

Principles of Crisis Intervention in Child and Adolescent Psychiatry

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Crisis Definition

- An acute disruption of psychological homeostasis causing distress and functional impairment
- One's usual coping mechanisms have failed
- Stressful situational event
- Developmental event
- Societal event
- Cultural event
- Perception of an event

Some reasons for precipitation of crises in children and adolescents

- Reactions to family stress/ disruptions
- Divorce/separation of parents
- Loss of key figures
- Transitions/moves
- Bullying



Crises commonly seen in children and adolescents

- Crisis of lethality - suicidal or homicidal ideation/gesture/plan
- Crisis of dangerousness – substance use/aggression/risky behavior

CHILD AND ADOLESCENT SUICIDE

- **HOW COMMON IS SUICIDE IN YOUTH?**

- **Nationally, suicide is the fourth leading cause of death in youth 7-17 years of age**

- **Preceded (nationally) by accidental injuries, homicide, and cancer**
- **Second or third leading cause in adolescents**
- **Over the past three decades, suicides in white males between 15-24 has risen threefold**
- **Overall, including all races and genders, there were 28% more suicides in 1998 than 1981**



CHILD AND ADOLESCENT SUICIDE

- **JUVENILE SUICIDE VARIES MARKEDLY ACROSS ETHNIC GROUPS, GENDERS, GEOGRAPHICAL AREAS AND AGES**

- Most common in Native American males (1998-1981), but the absolute numbers obscure the rate (57 per million)
- White males are second in rate (31 per million), but represent the bulk of the statistics
- Steep rise in African American males after 1986
- Most numbers peaked in 1994, and declined somewhat afterwards



