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PIRR
Pediatrics in the Red Rocks

The Post Psychiatric Hospitalization Visit:

Efficient Interventions for Primary Care Providers

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Agenda

- The Uncomfortable Reality
- Case Presentation
- The Post Psychiatric Hospitalization Protocol- C.L.E.A.R.
  - Responsible Prescribing
  - Safety Planning
  - Risk Assessment
- Integrating CLEAR into Primary Peds Work Flow
- Conclusion

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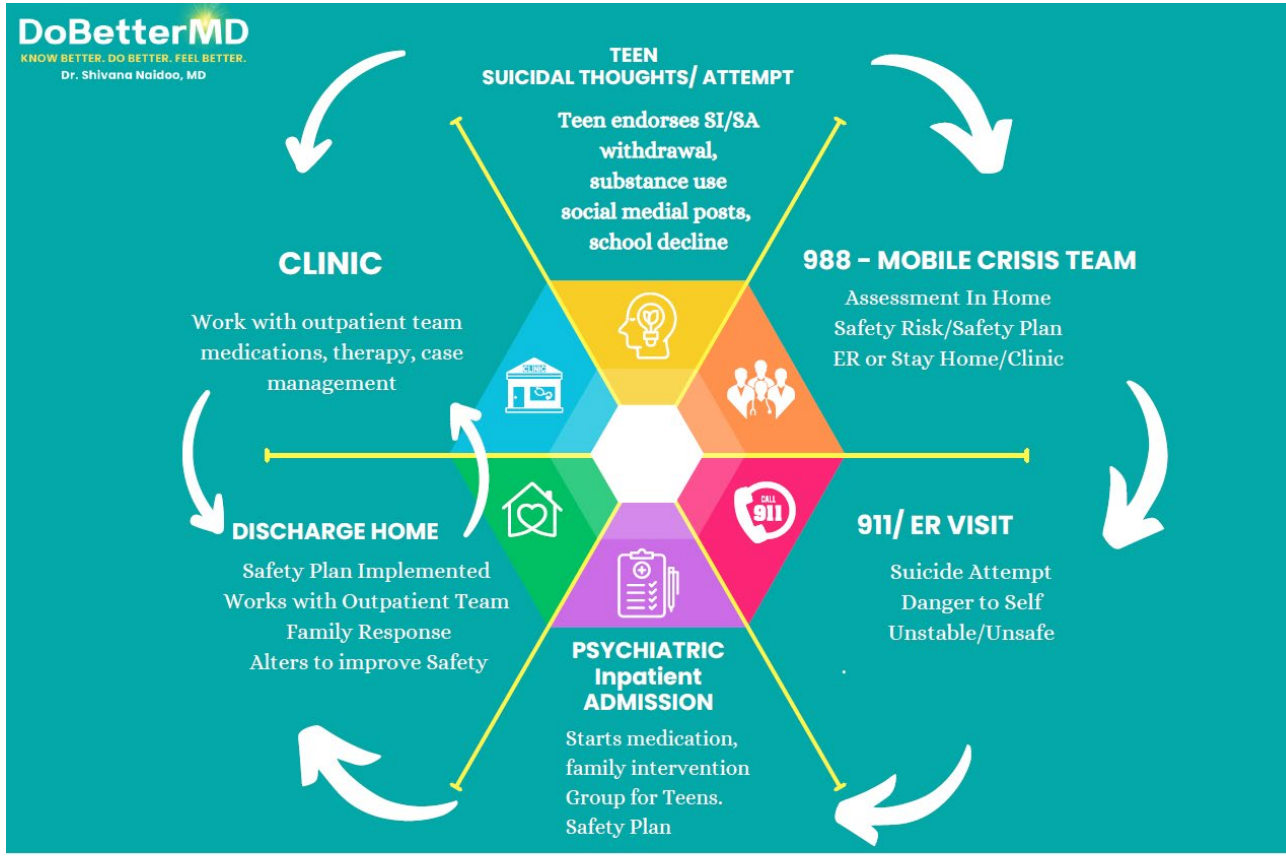
Training vs Life Experience

Training

- ❑ No Difficulty with obtaining outside medical records
- ❑ No presentation without EMR Access
- ❑ Attending Supervisors for Guidance and Support
- ❑ More Time
- ❑ No Post Hospital Discharge Protocol in Residency

LIFE/ Clinical Experience- AZCA

- ❑ 4 Hospital Discharges per week x 3 years at Arizona's Children Association- AZCA
- ❑ Back to Back Patients- Limited Time
- ❑ Post Hospital Discharges Daily in PHP- Access to Full Chart
- ❑ CLEAR Protocol- DoBetterMD



SYSTEM OF CARE FOR SUICIDAL YOUTH

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The Uncomfortable REALITY

Pediatrician in Psychiatrist's Role

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No single standardized PCP-specific protocol for Post Psychiatric Hospitalization Assessment exists:

Evidence Supports a structured approach

- 1- Early follow-up (ideally within 7 days)
- 2- Suicide risk reassessment with safety planning
- 3- Medication reconciliation
- 4- Coordinated handoff with the discharging psychiatric team.

Che SE et al. *JAMA Netw Open.* 2023

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Case - Caleb

- 15 yo male in custody of divorced parents- Step Mother brings patient to Routine Annual Physical prior to starting school. She shares that he recently was admitted to his first psychiatric hospitalization at Aurora Behavioral Health- Tempe. Pt hospitalized for 3 days s/p endorsing to summer school counselor that he " did not want to be here anymore." Patient and Parent express themes of frustration. Parent states inpatient psychiatrist diagnosed patient with "Bipolar Disorder" and that he is taking 3 different medications- unknown names or doses. "One that starts with an L… I think and a blue pill and a little white pill." Parent states they were discharged 1 week ago, and the hospital was supposed to send these meds to the pharmacy - but did not. Pt has not been taking any medication for 7 days. Patient is on the wait list for therapy, parent is not sure which waitlist. Patient states since leaving the hospital he has felt "more frustrated and depressed" than before. No discharge paperwork from the inpatient hospital is scanned in the chart. Parent provides several sheets they received from the hospital- none of which have patient's medication, diagnosis or hospital course listed.
- You have been working with youth for the past 5 years- seen only for well checks- last check up one year ago. Family history of smoking, occasional ETOH in parents. No concern for neglect or abuse. Concern for ADHD- but grades consistent C from middle school on. Concern for MJ use, but nothing confirmed. C+ student at Chandler High- 10th grade. Last well check admitted to "coming out as Bi but my parents don't know." You also care for patient's younger sister who has Asthma. Patient came into your care after younger sister was born.

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Case Presentation Highlights

- 15 yo male in custody of divorced parents- StepMother brings patient to Annual Physical prior to starting school. She shares that he recently was admitted to his first psychiatric hospitalization at Aurora Behavioral Health- Tempe. Pt hospitalized for 3 days s/p endorsing to summer school counselor that he " did not want to be here anymore." Patient and Parent express themes of frustration. Parent states inpatient psychiatrist diagnosed patient with "Bipolar Disorder" and that he is taking 3 different medications- unknown names or doses. "One that starts with an L… I think and a blue pill and a little white pill." Parent states they were discharged 1 week ago, and the hospital was supposed to send these meds to the pharmacy - but did not. Pt has not been taking any medication for 7 days. Patient is on the wait list for therapy, parent is not sure which waitlist. Patient states since leaving the hospital he has felt "more frustrated and depressed" than before. No discharge paperwork from the inpatient hospital is scanned in the chart. Parent provides several sheets they received from the hospital- none of which have patient's medication or diagnosis listed.
- ***You have been working with youth for the past 5 years-*** seen only for well checks- last check up one year ago. Family history of smoking, ETOH in parents. No concern for neglect or abuse. Concern for ADHD- but grades consistent C from middle school on. Concern for MJ use, but nothing confirmed. C+ student at Chandler High. Last well check admitted to "coming out as Bi but my parents don't know." You also care for patient's younger sister who has Asthma. Patient came into your care after younger sister was born.

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How could this Happen????

What am I going to do????

The Uncomfortable Situation

- Increased Psychiatric Hospitalizations
- ER filled with Youth Waiting for Inpatient Psych Bed– d/ced to PCP
- Pediatric Patients in Mental Health Crisis- Primary Care s/p hospital
- Not Enough Child Psychiatrists or Therapists
- You May or May Not be aware of this Patient on your Clinic Schedule
- A lot of Information about very little Information [ADHD/Manic]
- One patient can push back your ENTIRE schedule, flow and MINDSET

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Emotional Co-Regulation

• Center Yourself

- *This is going to be A Lot-- I can Handle A Lot–*
- *I am a PROFESSIONAL.*
- *I can make some sense of this situation*
- *I can't fix this system, but I can help this family now*
- *I can use my anger to help build a bridge with this patient/family*
- *My other routine Patients CAN WAIT*
- *I can safety plan*
- *I can always send them back to the ER with a Note*

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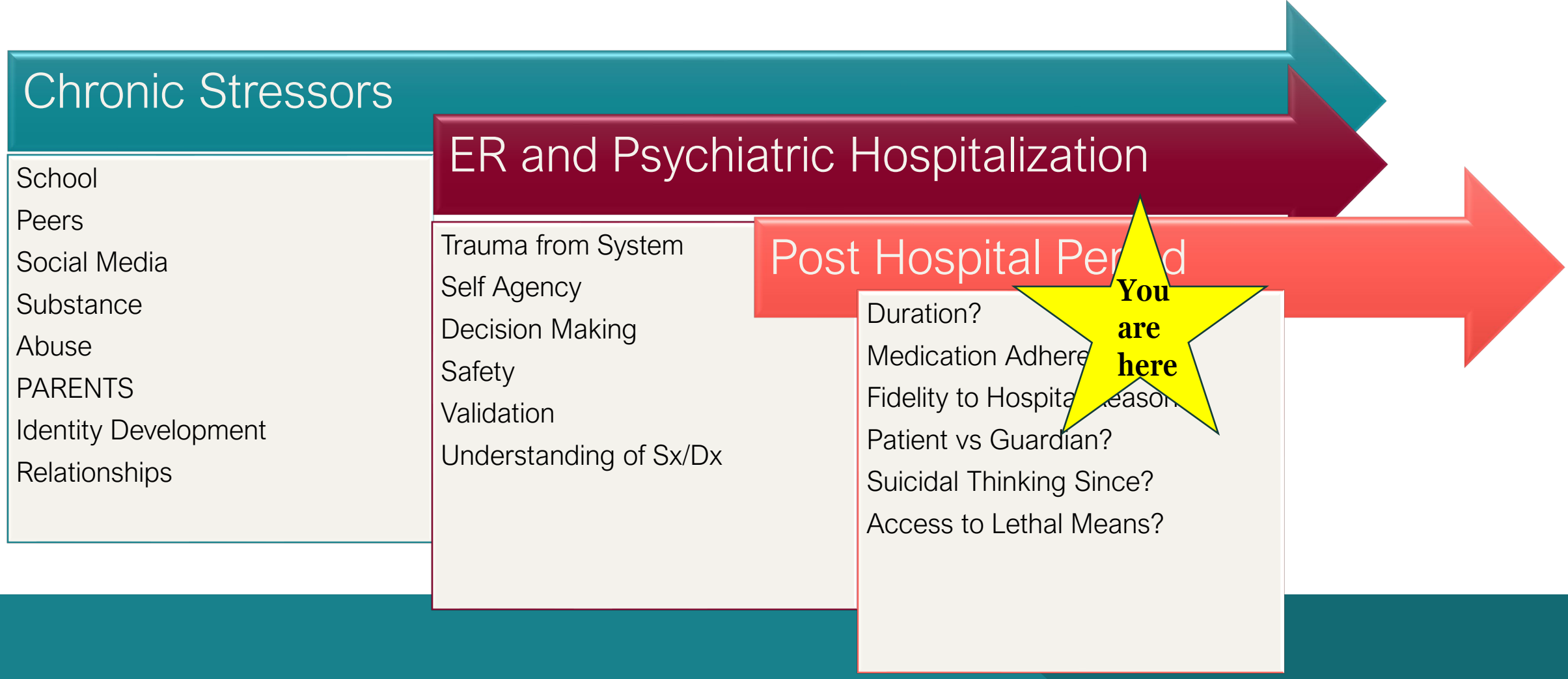

Suicidal Youth = Acute on Chronic

WHY NOW???

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Are They Safe in Outpatient Peds???

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Efficient Intervention for Primary Care Providers

C.L.E.A.R

Post Psychiatric Hospitalization Visit

Post Psych Hospital Protocol:
CLEAR

- C- CAN I? - Clarify, Connect, Converge Concern, Consent, Calm
- L- Listen to the Patient. Learn their Objectives/Goals NOW
- E- Evaluate Risk Level- SIIP/HIIP Now? Safe ? Trust Guardian?
- A- Assess MEDICATIONs- NEED to RENEW/CONTINUE Medication? What Meds?
- R- Review/Return/Refer- Review Safety Plan/Crisis Numbers, Return to Office Date Refer to Psychiatry

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C: Can I- Calm, Clarify, Connect

- Calm YOURSELF- Calm the PATIENT/PARENT- Eye of the Storm-
- Calm Parent/Patient- Trauma of System of Care-
- Clarify- HOW did they get to the ER/Hospital?-
  - *"CAN I TRUST Patient/Parent?"*
- Clarify- Did they make an Attempt?
    - *"Can I ascertain safety?"*
- Connect with the Anger/Frustration/Disappointment/Relief = Validation
  - *"Can this family work with me?"*
  - *"Can they follow my recommendations?"*

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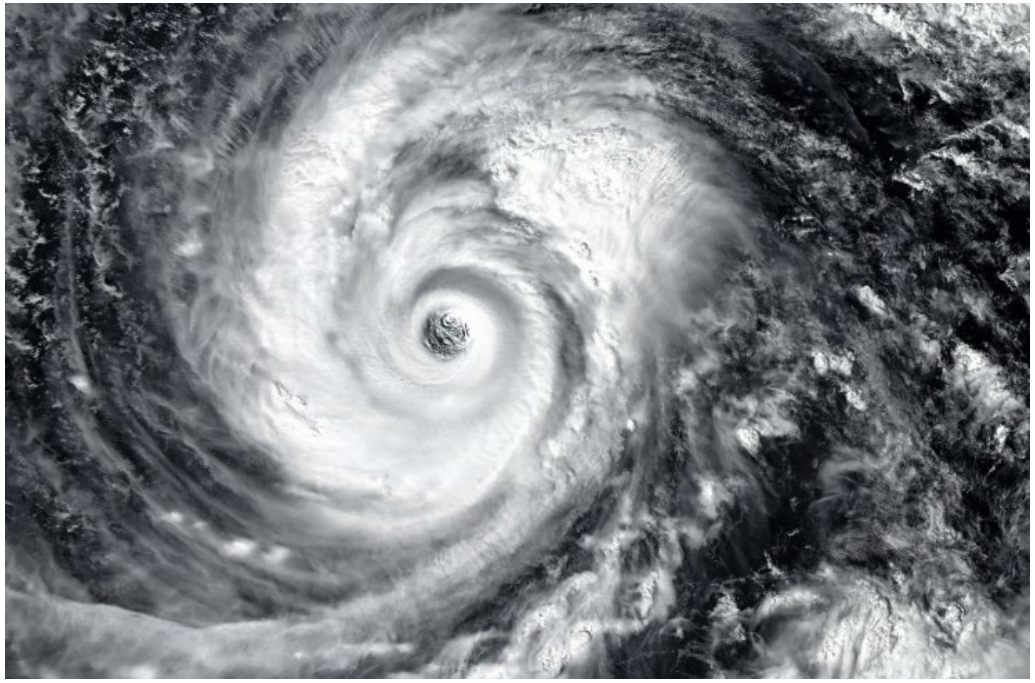

Eye of the Storm

Converge Concern

WHAT IS NOT A PRIORITY NOW?

- Obtaining/Reviewing Labs: CBC/CMP/Lipid/HbA1c
- What exactly was said by the patient to get them to the ER/Hospital?
- Were they REALLY SUICIDAL at the time of the hospitalization?
- In what ways were the ER/Hospital unhelpful and invalidating?
- What the Parent/Youth thinks about the system of care/InPatient Attending
- The details of the argument/conflict that prompted the attempt/SI

WHAT IS A PRIORITY?

- Utox Results, BAL, Toxicology
- HOW did the patient get to the ER?
- HOW did the Parents become aware? HOW did 911 get called?
- Are they experiencing Active suicidal ideation, intention and plan NOW?
- Did the Parent/Patient Agree with the hospitalization?
- What did the patient learn from the hospitalization experience?
- Is the youth actually taking the medications prescribed by the hospital?
- Are there side effects from these medications?
- WHERE are the Medications and WHAT are they?
- WHY NOW???

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C: Consent to Treat

- Who is the Legal Guardian?
- Who is the medical decision maker?
- Who is sitting with you and patient right now?
- If Step Parent/Co Parent- Can they call the Guardian on the Phone Now?
- Document verbal consent
- Send/Email form for written consent to speak guardian
- Joint- Require both Parents

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L: Listen to the Patient

- L- Listen to the Patient ALONE.
- Learn their objectives/goals NOW- School? Home? Therapy? Summer/Holiday?
- Listen for their symptoms/concerns?
- Do they have Regret/Remorse over attempt?
  - Future Orientation? 3 months, 2 weeks?
- Are they ACTUALLY TAKING the medications?
  - How do they feel on medications? Side Effects?
- Do you feel these medications are helping you?
  - Can you agree to come see me again in 2 weeks?
- BUILD TRUST- Relationship Over Time- Growth- Turning Point

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E: Evaluate Risk Level

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month YES	NO
Ask questions that are bolded and underlined.		
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		

	YES	NO
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?***		

asQ
Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No
   If yes, how? _____ When? _____

If the patient answers yes to any of the above, ask the following question:

5. Are you having thoughts of killing yourself right now? Yes No
   If yes, please describe: _____

NIH National Institute of Mental Health

For description of study:
*Horowitz LM, Bridge JA, Teach SJ, Ballard E, Klima J, Rosenstein DL, Wharff EA, Ginnis K, Cannon E, Joshi P, Pao M. Ask Suicide-Screening Questions (ASQ): A Brief Instrument for the Pediatric Emergency Department. Arch Pediatr Adolesc Med. 2012;166(12):1170-1176.

After administering the asQ

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen*).
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ **"Yes"** to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation.** Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed.** Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

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Suicide Progression- Thought to Action

IDEATION

- Think about actually killing themselves
- Different than being dead or disappearing
- Thoughts happen often or few
- Can be comforting/frightening.
- Often tell someone
- *"Sometimes I feel like I want to kill myself"*

- ACTIVE THOUGHT

INTENTION

- Willingness
- Conviction
- How Close to trying
- How Badly they Want it

- *"I am going to do it by my 16th birthday,, nothing will stop me"*
- WANT

PLAN

- WHAT they Want TO DO
- WHEN they want to do it
- Any Action- Small or Large
- Attempt – Actually Tried
- Suicide Attempt vs Self Harm

- *"I am going to overdose on the melatonin in the cabinet"*
- ACTION

IF IN CRISIS TEXT 741741 /DIAL 988

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SINCE YOU LEFT the Hospital….
Critical Questions

- Have you had any PLAN to kill yourself?
- Have you TRIED TO DO ANYTHING to kill yourself?
- Have you WISHED YOU SUCEEDED?
- Have you had to call 911/988 AGAIN?

- ----------

- Have you had THOUGHTS about killing yourself?
- Have you had A WISH to BE DEAD?
- Have you used ANY SUBSTANCE?
- Have you had a HARD TIME COMMUNICATING with your Parent?

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E: Evaluate Risk Level Further Qs

- **E- Evaluate Risk Level-**
- *"Did you Do Anything or TRY to Do Anything to End Your Life?"*
  - Made A Suicide Attempt?
  - Passive SI vs Active Suicidal Ideation, Intention and Plan?
- *How did you end up in the ER?*
  - Who called 911/Advised ER visit?
- *Are you STILL HAVING Suicidal ideations? Last Time?*
- *Do you STILL HAVE an Active Suicide Plan? Last Time?*
- *Do you have any wish/goal/thought to end your life NOW?*
- *What are you LOOKING FORWARD TO? Next Week? Next Month? Next Year?*
- *What is causing Stress right now? How can we relieve this stress?*
  - Protective Factors vs Risk Factors

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GUN ACCESS

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Super Fast SECRET Safety Plan

- 1- What can you do if the thoughts come again? What can you do On Your Own to distract ?
- 2- Who can you call for distraction/help?
  - Components of a Safety Plan
  - Write on Paper/Complete With Patient and Guardian
- 3- What item in your home makes YOU FEEL unsafe? What can we do with guardian to make you feel the most safe in your home?
- 4- What are you looking forward to?
- 5- When can you come back to my office? Return to Office
  - Greatest Risk for Re-Attempt is first 90 days.
  - Every 2 week appointments for 1 month, every month x 2 months
  - MA/RN call guardian for check in every other week
  - Book Appointments in advance and review with Parent/Patient

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How does my Body/Mind Feel when…

What Can I do ON MY OWN when…

Who Can I Call When….

