Three-day intensive crisis intervention is associated with reduced suicidality in adolescents

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When an adolescent is acutely suicidal and cannot safely remain in the community, inpatient psychiatric hospitalization is the traditional intervention. But a lack of appropriate facilities across the United States, combined with an increasing demand for inpatient psychiatric services, means many young people who are at critical risk often cannot get the help they need.

That very concern led the Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County Ohio to partner with Nationwide Children's Hospital to create the hospital's Youth Crisis Stabilization Unit in 2011. With funding from the ADAMH board, the unit's doctors and mental health professionals developed a new therapeutic model called intensive crisis intervention (ICI).

Now, in what appears to be the first study of its kind and recently published in the journal *Child and Adolescent Mental Health*, clinicians and researchers at Nationwide Children's have shown that ICI is a promising alternative to lengthy hospitalization. Findings also revealed significant reductions in suicidal ideation at the three-month follow-up.

"Many communities are searching for other options, and what we have found is that this model holds a lot of promise," says Sandra M. McBee-Strayer, Ph.D., lead author of the study and a research scientist in the Center for Suicide Prevention and Research at Nationwide Children's Abigail Wexner Research Institute.

ICI relies on cognitive behavioral therapy, focusing on responses to stress that can lead to suicidal behavior and working with these adolescents and their families to develop better ways of coping with stressors. The model places a particular emphasis on family engagement, and family members are encouraged to stay in the Youth Crisis Stabilization Unit overnight with their children.

The therapy takes place across three phases. In the first phase, a psychiatrist and crisis clinician conduct assessments, determine what led to the crisis (and what occurred during and afterward) and develop a treatment plan.

In the second, the young person participates in as many as two family sessions and three individual sessions daily to develop successful responses to stressful situations. When families and clinicians agree the adolescent can safely return home, the third phase includes time for safety planning and linking the family to community care. The three phases are designed to take place in three days.

"We know this will not be enough time to 'solve' all of a young person's issues," says Ericka Bruns, LPCC-S, director of Crisis Services at Nationwide Children's and a co-author of the study. "But we
can work to help the patient and family understand the crisis, and help build coping mechanisms. The family involvement is so important, because communication in the home and learning about the signs of suicidality is an important part of safety planning."

The recent pilot study considered 50 young people, ages 12-17, who entered the Youth Crisis Stabilization Unit due to suicidal ideation and/or behavior. All participants had to score within the clinical range (score >31) on the "Suicidal Ideation Questionnaire-Junior (SIQ-Jr).", and the average score for these adolescents was 54.3. More than half had already attempted suicide.

Approximately one month after undergoing Intensive Crisis Intervention, the average SIQ-Jr score had decreased to 20.9. Three months later, the score was 20.1. Four participants did report a suicide attempt at the three-month follow-up. The authors note that rate is too small for statistical comparison, but it is in line with rates reported in other studies of suicidality treatments.

The Youth Crisis Stabilization Unit and its ICI are important components of behavioral health services at Nationwide Children's and are part of a larger system of care within the community.


Provided by Nationwide Children's Hospital

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