

Comprehensive School-based Suicide Prevention within a Multi-Tiered Framework

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Presentation Objectives

- Discuss the key components of comprehensive school-based suicide prevention efforts, as well as the need for upstream approaches to suicide prevention among youth.
- Describe how school-based suicide prevention efforts may be integrated within a multi-tiered framework to provide a continuum of supports for students.
- Identify specific resources and best practices for staff training and student education in suicide awareness and prevention, as well as approaches to assessment and evaluation spanning multiple tiers.

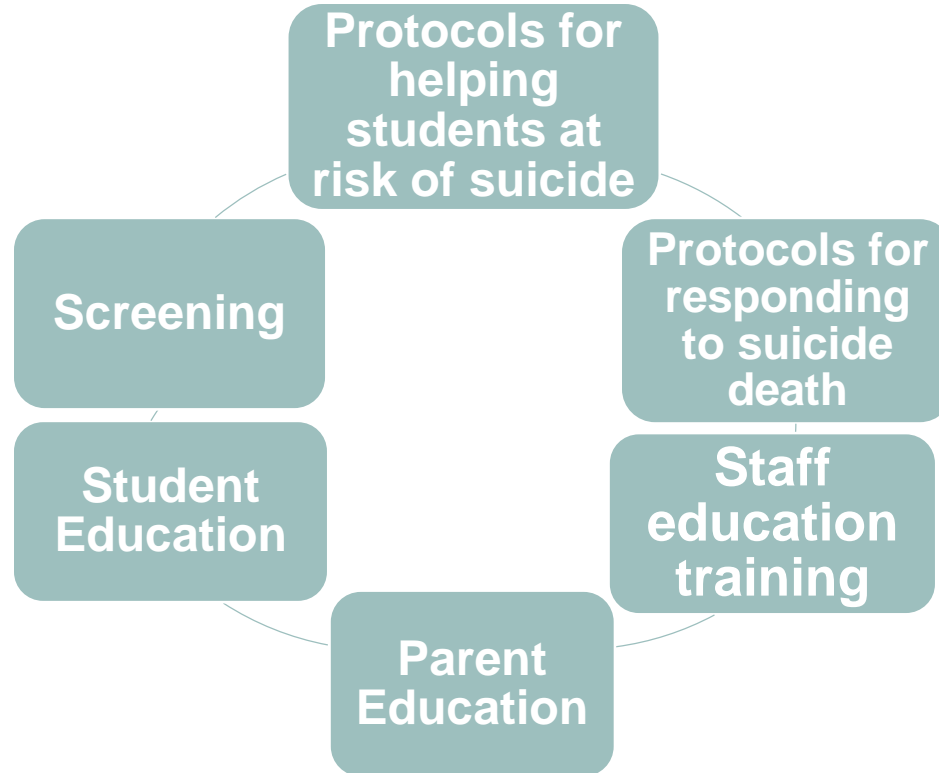


Youth Suicide as a Public Health Problem

- Suicide is the 2nd leading cause of death for youth ages 10-24 years (CDC, 2017)
- Suicide is responsible for more deaths among 10-24 year-olds than all natural causes combined (Wyman et al., 2010)
- 6,252 youth ages 15-24 die by suicide each year, with an estimated 100-200 attempts for each death (CDC, 2017)



Comprehensive School-based Suicide Prevention



(SAMHSA, 2012)



Suicide Prevention Legislation in Schools

- 10 states **mandate** annual training for school personnel
- 17 states **mandate** non-annual training for school personnel
- 15 states **encourage** but do not mandate training
- 3 state have unique suicide prevention “statuses”
- 5 states have no mandates



Upstream Approaches to Suicide Prevention

- 🔗 National Action Alliance for Suicide Prevention's Prioritized Research Agenda, Aspirational Goal 11:

“Prevent the emergence of suicidal behavior by developing and delivering the most effective prevention programs to build resilience and reduce risk in broad-based populations.”

- 🔗 Childhood and adolescence are key suicide “prevention window” periods (Wyman, 2014)
- 🔗 Schools are a key context in which to implement upstream suicide prevention programs (Wyman & Upstream Suicide Prevention Workgroup, 2012)