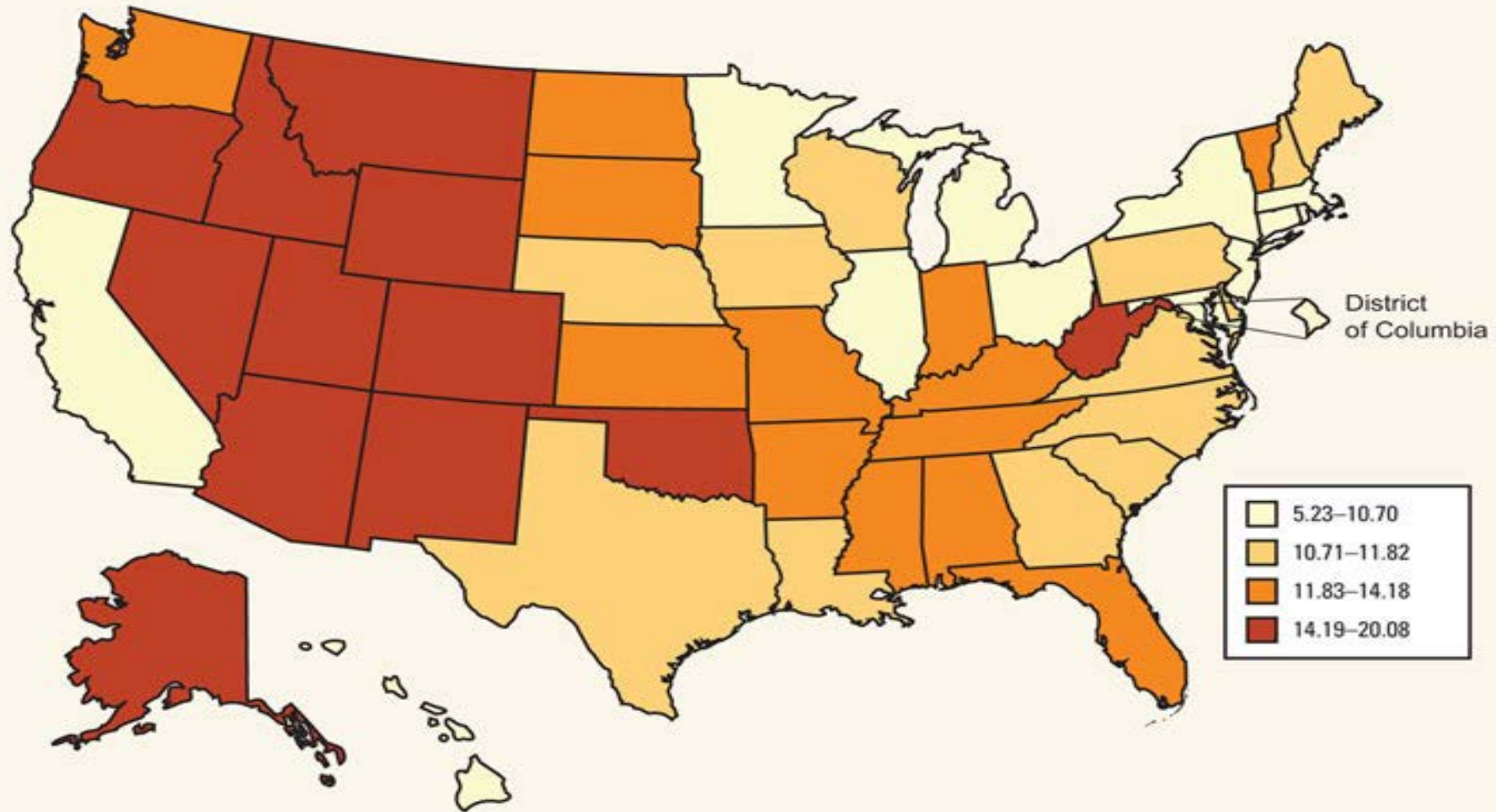
CHILD AND ADOLESCENT SUICIDE

- **SUICIDE VARIES BY GEOGRAPHY**

- Thirteen western states have youth suicide rates 200-300% higher than the national average, and rates that exceed homicide
- Suicide rates are lowest in the South, North Central and North Eastern States
- Suicide rates are lowest in high urban areas (New York, New Jersey, Connecticut,) and highest in relatively rural states (Alaska, Montana, New Mexico)

Suicide Rate 2000–2006, United States

Age-adjusted Death Rates per 100,000 Population



Note: Reports for All Ages include those of unknown age.

Data courtesy of CDC

CHILD AND ADOLESCENT SUICIDE

- **SUICIDES ARE ACCOMPLISHED BY FIREARMS AND FUELED BY ALCOHOL**
 - Youth suicides involve firearms in 58-65%
 - Virtually the same incidence of homicides involve firearms
 - A firearm in the home increases suicide risk five times, and murder three times
 - 50% youth suicide involved alcohol
 - 75% of youth homicide involved alcohol



Developmental/maturational crisis

- A predictable stage of the life cycle. A necessary developmental task for growth. Such as identity development in adolescents.
- Eric Erikson:
 1. Basic trust vs Mistrust (0-18 months)
 2. Autonomy vs Shame and doubt (18 months -3yo)
 3. Initiative vs guilt (3yo-5yo)
 4. Industry vs inferiority (5yo- 12yo)
 5. Identity vs role confusion (12yo-18yo)
 6. Intimacy vs isolation (18-40)
 7. Generativity vs stagnation (40-65)
 8. Ego strength vs despair (65-death)



Situational crises

- Arises from an external rather than an internal source. Crisis is often unanticipated. Ex. loss of job, change in financial status, death of a loved one, etc.. Referred to as "critical life problems", because they are encountered by most people during the course of their lives.
- Child and adolescent examples:
 - Being bullied
 - Loss of financial/housing/family stability
 - Breakups
 - Failures (academic, athletic)
 - Losses
 - Accidents



Existential Crises

- Includes inner conflicts and anxieties that a
- Sense of purpose, responsibility, independence



Ecosystem Crisis



- Occur when there is a natural disaster or human caused disaster that affects a person or a group of people who then have to deal with the aftermath.
- Psychological First Aid - www.nctsn.org/content/psychological-first-aid



Robert's seven-stages model of crisis interventions

1. plan and conduct crisis assessment
2. establish rapport and rapidly establish relationship
3. Identify major problems
4. deal with feelings and emotions
5. generate and explore alternatives
6. develop and formulate an action plan
7. Follow-up plan and agreement



Basic intervention

- Listen
- Empathize
- Build rapport
- Offer options/generate solutions
- Work together to change behavior
- Social support



Catharsis or co-rumination?

