



# Suicidality Risk & Assessment

2022 CARE Network Conference – New Provider Training

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# Learning Objectives

## Identify

Identify risk and protective factors for school-age children and adolescents

## Build

Build confidence and skills in assessing self-harm, suicidal ideation, and suicide risk

## Practice

Practice assessment skills through vignettes

# Risk Factors

Mental health  
diagnosis

Previous attempts  
and/or history of  
self-harm

History of  
abuse/neglect

Impulsivity / Lack  
of problem-solving  
skills

Family history of  
suicide

LGBTQ identified  
(especially with  
family rejection)

Hopelessness /  
Feeling like a  
burden

Recent exposure  
to suicide / Loss

Access to means

Being bullied

Substance Use

Risk Taking  
Behaviors

# Protective Factors

Connection to  
others (family,  
friends, pet)

Access to  
medical / mental  
health care

Supportive  
school  
environment

Trusted adults  
(teacher, coach,  
admin)

Feel valued /  
included / safe at  
school

Cultural beliefs

Problem solving  
skills

Self-esteem

Emotion  
Regulation

Restricted access  
to means

# Assessment

## ASK QUESTIONS!!!!

- It's a myth that asking about suicide leads people to attempt or 'puts the idea in their head'.

Asking creates space for conversation and discussion.

- "I ask all of my clients/patients these questions."
- "I care about you and part of my role is to support your safety."

Follow-up on statements that seem concerning:

- I just can't do this anymore
- I want to go to sleep and not wake up
- People would be better off if I wasn't here / disappeared.
- If I died tomorrow no one would even notice.

# Assessment continued...

Be direct

Have you ever had thoughts about wanting to hurt yourself, wanting to die, or killing yourself?

What is the context of these thoughts?

- Identify what precipitated these thoughts/actions
- Developmental understanding of what it means to 'die' or 'kill yourself'

How long have you been having these thoughts?

Is there prior history of...

- Self-harm
- Suicidal ideation
- Suicide attempts

# Plan, Means, and Intent

## Plan:

- Have you thought about how you would kill yourself / die?
- Is the plan realistic / feasible?

## Means:

- Do you have access to the supplies needed to complete their plan (for example a gun to shoot themselves or medications to overdose)
- Have you already gathered these items?

## Intent:

- Is there truly a desire to carry out this plan?
- Have you taken steps to prepare?
- What is keeping you from trying / carrying out your plan?

# What is their goal?

There's a difference between wanting to die and looking for a way to stop the pain.

Listen to what they are saying:

- I cut to 'feel something' or cutting helps me feel 'grounded'
- I won't get bullied anymore
- The pain will go away
- I won't be a burden to my family
- They are better off without me

# Considerations – ADDRESSING Model

- Importance of client identities and cultural context
- Plays a significant role in risk and protective factors as previously discussed
- Again, the risk for LGBTQ identified children cannot be overstated
  - They are at particularly high risk if their families reject them due to their identities

**A**ge/Generation

**D**isability Status (developmental)

**D**isability Status (acquired)

**R**eligion and Spiritual Orientation

**E**thnicity

**S**ocioeconomic Status

**S**exual Orientation

**I**ndigenous Heritage

**N**ational Origin

**G**ender

# Safety Planning

Is the client/patient willing to engage in safety planning?

- If yes, continue developing an effective safety plan.
- If no, strongly advise involving other systems ASAP.
- With children, you will involve guardians if there is a safety concern.

Identify Effective Coping Strategies:

- What can you do at school/home/community to feel less anxious/sad/mad/overwhelmed/etc?
- SUDs: If you're at a '9' what will help you come down to an '8'?

# Safety Planning continued...

## Identify Supports:

- Guardians need to be made aware and involved if there are safety concerns.
- Additional family supports (grandparent, uncle, aunt, adult sibling)?
- Additional community supports (coach, teacher, counselor, etc)?

If they have a history of self-harm/SI/suicide attempts, what has worked before?

What makes life worth living?

What keeps you from hurting yourself / carrying out your plan?

# Safety Planning continued...

Make a clear plan with patient and their guardian.

Provide resources including phone numbers and locations for crisis line, walk-in centers, and ED.

Identify at what point they would need to seek a higher level of care.

Depending on the age of the client, you can identify a plan with them first and then bring in their parent to review the concerns and plan before making any adjustments needed.

# Safety Planning continued...

## Decrease access to means:

- Guns should **ALWAYS** be stored unloaded, locked up, and with ammunition in a separate location
- Assess access to medications within the home (prescribed and over the counter)
- Assess access to knives and other sharps (scissors, razors, etc)
- Assess access to alcohol

## Harm reduction strategies:

- Snapping a hair tie on your bare skin
- Melting ice on your wrist
- Drawing with pen / washable marker
- Use of apps – particularly created for this purpose
- Particularly useful for non-suicidal self-injury

# Resources: National Suicide Prevention Lifeline

- <https://suicidepreventionlifeline.org/>
- Call: 1-800-273-8255
- 'chat' option on the website
- '988'
  - Starting July 16, 2022
  - National designated 3-digit code to access suicide prevention lifeline



# Resources: Colorado Crisis Services

- Call: 1-844-493-8255
- Text: 'Talk' to 38255
- <https://coloradocrisiservices.org/>
- Walk-In Centers: Denver Metro
  - Aurora: 2206 Victor St, Aurora 80045 (8am-11pm)
  - Wheat Ridge: 4643 Wadsworth Blvd, Wheat Ridge 80033
  - Denver: 4353 E. Colfax Ave, Denver 80220
  - Boulder: 3180 Airport Rd, Boulder 80301 (M-F 7am-12am)
  - Littleton 6509 S. Santa Fe Dr, Littleton 80120



