CRISIS ASSESSMENT OF CHILDREN & ADOLESCENTS

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OVERVIEW

❖ Suicide among children/adolescents
❖ Potential Precipitants/Risk Factors
❖ Protective Factors
❖ Assessment Procedures
❖ Possible Dispositions/Treatment Strategies
❖ Case Examples

DIFFICULTY OF CRISIS ASSESSMENT FOR CHILDREN VS. ADULTS

Several characteristics of children/adolescents make this assessment more difficult than for assessing adults:

• Evolving nature of psychiatric disorders in childhood/adolescents
• Decreased insight/decreased vocabulary to describe psychological functioning
• Less control over environmental factors (e.g., caretakers; school)
• Transference of perception of caretakers/teachers onto therapist (less realistic view of you and your role)
• Less able to anticipate/understand mood states
SUICIDALITY IN U.S. HIGH SCHOOL STUDENTS OVER THE PAST 12 MONTHS, 2015

Among High School Students in the past 12 months:
- 17% seriously considered
- 13.6% made plan
- 8% attempted
- 2.7% require medical care
CHARACTERISTICS OF YOUTH SUICIDE

- Male to Female Ratio of Completed Suicide – 4-5:1
- White & Native Americans are ethnic groups with highest rates of suicide
- Risk of suicide increases dramatically with age
- Means – Hanging (more frequent among younger children); firearms; poisoning
- Adolescents - more likely to use OTC meds & less certain of degree of lethality for their methods.

SELF-HARM VS. SUICIDALITY

- 15%-20% of adolescents have engaged in nonsuicidal self-injury (NSSI);
  - Much higher incidence rates in clinical population.
  - Higher rate than in adult population.
- 70% of adolescents with (NSSI) had made a suicide attempt; 55% made multiple attempts.
- Characteristics of NSSI associated with making suicide attempts include a longer history of NSSI, use of a greater number of methods, and absence of physical pain during NSSI.

CRISIS PRECIPITANTS

- Family Conflict & Violence (including physical punishments)
- Abuse (Physical/Sexual/Emotional)
- Disruptions in Peer Relationships (particularly romantic relationships; worse for males)
- Family Losses (deaths; incarcerations; custody changes)
- Peer intimidations (bullying; harassment)
- Legal Infractions/School Suspensions
- Out-of-home Placements (foster care; group home; guardianships)
- Psychiatric Disorders
MAJOR PRECIPITANTS

<table>
<thead>
<tr>
<th>Precipitant</th>
<th>% of clients*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased/Frequent Family Arguments</td>
<td>92</td>
</tr>
<tr>
<td>Physical/Sexual/Emotional Abuse</td>
<td>76</td>
</tr>
<tr>
<td>Not Living with Biological Parents</td>
<td>48</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>32</td>
</tr>
<tr>
<td>Recent Loss of Friendship</td>
<td>16</td>
</tr>
</tbody>
</table>

*N of my last 25 clients who were hospitalized.

PSYCHIATRIC DISORDERS

<table>
<thead>
<tr>
<th>Disorder Type</th>
<th>% of clients*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>64</td>
</tr>
<tr>
<td>Attention-deficit/Hyperactivity Dx</td>
<td>52</td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder</td>
<td>48</td>
</tr>
<tr>
<td>Nontexual Enuresis (His et al)</td>
<td>36</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>28</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>28</td>
</tr>
<tr>
<td>Reactive Attachment Disorder</td>
<td>20</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>20</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>20</td>
</tr>
<tr>
<td>Psychotic symptoms</td>
<td>20</td>
</tr>
</tbody>
</table>

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RISK FACTORS

- Past suicidal behavior
- Past intentional self-injury
- Chronic Anger
- Lack of a support network / social isolation.
- Sexual orientation
- A family history of depression or suicide
- Being Bullied
- Perfectionistic Personality
- Aggressive-impulsive behaviors
- Access to lethal methods, especially guns
- Exposure to other’s suicide
- Publicity about suicide / media coverage
PROTECTIVE FACTORS

- Effective clinical care for mental/physical/substance disorders
- Deterrent religious beliefs/devoutness
- Easy access to care and support for help-seeking
- Strong (perceived) connections to family and community support
- Problem solving/conflict resolution abilities
- Positive therapeutic relationship
- Impulse control
- Responsibilities for others/pets
- Reality testing ability
- Positive coping skills
- Sense of worth/confidence
- Stable environment
- Academic achievement

CRISIS ASSESSMENT

- Use of self-report inventories. Examples:
  - Children’s Depression Inventory – 2 (Kovacs, 2011)
  - Reynold’s Adolescent Depression Scale (Reynolds, 2002)
  - Revised Children’s Manifest Anxiety Scale (Reynolds & Richmond, 2008)
  - Trauma Symptom Checklist Children (Briere, 1996)
  - Rotters Incomplete Sentence Test (Rotter, Lah, & Rafferty, 1992)
- Focused Interview with caretakers
- Focused Interview with child/adolescent (be sure to assess for ideations about hurting others!)

DISPOSITION

- Review
  - Precipitants
  - Risk Factors
  - Protective Factors
  - Self-report Inventories
  - Child and Caretaker Interviews
- Consult with colleague(s)
- Possible Decisions?
  - Refer for Hospitalization? Residential Tx?
  - Refer for Psychiatric Medication Evaluation
  - Start/Increase outpatient psychotherapy
TREATMENT STRATEGIES

• Initial treatment focused on reducing/eliminating suicidality.
  • Elimination of means
  • Reducing/eliminating self-injurious/other injurious actions
  • Reducing/eliminating suicidal thoughts
  • Providing access/permission to access emergency services (provide multiple points of help including online help – e.g., https://suicidepreventionlifeline.org/ and 1-800-273-TALK (8255))
  • Teaching significant others to assess self-injurious/suicidal behavior and how to access help

TREATMENT STRATEGIES

• Ongoing treatment
  • Focus on precipitants that created crisis
  • Work on increasing protective factors and reducing risk factors
  • Check, check, check for the emergence of precipitants and self-injurious/suicidal thoughts!

CASE EXAMPLES
(TO BE PROVIDED AT WORKSHOP)

Presenting Complaint:
Precipitants/Risk Factors:
Protective Factors:
Outcome of Measures:
Interpretation of Information:
Disposition: