Creating Safety

Supportive and Inclusive Spaces for Ohio youth within LGBTQ+ community and utilize Ohio AAP Resources to address risks and improve resilience!

Ohio AAP Meeting
October 30, 2021
Lee Ann E. Conard, RPh, DO, MPH
Emily Harris, MD, MPH, FAAP
Objectives

• Employ best practices to create a safe, supportive environment for LGBTQ+ youth to receive health care

• Utilize tools to improve efficiency of detecting and addressing mental health risk factors unique to youth within the LGBTQ+ community

• Integrate protective factors and reinforce resiliency factors when developing the patient-centered treatment plan
Disclosures and Conflicts of Interest

• Drs. Harris and Conard have no relevant financial relationships to disclose.

• Drs. Harris and Conard WILL acknowledge when discussing off-label uses of medications in the treatment of mood disorders and gender dysphoria.
Polling Question: MOVE

• Using a child’s chosen/preferred name is associated with:

  A. Decrease in suicidal behavior
  B. Reinforcing gender dysphoria
  C. Parent distrust of medical home
  D. Delays youth self-acceptance
Implicit Bias – What is it?

• We all have it
  – How do we know what IT is?
    • Harvard Implicit Bias Test

• Angry Santa the Car Mechanic
  – https://youtu.be/upzac0I46aI
Creating a Safe Environment
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression/Presentation
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Sexually Attracted To
- Women
- Men
- Other Gender(s)

Romantically/Emotionally Attracted To
- Women
- Men
- Other Gender(s)

To learn more go to: www.transstudent.org/gender
Design by Landyn Pan
Gender

• Cisgender
  – Sex assigned at birth and sense of gender identity match

• Transgender
  – Sex assigned at birth and sense of gender identity do not match

• Gender dysphoria
  – Discomfort or distress because there's a mismatch between their biological sex and gender identity
Gender Non-conforming

• Gender Expansive
  – Masculine girls and feminine boys who may not be transgender

• Gender Fluid
  – Person who does not have a fixed gender identity
  – May be more masculine one day and more feminine another

• Non-Binary
  – People who do not identify as male or female or identify as a blend of both
LGBTQ youth are out at varying levels. Many LGBTQ youth continue to manage to whom and in what contexts they are out regarding their sexual orientation or gender identity.

### Sexual Orientation Outness

- **Teacher**: 43% None, 48% Managing, 5% All
- **Parent**: 38% None, 47% Managing, 22% All
- **Sibling**: 33% None, 22% Managing, 36% All
- **Grandparent/relative**: 33% None, 68% Managing, 4% All
- **LGBTQ friend**: 5% None, 32% Managing, 61% All
- **Non-LGBTQ friend**: 8% None, 61% Managing, 29% All
- **Classmate**: 16% None, 69% Managing, 13% All
- **Co-worker**: 34% None, 53% Managing, 9% All
- **Coach**: 34% None, 4% Managing, 9% All
- **Religious Community**: 98% None, 12% Managing, 2% All
- **Strangers**: 45% None, 45% Managing, 3% All
- **doctor/healthcare provider**: 61% None, 28% Managing, 5% All
Human Rights Campaign 2018

Gender Identity Outness

- Teacher: 45% None, 39% Managing, 10% All
- Parent: 41% None, 33% Managing, 21% All
- Sibling: 43% None, 17% Managing, 28% All
- Grandparent/relative: 43% None, 61% Managing, 6% All
- LGBTQ friend: 44% None, 47% Managing, 8% All
- Non-LGBTQ friend: 22% None, 54% Managing, 8% All
- Classmate: 28% None, 60% Managing, 8% All
- Co-worker: 49% None, 21% Managing, 8% All
- Coach: 49% None, 6% Managing, 4% All
- Religious Community: 48% None, 39% Managing, 2% All
- Strangers: 49% None, 61% Managing, 2% All
- Doctor/Healthcare provider: 49% None, 21% Managing, 8% All
Safe Environment

• Safe physical space
  – Décor
  – Forms
  – Restrooms

• Safe people
  – Show support
  – Examine implicit or unconscious bias
Do Ask, Do Tell

Let your provider know you are LGBT. Your provider will want to have the conversation. Start today!

I Think

I Might Be Transgender,

Now What Do I Do?

A Brochure for and by Transgender Youth

Ohio Chapter
American Academy of Pediatrics
INCORPORATED IN OHIO
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Environment

• Training for Patient-Facing Staff
• Forms
• Labels
• EMR
• Robocalls
• Mail
CJ is a 15-year-old female, who comes out to you in clinic. She mentions her family calls her Shay, but she goes by the name “CJ” at school.

