SUICIDE PREVENTION ACROSS MULTIPLE TIERS

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Program Overview

4 Districts

1 Charter School
- Population: 1,000
- 2 FTE's

2 Suburban Districts
- Bexley School District Population: 2,300
  - 3 FTE's - 5 Schools
- Canal Winchester Schools Population: 3600
  - 2.5 FTE's - 4 Schools

1 Urban District
- Columbus City Schools Population: 54,000
  - 26 FTE's - 42 Schools
# Program Overview

## Behavioral Service Model

### 1–5% Individual Intensive Interventions

**Care Connection**
- Goal: Reduce severity, intensity of symptoms driving impairment

**Strategies:** Address Family and individual factors
- Programs:
  - Individual therapy
  - Family therapy
  - School Collaboration

Columbus City Schools
- Intensive Academic Support
  - Intensive social skills training
  - Behavior support plans
  - Multi-agency collaboration/Juvenile court (wrap around)
  - Alternatives to suspension/expulsion

### 5–10% Targeted Interventions

**Care Connection**
- Goal: Reduce risk for “at-risk population”

**Strategies:** Treatment and prevention groups to address symptoms/concerns
- Programs:
  - Too Good for Drugs
  - Too Good for Violence
  - Coping Cot
  - Skill Streaming

Columbus City Schools
- Targeted Strategies
  - Social skills training/support
  - Increased academic support and practice
  - Alternatives to suspension
  - Monitoring
  - Progress monitoring
  - Behavior/attendance contracts

### 80–90% Targeted School-wide

**Care Connection**
- Goal: Impact School Climate

**Strategies:** Teacher education, Resources, Student and Family Engagement and Strategies
- Programs:
  - Elementary: PAX Good Behavior Game
  - Middle and High School: Signs of Suicide (SOS)

Columbus City Schools
- School-wide supports: All students
  - Positive, safe and engaging school learning environment
  - Effective academic support
  - Effective classroom management
  - Teaching social skills
  - Teaching school-wide expectations
  - Active supervision and monitoring in common areas
  - Positive reinforcement for ALL
The Problem of Youth Suicide

- 2\textsuperscript{nd} leading cause of death for ages 15-24 – 5,491 in 2015
- 3\textsuperscript{rd} leading cause of death for ages 10-14 – 409 in 2015

2015 Leading Causes of Death, Ages 10-24

<table>
<thead>
<tr>
<th>Cause</th>
<th>2015 Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>1,897</td>
</tr>
<tr>
<td>Stroke</td>
<td>208</td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia</td>
<td>223</td>
</tr>
<tr>
<td>Lung Disease</td>
<td>295</td>
</tr>
<tr>
<td>Birth Defects</td>
<td>542</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>1,122</td>
</tr>
<tr>
<td>Suicide</td>
<td>5,900</td>
</tr>
</tbody>
</table>

More deaths from suicide than 6 other leading causes of death combined

US Youth Suicide Rate: Ages 10-19

2nd leading cause of death in 10 to 19 year olds
Youth Suicide: Franklin County

Number of deaths

- 2007: 2
- 2008: 2
- 2009: 1
- 2010: 1
- 2011: 3
- 2012: 7
- 2013: 3
- 2014: 13
- 2015: 11
- 2016: 6
- 2017: 12

Graph showing the number of youth suicide deaths in Franklin County from 2007 to 2017.
How common is depression and thoughts of suicide?

OF US HIGH SCHOOL STUDENTS

29.9% felt so sad or hopeless for 2+ weeks that they stopped doing some usual activity

14.6% made a suicide plan

17.0% seriously considered attempting suicide

8.6% attempted suicide
Tier 1: Signs of Suicide Implementation

- **School Engagement**
- **Gatekeeper Training**
- **Parent Training (Optional)**
- **Classroom Implementation**
  - Acknowledge
  - Show that you Care
  - Tell a Trusted Adult
- **Screenings and Risk Assessments (Optional)**
  - Brief Screening for Adolescent Depression (BSAD)
  - Columbia Severity Suicide Rating Scale (C-SSRS)
- **Linkage to Treatment Services**
NCH Signs of Suicide Implementation

- 88 schools, 1028 classrooms, 22,358 students
  (Nov. 2015 through March 2018)

- 4,096 Yes Response Cards
- 5,282 Triage Assessments
- 806 Risk Assessments
- 2,787 Depression-Suicide Screens
- 118 Crisis Referrals
Staff pre-post gatekeeper training outcomes (n=515)
Challenges

- **Staff Buy In** → assess needs first
  - *Strong administrator support* enable success

- **Prioritizing Referrals**
  - *Urgent*
  - *Non-urgent*
  - *Self-Identified*

- **Program capacity**
Tier 2: DBT Skills Group

- DBT skills have been demonstrated to be effective in helping adolescents manage difficult emotions, cope with stress, and make better decisions.

- Acknowledges students social and emotional concerns and also focuses on skill building and practical application.

- Who can benefit from a DBT skills group: Everyone! But especially students who may be at risk for a mood or personality disorder.
Tier 2: DBT Skills Group

DBT has four areas of skill building:
Weaving together Acceptance and Change

Interpersonal Skills

Mindfulness

Emotional Regulation

Distress Tolerance
Tier 2: DBT Skills in Schools vs DBT Skills Group

- DBT skills in school vs. DBT skills group in school
  - Curriculum broken up into 30 lesson plans vs. 13-16 weekly group sessions
  - Lead by teachers vs Lead by clinicians
  - Both focus on skills not treatment of a mental health disorder

- Identification of students at risk for developing suicidal ideation
  - SOS students at risk but not currently experiencing suicidal ideation

- Engaging parents by having the first group in the evening with parents and students

- Use of symptoms measure at the beginning, middle, and end of treatment to track progress
National Data

- 2008 study: Initially 50% of students were attending General Education classes or working. After participating in the group the number increased to 86%.

- 2011 study in British Columbia: 25 students 12-18 years old. Significant decrease in self report depression and hopelessness. 14 out of 18 participants stopped self harming behavior.

- 2006 study: 91% of participants in clinical range moved to non-clinical range on pre/post survey (RCI).

- 2006 DBT-A study in Portland Oregon: Significant reductions in internalizing and externalizing symptoms. Decreased anxiety, depression, social stress, and anger control, and demonstrated increased school attendance and GPA.

Tier 2: DBT Skills in Schools

Lessons Learned

- Plan Ahead!
- Engage students who do not already receive counseling services
- Work with the school to find strategies that will work for the group
  - Lunch group, Rotating period of the group
  - Creating a list of potential participants
- Partner with School Counselors to plan and implement group

Implementation Plan

- Collaboration with School Counselors, Social Workers. Incorporate into SOS implementation
- School and Community Education
Tier 3: Family and Individual Therapy

- SOS Screenings
- NCH Internal
- School and Family Referrals
- Tier 2 Strategies

Referral Sources
Tier 3: Family and Individual Therapy

- **Bridging services**
  - Referral from high acuity program
  - Waiting to receive services from another internal program with a waitlist
  - NCH School Based Therapist will meet with the client at least once a week and communicate with the family and school staff.

- **Adjunct Services**
  - High acuity clients
  - Enrolled in another internal program that is taking the lead with individual therapy
  - NCH School Based will partner with the lead treatment program to engage the school in implementing and maintaining a safety plan.

- **Ongoing services**
  - Enrolled in NCH School Based Program
  - Individual and Family Therapy in the school and in the community
  - 2-3 Contacts a week
  - TIC, MI, CBT and Family Therapy
Questions???????