

February 8th: Assessing Thoughts of Suicide in Adolescents and Younger Children on 2/8/19, 12pm

Introductions

- Scott: Overview of clinical role and Catalpa Health service lines
 - Catalpa is an agency of 125 employees, 2/3 of those are providers.
 - Provides therapy, psychiatry and psychological testing. Provides outpatient and school based mental health services.
- Gina: Introduce self and populations served
 - Works with children age 2-18 and families
 - Provides outpatient services for families, groups and individuals. Provides day treatment for middle and high school students.

Zero Suicide Initiative

- Scott: Overview of roots, rollout process, and community impact
 - Catalpa was trained on Zero Suicide three years ago.
 - They identified 10 champions on their leadership team.
 - Hold monthly meetings on the different areas.
 - They have been happy with the impact of clinician training, but also with the education of the community and community partners.

Assessments

- Scott: Overview of using clinical assessment tools for diagnosis and liability but importance of interpretation by clinician
- Gina: Describe use of C-SSRS, ACORN, and Beck within intake and therapy sessions
 - Within a session the main tool is C-SSRS pediatric version. There are also other versions - lifetime version and since last visit. The tool is intuitive like a flow chart. Can assess level of risk and level of intent. May or may not need to go through the entire assessment. Can adapt to the client.
 - ACORN is an electronic survey done with every client at every session on a tablet. Asks about how they have been feeling in last 2 weeks and uses a Likert scale. Suicide-related questions are bolded. There is a section in the progress notes for each session.
 - Burns scale is used at the intake process and looks at moods such as anger, depression, and anxiety.

Specific Therapeutic Tools

What can be done for extra level of safety. i.e. checking in, following up, someone cares. Data shows this works.

- Gina: Describe specific interventions used in therapy
 - CBT, DBT, family, group therapies
 - Caring contacts via phone and letter

- The expectation is that every clinician will make a caring call within three days of the appointment if there is a risk of suicide. This helps with compliance to the safety plan. The therapist tells them they will be calling and puts the call in the notes. There is a backup plan if the therapist is not able to make the call. If the client can't be reached by phone a letter is sent.
- Caring messages
 - These look like colorful business cards with inspirational messages. They also have hotline and text line numbers on the card. They are given at the end of the session. *See caring message card example.*
- Documentation changes (safety plans, progress notes, intake notes, goals on treatment plans):
 - They now have a template for the safety plan including indicator and warning signs, coping skills, supportive people, resources and phone numbers. This is sent home with client and their support people. *See safety plan resource.*
 - Progress notes include the ACORN survey data
 - They also have a templated treatment plan.
- Providing gun locks
 - Available for families if needed.
- Care Pathway and information folders:
 - This is a specific treatment manual that is meant to be 6 weekly sessions. Every session focuses on tools to prevent suicide. It is another added level for safety.

Lakiesha Russel, Therapist, Consultant, CEO of The Evolving Chair Counseling and Consulting Agency

- **1:1 Interviews; examples of conversations with elementary aged youth at risk of suicide**
 - Know the warning signs; talking about dying/killing oneself, drawing/writing about death, anger, etc. Be mindful of language. Sometimes younger children do not fully understand what death means or looks like. Engage in conversations that explore how the youth is feeling. E.g., if they say "mad", explore further and ask about harm to self. Use questions like "do you feel like disappearing and not coming back?", "do you feel like hurting yourself?" Educate about different emotions and give language to express them.
- **Assessing for lethal means**
 - Sometimes parents will think their child does not know where lethal means (i.e., guns) are stored but child will tell therapist where they're located. This should prompt a conversation with parents about how to keep their child safe if they're in crisis.
- **Importance of gathering information from parent**
 - Parent may have valuable information that can help further identify a youth's concerns. Involve them in assessment, safety planning, and follow up plans.

Additional comments/resources:

- Scott referenced MY3 as a safety planning app for youth.
- Gina shared importance of language and getting the entire agency on board with Zero Suicide. Avoid terms like “committed/completed”; instead shift language to “died by/of” suicide. Even front staff are shifting language, and this speaks to the overall culture shift at Catalpa.
- Gina will share caring message example, safety planning template, and assessment template.

Presenters:

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