

# ED STOP Suicide QI Collaborative

Fireside Chat on

**ED-based Interventions  
SAFETY-Acute: Therapeutic  
Assessment and Safety  
Planning**

**April 13, 2023**



**EIIC**  
EMSC Innovation and  
Improvement Center

# Funding Acknowledgements

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# ED STOP Suicide QI Collaborative

## Fireside Chat: April 13, 2023

- Thank you for joining!
- Remain on mute for the presentation
- Fireside chat is being recorded and posted online along with slides
- Feel free to put questions in **Q&A** feature and nurses/social workers **MUST** add first and last names in chat for continuing education/contact credits
- Time permitting, Q&A and discussion will follow the presentation
- Please stay to complete the brief evaluation poll and link to locations to secure nursing and social work professionals contact hours/CE credits



# Continuing Education – Contact Hours

Physicians – MOC Part 4	Nursing Professionals	Social Work/Other Professionals
25 points MOC part 4 credits available if all requirements are met	Enter first and last name in chat feature	This event is approved for 1 continuing education credit hour
<ul style="list-style-type: none"> <li>- Regular participation in collaborative sessions and fireside chats</li> <li>- Collect, analyze, review data with local ED site team</li> </ul>	Scan QR code or click link to complete session evaluation by 1700 (Pacific) on date of presentation to be eligible for 1 contact hour	This event is approved for 1 continuing education credit hour
<ul style="list-style-type: none"> <li>- Collect, analyze, review data with local ED site team</li> <li>- Design and implement PDSA cycles for QI project with local ED site team</li> </ul>	Questions? Contact Robin Goodman at <a href="mailto:robin.goodmanrn@gmail.com">robin.goodmanrn@gmail.com</a>	
Approved through the University Hospitals Rainbow Babies & Children’s portfolio with the American Board of Medical Specialties (ABMS)	BRN CE Provider: Pediatric Liaison Nurse Los Angeles County. Provider approved by the California Board of Nursing, Provider #15456 – 1 contact hour	Credit hours are approved by Office of Professional Development. Steve Hicks School of Social Work, the University of Texas at Austin
Complete attestation form, acquire EIC internal signatures, submit to ABMS	<b>See final slide and chat for code/link</b>	<b>See final slide and chat for link</b>



# Intervention Bundle Guide #3: ED-based interventions

**Global Aim for this bundle:** By December 31, 2023, 100% of sites participating in this bundle will have established a clinical care pathway for children who screen high-risk for suicide.

**Presentation Specific Aim:** To share a developmentally informed approach to evaluate and enhance safety upon presentation with suicide risk.



# Quality Measures: ED-based Interventions

**(Structural) Measure 1** - Presence of a clinical pathway for pediatric patients determined to be at high-risk for suicide that includes recommendations for diagnostic testing, de-escalation, chemical/physical restraint, and patient/family considerations when/if boarding.

**(Structural) Measure 2** - Presence of a standardized order set for clinical management of children who screen high-risk for suicide.

**(Structural) Measure 3 (stretch goal if feasible in your facility)** - Presence of a quality review process to evaluate order-set utilization among children who screen high-risk for suicide.

**(Process) Measure 4 (stretch goal if feasible in your facility)** - Percentage of pediatric patients at high-risk for suicide with order-set compliance.



# Objectives

1. To consider process of care within ED and clinical pathways for youth after a positive screen for suicide risk
2. To consider the concept of a therapeutic assessment
3. To describe the Safety-Acute (A) intervention, a developmentally-informed and nuanced therapeutic assessment approach to safety planning



# Speaker

## **Joan Asarnow PhD, ABPP**

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# Acknowledgements & Disclosures:

## Joan Asarnow

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- American Foundation for Suicide Prevention (AFSP)
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- Centers for Disease Control and Prevention
  - CCR921708
- American Foundation for Suicide Prevention, Scientific Council
- Klingenstein 3<sup>rd</sup> Generation, Scientific Advisory Board
- Consultation & Trainings on Suicide/Self-Harm Prevention & Depression Care

# Overview: SAFETY-A (Acute)

- Consider a developmentally-informed approach to evaluating and enhancing safety in the ED: a bottom-up approach that begins with understanding of the needs and risk and protective processes for children and adolescents (vs. top-down approach which extends adult intervention downward)
- Consider the ABCD approach to suicide risk screening, risk evaluation, and emergency care
- Consider a clinical pathway for pediatric patients determined to be at elevated risk for suicide, emphasizing secondary behavioral assessment of risk and intervention to enhance safety



Step 1

A

Assess



## SCREENING JOHN NON-ACUTE SCREEN

John is a 15-year-old boy who presents with thoughts of suicide in the past week. He has never made a suicide attempt. During the suicidal thoughts he scratched himself. This resulted in bleeding and home care.



NIMH TOOLKIT

### 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: \_\_\_\_\_

Denies **Current SI**, **ASQ-Non-Acute Screen**: Requires safety assessment before can leave; assess need for full mental health evaluation; clinician notified of screening results.

# asQ Triage Model

	<b>NEGATIVE SCREEN</b>	<b>NON-ACUTE POSITIVE SCREEN</b>	<b>ACUTE POSITIVE SCREEN</b>
Evidence	<b>No evidence of self-harm, or suicidal behavior</b>	<b>Past suicidal behaviors or self-harm with unclear intent</b>	<b>Current suicidal thoughts, intent or plan- imminent risk</b>
Actions to take	<b>No intervention necessary</b>	<b>Patient must be evaluated for safety to determine next step</b>	<b>Requires full mental health evaluation</b>

Positive screen following by therapeutic assessment to further assess risk while providing a therapeutic intervention

# SAFETY-A: Build Hope & Reasons to Live

STRENGTHS-BASED



**B**

**Build hope**

- Change the rhythm of the session
- Assess for and draw out strengths in self and family/environment
- Attend to reasons for living
- Use this information later in developing safety plan

# C

## Connect

**Connect**

Identify strengths in family and environment as a way of building healthy protective social connections

Strengthen connections with ED team/site and other protective adults

# SAFETY Plan: Begins with understanding of risk patterns

**D**  
**Develop**  
**SAFETY plan**



- Using an emotional thermometer/subjective units of distress (SUDs) scale helps clarify youths pattern of escalating risk and which strategies are most likely to be effective at maintaining safety at different levels of emotional distress, and suicide/self-harm risk
- Important for children and teens who may lack awareness of patterns of emotional escalation & increasing suicide/self-harm risk

The patient learns when to use their Safety Plan with the information obtained from the emotional thermometer

**PERSONAL PLAN**

Warning Signs

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What I can do to stay safe:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What I can think to stay safe:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Whom I can talk to:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. Call National Lifeline: 1-800-273-8255 (available 24 hr/day)

If you are in immediate danger, go to the nearest Emergency Room or call 911



# SAFETY Plan: Next Steps

## PERSONAL PLAN

### Warning Signs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### What I can do to stay safe:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### What I can think to stay safe:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Whom I can talk to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. Call National Lifeline: 1-800-273-8255 (available 24 hr/day)

If you are in immediate danger, go to the nearest  
Emergency Room or call 911

WARNING SIGNS: Signals of increased risk

- Actions: Things to do to stay safe
- Thoughts: Ways of thinking that promote safety
- People: Who youth can go to when feels unsafe and/or escalating distress

**ENSURE THAT THAT YOUTH HAS SOMEONE TO GO TO WHEN UNSAFE (24/7): PARENTS CAREGIVERS; HEALTH/BEHAVIORAL HEALTH CARE PROVIDER; CRISIS LINE; ED.**





# Include Parents/Caregivers: Enhancing Protective Support and Monitoring Critical in High-Risk Children and Teens

## SUPERVISION & MONITORING

Protect through monitoring and supervision

## SUPPORT SAFETY PLAN USE

Parent/caregiver can support youths in using their safety plans and responding in safe ways vs. engaging in self-harm

## MEANS SAFETY & LETHAL MEANS COUNSELING

Removing and reducing access to dangerous & potentially lethal methods of self-harm can prevent a suicidal urge from resulting in deaths or serious injuries