My Office Number/988/741741

GO SECURE

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. **Name:** _____ **Contact:** _____
2. **Name:** _____ **Contact:** _____
3. **Place:** _____ 4. **Place:** _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. **Name:** _____ **Contact:** _____
2. **Name:** _____ **Contact:** _____
3. **Name:** _____ **Contact:** _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. **Clinician/Agency Name:** _____ **Phone:** _____
Emergency Contact : _____
2. **Clinician/Agency Name:** _____ **Phone:** _____
Emergency Contact : _____
3. **Local Emergency Department:** _____
Emergency Department Address: _____
Emergency Department Phone : _____
4. **Suicide Prevention Lifeline Phone:** 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.

Stanley-Brown
Safety Planning Intervention

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GO SECURE the following Items to SAFE GUARD YOUR HOME

G	• Guns
O	• Overdose Options • Prescription Pills, Over the Counter Pills, Vitamins, Cough Medicine, Cleaning Supplies
S	• Sharps- Razors, Knives, Art Supplies, Pencil Sharpeners, Glass, Garage, Pins
E	• Electronic Cords, Belts, Bungee Cord, Items for hanging
C	• Car Keys
U	• Underage Drinking
R	• Re- Attempt
E	• Entrance-exit-window-doors

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Episode 43

Thinking It Through
With Dr. Naidoo
Child Psychiatrist

Quick Coping Strategies

- Stop Your Thought- Just Stop
- Starfish Breathing
- Feel Good 5 Play List
- Play with your Pet
- Text a Responsible Adult
- How We Feel App- Download

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A: Assess for Medications- ASK Qs

- A- Assess for Medications- NEED to RENEW/CONTINUE Medication
  - Which Pharmacy did you give to the Hospital to send Meds to?
- Is Youth STILL taking Medications?
- HOW are they taking it? Where are pill bottles? Is Guardian Supervising them?
  - Guardians Need to Lock up ALL pills and supervise medication administration x 90 days.
- Do Parents want to continue these meds? [Consent]
- Does Patient want to continue these meds? [Assent]
- Are the Meds helpful? [Parent/Child Perspectives]
- Are there side effects? [Parent/Child Perspectives]

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Responsible Prescribing

- Do the Benefits outweigh the Risks?
- Medications can both help AND HARM- SSRI activation
- Prescribing Medications are ***NOT AN EMERGENCY***
- You are NOT REQUIRED to continue medication…
- You are REQUIRED TO ASSESS FOR INDICATION and SIDE EFFECTS
- You are PERMITTED to DISAGREE with the PSYCHIATRIST
- Don't change/stop meds in these situations-
    - **Residential Treatment Facility- longstanding Medications- need to be continued
    - **Month since discharge from hospital and they have continued on medications for 3 weeks… [DON'T STOP MEDS HERE- RESPONSIBLE TO CONTINUE THESE]

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CONTINUE THESE MEDS IF ADHERENT

- Lithium
- Valproic Acid
- Lamotrigine

- Aripiprazole
- Risperdone
- Olanzapine
- Quetiapine
- Lurasidone
- Brexiprazole
- Cariprazine

Lorazepam
Clonazepam
Alprazolam

Prns NOT Required

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A: Assess for Meds CONTINUE THEM

- BOTH Parent and Patient Consent/Assent to these medications
- Parent AGREES to supervise daily administration.
- Parent agrees to LOCK UP PILLS.
- Patient agrees to be supervised by guardian for 90 days.
- You are aware of the NAME AND DOSE of the Medications
- Patient OR Parent endorse it is HELPFUL
- Patient denies improvement OR Side effects
- Patient AND Parent are willing to Continue TO SEE IF HELPFUL
- Obtain Consent from Guardian- Verbally/Paper

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What if the Inpatient Psychiatrist DIDN'T get it right?

What if.... YOU CAN?

