

Beyond Silence:

Confronting Suicidal and Homicidal Thoughts in
the IDD Community

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Friendly Reminders

While waiting for others to come in, here are some rules and reminders to keep in mind.

01

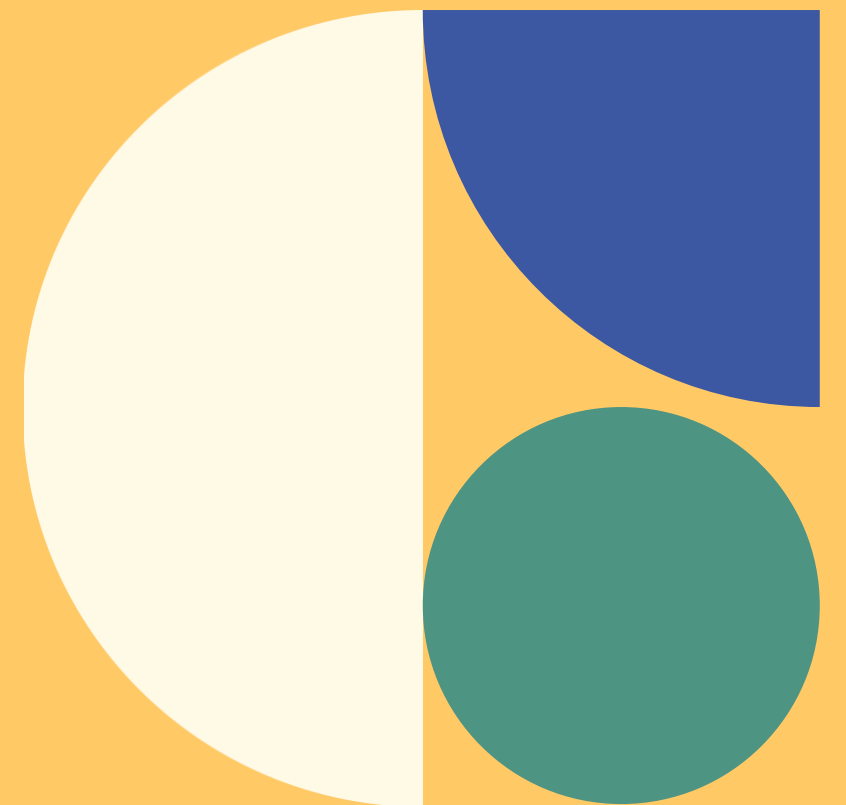
Silence your cellphones.

02

Be mindful of others; please keep distractions to a minimum.

03

Questions will be entertained at the Q&A after the presentation.



Learning Objectives

What we'll discuss this afternoon



Identify the signs and symptoms of suicidal and homicidal ideations in individuals with Intellectual and Developmental Disabilities (IDD), distinguishing them from behavioral issues associated with IDD alone.



Integrate mental health interventions into crisis response strategies, utilizing tools like the Columbia-Suicide Severity Rating Scale (C-SSRS) for monitoring to help tailor intervention plans.



Develop practical skills in creating and implementing proactive and responsive care approaches that address the dual challenges of IDD and mental health conditions, ensuring a safer, empathetic environment for this vulnerable population.

What is a suicidal/homicidal ideation?

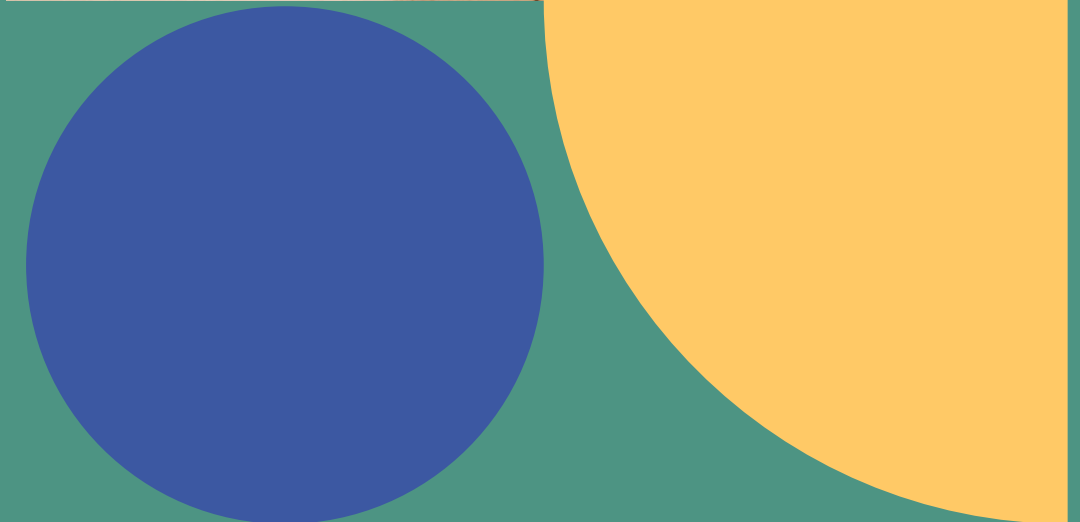
Is it a state of mind? Is it a symptom?

