

Suicide Prevention: Screening, Assessment, and Strength Based Interventions.

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Disclosures

None of the planners or speakers for this event have any financial relationships to disclose.

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Objectives

- Understand best practices in screening and assessment using the AAP Blueprint for Youth Suicide Prevention.
- Recognize the importance of reframing “Mental Health” as Healthy Mental and Emotional Development.
- Identify strength based resources to enhance connection and mattering to improve outcomes in patient care.
- Learn strategies to enhance your mental and physical well-being while modeling the importance of implementing and committing to develop and maintain boundaries related to your work and your personal life

Suicide can be a sensitive topic to discuss, but talking about suicide is critical to its prevention and we are grateful that you have joined us for this important conversation. If at any point during today's presentation you feel the need to step away, please feel free to do so.

As always, if you or someone you know is struggling you can text or call the Suicide & Crisis Line at 988 or text TALK to 741-741

Our Story Begins Here



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Friends and Collaborators: Our Shared Journey



<https://www.girlsontherunmaine.org/>



<https://www.thekitacenter.org/>



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AAP Mental Health Reframe

Key Concept: Mental health is not just an illness to be treated.

Healthy Mental Development:

- Promotion of emotional, psychological, and social wellness across the lifespan
- Determined by complex interactions between biology, relationships, and environment
- Sometimes called “Resilience”
- Mental health is not a series of diagnoses and symptoms: it's a developmental process that occurs over the lifespan.

Relational Health:

- Development and maintenance of safe, stable, nurturing relationships
- Important from infancy through young adulthood (and beyond!)
- Mental health of children and caregivers are inherently linked
- Family relationships promote resilience and positive mental outcomes for children and caregivers

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Blueprint for Youth Suicide Prevention

Educational resource

- Designed for:
 - Clinicians, public health professionals, educators, advocates
- Strategies to support youth via:
 - Clinical pathways
 - Community partnerships
 - Policy and advocacy
- Co-authored by AAP and AFSP, in collaboration with experts from NIMH
- Endorsed by 18 medical/public health organizations



www.aap.org/suicideprevention

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Key Topics Addressed in the Blueprint

- Universal suicide risk screening for youth ages 12+
- Three-step clinical pathway to address suicide prevention in practice
- Brief Suicide Safety Assessments to assess level of risk in patients who screen positive
- Providing care to patients at imminent, moderate, or low risk for suicide
- Safety planning and lethal means safety counseling
- Promoting equity in suicide prevention
- Mental and behavioral health resources for youth, families, and clinicians
- Health systems change strategies for integrating suicide prevention care into practice
- Community and school partnerships to address suicide prevention
- Policy strategies to prevent suicide and support healthy mental development

Let's Meet Jack

- 16 year old male who presents with a history of anxiety, ADHD, insomnia, and OCD.
- Past history of admission at Acadia for acute suicidality 2 years ago following the suicide death of a close friend.
- OCD was diagnosed at that time
- He denies SI and now recognizes that his intrusive suicidal thoughts are a component of his OCD
- He describes "Imposter Syndrome" as a key component of his struggles
- He has been struggling at school and has not been attending.
- Here for evaluation of school refusal and OCD treatment plan.

Screening vs Assessment: What is the difference?

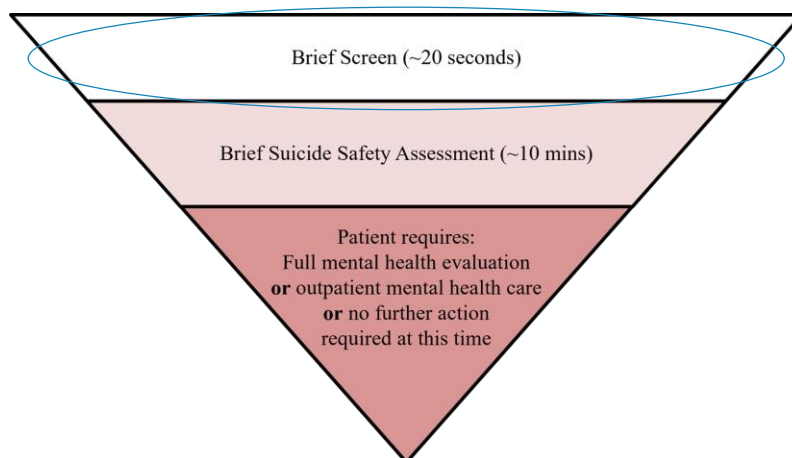
- Suicide risk screening
 - Identify individuals at risk for suicide
 - Oral, paper/pencil, computer
- Suicide risk assessment
 - Comprehensive evaluation
 - Confirms risk
 - Estimates imminent risk of danger to patient
 - Guides next steps

What is the recommended frequency of screening for suicidality ?

