 839863
Hamilton County Mobile Crisis	(513) 584-5098	Trevor Project (LGBTQ Youth)	1 (866) 488-7386

SIGNATURES: Use an asterisk (*) to indicate the central contact person

Name	Title	Best method of contact (i.e. phone, email)	Signature
	Student		
	Parent/Guardian		
	Administrator		
	General Ed. Teacher		
	Intervention Specialist		
	School Psychologist		
	School Resource Officer		
	Other:		
	Other:		

Cincinnati Children's™
changing the outcome together

Cincinnati Children's
changing the outcome together

Crisis Management Plan

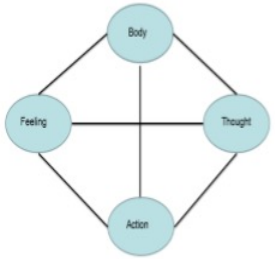
Name: _____
DOB: _____
MRN: _____

Date: _____

This plan is designed to help maintain my well-being and prepare me for times of high stress and/or crisis. It includes making my environment safe, identifies when I need help, and my coping strategies.

MAKING MY HOME SAFE
☐ Lock up all sharp objects, weapons, medications, choking items, and poisons
☐ Increase supervision
☐ Guardian will search child's room to ensure unsafe items are removed
☐ Follow daily routine
☐ Bedroom door remains open and bathroom door remains open/unlocked
☐

Cognitive Behavioral Therapy Model: Helps me better understand the connections between my thoughts, feelings, body, and actions



COPING SKILLS & PROBLEM SOLVING	
What can I do on my own to make the situation better?	
☐ Draw/color	☐ Write in journal
☐ Listen to music	☐ Deep belly breaths
☐	☐
When my parents/caregivers notice my warning signs, what can they do to help?	
☐ Listen	☐ Spend one-on-one time
☐ Give space, but check in	☐
☐	☐

FAMILY/FRIEND/COMMUNITY SUPPORTS

When my parents/caregivers and I struggle to resolve my crisis, who can we call for additional help?

	Place/Name	Phone Number
1.		
2.		
3.		

UPCOMING APPOINTMENTS

	Place/Name	Date/Time
1.		
2.		

If you or your parents/caregivers notice you are struggling or are in crisis, follow these steps:

1. Tell your parent/caregiver (or someone you trust) that you feel unsafe.
2. Parent/caregiver: ask your child how they are feeling.
3. Review the Crisis Management Plan and the intervention(s) you and your child learned (see below).
4. If you are still in need of help, call your child's outpatient mental health provider.
5. If you are in need of additional assistance call the Psychiatric Intake Response Center (PIRC) at 513-636-4124.
6. After you have tried numbers 1-4 above and feel you cannot keep your child safe call 911 or take your child to the nearest emergency room.

INTERVENTIONS (Please check all that apply)

☐ Cognitive Behavioral Therapy (CBT) Model – Diagram on page one.
- Discussed the connection between thoughts, feelings, actions and body.
- Outlined current symptoms and how a change in one area can impact the other areas.

☐ Behavioral Activation Intervention
- Engaging in activities improves mood and combats negative thoughts.
- Identify an activity you enjoy and identify a time to engage in the activity.
- Specifically: _____

☐ Cognitive Intervention
- Self-talk/Self instruction- change the inner dialogue: "just because_____doesn't mean_____."
- Specifically: _____

☐ Praise Intervention
- Praise/attention given to a behavior increases the likelihood the behavior will occur more frequently.
- Remember the behavior(s) you identified to work on and practice the strategies that you learned.
- Always give Specific Praise for Compliance.
- Specifically: _____

☐ Effective Directions
- Avoid unnecessary commands, "information" questions and avoid "tone of voice" questions.
- Specifically: _____

RESOURCES PROVIDED

Agency Name	Phone Number
1.	
2.	