Acknowledge or Ignore?
Accepting Practices

• Call patient by chosen name and pronouns – even when they are out of sight
• Try not to use “dead name”
• Apologize if you make an error and move on
• How to document?
Accepting Practices

• Correct staff
• How to identify
  – Phone calls
  – In person
• Remember that patients often have body dysmorphia
Why It Matters

USING THE CHOSEN NAME OF THE YOUTH WHO IDENTIFIES AS TRANSGENDER CAN DECREASE

SUICIDAL IDEATION BY 29%

SUICIDAL BEHAVIOR BY 56%

Published online at Journal of Adolescent Health 63 (2018) 503-505. https://doi.org/10.1016/j.jadohealth.2018.02.003
How to Ask?

• CDC
  – Natal Gender
  – Current Gender
  – May not be appropriate for adolescents

• Gender Expansive
  – 66% do not identify as “Transgender”

• Our Method
  – Do you consider yourself male, female, somewhere in between or other?
Office Disclosure

15-year-old natal female, prefers the name “CJ” blurts out that she feels that she is transgender and is in the wrong body.

What do you do?
What questions do you need to ask?
What Do You Say?

• Unconditional Positive Regard that
  – They told you
  – They are proactively addressing their health
  – They trusted you to hear them
  – This information does not change how you feel about them
  – You will always respect them
  – Your job is to focus on their health and safety

• Conversation is confidential
  – Safety is primary concern
First Responses Matter

• Use/restate in their words:
  – You offered that it feels like you are in the wrong body...
  – Thank you for trusting me to hear you.

• Clarify Your Role as the Primary Care Provider:
  – One of my jobs as a pediatrician is to focus on your health and safety...
NAMI: Family-driven Provider ACTION STEPS

Listen → Ask Questions → Screen → Evaluate

Encourage ← Follow Up ← Refer ← Provide Treatment
PRIORITIZING NEEDS

1. SUPPORTIVE AFFIRMATION
2. SAFETY
3. DISCUSS NEXT STEPS
Confidential Interview

• Confidential Information:
  – “The patient objects to the disclosure of information”

• Breaking Confidentiality:
  – If provider believes patient is at risk of harm to themselves or others
  – Safety is main focus, manage next steps together
    • Share what specifically will be said – ask caregiver if they had concerns, then offer that you do
    • Give caregiver time to process, review communication plan/strategy
Perform a safety screen.

Is patient and/or caregiver struggling?
Do all caregivers agree how to handle this issue?
Do they have a support network?

Tell them about the Living with Change Clinic at Cincinnati Children’s and ask if they would like a referral.

Give resources and offer gender-focused therapy referral. Tell them you can make the referral later if they decide they want one. Follow up at next visit. Consider management of menses to help with dysphoria, when age appropriate.

Does your caregiver know about your gender?

Yes

Can we talk to them together about a treatment plan?

Yes

Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.

No

No

No

No

Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.

Any other diagnoses they want to discuss with caregiver as a reason to come back (heavy periods, depression, etc.)? Make follow-up appointment.

Are you ready to tell them?

No

No

No

Do they want to tell in office—they tell alone, you tell alone, or you tell together? Tell family, ask for reaction, ensure safety. Give resources and offer gender-focused therapy referral. Let them know referral can be provided at any time. Make a return visit to discuss, sooner if family seems to be struggling.

Do they want to tell caregiver sometime after this visit? Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.

Yes
Top Health Risks for LGBTQ Adolescents

- HIV/AIDS – 4 X
- Substance abuse
- Depression & Suicide
- Sexually transmitted infections
- Abuse & Victimization
  - Bullying
  - Harassment
    - 78% at school
    - 44% felt unsafe at school
- Stigma & Heterosexism
- Racism
- Eating disorders & Obesity
- Homelessness/Foster Care
  - Violence from a family member
- Lack of access to care
Common Mental Health Issues

- Depression/Suicide
  - > 8 times as likely to attempt suicide
  - 6 times as likely to be depressed
- Anxiety
- Eating and body image disorders
- Substance abuse
  - > 3 times as likely to use drugs
  - 2 times as likely to use tobacco
- Medical Trauma - “Reparative therapy”

