Curbside Consult with a CAP:

Suicide Risk Assessment in the Pediatric Care Setting: A Brief Guide to Becoming Comfortable Talking about an Uncomfortable Topic

PRESENTER:

DANIELLE FORSHEE, PSY.D, LCSW

DR. DANIELLE FORSHEE, LLC

PRIVATE PRACTICE, RED BANK, NJ

CHILD AND ADOLESCENT PSYCHIATRIST:

PERCY LEBLANC, DO

PEDIATRIC PSYCHIATRY COLLABORATIVE,

HACKENSACK MERIDIAN HUB @JERSEY SHORE UMC

Funder and Partners

New Jersey Department of Children and Families

Hackensack Meridian *Health*

Cooper University Health Care

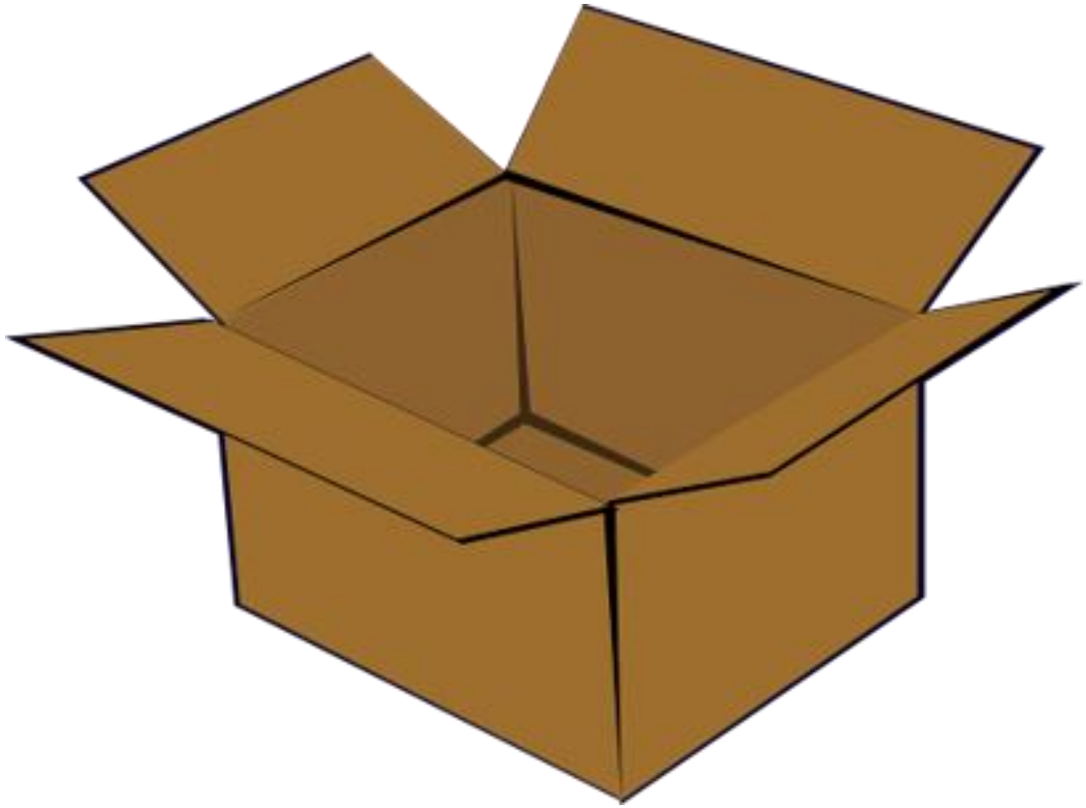
The Children's Hospital
AT SAINT PETER'S UNIVERSITY HOSPITAL
A MEMBER OF SAINT PETER'S HEALTHCARE SYSTEM
Treating you better...for life.

Atlantic Health System
Goryeb Children's Hospital

St. Joseph's Health
ST. JOSEPH'S CHILDREN'S HOSPITAL

New Jersey Chapter
INCORPORATED IN NEW JERSEY
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

There Are No Disclosures



Outline

1. Utilize a 3-step process when identifying suicide ideation in pediatric patients
2. Describe examples of ‘post-screening’ questions you can use when identifying a concern using the PSC-Y-37
3. Describe the process for assessing for a suicide intent and plan
4. Identify examples of para-verbal & non-verbal communication to use with pediatric patients
5. Discuss identification and examples of non-suicidal self-injury and suicide risk

Steps: What to Do

1. Ask targeted, non-leading, open-ended questions;
2. Summarize often using their words;
3. Salt & peppering of empathy/validation;

Open-Ended VS. Closed-Ended Questions

Open ended: why, what, how describe, tell me more about

Closed ended: yields a yes/no response

Leading VS. Non-Leading Questions

Leading: A question that suggests the answer or contains information you are looking to have confirmed (“You don’t have suicidal thoughts anymore, right?”)

