Levels of Care: Evaluating Risk Criteria for Adolescents

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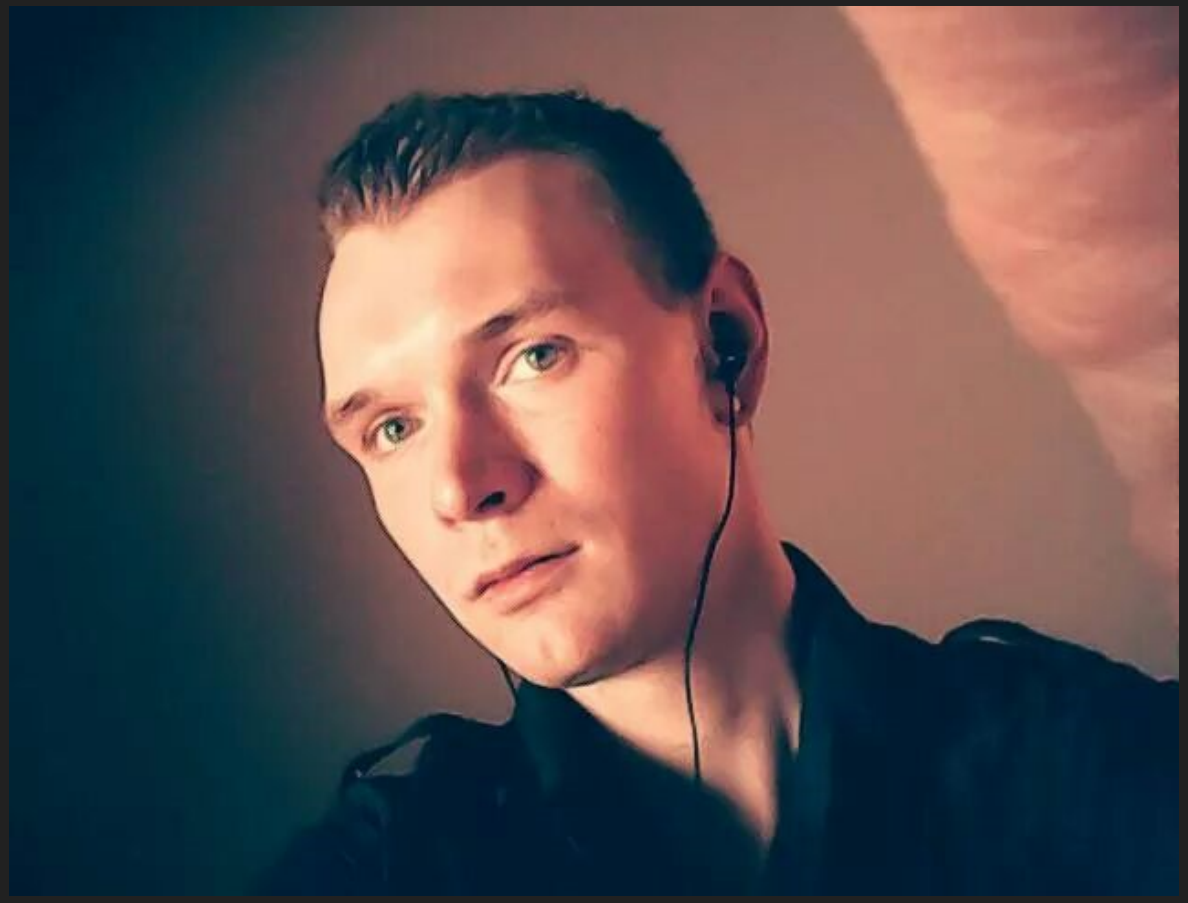
A Little About Me and My Work…



