Welcome!

- Who are your trainers?
  - Joan Asarnow, Ph.D.
  - David Goldston, Ph.D.
  - Angela M. Tunno, Ph.D.
  - Adrienne Banny, Ph.D.

Introduction Activity

- Take a few moments to get to know others at your table
  - Name
  - Agency
  - Role
  - What you want to get from today's training
- Select a representative at your table to share what your group wants to get from today's training

Today's Agenda

- Introduction and Orientation
- Overview of FISP
- Youth FISP Components (and Videotapes)
- Role Playing
- Parent and Family FISP Components (and Videotapes)
- Break
- Role Playing
- Care Linkage and Final Questions

Goals for the Day

- Become more knowledgeable of the goals and content of the Family Intervention for Suicide Prevention (FISP).
- Learn how the FISP is similar to, and differs from other approaches used in working with youths with suicide risk.
- Learn how the FISP can be used both as a behavioral assessment and as a method of crisis stabilization.

Goals for the Day

- Learn about considerations for clinicians working with youths with trauma experiences who are suicidal.
- Become more familiar with considerations for clinicians in working with youths with co-occurring substance use and suicide risk.
Through a Trauma Lens...

- **Trauma Lens Boxes** – throughout manual to highlight areas when a trauma-informed approach could be considered
  - **Purpose**: 1) Promote Psychological Safety and 2) Resist Potential Re-Traumatization
- **Trauma Preface Document** – to be used in conjunction with the manual
  - **Purpose**: Includes important considerations when working with youth exposed to trauma

Taking Care of Yourself

- We also want to **promote psychological safety** for our trainings.
- Make sure to **monitor your own emotional responses** during the training and do what you need in order to take care of yourself (e.g., take a break).
- **Remember**: We need to take care of ourselves to provide care to others

UCLA-Duke Center for Trauma-Informed Adolescent Suicide, Self-Harm & Substance Abuse Treatment & Prevention (ASAP)

**Mission**: To raise the standard of care and improve access to evidence-based services for suicide, self-harm, and substance abuse prevention among traumatized children, their families and communities throughout the United States.

Introduction to the FISP

- Consider the Problem: Suicide, Suicidal Behavior & Self-Harm
- Care Process
- The Family Intervention for Suicide Prevention (FISP)
  - Goals
  - Effectiveness
  - Overview

Suicide is the Second Leading Cause of Death in Adolescents & Young Adults

<table>
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<th>Rank</th>
<th>10-14 years</th>
<th>15-19 years</th>
<th>20-24 years</th>
<th>25-29 years</th>
<th>30-34 years</th>
<th>35-39 years</th>
<th>40-44 years</th>
<th>45-49 years</th>
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<tr>
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<td>7</td>
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</table>

Suicide Kills More Youths Than Other Major Medical Illnesses

- **Suicide**: 4,878
- **Cancer**: 1,496
- **Cardiovascular**: 1,170
- **HIV/AIDS**: 109

*Source: CDC WISQARS 2015 Data*
Suicide Rates Increase During Adolescence

George
16 year old boy presents to ED by ambulance, after parents found boy hanging from rope in closet. Father cut him down. Boy non-responsive. Parents reported no signs of increased risk prior to the attempt and were shocked by suicide attempt. Boy had history of depression and social anxiety. About 3 months prior to attempt, antidepressant medications discontinued due to determination that response had been adequate. Discontinued psychotherapy 1 month prior to the attempt based on consensus that boy’s symptoms had improved significantly. School started the week of the attempt, otherwise no significant changes reported. Boy had history of limited friendships and peer connections. Academic functioning was good, mostly As and Bs.

How Suicides & Suicide Attempts Occur

Care Process FISP: Suicide & Self-Harm Risk
Care Process Model - Continued

| Determine Level of Care Needed | Outpatient | Inpatient |

Emergency/Acute Care FISP: Goals of Therapeutic Assessment

1. Behavioral Assessment of imminent risk
2. Therapeutic components
3. Aims:
   - Improve linkage to outpatient treatment
   - Increase safety
   - Increase protective processes: family support, protection
   - Reduce access to lethal means, protective monitoring
   - Increase hope, improve youth emotion regulation, distress tolerance, ability to get through unbearable pain/problems

Where does FISP fit in care process model?