Non-leading: A question that allows the individual to offer a range of thoughts, opinions, beliefs and feelings (“Tell me about your thoughts of suicide since the last time we saw each other”)

Open-Ended Question Examples (PSC-Y)

#26: Patient endorsed: *"Want to be with parent more than before":*

- You wrote that you "often" want to be with your parent more than before. Can you tell me more about when you find yourself wanting to be with your parent?

#25: Patient endorsed: *"Taking unnecessary risks":*

- You wrote you have "often" been taking unnecessary risks. Can you give me an example of an unnecessary risk you recently took so I can understand better what you mean?

Open-Ended Question Examples (PSC-Y)

#36: Patient endorsed "yes" to: *"During the past 3-months, have you thought of killing yourself"?*

- You wrote "yes", that you have had thoughts about killing yourself during past 3 months. If I could be in your head and hear what these thoughts are, what would I hear you saying/telling yourself?
- What does it mean to you, to have thoughts of killing yourself?
- Out of the 7 days a week, how many days do you find yourself having thoughts of {insert here the words/thoughts they told you}
- Tell me about the most recent time you had one of these thoughts and what was going on/what happened?

Assessing for Intent & Plan: Question Examples

- Can you tell me if you have ever tried to kill yourself {or insert the word they used here} before?
- When is the last time this happened?
- Can you tell me the story of what happened?
- How did you come up with the idea to {insert their word here}?
- How far did you get?
- What happened that you stopped?
- Can you tell me some reasons for not wanting to live at the time?
- Are you have the same or different thoughts now?
- What are your thoughts about the fact that you are alive right now?
- Can you tell me some reasons for wanting to live?

Asking Questions: General Tips

- Use your patients' words as much as possible. If they use the word "suicide", this is the word you should continue to use with them;
- Use often: "Tell me more about what you mean when you say" {insert their word/phrase here);
- Use often: "Has anything like this happened before?" "Tell me about the most recent time";
- Use often: "What do you think you need right now"?;
- Use often: "What do you think your {whoever is with them at the appointment}, or I could do to help you with this?"

Function of Summarizing

- Ensures your patient feels heard and understood
- Builds rapport quickly = trust
- One aspect of active listening
- Acts as a natural screening measure to ensure you are both talking about the same thing

Para-Verbal & Non-Verbal Communication

Para-verbal: How you say it (38%)

- Speed, pitch, energy level, tone

Non-verbal: Behavioral (55%)

- Posture, eye gaze, expression, gestures

Examples:
Expressing Empathy & Understanding (Para-Verbal & Non-Verbal)

- If your patient is sitting, sit; if their volume is low, transition yours to match;
- Generally, mirror your patient as much as possible para-verbally & behaviorally;
- Nonverbal communication is rooted in the brain: humans have mirror neurons that respond equally when we perform an action;
- Keep an open body position;
- Maintain eye contact & focus only on the patient;
- Ensure your facial expressions are consistent with your words

Examples: Expressing Empathy & Understanding (Verbal)

- "It sounds like you've been feeling really alone with these feelings/thoughts for quite some time";
- "It really sounds like you feel trapped and out of options";
- "Now that you've explained more, I have a better understanding of why you're struggling so much/what you're struggling with";
- "Most would probably have trouble with that too";
- "I see what you're saying";
- "I know its really scary and uncomfortable to talk about these things…"

Forshee, 2020

Non-Suicidal Self-Injury (NSSI)

The intentional direct injuring of body tissue without suicidal intent

NSSI: Prevalence & Forms

- NSSI is highly prevalent:
  - 13-45% of adolescents; 15% of college students;
- Typically appears
  - Between 14-24 years of age;
- Most common forms:
  - Skin cutting (70-90%);
  - Banging or hitting (21-44%);
  - Burning (15-35%)

NSSI & Suicide Risk

- Research suggests that those who engage in NSSI are at a higher risk of committing suicide, and were/are to have likely experienced suicidal thoughts
- Therefore, when you notice or have been informed that your patient has cuts/burns, etc., it is imperative to assess these as you would suicide

Forshee, 2020

Potential Functions of NSSI

- Affect Regulation
- Anti Dissociation
- Anti Suicide
- Interpersonal Influence
- Interpersonal Boundaries
- Self-Punishment

Open-Ended Question Examples (NSSI)

- Scenario: You notice cut/burn marks (scabbing, new or scarring) on the patient's body.
- What to do:
  - 1) Point out your observation: "I can see here (show the patient) you have these marks";
  - 2) Inquire: What can you tell me about this/these? How did it happen? Can you tell me what was going on right before this happened? How were you feeling when this happened? How did you feel after it happened? Has this happened before? When is the first time this happened? Last? What did you use? How did you know when to stop? Does anyone else know?

