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Risk Assessment and Management of Youth with Self-Injurious Thoughts and Behaviours

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Darren Courtney, MD, FRCPC
Assistant Professor, Department of Psychiatry
University of Toronto
Twitter: @DrDCourtney

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Disclosures

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About me:

- Assistant Professor at UofT
- Cundill Scholar – Research Adolescent Depression
- Inpatient work with adolescents: 2009-2017
- Concurrent disorders work: 2014-present
- Run CBT/ DBT groups for outpatients 2017-present

Objectives

(1) Therapeutic approaches to communicating with youth in crisis.

(2) Managing one's own emotional reactions in the context of crisis.

(3) Risk and resiliency assessment

(4) Limits of risk assessments.

(5) Suicidal behaviours and non-suicidal self-injury.

(6) Remote risk management.

(7) Longer-term management of self-injurious thoughts and behaviours

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Communication Approaches

Communication Approaches

- Building rapport and engaging youth is a priority
- **Validation:**

a. Being attentive and listening; also actively asking for details.

b. Restating what the youth has said – mix of your own words and theirs

c. Helping the youth label their emotions.

d. Pointing out the parts that make sense to you - particularly how the quality of their emotion makes sense (even if the intensity of the emotion is too much)

e. Co-formulating what is going on – and why they are experiencing what they are experiencing – putting it into words.

Communication Approaches

Motivational Interviewing:

O: Open ended questions

A: Affirmations

R: Reflective Listening

S: Summaries

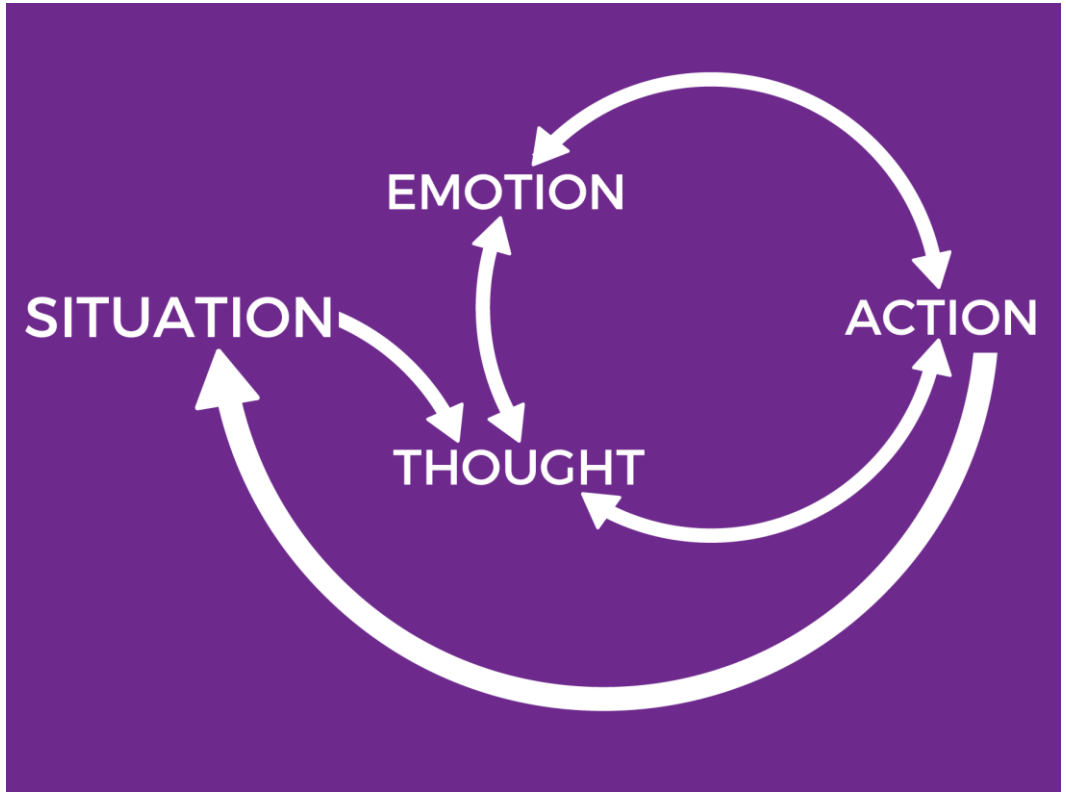
Move client towards change, offer hope:

- "Building a life worth living"
- Engaging in collaborative problem-solving: "what are some options you have in this moment?"

