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T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

# Pediatric Lessons Learned from COVID-19: Immediate and Future Implications- Speaker Series

July 2021

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# Trauma-Informed Emergency Care for Suicide Prevention

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**SAMHSA, U79 SM080041**

**July 2021**

**Pediatric Lessons Learned from COVID-19: Immediate and Future Implications**  
**WRAP-EM ASPR Pediatric Disaster Center of Excellence**



UCLA-DUKE TRAUMA-INFORMED ADOLESCENT SUICIDE, SELF-HARM,  
AND SUBSTANCE ABUSE TREATMENT AND PREVENTION CENTER

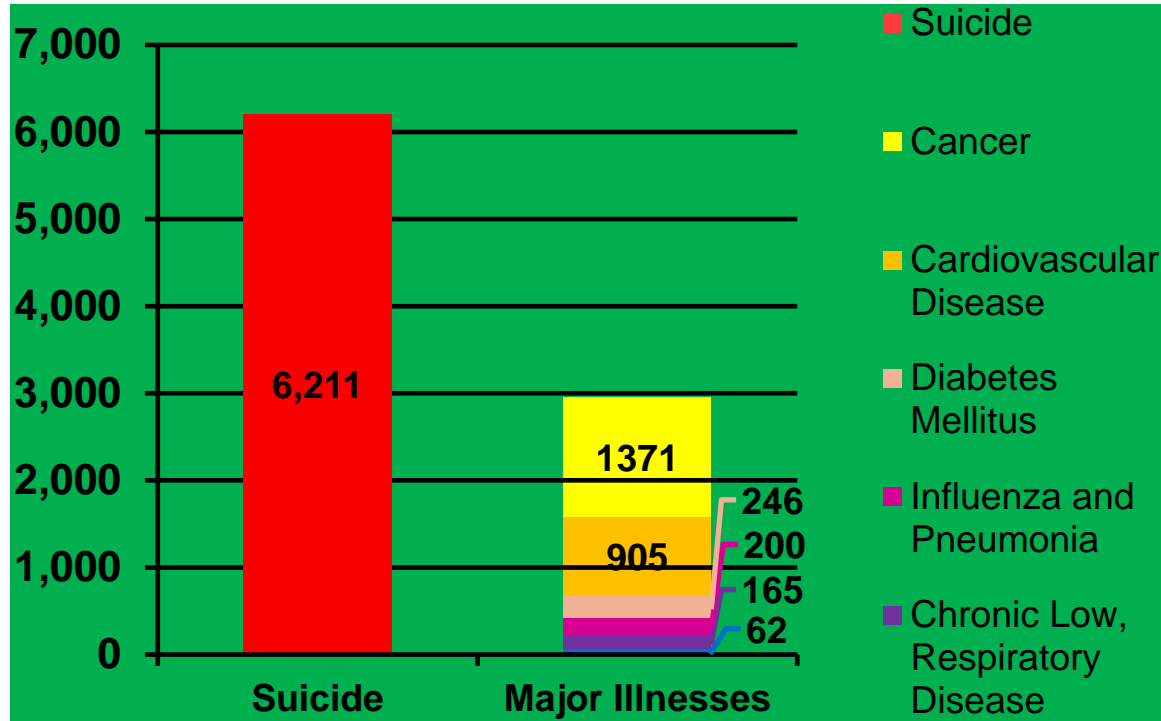
# Presentation Goals



UCLA-DUKE TRAUMA-INFORMED ADOLESCENT SUICIDE, SELF-HARM,  
AND SUBSTANCE ABUSE TREATMENT AND PREVENTION CENTER

1. Scope of Problem
2. Introduce Trauma-Informed Evidence-Informed Care Process
3. Implementation Challenges

# Suicide Kills More Youth Than Other Major Illnesses

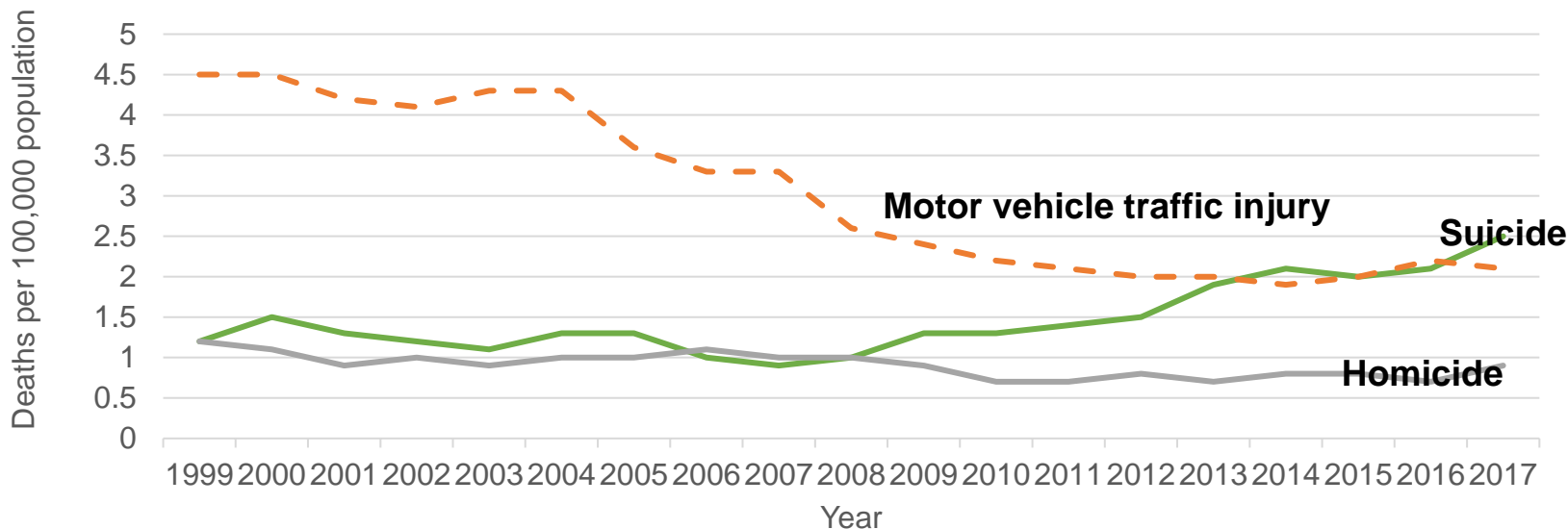


Ages 15-24. National Vital Statistics Report, "Deaths: Final Data for 2018." <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-13-508.pdf>

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# Comparison with Declines in Other Leading Causes of Death.

## Death rates for motor vehicle traffic injuries, suicide, and homicide among adolescents aged 10-14: United States 1999-2017

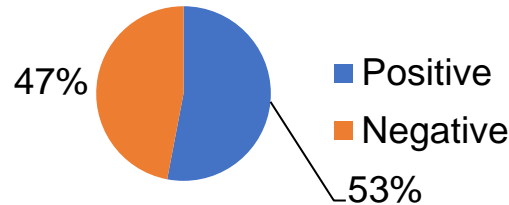


NOTE: Courtesy of Sally Curtin, CDC. Motor vehicle traffic injuries are identified with ICD-10 codes V02-V04[1..9], V09.2, V12-V14[3..9], V19[4..6], V20-V28[3..9], V29-V79[4..9], V80[3..5], V81.1, V82.1, V83-V86[0..3], V87[0..8], V89.2). All motor vehicle traffic injuries are unintended. Suicides are identified with ICD-10 codes U03, X60-X84, and Y87.0; homicides with codes U01-U02, X85-Y09, and Y87.1.

