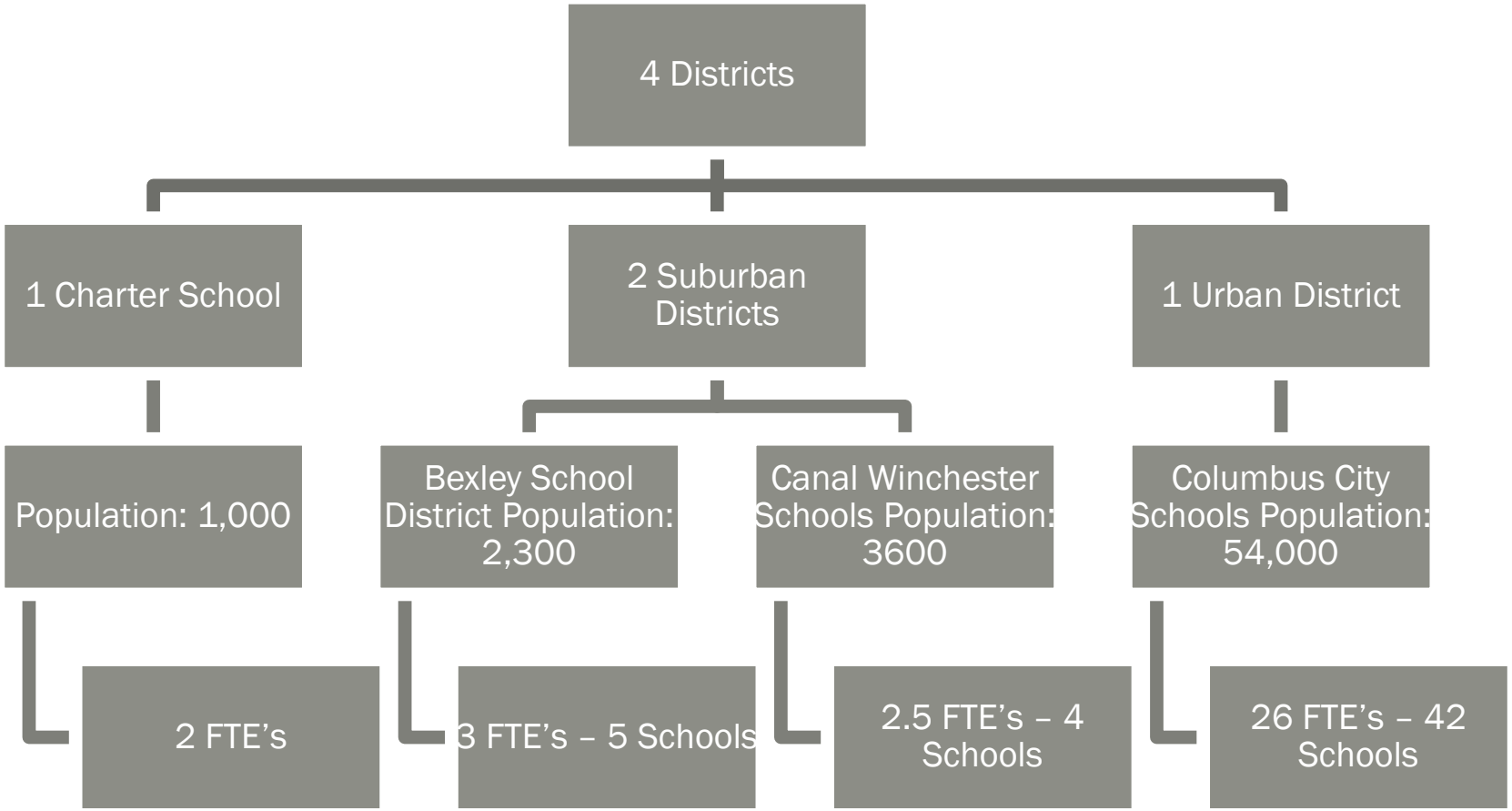
SUICIDE PREVENTION ACROSS MULTIPLE TIERS