## OTHERS CAN HELP

Parents/caregivers don't have to do it all: important to identify others who can help





# For youths discharged from ED: Link to Needed Follow-Up Care

1

Make follow up  
appointment in  
ED

2

Refer for  
follow-up care

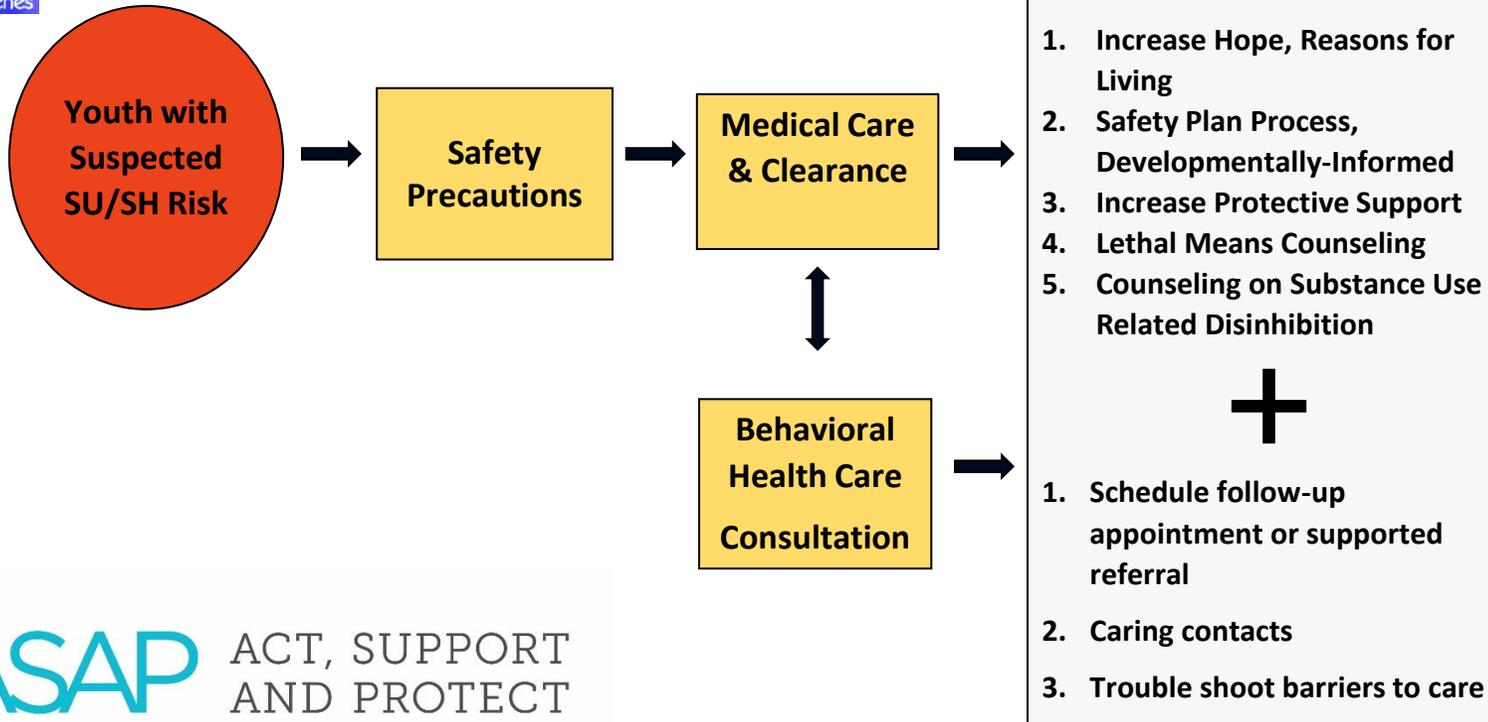
3

Follow-up calls  
caring contacts  
to support and  
motivate care  
linkage,  
trouble-shoot  
barriers to care

4

Contact primary  
care and/or other  
providers to ensure  
they are aware of  
ED evaluation and  
care and can follow-  
up appropriately