JM JamesMason CENTERS FOR RECOVERY

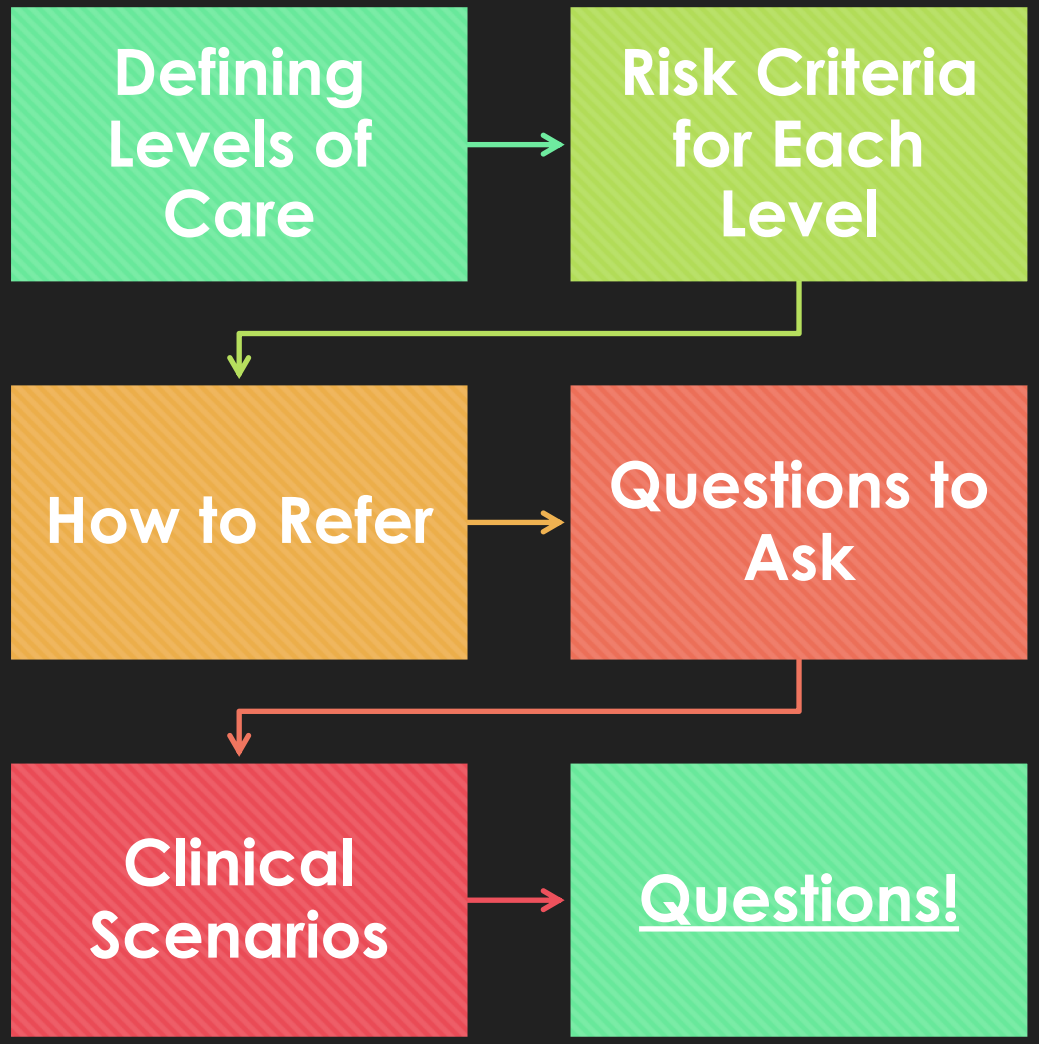
- Adolescent Day Treatment (PHP)/IOP for Behavioral Health and Substance Abuse
- Most youth have acute or chronic issues with suicidal/self-harming thoughts and behaviors
- Many present with emerging personality disorder (cluster B) traits

Tell Me About You!

In what health care settings do you work?

What do you hope to gain from this presentation?