Kamilah Twymon, LPCC-S
Michelle DeBellis, LPCC

Program Overview



Program Overview

Behavioral Service Model

1–5% Individual Intensive Interventions

Care Connection

Goal: Reduce severity, intensity of symptomms 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 Cat
- Skill Streaming

Columbus City Schools

Targeted Strategies

- Social skills training/support
- Increased academic support and practice
- Alternatives to suspension
- Mentoring
- 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)

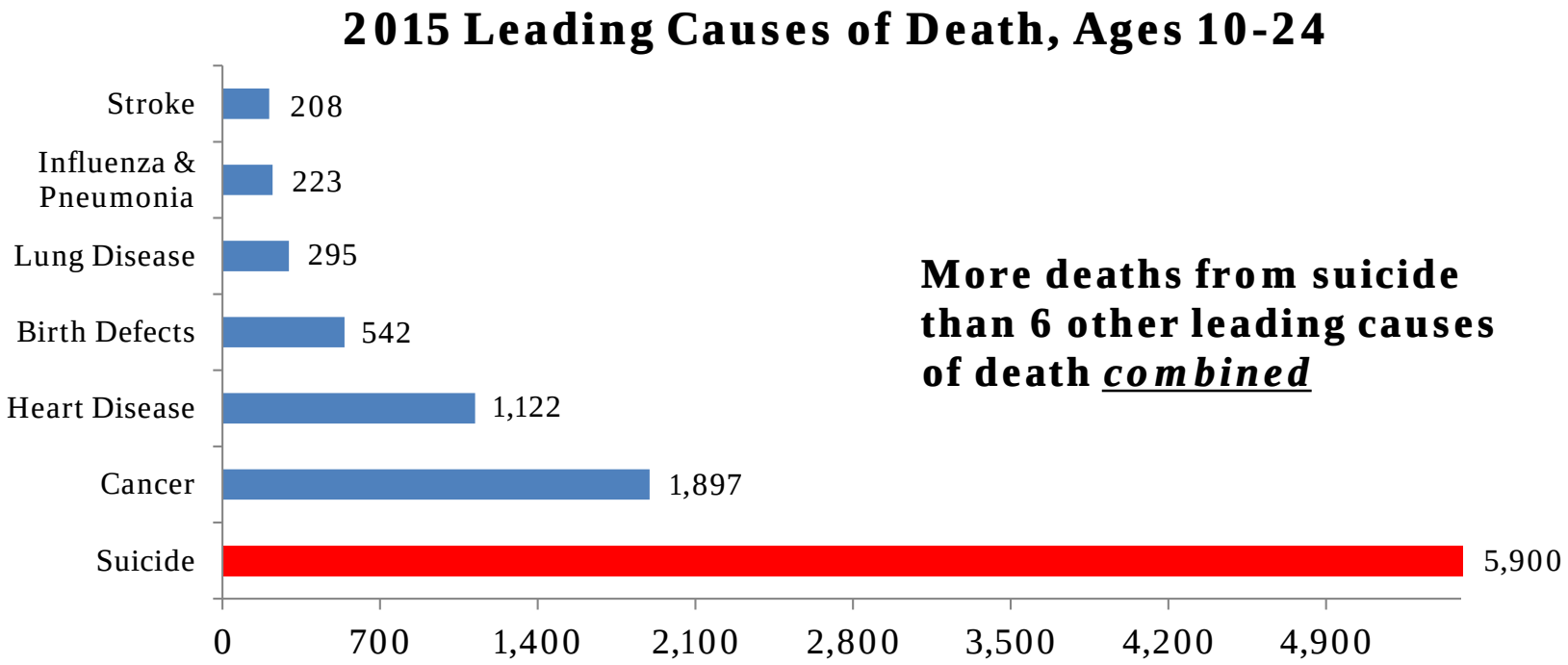
Columbus City Schools

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

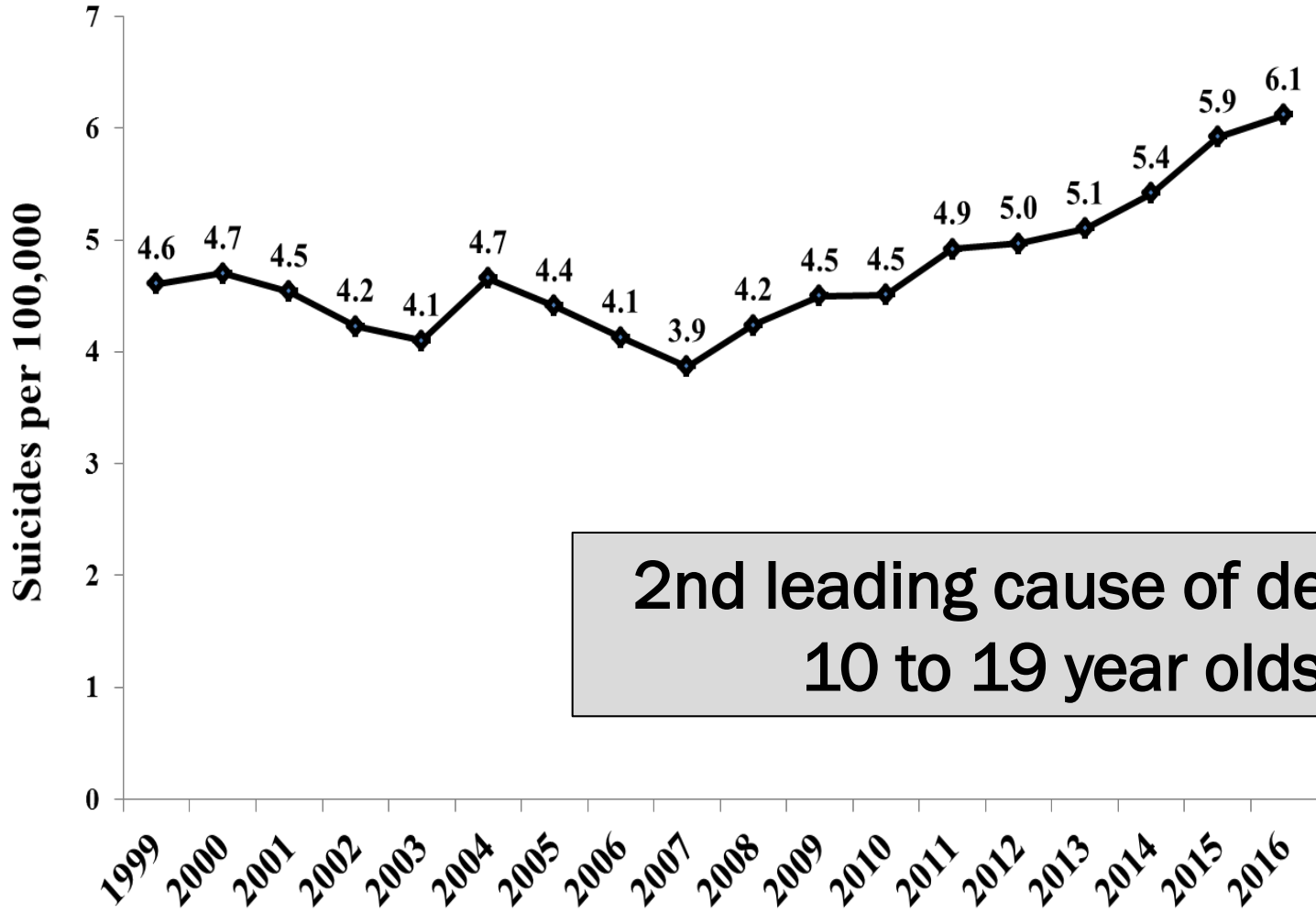
The Problem of Youth Suicide

