



Integrated Primary Care Crisis Evaluation Procedures

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**Pediatric Integrated Care
Special Interest Group**

Objectives

- Demonstrate knowledge of practical skills & tools for gathering information & assessing risk
- Discuss details of documentation & follow-up to disposition
- Briefly discuss research related to crisis evaluation procedures within the Geisinger IPC team

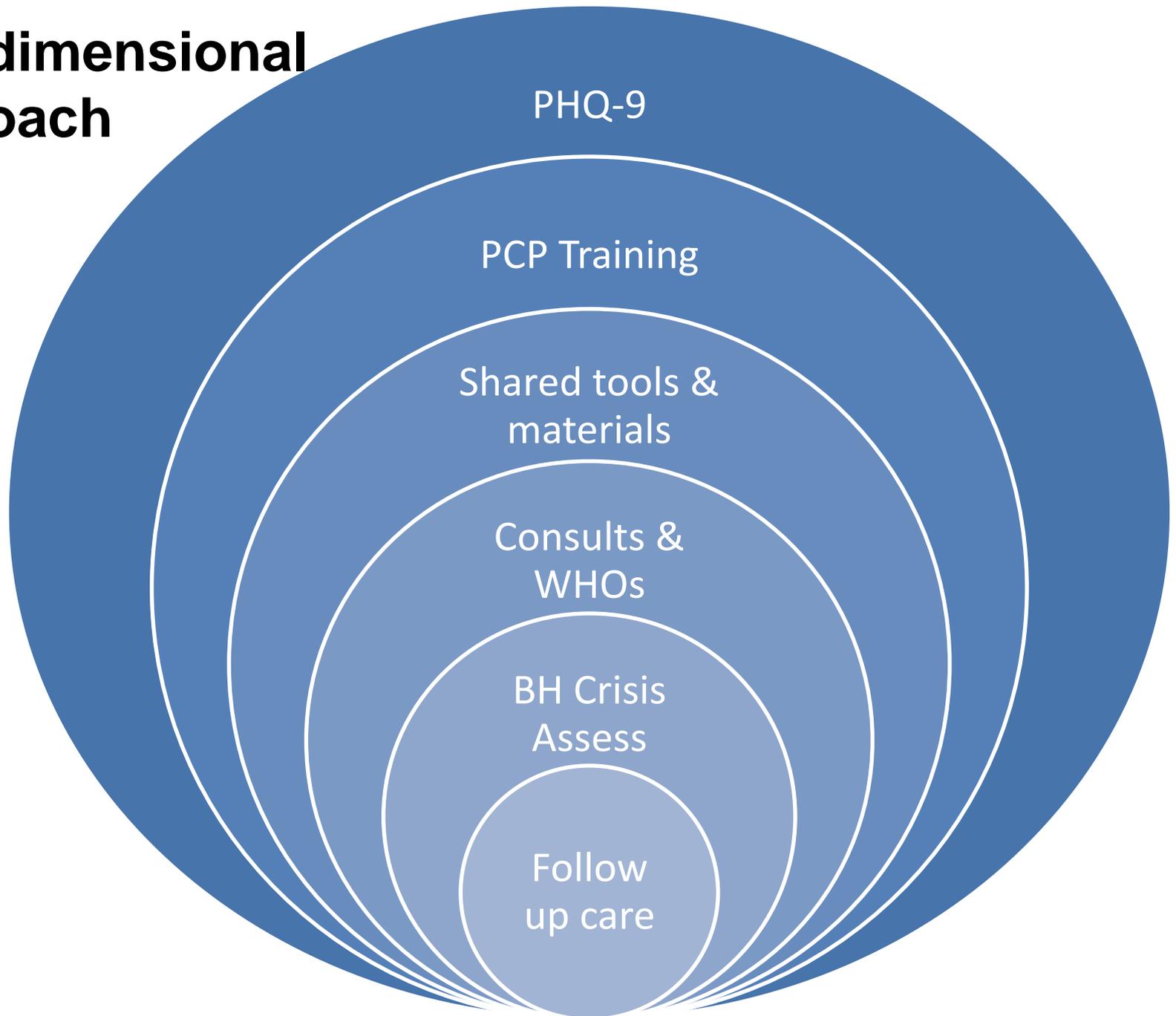
Adolescent Risk in PC

- Suicide is 3rd leading cause of death from 15 to 24 years
- 20-40% of teens in PC have suicidal ideation or high distress
- Contact with PCP:
 - 75% of teens who complete suicide (within year)
 - 50% of teens who complete suicide (within 30 days)
- PCPs identify < 50%
- Pediatric medical residents have low confidence & knowledge in suicide risk assessment

