Alta Behavioral Healthcare

Linkages Program
Presenters

Bethany Koenig
Program Director

Angela Kearns
Program Coordinator
Alta Behavioral Healthcare

- Nonprofit organization devoted to providing professional mental health care to families and their children
- Helps families whose children are experiencing behavioral and/or emotional problems at home or in school
- Consults with schools, physicians, and other child care professionals to achieve a better understanding of and to meet the needs of the youth we serve
What does Linkage Mean?

- A connection or relationship between two or more things
- A part that connects two or more things
Depression Awareness and Suicide Prevention Program

- Assists schools, parents and students in recognizing the warning signs and symptoms of depression and other emotional disorders in students
- Assists in linking youth and families to needed services
- Mental health liaisons work with school personnel to assist in implementing education and screening programs into the school’s curriculum
- Should signs of depression and/or other emotional problems present themselves, the liaisons will contact parents and may recommend the child obtain a more complete diagnostic assessment
Linkages Program History

- Over 13 years ago, there was a double suicide involving two senior male students.
- After the incident, students came forward to school staff and made statements like “They said they were going to take their lives but we didn’t think they were serious”, or “I didn’t really know what to do after they said they were suicidal”.
- Superintendent approached the director of Alta (then D&E) and began the process of looking for a suicide prevention program to implement.
Suicide Facts

- An estimated 3.1 million adolescents aged 12 to 17 experience one major depressive episode (NIHM, 2016)
- There is one suicide death every 12 minutes in the United States (CDC YRBSS 2017)
- Suicide is the 10th leading cause of overall (CDC YRBSS 2017)
- Suicide is the 2nd leading cause of death for age 10-24 (CDC YRBSS 2017)
- In 2016, nearly 45,000 Americans age 10 or older died by suicide (CDC YRBSS 2017)
Suicide Facts continued...

- 17% youth who were surveyed indicated they consider suicide and 14% make a plan (CDC YRBSS, 2017)
- Suicide rates among those 10-19 rose 56 percent between 2007 and 2016 (Twenge, 2017)
- Suicide rates among 15-19 year old girls doubled between 2007 and 2015, reaching a 40 year high (CDC YRBSS, 2017)
- Suicide is underreported and often deemed as accidental death.
Evidence for Prevention

● To address increases in youth suicide, The Academy of Pediatricians have recommended depression screening once a year for all children (Shain, 2016)

● Programs such a (SOS) program has sown reduction in self reported suicide attempts by 40-64% in randomized control studies (Schilling et al, 2019)
Programs Implementation

- 2018–2019 13th Year of Program
- 47,525 educated 11,932 screened overall
- 2018/2019
  - 30 schools in Mahoning County
    - 4,664 students were educated
    - 942 students were screened
    - 222 of the students were referred for further mental health evaluations
    - 161 of the students received additional treatment
Linkages Program Staff

- Angela Kearns
- Sarah Babyak
- Kathy Zimmerman
- Christie Amedia
Linkages Program Staff

- Staff must have Master’s Degree and some experience with students. Prefer clinical experience and experience presenting.
Program Components

Education

(Evidence Based SOS Program – ACT Model)

- Middle School (5th, 6th, 7th or 8th)
- High School (8th, 9th or 10th)
- Transition Years (11th or 12th)
- Negative Coping Skills – Self Injury (7th to 12th)
Program Components

Program Review – Jeopardy style review game

- Online
- Board Game (1–2–3 Down)

- Can be done on middle or high school level
- Can be done in eighth grade for program continuity or as a consecutive day for high school
Program Components

Depression and Suicide Screening

- Must gain parental permission unless 18 years old
- Paper pencil screen takes less than five minutes to complete
- Each student completing screen is debriefed
Dear Parent(s)/Guardian(s),

Alta Behavioral Care’s Linkages Program (formerly D&E Counseling) will be providing a mental health education program in your school about depression and suicide. During the first day of the program, we provide an overview of the topics of depression and suicide. We use video clips from the national SOS (Signs of Suicide) program and class discussion to help students identify the symptoms of depression and suicide. A goal of the Linkages’ program is to encourage students to reach out to a trusted adult if someone is showing signs of depression or suicide. This part of the program will be provided to all students and is a part of physical and health education.