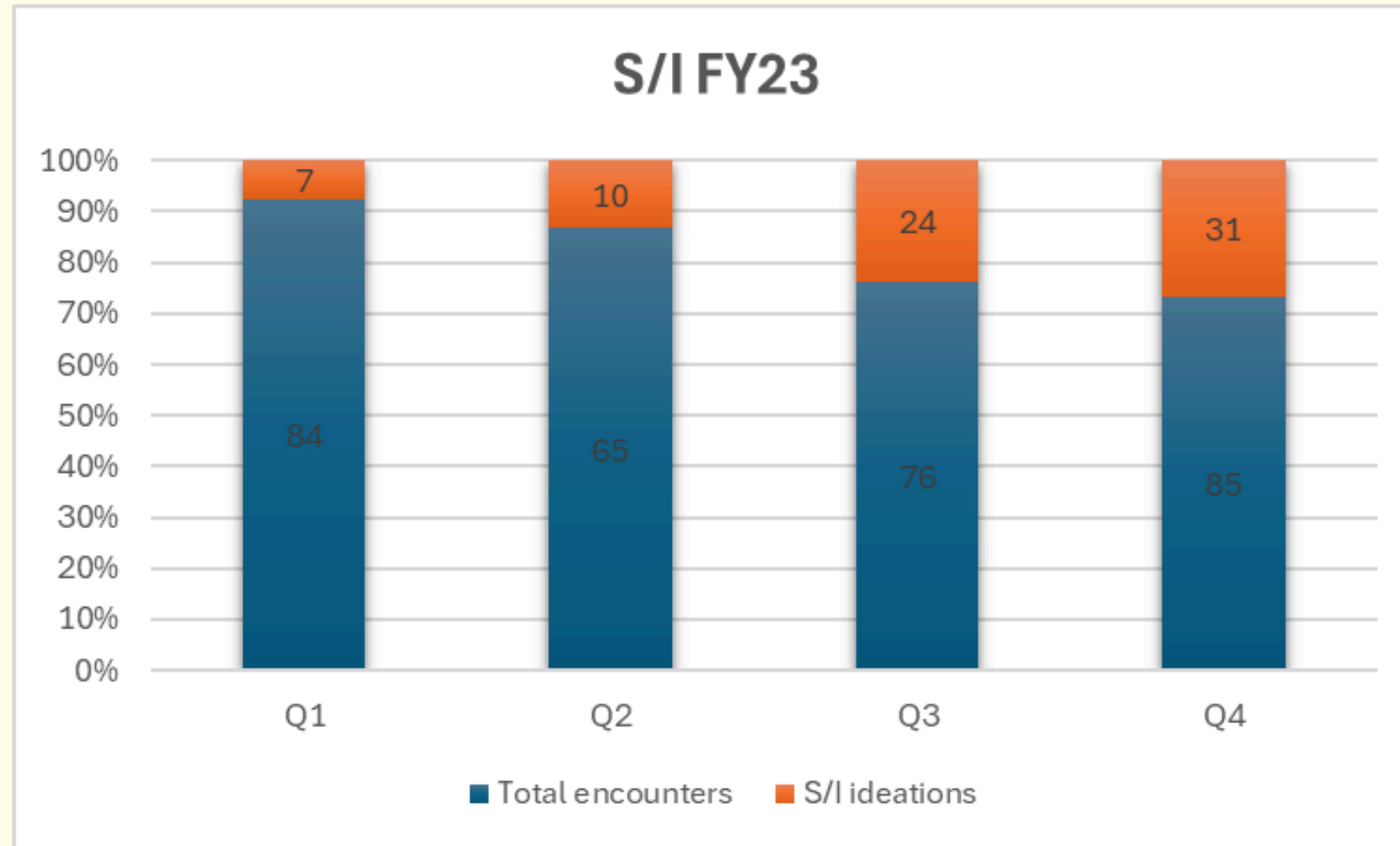


Overview

Growing Concern: There has been a noticeable increase in the occurrences of suicidal and homicidal ideations among individuals with Intellectual and Developmental Disabilities (IDD).