Ryan, Family Acceptance Project, 2009
Sexual Minority Youth of Color

- Pressure to choose between ethnic and sexual identities
- Less likely to come out to parents
- Mental health issues
- Homelessness
- > 60% had traded sex for money or resources
- Higher HIV rates

Bridges, The Impact of Homophobia and Racism on GLBT Youth of Color, Advocates for Youth, June 2007
Risk for HIV Infection

Level of Family Rejection

Ryan, Family Acceptance Project, 2009
Illegal Drug Use

LOW rejection

MODERATE rejection

HIGH rejection

Level of Family Rejection

Ryan, Family Acceptance Project, 2009
Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)

LOW rejection
MODERATE rejection
HIGH rejection

Level of Family Rejection

Ryan, Family Acceptance Project, 2009
Risk of Suicide Attempts

• Lifetime risk of suicide attempts
  – 41% LGBQT+
  – 4.6% for the general population
  – Those who had experienced family rejection – 57%
  – Health care provider refused to treat them – 60%
  – Mental health condition that affects a major life activity – 65%
  – Those who had been homeless – 69%

• Even higher in young adults, Ages 18 to 24 – 45%

Williams Institute, UCLA School of Law, 2014
National Transgender Discrimination Survey
Primary Care Tools to Identify Mental Health Risk

Mom! Dad! Ask the doctor about my emotional development, too.

When it comes to caring for children and teens, checking their social and emotional development – such as how they build relationships and respond to stress – is just as important as checking their height and weight. Talk with your child’s pediatrician about promoting his or her social and emotional health. These conversations can be a source of support and information, and your doctor can work with you to address concerns about your child’s emotions, fears, and behaviors. Be sure to talk about this at your next visit.

American Academy of Pediatrics
Friends of Children

Visit www.healthychildren.org

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Guidelines for Adolescent Depression in Primary Care (GLAD-PC)

Glad-PC recommendations for who to screen

• **Recommendation I:** Adolescent patients ages 12 and older should be screened annually for depression (major depressive disorder or depressive disorders) with a formal self-report screening tool either on paper or electronically (universal screening).

• **Recommendation II:** Patients with depression risk factors (eg, a history of previous depressive episodes, a family history, other psychiatric disorders, substance abuse, trauma, psychosocial adversity, frequent somatic complaints, previous high-scoring screens without a depression diagnosis, etc) should be identified and systematically monitored over time for the development of a depressive disorder by using a formal instrument or tool (targeted screening).
Brief Risk Screeners

- **PHQ2 or PHQ4 #1-2**: Scores 3+ → PHQ 9
- **PHQ4 #3-4**: Score > 3 → GAD 7
- **Brief SCARED**: Top Score > 3, Lower Scr > 4 → GAD 7
- **Parent Vanderbilt Assessment**: #41-47 ++ on 3 AND any Performance Positive → 41, 42, 47 → Consider GAD 7 → 43-46 → Consider PHQ 9
- **Teacher Vanderbilt Assessment**: #29-35 ++ on 3 AND any Performance Positive → 29, 30, 31 → Consider GAD 7 → 32-35 → Consider PHQ 9
Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th></th>
<th>(0) Not At All</th>
<th>(1) Several Days</th>
<th>(2) More Than Half the Days</th>
<th>(3) Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
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<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
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<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
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<tr>
<td>5. Feeling tired, or having little energy?</td>
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</tr>
<tr>
<td>6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?</td>
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<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
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<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
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</tr>
</tbody>
</table>
  Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? | | | |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? | | | | |

Spanish Albanian Arabic Bengali Chinese French Haitian Creole Hindi Korean Polish Russian Ukrainian
# Modified PHQ-9

9. Thoughts that you would be better off dead, or of hurting yourself in some way?

   In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?
   [ ] Yes          [ ] No

   If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?
   [ ] Not difficult at all   [ ] Somewhat difficult   [ ] Very difficult   [ ] Extremely difficult

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Has there been a time in the **past month** when you have had serious thoughts about ending your life?
[ ] Yes          [ ] No

Have you **EVER**, in your **WHOLE** LIFE, tried to kill yourself or made a suicide attempt?
[ ] Yes          [ ] No

**If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.**

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**Office use only:** Severity score: __________

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)
## Modified PHQ 9: Interpreting Score

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| 0 – 5       | No/Minimal Depression Risk | • Routine screening  
              • Annually and when Concerns present |
| 5 – 9       | At risk for Major Depressive Disorder (MDD) | • Active Monitoring every 1-2 weeks  
              • Reassess at 6 weeks Initiate treatment if not better  
              • High risk of meeting criteria for MDD within next 6 months |
| Provisional* Diagnoses | | • 5-9 Major Depressive Disorder, Mild  
                          • 10-14 = MDD, Moderate  
                          • 15-19 = MDD, Mod-Severe  
                          • 20-27 = MDD, Severe |

Provisional* – Need to **ADD INTERVIEW** to formally diagnose Major Depressive Disorder
Differential for MDD

Not MDD, but irritable??

- PTSD, toxic stress leading to excessively dysregulated emotions
- Cognitive/processing problem, social-emotional development delay, pragmatic communication difficulties
- Anxiety, ADHD, OCD, Learning Disability

Is PHQ9 Score 5+? (High risk of meeting criteria in the next 6 months)
## Targeted Tools

<table>
<thead>
<tr>
<th>PHQ 9 Mod (12-18 yo)</th>
<th>GAD 7 Score (12+ yo)</th>
<th>SCARED (8+ yo)</th>
<th>Approximate Severity</th>
<th>Clinical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>0-5</td>
<td></td>
<td>None</td>
<td>Preventive Brain Health</td>
</tr>
<tr>
<td>5-9</td>
<td>6-10</td>
<td>&gt; Threshold for subscale only</td>
<td>Mild/Risk present</td>
<td>Active Monitoring Address Distress/Risk</td>
</tr>
<tr>
<td>10-14</td>
<td>11-15</td>
<td>25-30</td>
<td>Moderate</td>
<td>Active monitoring Consider EB Therapy, Rx if needed</td>
</tr>
<tr>
<td>15-19</td>
<td></td>
<td>&gt; 30</td>
<td>Moderate-Severe</td>
<td>Active Monitoring Consider Rx + EB Therapy</td>
</tr>
<tr>
<td>20-27</td>
<td>16-21</td>
<td></td>
<td>Severe</td>
<td>Active Monitoring Rx, EB Therapy Consult/Referral to psychiatrist</td>
</tr>
</tbody>
</table>

**GOAL = REMISSION OF SYMPTOMS**
Severity scores < 5
Addressing Safety Concerns

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

- **SCREEN** for suicide at every adolescent encounter using a validated screening tool
- **ADVISE** all families to use a barrier to store potentially lethal means safely
- **FAMILY** discussion should be encouraged for every teen
- **EMERGENCY** department referrals should be made when there is a life threatening concern

Almost 50% of US homes have a firearm
Screening for **Suicide RISK**: ASQ vs CSSRs

**Ask Suicide Severity Questions**

1. In past few weeks, have you wished you were dead?
2. In past few weeks, have you felt that you or your family would be better off if you were dead?
3. In that past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?
   - If yes – how? When?
5. Are you having thoughts of killing yourself right now?

• **GOAL** = To determine if more comprehensive mental health safety evaluation is needed. Yes = STAT

**Columbia Suicide Severity Rating Scale – Primary Care screen**

1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you had any actual thoughts of killing yourself?
3. Have you been thinking about how you might do this?
4. Have you had these thoughts and had some intention of acting on them?
5. Have you started to work out the details of how to kill yourself?
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

• **GOAL** = to determine how QUICKLY a patient needs a psychiatric safety evaluation to assess level of care
AsQ Suicide-Screening Questions (AskSSQ)

- ASQ toolkit is organized by the medical setting in which it will be used:
  - emergency department
  - inpatient medical or surgical unit
  - outpatient primary care and specialty clinics
- Nursing script
- Without parent present
- Can be used for 8 years+

Adapted by OhioMindsMatter — ASQ Screen

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? If yes, how? ____________________________
   __________________________________________________________________________
   __________________________________________________________________________
   When? _______________________________________________________________________
   __________________________________________________________________________

If the patient answers Yes to any of the above, ask the following acuity question:
5. Are you having thoughts of killing yourself right now? ❍ Yes ❍ No
   If yes, please describe: ________________________________________________________

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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.
### Columbia Suicide Severity Rating Scale

**For Primary Care Screen with Triage Points**

[http://cssrs.columbia.edu](http://cssrs.columbia.edu)