In addition to the education component of the program, every student, with parental consent, will have the opportunity to complete a Brief Screen for Adolescent Depression. Participation is voluntary. The questionnaire is completed using paper and pencil and the results are reviewed individually with each student by a Linkages’ Mental Health Liaison. The questionnaire takes about 5 minutes to complete. The Brief Screen allows staff to identify any students who may benefit from speaking with a trusted adult (such as a parent, teacher or guidance counselor). In some cases, students identify that they believe they may benefit from counselling and the Linkages Mental Health Liaison can assist in linking to ongoing mental health assessment. If any student reveals that they are thinking of harming themselves, the student will have an immediate follow-up with a Linkages’ Mental Health Liaison and the concerning parent/guardian on this form will be contacted. The interview with the Linkages Mental Health Liaison is NOT a therapy session, but an opportunity to discuss the results of the screening and decide on whether a referral is warranted. The results of the screen will only be shared with school guidance counselors and administrators. If you have any questions please call Angela Kramer at (503) 795-2467 ext. 518.

Please check one:

_____ I agree to have my child complete the SOS Brief Screen for Adolescent Depression

_____ I do NOT wish to have my child complete the SOS Brief Screen for Adolescent Depression

Student’s Name (Print): __________________________ Grade: __________

Parent/Legal Guardian’s Name (Print): __________________________

Parent/Legal Guardian’s Signature: __________________________

Data: __________________________

If your child will be participating, please provide the following information so we can contact you if necessary:

Address: __________________________ Zip Code: __________________________

Names of other adults in home we can discuss results with:

Contact Numbers:

1) Cell: __________________________ Best time to call: __________________________

2) Home or Other: __________________________ Best time to call: __________________________
Program Components

Scoring Screen

- Negative
- Positive—All “red” receive clinical interview—all “blue” are further evaluated
  - Positive Red
    - Thoughts of Suicide or Previous untreated attempt
  - Positive Blue
    - Four or more symptoms of depression
Program Components

Case Management

● Positive Red – Parent contact must be made in 24 hours
  ● Certified letter sent if parental contact is not made
  ● Most receive guidance referral as well

● Positive Blue – Parent contact and/or guidance referral

● Some Negative turn “blue” during debriefing process
SOS Signs of Suicide® Prevention Program

Student Screening Form

- Age: ______
- Gender: □ Female □ Male □ Transgender
- Grade in School: □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 □ GED Program □ Other: __________
- Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino
- Race: (Check all that apply) □ American Indian/Alaska Native □ Asian □ Native Hawaiian/Other Pacific Islander □ White □ Black/African American □ Other/Multiracial
- Are you currently being treated for depression? □ Yes □ No

Brief Screen for Adolescent Depression (BSAD)*

These questions are about feelings that people sometimes have and things that may have happened to you. Most of the questions are about the LAST FOUR WEEKS.

Read each question carefully and answer it by circling the correct response.

1. In the last four weeks, has there been a time when nothing was fun for you and you just weren't interested in anything? Yes No
2. Do you have less energy than you usually do? Yes No
3. Do you feel you can't do anything well or that you are not as good-looking or as smart as most other people? Yes No
4. Do you think seriously about killing yourself? Yes No
5. Have you tried to kill yourself in the last year? Yes No
6. Does doing even little things make you feel really tired? Yes No
7. In the last four weeks has it seemed like you couldn't think as clearly or as fast as usual? Yes No

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself or a friend (example: “My English teacher,” “counselor,” “my mother,” “uncle,” etc.)
In school __________
Out of school __________
Green or Blue Screening Form

Green
1. When you were filling out the questionnaire did any concerns come up that you would like to talk to me about?  Yes  No

2. Would you like to talk to the school counselor or school nurse about any concerns or difficulties you are having?  Yes  No

3. How do you handle your stress? What type of coping strategies do you use?

4. Do you have any feedback about the program? Any further questions?

Blue
5. Discussion of 4 symptoms listed? Any stressors?