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



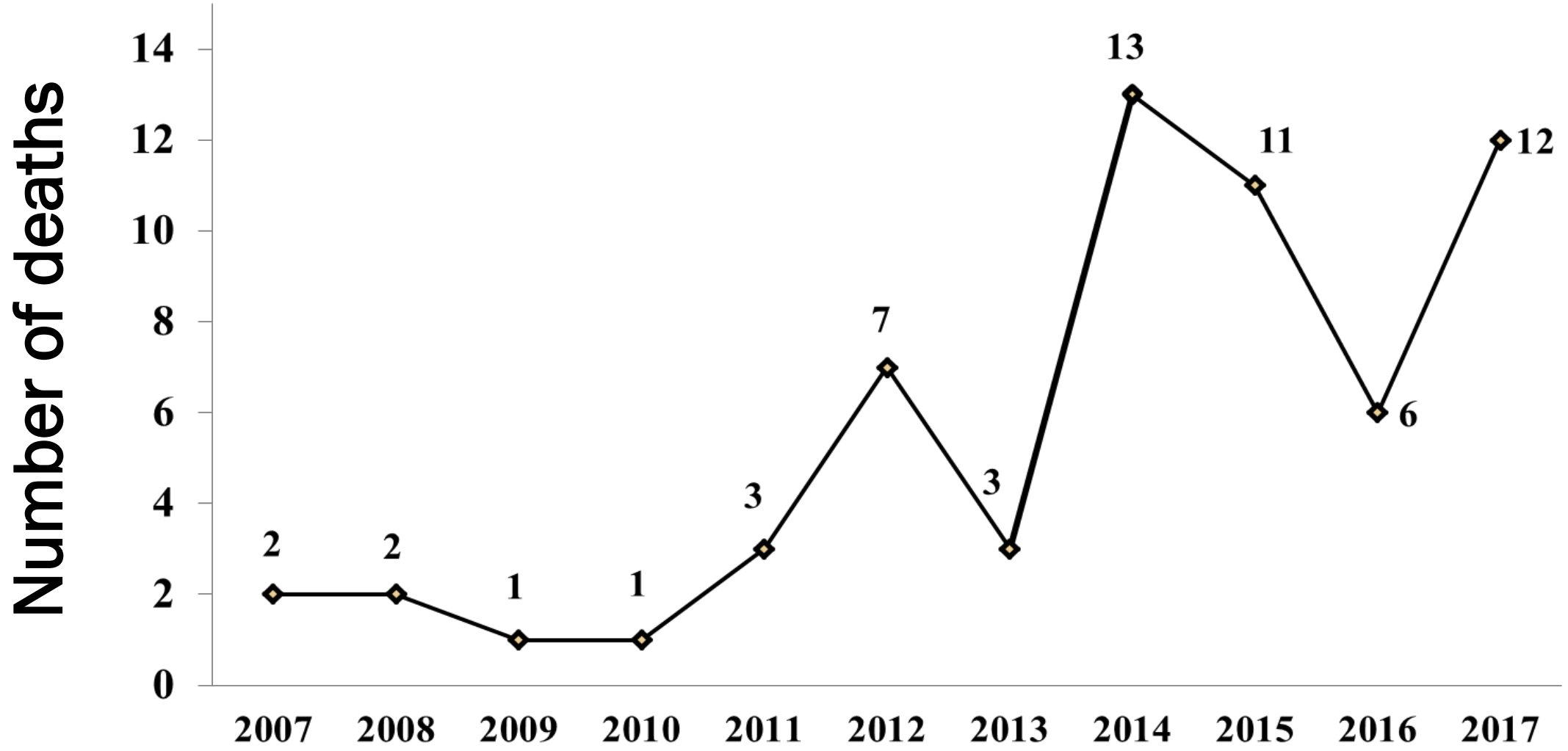
Source: CDC WISQARS, 2015, www.cdc.gov/injury/wisqars/index.html

US Youth Suicide Rate: Ages 10-19



2nd leading cause of death in 10 to 19 year olds

Youth Suicide: Franklin County



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)