# Care Process After a Positive Screen for Suicide Risk



UCLA-DUKE TRAUMA-INFORMED ADOLESCENT SUICIDE, SELF-HARM, AND SUBSTANCE ABUSE TREATMENT AND PREVENTION CENTER

[www.asapnctsn.org](http://www.asapnctsn.org)

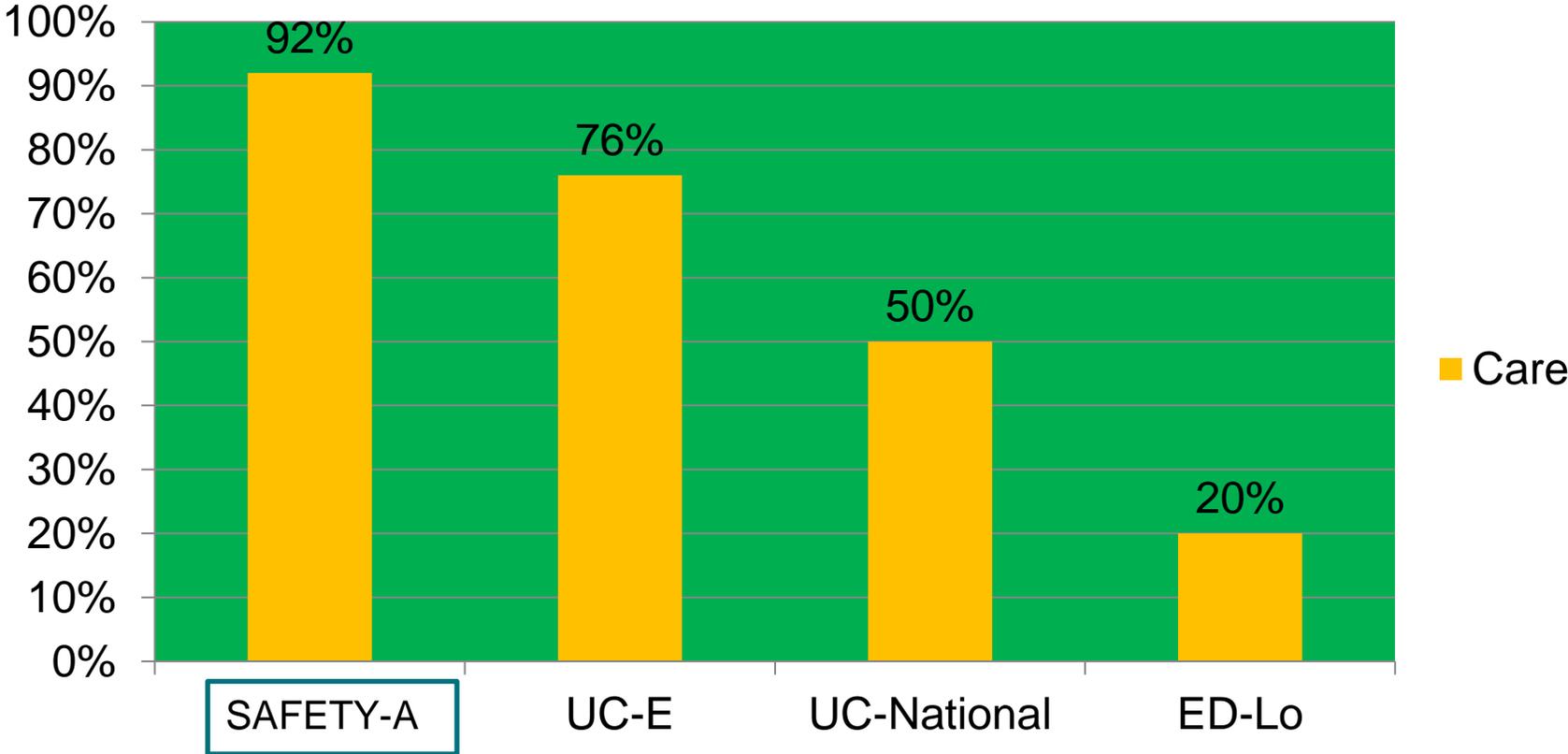
© Joan Asarnow



# IMPROVED CONTINUITY OF CARE

Objective 8.4, National Strategy for Suicide Prevention (2012)