6. *Reason change green to blue? (ONLY NEEDED IF CHANGED)*

Debriefer Name: Kathleen Zimmerman
Debriefer Signature: ___________________________ Date: ____________
Student Name: ___________________________ Date: ___________________________

Presenting Needs:

☐ S.O.S. ☐ Current thoughts ☐ Suicide attempt without treatment
☐ Symptoms of depression (4 or more) ☐ Number Identified: ________
☐ Wants referral ☐ Explanation: __________________________

Situation Summary:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Treatment History:

☐ Active in treatment ☐ Past treatment not active ☐ No previous treatment
Place: ___________________________ Place: ___________________________
☐ Non-Suicidal ☐ Non-Suicidal
☐ S.O.S. ☐ S.O.S.

Explanation:

________________________________________________________________________

Non-Suicidal Student Referral Desires:

☐ None ☐ Guidance ☐ Community Counseling ☐ Guidance and Community
Only Only Community

Explanation:

________________________________________________________________________

S.O.S. Student Immediate Action Plan:

☐ Confirm Treatment ☐ Immediate Inpatient Referral ☐ Immediate Walk to guidance
☐ Parent Guardian Contact & Referral Within 24 hours ☐ Certified Letter

Explanation:

________________________________________________________________________

Intervention Date Achieved
Treatment Confirmed
Guidance Referred
Contact with Parent or Guardian for Community Referral
Community Resource List Sent
Certified Letter Sent
Community Counseling Appointment Made
Community Counseling Appointment Attended

Debriefer/Clinician Signature: ___________________________ Date: ___________________________
Supervisor Signature: ___________________________ Date: ___________________________
Student Name: 
Parent/Guardian Information: 
Name: 
Other Adult permitted to discuss: 
Email: 
Address: 
Phone 1: Type: Time: 
Phone 2: Type: Time: 
Phone 3: Type: Time: 
Notes: 

Summary Parent/Guardian Contact:
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Number</th>
<th>Type</th>
<th>Response</th>
</tr>
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<tr>
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<td>Contact</td>
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</table>

Summary of Parent/Guardian Referral:

Summary of Guidance Referral:

Future Action Plan Summary:
CAMS SUICIDE STATUS FORM

Student: __________________________ Mental Health Consultant: __________________________ Date: __________

Section A: Treatment
Currently Seeing a Mental Health Professional: Y________ N________
Therapist Name: __________________________
Future Appointment Scheduled: Y________ N________
Does your therapist know about your suicidal thoughts Y________ N________

Section B: Self Assessment
Rate and fill out each item according to how you feel right now. Then rank in order of importance 1 to 5 (1 = most important to 5 = least important)

<table>
<thead>
<tr>
<th>RANK</th>
<th>DESCRIPTION</th>
<th>RATING</th>
</tr>
</thead>
</table>
| 1 | RATE PSYCHOLOGICAL PAIN (burt, anguish, or misery in your mind, not stress, not physical pain): Low pain: 1 | 2 | 3 | 4 | 5: High pain
What I find most painful is: __________________________

| 2 | RATE STRESS (your general feeling of being pressured or overwhelmed): Low stress: 1 | 2 | 3 | 4 | 5: High stress
What I find most stressful is: __________________________

| 3 | RATE AGITATION (emotional urgency; feeling that you need to take action; not irritation; not annoyance): Low agitation: 1 | 2 | 3 | 4 | 5: High agitation
I most need to take action when: __________________________

| 4 | RATE HOPELESSNESS (your expectation that things will not get better no matter what you do): Low hopelessness: 1 | 2 | 3 | 4 | 5: High hopelessness
I am most hopeless about: __________________________

| 5 | RATE SELF-HATE (your general feeling of disliking yourself; having no self-esteem; having no self-respect): Low self-hate: 1 | 2 | 3 | 4 | 5: High self-hate
What I hate most about myself is: __________________________

| N/A | OVERALL RISK OF SUICIDE | Extremely low risk: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10: Extremely high risk (will kill self) |

Please list your reasons for wanting to live and your reasons for wanting to die. Rank in order of importance 1 to 5.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Reasons for Living</th>
<th>Rank</th>
<th>Reasons for Dying</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

I wish to live to the following extent: Not at all: 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10: Very much
I wish to die to the following extent: Not at all: 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10: Very much
The one thing that would help me no longer to feel suicidal would be: __________________________
### Section C: Mental Health Consultant Assessment

