

Reach Out 4 Teens Protocol – Suicide/Self-Harm Risk for DCM Intervention Interviews (Clinician)

Whenever suicidal thoughts are reported to the Depression Care Manager they must be taken seriously. This protocol was designed to assess patient's safety and create an appropriate triage and notification system.

1. A teen may spontaneously report suicidal ideation or it may be reported when the DCM administers the PHQ-9
2. If a participant reports suicidal thoughts, a response is legally required.
3. The Depression Care Managers (DCM) are clinicians.
4. The PHQ 9 is administered at each intervention visit. If teen indicates thoughts of self-harm, risk may be re-assessed by the DCM each visit.
5. Self-harm protocol ("Self harm Risk – Clinical Assessment Form") is activated if intervention teen reports new or significant worsening concerns (an increase in PHQ9 question 9 score to 2 or higher, or new discussion of plan or intent). Clinical judgment is used to determine if the protocol needs to be activated.

Information provided prior to interview:

During the baseline session the DCM will relate to both the parent and the teen that all information collected during interviews will be kept confidential as provided by law. But, if we believe that the participant is at risk for harming him or herself, we are legally obligated to try to get help including notifying the parent. We also are required by law to get help for if there is any report of sexual or physical abuse.

CONSENT FORM – (PART 1 AND PART 2)

State law says we must report if we learn of abusive behavior towards a child or if people say they are going to hurt themselves or someone else.

**SELF HARM RISK - DCM INTERVENTION PARTICIPANT ASSESSMENT FORM
FOR SUICIDALITY REPORTS DURING CLINICAL INTERVIEW INTERACTIONS**
PLEASE DO NOT RECORD PHI (NAME, CONSUMER #, ADDRESS, ETC)

Study ID: _____ DCM Initials _____ Date: _____

ENDORSEMENT:

PHQ-9 “Thoughts that you would be better off dead or thoughts of hurting yourself in some way

- Several Days (1)
 More than half the days (2)
 Nearly Everyday (3)

Comment from Child: _____

1: “How much do these thoughts of suicide interfere with you daily life, for example with school work, having fun, or doing things with your friends?”

- Not at All
 Slightly
 Moderately
 Extremely

2: “Have you ever thought about how you would try to end your life?”

- Yes
 No

3: “Have you ever made a suicide attempt?”

- Yes [GO TO QUESTION 3A]
 No [GO TO QUESTION 4]

3a: “What did you do?” “How did you try to end your life?” “When was this?”

4: “Are you thinking lately about how you would try to end your life?”

- Yes [GO TO QUESTION 5a]
 No [GO TO QUESTION 6]

4a: “When/timeframe?” “What was going on?”

4b: “What would you do?” (is plan formalized and potentially lethal?)

4c: “What do you think would happen to you if you [METHOD USING THEIR WORDS]

4d: “How hard would it be for you to get the [MODE OF KILLING SELF]?”

5: “How worried should I be about you right now-that you will try to end your life?”

- Not at All
 Slightly
 Moderately
 Extremely

6: “Is there someone you are talking to about these feelings?” [PROBE FOR ADULT]

- YES _____ (*no PHI, just Mom, Dad, teacher, etc*)
 NO

8: “Are you talking with your primary care doctor or other professional about these thoughts?”

- YES - Provider’s Name: _____, Date of Last Contact: _____
 NO

CLINICIAN RATING

STEP 1: Rate your perception of the child’s suicide thoughts.

- Not at All Serious
 Somewhat Serious
 Moderately Serious
 Very Serious

Criteria for rating Suicidal Ideation:

- Wish to die (wants changes vs. wants to die)
- Frequency of thoughts (rare to persistent)
- Control of suicidal ideation (controlled vs. uncontrolled)
- Disturbance from suicidal ideation (none vs. disturbed)

STEP 2: Rate your perception of the seriousness of the plan and the lethality of the method.

The child’s plan is:

- Current
 Past
 Both
 No Plan

Criteria for rating Contemplation/Planning:

- Specificity of the plan (none vs. detailed/well formulated)
- Expects to attempt; history in last 24 hours
- Availability/access to method (not at all vs. readily available)
- Lethality of method (low to high probability of intent and certain death)

The child’s plan is:

- Not at All Serious
 Somewhat Serious
 Moderately Serious
 Very Serious
 Insufficient information to rate

STEP 3: Level of risk felt to be:

- Low** – participant has no immediate plan to kill his/herself or completely denies current suicidal thoughts, has few risk factors, and has good physical and psychosocial characteristics (e.g., good physical health, competent support system, positive self-image)
- Moderate** - participant has no immediate plan to kill his/herself, but has several chronic or historical risk factors (e.g., prior suicide attempts, depressive disorder, substance abuse) or acute physical and/or psychosocial stressors (e.g., poor health, lack of support system, poor problem solving skills)
- High** – participant plans to kill his/herself in the immediate future, recently attempted suicide with lethal means, AND clinician impression of carrying out suicide intent is strong due to 1 or more high-risk factors (e.g., severity of depression, active substance abuse).

STEP 4: Follow up Plan

Low Risk

1. Discuss with supervisor at next team meeting.
2. Re-assess at next visit.
3. Provide additional resources

Moderate risk (regardless of PHQ-9 score)

1. Discuss with supervisor or on-call study clinician within 24 hours to devise plan for teen addressing any risk factors.
2. Notify PCP and parent
3. Have patient establish safety plan
4. Re-assess no later than one week.

High risk (regardless of PHQ-9 score)

1. Contact supervisor or on-call study clinician within 2 hours
2. Make a plan for emergent evaluation in clinic, ER or crisis team
3. Notify PCP and Parent
4. Follow-up via phone within 24 hrs to discuss outcome of emergency evaluation and assist with further needs

Emergency Numbers:

King County Crisis Line (24 hours)	1-866-427-4747
Teen Link Help Line (6-10pm daily)	1-866-833-6546

Non-Emergency Group Health Numbers:

Consulting Nurse (24 hours)	1-800-297-6877
Behavioral Health (business hours)	1-888-287-2680

“If you call this number, then a receptionist will answer the phone and ask for your Group Health consumer number (they can look this up if you don’t know it). You may be put on hold.”

STEP 8. COMMENTS/ADDITIONAL INFORMATION

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STEP 9: OUTCOMES/ACTION PLAN

start typing here

Assessment completed by _____ Date (mm/dd/yyyy): _____

If appropriate:

Discussed with PCP YES NO

Date: ____/____/____

Discussed with Parent YES NO

(Mother, father, guardian, no name) _____ Date: ____/____/____

[ROAD Study Self Harm Report Form](#) completed and returned to **the GHRI Project Manager via e-mail: Lisa Ross, ross.l@ghc.org Phone: (206) 287-2929**