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Formally Uplift Family Services

Child & Adolescent Crisis Intervention & 5150 Assessments

Who We Are:

- **Mobile Response Stabilization Services (MRSS):**
  - 24/7 crisis support services over the phone or in person
  - Able to provide 5150 risk assessments, safety planning, and crisis de-escalation by trained clinicians and family specialists

- **Crisis Stabilization Unit (CSU):**
  - 24/7 LPS designated facility staffed by nurses, family specialists, clinicians, and psychiatrists
  - For youth placed on a 5150 hold

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Topics

- **Trends in Youth Suicide**
- **Risk Assessment Overview**
  - 5150/5585
  - Risk Factors, Warning Signs, Protective Factors
  - Self-Injurious Behavior
- **Tips and Tricks for Crisis Intervention with Youth**
  - Building rapport
  - Differences in age groups
  - Caregiver considerations
- **Practicing Together**
  - Assessment
  - Writing holds
- **Resources**

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Trends Nationally and Locally

2019

- Youth and young adults ages 10–24 years account for 14% of all suicides
- Suicide became the second leading cause of death for adoelscents

2021

- 9% of high school students reported attempting suicide during the previous 12 months
- Average number of weekly ER visits for suspected suicide attempts among girls 12-17 years old was 50% higher from February-March 2021

2022

- MRSS hotline averaging 400 calls per month – 100 average in person evaluations
- CSU 100-130 admissions per month

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Risk Assessment Overview

- 5150/ 5585 Criteria
  - Danger to Self
  - Danger to Others
  - Grave Disability
- Risk Factors
- Warning Signs
- Protective Factors

5150/5585 - Danger to Self

- The child is at serious risk to attempt or die by suicide
- The risks of danger to self include :
  - Ideation
  - plans
  - intent
  - preparation
  - means/access

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5150/5585 - Danger to Others

- The child is at **serious risk** to attempt homicide or significant harm to another person
  - Serious risk means potentially lethal
  - Intent to punch or fight another child is not enough to place a child on a hold

- Consider if there is an **Identifiable Target**
  - Specific person/s or Specific group entity identified (i.e. a school)
  - Following Tarasoff procedures

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5150/5585 - Grave Disability

What are they NOT able to do as a result of mental health symptoms?

Not sleeping for several days

Not eating or drinking fluids reasonably enough

Not bathing for a considerable amount of time

Refusing necessary mental or physical health treatment

Not attending school due to level of debilitation

Are behaviors bizarre or out of the ordinary? Determining the person's baseline

Are behaviors getting in the way of having a normal life, even at the <u>lowest standard</u>?

*Note: if youth continually doesn't have access to basic needs or medical care, that might warrant more support with caregivers or potentially a CPS report

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When assessing youth…

Are the thoughts/plans reasonable?

- Do they have access to means?
- Can they actually follow through with the plan?

Capacity for Self-Control

- Is the youth impulsive?
- Current substance use?
- Is there a high level of emotional dysregulation?

Are they trying to fulfill another need?

- Need to be out of the home for a break
- Isolation

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Risk Factors: Biological & Environmental

- Assess for a combination of Risk Factors.
- Note that Risk Factors on their own are NOT enough to justify a hold
- If you are writing a hold, this information might be a relevant addition to the "Historical Course" Section

Warning Signs: Changes in Baseline Functioning

- Assess for a combination of these warning signs
- Generally, the more warning signs, the higher the risk
- If you are writing a hold, be sure to describe these specifically with quotes and examples
  - Instead of "Youth is hopeless", write "Youth says that 'there is no reason to live and nothing will ever get better.'"

Protective Factors

- Having Protective Factors in place doesn't necessarily negate the need for a hold
- However, they do decrease the risk level and can make a safety plan viable!

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Self-Injurious Behavior

"Self-harming"

Intentional, direct injuring of the body without suicidal intent

Can include cutting, burning, skin picking, head-banging behaviors, etc

Presence of self-injurious behavior does not automatically indicate need for a hold

Instead consider:

Function of behavior?

- Distraction or release from emotions
- Emotional expression
- Self-punishment
- Inaccessible or lack of coping skills
- etc

Potential for danger?

- Impulsivity
- Severity and frequency
- Means being used

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Don'ts for Assessing and Rapport

- Don’t judge– don’t have to validate their behaviors, but can validate their feelings
- Don’t blame or guilt for feelings
- Don’t be too “clinical” with your language (ie How do you deal with your stress vs What are your coping strategies?)
- Don’t take things personally
- Don’t immediately go into problem solving
- Don’t immediately try to “cheer them up”

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Do's for Assessing and Rapport

- Talk less and ask more
- Eye level – provide space
- Summarize
- Help them name their feelings but don't speak for them
  - "It sounds like you are feeling very hurt, is that right?"
- Be authentic & empathetic
- Approach with curiosity vs judgment
- Keep it cool – calm tone
- Consult with a supervisor, colleague, or MRSS

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Question asking

- **Direct Language**
  - Use words such as “suicide/kill yourself”, and “self-harm” (for older youth)
- **Close-ended questions** for specific information
  - “Are you thinking about killing yourself?”
  - “Have you tried to end your life before?”
- **Open-ended questions** to understand the bigger picture
  - “Tell me more about what’s going on”
  - “Have you felt like this before?”

Ages 9 and under:

- Concept of permanency of death
- Age-appropriate language or wording
  - “Do you know how you would hurt yourself?”
- Movement
  - Fidget, play with a toy, color/draw
- Get on their level (if safe)
- Observation
- More collaboration and information from parents

Ages 10 and up:

- Let them lead the connection – Listen for what is important to them and validate
- Use their own language
- Avoid judgement and advice giving
- Be genuine, use authentic self
- Be mindful of body language
- Scaling questions
- Specific concrete language around safety

Caregiver(s):

Capacity to manage safety

What we look for:

- Are they taking threats seriously?
- Strong vs challenged relationships
- Open to obtaining support for youth
- Caregiver's own level of crisis and needs

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Determining Risk Level

Low Risk: Safety Plan

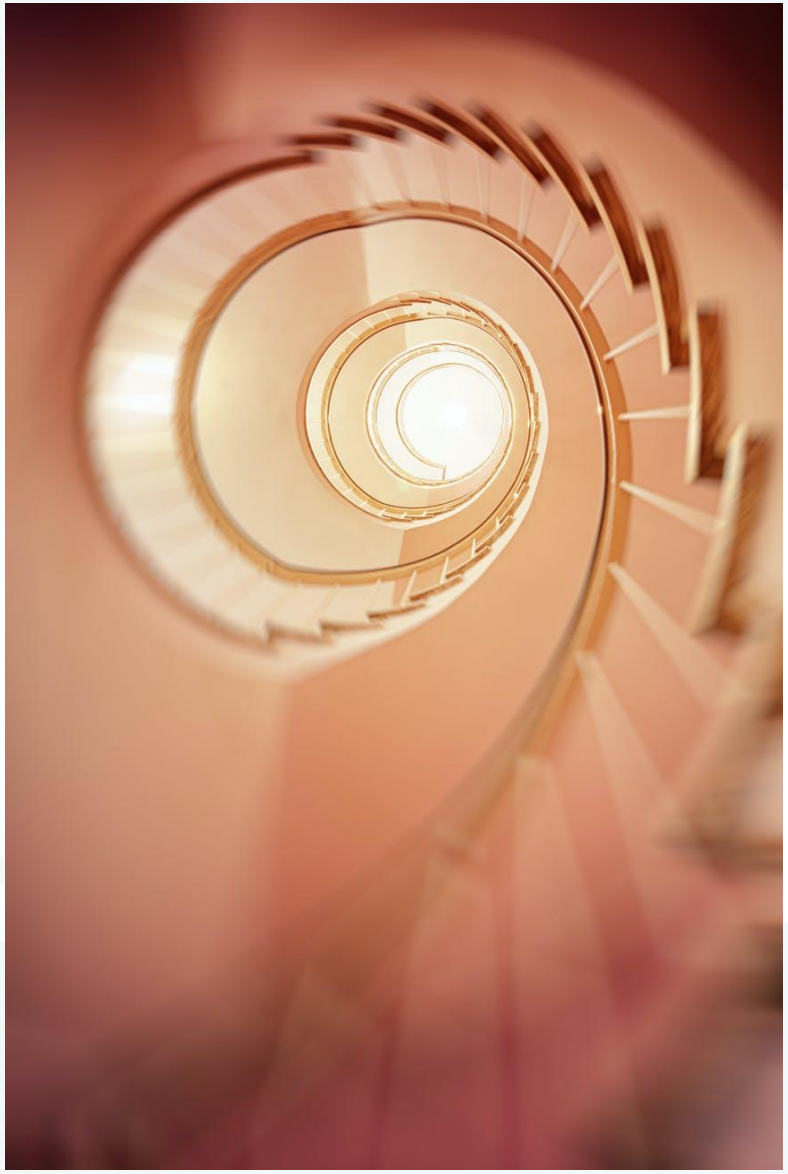
- Might have thoughts of harming self or others
- No plan or intention to follow through on thoughts
- Able to identify various coping tools, hope for future, and support people
- Caregivers are supportive