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<thead>
<tr>
<th></th>
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<th>Suicide Ideation</th>
<th>Describe:</th>
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<tr>
<td>V</td>
<td>N</td>
<td>Active:</td>
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<td>Passive:</td>
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<td>Frequency:</td>
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<td>Duration:</td>
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<td></td>
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<td>Triggers:</td>
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<th>Suicide Plan</th>
<th>When:</th>
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<tr>
<td>Y</td>
<td>N</td>
<td>Where:</td>
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<td></td>
<td>How:</td>
<td>Access to Means</td>
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<td></td>
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<td>Y</td>
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</tbody>
</table>

|   |   | Suicide Preparation | Describe: |
| Y | N | Suicide Rehearsal | Describe: |
|   |   | Past suicide attempts | Number of: |
| Y | N | Date of Last attempt: |           |
|   |   | Treatment: Y | N |
|   |   | Describe: |

| V | N | Self Injury | Describe: |
|   |   | Substance Abuse | Describe: |
|   |   | Significant Loss | Describe: |
|   |   | Relationship Problems | Describe: |
|   |   | Burden to others | Describe: |
|   |   | Health problems | Describe: |
|   |   | Sleep Problems | Describe: |
|   |   | Legal/Financial Problems | Describe: |
|   |   | Shame | Describe: |
|   |   | Anxiety | Describe: |
|   |   | Social Isolation | Describe: |
|   |   | Aggression/Impulsivity | Describe: |
|   |   | Religious Beliefs | Describe: |
|   |   | Family Support | Describe: |
|   |   | Social Support | Describe: |
|   |   | Pet | Describe: |
|   |   | Ways to cope stress | Describe: |

Screening Impressions: ____________________________________________________________

Mental Health Consultant Name: ________________________________________________
Mental Health Consultant Signature: ___________________________ Date: ____________
SUICIDE RISK ASSESSMENT
Updated 4/21/17
*Represents a range of risk levels, not actual determinations (Adapted from Suicide Prevention Resource Center)

LOW RISK:
____ Multiple Protective Factors
____ Few Risk Factors
____ Positive Suicidal Ideation
____ No Current Plan/Leaves no Intent/Behavior

MODERATE RISK:
____ Few Protective Factors
____ Multiple Risk Factors
____ Suicidal Ideation With No Vague Plan
____ Low or Moderate Reported Current Intent/Behavior

HIGH RISK:
____ Multiple/Severe symptoms of Depression/Multiple Risk Factors
____ Acute Precipitating Event
____ N or Low Amount of Protective Factors/Protective Factors Not Relevant
____ Previous Attempt(s)/Previous Psychiatric Hospitalization
____ High Self-Reported Current Intent/Specific Plan Reported/Means to Carry Out Plan

CIRCLE ALL RISK AND PROTECTIVE FACTORS THAT APPLY BASED ON INTERVIEW.

Risk Factors:
1. History of suicide attempt(s)
2. History of or current self-injurious behavior
3. Family history of mental illness/suicidal behaviors
4. Hopelessness
5. Anxiety
6. Social isolation/disconnectedness
7. Life-altering stressor/Trauma history
8. Aggressiveness/Impulsivity
9. Access to firearms/weapons

Protective Factors
1. Religious Beliefs
2. Ability to cope with stress
3. Strong family support
4. Strong social support
5. Beloved pet

Case number:________
Risk level:________

*SELF-REPORTED CURRENT LEVEL OF INTENT (0 TO 10 SCALE):________

SCALE OF INTENT SEVERITY:
0-3 = No/Low Intent
4-6 = Moderate Intent
7-10 = High Intent
Mission of Linkages Program

- Teach how untreated depression can lead to suicide
- Teach students to recognize the symptoms of depression and warning signs of suicide
- Teach students how to seek and find help in trusted adults by using the ACT MODEL
- Provide an overview of treatment options that are available for depression by seeking professional help
Depression and Suicide Risk?

- Although the majority of people who have depression do not die by suicide, having major depression does increase suicide risk compared to people without depression.

- Untreated major depression can lead to suicide.

- Recognizing depression symptoms and early intervention can prevent or decrease suicidality.
Why Can It Be So Hard To Discuss This Topic?