- Goals are evaluation / short-term stabilization and linkage to treatment
- Not all youths presenting with SI or SH need to be hospitalized or sent to the ED for evaluation
- FISP provides a behavioral assessment/evaluation of whether youth needs to be referred to the ED because of imminent risk of suicidal behavior
- FISP is more than standard safety planning
- FISP involves dragging out skills to promote:
  - Reasons for living
  - Family support and protection
  - Enhanced skills for emotion regulation and distress tolerance
- Treatment adherence is a major problem, roughly half of youths presenting for emergency care of suicidal episodes never attend any follow-up sessions, more receive inadequate treatment dose
- The brief FISP has demonstrated efficacy for improving linkage to and continuity of care. (Objective 8.4, National Strategy for Suicide Prevention)

The Evidence: Improved Continuity of Care & Decreased Suicide Attempt Risk *

FISP: Greater linkage/continuity of care vs. TAU

SAFETY: Higher probability of survival without a suicide attempt for youths randomized to SAFETY vs. Enhanced-TAU

FISP: Behavioral Assessment of Risk

“Drag Out” Behaviors Incompatible with Suicide/SH

- Strengthen hope, reasons for living, pull for strengths
  - Try to elicit ≥ 3 strengths youth recognizes in him/herself
  - Try to elicit ≥ 3 strengths regarding youth from family member/other
- Build Protective Support
  - Try to elicit ≥ 3 strengths in family from youth and parents/caregivers
- Increase supportive/protective family interactions
- Change the session rhythm

SHELTERS: ADOLESCENT RUNAWAYS
FEWER SUICIDE ATTEMPTS AFTER IMPLEMENTING TRIAGE MODEL BASED ON EMERGENCY INTERVENTION

Suicide Attempts

Pre | Post
---|---
9 | 2

**FISP: “Drag Out” Behaviors Incompatible with Suicide/SH**

- Able to identify high-risk situations, prompting events for suicide and self-harm urges*
  - Offer emotional thermometer as tool for identifying situations associated with elevated risk, and works to regulate emotions/triggers that precede suicidal episodes.
- Youth able to engage in safety planning process*
  - Identify skills (behaviors, thoughts, people they can go to) and develop a safety plan/plan of action for responding safely to suicide/self-harm prompting situations. SA reframed as maladaptive attempt at “coping.” In session practice using safety plan.
- Youth able to identify ≥ 3 individuals who can serve as emergency social supports*
  - Family, friends, professional support persons*
- Youth committed to no suicide/self-harm until at least next session*
  - Commits to safety
- Restrict access to lethal methods
- Counsel regarding dangers of disinhibition from substance use
- Motivate and link to treatment

**Therapeutic Relationship is Necessary Condition for Effective Intervention**

**THERAPEUTIC RELATIONSHIP:**

- Therapist as understanding and validating “coach”
- Build relationship based on collaborative empiricism
- Enlist active involvement of youth
- Emphasize importance of youth and caregivers’ efforts and actions in changing his/her situation
- Mobilize hope and protective processes

**Opportunities for Acute Intervention**

- Emergency Departments & Urgent Care
- Outpatient Clinical Care When Suicide/Self-Harm Risk is Concern (Acute or Monitoring)
- Primary Care (Integrated Pediatric Behavioral Care)
- School Based Health Clinics
- Other Settings where Acute Interventions are Needed to Address Risk and Safety Concerns, Provide Stabilization, and Facilitate Referral for Aftercare

**How Does the FISP Differ from Other Safety Planning Approaches?**

- Focus on Strengths and Resilience
- Developmentally Appropriate
- Focus on Family Support
- Use of Mood Thermometer as Adjunct to Safety Planning
- Care Linkage
General Therapeutic Stance for Working with Suicidal Youth

• Offer hope
• Get to know the client and hear his/her story
• Don't assume that because someone is highly suicidal when you first meet them that they can't ultimately come up with an effective plan to stay safe
• It's appropriate to be concerned; however, try to remain calm and grounded and empathetic
• The client may be feeling “out of control,” particularly if acutely suicidal; our goal is to try to empower them to collaborate in a plan for remaining safe

FISP Overview of Components

Take a moment to open your FISP Manual...

• Family Together (pg. 8)
• Individual Youth Session (pg. 9)
• Parent/SO Session (pg. 19)
• Family Together (pg. 23)
• Session Checklist available on pg. 39

Individual Session with Youth

Individual Youth Session Components

• Youth Strengths (pg. 10)
• Family Strengths
• Feeling Thermometer
• Safety Action Plan for Coping
• Safe Settings

“Drag Out” Behaviors Incompatible with Suicide/SH

Strengthen Hope, Reasons for Living, Pull for Strengths

• ≥ 3 strengths youth recognizes in him/herself
• ≥ 3 strengths youth recognizes in family member/other

Change the Session Rhythm

Case Summary

• Brie, a 17-year-old biracial (Caucasian & Hispanic) female, was recently seen in the emergency department (ED) for a suicide attempt. After ED discharge, Brie presents for outpatient appointment with her mother, Pamela. Parents are divorced and Brie’s father is not an active participant in her life.

