

School-Based Prevention Programs

Universal Prevention Programs

Zuni / American Indian Life Skills Development curriculum (AILSD; Lafromboise & Lewis, 2008)

The AILSD curriculum targets Native American youth and professionals in mental health and education community resource leaders, and local social service agencies to provide them with resources and exercises surrounding suicide prevention. The typical length of the program is 28-56 lessons plans over 30 weeks.

The AILSD curriculum seeks to “build self-esteem, identify emotions and stress, increase communication and problem-solving skills, recognize and eliminate self-destructive behavior, learn about suicide, role-play around suicide prevention, and set personal and community goals” (<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81>). The program uses prepared interactive lesson plans in schools over an academic year that expose the students to exploring the impact of life issues such as divorce, unemployment, stress, depression, and drug use. Students who participated in the curriculum demonstrated significant increases in awareness of suicide intervention skills and more effective problem-solving skills when presented with a scenario of a youth at mild risk for suicide (Lafromboise & Lewis, 2008). Although training is not required, it is available upon request for an additional cost.

The Signs of Suicide (SOS) program (Aseltine et al., 2007)

SOS is a two-day, school-based prevention program intended for middle and high school students, as well as a gatekeeper training program for school professionals. Students are screened for signs of depression and suicide risk using self-report items the CDC Youth Risk Behavior Survey. If they answer yes to any of the questions, they are referred to a mental health professional for a full assessment (See Table 5.4 for the survey questions). Students are taught in

video and classroom discussions how to identify the symptoms of depression and suicidality in themselves and their friends; the program encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell). (<http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos>). The program has demonstrated success in reducing suicide risk and attempts and increasing students' knowledge of the signs of depression and suicide risk (Aseltine & DeMartino, 2004). There is no research regarding its effectiveness for the school professional population. The SOS program high school kit costs about \$400. Although no additional training is required, it can be requested at an additional cost.

State and Local Youth Risk Behavior Survey: Questions assessing suicidal ideation and attempt

High School

Question	Response choices
During the past 12 months, did you ever seriously consider attempting suicide?	A. Yes B. No
During the past 12 months, did you make a plan about how you would attempt suicide?	A. Yes B. No
During the past 12 months, how many times did you actually attempt suicide?	A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times
If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	A. I did not attempt suicide during the past 12 months B. Yes C. No

Middle School

Have you ever seriously thought about killing yourself?	A. Yes B. No
Have you ever made a plan about how you would kill yourself?	A. Yes B. No
Have you ever tried to kill yourself?	A. Yes B. No

Question, Persuade, and Refer (QPR; Wyman et al., 2008)

QPR is an acronym for Question, Persuade and Refer. QPR trains adults how to “Question the individual's desire or intent regarding suicide; Persuade the person to seek and accept help; and Refer the person to appropriate resources” (<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=299>). This program teaches that if gatekeepers are properly prepared, suicides and suicidal attempts can be reduced. The program defines a Gatekeeper as someone who recognizes that there is a crisis situation and that an individual may be thinking about suicide. Gatekeepers are trained in three areas: Recognizing the warning signs of suicide, knowing how to offer hope and knowing how to get help and save someone’s life. Gatekeepers can be anyone from family, friends, neighbors and other community members to school professionals. QPR trains Gatekeepers to recognize warning signs and then take action to get appropriate help, knowing that the sooner the person contemplating suicide gets help, the better the outcome will be. Training consists of 1-2 hours for gatekeeper training and two hours for instructor training. Although QPR was not developed for school settings, when implemented in schools, the training also reviews local rates of students' suicidal behavior and the school district's protocol for responding to suicidal students.

QPR is a process to prepare potential gatekeepers to be ready to act effectively when someone has suicidal thoughts. Controlled studies indicate that gatekeepers retain most of their training one year after taking the program (Wyman et al., 2008). The instructor training session is about \$500, and QPR gatekeeper training session is about \$2 per booklet.

Lifelines Curriculum (<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=37>)

The Lifelines curriculum is a comprehensive, in-school suicide prevention program intended for middle school and high school students and school staff, with some additional material for parents to be given out at the school’s discretion. Lifelines is designed to increase

knowledge surrounding identification of at-risk youth and foster a caring and competent school community in which help-seeking is encouraged.

The curriculum for school staff includes training materials, workshop material for parents, and an instruction guide for the implementation of the student curriculum, four 45-minute lessons that can fit into a health teacher or guidance counselor's teaching materials.

Research has shown the intervention to be effective in improving knowledge and attitudes of teens surrounding suicide and in increasing teens' ability to seek help from an adult when peers might be at-risk (Kalafat, et.al, 2007). No research was conducted on its effectiveness for school personnel. The initial curriculum can be purchased for \$225 from Hazelden Publishing. Training opportunities are available at additional cost.