Raise your hands and tell us
Talking Depression & Suicide

- Sad topic
- Hard to talk about
- Too personal
- Fear of being judged/labeled
- Myth that talking about suicide will cause it
- STIGMA
What is Stigma?

- A set of negative and often unfair beliefs that a society or group of people have about something.
Stigma of Mental Illness

4 in 5 think it is harder to admit to having a mental illness than other illness.

One in two are frightened by people with mental illness.

Psycho + Nuts + Mentally Ill + Crazy are the most common description of those with mental illness.

Mental illness ranked as the top stigmatized illness.
“No one would ever say that someone with a broken arm or a broken leg is less than a whole person, but people say that or imply that all the time about people with mental illness.”

ELYN R. SAKS
## Physical Problem vs. Emotional Problem

<table>
<thead>
<tr>
<th>BROKEN BONE</th>
<th>EMOTIONAL PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will admit if it occurred</td>
<td>Often denied</td>
</tr>
<tr>
<td>Will tell story</td>
<td>Want to keep details private</td>
</tr>
<tr>
<td>Easy to talk about</td>
<td>Hard to talk about</td>
</tr>
<tr>
<td>No stigma for having</td>
<td>May be stigmatized</td>
</tr>
<tr>
<td>Told to get treatment</td>
<td>Told to handle on own</td>
</tr>
</tbody>
</table>
In 2013, an estimated 2.6 million adolescents had at least one depressive episode in the past year. That's 10.7% of the entire adolescent population of the United States, 1 in 10 of all teens.
According to the Centers for Disease Control and Prevention

Nearly 20% of teens seriously consider suicide each year.

1 in 12 each year attempt suicide.
YOU'D NEVER SAY, "IT'S JUST CANCER, GET OVER IT."

So why do some say that about depression?

It's all in the head. It's just a bad mood. It's a personal weakness. They're just a few of the common misperceptions about depression. The truth? Depression is a real medical illness that can be as debilitating as other major diseases. Like cancer, it can be fatal. And like diabetes, it's biologically based. But like other life-threatening illnesses, it can be treated. Which means there's real hope for everyone who has it.

Learn more at DepressionIsReal.org
Jordan’s Story

- During the following video segment you will learn hear Jordan’s Story
- Jordan attempted to complete suicide
- Jordan jumped out a nine story building and lived
- Jordan and his family discuss the time leading to his suicide attempt
- Through Jordan’s story some of the symptoms of depression will be revealed
Jordan's Story

Jordan, survived suicide attempt
Symptoms of Adolescent Depression

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses
- Frequent absences from school or poor performance
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of Thoughts or expressions of suicide
Elyssa’s Story

- During the following video segment you will learn hear Elyssa’s Story
- Elyssa completed suicide
- Elyssa’s friends and family discuss the time leading to her suicide
- Through Elyssa’s story some of the causes of depression will be revealed
Elyssa’s story
Risk Factors for Depression