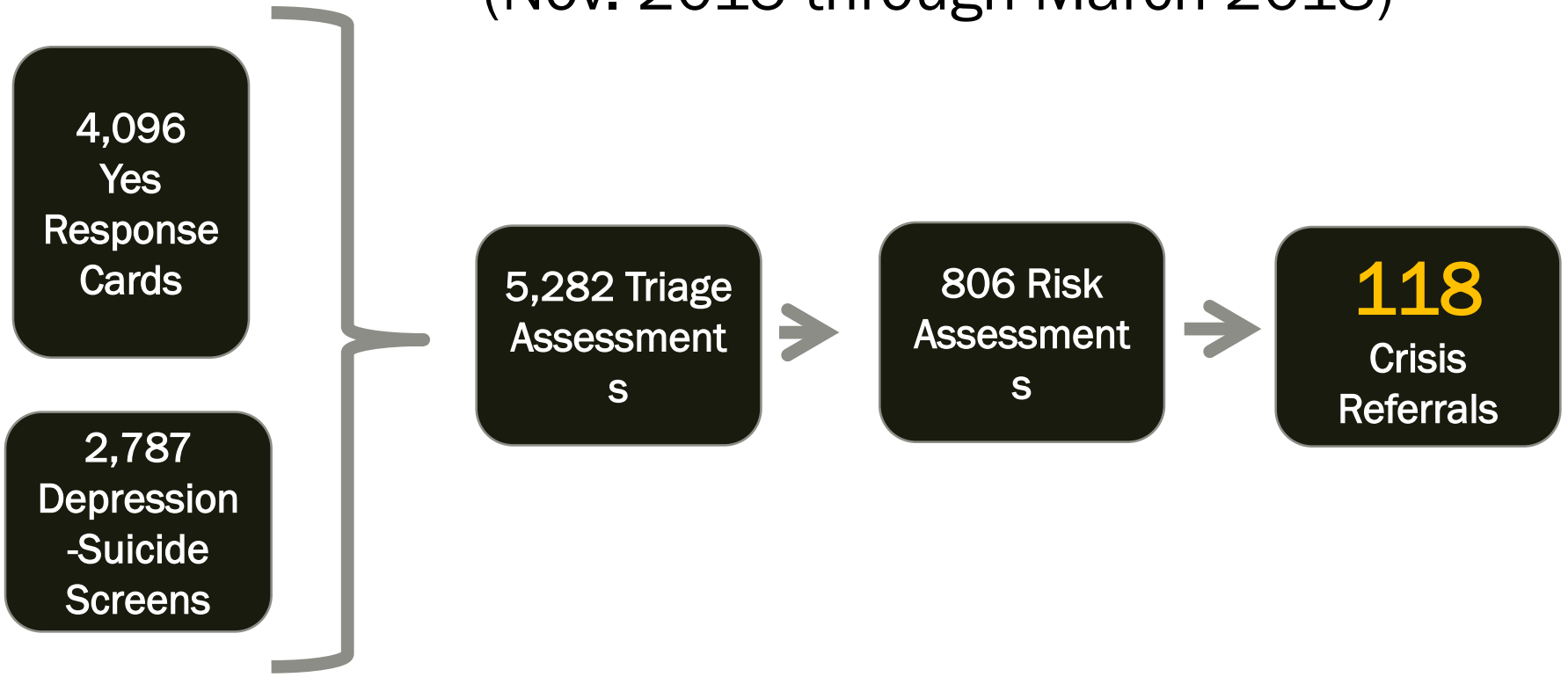
- Brief Screening for Adolescent Depression (BSAD)
- Columbia Severity Suicide Rating Scale (C-SSRS)

