Adolescent Suicidality: Prevention, Intervention, and Postvention Response

WA Poison Center- Overdose Awareness Series
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Speaker Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.



take care

We will be talking about suicide and suicide deaths. Please do what you need to take care of yourself.







Learning Objectives & Overview

- > 1. Identify lethal means restriction and safety planning techniques for suicidal crises
- > 2. Learn brief interventions for managing suicidal risk
- > 3. Identify postvention responses to a suicidal crisis



National Concern

Suicide is the 2nd leading cause of death among adolescents and young adults between the ages of 10 and 24 years.

Suicide death among youth increased overall during the pandemic.





Trends

Attempts

Self-harm cutting/ piercing and selfharm poisoning were within the top 10 causes of non-fatal emergency department visits in the U.S.

In Washington State and nationally, females attempted suicide more frequently, yet males died by suicide more often by a ratio of at least 4:1.

Deaths

Age Range: under 18

Means:

60% by hanging, strangulation, suffocation 29% by firearms

Age Range: 18 - 24

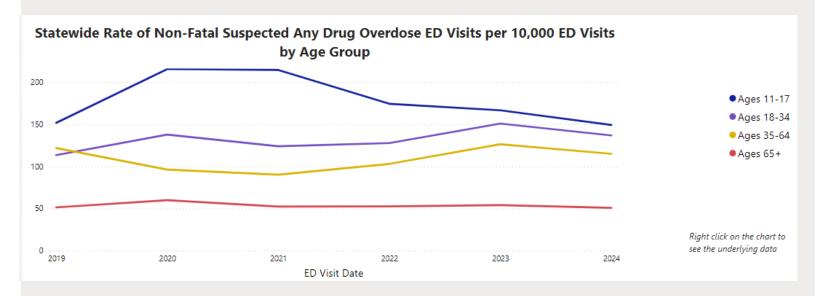
Means:

53% by firearms

32% by hanging, strangulation, suffocation

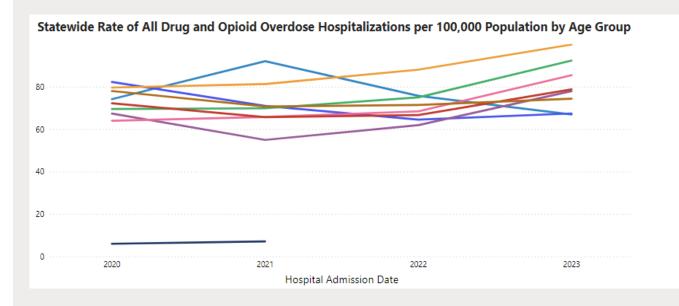


ED Visits





Overdose Hospitalizations





• Ages <10
• Ages 10-17
• Ages 18-24
• Ages 25-34
• Ages 35-44
• Ages 45-54
• Ages 55-64
• Ages 65-74
• Ages 75+
Right click on the chart to see the underlying data

Treatment

Interventions





Prevention









Intentional Overdose Treatment

What happens when someone overdoses?

Emergency Department

-Patient enters the hospital's care

Medically Admitted/ICU

-Hospitalization for physical treatment of overdose

Psychiatric Admission

-Inpatient psychiatric services

Intensive Outpatient or Partial Hospitalization Programs

-Typically, 2 to 4 hours of treatment, 3 to 7 days a week

Outpatient Services

-Weekly therapy





Overdose Treatment & Interventions

Emergency Department

Medically Admitted/ICU

Psychiatric consultation, psychoeducation, emotional support, safety planning, risk assessment, lethal means reduction, etc.

Psychiatric Admission

Intensive Outpatient or Partial Hospitalization Programs

Outpatient Services

Dialectical Behavioral Therapy (DBT), individual therapy, case management, family advocacy, safety planning, risk assessment, lethal means reduction, etc.

DBT, evidenced-based treatment, family component, individual therapy, psychiatric/ medication management, case management, safety planning, risk assessment, lethal means reduction, etc.