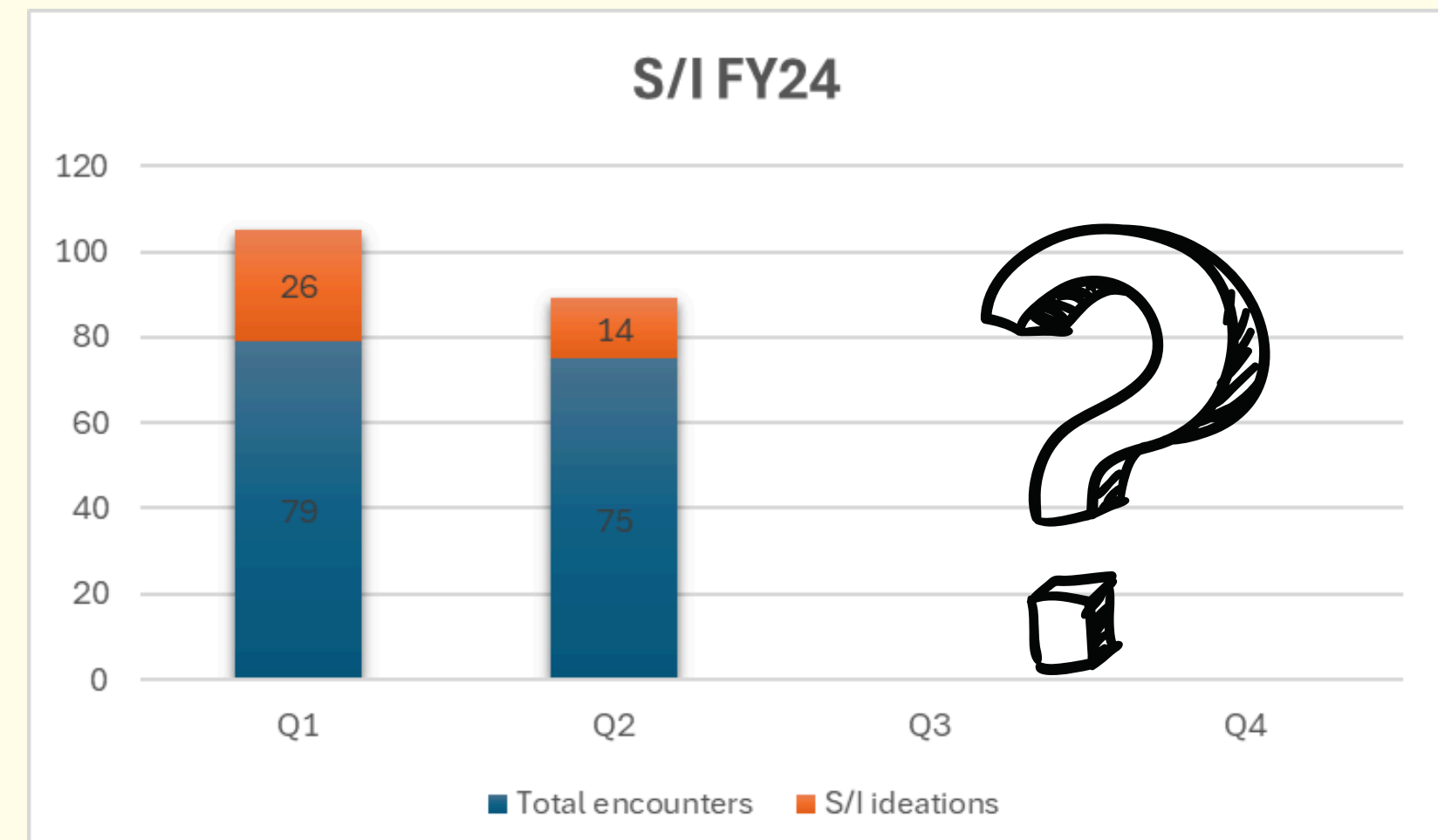
Statistics and Trends: Recent studies and reports indicate a worrying trend, with more individuals with IDD experiencing severe mental health crises.





- Begin to combine clinical tools (C-SSRS), comprehensive risk assessment & Intervention strategies
- Adapted to the comprehension level of ID consumer.
- Aiming to create a responsive and supportve environment

- Begin to observe decrease on inpatient pscyh admissions.
- Has motivated healthcare professionals in our area to explore community settings, & respite options.
- Has increased number of professionals wanting to become familiar with LIDDA services, resources, and treatment options





Techniques & Strategies

For effective crisis intervention

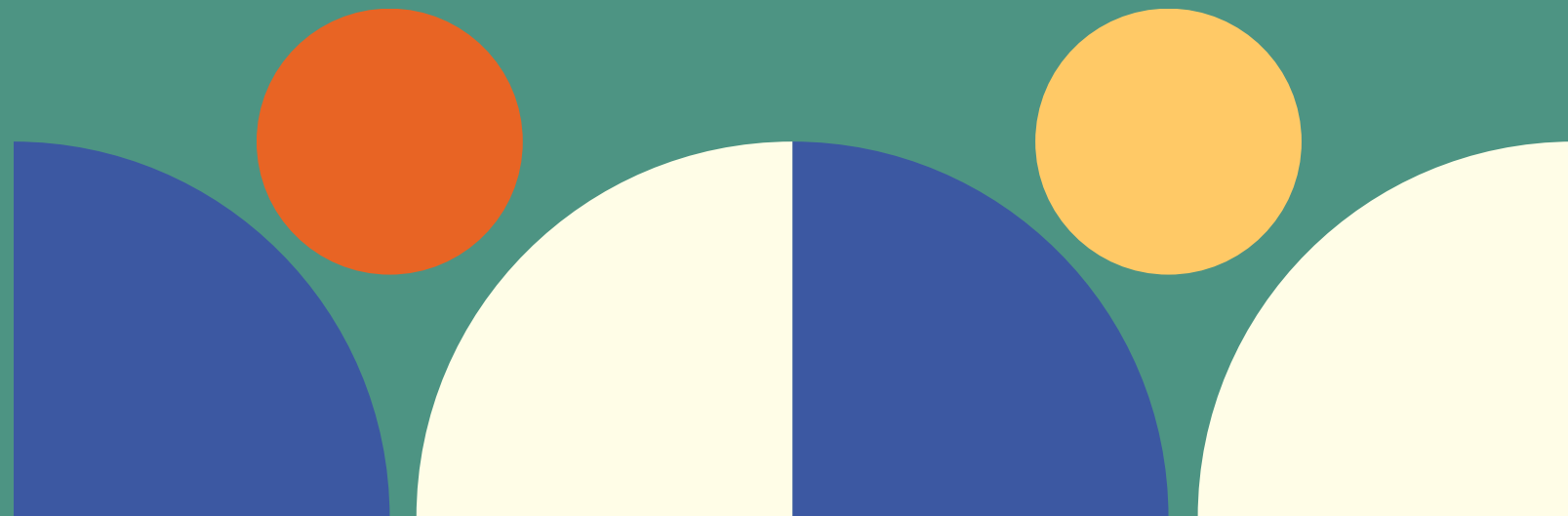
- **Remove**
 - Items that the consumer tends to use for self-injurious behavior or to harm others.
- **Reduce**
 - Noise, sensory stimulation, and the number of individuals interacting with the consumer.
- **Refocus**
 - Re-engage the consumer with favorite items, communication devices, and visuals. Quickly assess the developmental stage that the consumer presents and communicate using appropriate language and body language.

A total of 73 patients representing 105 visits were identified with suicidality or self-harm being the most frequent presentation. Information from third party sources (collateral) was recorded in the hospital chart 43% of the time.

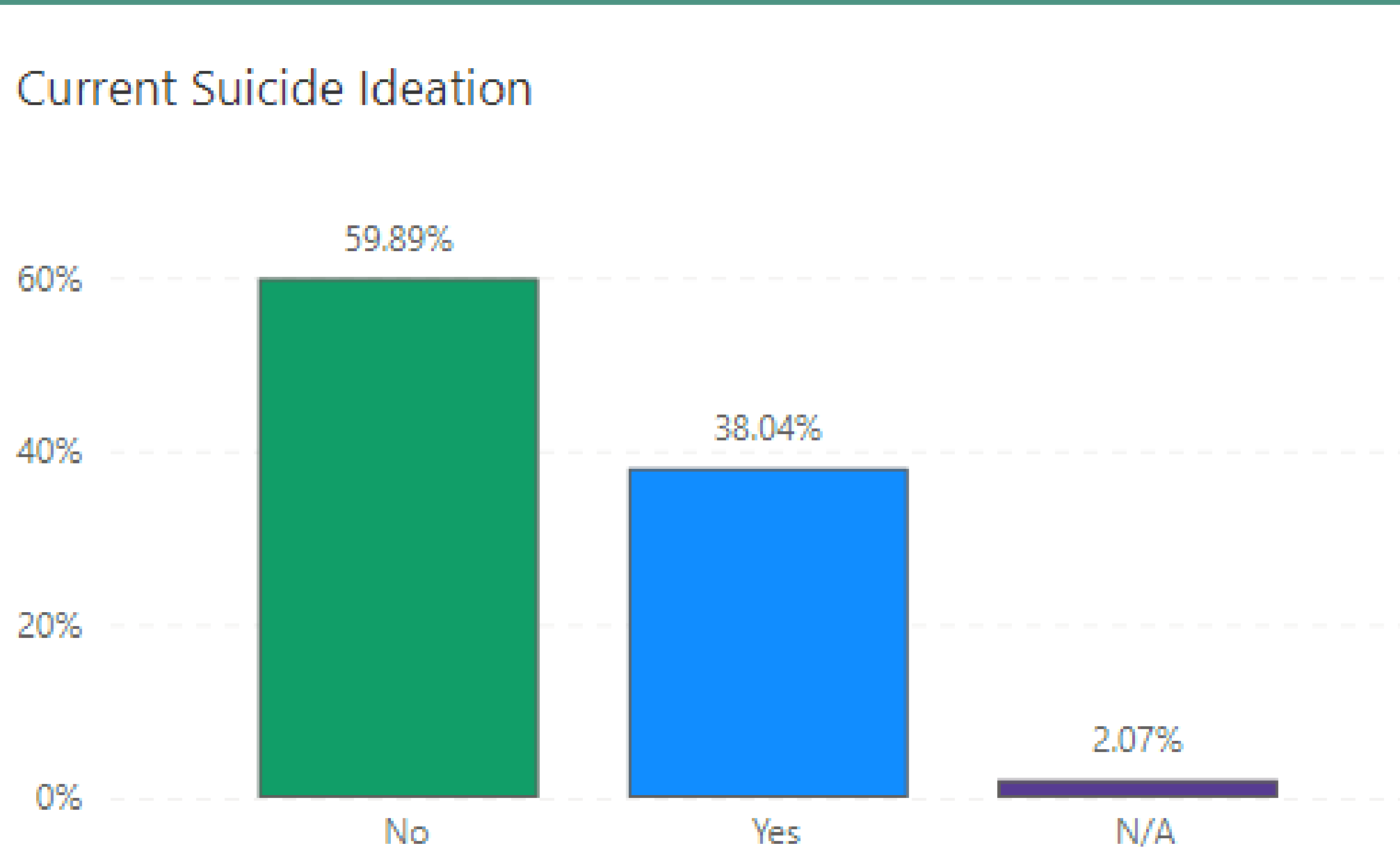
36%

of the 105 visits resulted in hospitalization. Fernandes, N. A., Sawyer, A., Zaheer, J., & Lunsky, Y. (2020).