# Why a Trauma-Informed Approach?

## Traumatic Stress and Post-Traumatic Stress Linked to Risk of Suicidal Episodes

### PC-PTSD



Asarnow JR, Baraff LJ, Berk M, et al. Pediatric emergency department suicidal patients: two-site evaluation of suicide ideators, single attempters, and repeat attempters. *J Am Acad Child Adolesc Psychiatry*. 2008 Aug;47(8):958-66.

- Trauma Exposure associated with increased risk of suicidal ideation and attempts
- Risk highest for exposure to sexual violence (OR = 2.0-2.3) and interpersonal violence (OR=1.6) after controlling for other traumatic events
- Dosage effect: Exposure to more potentially traumatic events associated with increased risk of suicidal ideation, attempts, and self-harm

Stein et al. (2010). Cross-National Analysis of the Associations between Traumatic Events and Suicidal Behavior: Findings from the WHO World Mental Health Surveys. *PLOS One*. Angelakis I, Austin JL, Gooding P. Association of Childhood Maltreatment With Suicide Behaviors Among Young People: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2020 Aug 3;3(8):e2012563. Hadland SE, Marshall BD, Kerr T, Qi J, Montaner JS, Wood E. Suicide and history of childhood trauma among street youth. *J Affect Disord*. 2012 Feb;136(3):377-80. doi: 10.1016/j.jad.2011.11.019. Zetterqvist M, Lundh LG, Svedin CG. A comparison of adolescents engaging in self-injurious behaviors with and without suicidal intent: self-reported experiences of adverse life events and trauma symptoms. *J Youth Adolesc*. 2013 Aug;42(8):1257-72