Linkage to Treatment Services

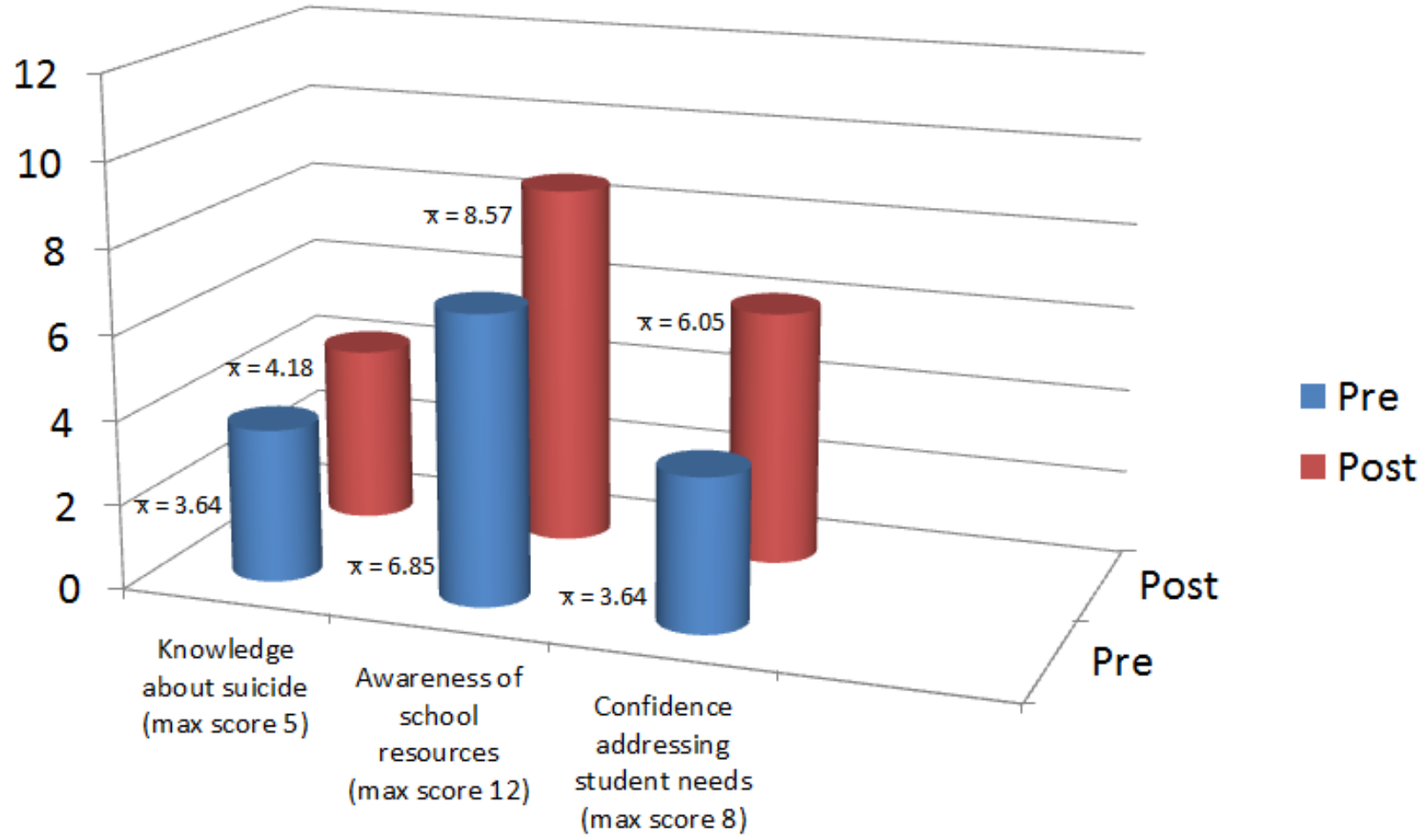
NCH Signs of Suicide Implementation

- 88 schools, 1028 classrooms, 22,358 students

(Nov. 2015 through March 2018)



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

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.

Fioreillo, J. and Long J. (2012, Summer). "Dialectical Behavior Therapy Skills Groups in Schools: A Review of Empirical Findings." School Psychology: From Science to Practice. Volume 5, Issue 2, p.18.