**Study was
conducted during
Oct-Jan 2016**



General Population Data- EHN Crisis MCOT

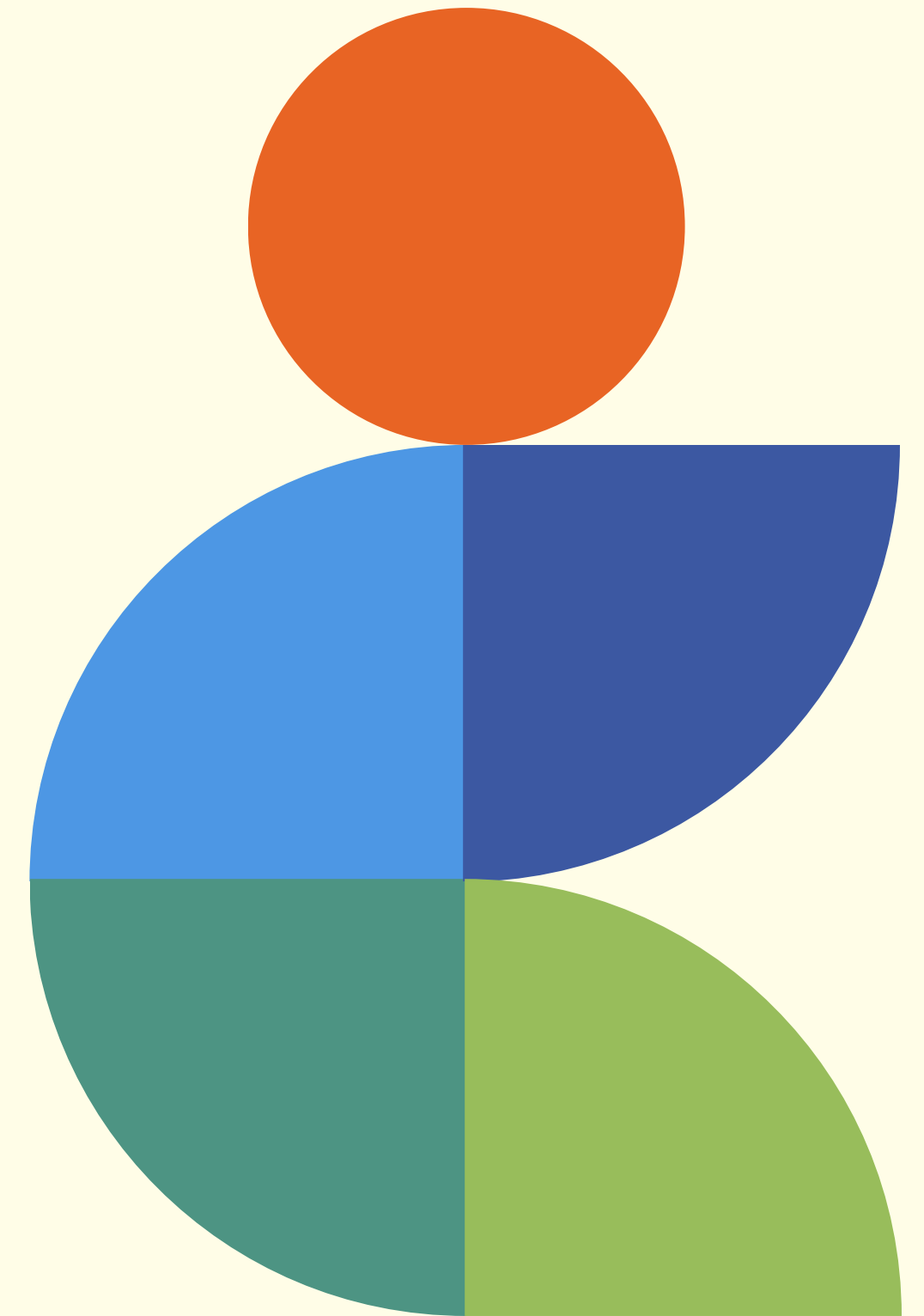


- Data focused from Oct-Jan for comparison.
- Number of assessed individuals is higher than in study conducted for those with ID.
- However, number of “no” SI was higher in general population than ID population.
- Number of “yes” SI appears to be lower compared to those of the ID population

Risk Factors and Vulnerabilities

Observations from the field

- Early codependency on family and support; lack of exposure to the outerworld; hindered independency
- Ongoing Mental Health & Illness stigma on Hispanic community/ Border region
- Lack of understanding- ID individuals have more abstract/complex interpretations to feelings, emotions, situations
- Lack of support and education on autonomy over their mental health- LITTLE TO NO VOICE