- **Stress- Traumatic Stress**
  - Loss Events
  - Bereavement
  - Food Insecurity- Hunger
  - Economic Instability
  - Disease Exposure Risk
  - Social Distancing
  - Stress on parents & families
- **Absence of Protective Factors**
  - Social Connections
  - School
  - Leisure Activities

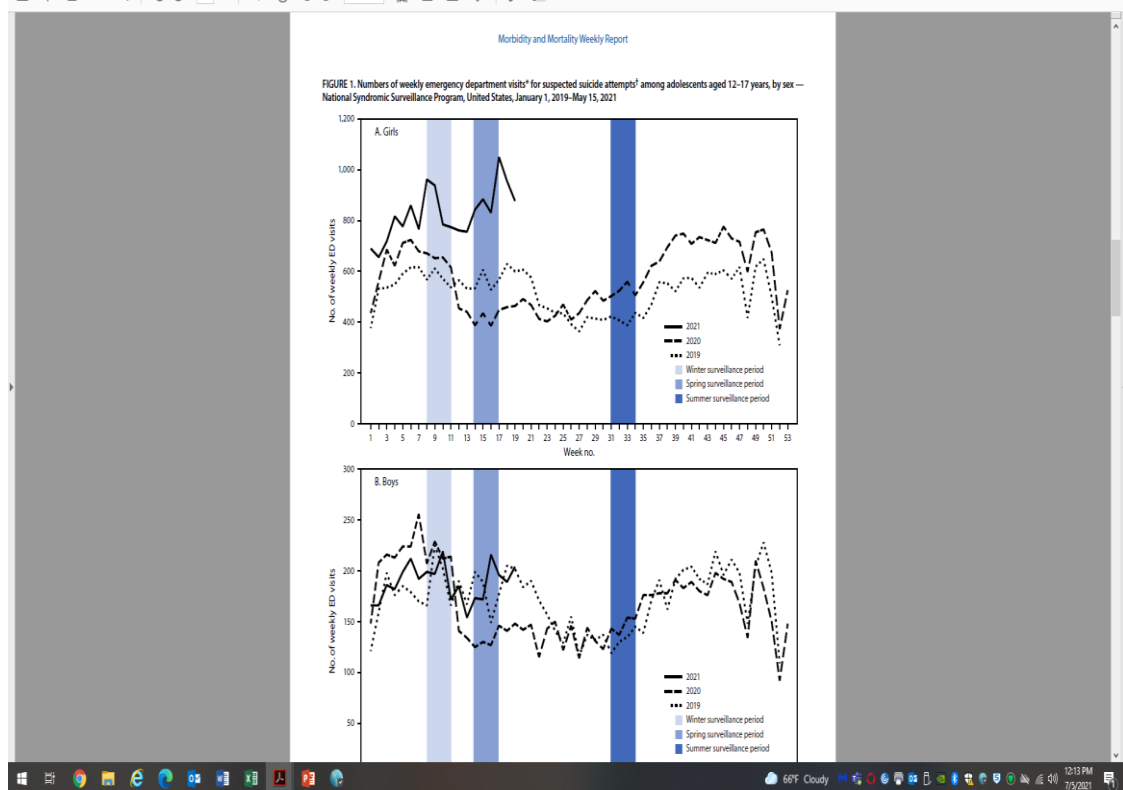


# Good News: No Current Signal for Increase in Pediatric Suicide Death Rates During Pandemic



From: <https://www.cdc.gov/nchs/nvss/vsrr.htm>

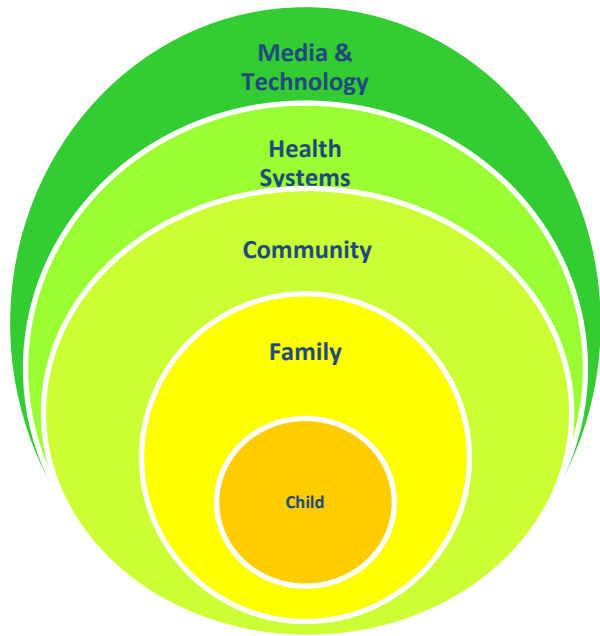


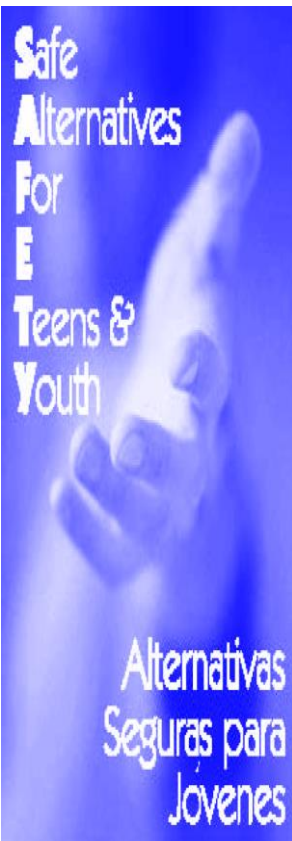


Yard, E., Radhakrishnan, L., Ballesteros, M. F., et al. (2021). [Emergency department visits for suspected suicide attempts among persons aged 12-25 years before and during the COVID-19 pandemic - United States, January 2019-May 2021](#). *Morbidity and Mortality Weekly Report*, 70(24), 888–894.

# SAFETY-Acute(A): Can Health Systems, Families, Communities Provide Protective Seatbelts?

Promote Safety, Healthy Connections and Reasons for Living?