<table>
<thead>
<tr>
<th>Question</th>
<th>Past Month</th>
<th>High Risk</th>
<th>Life-time</th>
<th>Past 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Have you actually had any thoughts about killing yourself?</td>
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<tr>
<td>If YES to 2, answer questions 3, 4, 5 and 6</td>
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<tr>
<td>If NO to 2, go directly to question 6</td>
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<td></td>
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<tr>
<td>3) Have you thought about how you might do this?</td>
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<tr>
<td>4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</td>
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</tr>
<tr>
<td>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?</td>
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<tr>
<td>Always Ask Question 6</td>
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<tr>
<td>6) Have you done anything, started to do anything, or prepared to do anything to end your life?</td>
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</tr>
<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</td>
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</tbody>
</table>

Any YES indicates that someone should seek a behavioral health referral. However, if the answer to 4, 5 or 6 is YES, seek immediate help: go to the emergency room, call 1-800-273-8255, text 741741 or call 911 and STAY WITH THEM until they can be evaluated.
# Columbia Suicide Severity Risk Screen

## Clinical Response

**ALL LEVELS OF SUICIDE RISK WARRANT ATTENTION - INTERVENTION**

<table>
<thead>
<tr>
<th></th>
<th>In the past month...</th>
<th>Possible Interpretation</th>
<th>Example Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AT RISK “LOW”</strong></td>
<td>Thoughts about Suicide</td>
<td>Maladaptive response to stress</td>
<td>Increase supervision. Attention to mental health. Evidence-based treatments.</td>
</tr>
<tr>
<td><strong>HIGH RISK</strong></td>
<td>Intent (Inferred) Details Recent Behavior</td>
<td>Practicing, even mentally, is considered an “act of furtherance”</td>
<td>Adult Supervision at all times (office too). Safety Plan reviewed and shared. Contact specialist directly.</td>
</tr>
</tbody>
</table>

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*Suicide Prevention Lifeline*
1-800-273-TALK (8255)
suicidepreventionlifeline.org

*Any YES indicates that someone should seek a behavioral health referral. However, if the answer to 4, 5 or 6 is YES, seek immediate help: go to the emergency room, call 1-800-273-8255, text 741741 or call 911 and STAY WITH THEM until they can be evaluated.*

*Columbia Protocol app available*
What is the FUNCTION of a Safety Contract?

A. To best reduce liability and ensure patient safety
B. To allow the patient to physically commit to safety
C. To set up expectations to the caregiver and patient
D. To assess the level of engagement of the patient
Why **PLAN** not Contract?

- Adds to impression
  - Children cannot give consent (contract)

- ASSESS caregiver and patient response to process
  - Engaged, placating, ambivalent
  - Problem solving abilities
  - Openness to different strategies

- Anticipation helps mitigate impulsive reactions
Core Safety Plan Elements

1. Restrict Access to Lethal Means

2. Increase Adult Supervision

3. Develop Emergency Contingency Plan
   A. Communication Strategies
   B. Coping Strategies
Reduce Access to Lethal Means

- OH AAP Representatives
  - Dr. Sarah Denny
    - Sarah.denny@nationwidechildrens.org    @sdennymd
  - Dr. Mike Gittelman
    - Mike.Gittelman@cchmc.org    @gittel21

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[Store It Safe]

Preventing suicide among adolescents in Ohio

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Partnership for Safety of Children Around Firearms

American Academy of Pediatrics
Kiwani Club of Columbus
Bucks County Firearm Association
BLACKWING

Ohio Chapter

American Academy of Pediatrics
Dedicated to the health of all children
Crisis Resources

Crisis Text Line: text HOME to 741741
National Suicide Prevention Lifeline: 1 (800) 273-TALK [8255]

Cincinnati Children’s Psychiatric Intake Response Center: (513) 636-4124

Suicide Prevention Apps:
My3 – iPhone app links to 3 supports identified to help
http://jasonfoundation.com/get-involved/student/a-friend-asks-app/

Trevor Project LGBTQ+: 1-866-488-7386 or Text START to 678678 or online TrevorChat at:
https://www.thetrevorproject.org/get-help-now/

Emergency Services: 911
Perform a safety screen.

Is patient and/or caregiver struggling?
Do all caregivers agree how to handle this issue?
Do they have a support network?

Tell them about the Living with Change Clinic at Cincinnati Children's and ask if they would like a referral.

No

Give resources and offer gender-focused therapy referral. Tell them you can make the referral later if they decide they want one. Follow up at next visit. Consider management of menses to help with dysphoria, when age appropriate.

Yes

Does your caregiver know about your gender?

Yes

Can we talk to them together about a treatment plan?

Yes

Describe available resources (therapy referral, clinic, etc.) and provide when desired.
Make follow-up appointment to review.

No

No

Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.

Are you ready to tell them?

