



## STUDY OBJECTIVES

Obtain follow-up data on patient and parent motivation and utilization of coping and communication strategies identified on patients' narrative safety plans (NSP), as well as overall satisfaction of RSP following discharge

### Hypotheses

- Self-report scores of motivation and utilization of coping and communication strategies will be significantly greater at discharge than at the 1w and 1m assessment points
- Patient and parent overall satisfaction of RSP will be similar

## BACKGROUND

- Suicide is the second leading cause of death among adolescents in the US
- Demand for psychiatric emergency services and inpatient beds is increasing, while the number of beds available is decreasing or remains static
- One solution is to decrease length of stay during an inpatient admissions by implementing an intensive, short-term intervention (RSP)

### Rapid Stabilization Pathway

Creative, values-based safety-planning intervention utilizing DNA-V model of ACT for hospitalized adolescents experiencing an acute crisis

- RSP leads to a significantly shorter LOS compared to standard care without associated increase in readmission to psychiatric inpatient unit or psychiatric emergency room
- Although promising, data on long-term effectiveness of this intervention is crucial

## ACKNOWLEDGMENTS

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## SETTING & PARTICIPANTS

### Setting

- URM/Colisano Children's Hospital Pediatric Inpatient Psychiatry Unit (4-9000)
- Follow-up data collected via telephone or REDCap survey links sent to participant emails

### Participant Demographics

- N = 37 patient and parent dyads
- Patient gender = 60%F, 32%M, 8%NB, Parent gender = 79%F, 22%M
- Patient age  $M= 15.4$ , Parent age  $M= 43.8$
- Patient grade  $M= 10.1$
- Length of Stay  $M= 103.3$ hours; min= 46hrs, max= 194hrs
- PHQ-9 Total Score  $M= 15.9$
- SCARED Total Score  $M= 44.6$

## METHODS

- Within-subject longitudinal design
- Follow-up surveys sent at 3 time points post-intervention
  - D/c, 1-week, 1-month

### Measures

- Client Satisfaction Questionnaire (CSQ-8)
  - Assesses level of satisfaction and care
  - 8 Likert items ranging from 1- 4 (*Quite Dissatisfied – Very Satisfied*)
  - 2 modified versions for RSP intervention
- Motivation and Utilization of Safety Plan: Parent & Youth
  - 1 Likert motivation item ranging from 1 – 5 (*I am not ready to use these skills – I will use these skills every time I have distress*)
  - 2 Likert items assessing utilization of coping skills and communication strategies on NSP ranging from 1 – 5 (*Never – Very Often*)

### Data Analysis

- Descriptive statistics
- Repeated measures analysis of variance (ANOVA)

## RESULTS

### CSQ-8

- Patient Satisfaction  $M= 3.62$  (minimum score =2)
- Parent Satisfaction  $M= 3.80$  (minimum score =3)

### Motivation of Safety Plan

- Patient motivation did not significantly differ between time points ( $F(1.915, 30.64) = 1.770, P = .097$ ).
- Parent motivation did not significantly differ between time points ( $F(1.988, 41.74) = 1.784, P = .181$ ).

### Utilization of Safety Plan

- Patient utilization did not significantly differ between time points ( $F(1.00, 16.0) = 1.309, P = .269$ ).
- Parent utilization did not significantly differ between time points ( $F(1.00, 19.1) = 0.24, P = .878$ ).

## DISCUSSION

- RSP resulted in a short LOS, therefore, allowing more patients to receive care
- Both patient and parents reported high levels of satisfaction post-intervention and would recommend RSP to suicidal patients in acute crisis
- Surprisingly, scores of motivation and utilization at d/c, 1 wk, and 1mos did not significantly differ; suggesting patients and their parents are continuing to use their NSP post-intervention
- Implications are that the NSP is sustainable for patient and family post discharge at both 1 week and 1 month

### Future research

- Focus on longer time points (e.g., 3mos)
- Impact on depression / anxiety scores
- Consider post d/c follow ups via phone calls, parent/multifamily groups etc.

### Limitations

- Use of self-report measures
- Not controlling for additional supports and services utilized post-discharge
- No standard care comparison group, small sample size