Integration and Alignment of Suicide Prevention with the PBIS Framework

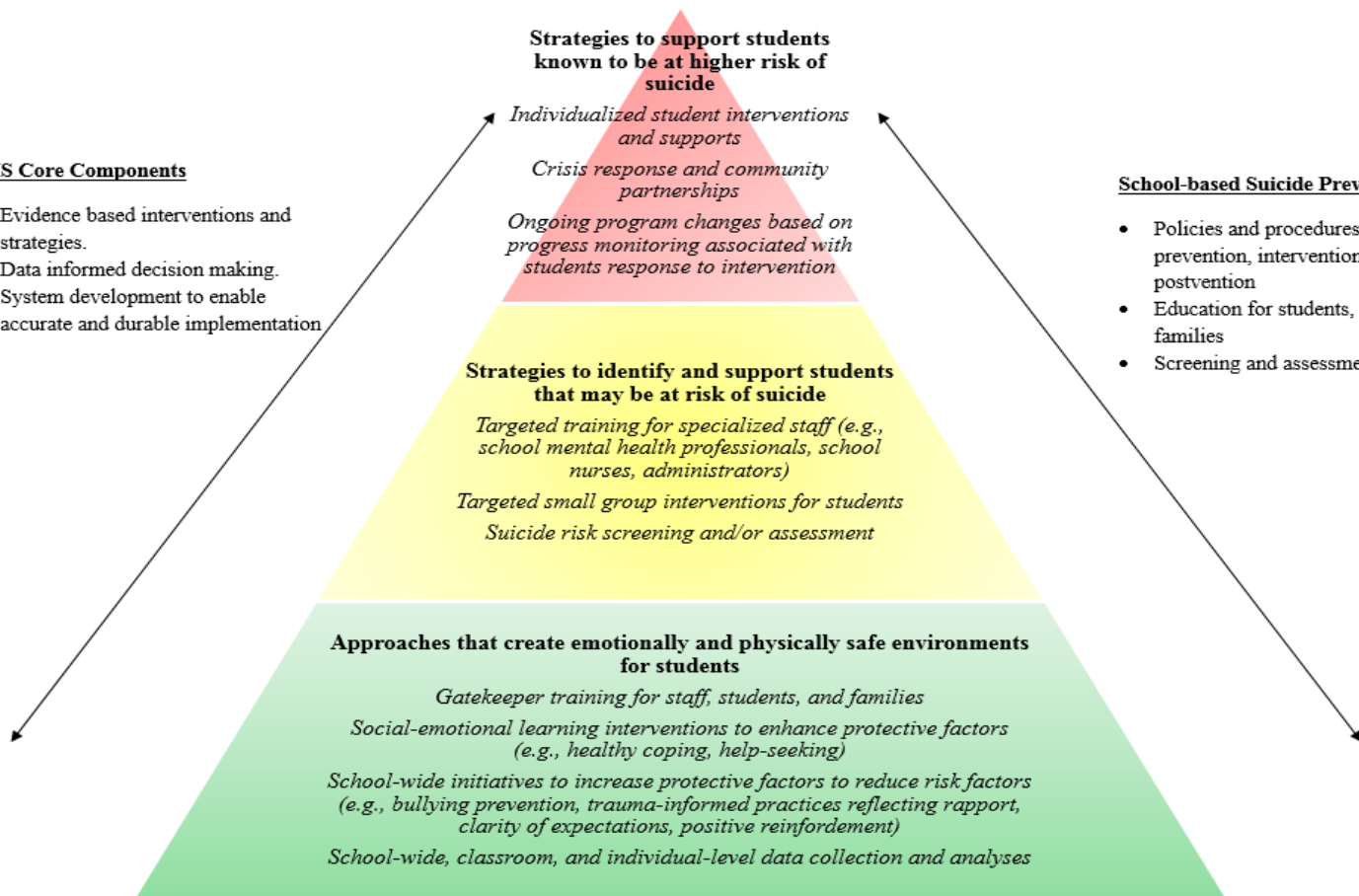
Prevention and skill building emphasizing social, emotional, and behavioral wellness

PBIS Core Components

- Evidence based interventions and strategies.
- Data informed decision making.
- System development to enable accurate and durable implementation

School-based Suicide Prevention

- Policies and procedures for prevention, intervention and postvention
- Education for students, staff, and families
- Screening and assessment



Foundational Elements and Readiness

- ❧ Administration and staff buy-in and capacity building
- ❧ Establish personnel roles and teaming structures
- ❧ Establish outcomes measures and data collection tools
- ❧ Identify evidence-based and culturally-relevant practices (e.g., resource mapping)
- ❧ Development of school or district-wide suicide prevention policies and procedures

Examples of the type of resource categories that can be available in schools and/or the larger community include:

<i>Crisis Hotlines</i>	<i>Support Groups</i>	<i>Housing Resources</i>	<i>Food Resources</i>	<i>Recreation Programming</i>
<i>Mentoring</i>	<i>Group Therapy</i>	<i>Individual & Family Therapy</i>	<i>Inpatient Programs</i>	<i>Day Treatment Programs</i>
<i>Outpatient Mental Health Services</i>	<i>After School Care Programming</i>	<i>School-Based Mental Health Services</i>	<i>Tutoring</i>	<i>Enrichment Activities</i>
<i>Mobile Crisis Teams</i>	<i>Hospitals</i>	<i>Urgent Care Facilities</i>	<i>Emergency Room Departments</i>	<i>Advocacy Programs</i>