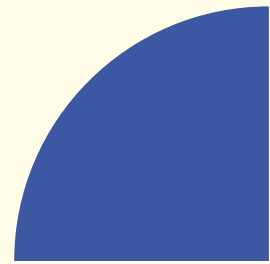
Factors contributing to rise in ideations

- Communication barriers
- Social isolation
- Co-occurring MH disorders
- Environmental Stressors
- Inadequate MH resources

Impact of Co-occurring MH Disorders

- Increased Severity of symptoms
- Complicated Diagnosis & Treatment
- Need for Specialized Care
- Increased Vulnerability
- Challenges in Medication management

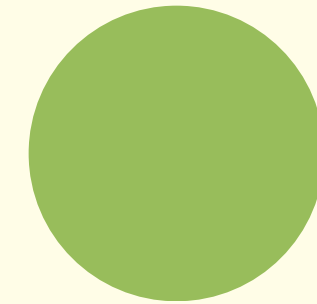
Distinguishing from Behavioral Issues



Symptoms



Triggers



**Behaviors &
Interventions**

“Children and adolescents with ID are at risk for suicidal thoughts, behaviors and death by suicide, with rates as high as 42%. Studies have identified slightly higher IQ, co-morbid psychiatric disorders and recent psychosocial stressors as correlates of suicide risk in the ID population” Ludi E, Ballard ED, Greenbaum R, Pao M, Bridge J, Reynolds W, Horowitz L. Suicide risk in youth with intellectual disabilities: the challenges of screening. J Dev Behav Pediatr. 2012

Mental Health Crisis

- **Symptoms:**
 - Severe anxiety, depression, psychosis
 - Suicidal, homicidal ideations
- **Triggers:**
 - Often co-occurring MH/ID
 - may be less obvious, more internal
- **Behavior:**
 - Withdrawal, self-harm, extreme agitation without clear EXTERNAL cause
- **Intervention:**
 - Requires mental health assessment; assess level of risk
 - Integrated treatment approach (CIT-CIS-MCOT-LIDDA)

Behavioral Issue Crisis

- **Symptoms:**
 - Aggression, tantrums, or SIB
 - Destructive actions
- **Triggers:**
 - Usually linked to changes in routine, environment, unmet needs.
 - More external, and situational
- **Behavior:**
 - A form of communication due to unmet needs or discomfort
 - Observable patterns tied to specific situations
- **Intervention:**
 - Behavior & situation assessment; modification techniques
 - Environmental adjustments & Structured interventions



Recognizing non-verbal Distress Signals

Importance of Non-Verbal Communication

Challenges:

- Difficulty expressing emotions and distress
- Reliance on caregivers and professionals to interpret behaviors

Identifying non-verbal cues:

- Changes in body language (e.g. relaxed to tense, agitation, withdrawal)
- Altered facial expressions and eye contact.
- Unusual repetitive behaviors or vocalizations.



Techniques for Observation

Practical methods for monitoring non-verbal signals

- Regular and consistent observation schedules
- Use of standardized checklists for identifying distress signals
- Training for caregivers to RECOGNIZE subtle changes in behavior

Case Studies

Real life examples from the field



Case Study 1

Albert

- 23 yr old male, Moderate IDD, Autism, Schizoaffective-bipolar type
- Increase in anxiety.
 - What we see: more rapid pacing, using his hand to cover his eyes stating there are “demons/angels”, hand wringing until he eventually begins to throw things.
 - Pace in circles across room, mumble words, avoid eye contact

Case Study 2

Margie

- 40 yr old female, Mild IDD, Schizoaffective-bipolar type
- Increase in depressive symptoms:
 - Yearns for a connection to her mother.
 - Running away from home
 - Substance use until she returns home (dad will usually go looking her)

Integrating Mental Health Intervention in IDD Crisis Response



Tools &
Strategies



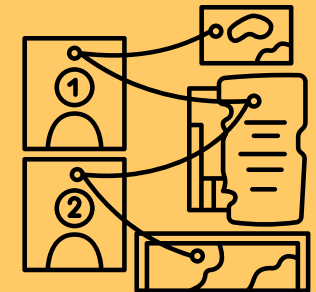
Developing
Intervention
Plans



Multidisciplinary
approach

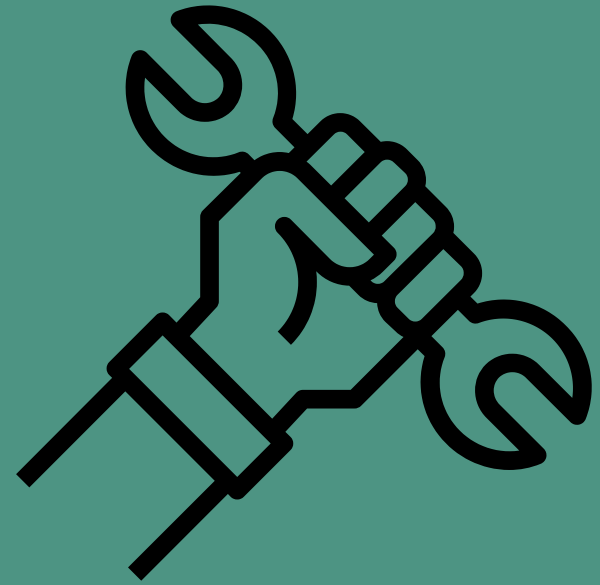


Enhancing
safety &
Responsiveness



Case Examples
& Best Practices





Tools & Strategies

- How to use C-SSRS during crisis
 - language
 - rephrasing
 - social stories
 - associations
- Comprehensive Risk Assessment
 - focus on frequency, severity, impairment of daily functions
 - Assess for readily accessible protective factors to include:
 - natural supports, counseling to access to means, safety planning, immediate access to resources that can directly help address the crisis