Presentation Agenda



Inpatient Care

- **WHAT IS IT?**

  Short-term full hospitalization, treats highly acute crises involving imminent safety risk

- **TYPICAL DURATION**

  Average: 1 to 2 weeks for adolescents

- **LOCAL ADOLESCENT INPATIENT PROGRAMS**

  UNI, Salt Lake Behavioral, Wasatch Canyons, Provo Canyons Behavioral Hospital, McKay Dee Hospital

Risk Criteria for Inpatient Care

Inability to contract for safety or intense SI that youth finds difficult to control	Severe disordered eating needing medical oversight
Recent suicide attempt/near attempt	Appears to have overdosed on illicit substances
Moderate to severe self-harming	Severe mood lability due to unmedicated Bipolar DO, OCD, PTSD, schizophrenia
High assault risk (threats, recent assault)	Uncontrolled active psychosis
Recent running away attempt (>2 days)	Parent doesn't think s/he can keep youth safe (can't provide adequate supervision)

Inpatient: How to Refer

- Refer to local ER for crisis evaluation
- Call the ER social/crisis worker ahead of time if you think the youth might recant or may not be forthcoming about safety risk
- UNI Mobile Crisis Outreach Team (crisis line: 801-587-3000) can come to your clinic to perform an onsite evaluation
- Youth may go to ER via parental transportation or ambulance
- If parental transportation is used, make sure to have youth sit in back with supportive adult with the child locks on to reduce risk of youth jumping out or grabbing the steering wheel while parent is driving.

Residential Care

- **WHAT IS IT?**

  Long-term full hospitalization for serious chronic safety risk and pervasive impairments to daily functioning. Failed lower levels of care. Youth is often resistant to treatment.

- **TYPICAL DURATION**

  Average of 1 to 4 months, but can be longer for antisocial/conduct behaviors

- **LOCAL ADOLESCENT RESIDENTIAL PROGRAMS**

  Lifeline, Youth Care, Provo Canyons School, New Beginnings, Center for Change (eating disorders), New Haven (girls only), Copper Hills

Risk Criteria for Residential Care

Chronic suicide/SH risk with low investment in recovery	Regular use of "hard core" drugs and resistance/refusal to work on recovery
Multiple recent inpatient stays. Not succeeding in PHP/Day Tx.	Repeated recent running away (multiple days at a time)
Severe eating disorder needing long-term medical supervision	Serious conduct/antisocial behaviors
Chronic psychosis that is not stabilizing in lower levels of care	Sexual predatory behaviors
Chronic compulsions/bizarre rituals with serious safety concerns in outpatient	Not succeeding in lower levels of care

Residential: How to Refer

- Best practice is to have youth evaluated by Inpatient, Day Treatment/PHP, or Residential program to make sure youth meets criteria for residential
- You may contact JMCR's community outreach liaison (Greg Hawkes) and/ or clinical director to consult whether residential may be appropriate
- Have parents contact insurance company to identify in-network programs
- Some medically complicated cases (e.g., diabetes, severe psychosis, eating disorders) may require specialized or further-away programs
- After a formal evaluation recommends residential care, parents will need to research and contact prospective residential programs.
  - Consider availability as many RTCs have 4 - 8 week waitlists at busy times of year

Day Treatment/PHP Care

- **WHAT IS IT?**

  Partial hospitalization (PHP) where intensive mental health treatment lasts about 6 to 8 hours/day for 5 days per week. Schooling component is often included. Mid-level of care for youth stepping-down from residential/inpatient or stepping up from GOP

- **TYPICAL DURATION**

  Average: 5-6 weeks for adolescents, but can be longer if there is medical necessity

