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Stories From a Year Lost:
School Age Children and How Ohio AAP Can Help

PICKING UP THE PIECES OF THE COVID-19 PANDEMIC
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Schedule of Events

• 11:30 am: Ohio AAP Foundation Welcome & Announcements
• 11:40 am- 12:25 pm: Picking Up the Pieces of the COVID-19 Pandemic Panel
• 12:25-12:45: Discussion and Q/A
• 12:55 pm: Raffle and Wrap-up
Stories From a Year Lost: School Age Children and How Ohio AAP Can Help
Have a question? Use the chat box!
Share Your Stories!

TWICE AS MANY KIDS, TEENS TOOK THEIR LIVES IN FRANKLIN CO. DURING PANDEMIC THAN PRIOR YEAR

Insurance Claim Data Show How Much Teen Mental Health Has Suffered During the U.S. COVID-19 Pandemic

HOW THE PANDEMIC IS INTENSIFYING DEPRESSION AND ANXIETY AMONG TEENAGERS

Please send your story via email to edawson@ohioaap.org or use enter in the chat box, so that we can compile everyone’s story as Ohio AAP shares strategies and resources to help create a positive path forward for Ohio’s children.
Screening for Teen Suicide and Prevent Lethal Means Access: An Ohio AAP Program

Mike Gittelman, MD, FAAP
Division of Emergency Medicine
We have, as documented, no financial relationships to disclose or Conflicts of Interest (COIs) to resolve
Objectives for Today’s Session

• Learn why the Store it Safe program is essential today
• Hear real life stories from teens
• Understand what each person can do to make a change
• Learn about the resources the Ohio AAP has to offer
Speaker’s for Today’s Session

- Michael Gittelman, MD, FAAP
- Emily Harris, MD, MPH, FAAP
- Logan Krueck
- Melissa Wervey Arnold
- Sarah Denny, MD, FAAP
Case

- 15-year-old boy presents to his PCP for WCC
- He needs his sports physical form completed
- Anticipatory guidance included:
  - Obesity (patient over 95% for weight)
  - Sports readiness
  - Driving safety
  - HEADS – Home, Education, Activities, Drugs, Sex
- No mention of home firearms & lethal means storage
- No discussion of recent stressors & coping skills
Case Progression

- EMS presents to home of a patient after shots fired
- 15-year-old male found dead with single gun shot wound to head
- Pronounced dead upon arrival
Lessons Learned

• Family had a firearm stored in the nightstand next to parent's bed
• Teen just broke up with his girlfriend that evening
• Known to be impulsive
• HEADS uncovered slight decrease in grades only
### Suicide is Too Common for Teens

#### 10 Leading Causes of Death by Age Group, United States – 2018

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4,172</td>
</tr>
<tr>
<td>2</td>
<td>3,064</td>
</tr>
<tr>
<td>3</td>
<td>2,018</td>
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<tr>
<td>4</td>
<td>1,640</td>
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<tr>
<td>5</td>
<td>1,517</td>
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<td>6</td>
<td>1,474</td>
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<tr>
<td>7</td>
<td>1,432</td>
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<tr>
<td>8</td>
<td>1,394</td>
</tr>
<tr>
<td>9</td>
<td>1,352</td>
</tr>
<tr>
<td>10</td>
<td>1,319</td>
</tr>
</tbody>
</table>

#### Deaths by Cause

- **Unintentional Injury**: 45.1%
- **Suicide**: 24.1%
- **Homicide**: 18.4%
- **Cancer**: 8.3%
- **Congenital anomalies**: 2.9%
- **Heart problems**: 2.6%
- **Diabetes**: 1.0%
- **Influenza/Pneumonia**: 0.3%

**Data Source**: National Vital Statistics System, National Center for Health Statistics, CDC. Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.
### 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States - 2018

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;1</td>
<td>Unintentional Suffocation (97)</td>
</tr>
<tr>
<td>2</td>
<td>1-4</td>
<td>Unintentional Suffocation (443)</td>
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<tr>
<td>3</td>
<td>5-9</td>
<td>Unintentional Suffocation (841)</td>
</tr>
<tr>
<td>4</td>
<td>10-14</td>
<td>Unintentional Suffocation (1,308)</td>
</tr>
<tr>
<td>5</td>
<td>15-24</td>
<td>Unintentional Suffocation (2,929)</td>
</tr>
<tr>
<td>6</td>
<td>25-34</td>
<td>Unintentional Suffocation (5,985)</td>
</tr>
<tr>
<td>7</td>
<td>35-44</td>
<td>Unintentional Suffocation (10,692)</td>
</tr>
<tr>
<td>8</td>
<td>45-64</td>
<td>Unintentional Suffocation (20,128)</td>
</tr>
<tr>
<td>9</td>
<td>65+</td>
<td>Unintentional Suffocation (18,795)</td>
</tr>
</tbody>
</table>