- At least once per year and no more than once per month
- Once someone has screened positive you would then continue to assess (not screen)

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The Blueprint is Based on a 3-Tiered Universal Suicide Risk Clinical Pathway



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Suicide Risk Screening

- Asking questions about suicidal thoughts does not put the idea into someone's head
- Age recommendations for screening:
 - Youth ages 12+: universal screening
 - Youth ages 8-11: screen when clinically indicated
 - Youth under age 8: screening not indicated.
 Assess for suicidal thoughts/behaviors if warning signs are present
- Anyone who is trained can screen for suicide risk

asQ Suicide Risk Screening Tool NIMH TOOLKIT

Ask Suicide-Screening Questions

Ask the patient:

- In the past few weeks, have you wished you were dead? ☐ Yes ☐ No
- In the past few weeks, have you felt that you or your family would be better off if you were dead? ☐ Yes ☐ No
- In the past week, have you been having thoughts about killing yourself? ☐ Yes ☐ No
- 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: _____

Next steps:

- If patient answers "Yes" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (House Clinical Judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity.
 - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **full** safety/health mental health evaluation.
 - Patient cannot leave until evaluated for safety.
 - Keep patient in safe, remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - ☐ "No" to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief** suicide safety assessment to determine if a **full** mental health evaluation is needed. Patient cannot leave until evaluated for safety.
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients:

- 24/7 National Suicide Prevention Lifeline: 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "TALK" to 743-743

asQ Suicide Risk Screening Tool NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Horowitz, Bridge...Pao, et al. (2012) JAMAPediatrics

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Let's Review our Patient's ASQ

To facilitate screening for both depression and suicidality we combine the PHQ-9 and ASQ into one form.

Screening for depression is not screening for suicidality as not all youth suicidal ideation is related to depression

PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, or hopeless?				X
2. Little interest or pleasure in doing things?				X
3. Trouble falling asleep, staying asleep, or waking too soon?				X
4. Poor appetite, weight loss, or overeating?				X
5. Feeling tired, or having little energy?				X
6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?				X
7. Trouble concentrating on things like school work, reading, or watching TV?			X	
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?			X	
9. Thoughts that you would be better off dead, or of hurting yourself in some way?			X	

In the past two weeks, have you felt depressed or sad most days, even if you felt okay sometimes? ☐ Yes ☐ No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Office use only: _____ **Severity score:** _____

Johnson, CL, Harris, CL, Spitzer, RL, Williams, JB. The patient health questionnaire for adolescents: validation of an instrument for the assessment of mental disorders among adolescent inpatient and outpatients. JAMA. 2002;288(18):2266-2272. doi:10.1001/jama.288.18.2266

asQ Suicide Risk Screening Questions

Ask the patient:

- In the past few weeks, have you wished you were dead? ☐ YES ☐ NO
- In the past few weeks, have you felt that you or your family would be better off if you were dead? ☐ YES ☐ NO
- In the past week, have you been having thoughts about killing yourself? ☐ YES ☐ NO
- 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 question:

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If yes, please describe: _____

