Now More than Ever: Risk Assessment/Risk Response for Youth

Chris Morano, Ph.D.
Risk Assessment – Self harm

- And Risk Response/Planning
Some important things to keep in mind.. According to WHO, 2018

- Kids are better behaved, adjusted than 20 years ago
- Less drinking, sex, juvenile crime..
- But isolation, anxiety up! – Almost 90% of Gen Z’s report anxiety
Calm is the new Strong...

Stop it with all the outrage.
Underreact to (almost) everything.
Act “as if”
Empathy swagger- Do you have it?
Crush the 15 feet and be an Emotional Badass..

- Just like in the story of Albert..
Because that’s the key: Beyond CBT/TIC/DBT/EBT, all of it: The FBI’s X-Factors in offering a lifeline...

Empathy
Banter
Under react to everything
Act “as if”..
Be in the “No contempt Zone”

Will lead to =

*Engagement!*
A key concept is “grit”

- Not just because it suggests one who can overcome - even grow stronger - through adversity.

- But because it takes courage to become self-aware, know your own needs, fears, barriers, triggers - and to face them bravely.
First things first.. Your attitude toward suicide...

- Cultural and religious beliefs
- Personal, family history
- Belief in your own competencies
Important Distinctions

- **Suicidal Behavior:**
  - nearly half of teens think about it
  - 8-10% have tried it, peaks at 15
  - most can be prevented with training and supervision

- **Parasuicidal Behavior:**
  - most of what we see
  - external conflicts with others
  - can be seen as poor attempt to cope
  - cutting, etc., can actually make teen feel relief
CDC found in 2005...

1) Rate for 10-19 yr. olds down 25%, to 4.5 per 100,000, 1993-2001
2) Suffocation is leading cause in this age group
3) Decrease due to less access to firearms, more acceptance of alternate lifestyles

Fast Forward- Rates have increased recently, especially for 18-24 yo, during lockdown period
Speaking of COVID...

Many teams around the country are increasingly using virtual tools

This poses many challenges:
- Lose information, body language, etc.
- Connections can be poor
- Engagement is more difficult
- Not to mention the immense impact lockdown has had on all of us.
Check this out-

What’s remarkable about this ad, aside from that we now see ads like this?
First, we all have it
And it drips down from parents to kids.
This leaves youth more vulnerable

Anxiety, depression up all over
Suicidal thinking, behavior up 25%
In Las Vegas Clark County Schools, 4 suicides in September
What about your area?

And what are you doing about it? You should find out if you don’t know. This is the kind of stuff that’s part of the job.
Recent scope of the problem—JAMA 2018

“ER visits for suicide attempts doubled for kids 07-15”—JAMA

So what does this mean??

43% of these visits were for kids 5-12

Again, how do we interpret this?

Can a 5-6-7-8-9 year old conceive of what it means to suicide?

Almost all presenting with SI were NOT admitted, so...

It’s useful to distinguish between SA/SI, for research, and response purposes.

Don’t confuse SA and SI and call it all “suicide attempts”
Gender differences Youth

- Females:
  - Higher prevalence of suicidal ideation, behavior
  - Lower completion rate: 5.1/100000

- Males:
  - Higher suicide rate: 14.3/100000
  - Likely due to use of more lethal means (eg., firearms)
Kann, et al, 2016 = Sad teens...

- Found that 18% contemplated suicide in past year
- 14.6% made a self-harm plan - 8.6% made an attempt
- 2.8% serious enough for med attention
Other research on teen SI and behavior shows ....