# SAFETY-Acute (A): Trauma Informed Approach to Pediatric Emergencies for Suicide Risk (Also known as Family Intervention for Suicide Prevention (FISP))

Asarnow JR, Baraff LJ, Berk M, et al. (2011). [An emergency department intervention for linking pediatric suicidal patients to follow-up mental health treatment](#). Psychiatr Serv. 2011 Nov;62(11):1303-9.

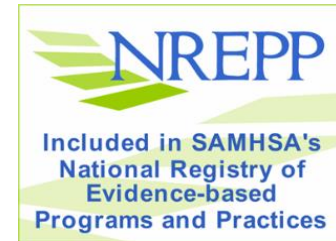
Asarnow JR, Goldston DB, Tunno AM, Inscoe AB, Pynoos R. (2020). [Suicide, self-harm, & traumatic stress exposure: A trauma-informed approach to the evaluation and management of suicide risk](#). Evidence-Based Practice in Child & Adolescent Mental Health. Published online November 23, 2020;5(4):483-500, doi:10.1080/23794925.2020.1796547.

IMPROVED CONTINUITY OF CARE  
National Registry of Evidence Based Practices.

Funding: CCR921708, Centers for Disease Control and Prevention.

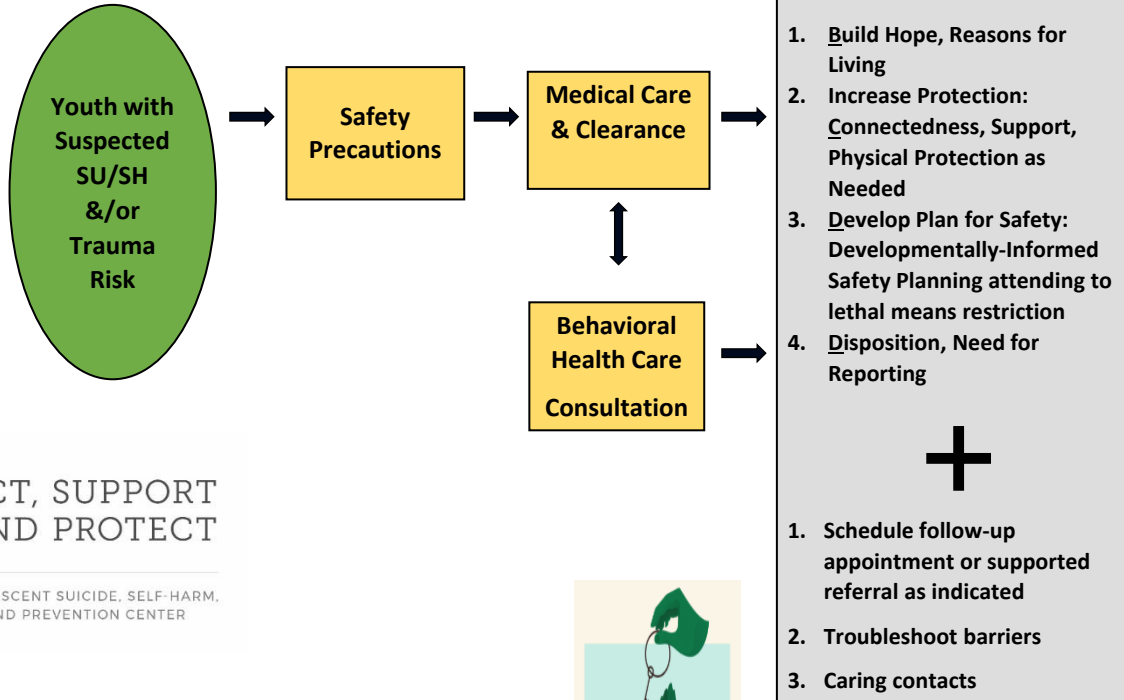
**~50% Receive  
Outpatient  
Follow-Up Care**

