

DIDACTIC PRESENTATION

“Integrated Suicide Risk Screening & Assessment”

[Recording](#)

[Presentation Slides](#)

Co Presenters:

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CASE SUMMARY

We explored the complicated case of a 15yo female with working diagnoses of PTSD and an eating disorder NOS. Client has recently disclosed onset of visual hallucinations, increased depression, obsessive thoughts about harming people, and a return to suicidal thoughts bringing on a fear of return to a long history of suicide attempts. She is determined to never go back to inpatient hospitalizations after experiencing two instances in this year for attempted suicide and making homicidal statements.

The client is currently on Wellbutrin and Lexapro, sees a social worker once a week, Psychiatric NP once a month, and has a biweekly eating disorder treatment sessions. She lives with mother, half-sister and step-dad, has a history of trauma that includes physical and emotional abuse by bio-father and a witness to prolonged DV of mother by bio-father. Mom and step-dad are supportive of her mental health treatment. Client wants to do well at school and be able to spend more time away from home.

KEY QUESTION(S)

- Is there an emerging psychosis, and if so what would be the next appropriate steps in treatment?
- Is there another diagnosis potential that could inform treatment?
- What is a level of care between once-a-week outpatient therapy and inpatient psychiatric care?

CLARIFYING QUESTIONS

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| Mood- is it cyclic in anyway? Does her mood change? | Depression is a constant- but does not feel like she has manic episodes (goes from being depressed and not able to get out of bed to being able to function). Does have racing thoughts... mood does change rapidly even within a session. |
| How is her overall physical health? | No medical issues up until she developed her eating disorder and lost a lot of weight in a very short amount of time, which cased medical issues come up, but her physical health seems to be well. |
| Can you give us more background on her suicide attempts and stressors associated with them? | Self-disclosed attempts were swallowing prescription medication, strangulation attempt. Patient is unable to identify what was going on in the moment. She had the thought and acted upon it. |
| Has there been safety planning with restriction of lethal means? | Yes, mom and step dad are responsive and have removed lethal means – no belts, no knives.... |
| Any family history of psychosis diagnosis? | Possibly mom? Mom’s side has bipolar dx. |
| Where is the patient’s spirituality at this point? | Conflicted. Mom is a strong Christian. Uses language that is discouraging around patients’ sexuality. Patient is interested in alternative spirituality but wants to be opposite from her mom’s beliefs. |
| Is sleep an issue? | She has a hard time calming her body and mind to be able to fall asleep, and she reports a lot of distressing nightmares. |

KEY RECOMMENDATIONS

Clinical Follow Up - Therapist:

- Focus on other strengths and areas of success and help her move away from pathologizing self and ruminating on mental health condition.
- Get a better assessment of the non-suicidal self-injury and the suicidal thoughts. Are they linked?
- Help family members pro-actively support each other's strengths (avoid her attention / support / nurturance needs being met through crisis and intake restriction).
- Consider referral to a therapist or program with evidence-based family treatment for eating disorders (Maudsley Method or similar).
- Decrease anxiety and focus on relief for high-impulsivity.
- Support and assist the family with in-home therapy intervention (HCT).
- Consider referral to case management/BHH and HCT.
- Support parents in applying for [Katie Becket](#) insurance, if child not already eligible/enrolled.
- Explore prosocial activities to participate in at school or find a contact at school she can foster a positive relationship with (aside from her clinician).
- Support parent in requesting IEP/psychoeducational testing from school.
- She may be trying to understand herself, where she is fitting in and who she may be as a person.
- Determine areas of interest. Can she give back to her school or community? Does she like art, drama, sports? What can she get involved in to help with developing other social emotional skills?

School Based Follow Up

- Consider upgrade from 504 to IEP.
- Build in sensory breaks or gross motor breaks, if needed.
- Allow for extra time to complete assignments and tests, if needed
- Ability to complete schoolwork / tests outside of the classroom in a quieter space could be of benefit to her.
- If she qualifies for an Ed Tech or BHP, consider adding as a before or after school activity.
- Has school personnel identified any other concerns? Peer engagement/interactions? Academically? Any learning disabilities? Has academic testing been done? If these are of concerns, Maine Parent Federation has a Parent Navigators Program which may help the family advocate.

Medical Follow Up - PCP:

- May need a medical work up to look at labs and toxicology
- Consider investigating for prenatal alcohol exposure, lead exposure, head trauma.
- May want to look at possible anxiety and/or ADHD – if identified/warranted, treat Anxiety/ADHD as soon as possible.
- Attend to impulse control and address intrusive thoughts and actions.
- Patient could benefit from medications, such as a low dose propranolol or prazosin to help her fall asleep at night or help with nightmares.
- Emergent psychosis is unlikely, but an updated psychological evaluation may be appropriate to determine possible onset of psychosis or other mental health diagnosis.
- Increase frequency of psychiatry visits.

KEY RESOURCES

Look into insurance coverage: [Katie Becket](#) is a MaineCare enrollment option for children with serious health conditions, but are not eligible for regular coverage under MaineCare.

Look into community programs

- Big Brothers/ Big Sisters: <https://www.somebigs.org/>
- Boys & Girls Club: <https://www.bgcmaine.org/>

Look into a family advocate: Maine Parent Federation has a [Parent Navigators Program](#) which may help the family advocate.