Forshee, 2020

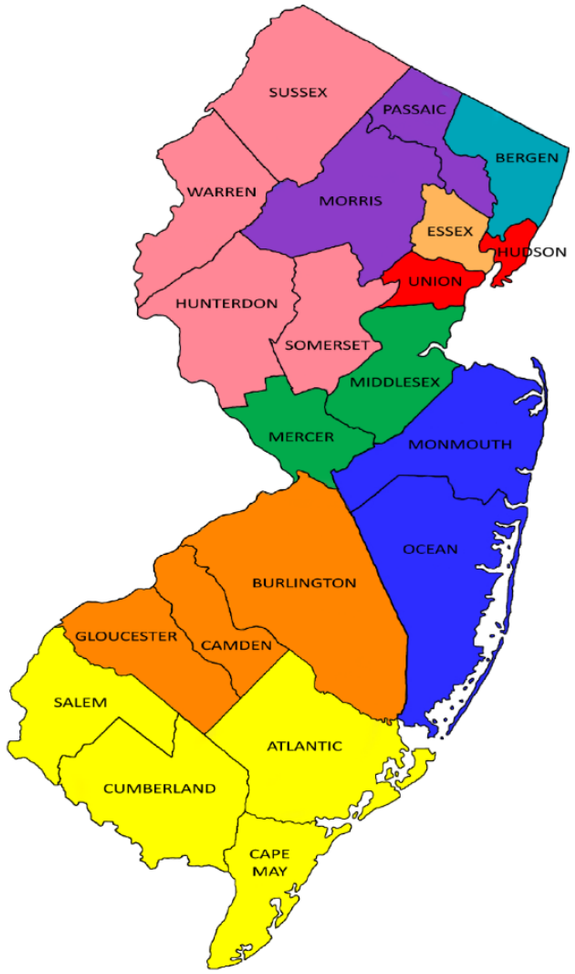
Generally, What Not to Do When Asking Questions about Suicide/NSSI

- Assume what the individual is thinking or feeling;
- Assume your idea of a “suicidal thought” or “killing yourself” is the same as your patients;
- Assume NSSI is the patients attempt at suicide;
- Self-disclose;
- Appear overly concerned about what you are hearing;
- Have concerns about/avoid inquiring. Talking openly about suicide/NSSI will not increase emotional distress/evoke increased suicidal thoughts/intent. Openly addressing these topics provides a sense of relief to the individual;
- Become a victim of emotional contagion;
- Try to convince them they should not feel the way they are feeling;
- Get sucked into irrelevant details

Resources

- Suicide Prevention (AAP)
- Society for the Prevention of Teen Suicide (SPTSUSA)
- Assess the Ask Suicide -Screening Questions (ASQ) Assessment (NIMH)
- Suicide Resource Center (AACAP)
- What to Do if You're Worried About Suicide (Child Mind Institute)
- Resources for Suicide Prevention (SAMSHA)
- 10 Things Parents Can Do to Prevent Suicide (Healthy Children)

Pediatric Psychiatry Collaborative Regional Hubs



- **Atlantic Health Hub @ Newton Medical Center**
- **Atlantic Health Hub @ Goryeb Children's Hospital**
- **Hackensack Meridian Hub @ Hackensack University Medical Center**
- **Hackensack Meridian Hub @ Palisades Center**
- **Hackensack Meridian Hub @ Saint Peter's Family Health Center**
- **Hackensack Meridian Hub @ Jersey Shore University Medical Center**
- **Cooper Hub @ Cooper University Medical Center**
- **Cooper Hub @ Pennsville**
- **Essex County served by Rutgers University Behavioral Health Care.**

More information on the Essex Hub can be found here: https://ubhc.rutgers.edu/clinical/community/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub.xml

PPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line
  - Assist the pediatrician with diagnostic clarification and medication consultation
- Speak with a referred child's family regarding the child's mental health concerns and to assist in providing diagnostic clarification.
- Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop a care coordination plan.
- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.

Thank you! Questions?

Please contact:

NJAAP

Mental Health Collaborative

609-842-0014

mhc@njaap.org