Good Behavior Game (GBG; Kellam et al., 2008; Wilcox et al., 2008)

Although the *AILSD*, *QPR*, and *SOS* programs were developed with the goal of reducing suicidal thoughts and behaviors, universal prevention efforts do not always specifically address suicide. One of the strongest arguments in favor of universal prevention efforts in suicide prevention comes from research on the *Good Behavior Game* ([GBG]; (Kellam et al., 2008; Wilcox et al., 2008). The GBG is used to create a safe, nurturing school environment that fosters positive social networks, increases academic achievement, and reduces aggressive and disruptive behavior (e.g., talking out, failing to remain seated, and other activity deemed by the teacher to be negative). The GBG provides universal skills training to youth in elementary school and was not developed with the intention of reducing suicide risk. However, a recent meta-analysis concluded that the GBG had stronger empirical evidence for reduction of STBs than either *AILSD* or the *SOS* program (Katz et al., 2013). Further, one longitudinal study found that youth who participated in the GBG were half as likely to experience suicidal ideation compared to the control group and significantly less likely to experience a suicide attempt (Kellam et al., 2008).

The GBG reduces known risk factors for suicide: students who participated in the GBG during elementary school were significantly less likely than youth who did not participate to report drug abuse or dependence disorders or have a diagnosis of antisocial personality disorder (Wilcox et al., 2008). The research on the GBG as a suicide prevention program is still relatively thin, these initial results suggest that prevention programs such as the GBG in elementary school might be the key to reducing suicide risk before selected or indicated prevention programs are needed.

Selective Intervention

Reconnecting Youth (W. V. Eggert, McNamara, Eggert, & Nicholas, 2009)

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=96>

Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is a school-based prevention program for students ages 14-19 years of age who demonstrate poor school achievement and an increased potential for dropout (multiple problem behaviors noted). The program teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress by teaching about social supports, encouraging school bonding activities, and increasing healthy activities. The curriculum is taught by an RY Leader who is a trained school staff member, typically a teacher with healthy self-esteem and a predisposition of for helping others and working with high-risk youth.

Research has shown this curriculum to be effective in reducing suicidal ideation; decreasing drop-out rates; and increasing students' self-esteem, GPAs, and school involvement. (Eggert & Herting, 1991; Eggert et al, 1995; Thompson et.al., 2000; Cho et al., 2005).

A 4-day training is required and costs about \$1000 per person, with additional costs for the curriculum, about \$300, and each student workbook, about \$25.

Coping and Support Training (CAST; L. L. Eggert, Thompson, Randell, & Pike, 2002)

CAST is an abbreviated version of RY that targets youth at-risk for suicide, depression, substance use, and school problems and has three main goals: increase mood management (i.e., depression and anger), improve school performance, and decrease drug involvement. The CAST program is to be administered by trained school staff and consists of twelve 55-minute group sessions over a 6-week period. Students progress through the program learning new skills through in-class instruction and group activities and are encouraged to practice new skills with an adult or peer member outside of classes.

Youth who have participated in the program have reported decreases in suicide risk, depression, anxiety, and sense of hopelessness. Training is required for the school staff member teaching the program and costs about \$1000 per person; the curriculum is about \$700 and the student workbooks are about \$27 each.

References

- Eggert, L. L., Thompson, E. A., Randell, B. P., & Pike, K. C. (2002). Preliminary effects of brief school-based prevention approaches for reducing youth suicide--risk behaviors, depression, and drug involvement. *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, 15(2), 48–64.
- Eggert, W. V., McNamara, B. E., Eggert, L. L., & Nicholas, L. J. (Eds.). (2009). *Reconnecting Youth: A Peer Group Approach to Building Life Skills. Administrator's Handbook*. Redmond, WA: RY Publications. Retrieved from www.reconnectingyouth.com/pdfs/RY_Admin_Handbook_FINAL.pdf

- Katz, C., Bolton, S.-L., Katz, L. Y., Isaak, C., Tilston-Jones, T., Sareen, J., & Swampy Cree Suicide Prevention Team. (2013). A systematic review of school-based suicide prevention programs. *Depression and Anxiety*, n/a–n/a. doi:10.1002/da.22114
- Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., Toyinbo, P., ... Wilcox, H. C. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence*, 95, Supplement 1, S5–S28. doi:10.1016/j.drugalcdep.2008.01.004
- Lafromboise, T. D., & Lewis, H. A. (2008). The Zuni Life Skills Development Program: a school/community-based suicide prevention intervention. *Suicide & Life-Threatening Behavior*, 38(3), 343–353. doi:10.1521/suli.2008.38.3.343
- Wilcox, H. C., Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., & Anthony, J. C. (2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug and Alcohol Dependence*, 95 Suppl 1, S60–73. doi:10.1016/j.drugalcdep.2008.01.005
- Wyman, P. A., Brown, C. H., Inman, J., Cross, W., Schmeelk-Cone, K., Guo, J., & Pena, J. B. (2008). Randomized trial of a gatekeeper program for suicide prevention: 1-year impact on secondary school staff. *Journal of Consulting and Clinical Psychology*, 76(1), 104–115. doi:10.1037/0022-006X.76.1.104