- USA rate twice Europe’s (Evans, et al. 2005)
- Caucasians more likely than all others (Evans)
- Multi-systemic therapy (MST) as or more effective than inpatient (Henggeler, 2005)
- Telephone intervention works (Rhee, et al 2005)
Cultural Differences Self-Harm

- USA = 16%
- Australia/England 6.2%
- Hong Kong 7%
- Within USA, lower rates for Latino, AA, Native American
### Cultural diffs within USA

<table>
<thead>
<tr>
<th>Greatest risk</th>
<th>Mid risk</th>
<th>Lower risk</th>
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</thead>
<tbody>
<tr>
<td>Native American, Eskimo, Aluet</td>
<td>Caucasian = 10.6/100K</td>
<td>Asian/Pacific Islander = 7.0/100k</td>
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<tr>
<td>= 18.2/100K</td>
<td></td>
<td>African American = 6.0/100K</td>
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Common Myths

- Youth suicide is increasing at alarming rates
- People who talk about suicide rarely do it
- There are often no warning signs
- Individuals who are suicidal try repeatedly
- Bring it up, and they’ll try it

OTHER MYTHS??
Suicide Risk Assessment: Do’s and Don’ts

- Get as much data as soon as possible (the balance of confidentiality, if and when to breach it)
- Overlearn the warning signs, but get to know the person in front of you
- Attend closely to hopelessness, loss, and intent/motivation
- If possible, make a CONCRETE safety plan
More Do’s and Don’ts...

DO:
1. Be direct- ASK--”do you feel like killing yourself?”; “do you have a plan?”...
2. Practice empathic listening, and be balanced---don’t show shock or disappointment

Don’t:
1. Evade the issue
2. Leave the person alone
3. Disregard warning signs
4. Take unreasonable chances
Subtle Suicide Inquiry

- The use of indirect questions and statements, that address areas of functioning related to coping, depth of depression, future orientation, supports, etc.
- Explore areas broadly, then winnow down

For example:
- “Tell me about your friends…”
- “What do you usually do on weekends (in free time)…”
- “What do you think about when you’re lying in bed at night..”
What ARE the warning Signs???

Behavioral/emotional:
- neuroveg changes
- substance abuse
- changes in school related areas
- themes of death
- hopelessness

Situation/Environment
- lack of perceived support, esp. family
- loss of support, face
- others?
Risk Factors

- Previous suicide attempt
- Mental disorder, especially mood, depression, bipolar
- Mental and substance abuse disorder
- Family history of suicide
- Impulsiveness and/or aggressive tendencies
- Recent upset, disappointment, anger
- Barriers to accessing mental health treatment
- Relational, work or financial loss
Risk Factors (continued)

- Physical illness
- Easy access to lethal means, e.g., guns, sheets
- Hesitance to seek help due to stigma
- Influence of significant others, media
- Cultural or religious beliefs that support suicide as a resolution
- “Contagion”
- Isolation
### Sommers-Flanagan 8 Pre-Suicide Dimensions

<table>
<thead>
<tr>
<th>Unbearable Psychological/Emotional Distress</th>
<th>Thwarted Belongingness/Perceived Burden</th>
<th>Suicide Plan or Intent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Solving impairment</td>
<td>Hopelessness</td>
<td>Lethal Means</td>
</tr>
<tr>
<td>Agitation or Arousal</td>
<td>Suicide/Self Harm Desensitization</td>
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</table>
The Assessment Tool - Uses and Limitations

- Helpful to those who are less comfortable - But best used to screen!
- Can be a block dialogue
- Use to broach subject, followed by rapport, processing, safety planning
FBI’s secret weapon in hostage situations

Sooooo.. You think you’re a good listener? (I think I am- ask me about The Gun Guy)
Starting the conversation...

- **Empathy, rapport and balance:**
  - Be strong enough to Hold the Sacred space = Be still, quiet when necessary

- **Special circumstance...**
  - **Irritability**- often displayed by people who are suicidal.
  - In this case listen reflectively, carefully, gently, and state your intent to stay with it
Be and Emotional Badass..

Don’t be afraid of yourself, and your reactions. Get comfortable. Own it.
More on the conversation...

Ask directly about suicidal thoughts
Normalize - but DON’T use fake reassurance (Eg., This too shall pass..or The sun will rise..”)

