

Child & Adolescent Crisis Intervention & 5150 Assessments

Uplift Family Services



Who We Are:

- * **Uplift Family Services Mobile Crisis:**
 - * 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 mental health professionals

- * **Uplift Family Services Crisis Stabilization Unit**
 - * 24/7 LPS designated facility staffed by nurses, family specialists, clinicians, and psychiatrists
 - * For youth already on 5150 hold

Topics

- * Trends in Youth Suicide
 - * National
 - * Santa Clara County
- * Risk Assessment Overview
 - * 5150/5585
 - * Things to Consider– Risk Factors, Warning Signs, Protective Factors
 - * Self-Harming Behavior
- * Tips and Tricks for Crisis Intervention with Youth
 - * Assessing for 5150 with ages 5- 9 for 5150
 - * Assessing for 5150 with ages 10 ≥ for 5150
- * Practicing Together
- * Resources
 - * CSU
 - * Mobile Crisis
 - * Local
 - * Other

Trends

National and Santa Clara County



Trends – National

* According to the Center for Disease Control (CDC) suicide rates 2007 and 2015 for:

- girls 15 to 19 doubled
- boys 15-19 increased by 30%



* Firearms account for 51% of suicide deaths

* Suffocation/Hanging account for 25.9% of suicide deaths



Trends - Santa Clara County

- * From 2003 to 2015, there were **229 youth from Santa Clara County that died** as result of suicide
 - 46% of these deaths were from hanging/suffocation
 - 21% of these death were from firearms
- * **92.3%** had a triggering factor such as recent crisis, current and history mental health problem, and history of suicidal thoughts

Risk Assessment Overview

- * 5150/5585

- * 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



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)

5150/5585 - Danger to Self & Danger to Others

* When assessing youth...

- * Consider if the child's thoughts/plans are reasonable
 - Do they have access to means
 - Can they actually follow through with the plan

- * Consider Capacity for Self-Control
 - Is the youth impulsive?
 - Is there a high level of emotional dysregulation?

- * Consider Caregiver Input & Involvement
 - What are caregiver concerns about the risks? History?
 - Assess caregiver capacity to manage safety

5150/5585 - Grave Disability

What to look for?

- * Are they refusing to use mental health or medical services, but have access
- * Are behaviors bizarre or out of the ordinary?
- * Are behaviors getting in the way of having a normal life, even at the lowest standard?

*Note: if they don't have access to basic needs or medical care, that might warrant a CPS report vs 5150 hold

5150/5585 - Grave Disability

What to look for Continued?

What are they NOT doing?

- * Not sleeping
- * Not eating reasonably enough, but has access
- * Not accessing safe shelter, but has access
- * Not bathing, but has access to hygiene care
- * Not attending school (but not just skipping for fun)

A reminder: if they don't have access to basic needs or medical care, that might warrant a CPS report vs 5150 hold

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!

Self-Harming Behavior

Things to Keep in Mind



Self-Harming Behavior

- * Self-harm is when someone **intentionally and repeatedly hurts** their body in a way that is impulsive ... **rarely is there an intent of killing self**
 - ie. cutting, burning, punching oneself, skin picking
- * Self-harm is not a mental illness but **a behavior** that indicates a lack of coping skills:
 - Several illnesses are associated with self-harming behaviors, including, but not limited to:
 - Depressive Disorders
 - Eating Disorders
 - Anxiety
 - Post-Traumatic Stress Disorder (PTSD)

Self-Harming Behavior Continued

- * **Self-harm itself does not warrant a 5150 hold...**
- * The relationship between suicide and self-injury is complicated, as self harm can be:
 - Addictive
 - Cause more harm than intended
 - Can sometimes be a suicidal gesture (important to ask)
- * **Assessing Self-harming behaviors:**
 - Self-harming behavior always serves a function.
 - Ask about the intention of the self-harming.
 - For Example: “Did you cut as a way to relieve stress or were you trying to kill yourself?”