**20% In some  
settings**



# Care Process: SAFETY-A/FISP Model

Treatment and Care Delivery



UCLA-DUKE TRAUMA-INFORMED ADOLESCENT SUICIDE, SELF-HARM, AND SUBSTANCE ABUSE TREATMENT AND PREVENTION CENTER

[www.asapnctsn.org](http://www.asapnctsn.org)

© Joan Asarnow

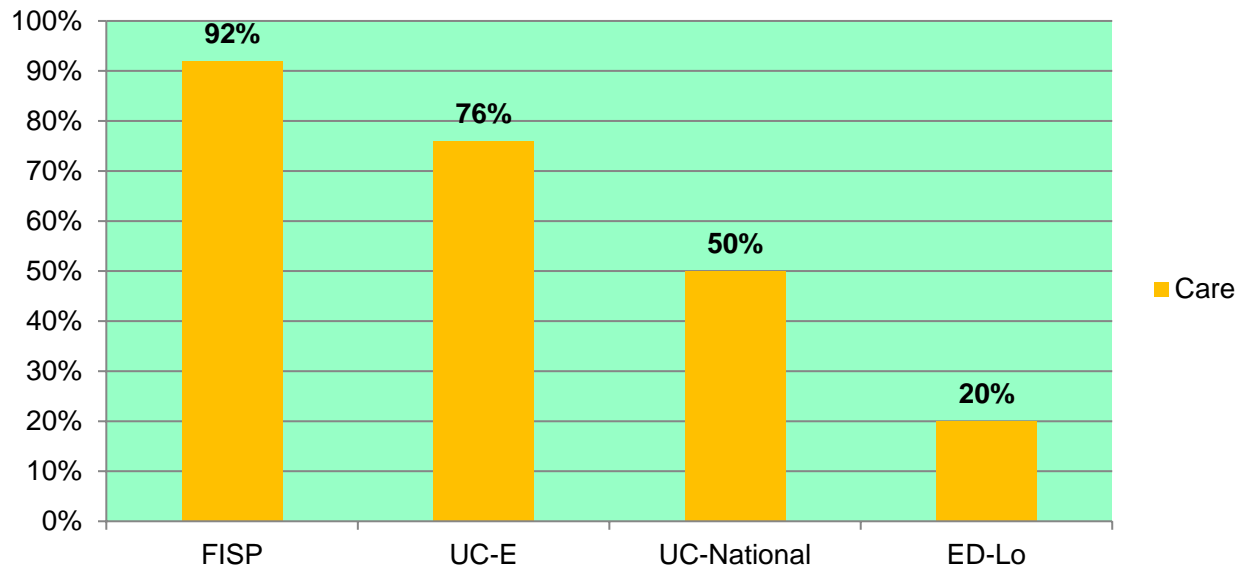
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# Improved Continuity of Care

Objective 8.4, National Strategy for Suicide Prevention (2012)

Linked to Follow-Up Care



## NO OBSERVED BENEFITS ON CLINICAL OUTCOMES: 2 Mos

Asarnow JR, Baraff LJ, Berk M, et al. (2011). [An emergency department intervention for linking pediatric suicidal patients to follow-up mental health treatment](#). Psychiatr Serv. 2011 Nov;62(11):1303-9.

# SAFETY-A/FISP Effects: Open Trial Suggests Clinical Benefit

	Pre Mean (SD)	Post Mean (SD)	t	p
<b>Youth</b>				
Ability to Stay Safe*	3.98 (1.08)	4.57 (0.70)	4.34	<0.001
Hopefulness*	3.07 (1.52)	3.43 (1.40)	4.69	<0.001
Intent to Kill Self**	1.53 (0.90)	1.14 (0.43)	-3.63	0.001
Urge to Self-Harm**	1.93 (1.08)	1.40 (0.81)	-3.24	0.003
<b>Parent</b>				
Ability to Keep Youth Safe*	3.48 (1.04)	4.06 (.85)	3.61	0.001
Hopefulness*	4.05 (.93)	4.32 (.91)	2.24	0.033
Ability to Find Help*	4.03 (.77)	4.13 (.88)	0.71	0.486

\*1 (Low) to 5 (High) \*\*1 (Not at all) to 4 (Very Much), N=35, Preliminary do not cite. Asarnow et al., 2019)

# Take Home Message

- We have interventions like SAFETY-A that can improve continuity of care following an acute suicidal episode
- Some evidence that SAFETY-A may have early benefit on clinical outcomes (post-treatment)
- No evidence of more sustained impact with community TAU

# SAFETY-A: Practical Considerations

## Challenges:

- Staffing & Time Constraints in ED
- Caring Follow-Up Contacts
- Arranging Needed Follow-Up Care



# SAFETY-B

## Offers additional options:

- Triage based on response to extended stabilization sessions
  - Some youth may not need intensive longer-term treatment
  - SAFETY B yields a treatment plan informed by additional evaluation
- Provides brief intervention to enhance safety and functioning while longer term treatment being arranged

# Treatment

## Risk Indicator: Prior Suicide Attempts & Self-Harm

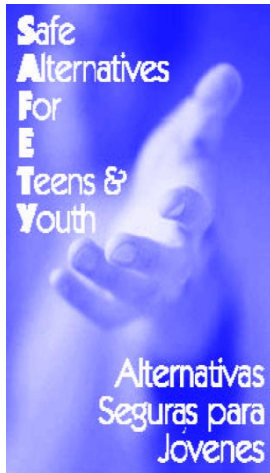
EVIDENCE-BASED RESOURCE GUIDE SERIES

### **Treatment for Suicidal Ideation, Self-Harm, and Suicide Attempts Among Youth**



<https://www.samhsa.gov/resource/ebp/treatment-suicidal-ideation-self-harm-suicide-attempts-among-youth>

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# Cognitive-Behavioral Family Treatment for Suicide Attempt Prevention: A Randomized Controlled Trial

NIMH R34MH078082

American Foundation for Suicide Prevention

[J Am Acad Child Adolesc Psychiatry](#), 2017

[J Clin Child Adolesc Psychology](#), 2015

Joan R. Asarnow, PhD

Jennifer Hughes, PhD

Kalina N. Babeva, PhD

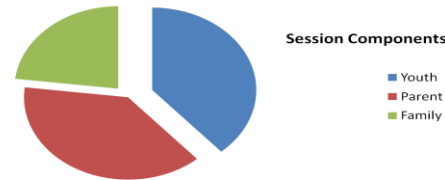
Catherine Sugar, PhD

Michele Berk, PhD

Nicholas Anderson, PhD

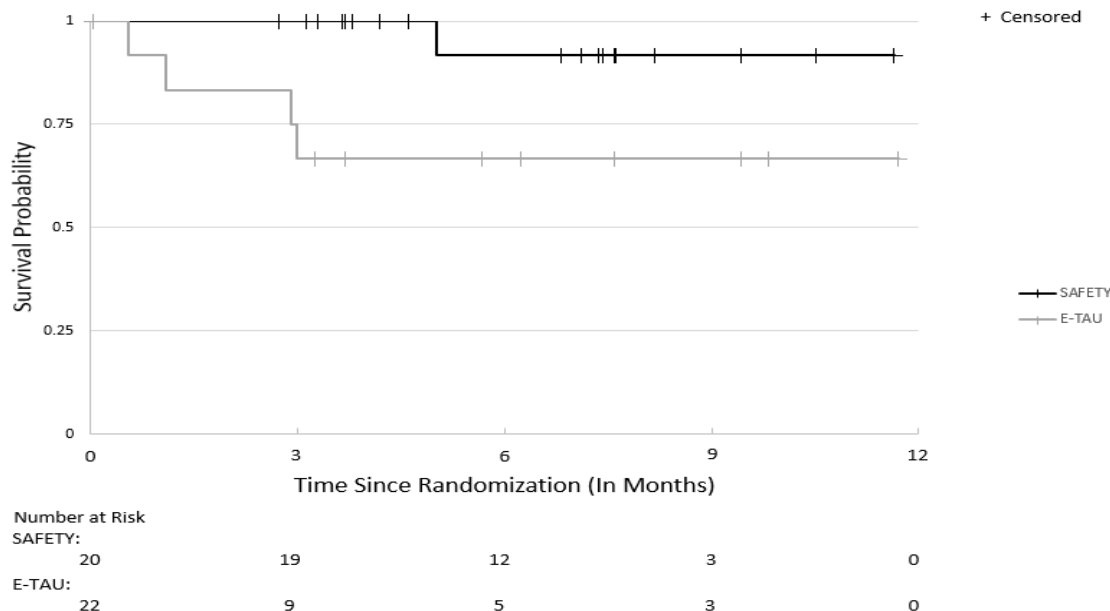
# SAFETY PROGRAM: DBT-Informed Cognitive-Behavioral Family Treatment for Youths after a Suicide Attempt/ Self-Harm Episode