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A: Assess for Meds:
SAFE to DISCONTINUE/HOLD

- Parent and/or Patient DO NOT Consent/Assent to these medications
- Parent DOES NOT AGREE to supervise daily administration.
- Parent DOES NOT agree to LOCK UP PILLS.
- You CANNOT CONFIRM the NAME AND DOSE of the Medications
- Patient OR Parent endorse patient IS WORSE with Meds- Do No Harm
  - Agitation/Anxiety/Anger/Sedation/Insomnia/Mania/Rage
  - Suicidal Ideation- [CALL APAL!!!] **888-290-1336**
- Patient denies Improvement Or Side Effect- Doing NOTHING- AND doesn't want to take it
- Patient has been on Meds for 2 weeks or Less**
- Cannot Obtain Consent from Guardian- Verbally/Paper

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A: Assess for Medications- Cannot AFFIRM MEDS?

- You CANNOT PRESCRIBE if you CAN'T CONFIRM the NAME AND DOSE

- **CALL Pharmacy**

- Contact Inpatient Psychiatric Hospital-
  - Guardian Sign Paper Work
  - Talk to Inpatient Attending- Often Call You Back
  - Medical Records- Medications Confirm
- MUST Affirm Consent from Legal Guardian

- **Document WHY You are NOT prescribing Medication**

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R: Review and Return

- Review Safety Plan
  - Components of a Safety Plan
  - Write on Paper/Complete With Patient and Guardian
- Return to Office
  - Greatest Risk is first 90 days.
  - Every 2 week appointments for 1 month, monthly x 3mo
  - Book Appointments

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MA/RN Magic

- IF YOU KNOW THEY ARE COMING AHEAD OF TIME
  - MA- call Pharmacy on file- confirm recent meds
  - MA Call Guardian and…
    - Get Consents SIGNED for Hospital
    - Get Family History- Bipolar, Suicide, Any Risk Changes Happening
    - Get GUARDIAN STORY on the PHONE!!!
  - Ask Parent to BRING ALL MED BOTTLES and D/C Paper Work
  - Ask Parent to ensure Legal Guardian is Available by Phone or COMES with Them
  - Leave Other Kids Home- NO toddlers/babies

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Pharmacy Friends

- MA can Call the Pharmacy
- Confirm the Following:
  - Medication Prescribed- Name, Dose, #, refills
  - Prescriber Name and Phone Number
  - Confirm- OTHER Active Scripts
  - Confirm Pick Up of Medication or Not
  - Confirm Insurance coverage of new medications
  - Confirm whether Meds WERE sent or NOT

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Peds Clinic Work Flow- Implement CLEAR

1. While Patient is Roomed//Checked In
    1. Get Pharmacy Number- Task MA to Call and Confirm Medications, Doses, Quantity
    2. Ascertain Guardian- Guardian to get the pharmacy list of meds up on their phone and verbal consent
    3. Get Consents Signed- Hospital/Inpatient Attending
    4. Get Facts/Dates/Story via MA/Nursing/Trainee
    5. Get Briefing from Support Staff before entering the room
    6. Calm Center Self
2. Ask Questions with BOTH Patient and Parent Present
    1. C = Calm, Clarify, Converge Concern, A= Assess for Medications, , E= Evaluate Risk Level
3. Then Speak to Patient ALONE for Risk Assessment + Support Staff
    1. L= Listen to the Patient, E= Evaluate Risk Level. A= Assess for Medications. A/R= Secret Safety Plan
4. Support Staff [or YOU] Speak to BOTH Patient and Guardian TOGETHER AGAIN
    1. R= Review Safety Plan- PRINT, Schedule RETURN Visit

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- C- CLARIFY, CALM, CONNECT, CONVERGE, CONSENT
- L- LISTEN to Patient Alone- LEARN their goals
- E- EVALUATE Risk Level- Suicide
- A- ASSESS for Medications
- R- REVIEW and RETURN to Office

Crystal CLEAR

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In Conclusion

- Make it Crystal CLEAR
- Use your MA
- Pharmacy is your Friend
- Document Safety Plan
- Document Follow up WITH YOU
- Document WHY you Prescribed or DID NOT Prescribe
- DEBRIEF with a Colleague- Prevent Burn Out
- Call APAL hotline if you need further guidance

- **You are NOT REQUIRED to Prescribe**
- **You are REQUIRED to ASSESS SAFETY**

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- REFER TO REACH! Virtual PHP
- mhedrick@brownhealth.org
- Molly Hedrick, PhD
- Clinical Lead Psychologist

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Thank You!
Questions?

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Thinking It Through with Dr. Naidoo- Child Psychiatrist- PODCAST

https://www.buzzsprout.com/1776826

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