Policies and Procedures

POLICY	PROCEDURES
Prevention Identification Intervention Postvention	Aware of a concern Supervision/don't leave alone Notify administrator (and/or Suicide Prevention Coordinator) Risk screening or assessment Safety planning Documentation Communicate results to parents Warm "hand-off" Re-entry and ongoing monitoring

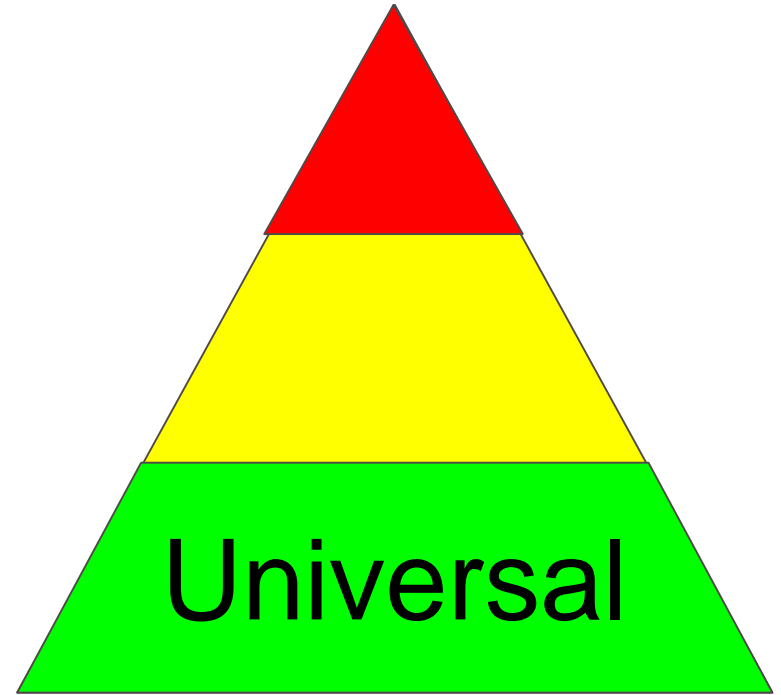
Tier I - Universal Approaches

Gatekeeper training for staff, students, and families

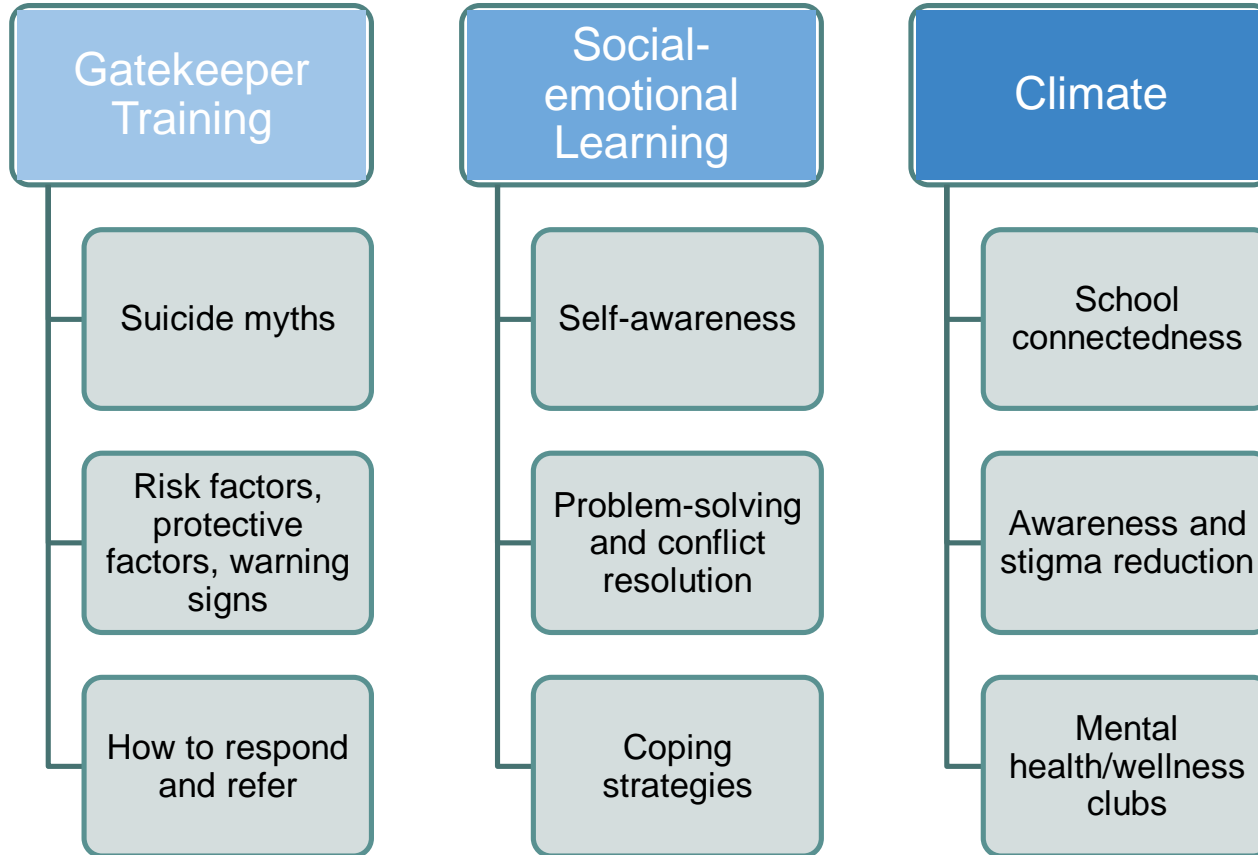
Social-emotional learning programs and resilience education to support skill development (e.g., healthy coping, help-seeking)