Moderate Risk: 5150 might be indicated (Mobile Crisis team)

- Identifies a plan but denies any intention/ desire act on thoughts
- Able to identify a few coping tools and support people but does not always access them
- Some conflict between caregivers and youth; support system is unstable

High Risk: 5150 highly indicated (Mobile Crisis team)

- Thoughts, plans, means, and intention of harming self or others
- Impulsive and unable to manage emotions and behaviors
- Does not have many safe coping skills
- No solid support system



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Assessment practice!

Assessment Vignette #1

14 year old male youth has been seeing a therapist for about 4 months for symptoms of depression and difficulty controlling his anger. Youth says that he enjoys going to therapy and trusts his therapist. Youth is a good student with As and Bs and plays on the soccer team at school. He and his parents sometimes argue, but generally they communicate well. At the recommendation of the therapist, mother made an appointment with a psychiatrist to explore medication; his appointment is at the end of the week.

In session, youth tells the therapist that he feels like he "can't deal with anything anymore", he is feeling tired, is having thoughts of suicide, and is thinking about going to the train tracks near his home. He denies having thought of any other plans of suicide. Youth says that he has been struggling with thoughts of suicide for about a year and denies any previous attempts. He says that he has not done anything to harm or kill himself because he does not want to make his family and friends sad and he is scared to die.

Does this youth meet criteria for a hold? Or would a safety plan and referrals be more appropriate? Is there other information you would want to know?

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Assessment Vignette #2

17 year old trans-gender female to male youth just started therapy services after being hospitalized for a week due to a recent suicide attempt (took about 15 ibuprofen). Youth reports that he has a few very close friends at school and online, but generally likes to keep to himself. Youth lives with his single father who is trying to be supportive but struggles to understand how to respond to youth's mental health needs. Youth says that he knows his dad is trying, but "dad just doesn't get me."

In the second session, the therapist notices large scabs down the youth's arms. Youth says that the cat scratched him and covers up his arms. He tells the therapist that he has not been sleeping more than a few hours each night due to racing thoughts about being bullied at school. The therapist assesses for risk of suicide. Youth says that he has thought of different plans to kill himself such as overdosing, cutting his wrists, or suffocation. Youth reports that "I wish I had taken more ibuprofen pills last time." Youth reports that his father hid the medication in the home, which is why he has "back up plans" if he can't find any pills. Youth says that he has not attempted in the past couple of weeks since he does not want his friend to also kill herself (this friend also struggles with suicidal ideation). However, he isn't sure if he can hold off anymore.

Does this youth meet criteria for a hold? Or would a safety plan and referrals be more appropriate? Is there other information you would want to know?