Treatment Providers & Clinicians

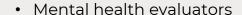
Emergency Department

Medically Admitted/ICU

Psychiatric Admission

Intensive Outpatient or Partial Hospitalization Programs

Outpatient Services



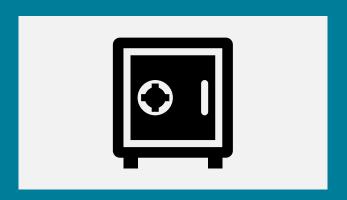
- Psychiatrists
- Psychologists
- Mental health therapists
- Social workers
- Case managers
- Family advocates
- Patient navigators
- Social service specialists





Intervention & Prevention

Both techniques are evidenced-based, meaning they have been shown to be effective in preventing self-harm during escalations.







Safety and Crisis Planning



These intervention and prevention techniques can be utilized for overdoses, self-harm, and suicide risk.

Lethal Means Reduction

Securing dangerous items

- All medications are locked
- Removing firearms from the home
- Triple safe storage of firearms and ammunition
- Securing identified means (drowning, jumping, etc.)

Securing potentially dangerous items

- Securing sharps such as knives & razors
- Removing cleaning products from the home
- Sweeping for items that can be used for suffocation, strangulation, or hanging







Lethal Means Reduction

Safety Device Program at SCH

- Firearm lockboxes
 - Can be used for sharps, medications, etc.
- Cable locks
 - Can be used for larger firearms that do not fit in safes or in a lockbox.
- Trigger locks
 - · Can be used on most firearms.

Provided at no cost to families









Lethal Means Reduction

Counseling on Access to Lethal Means (CALM) training

- Free training on talking to people to reduce access to lethal means
 - https://zerosuicide.edc.org/resources/trainin gs-courses/CALM-course









Safety Plans

Written document that details a plan to

- distract
- self-soothe
- get help

Helps guide choices and actions during difficult situations to help prevent someone from reaching a crisis.





Triggers

Warning Signs

Coping Skills

Support from Parents or Caregivers

People and Resources to Call

Reasons to Live

Crisis Lines

Nearby Hospitals

Therapist's/Agency's Crisis Lines

Making the Environment Safe



Safety Plans

Crisis Prevention Plan

Crisis Plan

Stanley-Brown Safety Plan

Safety Arc

Escalation Plan

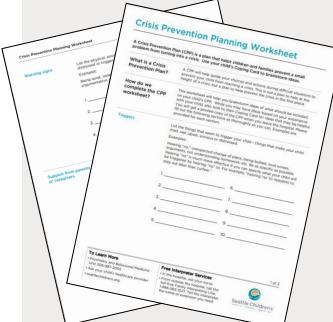
Self-Care Plan



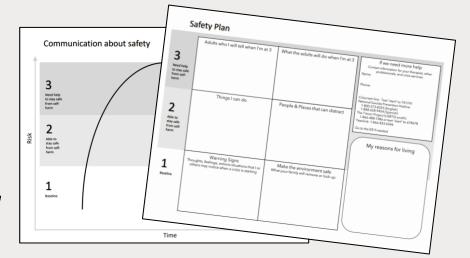


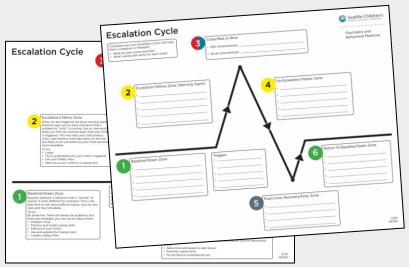
Safety Plans are integrated into the child's electronic medical record so any staff member can view, refer to, and edit the plan.

Safety Plan **Examples**













STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:	STEP 1: WARNING SIGNS:				
1					
2					
STEP 2: INTERNAL COPING STRATEGIES – THING: WITHOUT CONTACTING ANOTHER PERSON:	S I CAN DO TO TAKE MY MIND OFF MY PROBLEMS				
1					
2					
STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PRO	OVIDE DISTRACTION:				
1. Name:	Contact:				
2. Name:	Contact:				
3. Place:	4. Place:				
STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DUR	RING A CRISIS:				
1. Name:	Contact:				
2. Name:	Contact:				

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STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS: 1. Clinician/Agency Name: Emergency Contact: 2. Clinician/Agency Name: _____ Emergency Contact: 3. Local Emergency Department: Emergency Department Address: Emergency Department Phone: 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY): 2. ____

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STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

