Pediatric Suicide Risk Screening, Assessment, and Intervention

Kimberly H. McManama O'Brien, PhD, LICSW
Boston Children's Hospital, Department of Psychiatry & Behavioral Science, Sports Medicine Division

Fellows Seminar
Boston Children's Hospital
October 7, 2021

Suicide Risk Screening

Suicide Risk Screening vs. Suicide Risk Assessment

- *Suicide risk screening* is a procedure in which a standardized instrument or protocol is used to identify individuals who may be at risk for suicide.
  - Screening can be done independently or as part of a more comprehensive health or behavioral health screening.
  - Screening may be done orally (with the screener asking questions), with pencil and paper, or using a computer.
- *Suicide risk assessment* is a more comprehensive evaluation done by a clinician to assess suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment.
  - Assessments can involve structured questionnaires, and/or can include a more open-ended conversation with a patient and/or friends and family to gain insight into the patient's thoughts and behavior, risk factors, protective factors, and medical and mental health history.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Past month**	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
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 of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. "*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.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
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?***		

6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?***	**YES**	**NO**
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?***		

- Low Risk
- Moderate Risk
- High Risk

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

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? _____

   _____

   _____

   When? _____

   _____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

   If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen*).
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation.** Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed.** Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

Suicide Risk Assessment

Suicide Risk Assessment in the Context of a Biopsychosocial Evaluation

- Suicide risk assessment must be part of a thorough biopsychosocial evaluation—one can only assess for suicide in context
- Parents and child/teen must be interviewed separately—kids will often not tell you everything in front of parents
- Suicide risk assessments ask very specific questions to elicit very specific information
- If the individual answers "no" to every question you ask, change your approach

Suicide Risk Assessment

- Based on:
  - Current symptoms and acuity
  - Past history
  - Risk factors
  - Protective factors
  - Family functioning and adaptability
  - Clinical judgment

SAFE-T

Suicide Assessment Five-step Evaluation and Triage

1
IDENTIFY RISK FACTORS
Note those that can be modified to reduce risk

2
IDENTIFY PROTECTIVE FACTORS
Note those that can be enhanced

3
CONDUCT SUICIDE INQUIRY
Suicidal thoughts, plans behavior and intent

4
DETERMINE RISK LEVEL/INTERVENTION
Determine risk. Choose appropriate intervention to address and reduce risk

5
DOCUMENT
Assessment of risk, rationale, intervention and follow-up

1. Risk Factors

- Current or past diagnoses: mood, psychotic, bipolar, alcohol or drug, eating, anxiety, trauma, personality
- Key symptoms: anhedonia, impulsivity, hopelessness, anxiety/panic, insomnia, command hallucinations
- Suicidal behavior: prior attempts, aborted attempts, interrupted attempts, non-suicidal self-injury (NSSI)
- Family history: Suicide, attempts, hospitalizations, psychiatric diagnoses
- Precipitating factors: triggering events leading to humiliation, shame, despair; ongoing medical illness; bullying; break up with boyfriend/girlfriend
- LGBTQ+
- Substance use
- Access to firearms

2. Protective Factors

- Internal:
  - Ability to cope with stress, religious beliefs, frustration tolerance
- External:
  - Responsibility to family, friends, or beloved pets, positive therapeutic relationships, social supports

3. Suicide Inquiry: Main Points to Hit

- Ideation: Frequency, intensity, duration (in past 48 hours, past month, and worst ever)
- Prior suicide-related behaviors: Past attempts, aborted/interrupted attempts, rehearsals (e.g., tying noose, loading gun, gathering pills), NSSI
- *Plan*: timing, location, lethality, availability, preparation
- *Access*: patient access to lethal means
- *Intent*: extent to which the patient 1) expects to carry out the plan and 2) believes the plan/act to be lethal vs. self-injurious
- Explore ambivalence (reasons to live vs. die)

Suicide Inquiry: Ask about Current Problem and Precipitants

- Get a detailed, rich description of the current problem
- Current symptoms and their severity (e.g. anhedonia, hopelessness, hallucinations/delusions, impulsivity, mania)
- Suicidal behaviors/attempts, plan, note
- Precipitating events (e.g. bullying, fight with girl/boyfriend/parent, break-up)
- Stressors – acute versus chronic (e.g. school, illness, poverty, abuse/neglect)

Suicide Inquiry: Specific Questioning

- **Ask about suicidal ideation, prior suicide-related behaviors, plans, and intent *openly* and *frankly***
  - –Have you been having thoughts about killing yourself either now or in the past?
  - –Do you ever feel that life isn't worth living?
  - –Have you ever wished you could just go to sleep and not wake up?
  - –Have you ever tried to hurt yourself, wishing you would die?
  - –Have you ever tried to kill yourself?
  - –What did you think would happen when you . . . (overdosed, etc).
  - –How do you feel about the fact that you survived your attempt?