• Brie attempted suicide by overdose on the one-year anniversary of her best friend’s death. Brie was upset and having suicidal thoughts when she got home from school. Her mother was at work, so Brie was home alone. Youth came across some medication in the bathroom and took it impulsively in a moment of despair. After she took the pills, youth began feeling sick and called her mother. Pamela immediately took Brie to the ED. Brie received an IV and was monitored for a few hours before being discharged. As youth expressed remorse and denied any ongoing SI, she was deemed safe to return home under mother’s care. A follow-up appointment was made with on the following day.
Reflection: Eliciting Strengths from Youth

- What strengths did the youth volunteer about herself and her family?
- What did you notice about how Dr. Asarnow pulled for unmentioned strengths?
- Any other strengths you noticed?

Individual Youth Session Components

- Youth Strengths (pg. 10)
- Family Strengths (pg. 10)
- Feeling Thermometer
- Safety Action Plan for Coping
- Safe Settings

“Drag Out” Behaviors Incompatible with Suicide/SH

Build Protective Support

- ≥ 3 strengths in family from youth and caregiver

Change the Session Rhythm

Individual Youth Session Components

- Youth Strengths
- Family Strengths
- Feeling Thermometer (Handout, pg. 26 & 27)
- Safety Action Plan for Coping
- Safe Settings

FISP Feeling Thermometer: “Tool” to Understand and Describe Emotional States/Reactions

- Identify different emotional states and associated: “body signs”, thoughts, and behaviors
- Identify danger zone (i.e., situations likely to trigger suicidal or self-harm urges) and patterns of emotional escalation
- Set foundation for developing emotion regulation strategies
Feeling Thermometer

<table>
<thead>
<tr>
<th>Mood Rating</th>
<th>Situations</th>
<th>Reactions (Thoughts,Feelings,Behaviors,Bodily Sensations)</th>
</tr>
</thead>
</table>
| 10          | Break-up with boyfriend | **Thoughts:** “I’ll never get another boyfriend,” “I’m worthless”  
**Feelings:** Anger, sadness, shame  
**Behaviors:** Cry, suicide attempt  
**Body sensations:** Hot, flushed face, fatigue |
| 7           | Doing poorly in school  | **Thoughts:** “I’m stupid,” “I am a loser”  
**Feelings:** Sadness, embarrassment  
**Behaviors:** Stay in my room, give up  
**Body sensations:** Body feels heavy, tired |
| 5           | Nothing to do         | **Thoughts:** “I’m bored”  
**Feelings:** Feeling neutral, restless  
**Behaviors:** Watch television, call friends or boyfriend  
**Body sensations:** No noticeable body sensations |
| 0           | Spending time with friends | **Thoughts:** “This is fun”  
**Feelings:** Happy, content  
**Behaviors:** Laughing, talking with friends, activities like movies, shopping  
**Body sensations:** Lot of energy, feeling light |

Exploring Different Emotional Temperatures with Youth

*Please have your feeling thermometer handout in front of you while we watch Dr. Asarnow demonstrate in the video....

Takeaway Points on Feeling Thermometer

- Emotions can be intense, painful, and unbearable for our kids
- Tool to assist students in understanding and regulating emotional responses
- Tool to interrupt escalating emotional reactions and shift the focus to strategies for down-regulating emotions vs. a rigid focus on the stress and problem situations that prompt suicidal impulses

Individual Youth Session Components

- Youth Strengths
- Family Strengths
- Feeling Thermometer
- Safety Action Plan for Coping (Handout, pgs. 28-29)
- Safe Settings
FISP Safety Action Plan for Coping

• Youth generates list of coping strategies to manage suicidal and self-harm impulses
• Includes:
  – Action and Behaviors
  – Thoughts
  – Strategies for reaching out to supportive individuals for support and/or protection
• Build hope and empower the youth by showing the youth ways of coping other than self-harm

Plan for Coping with Prompting Events

<table>
<thead>
<tr>
<th>Situation</th>
<th>Plan</th>
</tr>
</thead>
</table>
| Someone mentions your friend while you are in the cafeteria on the anniversary of the accident | • Take deep, calming breaths  
  • Find Susan or Bob who are good friends  
  • Go to Mr. Smith (i.e., trusted English teacher)  
  • Try to focus on my classwork  
  • Pull out my coping card of helpful thoughts |

Ways to Elicit Helpful Thoughts: Coping Card

• Unhelpful Thought:
  – “I can’t stand to feel this awful. The pain is too much. I need to escape.”
• Feeling:
  – Depressed, Hopeless
• Helpful Thoughts:
  1. “Take it one day at a time.”
  2. “It is tough, and I can try to tough it out.”
  3. “If it is really bad, I can see about making a change.”
  4. “There are lots of things I want to do in life.”
• If you cannot control the impulse to hurt yourself, call XXX or 911.