ADDITIONAL COMMUNITY RESOURCES:

☐ National Suicide Prevention Lifeline: **1 (800) 273-TALK [8255]**

☐ Suicide Prevention Apps: **My3** http://my3app.org/ | **A Friend Asks** http://jasonfoundation.com/get-involved/student/a-friend-asks-app/

☐ CCHMC Psychiatric Intake Response: **(513) 636-4124**

☐ Crisis Text Line: **text HOME to 741741**

☐ Trevor Project LGBTQ: **1-866-488-7386** *or* **Text START to 678678**
or online **TrevorChat** at: https://www.thetrevorproject.org/get-help-now/

☐ Emergency Services: **911**

Name of persons completing form:

Patient: _____ Parent/Caregiver: _____

Clinician: _____ Other: _____

Guiding Youth and Families Through Crisis Management

Step One	Risk - Rapport- Communication
Step Two	Introduce the Safety Plan / Family Engagement
Step Three	Establish Home Safety
Step Four	Discuss Coping Skills and Problem Solving
Step Five	Identify Community Supports and Secure Appointments
Step Six	Encourage Use of Resources and Follow-up
Step Seven	Review Steps to Use in a Crisis

Cincinnati Children's
changing the outcome together

Step One:
Risk – Rapport- Communication

Assess Risk (C-SSRs)
Notify guardian of ALL statements made by youth.
Give youth the option to share. Tell why you are sharing.

Rapport
Normalize mental health / discussing feelings/ asking for help.

Communication
Praise youth for ***sharing*** (Using strengths-based approach).
Point out courage/ strength.
If possible, do this in front of guardian.

Cincinnati Children's™
changing the outcome together

Step Two: Introduce Intervention- Collaboration

Introduce the Intervention/ Collaborate with Guardian:
Ask guardian if he/she has other safety concerns.

Discuss options and steps with guardian. Emergency Department if unable to guarantee immediate safety.

Explain the purpose of a Crisis Management Plan if safe to proceed.

Cincinnati Children's
changing the outcome together

Step Three: Home Safety

Establish Home Safety:
Provide information on home safety planning.
(Handouts are recommended). "Keeping My Child Safe at Home."
Suicide Safety Precautions at Home (AACAP)

Stress securing ALL items, especially those related to history of plans or methods.

Ask guardian about safety concerns in home. This should be done in private.

Recommend ***strict rules of safety*** until further mental health resources are implemented.

Cincinnati Children's
changing the outcome together

Home Safety Handout

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.

Cincinnati Children's™
changing the outcome together

Step Four:
Coping Skills and Problem Solving

Coping Skills Tool Box/ Problem Solving at Home:

Youth lists current coping skills used.

Encourage coping away from home (at school, youth group, etc.)

Encourage youth to ask guardian for help.

Use tools of communication when needed (1-10 rating scale; code word)

Ask youth what guardian can do if they notice warning signs.

Cincinnati Children's
changing the outcome together

Step Five: Community Supports Secure Appointments

Identify Community Supports/ Secure Appointments: Tangible plan of action for after-care.

Youth and guardian will provide names/ phone numbers of who to contact when in crisis.

Ensure that child has an adult contact and that they utilize an adult's support in crisis.

Assist in securing appointments as able. (Primary Care Physician, outpatient therapy, etc.).

If needed, contact PIRC for assistance.

Cincinnati Children's
changing the outcome together

Step Six: Encourage Use of Resources

Encourage Self-Sufficiency and Help Seeking Strategies.

List area resources on crisis plan.

Discuss apps, crisis hotlines and other links to help when in need.

Normalize needing/receiving help.
(Therapists talk to Therapist. Doctors go to Doctors.)

Decrease apprehension/ fear in community support or the hospital.
Non-punitive. **OPEN the door to Safety for future risk.**

Cincinnati Children's
changing the outcome together

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**
- **Clermont Co. Mobile Crisis (513) 528-7283**
- **National Suicide Prevention Lifeline 800-273-8255**

Cincinnati Children's
changing the outcome together

Step Seven: Review Steps to Use in a Crisis

Summarize the Plan of Action when in Crisis.

Go over the following steps with youth and guardian.

Ensure understanding and adherence.

Youth will tell guardian/ a trusted adult when feeling unsafe.

Guardian will ask additional questions about feelings, thoughts, safety.

Review the youth's Crisis Plan (Coping Skills & Problem Solving).

If still in need of help, call mental health provider.

If needing additional assistance of information, call PIRC.

If you have tried the initial steps and guardian feels that youth is unsafe, call 911 or take youth to the nearest Emergency Department.