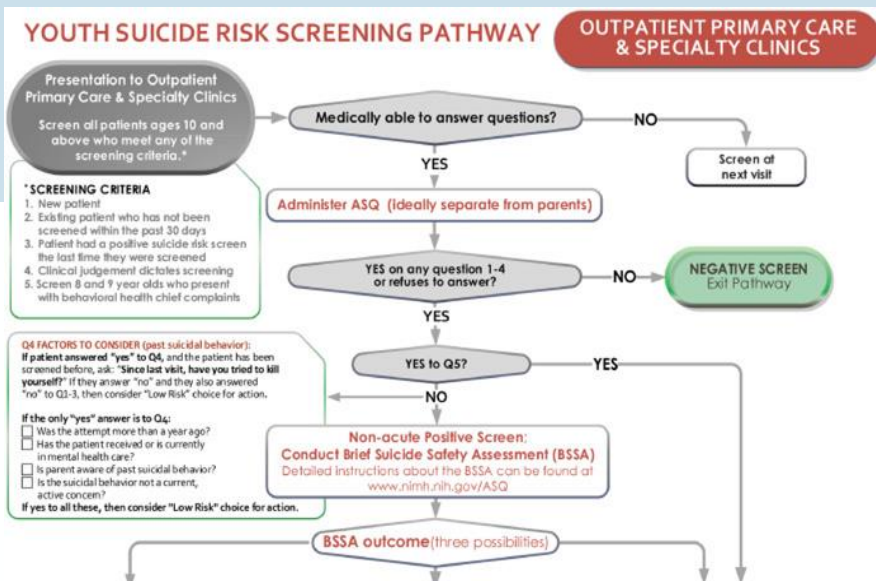
Horowitz, JM, Bridge, JA, Todd, TS, et al. Ask Suicide-Screening Questions (ASQ): a brief instrument for the pediatric emergency department. JAMA. 2012;308(12):1291-1296. doi:10.1001/jama.2012.2217

Provide resources to all patients: 24/7 National Suicide Prevention Lifeline: 1-800-273-TALK (8255) En Español: 1-888-628-9454
24/7 Crisis Text Line: Text "TALK" to 743-743

[PHQ modified for adolescents](#)

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<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/youth-asq-toolkit#outpatient>

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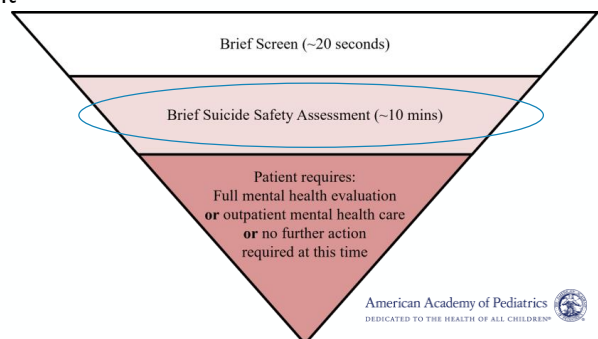
What Happens When a Patient Screens Positive

Here is what should NOT happen:

- Do not treat every young person who has a thought about suicide as an emergency
- The Blueprint is a guide to avoid unnecessary interventions

Here is what should happen:

Tier 2: Follow up Positive Screens with a Brief Suicide Safety Assessment (BSSA)



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Scan the QR Code Below to View the BSSA:



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Completing the BSSA: Paper Form or EMR Integration

The image displays four pages of the BSSA (Brief Suicide Safety Assessment) form, which is part of the ASQ (Ask Suicide-Screening Questions) toolkit. The pages are titled 'WORKSHEET' and 'page 1 of 4', 'page 2 of 4', 'page 3 of 4', and 'page 4 of 4'.

- Page 1:** 'Ask Suicide-Screening Questions' section. It includes a 'Praise patient' step and an 'Assess the patient' section with questions about suicidal thoughts, suicidal plan, and past behavior. It also includes a 'Social support & resources' section.
- Page 2:** 'Assess the patient' section. It includes a 'Symptoms' section with questions about suicidal thoughts, suicidal plan, and past behavior. It also includes a 'Social support & resources' section.
- Page 3:** 'Interview patient & parent/guardian together' section. It includes a 'Make a safety plan with the patient' section with questions about suicidal thoughts, suicidal plan, and past behavior. It also includes a 'Social support & resources' section.
- Page 4:** 'Determine disposition' section. It includes a 'Provide resources to all patients' section with a list of resources and a 'Comments' section.