**Integrated care offers one solution to
detection & prevention of suicide in teens**

**IMPROVING DETECTION &
ASSESSMENT OF
SUICIDE RISK**

Multidimensional Approach



**SHARED TOOLS:
SMARTPHRASE & COPING CARD**

Risk Assessment Smartphrase

Rationale

- Protects all involved in high risk situations
- Efficient AND detailed
- Increased confidence in disposition
- Liability

Components

- Risk assessment prompts
- BH history
- Depression evaluation
- Risk/protective factors
- Disposition
- Safety planning

Risk Assessment Smartphrase

PRESENTING PROBLEM:

PATIENT presented for a ***-minute crisis evaluation with CAREGIVER.

Suicidal Ideation:

Have you ever had thoughts of killing yourself or wanting to die? Yes/No

How frequently do these thoughts occur? ***

When was the last time you had these thoughts? ***

What do the thoughts say (how are they worded)? ***

How long do the thoughts last? ***

Do you know what triggers the thoughts? Yes/No

If yes, what: ***

What kind of things have you tried to reduce the thoughts? ***

How helpful are these things? ***

Risk Assessment Smartphrase

Suicide Plan:

Have you considered what you might do to end your life? Yes/No

If yes, list all methods considered: ***

Have you taken any steps to learn about this (each method) or get ready to do this? Yes/No

If yes, describe steps taken: ***

What is the closest you have come to attempting to end your life? ***

Do you currently have a plan? Yes/No

Intent:

If you went home right now, how likely is it that you would attempt to end your life (if 0 = no chance you would kill yourself and 10 means you would definitely try to kill yourself): ***

-What would make this number go up or down? ***

-How likely are these events? ***

Risk Assessment Smartphrase

History of behavior:

Have you ever attempted to kill yourself? Yes/No

Did you tell anyone that you tried to kill yourself? Yes/No

Did you contact someone (text, social media, note)? Yes/No

Looking back at this now, how do you feel about it (do you regret having attempted? Are you happy you survived)? ***

Risk Assessment Smartphrase

History of non-suicidal self-injury (NSSI):

Have you ever engaged in NSSI (e.g., cutting, burning, scratching)? Yes/No

When did you first start to injure yourself? ***

What type(s) of behaviors did/do you engage in? ***

Method (what have you used to cut, burn, scratch?): ***

Location (where did you self-injure?): ***

Frequency/duration: ***

How often do you self-injure? ***

How often do you have the urge to self-injure? ***

Sought medical care due to non-suicidal self-injury? Yes/No

What triggers self-injury for you? ***

When was the last time you did this? ***

What kinds of things have you tried to help with this? ***

How helpful are these things? ***

Coping Card

Possible Triggers & Personal Warning Signs

Coping Activities:

People to Contact:

Location to go to away from immediate stressor:

Remind yourself that the one thing that is MOST important to me and worth living for is:

Next Appt:

Emergency Numbers: Suicide Prevention Lifeline: 1-800-273-8255
XXX-XXX-XXXX in Local County
Crisis Text Line: 741-741 (texting only)
Emergency Room: 570-271-6211 (Danville) XXX-XXX-XXXX (Local ED)
Police: 911

Safety Planning Tips

Create a safe home environment by:

- Eliminating access to firearms.
- Eliminating access to all sharp or dangerous items
- Eliminating access to household cleaners/ chemicals
- Eliminating access to medication and alcohol
- Increasing supervision

To help this plan work:

- Review the plan occasionally
- Practice coping activities regularly, even when feeling safe
- Share this plan with your contact people before you need them if you can

If you begin feeling unsafe:

- Start using coping activities as soon as you can
- Continue to follow steps of the plan until you feel safe