Developing Intervention Plans

- Tailoring intervention plans based on assessment tools to focus on specific areas:
 - Medical, Behavioral, Mental (multidisciplinary collaboration).
 - Ensuring plans are comprehensive and empathetic not only to their needs but THEIR wishes and desire to work on specific goals. This serves to truly “meet people where they are”.



Multidisciplinary approach

- **Importance of involving various stakeholders**
 - Mental Health professionals, caregivers, guardians, doctors, pharmacists, Behavior Analysis professionals, legal advocates, attorneys, judges, law enforcement.
 - Understanding of the different roles, abilities, knowledge & skills to support each other in helping consumer.
- **Examples of successful multidisciplinary interventions**
 - **It takes a village:** adolescent boy finds the right environment after several disciplines begin to work together.
 - **When the recommendation for a BSP goes astray:** until one BCBA identifies the level of cognition may not allow for ABA to be successful: what comes next.
 - **Distance from a parent:** Young man has a tumultuous relationship with his mother which leads to crisis calls back to back until he finally moves out of her home and finds the right environment for him to be successful.

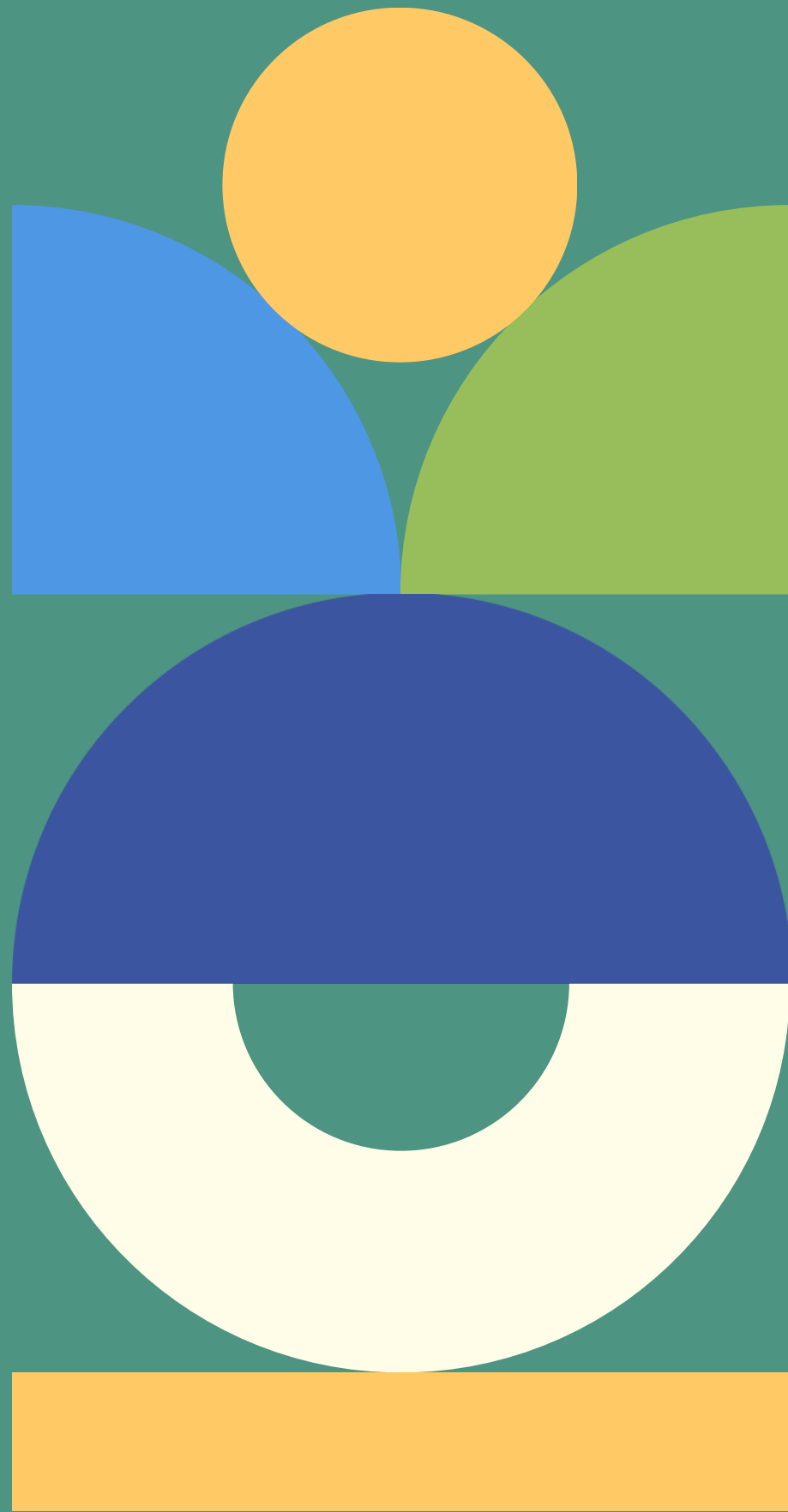


Enhancing safety & Responsiveness

- **Create a Proactive Care Environment**

- a. **Steps to develop proactive care approaches during crisis:**

- i. training and education on crisis levels of intervention to reduce time in accessing services by identifying the proper services needed for intervention (e.g. hotline, MCOT/CIS, CIT/Law Enforcement).
 - ii. use the different specialists involved during the crisis to partake in an individual or supporting role (collecting collateral information, engaging with client, removing others to safety, etc...
 - iii. Proper communication strategies.