Paradoxical approach to hopelessness and social support

“No one understands me. There’s no point”

“It feels like there’s no one to turn to. This may sound weird but I’m wondering who’s the worst person to talk to right about now?”

“That’s easy. My dad never gets me. He tells me to ‘look on the bright side’”.

“And that doesn’t feel at all helpful to you..How about someone who’s a little better to talk to, who gets you a little more?”

And from there you progress from the least to more/most supportive, thereby elucidating a circle of support.
Active/Empathic Statements

- “You’ve never felt so bad”
- “You can’t imagine things getting better”
- “It seems like no one really listens”
- “You feel hopeless/helpless”
- “You feel like a failure”
- “You never hurt so much before”
- “You wish someone would understand”
- “You wish you were never born”
More on how to connect...

- Do say:
  - “I’m glad you told me”
  - “Thanks for stopping by..”
  - “I’ve been thinking about you”

- Avoid:
  - “How are you?”
  - “Are you still (suicidal/depressed)?”
## Back pocket phrases to build bridges..

<table>
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<tr>
<th>Mild</th>
<th>Medium</th>
<th>Serious</th>
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</thead>
<tbody>
<tr>
<td>“This is one of those bad days..”</td>
<td>“You must feel awful right now..”</td>
<td>“Right now you feel very alone..”</td>
</tr>
<tr>
<td>“I can understand how you’d be upset..”</td>
<td>“That must have been really hard to hear..”</td>
<td>“Things seem hopeless..”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“This feels like the worst day to you..”</td>
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If you can do all this...

- Then you’ll Crush the 15 Feet, and be a lifeline!
Friend in pieces, fired, lost her job... (this actually happened to me)

- How would you respond (C’mon, be honest..)
- What we’d most likely say...
- And what’s actually most helpful..
Your turn...

- Let’s try this.....
Case scenario....

- Youth just heard bad news in court.

- He’s in a group home, and won’t be going home soon- but not because of anything he’s done!
  - His caregiver is not meeting conditions of the court.
  - He’s devastated....

- How do support him? . .
AIM - Accept, Inquire, Move

Start with empathy, accept them just where they are..

“This is one of those very tough days”

Communicate that you want to know more

“I want to know how best to help..”

Gently suggest moving, forward, WITH them..

“Let’s take deep breaths together..”

Tell me something that’s helped you in the past..”

“Let’s take a break and walk..”
Safety Planning in a nutshell..

A
Discuss how to make the person’s environment safe, obviously with kids caregivers are key – Informal Supports Come First!

Collaborative
List and Review person’s unique coping skills.

List unique warning signs, triggers

Process
Identify professional and community partners, use them as needed, but later in the process.

Identify people and settings that can distract, and support
Structure is the antidote to chaos..

And Ritual is the soothing salve to anxiety...
A Role for Hospitalization

- Historical use
- Factors involved in decision to seek
  - Wraparound v. non-Wrap
    - Previous/recent experience
  - Psychiatric status (Axis I, II)

Olmstead opens doors – alternatives
---1500 Suicides in Psych Hosp/yr.
All Statutes and Medical Necessity Protocols have been written wrong so far.

- They all ask the wrong questions and focus on the wrong things.
- Almost invariably simply set “standards” for admission/detention.
The better question.....

“Given these risks, what would it take to keep this person/youth safe in the community tonight, in the coming days?”. 
Things to keep in mind...

- Overtreatment (too much/inappropriate/ineffective hospitalization) leads to fragility, and the inability of people- in our case families/kids- to survive and thrive using organic, informal, naturally occurring resources, supports.

- Organisms, people, need variability, stress, “noise” to grow, get stronger- kids need to misbehave, misstep in order to learn, get stronger- and we shouldn’t hospitalize them because of it!
And I’ll bet just because you’re in this field, and here today..

- someone out there who feels better because you exist...
- Katrina and the South Bronx
- Helen Keller...
And last……

but actually it should be FIRST...

If your compassion does not include yourself, it is incomplete.