School-wide initiatives to increase protective factors and reduce risk factors (e.g., bullying prevention, trauma-informed practices)

School-wide, classroom, and individual-level data collection



Awareness, Education, and Training



Universal Level (e.g., whole district/school/classroom)	Question, Persuade, Refer (QPR)*	Staff education and training	Trained QPR Instructor	Middle and high school personnel	School-wide	90 min
	Applied Suicide Intervention Skills Training (ASIST)	Staff education and training	Certified ASIST Trainers	K-12 school personnel	School-wide	2 days (14 h)
	Kognito At-Risk for High School and Middle School Educators	Staff education and training	Online modules	Middle and high school personnel	School-wide	50 min (middle school) 60 min (high school)
	Good Behavior Game* (GBG)	Student education/programming	Teachers, with training	1st and 2nd grade students	Classroom	10 min, 3x/week with increasing frequency and duration over a 2-year period
	Signs of Suicide (SOS)*	Student education/programming; Screening	Trained school personnel (i.e., mental health professionals, health teachers)	Middle and high school students	Classroom	90-min all staff presentation; 60-min caregiver training; 1 class period session for students on two consecutive days
	Sources of Strength (SOS)*	Student education/programming	Certified SOS trainers provide initial training to adult advisors and peer leaders; adult advisors then facilitate peer leader meetings	Middle and high school students	School-wide	4-6 h of training for adult advisors; 4 h of training for peer leaders; 1 h of gatekeeper training/orientation for school staff; 4 months of school-wide messaging
	Youth Aware of Mental Health Programme (YAM)*	Student education/programming	Trained YAM Instructor	14-16 year-old students (Note: European study; does not use MS/HS)	Classroom	5 h in 4 weeks (i.e., 3 h of role-play; 2 1-h interactive lectures)
	The American Indian Life Skills Development curriculum (AILSD)	Student education/programming	Teachers working with community resource leaders and representatives of local service agencies	High school students	Classroom	30 weeks, with lessons delivered 3x/week
	Linking Education and Awareness of Depression and Suicide (LEADS)	Student education/programming	Teachers	High school students	Classroom	3 h (one hour per day over 3 days)
Lifelines Curriculum	Student education/programming	Health teachers or school counselors	Middle and high school students	Health class	4 45-min lessons or 2 90-min lessons	

(Singer et al., 2018)



Assessment and Evaluation at Tier 1

- ✧ Establishment of school-wide leadership team to evaluate the impact of universal strategies on student, classroom, and school-wide outcomes
- ✧ Utilization of multiple data sources
- ✧ Monitoring of the fidelity of implementation
- ✧ Dissemination and acknowledgement of outcomes and accomplishments



Universal Screening

Universal Screening for Behavior	Universal Behavioral Health Screening
Identify social-emotional and behavioral skill deficits.	Identify students potentially at-risk of suicide, mental health concerns, or other high risk behaviors.
Support student behavior interfering with academic or social gains.	Provide early intervention and access to care.
Focus on social-emotional and behavioral functioning.	Focus on symptom presentation.