- 12-week program
- Builds on SAFETY-A/FISP, DBT, CBT, SNAP, and MST treatments
- Treatment Sessions Include Youth, Parent, & Family Components



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

1.00 vs. 0.67,  $p < .02$ , NNT=3 at 3-months; 0.92 vs. 0.67 at 365 days; Wilcoxon  $X^2(1)=5.81$ ,  $p < .02$



Asarnow, J. R., Hughes, J. L., Babeva, K. N., & Sugar, C. A. (2017). Cognitive-behavioral family treatment for suicide attempt prevention: a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(6), 506-514. N=42

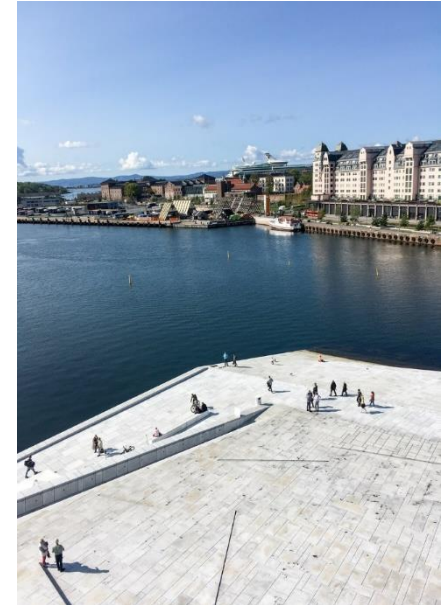
# DBT: “Strong Evidence for Efficacy in Adolescents for Reducing Self-Harm”

2 Randomized Controlled Trials Established Treatment

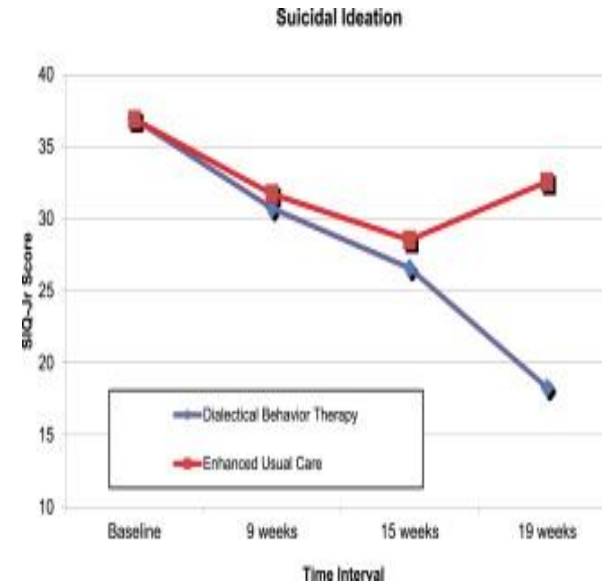
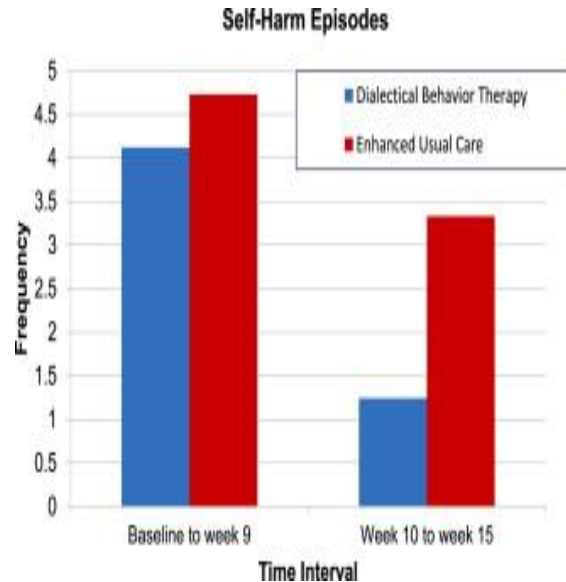
## U.S. Trial



## Norwegian Trial



# Landmark DBT Trial: Mehlum & Colleagues: Dialectical Behavior Therapy for Adolescents with Repeated Suicidal & Self-Harming Behavior, JAACAP, 2014



Mehlum L, Tørmoen AJ, Ramberg M, Haga E, Diep LM, Laberg S, Larsson BS, Stanley BH, Miller AL, Sund AM, Grøholt B. Dialectical behavior therapy for adolescents with repeated suicidal and self-harming behavior: a randomized trial. *J Am Acad Child Adolesc Psychiatry*. 2014 Oct;53(10):1082-91.