Suicide Inquiry: Specific Questioning

- **If patient answers yes to any of these, then ask: who, what, when, where, why, and how**
  - What are you thinking of doing?
  - When do you think you might do it?
  - Where might you hurt or kill yourself?
  - How might you hurt or kill yourself?
  - Why do you want to kill yourself?
  - Who knows about this?

IF YOU REMEMBER ANYTHING, REMEMBER THIS!

- If they endorse suicidal ideation, *always* screen for PLAN, ACCESS, INTENT
  - Plan: If they endorse a plan, get the specifics. "Do you have a plan of what you might do?"
  - Access: Make sure you ask BOTH parents and child/teen about access to means. You and the parents may be surprised. *Always* ask about access to firearms. "Where would you get X?"
  - Intent: Find out about suicidal intent. "Is this something you think you might actually do?"

4. Determine Risk Level/Intervention

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
High	Psychiatric diagnoses with severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions.
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers.
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reduction. Give emergency numbers.

5. Document

- Clear and concise documentation should be included in the medical record
- Be sure to document your assessment in detail including risk and protective factors, your rationale for the treatment plan, and the disposition

Safety Planning Interventions

Safety Planning

When and Why?

- Safety planning is a crucial component of interventions used in acute phases of suicidality
  - For example, discharge from ED or inpatient psychiatric units
- Intended to lower risk of suicide by developing:
  - Potential coping strategies
  - Lists of individuals or agencies to contact
  - A plan that can be utilized in the event of a future suicidal crisis

"No Suicide" Contracts DO NOT WORK

A Safety Plan is NOT a "no suicide" contract:

- There is no empirical evidence that "no suicide" contracts (where individuals are asked to sign a paper saying they won't kill themselves) prevent suicide or self harm
- They do not work because they ask for a promise to stay alive, *without* providing coping strategies, when individuals are already ambivalent about living
- They do not protect against liability issues

Safety Planning Intervention

The Safety Planning Intervention (SPI; Stanley & Brown, 2012) includes six core steps:

1. Recognize warning signs of crisis
2. Utilize coping strategies
3. Contact social supports
4. Enlist family members/adult figures to help
5. Contact mental health providers
6. Remove lethal means

Sample Safety Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

SAFETY PLAN

Step 1: Warning signs:

1. Suicidal thoughts and feeling worthless and hopeless
2. Urges to drink
3. Intense arguing with girlfriend

Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:

1. Play the guitar
2. Watch sports on television
3. Work out

Step 3: Social situations and people that can help to distract me:

1. AA Meeting
2. Joe Smith (cousin)
3. Local Coffee Shop

Step 4: People who I can ask for help:

1. Name Mother Phone 333-8666
2. Name AA Sponsor (Frank) Phone 333-7215

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name Dr John Jones Phone 333-7000
   Clinician Pager or Emergency Contact # 555 822-9999
2. Clinician Name Phone
   Clinician Pager or Emergency Contact #
3. Local Hospital ED City Hospital Center
   Local Hospital ED Address 222 Main St
   Local Hospital ED Phone 333-9000
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK

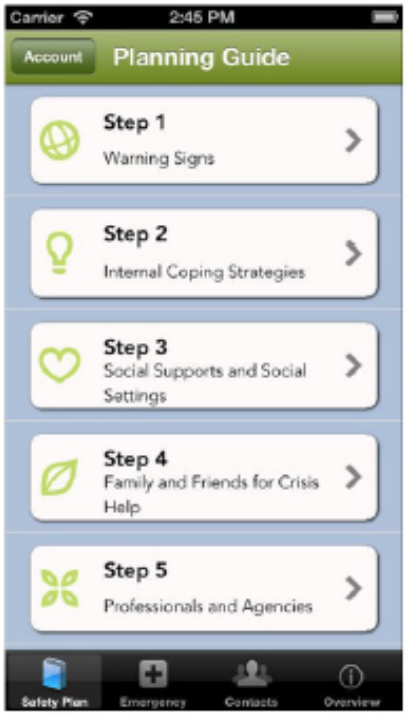
Making the environment safe:

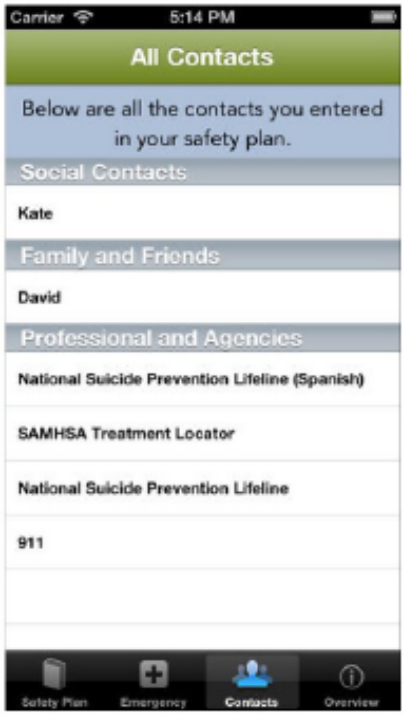
1. Keep only a small amount of pills in home
2. Don't keep alcohol in home
3.

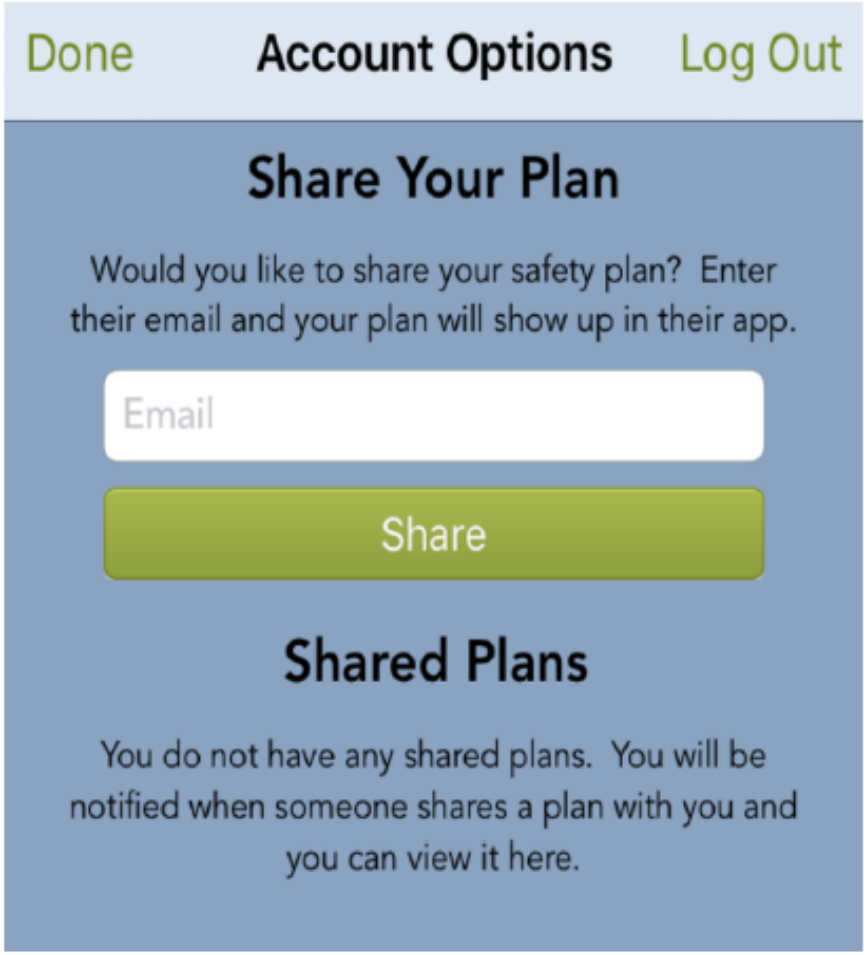
Stanley, B., & Brown, G.K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256-264.