 - 1. effective communication protocols (simple and concrete instructions and questions) allow time for response and if needed repeat and rephrase question.
 - 2. Visual aids, non-verbal communication devices readily available.
 - iv. Environment modification during crisis
 - 1. adjust the physical environment, have specialists or caregivers present to help removing while engaging in intervention and redirection for consumer; create safe space for those supports systems involved during the crisis- OFTEN times the support system finds themselves in crisis.



Learning Objectives Review

Objective 1: Identification of Signs and Symptoms

- Recap on how to identify suicidal and homicidal ideations in individuals with IDD.

Objective 2: Integration of Mental Health Interventions

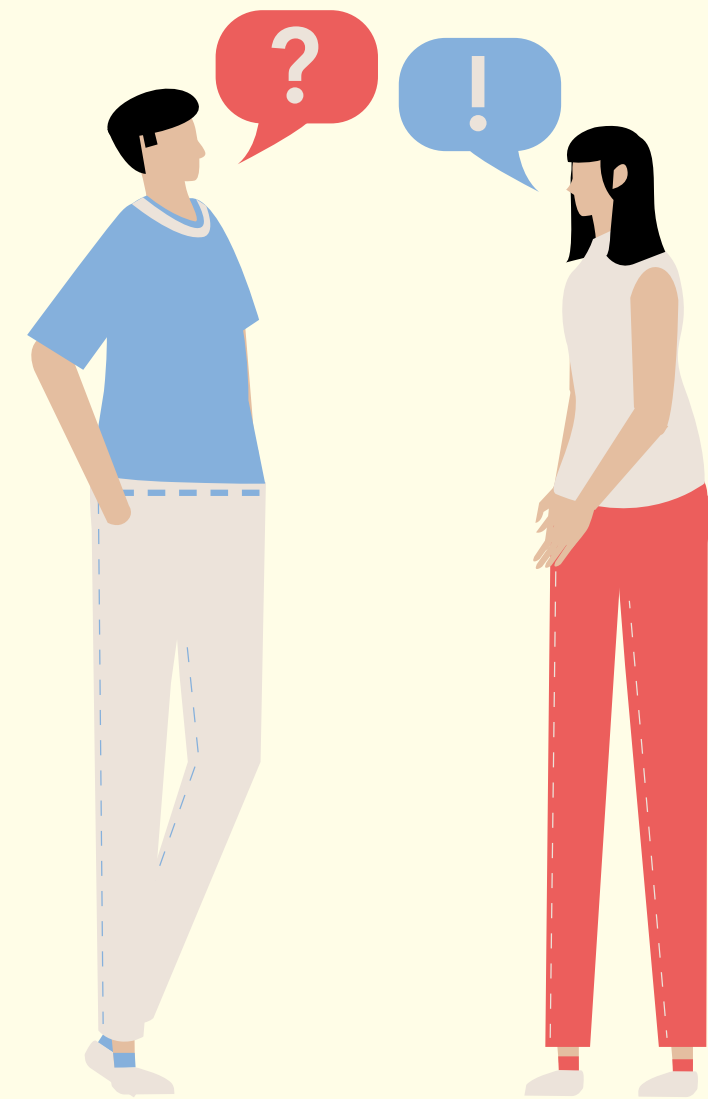
- Review of tools like C-SSRS and their application.

Objective 3: Development of Practical Skills

- Emphasis on creating and implementing effective care approaches.

Take away key points:

- 1. Increasing trends in suicidal/homicidal thoughts**
- 2. Co-occurring disorders- complicating diagnosis and treatment.**
- 3. Severity and complexity of symptoms for dually diagnosed-**
- 4. Genuine mental health crisis vs behavioral crisis- the need for appropriate approach and treatment when identifying the type of crisis.**
- 5. Identifying and interpreting non-verbal cues indicating distress.**
- 6. Practical methods to monitor non-verbal signals of distress.**
- 7. Monitor successful cases for future “blue print” development of mental health services for IDD community**
- 8. Creating a safe, and proactive care environment during a crisis.**
- 9. Ask The Question! C-SSRS utilization to help collect data and observations for future specialized clinical tools for IDD community.**
- 10. Role of crisis units coming together**



THANK YOU!



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