● Stress
● Chemical Imbalance in the Brain
● Family History
Stress

CAPITAL “S” Stressors

Little “s” Stressors
### The Holmes-Rahe Life Stress Inventory

**The Social Readjustment Rating Scale**

**INSTRUCTIONS:** Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

<table>
<thead>
<tr>
<th>Life Event</th>
<th>Mean Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of spouse</td>
<td>100</td>
</tr>
<tr>
<td>2. Divorce</td>
<td>73</td>
</tr>
<tr>
<td>3. Marital Separation from mate</td>
<td>65</td>
</tr>
<tr>
<td>4. Detention in jail or other institution</td>
<td>63</td>
</tr>
<tr>
<td>5. Death of a close family member</td>
<td>63</td>
</tr>
<tr>
<td>6. Major personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>7. Marriage</td>
<td>50</td>
</tr>
<tr>
<td>8. Being fired at work</td>
<td>47</td>
</tr>
<tr>
<td>9. Marital reconciliation with mate</td>
<td>45</td>
</tr>
<tr>
<td>10. Retirement from work</td>
<td>45</td>
</tr>
<tr>
<td>11. Major change in the health or behavior of a family member</td>
<td>44</td>
</tr>
<tr>
<td>12. Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>13. Sexual Difficulties</td>
<td>39</td>
</tr>
<tr>
<td>14. Gaining a new family member (i.e., birth, adoption, older adult moving in, etc.)</td>
<td>39</td>
</tr>
<tr>
<td>15. Major business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>16. Major change in financial state (i.e., a lot worse or better off than usual)</td>
<td>38</td>
</tr>
<tr>
<td>17. Death of a close friend</td>
<td>37</td>
</tr>
<tr>
<td>18. Changing to a different line of work</td>
<td>36</td>
</tr>
<tr>
<td>19. Major change in the number of arguments w/spouse (i.e., either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)</td>
<td>35</td>
</tr>
<tr>
<td>20. Taking on a mortgage (for home, business, etc..)</td>
<td>31</td>
</tr>
<tr>
<td>21. Foreclosure on a mortgage or loan</td>
<td>30</td>
</tr>
<tr>
<td>22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)</td>
<td>29</td>
</tr>
<tr>
<td>23. Son or daughter leaving home (marriage, attending college, joined mil.)</td>
<td>29</td>
</tr>
<tr>
<td>24. In-law troubles</td>
<td>29</td>
</tr>
<tr>
<td>25. Outstanding personal achievement</td>
<td>26</td>
</tr>
<tr>
<td>26. Spouse beginning or ceasing work outside the home</td>
<td>26</td>
</tr>
<tr>
<td>27. Beginning or ceasing formal schooling</td>
<td>26</td>
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<tr>
<td>28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.)</td>
<td>25</td>
</tr>
<tr>
<td>29. Revision of personal habits (dress manners, associations, quitting smoking)</td>
<td>24</td>
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<tr>
<td>30. Troubles with the boss</td>
<td>23</td>
</tr>
<tr>
<td>31. Major changes in working hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>32. Changes in residence</td>
<td>20</td>
</tr>
<tr>
<td>33. Changing to a new school</td>
<td>20</td>
</tr>
<tr>
<td>34. Major change in usual type and/or amount of recreation</td>
<td>19</td>
</tr>
<tr>
<td>35. Major change in church activity (i.e., a lot more or less than usual)</td>
<td>19</td>
</tr>
<tr>
<td>36. Major change in social activities (clubs, movies, visiting, etc.)</td>
<td>18</td>
</tr>
<tr>
<td>37. Taking on a loan (car, tv, freezer, etc)</td>
<td>17</td>
</tr>
<tr>
<td>38. Major change in sleeping habits (a lot more or a lot less than usual)</td>
<td>16</td>
</tr>
<tr>
<td>39. Major change in number of family get-togethers (**)</td>
<td>15</td>
</tr>
<tr>
<td>40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)</td>
<td>15</td>
</tr>
<tr>
<td>41. Vacation</td>
<td>13</td>
</tr>
<tr>
<td>42. Major holidays</td>
<td>12</td>
</tr>
<tr>
<td>43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc)</td>
<td>11</td>
</tr>
</tbody>
</table>
Chemical Imbalance in the Brain
Chemical Imbalance in the Brain
Family History

• If one of your parents has had depression you are 50% more likely to have depression.

• If both of your parents have had depression you are 75% more likely to have depression.
Family History

• Shared brain chemistry as biological parents and shared life stressors.
Linkages leads to \textbf{ACT}ion

- Sometimes it is difficult to know how to react to a friend who may be displaying symptoms of depression and signs of suicide
- We are \textbf{NOT} here to teach you to provide treatment for your friends
- We teach you a model called the ACT model
- The video clip will provide an example on how to use the model
ACT

Acksnowledge that a friend or classmate has a problem, and that the symptoms are serious.

Care: let that friend know they are there for them, and want to help.

Tell a trusted adult about their concerns
ACT Scenario

VIDEO
Using ACT Model

- What did brother do wrong?
- What did brother do right?
Negative Coping Skills

- Drugs
- Alcohol
- Self Harm
Treatment Options

- Counseling – Talk Therapy
- Antidepressants
- Combination - Most Effective
Closing

VIDEO
Reaching Out

- Connecting to trusted adults in your school or home
- Keep reaching out until you get help you need
- Depression is 100% treatable
References


Questions or Comments