DATA COLLECTION & OUTCOMES

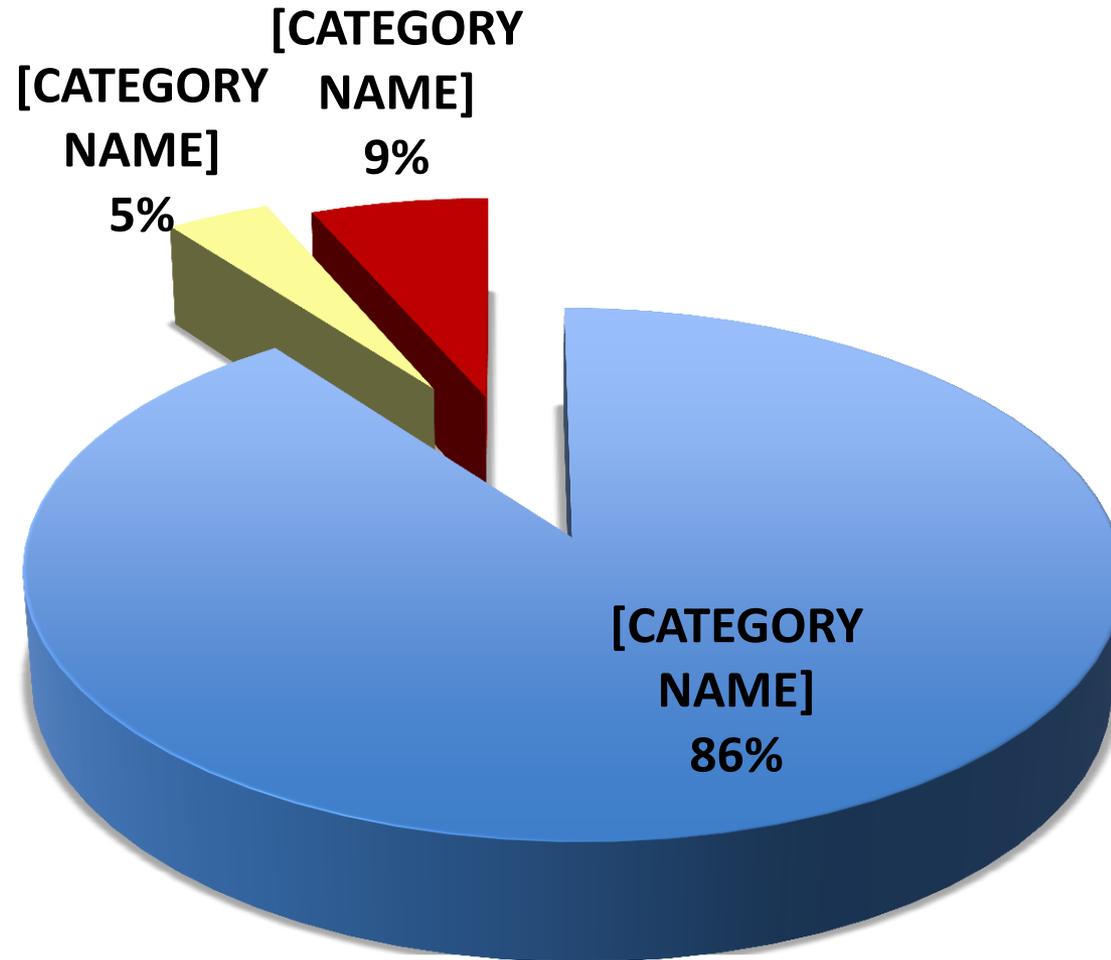
Data Collection & Outcomes

- 7 pediatric IPC clinics in rural, northeastern PA
- Any pediatric patient presenting in crisis
- September 2011 to present
- Referrals from PCP, parent call, schools
- Data
 - Demographics, insurance, diagnosis
 - Disposition: Outpatient, inpatient, wraparound
 - Details of follow up care*
 - Financial projections*
- Integrity supported through smartphrases & monthly audits

Definition of Crisis Evaluation

- Appointment was scheduled with behavioral health provider because of a perceived crisis situation.
- Appointment given scheduling priority (e.g. not next available, same day or within a few days – clinician judgement)
- If PCP, school, or family would have sent them to the ED if we were not on-site
- Screen high on PHQ-9 & endorse SI. PCP expresses concern about suicidality
- If PCP says “I am not concerned about self-harm” not a crisis UNLESS follow up assessment indicates that concern was indeed warranted
- **Smartphrase for definition: IPCCRISISEVALDEFINITION**

Crisis Evaluation Outcome (n= 458)



Additional Benefits

- PCPs are satisfied
- Patients receive more appropriate care sooner
- Specialty providers vs ED providers
- More detailed safety planning

References and Resources

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Session Evaluation

Thank you!

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