Collaborative Formulation

- Predisposing factors:
  - Genetics
  - Parental Mental Illness
  - Attachment Patterns
  - Neurodevelopmental Issues

- Precipitating
  - Relationship Break-up/ Loss
  - School Stress
  - Family Conflict
  - Public Humiliation
  - Traumatic Experience
  - Identity-Society Conflict



Collaborative Formulation

- Perpetuating
  - Avoidance patterns
  - Substance use
  - Other maladaptive coping
  - Ongoing stressors

- Protective
  - Social connection
  - Sense of purpose
  - Areas of success
  - Spirituality
  - Evidence of resiliency

Communication Approaches

Move client towards change, offer hope:

- “Building a life worth living”
- Engaging in collaborative problem-solving: “what are some options you have in this moment?”

Acceptance and Change together:

“I can see why you’re experiencing life as unbearable in this moment, AND I want to support you in building a life that you feel is worth living"

Note: AND – not BUT

Communication Approaches

Also pay attention your own non-verbals:

- "Marked mirroring":
  - Facial expression/ voice tone/ posture
  - Reflects the quality emotion the youth is having –
  - In a "marked" form (or "regulated" version of the emotion)

Communication Approaches

Look for opportunities to:

- Explore identity outside of psychopathology (e.g. interests, relationships, cultural).

- Highlight ways in which they are coping well. “When you resisted self-harming for 5 minutes – how did you do that? How did you get through those 5 minutes – because it sounds like the urge was really strong?”

Communication Approaches

Managing your own emotional experience.

Prior to your shift:

- Have you slept well?
- Are you hungry?
- Are you thirsty?
- Do you need to use the bathroom?
- Are you feeling rested?
- “Cope ahead”

Communication Approaches

During your shift:

- Notice your own emotional reactions
- Let go of judgments
- Go back to your formulation
- Do one thing at a time
- Consult your colleagues

After your shift:

- Look for healthy ways to unwind
- Eat, sleep, exercise

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Risk and resiliency assessment

Risk and Resiliency Assessment

- Men more likely to die than women; Women more likely to attempt
  - Sex patterns changing in youth

- Across age span: 15 y.o.-elderly

Risk / Resiliency Factors

S (sex) : M > F

A (age): Older youth > Younger youth

D (depression/ hopelessness): Largest modifiable risk

P (previous attempts/ self-harm): Including Non-Suicidal Self-Injury

E (ethanol/ substance use): While intoxicated and chronic use

R (rational thought loss): i.e. Psychosis

S (separated/ divorced/ widowed) Not as relevant for youth

O (organized plan): Including time, place, method - ? Means ?

N (no social supports): Social Isolation

S (sickness): E.g. Chronic physical illness

Risk/ Resiliency Factors

Ask about reasons for living/ resiliency:

- “What keeps you going?”
- “What makes you hopeful?”
- ”Where do you see yourself in 1, 2, 3 years?”– assess for future orientation
- “Who are important people in your life?”
- ”Do you have any religious or spiritual beliefs?”
- “How have you gotten through hard times before?”

Importance of Assessment

Need a structured approach

- Helps orient youth
- Helps orient care provider
- Helps in co-developing a logical treatment and safety plan

Limits of Assessment

Need a structured approach

- Helps orient youth
- Helps orient care provider
- Helps in co-developing a logical treatment and safety plan
  - Target modifiable risk factors

Limits of Assessment

- >10% of youth have had suicidal thoughts and >10% of youth have self-harmed
- ~3-5% of youth have made a suicide attempt
  - Vast majority of these youth never die by suicide on follow-up.
- ~12/100,000 per year; unchanged in Canada for >30 years.
- Best efforts to predict future suicide attempts have not led to accurate ability to predict
- "Positive predictive value" – low for those who were deemed "high risk".
- Need to acknowledge this level of uncertainty in the assessment process.
- NICE guidelines: Do not rely on scales to conduct management plan