Cincinnati Children's
changing the outcome together

Breakout Session Three

Practice the Intervention

John, age 14, tells his school therapist that sometimes when he has panic attacks, he thinks he should end his life. The last time he had this thought was 3 days ago and he had no intent or plan to end his life at that time. He has history of one suicide attempt by ingestion two years ago. When completing the C-SSRs at school, he denies current intent or plan. He reports that he tells his mom about his thoughts and she stays with him and helps him to feel better. John states that he is very afraid of the Emergency Department and this is why he never told about his ingestion two years ago.

Can you create a Crisis Management Plan? Why or why not? If so, using the Crisis Management Outline, practice using the 7 steps discussed. Write down some helpful statements/ interventions to be used with John and his mother. (10 Minute Activity)

Cincinnati Children's
changing the outcome together

Initial Information is Encouraging for Safety

- John denies immediate intent or plan
- He has "Protective Factors"
  - John has established mental health services.
  - He is communicative and he requested to speak with therapist.
  - John talks with his mother about risk.
- Guardian collateral is still needed to proceed with Crisis Management Plan
- If appropriate, proceed with Crisis Management Plan.
- Contact PIRC to discuss additional mental health supports.

Cincinnati Children's
changing the outcome together

Other Interventions with John and his Mother…

- Praise John for telling his therapist and for participating in therapy in general.
- Ensure mother knows of C-SSRs and prior ingestion.
- Discuss ALL home safety recommendations and stress putting away ALL medication.
- Praise him for telling his mother about risk.
- Encourage John to use other resources if he cannot reach his mother (other adults, Hotlines, etc.)
- Discuss the hospital in general (Alleviate his fear if future risk were to occur.)

Cincinnati Children's
changing the outcome together

Telehealth During Crisis Assessment and Crisis Management

Pros

- Access to remote locations.
- Access to clients unable or unwilling to leave home.
- Child Welfare Concerns Discovered.
- Increased frequency of service delivery.
- Health/Wellness of provider and youth.
- Increased safety for provider in dangerous settings.
- Less shame/stigma than in person.

Cons

- Challenges addressing suicidal/homicidal concerns.
- Challenges Addressing Child Welfare Concerns.
- Decreased Control over the Clinical Interaction.
- Impersonal, Issues picking up on non-verbal cues.
- Technology Difficulties.

Cincinnati Children's
changing the outcome together

Telehealth: Managing Mental Health and Child Welfare Concerns

Establish a Crisis Protocol for Telehealth Use.

Try to create a safe space for the youth to talk. If possible, 1:1 safety assessment is recommended. Guardians have the right to deny 1:1 sessions. In that event, safety concerns would be reported based on information known.

Be aware of State Guidelines.

Have Crisis Resources Available.

Know when to Contact Authorities /Child Welfare Agencies.

Cincinnati Children's
changing the outcome together

Telehealth Tips: Prevention and Identification of Abuse

Pediatrics Nationwide (Published by Nationwide Children's Hospital) provides some Telehealth Tips for Providers about Preventing and Identifying Child Abuse. The publication provides questions to ask youth, discussion topics with guardians, and national resources.

http://pediatricsnationwide.org/wp-content/uploads/2020/04/W194807-TCFSH_COVID-Telehealth-Child-Abuse-Prevention-Tip-Sheet-2020.pdf

Cincinnati Children's
changing the outcome together

References

- Barrister, Teri, PhD., LPC. (2018). *Navigating a Mental Health Crisis. A NAMI resource guide for those experiencing a mental health emergency*. Retrieved from
- https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis/Navigating-A-Mental-Health-Crisis

- Centre for Suicide Prevention. (September 9, 2019). *Safety Plans to Prevent Suicide*. Retrieved from https://www.suicideinfo.ca/resource/safety-plans/.

- Benarous, Milhiet, Oppetit, Viaux, El Kamel, Guinchat, Guile and Cohen. (2019). Frontiers in Psychiatry. *Changes in the Use of Emergency Care for the Youth With Mental Health Problems Over Decades: A Repeated Cross Sectional Study.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6372506/

Cincinnati Children's
changing the outcome together

Questions?

Cincinnati Children's
changing the outcome together