Firearm death rates by intent for selected countries

Deaths/100,000 population

- US 98
- Canada 96-97
- Norway 95-97
- New Zealand 88-97
- Israel 95-97
- Australia 97-98
- The Netherlands 97-98
- Scotland 95-99
- Eng&Wales 93-99

- Unintentional
- Suicide
- Homicide
- other viol
- Undetermined

THE UNITED STATES ACCOUNTS FOR 91 PERCENT OF CHILDREN KILLED BY GUNS IN HIGH-INCOME COUNTRIES.


Partnership for SAFETY of Children Around Firearms

Ohio Chapter
Dedicated to the Health of All Children

American Academy of Pediatrics
Incorporated in Ohio
Teen Suicides – In the Numbers

• Deaths
  – Up 49% since 2013
    • One death every 3 hours
  – 80% increase in children < 14 years
• Nonfatal injuries since 2007
  – ED visits for self-harm increased 329%
  – All mental health disorders up 60%
• Suicidal thoughts in past year– 2019 Youth Behavioral Risk Survey
  – 8.9% attempted suicide
  – 18.8% considered suicide
Suicides in Ohio

ODH, Suicide Demographics and Trends, 2019
Gun Ownership

• Over 1/2 of homes have a firearm
  – Accounts for more than 200 million guns (majority handguns)
• 37% of Ohio households report a firearm
  – 46% reported their gun was in an unlocked location
• Of youth who completed suicide by firearm, 82% used a gun from their home
Firearms and Suicide Risk

• Presence of a firearm at home increases teen suicide risk even for those without a previous psychiatric diagnosis
• 25% of teens are depressed at any given time
Personal Story

• These stories can happen to anyone
• My son is 24 years old today, but suffers from anxiety and depression
• At any given time, there was a crisis
  – Girlfriend break up, trouble with grades or bullying
• Crisis intervention and barriers to lethal means are essential
Time Elapse Between Decision and Attempt

- Interviews with survivors of near-lethal suicide attempts
  - 25% made attempt within 5 minutes of decision
  - 50% within 20 minutes
  - 71% within 1 hour
- Most made decision within 1 hour of a crisis (eg. break-up or fight)
Partnership for SAFETY of Children Around Firearms
Store It Safe

Prevent suicide among Ohio adolescents
Stories from a Year Lost...
What can YOU do?
Emily Harris, MD, MPH, FAAP
Safety Planning

• Why
  – Easier to think when NOT in crisis
  – Breaking confidentiality saves lives
• Function
  – Return the brain to regulating
  – Natural supports provide buffering
• Focus
  – Self-management of safety
  – Support the supports
Keys to Safety Management

- Anticipation reduces surprise and distress
- Delay impulsive actions until able to regulate thoughts
- De-Escalate dysregulation

- [Diagram of Brain in Distress]
Safety Plan Elements

• Reduce/Restrict Access to Lethal Means

• Increase Supervision

• Creative Communication Plan

• BONUS => Increase Self management with coping strategies
Engaging Youth and Families

• Communication Common Factors: HELLPPPP
  – Hope
  – Empathy
  – Language, Loyalty
  – Permission, Partnership, Plan

• Provider Responses to Patient
  – Acknowledge distress
  – Acknowledge bravery
  – Share primary concern is THIS patient’s safety
  – Evidence-based treatment is available
    • Even if we can’t ‘fix’ it today, we will walk with you through it
  – Partnership with caring caregiver:
    • Increase protective factors and Brain Health
    • Decrease Risk Factors

• Therapeutic Themes:
  – Always have choice NOT to act on thoughts
  – Thoughts are Temporary and Do go away, Wave skills
  – FOLLOW-UP

![Action Steps for Helping Someone in Emotional Pain](image)
Adolescent Brains are Unique

• Youth Voice Tips
  – Help engage them during visits
  – ASK them about how to communicate with them
  – LISTEN, they often don’t feel heard
  – PROVIDE information, this is powerful

• Adolescent brains are unique
  – Prefrontal cortex is not quite there
  – Still learning HOW to make decisions