- **LOCAL ADOLESCENT PHP PROGRAMS**

  James Mason Centers for Recovery, UNI Teen scope, Wasatch Canyons, Lifeline

Risk Criteria for Day Treatment/PHP

Severe depression, anxiety, PTSD, bipolar DO, OCD, ADHD, HFA, personality DO traits	Pattern of high risk behaviors
Dropping grades, failing classes, missing large amounts of school d/t mental health issues	Current substance use with "low level drugs." Mild experimentation with harder drugs.
Current SI/SH thoughts/behaviors.	Can have active SUD with harder drugs if stepping down from RTC
Willing to follow safety plan but shows risk of going acute w/o intensive supervision/tx	Mild to moderate psychosis
Hx of mild aggression or thoughts of hurting others. Low risk of aggression in milieu.	Low flight risk

Day Treatment/PHP: How to Refer

- You may consult with our admissions staff to consult on whether referral appears to meet PHP criteria.
- Parents will need to contact their insurance to learn what local PHP programs are in-network
- Refer parents to their preferred program's website and have them contact admissions for verification of benefits, getting questions answered, and scheduling a tour and assessment
- Call us if you'd like to consult (office: 801-693-1192)
- Note: JMCR is often able to obtain single-case agreements from insurance companies that are out-of-network if other PHP programs are not available or easily accessible

Intensive Outpatient (IOP) Care

- **WHAT IS IT?**

  IOP programs usually last 3 hours per day 3 to 4 days per week. Often held after school. Youth show investment in treatment, periods of improved stability, and relative ability to engage successfully/safely in school setting.

- **TYPICAL DURATION**

  Average: 5-8 weeks for adolescents

- **LOCAL ADOLESCENT IOP PROGRAMS**

  James Mason Centers for Recovery, Wasatch Canyons, Provo Canyons Behavioral Hospital

Risk Criteria for IOP

MH symptoms worsening in spite of GOP therapy. Needs additional support.	Patient experiences benefit from attending school. Increased risk would result from removal from school.
Episodic SI, SH, or aggressive thoughts. Patient can usually redirect thoughts.	Occasional short-lived relapses in SI, SH, or substance use may occur
Investment in recovery	Group therapy appears indicated
Patient attends treatment regularly	Patient is able to contract for safety and utilize safety plan
There is sufficient supervision/structure outside IOP program hours to keep patient safe	

IOP: How to Refer

- You may consult with our admissions staff to consult on whether referral appears to meet IOP criteria.
- Parents will need to contact their insurance to learn what local IOP programs are in-network
- Refer parents to their preferred program's website and have them contact admissions for verification of benefits, getting questions answered, and scheduling a tour and assessment
- Call us if you'd like to consult (office: 801-693-1192)

Screening Tools

- The Patient Health Questionnaire (PHQ-9), often used in medical settings, provides useful preliminary screening data for depression.
- Use Columbia-Suicide Severity Rating Scale (C-SSRS). There is a free online training for this tool: http://cssrs.columbia.edu/training/training-research-setting/
- Red flags: moderate/severe suicide risk PLUS moderate/severe suicide risk
- Clients with imminent suicide risk should be referred to the ER for crisis evaluation

Assessing Suicide/Self-Harming Risk

Screening Questions	Follow Up Questions
Have you ever had suicidal thoughts, self-harming thoughts?	Age of onset, past patterns/frequency
Any recent suicidal/self-harming thoughts?	What are the thoughts? Last time?
Ever wish to die or sleep and never wake up?	What are the thoughts?
Ever had ideas/images come to mind of how you could kill or hurt yourself?	Identify methods contemplated in the past/present
How often do you have these thoughts?	Note any patterns or triggers
How long do the thoughts last?	Fleeting vs. persistent/continuous
Ever had the urge to act on the thoughts?	How often? Last time?
Is it very hard or easy to redirect the thoughts if you want to?	What keeps you from acting on your thoughts? How do you stop yourself?
Any past suicide attempts? Any past self-harming behavior?	Note each attempt: when (month/year), method used, whether client stopped self or something else stopped them, past inpatient hospitalizations?