Selecting a Measure

Single-domain versus broad

Psychometric properties (e.g., sensitivity/specificity)

Culturally and developmentally appropriate

Logistical considerations (e.g., cost, administration time)

Technology

Data outcomes (e.g., social-emotional skills, clinical symptoms)

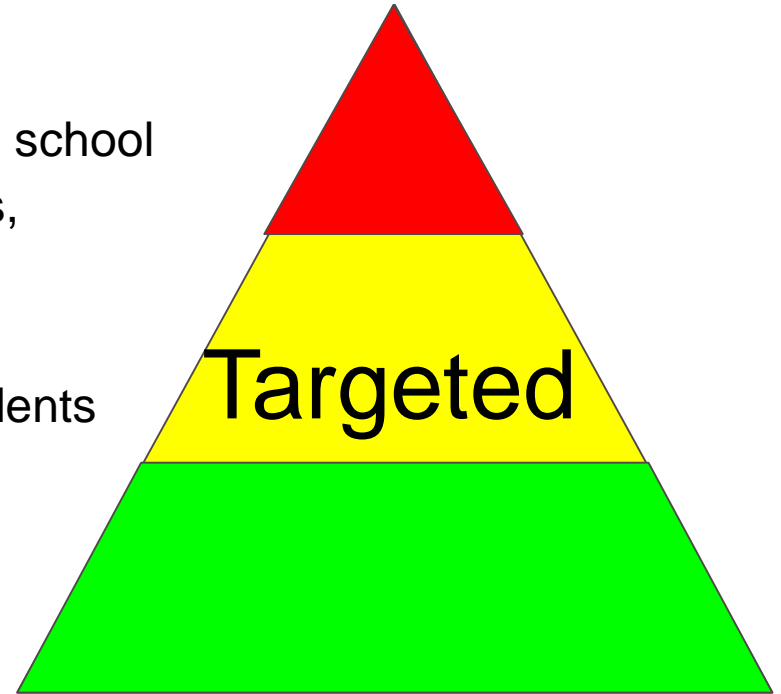
EXAMPLES OF BROAD-BASED MEASURES:

- Strengths and Difficulties Questionnaire (SDQ; Goodman, 1998)
- Behavior Intervention Monitoring Assessment System (BIMAS; McDougal et al., 2011)
- Social, Academic, & Emotional Behavior Risk Screener (SAEBRS; Severson et al., 2007)
- Behavioral and Emotional Rating Scale (BESS; Kamphaus & Reynolds, 2007)
- Devereux Student Strengths Assessment (DESSA; LeBuffe et al., 2009)
- Social-emotional Health Survey (Furlong et al., 2014)
- Behavioral Health Screen (BHS; Diamond et al., 2010)



Tier II - Targeted Approaches

- Targeted training for specialized staff (e.g., school mental health professionals, school nurses, administrators)
- Targeted small group interventions for students
- Suicide risk screening and/or assessment



Tier 2 Student Supports and Interventions

- ❧ Coping and Support Training (Eggert et al., 2002)
- ❧ Reconnecting Youth (Eggert & Herting, 1991)
- ❧ DBT STEPS-A (Mazza et al., 2016)
- ❧ Adolescent Coping with Depression Course (Clark et al., 1995; 2001)
- ❧ Check-in/Check Out (Dart et al., 2012)
- ❧ Check and Connect/mentoring (Anderson et al., 2004)
- ❧ Social skills curricula
- ❧ Positive Family Support – Family Check-up (Connell & Dishion, 2008)
- ❧ Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Stein et al., 2003)



	Evidence-based approach	Program type	Who implements?	Age range targeted	Settings for implementation	Timing of intervention
Targeted Level (At-risk or sub-clinical)	Care, Assess, Respond, Empower/Coping and Support Training (CARE/CAST)	Student education/programming	School staff	High school students	School/small group setting with at-risk students	12 55-min sessions over 6 weeks
	Reconnecting Youth (RY)	Student education/programming	Trained school staff	High school students	Schools/small group setting for students at risk of school failure or dropout	One class period daily for one or two semesters
Indicated Level (Students with targeted concern)	Attachment-Based Family Therapy*; Cognitive-behavioral therapy for suicide prevention*; Dialectical behavior therapy for adolescents*	Treatment	Outpatient therapist (not school staff)	Adolescents (Note: studies were conducted in community settings, therefore classified by age, not school level)	Community mental health clinic	Varies, but typically 1–2x per week
	PREP _a RE	Staff education and training	Trained staff (e.g., school psychologist and members of the school crisis team)	Standardized process for elementary, middle, and high school students; response is differentiated based on developmental level	Individual, class-wide, school-wide or district-wide as needed, with universal, secondary, and tertiary interventions	Varies, depending on the nature of the crisis, the level of intervention required, and given the multiple steps involved

(Singer et al., 2018)



Suicide Risk Screening/Assessment

- Assessment of suicidal desire and ideation
 - Thoughts/images
 - Perceived burdensomeness
 - Thwarted belongingness
- Assessment of resolved plans and preparations
 - Duration
 - Intensity
 - Past suicidal behavior
 - Plan/means
- Assessment of other significant findings
 - Precipitant stressors
 - Hopelessness
 - Impulsivity

