Best Practice in Suicide Risk Assessment and Crisis Response Planning: Current standards for all levels of care

Jessica R. Umbrell, Psy.D.

Licensed Psychologist

Certified School Psychologist

Lead Psychologist Advisor, PerformCare, Pennsylvania

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Agenda

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- Review need to know quick facts as a group
- Epidemiology
- What PerformCare has been doing to improve the care management of Members with chronic suicidal thinking
- Standards of Care Guidelines
- What is not effective and no longer a standard of care in working with clients with suicidal thinking
- Best practices in risk assessment
- Formulating crisis response plans
- Demonstrate analysis of risk and protective factors for crisis plan development through case examples

Agree or Disagree?

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- The goal of mental health workers working with clients with suicidal thinking is to work to completely eradicate suicide
- A client with suicidal thinking is most likely to complete suicide when they have just been discharged from inpatient care
- Adolescents have the highest rates of suicide
- Suicide rates are increasing
- In order to increase assurance that client's will not complete suicide and decrease liability, it is important for a clinician to develop a "no suicide contract" with a client who has suicidal thinking
- Using Assessment tools that identify a variable (or number), quantifying risk, is the best way to predict if a client will complete suicide

Epidemiology

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- Does not discriminate amongst any age, gender, race, or socioeconomic group
- Estimated 9.3 million will have suicidal thoughts in one year (SAMHSA, 2013)
- Suicide is still the 10th leading cause of death in the US
- Life Expectancy in the US has declined according 2019 CDC data, seeing a decrease from 2016-2017 due to suicide a drug overdose
- A death by suicide occurs every 11 minutes
- Increases in suicide has been seen in all age groups
- Suicide is the 3rd leading cause of death among 15.-24 year olds
- Males (white males highest) complete suicide at higher rates than females
- 90 % of those who complete suicide have a mental illness
- Suicide rates are highest among those 45-54
- Older adults 65+ are a particularly vulnerable group

Epidemiology

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- Pennsylvania
  - 11th leading cause of death for PA
  - One person dies by suicide every 4 hours
  - In 2017, 2023 people died by suicide
  - Suicide deaths surpass alcohol related motor vehicles accidents
  - Rates amongst age and gender mirror national statistics
- PeformCare Members Reviewed by Quality of Care Counsel and Critical Incident Report Data
  - 4 completions in both 2018 and so far in 2019 varies across all levels of care
  - 30 attempts in 2018 and 19 so far in 2019 varies across all levels of care
  - In 2018, we reviewed more attempts for child and adolescent levels of care
  - In 2019, this evened out, but we have seen overall a decrease in attempts so far this year

PerformCare – Observations and Action Steps

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- MCO vantage point
  - The opportunity to review cases for suicide attempts and completions across all levels of care
  - Observation has been of slow movement toward current Best Practice Standards amongst all levels of care
  - Not an uncommon phenomenon when a standard of care in any clinical area changes
- Action Steps
  - All Clinical Care Managers and Psychologist Advisors have been trained on current Best Practice Standards
    - Involved training and case presentation and practice of learned skills
    - Increase follow-up and review (i.e. more intensive care management) for Members with high risk
    - Involves review of risk assessment and crisis planning for Members
    - Increased PA review of high risk cases and recommended treatment team follow-up
    - External collaboration with counties and providers began in 2015/Multisystemic approach

Standards of Care

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- There are four known Clinical Practice Guidelines related to managing suicide risk
  - American Psychiatric Association Guidelines
  - American Academy of Child and Adolescent Psychiatry
  - SPRC Assessment and Management of Suicide Risk
  - AAS Recognizing and Responding to Suicide Risk (RRSR)
    - Professionals who completed (RRSR): Essential Skills for Clinicians training demonstrated:
      - long-term improvement in attitudes toward suicide
      - confidence in their ability to work with clients who are at risk for suicide and clinical practice skills (Osteen et. al. 2012)

No Suicide Contracts

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- In all cases of clinical practice guidelines “No Suicide Contracts” are either cautioned or advised against
- There has been no evidence that these contracts have been effective in the prevention of suicide
- These are not legal documents and do not stand up in court as a viable standard to managing a client’s risk of suicide completion
- A randomized controlled study of 97 Army soldiers who presented to mental health concerns confirmed showed that:
    - Crisis Response planning was more effective than utilizing safety contracts by way of:
        - Preventing suicide attempts
        - Eliminating suicidal ideation
        - Reducing inpatient hospitalizations