<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/youth-asq-toolkit#outpatient>

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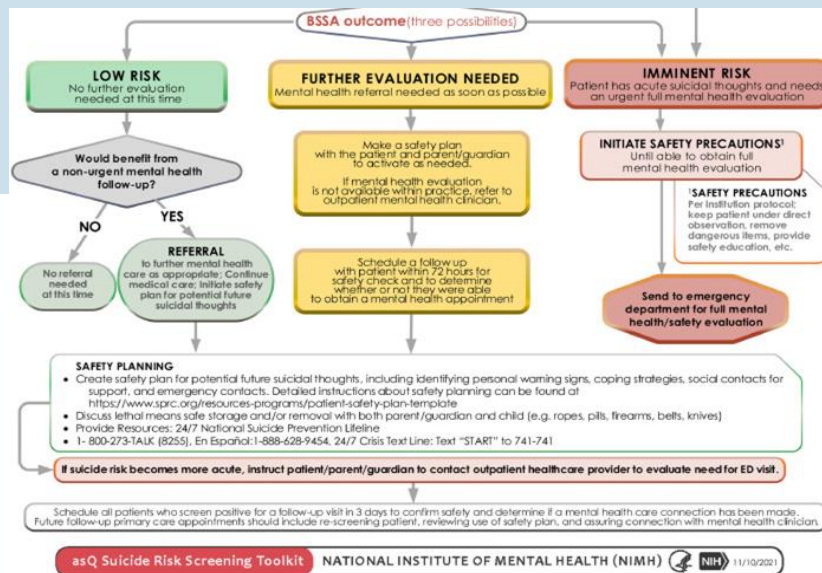
The Purpose of the Brief Suicide Safety Assessment

To help clinicians identify next steps for care:

- **Imminent Risk**
 - Patient requires an emergency mental health evaluation
- **Further Evaluation is Needed**
 - This is not an emergency, but patient will require further mental health evaluation from a mental health professional as soon as possible
- **Low Risk**
 - No further evaluation is needed at this time

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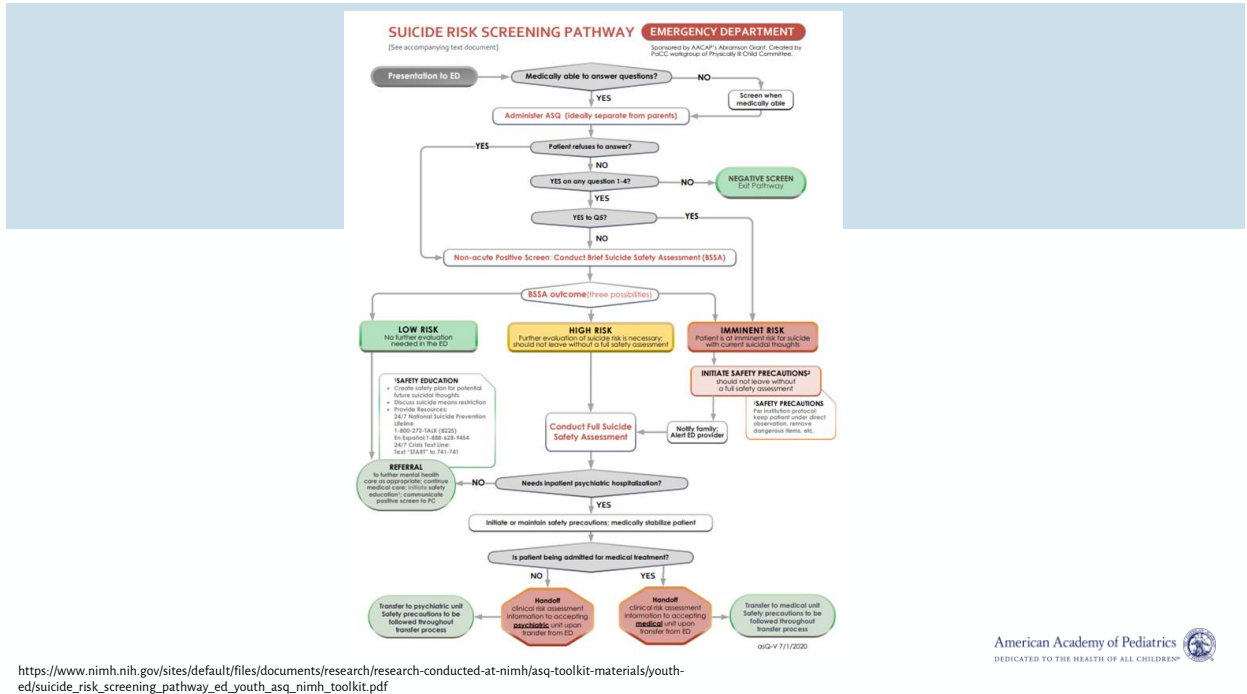
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<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/youth-asq-toolkit#outpatient>

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Next Steps for Jack

- Before I did anything, I took a big breath to ground myself!
- After acknowledging what he just shared, I asked if I could ask some clarifying questions to better understand how he is feeling.
- We have the BSSA in our chart as quick texts, so I followed the steps as outlined in the BSSA
 - Through the BSSA & patient interview, I determined he was high risk
 - Next steps: brought mom into the conversation
 - Safety plan
 - Counseling on access to lethal means
 - Connect with the patient's therapist
 - Patient added 988, 741-741 and the teen text line to his phone
 - Scheduled close follow up and made a plan to check in via text the next day.