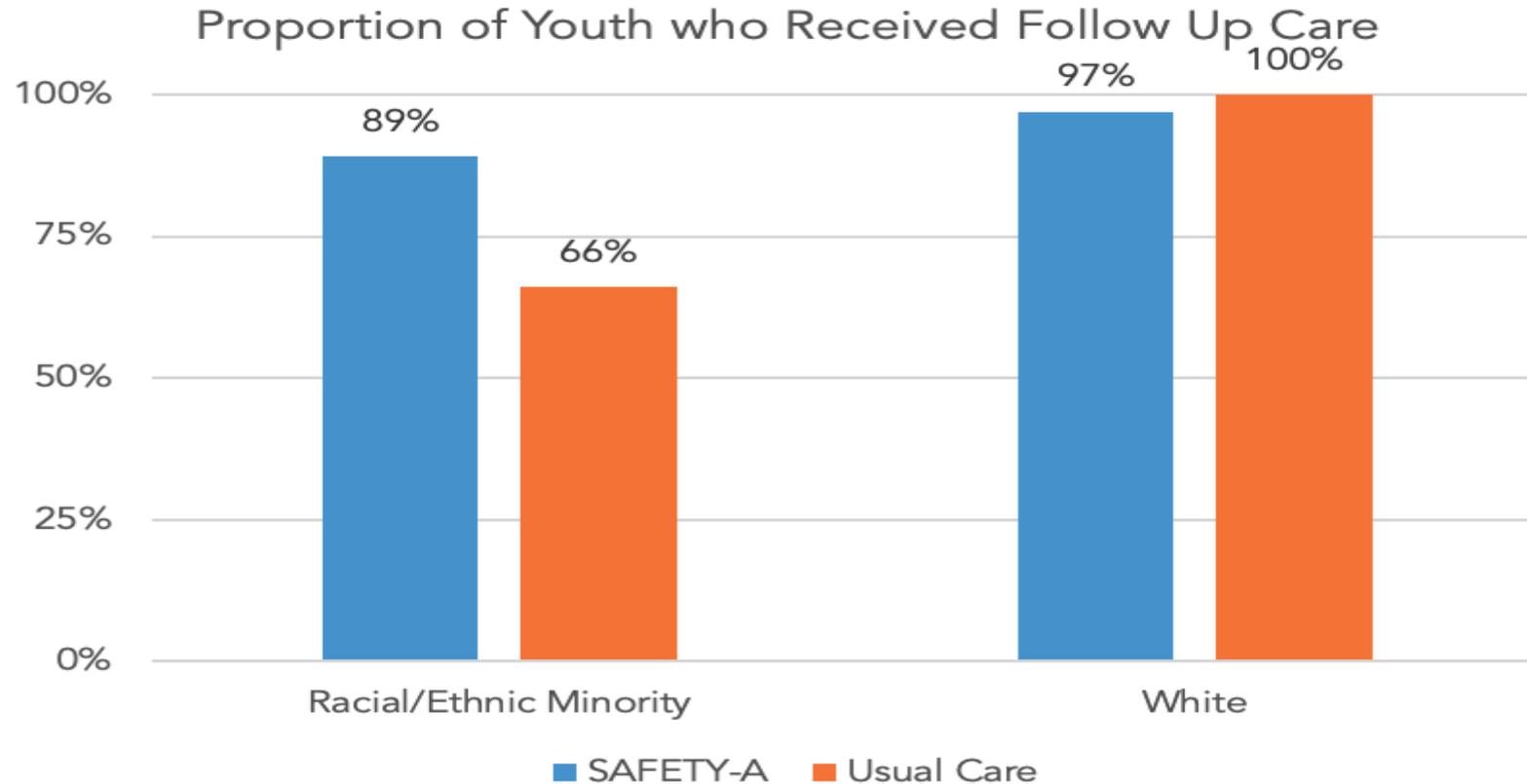
## Linked to Follow-Up Care



Asarnow JR, Baraff LJ, Berk M, et al. (2011). An emergency department intervention for linking pediatric suicidal patients to follow-up mental health treatment. *Psychiatr Serv.* 2011 Nov;62(11):1303-9.