# Resources: Colorado Crisis Services

- Walk-In Centers: Northeast
  - Greeley: 928 12<sup>th</sup> St, Greeley 80631
- Walk-In Centers: Southeast
  - Colorado Springs: 115 S Parkside Drive, Colorado Springs 80910
  - Pueblo: 1310 Chinook Lane, Pueblo 81001
- Walk-In Centers: Western Slope
  - Montrose: 300 N Cascade Ave, Montrose 81401



# Resources: Sources of Strength

- <https://sourcesofstrength.org/>
- NPR Article (2015):  
<https://www.npr.org/sections/ed/2015/02/25/385418961/preventing-suicide-with-a-contagion-of-strength>
- Prevention resource using peer leaders
- Current, active programs established in CO



# Resources

- National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org/>
- Colorado Crisis Services: <https://coloradocrisiservices.org/>
- Sources of Strength: <https://sourcesofstrength.org/>

Bilsen, J. (2018). Suicide and Youth: Risk Factors. *Frontiers in Psychiatry*, 9, <https://www.frontiersin.org/article/10.3389/fpsy.2018.00540>

Posner, K., Melvin, G. A., Stanley, B., Oquendo, M. A., & Gould, M. (2007). Factors in the assessment of suicidality in youth. *CNS spectrums*, 12(2), 156-162. <https://doi.org/10.1017/s1092852900020678>

Taliaferro, L. A., Muehlenkamp, J. J. (2017). Nonsuicidal Self-Injury and Suicidality Among Sexual Minority Youth: Risk Factors and Protective Connectedness Factors. *Academic Pediatrics*, 17(7), 715-722. <https://doi.org.10.1016/j.acap.2016.11.002>

Wagman Borowsky, I., Taliaferro, L. A., McMorris, B. J. (2013). Suicidal Thinking and behavior Among Youth Involved in Verbal and Social Bullying. *Journal of Adolescent Health*, 53(1), S4-S12. <https://doi.org/10.1016/j.jadohealth.2012.10.280>

# Case Studies – Case #1: Martin

- **Demographics:** Martin is a 11-year-old multiracial (Latino and White) male who lives with his father and mother. Martin is in the seventh grade, and he generally gets good grades, but he does need support from tutors to maintain his grades. He does not have an IEP or specific academic supports. Martin is an avid hunter, which is a pastime that he enjoys with this father.
- **Relevant History:** Martin's father, Barry, comes from a family with a history of suicidality. Barry recalls learning about his uncle's death by firearm when he was 9 years-old, which greatly impacted him. Barry's own father had been psychiatrically hospitalized multiple times when Barry was in high school. This made him very close to his mother. The family entered family therapy for multiple years, following the hospitalizations. Barry remains close to his parents, and when Martin was born, he was committed to being an active and engaged father.
- **Parent Reports:** Barry and Caroline, Martin's parents, describe Martin as quiet, yet loving. They claim that he has always been a bit more sensitive than other kids and needs a lot of individual attention from both of them. While they were all quarantined, Martin seemed to do well and maintained his grades without a lot of support. Since going back to school, Martin has been more withdrawn, sullen, and has had difficulties sleeping. He cries more frequently and has talked about hating himself. They also tell you that Martin has had a girlfriend, Camilla, for the past several months, and that the two are close. They believe that she's a good influence on Martin, and they like both Camilla and her family very much.
- **Child Reports:** Martin confirms what his parents have said. He talks about having liked the world better when he was at home and did not have to be too concerned about the kids at school "who are all jerks." He says that school is hard for him and that he has to work 10 times harder than the other kids to get the right grades. Martin discloses that he has been using cannabis and alcohol since going back to school. He is also really worried about his relationship with Camilla because she seems less interested in him, and she has been spending more time with her friends than him.

# Case Studies – Case #1: Martin

- What are the strengths in this situation?
- What are the strengths of the family?
- What are some of the risk factors for suicide?
- Do you recognize any trauma symptoms?
- How would you talk to Martin and his family about your concerns?

# Case Studies – Case #2: Bella

- **Demographics:** Bella is an 12 year-old Asian American female. She is in the eighth grade. She operates at grade level but has a history of needing additional supports to develop her reading skills. Bella lives with her father, Ben, and older brother, Jacob.
- **Relevant History:** Bella's parents divorced when Bella was four years old, and her father assumed responsibility for raising her and her brother. Bella reported being raped by her brother's friend during a sleepover. She immediately reported the assault to her father, and they filed a police report. Both Ben and Jacob were supportive of Bella, believing her story, immediately reporting, and cutting all contact with the perpetrator. As a result, Ben and Jacob are both angry and protective of Bella.
- **Parent Reports:** Ben says that Bella is typically energetic, outgoing, curious, and fun. However, since the rape, she has been more tearful and distant. Ben and Jacob have a hard time getting Bella to join them at dinner or in watching tv. Bella has been going to weekly therapy to address her PTSD symptoms – she is often found “daydreaming” and increasingly withdrawn. She insists on wearing clothes that cover her entire body, even if the weather is hot. She has startle responses when going out to the store and walks almost uncomfortably close to her father when they are out. Bella has had one psychiatric hospitalization 3 months ago after overdosing on pills she found in the home.
- **Child Reports:** Bella seems anxious when she speaks with you. Her eyes constantly dart around the room. When she separated from her father to talk with you, she repeatedly asked him where he was going to be if she needed him. Bella has a hard time telling you about activities she really likes, but that she was really into dance in middle school. When you ask about self-harming behaviors, she shows you her arms, which are covered in cuts that are both healing and fresh.

# Case Studies – Case #2: Bella

- What are the strengths in this situation?
- What are the strengths of the family?
- What are some of the risk factors for suicide?
- Do you recognize any trauma symptoms?
- How would you talk to Bella and her family about your concerns?