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Suicidal Behaviours and Non-Suicidal Self-Injury

Self-Injurious Thoughts and Behaviours

<table>
<tr><td rowspan="8">Self-harm</td><td>"Suicidal Gestures”</td><td></td><td rowspan="3"></td></tr>
<tr><td rowspan="2">Non-suicidal Self-Injury</td><td>Direct</td></tr>
<tr><td>Indirect</td></tr>
<tr><td rowspan="5">Suicidal Behaviour</td><td>Suicide</td><td rowspan="11">"Suicidality"</td></tr>
<tr><td>Suicide Attempt</td></tr>
<tr><td>Interrupted Attempt</td></tr>
<tr><td>Aborted Attempt</td></tr>
<tr><td>Preparatory Act</td></tr>
<tr><td rowspan="7">Thoughts of Self-harm</td><td rowspan="6">Suicidal Ideation</td><td>Active Suicidal Ideation with Specific Plan and Intent</td></tr>
<tr><td>Active SI with Some Intent to Act, without Specific Plan</td></tr>
<tr><td>Active SI with Any Methods without Intent to Act</td></tr>
<tr><td>Non-specific active suicidal thoughts</td></tr>
<tr><td>Wish to be Dead</td></tr>
<tr><td>Thoughts of Non-suicidal Self-injury</td><td></td><td></td></tr>
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Suicide Attempts

- ”Died by suicide” not “Committed suicide”

- Suicide attempt: If any intent to die – even if ambivalent.
  - Assess:
    - Prompting event
    - Number of previous attempts
    - Method and potential lethality
    - Public vs. Private
    - Expectation of death
    - Planning vs. Impulsivity
    - Extent of regret of attempt

Non-Suicidal Self-Injury

- ”Non-suicidal self-injury” (NSSI): Absolutely no intent to die
  - Assess:
    - Age of onset (earlier age, greater risk)
    - Method (greater number of methods, greater risk)
      - Cutting, Head-banging, Burning, Indirect forms
    - Number of times total (>5 times, greater risk) and frequency
    - Function (relief stress/ numbness/ guilt > risk than: external reinforcers)
    - Most recent self-harm event
    - Location of self-injury on the body
    - Public vs. private

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Remote Risk/Resiliency Management

Remote Risk/Resiliency Management

Risk of not seeing the person at all likely > risk than seeing them remotely.

At beginning, collect:

- Geographical location
- Emergency contact
- Are you in a private space? Is a caregiver close by?
- Consent to use virtual care – with its limits of confidentiality

Ensure you are using an encrypted system -

Follow local policies with regards to platforms, documents, procedures.

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Longer-term Risk/Resiliency Management

Societal Changes

- Structural changes:
  - Bridges, Packaging of medications
- Responsible Media:
  - Werther effect vs. Papageno effect
- Gun control laws
- School programs:
  - SEYLE program
- Other considerations:
  - Marginalized populations (eg. LGBTQ+), legalizing gay marriage

Risk Management Strategies

- Depression/ Hopelessness:
  - https://bit.ly/InnovationsInClinicalCare
  - Underlying treatment: Psychotherapy +/- Antidepressants
  - If Bipolar disorder: Lithium
  - Previous Self-harm/Attempt: **Dialectical Behaviour Therapy**
- Ethanol/Substance Use:
  - Addictions treatment

Risk Management Strategies

- Rational Thought Loss (Psychosis):
  - Medications: Clozapine
- Decrease access to means (guns, pills, heights)
- Isolation:
  - Engagement in social networks; including families
- Sickness:
  - Treat underlying condition
  - Comfort measures

Role of Hospitalization

- Hospitalization may play a role for acute risk if:
  - options for intensive treatment like lithium, clozapine or ECT make sense
  - If newly identified as high risk – to further more intensive assessment to set up appropriate outpatient supports.
- Hospitalization may impede progress with chronic risk:
  - Hard to build “a life worth living” in hospital
  - May also reinforce avoidance/ dependency as a maladaptive coping strategy

Thank You

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