# STRONG BENEFITS OF SAFETY-A FOR RACIAL & ETHNIC MINORITY YOUTHS: CONTINUITY OF CARE

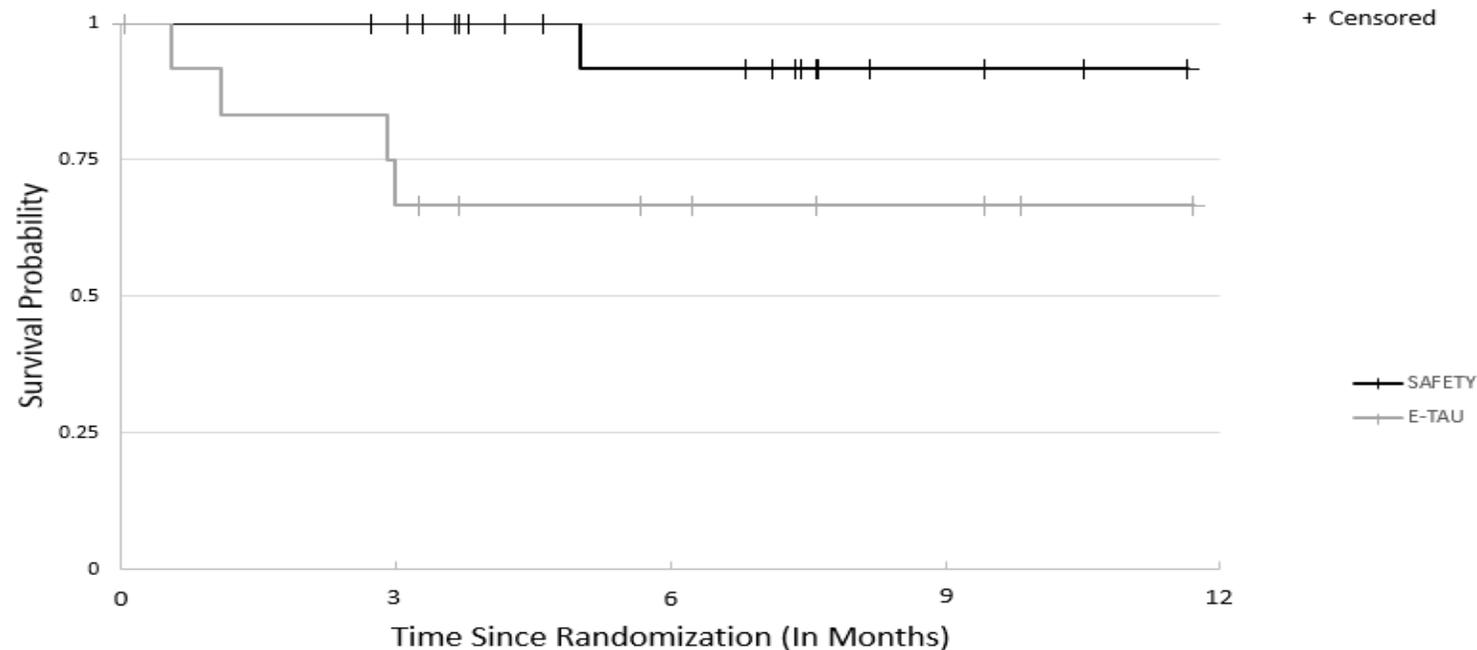
Objective 8.4, National Strategy for Suicide Prevention (2012)



Kodish T, Lau AS, Belin TR, Berk MS, Asarnow JR. Improving Care Linkage for Racial-Ethnic Minority Youths Receiving Emergency Department Treatment for Suicidality: SAFETY-A. *Psychiatr Serv.* 2023 Apr 1;74(4):419-422. doi: 10.1176/appi.ps.20220129. Epub 2022 Sep 21. PMID: 36128694.