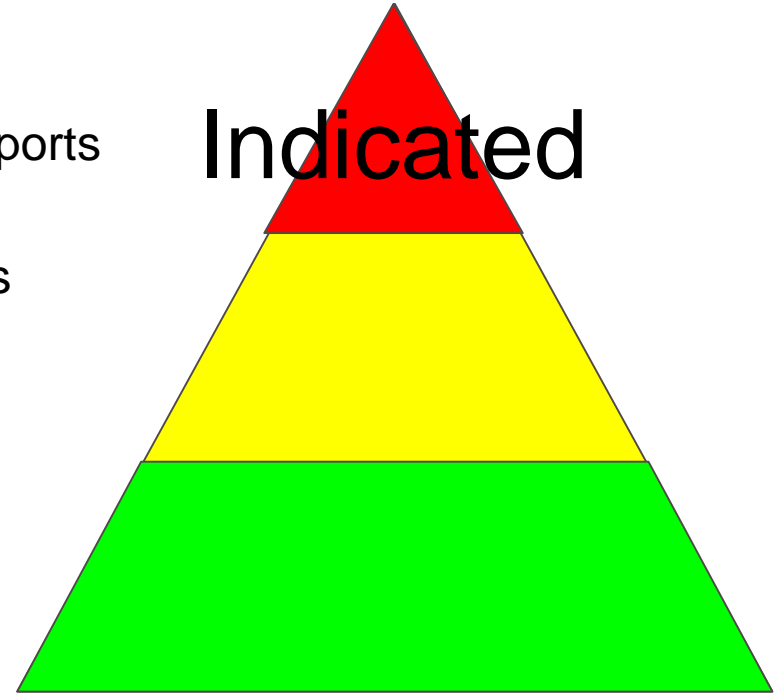
EXAMPLES OF TOOLS:

- Columbia – Suicide Severity Rating Scale (Posner et al., 2011)
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T; EDC, Inc. & Screening for Mental Health, Inc., 2009)
- ASK Suicide Screening Questions (ASQ; Horowitz, 2012)
- Behavioral Health Screen (BHS; Diamond et al., 2010)
- Youth Suicide Risk Screening Form/ Youth Suicide Risk Assessment Form (Erbacher et al., 2015)



Tier III - Indicated Approaches

- ⌘ Individualized student interventions and supports
- ⌘ Crisis response and community partnerships
- ⌘ Ongoing monitoring of students



Specialized Training and Student Supports



- Interventions (e.g., safety planning)
- Crisis response, including postvention
- School reentry



- Lethal means restriction
- Community-based treatment and resources
- Consideration of 504 plan or special education supports



Safety Planning

Available at:

<http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf>

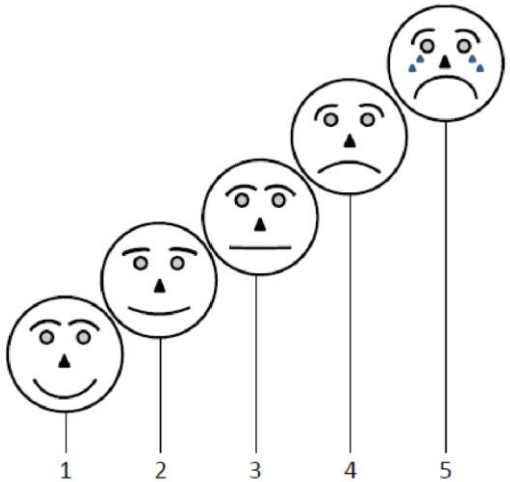
SAMPLE SAFETY PLAN	
Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
Step 4: People whom I can ask for help:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4.	Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
Step 6: Making the environment safe:	
1.	_____
2.	_____
Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008).	

The one thing that is most important to me and worth living for is:



Ongoing Monitoring of Students at Risk

How are you feeling?



Suicide Risk Monitoring Tool – Elementary/Middle School Version

Student name _____ Date _____
 Completed by (name / title): _____

I. IDEATION

- Are you having thoughts of suicide? Yes No
- Right now Yes No
- Past 24 hours Yes No
- Past week Yes No
- Past month Yes No

Please circle / check the most accurate response:
 How often do you have these thoughts? (Frequency): less than weekly / weekly / daily / hourly / every minute
 How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more
 How disruptive are these thoughts to your life (Intensity): not at all somewhat a great deal

II. INTENT

- How much do you want to die? not at all somewhat a great deal
 How much do you want to live? not at all somewhat a great deal