Tier 2: DBT Skills in Schools

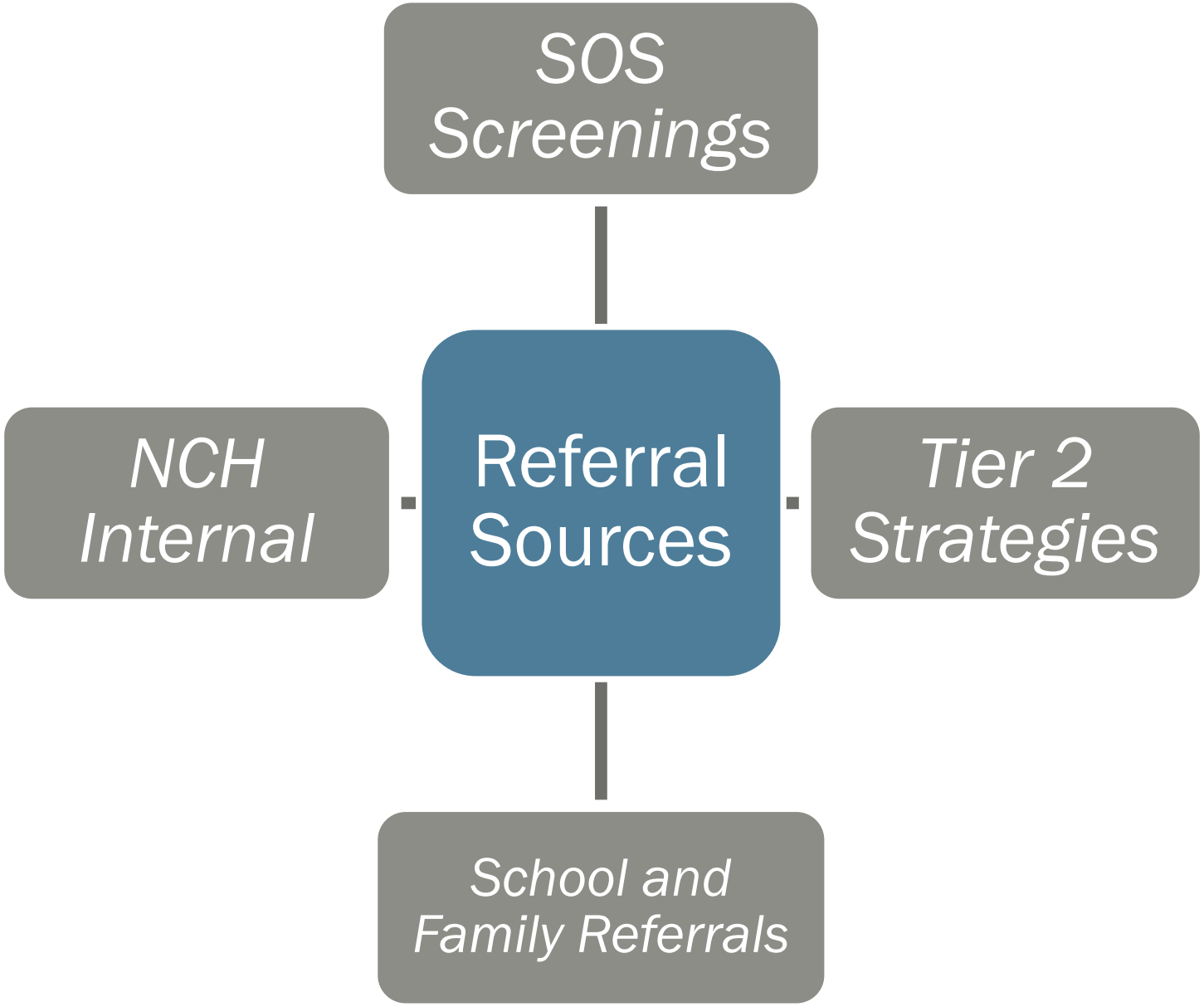
Lessons Learned

- 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



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?????