# Dialectical Behavior Therapy (DBT)

## Treatment of Suicidal & Self-Injurious Adolescents with Emotional Dysregulation

NIMH MH093898; Linehan, McCauley, Berk, Asarnow

C  
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S

### Very High Risk Youth:

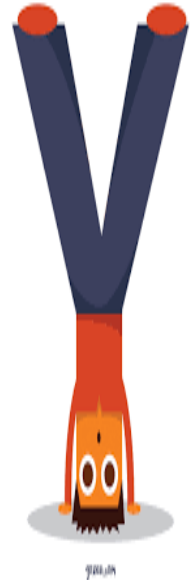
- **Suicide Attempt**
- **Repetitive Self-Harm**
- **Current suicidal ideation**
- **Borderline symptoms**

McCauley E, Berk M, Asarnow JR, Cohen J, Korslund K, Avina C, Hughes J, Harned M, Gallop R, Linehan MM. Efficacy of dialectical behavior therapy for adolescents with high risk for suicide: a randomized clinical trial. *JAMA Psychiatry*. 2018;875(8):777-785. doi:10.1001/jamapsychiatry.1109. PMID: 29926087.

Adrian M, McCauley E, Berk M, Asarnow JR, Korslund K, Avina C, Gallop R, Linehan MM. Predictors and moderators of recurring self-harm in adolescents participating in a comparative treatment trial of psychological interventions. *Journal of Child Psychology and Psychiatry*, Volume: 60, Issue: 10, Pages: 1123-1132, First published: 30 July 2019, DOI: (10.1111/jcpp.13099)

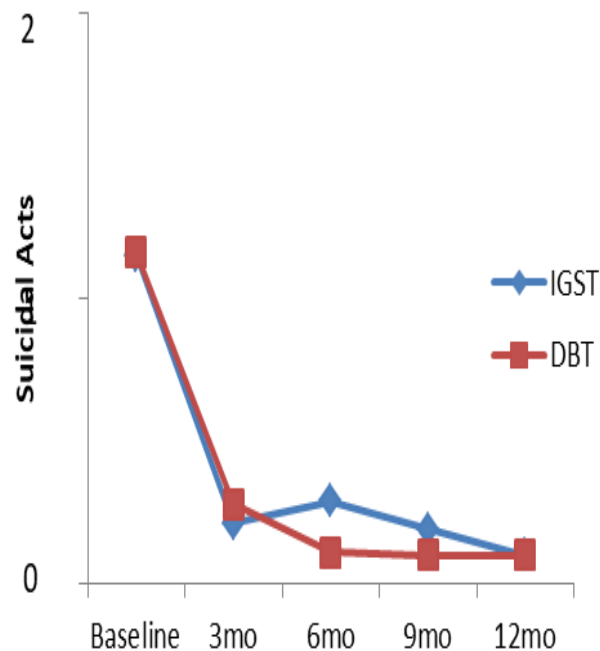
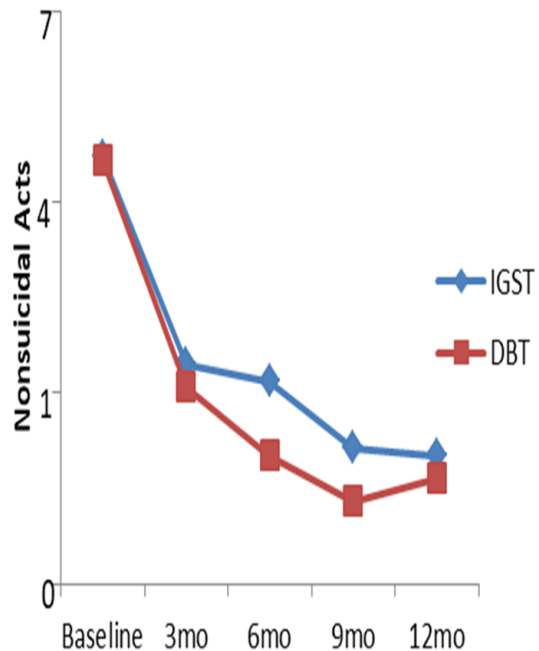
Asarnow JR, Berk MS, Bedics J, Adrian M, Gallop R, Cohen J, Korslund K, Hughes JL, Avina C, Linehan M, McCauley E. Dialectical Behavior Therapy for suicidal self-harming youths: Emotion regulation, mechanisms, and mediator. *J Am Acad Child Adolesc Psychiatry*. 2021, in press

50 Calm-Down Techniques





# DBT Advantage at Post-Treatment vs IGST: NSSI & Suicide Attempts



Generalized linear mixed-effects model for ordinal data (Hedeker & Mermelstein, 2000).

# Conclusions

- Progress has been achieved
- We have treatments with some demonstrated efficacy for reducing major risk factors such as prior suicide attempts and self-harm
- Evaluation data support the value of community-wide suicide prevention programs



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