• Communicate the WHY, focus on SAFETY, and goal – BRAIN HEALTH
<table>
<thead>
<tr>
<th>Triggers</th>
<th>Emphasize Choices and Temporary nature</th>
<th>Help-seeking behaviors</th>
<th>Engagement / Recovery motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was happening before you last had thoughts/attempted?</td>
<td>What/Who stopped you?</td>
<td>Did you tell anyone,</td>
<td>What would be an IDEAL way someone could help support you and keep you safe, <em>if thoughts of wanting to die return</em>?</td>
</tr>
<tr>
<td>Can you predict when they might happen again, in what scenario?</td>
<td>What helps, or how long before, the thoughts go away?</td>
<td>How did people find out?</td>
<td></td>
</tr>
</tbody>
</table>
Opportunities to be Life Saving

1. Identify and Address impairments from mental problems
   - Depression
   - Anxiety
   - Poor Impulse control

2. Help youth develop adaptive/positive coping strategies
   - Positive response to disclosure
   - Behavioral Activation → Brain Health
   - Increase insight into illness / disorder
   - Reinforce problem solving skills

Integrate Strategies to Manage Distress/suicidal thoughts

- What will you DO if thoughts of suicide return?
  - *Always have choice NOT to act on thoughts*
  - What can you DO instead → Brain regulating coping skills

Enhance caregiver ability to be supportive

- Triggering situation leads to thoughts → Behavior (Isolating, ruminating) = Reinforces SI

- What can YOU DO Instead?
  - Go sit next to XYY and say, ‘distract me’
  - Go into room with other people and sit quietly.
  - Leave door open in room

Role of Parent: Supportive Buffer

- Redirect family attention, such as questions about mood or why behavior change
- Later – positively reinforces healthy coping strategy “it was nice to see you”
Steps 1 & 2: Restrict Access, Increase Adult Supervision

• Obtain 3rd Party Info
  – Adequate adult supervision
  – Adult agree to HELP remove lethal access

• Educate family
  – Disinhibiting substances
  – Explain impression
  – Rationale for safety concerns
  – Role of Safety Plan / Action Plan
  – Next Steps – including follow-up
STEP 3. Communication Strategies

GOAL

Goal to avoid situations that perpetuate suicidality
Reinforce communicating when communicating is hard

– Who will you reach out to? How?
  • It does not have to be verbal or direct (text, hand signal)
  • Adults preferred >>> 14 year old peers
    – If peer, include peer parents into plan
  • Name 3

– Practice What if…. Contingencies to anticipate if designated support becomes the stressor/trigger (fight w/mom)
Insert Sarah's presentations
Reverse the Trend of Irreversible Actions
Store it Safe Resources
Sarah Denny, MD, FAAP
[S.I.S.] Store It Safe

REVERSING THE TREND OF IRREVERSIBLE ACTIONS

EDUCATION / CME / MOC II

Store It Safe is a unique partnership of healthcare providers, firearm safety experts, and community organizations established to keep children safe from unintentional firearm deaths and teens safe from suicide by firearms. Young children are often curious and will touch anything, while teens are still learning to control impulses. Our goal is to inform families of risks so they can keep their children safe.
Mobile Resources

NEW DIGITAL IMAGES! SAVE THESE IN YOUR PHONE TO REFER TO IN A TIME OF CRISIS.
**Provider Resources**

**SAFE: A four step process for addressing teen suicide in practice**

**SCREEN**
- S: Screen for suicide at every youth encounter using a validated screening tool.
  - Include suicide prevention information in your anticipatory guidance and in your EHR.
  - Provide educational tools to screen for adolescent mental health concerns:
    - Patient Health Questionnaire (PHQ-9) for Teens in a free resource for teens, parents, and parents from the National Suicide Prevention Lifeline (https://suicidepreventionlifeline.org)
  - Refer to the flow chart on page 2 for how to respond if a teen screen positive.

**ADVICE**
- Advise all families to use a barrier to store potentially lethal means safely:
  - Safe storage should be incorporated into the normal safety education of a child's visit.
  - Firearms: Every home is a home for a teen when it's his or her own living room.
  - Medications: Both prescription and over-the-counter medications can result in poisonings, and deaths.
  - Alcohol: Alcohol causes more than 4,000 deaths among U.S. teens each year.