III. PLAN

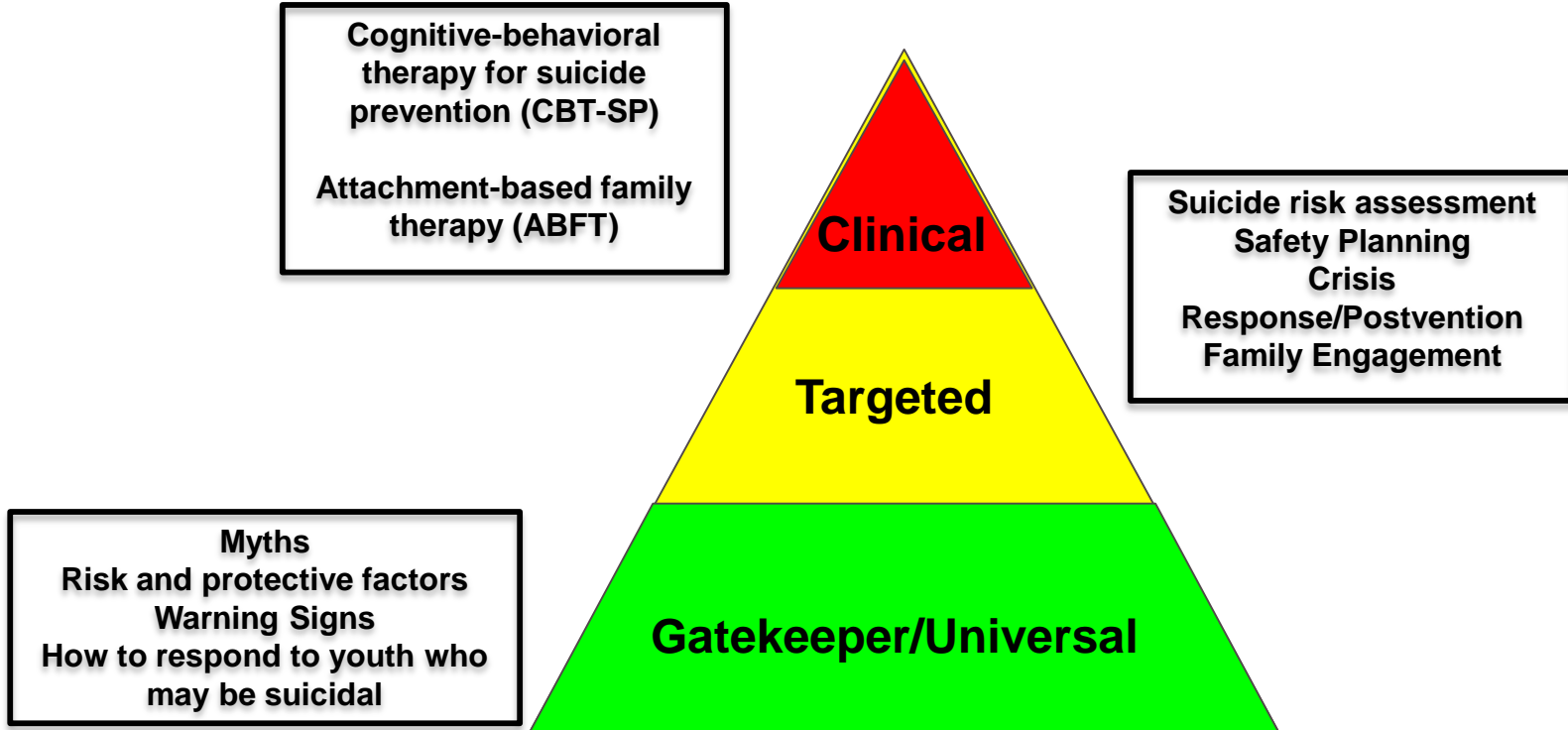
- Do you have a plan? Yes No
- Have you written a suicide note? Yes No
- Have you identified a method? Yes No
- Do you have access to the method? Yes No N/A
- Have you identified when & where you'd carry out this plan? Yes No N/A
- Have you made a recent attempt? Yes No

If so, When / How / Where? _____

IV. WARNING SIGNS

How hopeless do you feel that things will get better? not at all somewhat a great deal

Suicide Prevention Training Topics



Suicide Prevention Online Learning Center

- Act 71 Policy Webinar
- Youth Suicide Prevention for Educators course (8 classes)

- Assessment and Clinical Management of Suicidal Youth
- Effective Safety Plans
- Assessment and Intervention for School Mental Health Professionals