Eliciting Support

Who are the three people you will call if you are feeling like hurting yourself? Who do you feel comfortable calling?

1.

2.

3.

If you cannot control the impulse to hurt yourself call XXX or 911.

Youth is Given Safety Plan Card with Coping Strategies and Emergency Contacts

<table>
<thead>
<tr>
<th>SAFETY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below is a list of things I can do to keep myself safe if I am thinking about hurting myself.</td>
</tr>
</tbody>
</table>
| 1.  
  2.  
  3.  
  4.  
  5.  
  6. |
| If you are in immediate danger of hurting yourself, please go to the nearest Emergency Room or call 911. |
Resources

• National Suicide Prevention Lifeline: 1-800-273-8255
• Crisis text line: Text HOME to 741741
• MY3 Support Network App

Trouble Shoot Barriers & Practice

• What might get in the way of using the Safety Plan?
• Can we cope ahead and create a plan for addressing barriers to safety?

PRACTICE!

Commitment to Safety

• Work with youth to commit to using safety plan for a specified period of time.
• Take what you can get.
• If youth is unsafe - Assess need for stepped-up care/hospitalization.

Optional Component to Enhance Motivation of Youth: Pros & Cons

<table>
<thead>
<tr>
<th></th>
<th>Pros</th>
<th>Cons</th>
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</thead>
<tbody>
<tr>
<td>Death:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acting on Urge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life:</td>
<td></td>
<td></td>
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<tr>
<td>Resisting Urge</td>
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</tbody>
</table>

Optional Component: Hope Box

• Hope Box can include
  – Reminders of reasons for living
  – Reminders of coping activities
  – Reminders of coping thoughts
  – Contact information for supports

FISP Safety Planning Demonstration

Please have your Personal Plan Handout in front of you while watching Dr. Asarnow demonstrate…
Individual Youth Session Components

- Youth Strengths
- Family Strengths
- Feeling Thermometer
- Safety Action Plan for Coping
- Safe Settings (pg. 18)

Safe Settings

- Means restriction
- Counsel on disinhibiting effects of alcohol and drugs

Commitment

- Assess commitment to using safety plan (e.g., How likely is it that you will . . . ?)
- Problem-solve how to remove barriers to using the safety plan or increase commitment with the youth

Individual Session with Caregiver/SO

Parent/SO Session Components

- Orientation & Agenda Setting
- Strategies for Ensuring Safe Settings (pg. 20; SAFE Settings Checklist, pg. 35)
- Youth & Family Strengths
Enhance Protection

- Importance of protective monitoring
- Counsel about disinhibiting effects of substance use

Means Restriction Education for Parents

- Core Components:
  - Parent(s) informed that youth is at risk for suicide
  - Parent(s) informed that risk can be reduced by restricting access to lethal means
  - Education and problem-solving regarding how to restrict access to lethal means

Means Restriction: Parents Informed That Youth is At Risk for Suicide

- Youth with Depression, Past Suicidal Ideation or Self-Harm = Higher Risk
- Better To Be Safe Than Sorry
- Rates of Suicide Deaths/Attempts When Guns and Ammunition Available
- Things You Can Do To Make A Difference:
  - Increase protective support
  - Restrict access to dangerous self-harm methods

Educate Parents: Restricting Access to Lethal Means Reduces Risk

- Parents 3x more likely to act when educated
- Lethal means available = greater danger
- Means restriction saves lives
- Puts “time” between lethal “urge” and ability to act on “urge”
  - Kids can change their minds
  - Protective influence may arrive
- Need to check and continue to check – may think lethal means (e.g., medicine, guns) are safely stored/eliminated, but they may still be accessible

How to Restrict Access to Lethal Weapons

- Handgun locking and storage devices can be purchased where guns or firearm accessories are sold: www.lokitup.org
  - Assessment, Lock Box, Eliminate Access

Restricting Access to Lethal Means Demonstration

Please refer to your Safe Settings Checklist (pg. 35) while watching the demonstration with the primary caregiver...

Questions for Discussion

- What lethal/dangerous means were discussed?
- How would you continue this conversation? What more do you need to discuss?
Family Centered Safety Planning

- Increasing family support & positive interaction
  - Youth & Family Strengths
  - Review Safety Plan (i.e., Personal Plan)
  - Commitment to Use Safety Plan & Support Youth Using Plan
- Establish Commitment to Treatment
- Schedule Next Session

Family Together

FISP: Care Linkage Contacts

- Motivate Care Linkage = Motivational Interviewing
- Address Barriers to Follow-Up Treatment
  - Referrals, Problem-Solving, Cognitive and Personal Barriers (e.g., stigma)
  - Ideas of what barriers some of your students might have to continue with treatment?

From: Emergency Room Intervention for Adolescent Females: http://nrepp.samhsa.gov/

Remaining Questions