

FAMILY-BASED CRISIS INTERVENTION: STABILIZING SUICIDAL TEENS

An increasing number of young people coming into emergency departments are at risk for suicide. According to one study, the proportion of visits for suicide-related symptoms increased five-fold over just ten years ([Source: JAMA](#)). But many of those patients wait in the hospital for days or longer before they can receive in-patient psychiatric care, a situation called “boarding.” According to one estimate, more than 1,000 young people seeking mental health care may be boarding in emergency departments across the country every night ([Source: NYT](#)).

Developed initially for use in emergency departments, family-based crisis intervention (FBCI) is designed to quickly stabilize suicidal adolescents and offer tools to them and their families to safely manage crises at home. The approach helps avoid boarding and encourages adolescents and their families to communicate better about the feelings and situations that led to the suicidal ideation or attempt.

OVERVIEW

- ▶ FBCI is an estimated 90-minute psychiatric intervention administered to suicidal adolescents and their family in the emergency department. The approach is being adapted for primary care settings.
- ▶ During FBCI, a trained clinician works with families and adolescents on cognitive behavioral skills, readiness for therapy, understanding depression, and safety planning.
- ▶ A focal point of FBCI is the development of a “joint crisis narrative,” a mutual understanding between the adolescent and their families about what led to the suicidal thoughts or attempt.
- ▶ When the intervention is complete, but while still in the emergency department, the clinician performs a post-intervention assessment and determines whether it is safe to send the adolescent home.
- ▶ In collaboration with the adolescent and their family, the clinician develops a detailed safety plan to support the adolescent after discharge.

FBCI'S CORE ASSUMPTIONS

- ▶ Crisis is an opportunity.
- ▶ Better alternatives to inpatient hospitalization may exist to treat a suicidal crisis.
- ▶ Families want and can provide support if given the opportunity and tools.
- ▶ Families that learn to support a child in crisis will be able to provide support post-crisis.
- ▶ Co-creation of a joint crisis narrative is integral to crisis stabilization. ([Source: Boston Children's Hospital](#))

IMPACT

- ▶ Suicide is the second leading cause of death for 10- to 24-year-olds in the United States. ([Source: Pediatrics](#))
- ▶ In a randomized clinical trial, families who received FBCI reported feeling more empowered and more satisfied with their care than those who did not receive FBCI. ([Source: Pediatric Emergency Care](#))
- ▶ Patients who received FBCI had significantly lower inpatient hospitalization rates than those who received treatment as usual. ([Source: Pediatric Emergency Care](#))
- ▶ Results from a study of FBCI in three emergency departments of varying sizes and in different parts of the country found that the intervention reached 70 percent of suicidal patients, of whom 45 to 89 percent were discharged home without hospitalization. During the year-long study, these percentages increased at all three sites. ([Source: Society for Social Work and Research](#))

TAKE ACTION

- ▶ Learn more about FBCI by emailing [Dr. Elizabeth Wharff](#) or [Dr. Abigail Ross](#) at Boston Children's Hospital.



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