# Higher probability of survival without a suicide attempt for youths randomized to SAFETY vs. Enhanced-TAU:

1.00 vs. 0.67,  $p < .02$ , NNT=3 at 3-months; 0.92 vs. 0.67 at 365 days; Wilcoxon  $X^2(1)=5.81$ ,  $p < .02$



Number at Risk				
SAFETY:				
20	19	12	3	0
E-TAU:				
22	9	5	3	0

Asarnow, J. R., Hughes, J. L., Babeva, K. N., & Sugar, C. A. (2017). Cognitive-behavioral family treatment for suicide attempt prevention: a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(6), 506-514. N=42

# SAFETY-A Effects: Open Trial Supports Clinical Benefit

	Pre Mean (SD)	Post Mean (SD)	t	p
<b>Youth</b>				
<b>Ability to Stay Safe*</b>	<b>3.98 (1.08)</b>	<b>4.57 (0.70)</b>	<b>4.34</b>	<b>&lt;0.001</b>
<b>Hopefulness*</b>	<b>3.07 (1.52)</b>	<b>3.43 (1.40)</b>	<b>4.69</b>	<b>&lt;0.001</b>
<b>Intent to Kill Self**</b>	<b>1.53 (0.90)</b>	<b>1.14 (0.43)</b>	<b>-3.63</b>	<b>0.001</b>
<b>Urge to Self-Harm**</b>	<b>1.93 (1.08)</b>	<b>1.40 (0.81)</b>	<b>-3.24</b>	<b>0.003</b>
<b>Parent</b>				
<b>Ability to Keep Youth Safe*</b>	<b>3.48 (1.04)</b>	<b>4.06 (.85)</b>	<b>3.61</b>	<b>0.001</b>
<b>Hopefulness*</b>	<b>4.05 (.93)</b>	<b>4.32 (.91)</b>	<b>2.24</b>	<b>0.033</b>
<b>Ability to Find Help*</b>	<b>4.03 (.77)</b>	<b>4.13 (.88)</b>	<b>0.71</b>	<b>0.486</b>

\*1 (Low) to 5 (High) \*\*1 (Not at all) to 4 (Very Much), N=35, Asarnow et al., 2019)

- 
- Questions?
  - Can this work in your ED?
- 

## The ABCDs of Screening & Management of Suicide Risk

# A

### ASSESS

- Screen for risk, including suicidal behaviors and thoughts, non-suicidal self-injury, hopelessness, and urgency and intent to act on suicidal thoughts.

# B

### BUILD HOPE

- Build hope through your relationship with the youth - by listening and showing you care about youth
- Help youth to recognize strengths and resilience for themselves and their family (or surrogate family)
- Use this information in D-Develop SAFETY plan.

# C

### CREATE CONNECTIONS

- Connect with the youth by show you want to understand and help him or her
- Help the youth identify healthful connections in the in the facility and in the community
- Use this information in D-Develop SAFETY plan.

# D

### DEVELOP SAFETY PLAN

- Develop safety plan with actions, thoughts and people the youth can turn to for help coping / staying safe.
- Help the youth consider how this plan can be used both within the facility and after release.
- Consider steps that can be taken to reduce risk when someone is feeling at acute risk.

## SAFETY PLAN

- Identify triggers for suicidal/self-harm thoughts and behaviors (situations, stressors, emotions)
- Identify behaviors, thoughts, and people for staying safe
- Build commitment to using safety plan versus suicide/self-harm
- Troubleshoot barriers to using safety plan

# Question & Answer Session



Please stay to  
complete  
session  
evaluation poll  
- Thank You!



# Complete Session Evaluation Poll



# Nursing - CE hours

April 13, 2023

- Enter your first and last name in the chat feature if you have not done so already
- Scan the QR code to complete the session evaluation by 1700 (Pacific) on 4/13/2023 to be eligible for CE hours

BRN CE Provider: Pediatric Liaison Nurses Los Angeles County. Provider approved by the California Board of Registered Nursing, Provider # 15456, for 1 Contact Hours

If you have any questions, please contact Robin Goodman at [robin.goodmannrn@gmail.com](mailto:robin.goodmannrn@gmail.com)