Yes

No

Do they want to tell in office—they tell alone, you tell alone, or you tell together?
Tell family, ask for reaction, ensure safety. Give resources and offer gender-focused therapy referral. Let them know referral can be provided at any time. Make a return visit to discuss, sooner if family seems to be struggling.

Do they want to tell caregiver sometime after this visit?
Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.
Talking with Parents

What if...CJ’s Parents know but are struggling.

How do we talk to them to help them be supportive, or at least neutral even if they aren’t able to understand their child’s identity?
Toolbox for Difficult Situations/Conversations
HELPPP!!!!

- Provide care – respecting family readiness level
  - Kid is shutting down
    - Build alliance
  - Too many crises to address in 1 visit
    - Set an Agenda/Close the visit
  - Help Rejecting
    - Deal with Ambivalence and Resistance
  - Family alienation putting youth at risk
    - Help family change unhealthy/risky behavior
Communication Skills
Secret Ingredient

- Cognitive Behavioral Therapy
- Building Resiliency
- Motivational Interviewing
- Family-focused Pediatrics

Common Factors
### Core Common Factor Skills:

<table>
<thead>
<tr>
<th>Conceptual Themes</th>
<th>Ask permission</th>
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<tr>
<td><strong>OARS</strong></td>
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<td>Open-ended questions</td>
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<td>Summaries</td>
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TOOLKIT for DIFFICULT CONVERSATIONS

• HELLPPP (aka Common Factors)
  – Hope
  – Empathy
  – Language, Loyalty
  – Permission, Partnership, Plan

• After offering information
  Ask family what they think
Asking about experiences:

• **Understanding parent experiences is better than just telling facts**

• Parent: I don’t think my child can be transgender because I never saw any signs of it when she was young.

• You – instead of stating facts about the timing or onset of dysphoria: I remember that your older child was a really girly girl when she was young, and then we laughed together when she became a tomboy. Help me understand how your younger child’s journey is different.
Elicit – Provide – Elicit:

• Asking permission to share resources and/or information
  – Parent: I think he is just doing this to get attention

• You: There is a lot of information out there that isn’t very sound. Would it be OK if I gave you some medically correct information?
  – Parent: Yes

• You: Reply with information, then ask what they think of that information.
  – Parent: I hear you, but I know my kid, it’s all for attention because of the divorce.

• You: No problem, I want to let you know that I am here as a resource for you. How will you know when or if you do need to return?

  Do NOT use if the answer can’t be no!
Values-Question Protocol:

• This tool is useful when the question has a factual part as well as a part that people may have different values around.

• Good for when you are asked what you would do if it were your child.

• Example: Parent says – I don’t think I am going to let my child join the GSA (Genders & Sexualities Alliance, formerly Gay-Straight Alliance) at school. Too much bad influence. What would you do if this were your kid?
Perform a safety screen.

Is patient and/or caregiver struggling?
Do all caregivers agree how to handle this issue?
Do they have a support network?
Tell them about the Living with Change Clinic at Cincinnati Children’s and ask if they would like a referral.

Give resources and offer gender-focused therapy referral. Tell them you can make the referral later if they decide they want one. Follow up at next visit. Consider management of menses to help with dysphoria, when age appropriate.

Does your caregiver know about your gender?

Yes
Can we talk to them together about a treatment plan?

Yes
Describe available resources (therapy referral, clinic, etc.) and provide when desired.
Make follow-up appointment to review.

No

No

No

No

Are you ready to tell them?

No

Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.
Any other diagnoses they want to discuss with caregiver as a reason to come back (heavy periods, depression, etc.)? Make follow-up appointment.

Do they want to tell in office—they tell alone, you tell alone, or you tell together?
Tell family, ask for reaction, ensure safety. Give resources and offer gender-focused therapy referral. Let them know referral can be provided at any time. Make a return visit to discuss, sooner if family seems to be struggling.

Do they want to tell caregiver sometime after this visit?
Describe available resources (therapy referral, clinic, etc.) and provide when desired. Make follow-up appointment to review.
Parents Not supportive

CJ is back for a follow-up visit for monitoring of depression treatment, and he is ready to tell his parents and wants you to help him do so.

You help CJ tell his mother, who is at the visit with him, and she becomes angry. She says this is just a phase, and that CJ needs to “get over it.”