Educators

Mental Health Professionals

Health Care Providers

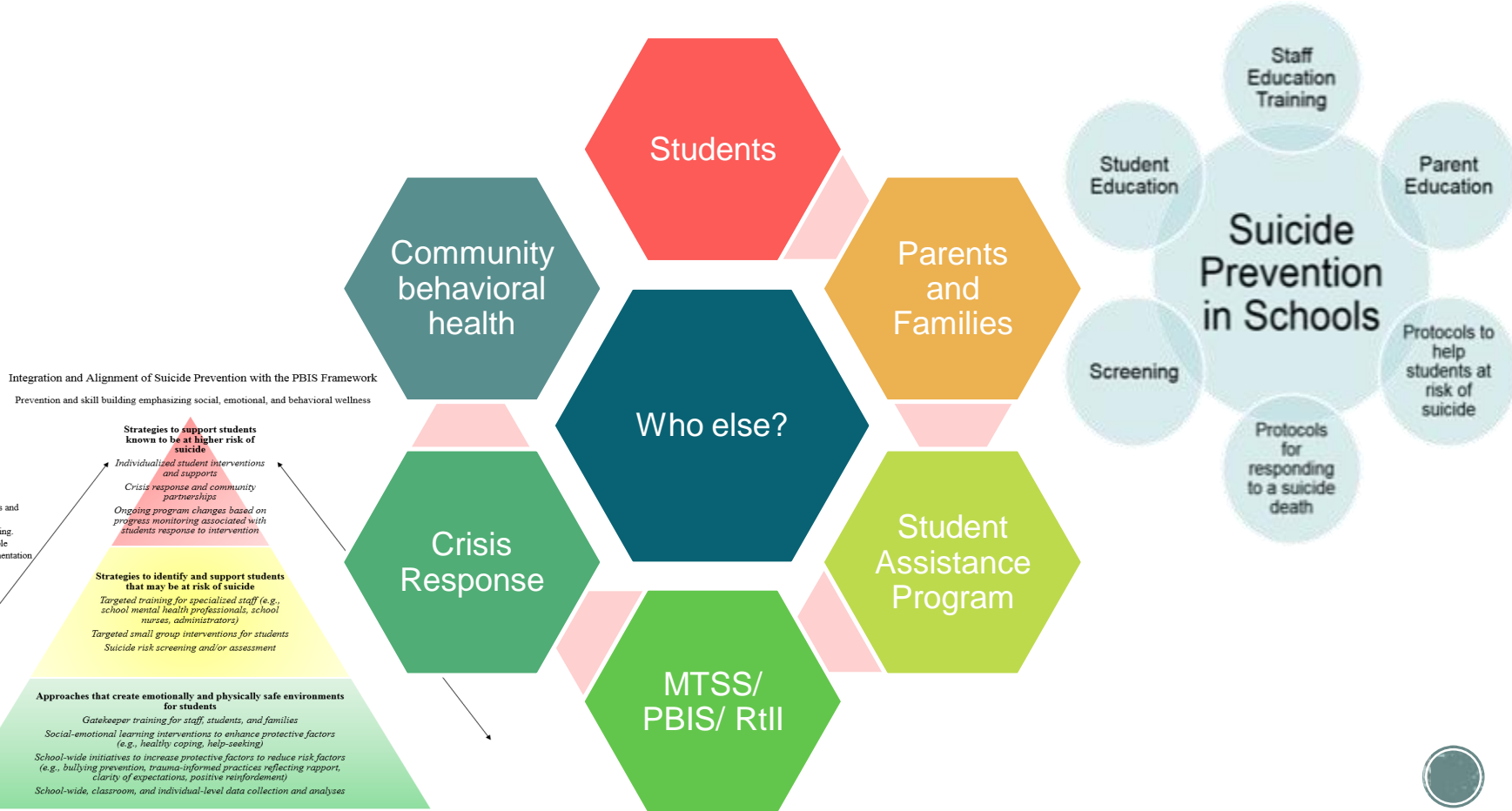
Other/All

- Concussions, Depression, and Suicidal Risk
- Integrating Behavioral Health Services with Primary Care
- Pharmacotherapy of Pediatric Anxiety and Depression
- Method Restriction: Primary Care and Public Health Approaches

- In Search of a Safer World: How Can We Protect Our Youth from Gun Violence?



Partnerships and Integration



First and Next Steps

- 🔗 Resource mapping and needs assessment
 - 🌿 Existing programs and interventions
 - 🌿 Data collection tools and measures
 - 🌿 Gaps/barriers
- 🔗 Evaluating existing teaming structures
- 🔗 Reviewing/updating existing policies and procedures
- 🔗 Advocacy



Contact Information

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Resources

- 🔗 Suicide Prevention Online Learning Center: <https://preventsuicidepalearning.com/>
- 🔗 Alignment of the PBIS Framework and School-based Suicide Prevention -- guidance document available on the Pennsylvania Training and Technical Assistance Network (PaTTAN) website at
- 🔗 Wyman, P. A. & the Upstream Suicide Prevention Workgroup. (2012). Up-stream youth suicide prevention expert panel meeting summary. American Association of Suicidology (AAS) and the Society for the Prevention of Teen Suicide (SPTS). Retrieved from http://www.sprc.org/sites/sprc.org/files/library/Upstream_Youth_Suicide_Prevention_Expert_Panel_Meeting%20Summary.pdf.
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