**FAMILY DISCUSSION**
- Be open-minded to your questioning.
  - Instead of asking, “Do you have a gun in the house?” ask, “If there is a firearm in the home, is it kept locked and away from children?”
  - If yes, that is great. Families should be encouraged to talk to their children about firearm safety in case they encounter an unsecured gun in another setting.
  - If no, there is an opportunity for education about firearm safety.

**SAFE First Chart**

1. **PATIENT SCREEN:** Patient checks in for MVC
   - If patient is negative for depression:
     - Next step
   - If patient is positive for depression:
     - Ask Suicide-Screening Question (ASSQ) Toolkit
     - Next step

2. **EMERGENCY DEPARTMENT REFERRAL:**
   - If there is immediate lethality concern, send adolescents to your local emergency department.

3. **ADVICE:**
   - If moderate risk, use your resources in developing treatment plan or refer families to mental health specialists.
   - Treatment plan may include:
     - Counseling
     - Psychopharmacology
     - Medication

**Questions?**
- Resources for Ohio AAP families can be found at: www.ohioaap.org/storeitsafe
Parent Resources

Store It Safe: Suicide Prevention
Family Discussion Guide provided by the Ohio Chapter, American Academy of Pediatrics

Suicide Facts:
- 50% of suicide attempters will attempt again.
- 20% of those who attempt suicide will die by suicide.

Emotional Triggers Should Be Noticed:
- What can you do to keep your teen safe?
- The teen brain is still developing, which can lead to emotional instability.
- Knowing risks for teen self-harm can help keep your teen safe.
- Teens can escape from behavior and desire to seriously small matters.
- Teen with no history of depression can sometimes make impulsive decisions.

Risks:
- Child interacts with a firearm each day.
- Nearly 20% of all firearm deaths or suicide attempt.
- The rate of firearm-related death is rising.
- Mental illness is a factor.

Barriers are Effectual:
- The 7-steps to store your firearm:
- Restrict access to store your firearm
- Make a safety plan with your teen
- Call for help

What can you do to keep your child safe?
- If there is a gun in the home, keep it locked and out of the reach of children.
  - The safest way to store a gun in your home is unloaded and securely locked, with the ammunition locked in a separate place.
  - Children and teens should not have access to the key or combination to the gun.
- Talk about gun safety – even if there isn’t a gun in your home, chances are that your child is spending time in a home with guns.
- Teach children to never touch a gun.
- Children are curious – education alone is not enough; guns must be kept locked.

What do I do with an unwanted gun?
- Call your local police department’s non-emergency line for instructions.

Questions?
- Contact Program Manager, Hayley Southworth, at (614) 896-0529 or HayleySouthworth@ohioaap.org
- Resources for families in English, Spanish, and Somali can be found at http://ohioaap.org/GetReady4Fire

Reverse the Trend of Irreversible Actions
Store It Safe
A program of the Ohio Chapter, American Academy of Pediatrics

Keep this information with you at all times – such as a picture in your phone – to help manage mental health crisis moments with teens.

3 Steps to Plan Ahead:
1. Restrict Access - Store It Safe!
   - Keep all lethal means stored locked with no access for teens – this includes firearms, medications and alcohol

2. Make a Safety Plan with your teen
   - Name 3 people to reach out to in a crisis – teacher, friend or family member
   - Increase adult supervision, such as screen monitoring
   - Ask teens how they feel supported – be creative and plan for different situations
   - Have agreed-upon coping strategies available – see QR code or link for ideas
   - Practice healthy skills to calm the brain before times of crisis

3. Understand Crisis will Happen
   - Remember – the first hour of a crisis is the most overwhelming
   - Initial de-escalation of problems is essential to a crisis may pass
   - The goal is to use a plan to calm the situation and work some toward

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Teen Resources
Education Modules

Reverse the Trend of Irreversible Actions: Ohio AAP Store it Safe Program
Dr. Sarah Denny, MD

Reverse the Trend of Irreversible Actions: Ohio AAP Store it Safe Program - Teen
Dr. Sarah Denny, MD
Discussion and Questions

• Comments from our Panelists
• Audience Questions
  • If you have a question not yet sent in the chat box, please do so now
  • We will attempt to address as many questions as possible
• Zoom Polling (time allowing)
  • Please answer to help us learn more about how we can assist you
Thank you for your continued support!
Raffle Ticket Winners!

- Shop local gift basket ($250 value)
- $150 Gift Card
- 2x $150 Gift Cards
- $300 Gift Card

[Images of gift basket, Amazon, DoorDash, and Home Depot logos]