Assessment Tips

Dos and Don'ts

5150 Assessments for Youth [Ages 5-9](#)

5150 Assessments for Youth [Ages 10 ≥](#)

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 child 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”

Do's for Assessing and Rapport

- * Listen and use limited eye contact if youth is anxious
- * Try to be at eye level with them; allow for some personal space but maintain proximity
- * Summarize back to them what they are telling you
 - “If I am understanding correctly, you are thinking about...”
- * 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 versus judgment
- * Stay calm, use calm tone
- * Consult with a supervisor or colleague or Mobile Crisis

Asking Questions:

- * Ask DIRECTLY: Use Clear 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?
 - What are you thinking of doing to kill yourself?
- * Open-ended questions to understand the bigger picture
 - Tell me more about the thoughts of suicide that you are having.
 - You seem angry right now, what is going on for you?

5150 Assessments for Youth Ages 5-9

- Ask if the youth understands what death and dying means
- * Use age-appropriate language or wording
 - Do they have a plan? – “Do you know how you would hurt yourself?”
- * Avoid scaling questions (they are too abstract for some young kids)
- * Be careful of suggestive questions (ie “Are you thinking of going into traffic?” “You’re not thinking of killing yourself, are you?”)
- * Allow them to fidget when talking to them – i.e. play with a toy, color/draw, use a fidget spinner, etc...
- * Model self-regulation; help them to use self-regulation tools
- * Soften voice, Get on their level (if safe), Be patient
- * Assess parents/caregiver ability to monitor youth

5150 Assessments for Youth Ages 10 ≥

- * Ask scaling questions for intensity of thoughts and intent.
 - “On a scale of 1 to 10, 10 being the most suicidal you have ever been and 1 being not at all, where are you right now?”
 - “On a scale of 1 to 10, 10 being you absolutely will attempt suicide/homicide today and 1 being you will not hurt yourself/others, where are you right now?”
- * Ask direct questions about living, dying, plans, means, and intent.
 - “Do you want to be alive?” “Do you want to die?”
 - “Do you have a plan?” “What is your plan?”
 - “Do you have access to...razor, knives, ropes, guns, etc...”
 - “If you are left alone today will you attempt suicide?”

5150 Assessments for Youth Ages 10 ≥

- * Ask about coping tools, supports, and other resources
 - “When you are feeling suicidal, do you have things you do that help?”
 - “What are the ways that you handle stress?”
 - “Who are your support people?”
 - “Can you tell your support people when you are feeling suicidal?”
 - “Are you in counseling/therapy?”
 - “Who would you reach out to for help? Which adults in your life would you talk with?”
- * Assess ability of caregiver to monitor and support youth
- * Model regulation and take a deep breath

Determining Risk Level

Low Risk:

- * 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 (or call Mobile Crisis!)

- * Thoughts of harming self or others
- * Identifies a plan but denies any intention or desire to harm self or others
- * 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 (or call Mobile Crisis!)

- * 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

Do's & Don'ts when Writing a Hold

| Instead of.. | Write... |
|--|--|
| <p>Avoid Vagueness:</p> <p>Youth has impulsive risky behaviors.</p> <p>Youth threatened to hurt his mom.</p> <p>Youth made threats to hurt herself and parent doesn't feel like they can keep youth safe.</p> <p>Youth was standing on the roof, and refusing to come down.</p> <p>Youth said she wants to run away. Youth said she does not want to see her parents again.</p> | <p>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.</p> <p>Explain specific threats made: Youth told writer that he has guns and knives at home and said he wants to kill his mom tonight.</p> <p>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.</p> <p>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."</p> <p>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."</p> |
| <p>Avoid Clinical Language:</p> <ol style="list-style-type: none"> 1. Auditory hallucinations 2. Youth is delusional and homicidal. 3. Youth is gravely disabled. 4. Youth could not contract for safety. 5. Youth has major depressive disorder. | <ol style="list-style-type: none"> 1. Youth said "I hear voices telling me to kill myself." 2. Youth said she is worried that another youth is going to kill her and says she "must kill him first." 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 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. *Include information about diagnosis in Historical Course Section* |

Let's 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?