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Brief Interventions That Make a Difference in Suicide Prevention

- Safety planning
- Lethal means safety counseling
- Providing resources
 - National Suicide Prevention Lifeline
 - Crisis Text Line



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Safety Planning

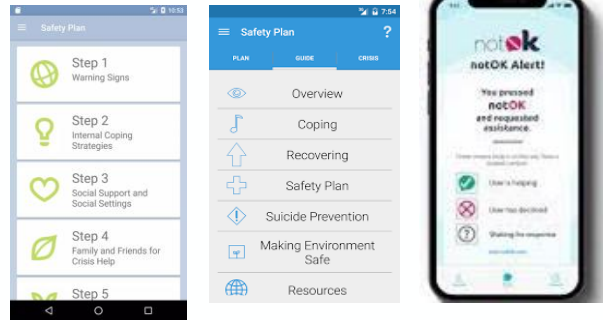
Safety planning is an evidence-based and effective technique to reduce suicide risk. Working with the patient and the family, clinicians can guide patients to identify effective coping techniques to use during crisis events.



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Commonly Used Safety Planning Tools Include:

- [Stanley Brown safety planning tool](#) (Access tool template [here](#) and mobile app [here](#))
- [Safety plan app](#)
- [Not OK](#)



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Safety Planning

Helps patients think about what to do when they have suicidal thoughts, by identifying:

- Warning signs or triggers for suicidal thoughts
- Coping strategies
- Social contacts/supports
- Emergency contacts
- Reducing access to lethal means

I will call my aunt and listen to music, or write in my journal, or exercise, or watch a TV series.

What will you do if it is 2am and you are thinking of killing yourself?

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Safety Plans Should:

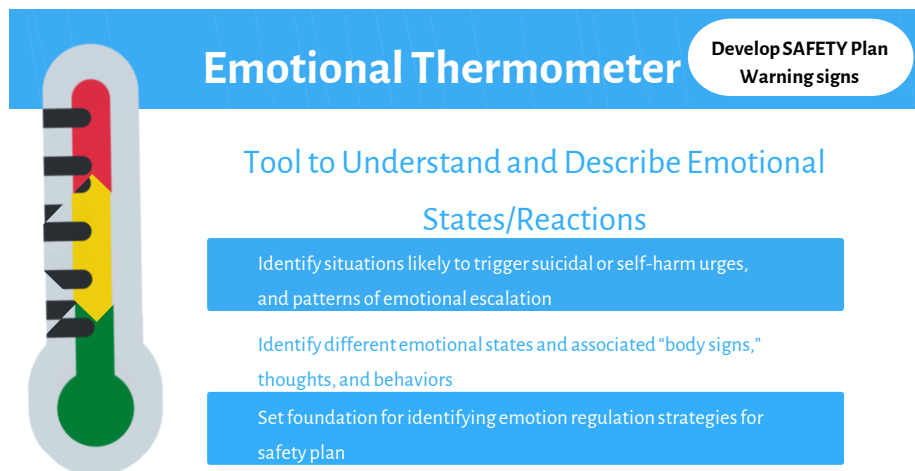
Thinking about safety plans in advance can help patients prepare to get through intense suicidal feelings

- Be personalized to each patient
- Be developed collaboratively with each patient and family
- Be developmentally, culturally, and linguistically appropriate to the patient and family
- Include specific activities and people to call in the event of intense suicidal feelings
- Include strategies that can be used at all times of day or night
- Include a back-up plan, such as calling the [988 Suicide and Crisis Lifeline](#) or texting the [Crisis Text Line](#)

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Warning Signs



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What Can You Think to Stay Safe?

USE FEELINGS THERMOMETER

Examples:

- “When I start to think about suicide, it means I am hurting, but I don’t have to act on those thoughts”
- “I’ll be 18 years in two years and then be able to move out of the house”
- “I feel bad, but it would be hard on my brothers and sisters if I killed myself”
- “I have felt this way before, and I know I have the strength to pull through again”



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	

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What Can You Do to Stay Safe?

DRAW FROM STRENGTHS

USE FEELINGS THERMOMETER

Examples:

- Go on a walk or shoot basketball
- Take deep, calming breaths
- Play video games
- Try to be around others
- Draw
- Take a cold shower or splash cold water on your face
- Listen to music



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	

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Who Can You Talk To?

INCLUDE ADULTS ON PLAN

Examples:

- Grandma
- Older, young adult brother
- Church youth minister
- Favorite school teacher
- Coach
- Doctor
- Therapist

CONNECT



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	

Connect Patients and Families with Ongoing Support

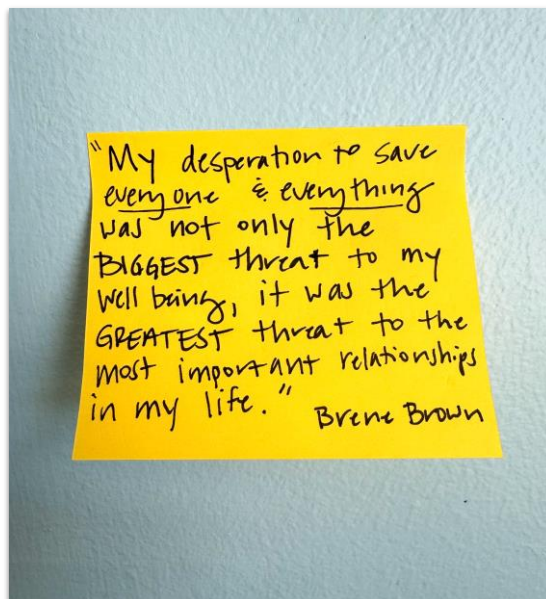
Refer to mental health provider when indicated by the BSSA:

- When possible, make a warm hand-off by connecting the while still in in your office.
- Follow up by phone to see if they were able to see the mental health provider.
- If there no available mental health appointments, schedule a follow-up visit with the patient (either in person or via telehealth) in a few days to “check in”.

Follow-Up with a “Caring Contact”

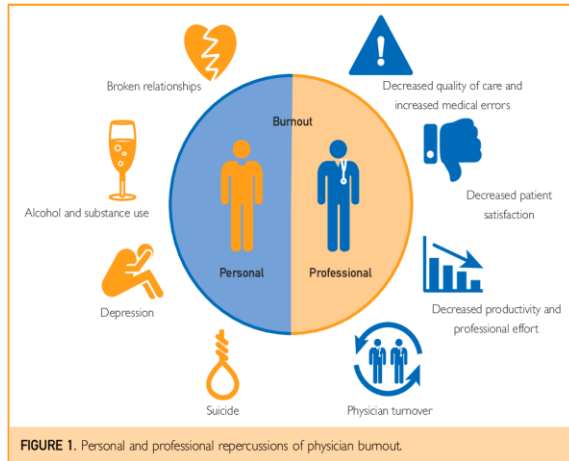
- Schedule a follow-up call, virtual visit or brief in-person visit within 24-48 hours to:
 - See how the patient is doing
 - Check in on whether lethal means have been removed/stored safely
 - Ensure the family has connected with a mental health provider
 - Assure youth and families that you care about their mental health and are here to help them as they navigate this challenge
- A series of simple communications (eg, 5-10 postcards or phone calls over a 6–12-month period) after the visit can reduce suicide risk
 - [We care about you - postcard](#)
 - [Chickasaw Nation - card](#)
 - [Anything worthwhile takes time – postcard examples](#)

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Who is Caring for the Caregiver? It Starts with YOU!



- Intentional breaths
- “Be where your feet are”
- Boundaries need to be non-negotiable
- Build healthy habits, rather than set goals (Adam Grant)
- It’s okay to be SELFish
- Stay curious and compassionate

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout [T. Shanafelt, J. Noseworthy](#) Published in [Mayo Clinic proceedings](#) 2017

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Current and Future Physicians Report Stigma and Structural Barriers Affect Their Overall Wellbeing and Mental Health.