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Writing the 5150

Do's & Don'ts when Writing a Hold

Avoid Vagueness: Instead of…	Specify:
"Youth is impulsive."	**Use specific examples of unsafe behaviors:** "Youth punched mom 3 times in the chest, broke the TV, broke a picture frame, and threw the shards of glass at her mom."
"Youth threatened to hurt his mom."	**Explain specific threats made:** "Youth told writer that he has guns and knives at home and said he wants to kill his mom tonight."
"Youth made threats to hurt herself and parent doesn't feel like they can keep youth safe."	"Youth said "I'm going to do something to hurt myself today when I get home but I'm not going to tell anyone about it." Parents said that youth has been hiding razor blades and pills and refuses to tell them where they are."
"Youth was standing on the roof, and refusing to come down."	**Be specific about how the behavior is an imminent safety concern:** "Youth threatened to jump of the roof of the second story if anyone came near him. Youth is refusing to come down off the roof, is yelling and crying, and saying "life sucks and no one cares."
"Youth said she wants to run away. Youth said she does not want to see her parents again."	Youth wrote a goodbye letter talking about ending her life. Youth threatened to run away to kill herself and said "I don't want to live anymore."

Do's & Don'ts when Writing a Hold

Avoid Clinical Language: **Instead of…**	**Specify:** **Write…**
1. "Auditory hallucinations"	1. Youth said "I hear voices telling me to kill myself."
2. "Youth is delusional and homicidal."	2. Youth said she is worried that another youth is going to kill her and says she "must kill him first."
3. "Youth is gravely disabled."	3. Youth has not showered or eaten in the past 3 days, refuses to leave the house, and stays up all night pacing around talking to himself.
4. "Youth could not contract for safety."	4. Youth said she wants to overdose or jump off of the overpass. Youth stated "I don't know" when asked about her ability to keep herself safe.
5. "Youth has major depressive disorder."	5. *Include information about diagnosis in Historical Course Section*

The above person's condition was called to my attention under the following circumstances:

Briefly describe who alerted you to the situation and how; include initial information they shared that necessitated an evaluation.

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself/ herself, or gravely disabled because: (state specific facts):

This needs to be very clear, concise, and present-focused. Focus on what the youth is saying and doing that is unsafe. Use quotes if possible. Can think of this as the "Red Flag/Warning Sign" section. Try to avoid too much clinical language (ie instead of "youth has auditory hallucinations" state that "youth says that he hears voices telling him to kill himself" OR instead of "youth not contracting for safety" write "youth repeatedly states she will attempt to kill herself and cannot stop herself").

Historical course of the person's mental disorder:

☐ I have considered the historical course of the person's mental disorder

Can think of this section as highlighting risk factors that were assessed for. Might include mental health hx info, diagnosis, family mental health hx, past attempts, past 5150 holds

☐ No reasonable bearing on determination

☐ No information available because: _____

5150 Vignette #1

Parents called 911 due to their 15 year old son getting into a verbal altercation with dad over screen time usage. Parents reported that youth has been struggling with depression for the past 2 years and often has explosive outbursts. Youth at the end of the verbal altercation stated, "I'm out of here." Youth then ran from his home to the highway 87 over pass. The police arrived shortly after youth arrived at the 87 overpass. The police asked the youth to step away from the edge of the over pass and youth states, "I want to die, I'm so overwhelmed, I'm going to jump." Police were able to get youth to come away from the edge of the over pass and into a police car. Youth continued to state that he "does not see the point in living" and wants to die. . The police decide to write a 5150 hold and bring to the nearest LPS designated facility.

What should be written on the hold? And in which sections?

Vignette #1 Continued

- ❑Type of 5150 Hold: Danger to Self

- ❑"Called to my attention.." Section:
  - "Parents called 911 due to concerns about youth running from the home after an argument."

- ❑"Probable Cause" Section:
  - "Youth ran from his home and was standing on edge of a highway overpass stating, "I want to die, I'm so overwhelmed I'm going to jump." Youth stated "I do not see the point in living" and told the police officers that "they should just shoot me.""

- ❑"Historical Course" Section:
  - "Parents report that youth has depression and a history of difficulty controlling emotions. They report that youth is often impulsive."