Assessing TODAY's Risk

Imminent risk may be assessed (day to day) through exploring:

- -- SI/SH Thoughts (content, frequency, urgency)
- -- Methods Plan/Intent
- -- Access to Means
- -- Other Risk Factors (hopelessness, impulsivity, mood lability, psychosis, etc.)

When there are thoughts, methods, and desire/intent to act (esp. if access to means), this is HIGH RISK!

Remove access to means & consider referral to ER!

Trust Your Gut!

- What is the youth NOT saying?
  - Incongruence between verbal report and outward affect ("I'm fine")
  - Listen for metaphors ("I feel like I'm in a black cave")
  - Looks highly distressed, but is minimally responsive to questions
  - Can't contract to try to stay safe

Additional Questions to Ask (as needed)

- Past mental health diagnoses and treatment
- Mood and distress level
- Support system (home, friends, and current access to therapy)
- How doing at school (attendance, academic)
- Substance use
- Risky behaviors (running away, putting self at risk of exploitation)
- Psychosis
- Disordered eating
- Aggressive behavior or thoughts to harm others

If you are unsure what level of care is needed, call us!
However, the assessment is needed for an official recommendation.

Clinical Scenario #1

Isabel is a 14 y.o. Polynesian female, who was adopted at age 9. Isabel's birth parents relinquished parental rights due to substance use and emotional/physical neglect of Isabel. Her adoptive parents are very emotionally stable and supportive people.

Isabel is highly resilient and puts on a good face. She often talks about the importance of looking at the positive side of things. She is kind of a perfectionist. She gets almost all A's at school and loves to sing in the choir. She makes friends easily. She is actively involved in the debate club, and feels strongly about social justice. She wants to become a lawyer.

The last month, Isabel has been having a lot of panic attacks at school. Suddenly, she feels overwhelmed by all of her responsibilities and missed school all of last week because she refused to get out of bed. Her adoptive parents note that Isabel recently ran into one of her biological siblings (who stayed with the birth family) at the store. Suddenly, Isabel is reporting nightmares about her childhood. She expressed some thoughts of wishing she could sleep and never wake up. Adoptive parents are really concerned and don't know what to do. They ask for your advice.

Case Example #2

Sarah is a 16 y.o. Caucasian female, who is coming for an adjustment of her anti-depressant and anxiety medications which she feels aren't working. She has had severe social anxiety since childhood, and struggles to make friends. She has refused to go to school for the last month. Her scores on the HQ9 indicate that she is experiencing severe depression. Her parents have a tumultuous relationship and she has witnessed many parental arguments with occasional threats of divorce.

Sarah has a history of self-harming. She cuts under her clothing (e.g., stomach and thighs) where people can't see. Her mother caught sight the other day of some new cuts on the upper part of her arm and isn't sure if more cuts have been made. Sarah seems reluctant to share the extent of her self-harming. You are not sure how serious the self-harming is. Her mother has overheard Sarah making comments like, "No one would miss me if I was gone."

Clinical Scenario #3

Jordan is a 16 y.o. male. His mother brings him to you because he looks high. Your observation of Jordan is congruent with this. His drug test comes back positive for marijuana and opiates. Jordan has been attending GOP therapy for the last year and parents are beside themselves because they see him getting increasingly involved in drugs and may even be hanging out with some known gang members.

Jordan was suspended last week for getting into a fight at school. This is his third suspension for fighting. He has transferred schools twice in the last two years because of behavioral issues. He has a charge for drug paraphernalia. One of his school suspensions was because he spray painted graffiti all over the school gym. Jordan laughs when you talk to him about this. His parents say they don't know how to set limits with him and he is sneaking out every night to be with friends. He has run away from home for 3 to 4 days at a time at least twice in the last three months.

About 2 weeks ago, Jordan refused to attend any more therapy sessions. He says they are a waste of time and he is fine. He denies any symptoms and says his parents can't make him do anything.


QUESTIONS


Thank You!