Safety Plan
Two Penguins Studios LLC

OPEN







Adolescent Safety and Coping Plan

Begin by explaining that in this session the adolescent and parent(s) will work together with the clinician to create a plan to keep the adolescent safe, encourage healthy coping, and increase parent-child communication upon return home from the hospital. Explain that there are three parts of the session: 1) therapist meeting with the adolescent alone and developing the adolescents plan to keep them safe in a crisis, 2) therapist meeting with the parent(s) alone and developing the parent(s) plan to keep the adolescent safe in a crisis, and 3) therapist meeting with the adolescent and parent(s) together to review the two safety plans (and safety scale) and discuss a plan for when and how to they will use them together, as well as barriers and facilitators that might get in the way of using the safety plans.

O'Brien, K., Almeida, J., View, L., Schofield, M., Hall, W., Aguinaldo, L.D., Ryan, C.A., & Maneta, E. (2019). A safety and coping planning intervention for suicidal adolescents in acute psychiatric care. *Cognitive and Behavioral Practice*.

’s Safety Plan

My Reasons for Living

My Stressors and Triggers

Ways I Can Help Myself

People Who Can Help Me

(Crisis Text Line: Text 741-741 Any Time)

SAFETY SCALE

SAFE

UNSAFE

1	2	3	4	5	6
How I feel:	How I feel:	How I feel:	How I feel:	How I feel:	How I feel:
How I act:	How I act:	How I act:	How I act:	How I act:	How I act:
What I need:	What I need:	What I need:	What I need:	What I need:	What I need:

..... 's Safety Plan

..... 's

Stressors and Triggers

How I Can Keep the Home Safe

What ..... Can Do

What I Can Do

People Who Can Help Me

Morgan's Safety Plan

My Reasons for Living

new puppy
my cats
Adele
Instagram account dedicated to Adele
Kung Fu
teaching kids Kung Fu

My Stressors and Triggers

13 Reasons Why
others' self-harm and suicide attempts
diabetes
feeling different

Ways I Can Help Myself

hugging my cats
listening to Adele
running
Kung Fu
drawing
talking to friends

People Who Can Help Me

(Crisis Text Line: Text 741-741 Any Time)

parents
psychiatrist
school nurse
Samaritans 617-247-0220
Lifeline 800-273-8255

SAFETY SCALE

SAFE ← → UNSAFE

1	2	3	4	5	6
How I feel:	How I feel:	How I feel:	How I feel:	How I feel:	How I feel:
awesome	good	eh, could be better could be worse	sad	really sad	suicidal, depressed, worthless
How I act:	How I act:	How I act:	How I act:	How I act:	How I act:
very happy	happy	normal	normal	depressed	slow, silent or quiet, screaming
What I need:	What I need:	What I need:	What I need:	What I need:	What I need:
my cats	my cats	to be left alone, my cats	to be left alone, therapist, friends, my cats	a hug, my cats	take me to a hospital, this is an emergency! my cats

Morgan's Safety Plan

Morgan's Stressors and Triggers

13 Reasons Why
others' self-harm and suicide attempts
diabetes
feeling different

How I Can Keep the Home Safe

lock up medications, insulin, sharps, chemicals, alcohol
supervise insulin administration
continue to keep firearms out of home

What Morgan Can Do

hugging my cats, listening to Adele, running, Kung Fu, drawing, talking to friends

What I Can Do

take control over Morgan's diabetic care,
purchase lock box for refrigerator

People Who Can Help Me

Morgan's grandparents
Morgan's psychiatrist
Samaritans 617-247-0220
Lifeline 800-273-8255
Parent Hotline 800-840-6537

Treatment Targets and Approaches with Suicidal Individuals

What are alliance-facilitating factors that can help patient to ally with the treatment goals and refrain from self-destructive actions?[11]

Trust & mutual respect
Recognize motivation
Appreciating the patient's relationships
Paying careful attention to the concerns of others
Empathy and understanding
Increase sense of choices
Don't fall into being the savior- taking responsibility for a patient's care is not the same as taking responsibility for a patient's life!
Awareness of transference and countertransference issues

What cognitive factors lead to suicidal thinking and behaviors?

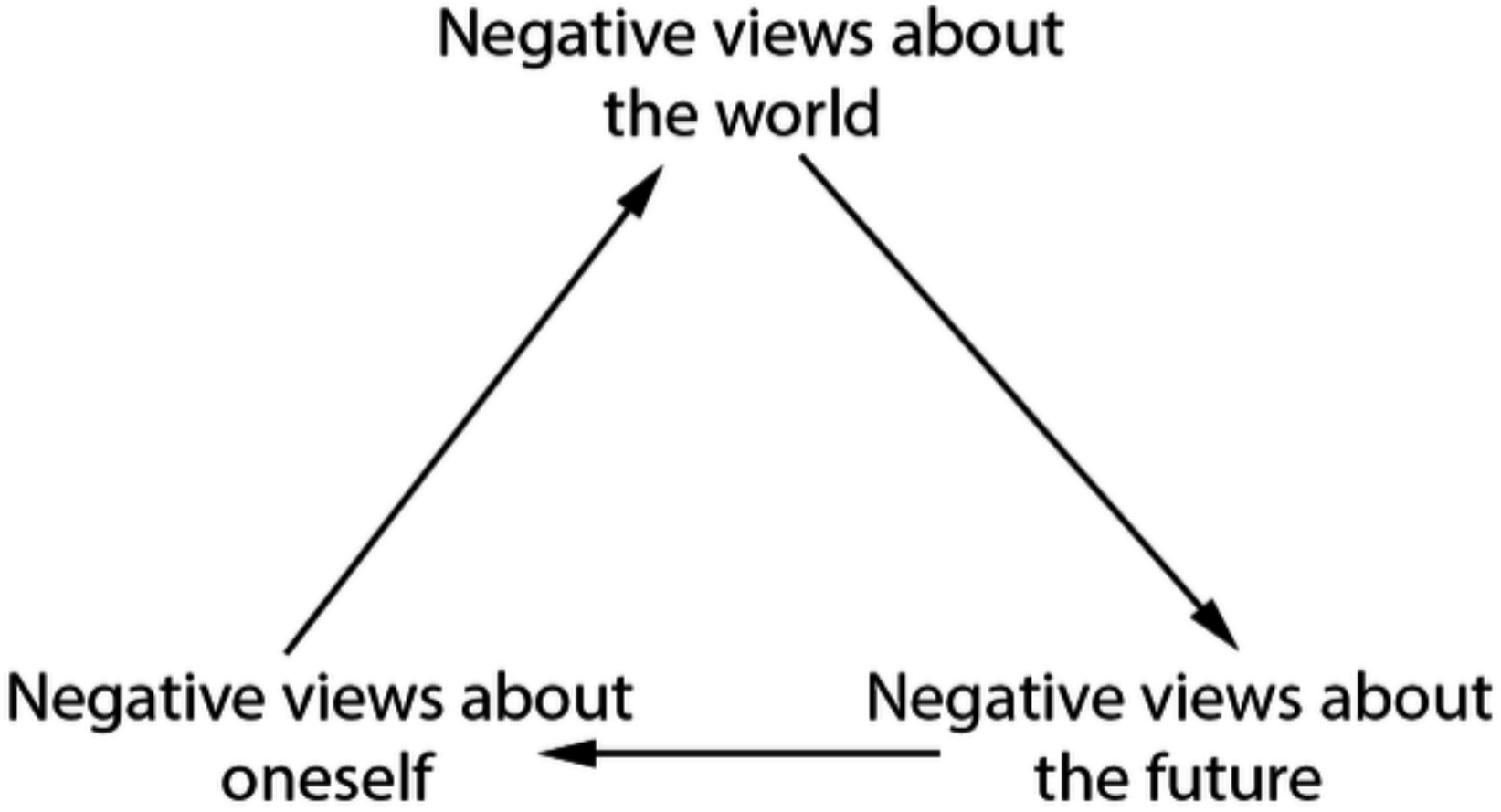
COGNITIVE CONTENT DEFICITS

Beck's cognitive triad
Hopelessness
Emotional/Physical Pain

COGNITIVE INFORMATION PROCESSING DEFICITS

Cognitive rigidity and dichotomous
Attentional bias
Attentional fixation

Beck's Cognitive Triad



What are the goals for treatment when applying the CBT approach with the suicidal patient?