Nearly eight in 10 physicians (78%), residents (79%) and medical students (76%) agree that there is stigma surrounding mental health and seeking mental health care among physicians.

Approximately half of physicians (48%), residents (48%), and students (55%) said they know a physician/colleague/peer who said they would not seek mental health care.

Four in 10 physicians were either afraid or knew another physician fearful of seeking mental health care given questions asked in medical licensure/credentialing/insurance applications.

The Physicians Foundation 2023 Survey of America's Current and Future Physicians
https://physiciansfoundation.org/wp-content/uploads/PF23_Brochure-Report_Americas-Physicians_V2b-1-2.pdf

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Closing Thoughts:



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How to Find Us

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Additional Resources

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Resources

Action items for self-care:

[Hard Seasons & Wild Hearts by Brene Brown](#)

[Mindful Self-Compassion for Burnout](#)

[How to Set Boundaries Workbook](#)

[Meditation for Skeptics](#)

[Scroll Less, Live More!](#)

[Journal for your wellbeing](#)

[Suicide Prevention Toolkit for Primary Care Practices](#)

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Build Community Connections

- With permission, connect with the school nurse, health center, and/or behavioral health professionals.
- Connect caregivers to a [Family Support Group](#) from the National Alliance on Mental Illness (NAMI) or other [additional resources](#) from NAMI/AFSP.
- Engage other members of the patient's community, such as community organizations (eg, Boys and Girls Club, 4H), clergy or religious leaders, or community or tribal elders.
- Learn more about [how to support a patient who is struggling](#), or establish connections with a [local AFSP chapter](#).

Connect All Patients with Free National Resources that are Available 24 Hours/Day, 7 Days/Week

- [988 Suicide and Crisis Lifeline](#) - Dial 988 for phone, text or chat
- [Crisis Text Line](#) text "talk" to 741 741

Provide Patients and Families with Educational Information

- Suicide Prevention: [What to do when someone is at risk](#)
- After a Suicide Attempt:
 - [Information for the person who has made an attempt](#)
 - [Information for the loved ones of a person who has made an attempt](#)
- After a Suicide Loss:
 - [Surviving a Suicide Loss: Resource and Healing Guide](#)
 - [Children, Teens, and Suicide Loss](#)

Lethal Means Safety Counseling

- Speak with caregivers about keeping dangerous items away during a crisis.
- Goal to protect child/adolescent in a "moment of crisis" by making environment safe.

"I want to help you keep your home as safe as possible for (pt name) while he's feeling this way. Because a moment of crisis can escalate very quickly, it's important that we make sure that he doesn't have access to guns, medications, or other household items that he could use to harm himself in a crisis."

Firearms

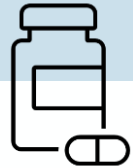
Half of youth suicides occur with [firearms](#).

Suicide attempts using a firearm are almost always [fatal](#).

- Safest option is to temporarily remove guns from the home when suicidal thoughts occur.
“What some families do is store their guns away from home until their child is feeling better: for example, with a relative or at a gun shop. Is this a good option for you?”
- Safe storage is the second-safest option

More information is in the AAP policy, [“Firearm-Related Injuries Affecting the Pediatric Population”](#)

Medications



- Many medications (eg, insulin, prescription medications, over-the-counter pills) can become a hazard during a suicidal crisis.
- Talk with parents/caregivers about:
 - Locking up both prescription and over-the-counter medications
 - Reducing the quantity of medications in the home
 - Removing unneeded or expired medications from their home
 - Blister-packs, which can help to slow down access to larger quantities

Other Household Items

Discuss temporarily removing these products from the home or storing them safely where youth cannot access them:

- Alcohol
- Illicit drugs
- Medications
- Carbon monoxide/car exhaust
- Household cleaners and other poisonous products
- Canned dusting products
- Inhalants
- Antifreeze
- Knives, razors, or other weapons
- Ropes, belts, or plastic bags

Courses and Resources for Lethal Means Counseling

- [CALM for Pediatric Providers: Counseling on Access to Lethal Means to Prevent Youth Suicide](#) (AAP Course)
- [Counseling on Access to Lethal Means](#) (CALM)
- [Means Matter](#)
- [Bullet Points Project](#)
- [Store it Safe](#) (Ohio AAP)