What do you do?
How do you address this parent?
What questions do you need to ask?
What should your minimum requirement be?
Additional Skills:

- Normalizing experiences
  - Other families have also said that they had feelings of grief and loss
- Rephrasing information
- Finding common ground
  - So, it sounds like you are saying that you don’t think you can use the chosen name, but that you are going to try using your child’s old nickname?
- Identify crises – suicide risk, abuse
  - Be clear and direct
**Some Family Behaviors that Increase Your LGBT Child's Risk for Health & Mental Health Problems**

**Behaviors to Avoid**
- Hitting, slapping or physically hurting your child because of their LGBT identity
- Verbal harassment or name-calling because of your child's LGBT identity
- Excluding LGBT youth from family and family activities
- Blocking access to LGBT friends, events & resources
- Blaming your child when they are discriminated against because of their LGBT identity
- Pressuring your child to be more (or less) masculine or feminine
- Telling your child that God will punish them because they are gay
- Telling your child that you are ashamed of them or that how they look or act will shame the family
- Making your child keep their LGBT identity a secret in the family and not letting them talk about it

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**Some Family Behaviors that Reduce Your LGBT Child’s Risk for Health & Mental Health Problems & Help Promote Their Well-Being**

**Behaviors that Help**
- Talk with your child or foster child about their LGBT identity
- Express affection when your child tells you or when you learn that your child is gay or transgender
- Support your child's LGBT identity even though you may feel uncomfortable
- Advocate for your child when he or she is mistreated because of their LGBT identity
- Require that other family members respect your LGBT child
- Bring your child to LGBT organizations or events
- Talk with clergy and help your faith community to support LGBT people
- Connect your child with an LGBT adult role model to show them options for the future
- Welcome your child’s LGBT friends & partners to your home
- Support your child’s gender expression
- Believe your child can have a happy future as an LGBT adult

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Supportive Families, Healthy Children

Helping Families with Lesbian, Gay, Bisexual & Transgender Children

SAN FRANCISCO STATE UNIVERSITY
Ambivalent Families

• Families who are not fully connecting to plan
  – Open Ended, summarizing, activating patient participation
    • “What thoughts do you have about what you need to provide knowledgeable support for your child”

• Help Seeking-Rejecting  ➔ Ambivalence
  • Common human experience when considering and attempting health behavior change

• “Past counseling was not very helpful with this issue, AND you want to support your child to be an independent and confident adult”
Perform a safety screen.

Is patient and/or caregiver struggling?  
Do all caregivers agree how to handle this issue?  
Do they have a support network?

Tell them about the Living with Change Clinic at Cincinnati Children's and ask if they would like a referral.

Does your caregiver know about your gender?

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Reinforcing Resiliency in the Treatment Plan
What is “Good” Mental Health?

• ANNOTATE
• TYPE INTO CHAT
“Good” Mental Health

- Regular experience and effective practice of
  - Confidence and courage
  - Adaptability
  - Cheerfulness
  - Attention/Concentration
  - Harmony
  - Hardiness
  - Social Connectedness
Protective (Resilience) Factors in Youth

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Forms caring, supportive relationships with family, other adults, and peers
- Engages in a positive way with the life of the community
- Displays a sense of self-confidence, hopefulness, and well-being
- Demonstrates resiliency when confronted with life stressors
- Demonstrates increasingly responsible and independent decision-making

PC Safety Management Strategies

- Approaching Risk
  - CSSR or ASKQ
  - Engagement with safety planning
    - Triggers
    - Strengths
    - Communication paths
  - Share decision making
    - Supervision and Communication
    - Reduce accessibility of lethal weapons
    - Education about Risk/Protective factors

AAP Pediatric Mental Health: Compendium, 2020
Informative Inquiries if you have Time

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions</th>
</tr>
</thead>
</table>
| **Triggers**                   | • What was happening before you last had thoughts/attempted?  
                                    • When are you most likely to think about dying?               |
| **Delay Impulsive actions**    | • What/Who stopped you?  
                                    • How long do they last before they go away? What helps?       |
| **Help-seeking behaviors**     | • Did you tell anyone?  
                                    • Who will you actually reach out to?  
                                    • Have you talked with your therapist?                         |
| **Align Safety**               | • What would be an ideal way someone could help support you and keep you safe, *if thoughts of wanting to die return*? |

Not validated... Dr. Harris bag of tricks, copyright pending 😊
Safety Plan Elements

1. Restrict Access to Lethal Means

2. Increase Adult Supervision

3. Develop Emergency Contingency Plan
   
   A. Communication Strategies
      • At Home
      • At School
      • With friends/relatives
   B. Coping Strategies if thoughts return
      • Brain regulation
      • Distress Tolerance
Primary Care Interventions