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Writing a Hold Vignette #2

During school, a 13 year old youth wrote on a piece of paper that she wanted to stab another student who made her angry. Teacher alerted the school counselor who met with youth. Youth told the school counselor that she was hearing a voice telling her to hurt others. School counselor called mobile crisis team to come out to the school. Youth told the crisis clinician that she "feels angry all the time" and when she is really angry, she "hears a loud voice that tells me to attack other people." Youth told the crisis clinician that the voice tells her which people are bad and the voice told her that this other student is "bad and has to suffer." Throughout the crisis assessment, youth was clenching her fists and her teeth and pounding her fists on the table. When the crisis clinician met with parents, they shared that they have been checking youth's backpack every day, since she once brought a knife to school. School staff then checked youth's backpack and she had a pair of scissors hidden in one of the pockets. When asked, youth said she was going to follow the other student after school to hurt her. Parents reported that youth has made threats against siblings in the past and was hospitalized twice in the past year. Crisis clinician consults with his supervisor and determines that a 5150 hold is appropriate.

What should he put on the hold and in which sections?

5150 Vignette #2

- Type of 5150 Hold: Danger to Others

- 'Called to my attention.." Section:
  - "School counselor contacted crisis team due to comments that youth made about wanting to stab another student and hearing voices."

- Probable Cause Section:
  - "Youth stated that when she is angry, she "hears a loud voice that tells me to attack other people." Youth hid a pair of scissors in her backpack after her parents checked it this morning, and said she was going to follow the other student after school to hurt her. Youth stated that the voices told her that this other student "is bad and has to suffer.""

- "Historical Course" Section:
  - "School counselor reports that youth has a history of aggressive behavior at school that has been worsening over the past 2 months. Parents report that youth has been on a 5150 hold 2 times in the past year due to her threats to hurt her younger siblings."

Mobile Response Stabilization Service (MRSS)

24/7 Line: 408-379-9085

Ages 20 and younger

- **For persons ages 20 and under experiencing a mental health crisis in Santa Clara County**
- **Can be called by any community member**
  - Counselors, Parents, Doctors, Law Enforcement, etc
- **Free & Confidential Phone and In-Person Crisis Support**
- **De-escalation support**
  - Safety Risk Assessment, Caregiver Coaching, Behavioral Support, Referrals, Linkage & Care Coordination, and 5150 holds if needed

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Crisis Stabilization Unit (CSU)

(408)364-4083

251 Llewellyn Ave Suite F
Campbell, CA 95008

Ages 17 and under

- **LPS/ Locked care facility with 24/7 supervision**
- **Hospital diversion program for youth's 17 and under who are on a 5150 hold**
- **Does bill through insurance**
- **Up to 12 youths at a time**
- **Goal of stabilization within the 24 hours time**
  - Can then safety plan or transition to inpatient facility
- **Team: Psychiatrist, Clinicians, Family Specialists, and Nurses**

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Community Resources

Pacific Clinics – Crisis Stabilization Unit
12 bed – Hospital Diversion Program
251 Llewellyn Ave, Bldg. F, Campbell, CA 95008
(408) 364-4083

Pacific Clinics– 24/7 Mobile Response Stabilization Service
(408) 379-9085

Bill Wilson Center - Safety Net Shelter
3490 The Alameda, Santa Clara, CA 95050
(408) 243-0222

Santa Clara County Mental Health Line
Monday through Friday 24/7
1 (800) 704-0900
Press 1 for Crisis Hotline
Press 2 for Adult Mobile Crisis
Press 4 to make a referral

YWCA Sexual Assault Crisis Hotline
(800) 572-2782

Emergency Psychiatric Services (EPS)
871 Enborg Lane, San Jose, CA 95128
(408) 885-6100

S.A.F.E. Alternatives (Self-Abuse Finally Ends)
Organization dedicated to helping people who self-harm, with a U.S. helpline
1 (800)366-8288 (S.A.F.E. Alternatives)

Mental Health Advocacy Project (MHAP)
Free legal help for mental health patient rights
(408) 294-9730
1 (800) 248-MHAP

Safe Chat – Crisis Text Support
Text any word to 741741 & then opt in by typing "HELLO" or "START"

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