- 2. _____





Coping Strategies For Managing Distress

Self-soothe- engage the 5 senses when feeling overwhelmed

- 1. Sight-watch the sunset
- 2. Sound- listen to your favorite song
- 3. Taste- eat your comfort food
- 4. Touch- put a soft blanket on your
- 5. Smell- use scented lotion



Coping Strategy: TIPP Skill

TIP THE TEMPERATURE of your face with COLD WATER* (to calm down fast)

- Holding your breath, put your face in a bowl of cold water, or hold a cold pack (or zip-lock bag of cold water) on your eyes and cheeks.
- · Hold for 30 seconds. Keep water above 50°F.

INTENSE EXERCISE*

(to calm down your body when it is revved up by emotion)

- · Engage in intense exercise, if only for a short while.
- Expend your body's stored up physical energy by running, walking fast, jumping,

playing basketball, lifting weights, etc.

PACED BREATHING (pace your breathing by slowing it down)

- · Breathe deeply into your belly.
- Slow your pace of inhaling and exhaling way down (on average, five to six breaths per minute).
- Breathe out more slowly than you breathe in (for example, 5 seconds in and 7 seconds out).

PAIRED MUSCLE RELAXATION

(to calm down by pairing muscle relaxation with breathing out)

- While breathing into your belly deeply tense your body muscles (not so much as to cause a cramp).
- · Notice the tension in your body.
- · While breathing out, say the word "Relax" in your mind.
- · Let go of the tension.
- · Notice the difference in your body.



Postvention responses to a suicidal crisis

- 1. Home Safety Strategies
- 2. Home Safety Planning
- 3. Safety Planning
- 4. Connection to ongoing mental health care



Home Safety Strategies

Safety Proofing the Home

Secure and lock up objects your child could use to hurt themselves or others, such as:

- All medicines, drugs, and alcohol including all over-the-counter medicines and vitamins.
- Toxic chemicals like bleach, cleaning products, yard products, and pest poisons.
- Sharps such as knives and razors.
- Items that could be used for strangulation/suffocation such as belts, cords, ropes, zip-ties, plastic bags, and sheets.
- Firearms and ammunition be triple safe by keeping firearms unloaded and locked, and ammunition locked separately from firearms.
- Items that may be easily broken or used as a weapon, if your child has
 destructive or aggressive behaviors.

Make sure that your child does not know where the locked items are hidden.



Home Safety Strategies

Supporting your Child

- Structure and routine are one of the most useful tools in the home to manage severe behaviors.
- Use your child's Safety Plan, Coping Card, and Escalation Cycle to help them manage difficult emotions and problem solve through the use of skills.
- At home, maintain a "low-key" atmosphere and keep your regular routine.
- Follow your typical house rules and pick your battles. Safety is your greatest concern.
- Encourage your child to attend school, unless told not to by your child's provider.



Home Safety Planning Worksheet

Safety Proof the Home

Safety concerns in my home

- □ Suicide/Self Harm
 - ☐ Strangulation/Suffocation belts, scarves, sheets, cords, zip-ties, plastic bags and ropes
 - Overdose/ingestion including all over-the-counter medicines, drugs and alcohol, and toxic chemicals such as bleach, cleaning products, yard products, and pest poisons
 - ☐ Firearms and ammunition be triple safe by keeping firearms unloaded and locked, and ammunition locked separately from firearms
 - ☐ Sharps/tools such as knives razor, craft supplies, and tools
 - ☐ Other:



Home Safety Planning Worksheet

Home Safety Sweep

Kitchen

Ritchen	Living Room, ranning Room
1	
2.	^
3.	
4.	
5.	_
Child's Bathroom	Other Bedroom(s)
1	1
2.	
3.	
4.	
5.	_
Other Bathroom(s)	Other Living Spaces/Basement
1	1
2.	
3.	
4.	
5.	
Child's Bedroom	Garage/Tool Shed/Outdoor Areas
1	•
2.	
3.	7
4.	4.

Living Poom/Family Poom



Connection to ongoing mental health care

- WA Mental Health Referral Service
 - Call <u>833-303-5437</u> Monday to Friday, 8 a.m. to 5 p.m.

*Hope







CRISIS TEXT LINE









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