- **Catharsis**- “purging” of emotions through talking about them
- **Co-rumination** is a relatively new construct, referring to extensively discussing and revisiting problems, speculating about problems, and focusing on negative feelings with peers. Over - focusing on problems without room for reframing or solutions.



Listen/empathize/build rapport

- Listen with your whole attention, using your whole body. Utilize the Rogerian stance of authenticity, accurate attunement and unconditional positive regard (respect)
- The ability to respectfully step into another person's shoes and understand their feelings and perspectives.
- Communicate what you are hearing and understanding using respectful language.

Offer options/generate solutions/work together

School : setting ,academic , social

Home: structural modifications, relationships, harmonious interactions

Interpersonal: rules of engagement, healthy engagement

Social Support

- Social support is the factor most associated with successful transitioning through a crises as well as better outcomes in multiple different arena's including general mental health, academic functioning, employment and general personal wellbeing.

Suicide clusters/Contagion

- A suicide cluster is 3 or more suicides occurring in close temporal and/or geographical proximity (Gould et al., 1989)
- Occur primarily among teenagers and young adults with between 1 percent and 5 percent of teen suicides occurring in clusters .
- The relative risk of suicide following exposure to another individual's suicide was 2 to 4 times higher among 15- to 19-year-olds than among other age groups.
- Analysis of data on a nationally representative sample of U.S. high school students from the National Longitudinal Study of Adolescent Health (ADD Health) found that “teens who know friends or family members who have attempted suicide are about three times more likely to attempt suicide than are teens who do not know someone who attempted suicide

Suicide clusters/ contagion

- Media reporting that is sensationalized, repetitive or over focuses on the suicidal nature of the death.
- Generally among kids who are socially connected to one another or have true or perceived commonalities.



Composite case example

- 15 year old Hispanic female who was brought in to the pediatric Emergency room by her grandmother who is her legal guardian. She was brought in at the urging of her school counselor who she spoke with after a teacher at her high school saw superficial cuts on her left wrist. To the school counselor, the patient disclosed intermittent suicidal thoughts for the last month and cutting behaviors since age 13.
- Grandmother was unaware of the patient's cutting or her suicidal ideation until they were contacted by the school counselor.
- Patient describes a 2 year history of depressed mood and anxiety. She has multiple self deprecatory thoughts about her intelligence and appearance. She has worries about what others think of her. She worries about the health and wellbeing of her grandmother who has health problems .
- Patient has been having difficulties falling asleep and staying asleep. She feels "tired all the time." She has had difficulties with focus and concentration and has been making poor grades.

Composite case example

- She admits to intermittent suicidal thoughts for at least the past month. She thinks about taking an overdose of her grandmothers medicines. She denies acting on these thoughts. She has not had prior attempts but admits to a history of superficial cutting on her arms and thighs to “relieve the stress.”
- Social History : She has been in grandmother’s custody since she was the age of eight when her mother was incarcerated for drug related charges. When she lived with mom she was exposed to domestic violence between mom and mom’s boyfriend. There was presumed neglect as mother was using heroine, alcohol and methamphetamines intermittently thorough patient’s childhood. No reported history of sexual or physical abuse. Denies being sexually active. Uses marijuana intermittently with last use 1 month ago.
- She is a ninth grader at the local high school in regular education. She is struggling academically especially in math. She has friends who she is close to and confides in but all her friends talk about suicide and cut and sometimes interactions with them make her feel worse.

Composite case example

- Her grandmother is appropriately concerned but overwhelmed. There are some aunts and uncles and their families that patient has contact with for holidays but little else. The patient previously played volleyball and enjoyed this but was no longer allowed to due to her poor grades which started in 8th grade. Prior to 8th grade she was an A-B student in most subjects except math.