        (Bryan et al. 2017)

Core Competencies in Managing Suicide Risk

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- See handout for discussion (Suicide Prevention Resource Center 2006; Rudd, M.D., Cukrowicz, K.C., & Bryan, C.J. 2008)
- Core competencies include more that just knowledge of risk and protective factors
- Core competencies include more than developing a strong crisis response plan
- Core competencies are a set of clinical skills that are needed by both the clinician and their supervisor to include:
  - Attitude and approach to working with the client
  - Understanding suicidal thinking
  - Collecting assessment information
  - Formulating risk
  - Develop a treatment plan
  - Managing Care
  - Understanding legal and regulatory issues

Core Competencies – Cont_

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- Can be learned and implemented in any type of treatment approach
- Brief Cognitive Behavioral Therapy Intervention has been systematically studied and found to be more effective than non- systematic approaches
- In a study of 152 war veterans with psychiatric symptoms, suicidal thinking, and intent to die
  - Soldiers were 60% less likely to make an attempt after a the CBT interventions than those with only treatment as usual
  - Treatment gains were maintained after 24 month follow-up

    (Rudd et al. 2015)

Formulating Risk

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- Involves understanding the full range of risk factors associated with suicide attempts and completions
- Identification of those that can be controlled and those that cannot
- Discussion of Risk Factors
- See handout (American Psychiatric Association, 2003)
- Use of rating scales/assessment tools
  - Can be helpful in an overall formulation of risk factors
  - Should not be used solely for risk formulation
  - Show little predictive validity in quantifying risk
    - A meta-analysis of 21 studies evaluating the ability of 15 instruments in predicting suicide risk found no instrument to be effective in quantifying risk (Runeson et al. 2017)
  - Helpful for clinical discussion and interview with client
  - Best practice is to formulate a full assessment of risk factors for the client and to collaboratively develop a crisis response plan that addresses risk that can be controlled
  - There are suggested ways to ask clients about risk, which elicit a thorough response
    - Discussion of these from (American Psychiatric Association 2003)

Crisis Response Planning/ Managing Risk

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- Maintaining a strong therapeutic alliance in essential in managing risk and developing effective crisis response plans
- First step in managing risk is to consider controllable risk factors and attend to immediate safety
- Determine the most least restrictive level of care based on the presentation of risk factors
- Collaborate with all parties involved in the client's care to ensure safety and incorporate natural supports into crisis response plans
- Attend to environmental safety regardless of treatment setting
- Collaboratively develop a systematic plan for the client to use in the event of increased suicide thinking
- Crisis Response plans will vary by treatment setting and can change frequently depending on the presentation of risk factors

Crisis Response Planning/ Risk Management

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- Crisis Response plans should outline all risk factors identified as controllable with the client
- They should be formulated with the client based on a thorough identification of risk protective factors
- A written plan which identifies all possible protective factors, natural supports, and steps to be taken for each identified risk variable should be developed with the client
- Fostering hope is a critical component in development of protective factors and development of crisis response plans
- Each step in the plan should be assessed with the client for the likelihood of being able to execute the skill during times of heightened stress and active ideation
- Plans should be rehearsed with clients and changed if they are not able to be executed or the step does not feel “doable” for the client

Crisis Response Planning/ Risk Management

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- Plans should be rehearsed with clients and changed if they are not able to be executed or the step does not feel “doable” for the client
- In the event of a crisis or suicide attempt crisis management plans should be reviewed for continued effectiveness and changed accordingly
  - This should be documented
- Assess risk frequently
  - Suicidal thinking is fluid which warrants frequent assessment and review of crisis response steps
  - Wish to live has been found to mediate this ebb and flow in suicidal thinking (Bryan et al. 2016)
    - Speaks to hopefulness and the importance of identifying factors to live for
    - Fluid Vulnerability theory
      - High risk states of ideation vary frequently and are due to a complex interaction between affective, physiological, cognitive and environmental factors (Bryan et. al 2019)

Kevin Hines Story

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https://www.youtube.com/watch?v=WcSUs9iZv-g

Case Practice

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- For each case presented
  - Identify all possible risk factors to consider
  - Identify those which can be controlled and those that cannot
  - Identify all protective factors for the case
  - Using risk and protective factors, identify those that should ideally be addressed in the treatment and crisis response plan

Questions?

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