• Address Underlying MH Diagnoses
  – Depression
  – Anxiety
  – Impulse control
  – Trauma Exposure

• Help youth use healthy coping strategies
  – Behavioral Activation/Self-care Success
  – Coping Skills that lead to Self-management
  – Utilize cognitive model (inc insight)
  – Develop problem solving skills

• ACTIVELY MONITOR ENTIRE TIME RISK IS PRESENT
Brief Intervention: Deep Breath Technique

Practice when you are NOT anxious

"Just Breathe" by Julie Bayer Salzman & Josh Salzman (Wavecrest Films)

https://copingskillsforkids.com/deep-breathing-exercises-for-kids
Self-Management Resources

12 WAYS TO PRACTICE GROUNDING

PHYSICAL TECHNIQUES
- Count Your Heartbeat
- Breathing Techniques
- Take A Short Walk
- Move In Rhythm

MENTAL TECHNIQUES
- Have An Internal Dialogue
- Count In Random Order
- Label Your Surrounding
- Anchor Yourself With A Phrase

SOOTHING TECHNIQUES
- Sensory Soothing
  (See, Listen, Touch, Smell, Taste)
- Practice Love and Kindness
- Make A Gratitude List
- Sing/Hum Your Favorite Song

THEAWESOMESOUL.COM

Coping Skill of the Week
Rainbow Grounding
Look around you.
Go through the rainbow and name items of each color.

When you feel overwhelmed, grounding helps you focus on the present moment.

GROUNDING TECHNIQUE
5 things you can SEE
4 things you can FEEL
3 things you can HEAR
2 things you can SMELL
1 thing you can TASTE

Ohio Chapter
INCORPORATED IN OHIO
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Web Sites For Health Care Providers

• Human Rights Campaign – www.hrc.org
  – LGBT Cultural Competence

• GLMA: Health Professionals Advancing LGBT Equality – www.glma.org
  – Cultural Competence Webinars

• Physicians for Reproductive Health - prh.org
  – E-learning modules

• Advocates for Youth – www.advocatesforyouth.org
  – Publications for working with LGBT youth
Questions
TRANSGENDER DAY OF REMEMBRANCE

Honoring the memory of transgender people and gender-variant individuals who have been murdered because of hate.

Saturday, November 20, 2021
Crisis Resources

Crisis Text Line:
text HOME to 741741
National Suicide Prevention Lifeline:
1 (800) 273-TALK [8255]

Cincinnati Children’s Psychiatric Intake Response Center:
(513) 636-4124

Suicide Prevention Apps:
My3 – iPhone app links to 3 supports identified to help
http://jasonfoundation.com/get-involved/student/a-friend-asks-app/

Trevor Project LGBTQ+: 1-866-488-7386 or Text START to 678678 or online TrevorChat at:
https://www.thetrevorproject.org/get-help-now/

Emergency Services: 911
Active Monitoring After Crisis

• **Ask** permission to give education
  – Explain risk is present and may indicate a problem/disorder
  – Review safety risk and protective factors

• **Offer** information about self-care and behavioral modification
  – Supportive Counseling
  – Facilitate parental and patient self-management
  – Refer for peer support

• **Check-In** every 1-2 weeks for 6-8 weeks, Reassess
## Validated Mental Health Screening Tools

<table>
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<tr>
<th>Broad</th>
<th>Depressive symptoms</th>
<th>Anxiety symptoms</th>
<th>Substance Use and Misuse</th>
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</thead>
<tbody>
<tr>
<td>• Home, Education/Employ, Activities, Drugs, Sexuality, Suicide, Safety (HEADSSS)</td>
<td>• PHQ-A, PHQ-2, 9, 15</td>
<td>• GAD-7</td>
<td>• 4 Step</td>
</tr>
<tr>
<td>• Pediatric Symptom Checklist (PSC)</td>
<td>• Beck Depression Inventory</td>
<td>• SCARED</td>
<td>• CRAFFT</td>
</tr>
<tr>
<td>• Strengths and Difficulties Questionnaire (SDQ)</td>
<td>• Child Depression Inventory</td>
<td>• Spence Childhood Anxiety</td>
<td>• AUDIT</td>
</tr>
<tr>
<td>• DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure</td>
<td>• Center for Epidemiologic Studies –Depression Scale (CES-D)</td>
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<tr>
<td>• NICHQ Vanderbilt</td>
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