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?

Writing a Hold 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?

Writing a Hold Vignette #1 Cont.

- 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.”
*Note: this is the most crucial section to justify the hold.
- “Historical Course” Section: Parents report that youth has depression and a history of difficulty controlling emotions. They report that youth is often impulsive.

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?

Writing a Hold Vignette #2 Cont.

- 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.”
*Note: this is the most crucial section to justify the hold.
- “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.

**Uplift's Crisis Stabilization Unit
Uplift's Child and Adolescent Crisis Program
Local**

Resources



Uplift Mobile Crisis

408-379-9085

- * 24/7 risk assessment & crisis intervention service in which clinicians can intervene in the community; able to place a minor on 5150 hold
- * Up to 5 clinicians available during the day and 2 at night (response time is 30-60 min); we try to send out clinicians in pairs
- * Screening process:
 - * Call goes to an answering service that alerts the team... clinicians call back within 5-10 minutes
 - * Screening process can look different depending on the caller (parent vs. youth vs. other professional vs. law enforcement)
 - * Youth, family, or anyone with youth can call 24/7
- * Must meet criteria for in person crisis intervention:
 - * Can only assess minors
 - * Physically be in Santa Clara County
 - * Must meet “medical necessity” for crisis intervention due to current safety concern and need for immediate response



Uplift Mobile Crisis

408-379-9085

- * Our clinicians are hands off in the field and **cannot restrain**
- * Our clinicians can only respond if the caller is with youth
- * If safe, families can bring youth to our facility for risk assessment
 - * *If youth is already on a hold, (police or ambulance must transport)-- please call ahead
- * Two possible outcomes if we respond: a safety plan with the youth and family OR a 5150 hold
- * If we write the hold, we can arrange transport to CSU or other facility
- * We can also provide resources and support to family over the phone for low risk situations
- * If we are unable to respond but an in person response is needed, we will link with another crisis team



Uplift Crisis Stabilization Unit

- * The Crisis Stabilization Unit functions as a 23:59 facility that accepts minors on a 5150 hold
- * 12 bed facility located in Campbell
- * Accepting a minor to the CSU depends on bed availability and medical status
 - * it is very important to call ahead
- * Youth will be assessed by a psychiatric team who will determine if a minor will be discharged on a safety plan or requires further hospitalization
- * The unit averages 144 admits a month (for the year of 2018)



Uplift Crisis Stabilization Unit

What to do if you have a youth on a 5150 hold:

1. Call the unit directly to speak with a nurse to check on bed availability
2. Provide demographic information of the youth and family
3. Provide information on the hold
4. Provide information on current medical status; if youth needs to be medically cleared, youth will need to go to an emergency department
5. If we have beds, bring the youth to the unit; must arrange authorized transport
6. If possible, bring any medications with youth to the unit

Resources:

Uplift FS– Crisis Stabilization Unit

12 bed – Hospital Diversion Program
251 Llewellyn Ave, Bldg. F, Campbell, CA
95008

(408) 364-4083 Press “1” to speak w/ a nurse

Bill Wilson – Crisis Residential Shelter

For homeless youth ages 11-17
3490 The Alameda, Santa Clara, CA 95050
(408) 243-0222

Emergency Psychiatric Services (EPS)

871 Enborg Lane, San Jose, CA 95128
(408) 885-6100

Uplift FS– 24/7 Mobile Crisis Response (408)

379-9085

Bill Wilson Center 24/7 SOS Mobile Crisis Response

408-278-2585

Alum Rock Counseling Center 24/7 SOS Mobile Crisis Response

408-294-0579

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

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 –

Text any word to 741741 & then opt in by typing “HELLO” or “START”