1. Address specific cognitive biases and distortions
2. Develop behavior skills

   a. Problem Solving

   b. Acceptance and tolerance of emotional pain

   c. Improve communication skills- social skills, assertiveness training, conflict resolution skills

   d. Reduce environmental stress

   c. Develop supports

Unhelpful Thinking Styles

All or nothing thinking

Sometimes called 'black and white thinking'

If I'm not perfect I have failed

Either I do it right or not at all

Over-generalising

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

Mental filter

Only paying attention to certain types of evidence.

Noticing our failures but not seeing our successes

Disqualifying the positive

Discounting the good things that have happened or that you have done for some reason or another

That doesn't count

Jumping to conclusions

There are two key types of jumping to conclusions:

- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)

Magnification (catastrophising) & minimisation

Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

Emotional reasoning

Assuming that because we feel a certain way what we think must be true.

I feel embarrassed so I must be an idiot

should / must

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

Labelling

Assigning labels to ourselves or other people

I'm a loser
I'm completely useless
They're such an idiot

Personalisation

"this is my fault"

Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.

Targets for Treatment & Corresponding Intervention: HOPELESSNESS

Challenge the belief that the patient's situation cannot get better

1. Introducing evidence that contradicts his or her belief

2. Teaching problem solving skills

3. Reasons for living

Reasons For Living

- [x] Travel (upcoming vacations, previous vacations, sightseeing, taking a cruise, visiting family and friends)
- [x] Going to the movies
- [ ] Competitive sports (baseball, basketball, volleyball, field hockey, tennis, golf, martial arts)
- [ ] Outdoor sports (fishing, hunting, hiking, camping, horseback riding)
- [x] Enjoying music (listening to music, thinking about a favorite performer or musical group, playing an instrument, composing songs, writing lyrics, singing, going to concerts, dancing)
- [ ] Personal care (sunbathing, massage, taking a bath/shower, manicure)
- [ ] Beautiful scenery
- [ ] Crafts (woodworking, sewing, knitting, making things)
- [ ] Learning martial arts (Karate, Judo)
- [x] Being artistic (drawing, painting, sculpting, art appreciation, going to museums, etc)
- [x] Cars
- [ ] Boats
- [ ] Exercise and/or being physically fit (walking, running, jogging, lifting weights, losing weight, gaining weight)
- [x] Good conversations (talking on the phone, instant messaging)
- [x] Basic pleasures (eating, sleeping)
- [x] Family Relationships (brothers, sisters, parents)
- [x] Religion (practicing religion, praying, having faith, being moral, attending religious services)
- [x] Family stuff (spending time with family, getting married someday, being a parent someday)
- [x] Other hobbies (cooking, watching TV, shopping)
- [x] Writing (books, poetry, newspaper, articles, making journal entries, keeping a personal diary)
- [x] Driving, working on cars
- [ ] Buying gifts for people
- [ ] Having a pet
- [x] Career Goals (becoming an actor/actress, veterinarian, doctor, lawyer, stand-up comic etc.)
- [ ] Reading (books, magazines, poetry, newspapers, comic books)
- [ ] Playing games (video games, board games, cards, solving puzzles)
- [ ] Internet (surfing the web, creating your own website, using chat rooms)
- [x] School (getting homework done, getting straight A's, just passing a course, being top of the class, making friends, not being bullied, a favorite course, joining a club, after-school activities)

REASONS I WANT TO ADD:

How do you teach a client problem solving skills?

Generate a list of triggers for suicidality (2-5) and then teach the SOLVE system

S- Select a problem

O- Generate options **

L- Likely outcome of each option

V- Choose the “very” best option

E- Evaluate how well each option worked

Targets for Treatment & Corresponding Intervention: VIEW OF SUICIDE AS BEING A DESIRABLE SOLUTION

Challenge the assumption that suicide will achieve his or her goal.

1. Advantages and disadvantages
2. Reasons for living
3. Coping
4. Mindfulness

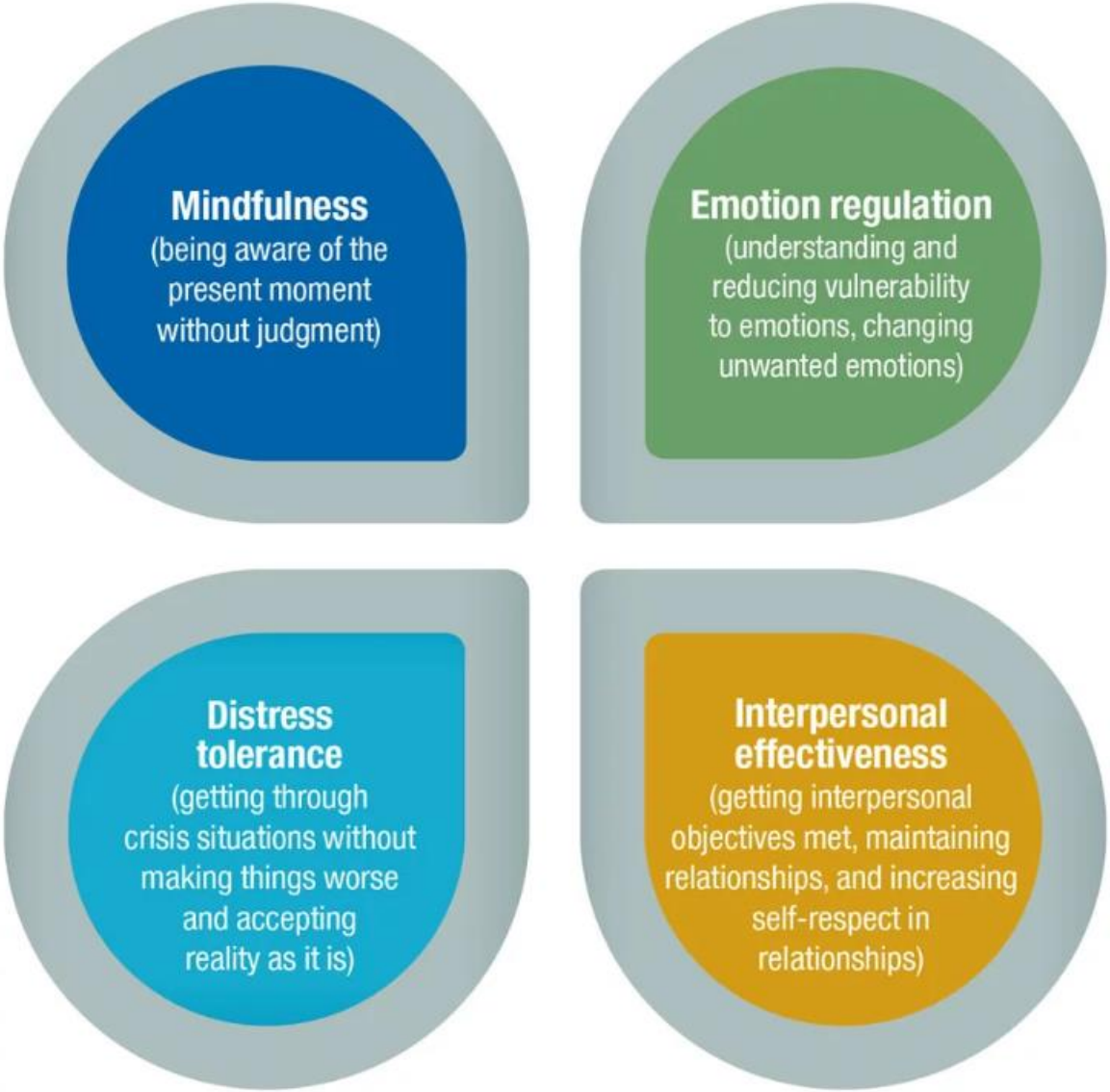
Targets for Treatment & Corresponding Intervention: ACCEPTANCE OF PAIN

Assist the patient in being able to have a life in spite of his or her pain.

1. Recontexualization- not to get rid of disturbing thoughts or feelings but to teach the patient to make room for them and do what needs to be done to get on with life.

2. Comprehensive Distancing- willingness of the suicidal patient to detach from his or her suicidal thoughts and emotional distress.

Dialectical Behavior Therapy



To Recap…

Best practices to use with suicidal individuals include:

- Safety planning (with ALL suicidal individuals)
- Cognitive Behavioral Therapy (for cognitive targets; e.g., CBT-SP)
- Dialectical Behavior Therapy (for emotional and interpersonal targets)
- Continual assessment and management of risk (e.g., CAMS)

Thank You!

kimberlyh.m.obrien@childrens.harvard.edu