Developing a Suicide Prevention Policy for your School District:

*Using the Multi-Tiered Systems of Support Framework for Meaningful Implementation*

Stanislaus County Office of Education
May 2, 2017
Welcome!

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Placer County Office of Education
arozum@placercoe.k12.ca.us
• With your table group, discuss the following questions. Select a spokesperson to report out for your group:
  • What is the most urgent mental health need for your students?
  • Name one activity your school/district has already done to support students at risk of suicide.
  • What are you hoping to learn from today’s training?
Special Acknowledgments

www.sprc.org
What to expect:

• Overview of AB2246
• Understanding and communicating the “WHY” of suicide prevention policy
• Selecting evidence-based programs/services/trainings to offer in your district
• Postvention strategies
• Suicide Prevention at the Universal, Targeted and Intensive tiers
• Team work time interspersed throughout
Tools

- Preventing Suicide: A Toolkit for Educators: (Google “Preventing suicide toolkit”)
- California Educators’ Guide to Student Mental Wellness
- Model School District Policy on Suicide Prevention
- Text of AB2246
- Notes/Action Plan document
- The Hexagon Tool

http://tinyurl.com/ab2246
Assembly Bill 2246
Highlights of Assembly Bill 2246

• Due BEFORE 17/18 School Year

• Developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts

• Address high risk youth populations

• Address prevention, intervention and postvention
Highlights of Assembly Bill 2246

- Address any relevant training to be provided to students and staff
- Identify appropriate mental health services at site and in community
- Identify how to refer youth and families to services
- Option to include materials that can be completed though self review
- Ensure policy acts within scope of credential and license

Turn and Talk: Do you currently have a suicide prevention policy or practices in your district? Which of these elements does it include?
## Gathering Your Team

<table>
<thead>
<tr>
<th>Task</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who else from your school/district needs to be on your team to develop this policy?</td>
<td>Model Policy: <em>Best Practice: Suicide Prevention Task Force</em></td>
</tr>
<tr>
<td>How will you engage suicide prevention experts and community partners in policy development?</td>
<td>Preventing Suicide: <em>Tool 1.B.</em></td>
</tr>
<tr>
<td>How will you ensure student and family voice in your policy?</td>
<td>Board of Education contact list</td>
</tr>
<tr>
<td></td>
<td>Student clubs/organizations list</td>
</tr>
<tr>
<td></td>
<td>Support/Prevention services staff list</td>
</tr>
</tbody>
</table>
Why should schools address suicide?

Imagine you are talking to a skeptical stakeholder. How would you frame this in 1 minute or less?
Students have complex needs!

- Mental health challenges are common and treatable.
- Most children and youth, even those with insurance, do not have access to services.
- Mental health challenges affect brain development and learning.
- Poor mental health symptoms are a big concern of teachers and schools.
Prevalence of Student Mental Health Concerns in California

• Of children aged 9 to 17, 21 percent have a diagnosable mental or addictive disorder that causes at least minimal impairment.
• Translates to approximately 1.3 million California children with mental health needs
• Only 24,000 are designated “Emotionally Disturbed” in their IEPs
Trauma in Children
10 Adverse Childhood Experiences

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional
- Divorce

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
Health Effects of High ACE Scores

**BEHAVIOR**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**PHYSICAL & MENTAL HEALTH**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
Other types of trauma

- Acute
- Historical/Generational/Insidious
- Traumatic Grief
- Community/Neighborhood Violence
Pair of ACEs
Children and Trauma Experiences

**Figure 1**

Percentage of Children, Ages Birth to 17, with Specific Adverse Experiences: 2011/12

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic hardship*</td>
<td>25.7</td>
</tr>
<tr>
<td>Divorce or separation of a parent**</td>
<td>20.1</td>
</tr>
<tr>
<td>Death of a parent**</td>
<td>3.1</td>
</tr>
<tr>
<td>Parent served time in jail***</td>
<td>6.9</td>
</tr>
<tr>
<td>Witnessing adult domestic violence</td>
<td>7.3</td>
</tr>
<tr>
<td>Victim of or witness to neighborhood violence</td>
<td>8.6</td>
</tr>
<tr>
<td>Living with someone who was mentally ill or suicidal</td>
<td>8.6</td>
</tr>
<tr>
<td>Living with someone with an alcohol or drug problem</td>
<td>10.7</td>
</tr>
<tr>
<td>Being treated unfairly due to race/ethnicity</td>
<td>4.1</td>
</tr>
</tbody>
</table>

*Experienced “somewhat” or “very” often
**Parent refers to a parent the child lived with.

Source: Child Trends’ original analyses of data from the National Survey of Children’s Health.
SAMHSA’s Three E’s of Trauma

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
Brain development

- Trauma causes brain to adapt in ways that contribute to its survival.

Adaptations can look like behavior problems in school, community, and other environments.

- When triggered, “feeling” brain dominates the “thinking” brain.

Brains in a constant state of arousal could go into fight/flight/freeze/force when encountering “minor” triggers.

Students may exhibit internalizing or externalizing behaviors.

Chronic arousal can interrupt the typical developmental process, affecting learning, planning, emotional regulation, attention, impulse control.
• 250% increase prevalence of STDs
• 260% increase prevalence of Heart Disease
• 460% more likely to be suffering from depression
• 1,220% increase in attempted suicide

Dube SR, Anda RF, Felitti FJ et al. Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the lifespan: Findings from the Adverse Childhood Experiences Study. JAMA, 2001; 286:3089-3095.
Prevalence of Suicide

Figure 1

Percentage of Students in Grades 9 through 12 Who Report They Thought Seriously About Attempting Suicide, Attempted Suicide, and That Their Suicide Attempts Required Medical Attention\(^1\), 1991-2013

\(^1\) During the past twelve months
### Stanislaus County Youth

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<thead>
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</thead>
<tbody>
<tr>
<td>7th</td>
<td>39%</td>
<td>4</td>
<td>27</td>
<td>n/a</td>
<td>33</td>
</tr>
<tr>
<td>9th</td>
<td>37</td>
<td>6</td>
<td>32</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>11th</td>
<td>32</td>
<td>6</td>
<td>35</td>
<td>18</td>
<td>31</td>
</tr>
<tr>
<td>AS/CS</td>
<td>33</td>
<td>13</td>
<td>38</td>
<td>25</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: California Healthy Kids Survey, 2014-15
Who is “At-Risk”? 
## Purpose/Rationale

<table>
<thead>
<tr>
<th>Task</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>What information will be in our introduction to the policy?</td>
<td>California Healthy Kids Survey District demographic data</td>
</tr>
<tr>
<td>What data do we need to “make the case” for an actionable policy?</td>
<td>Model Policy <em>Introduction, Purpose, Importance of School-Based Mental Health Supports, Risk Factors and Protective Factors</em></td>
</tr>
<tr>
<td>To identify “high risk” groups?</td>
<td>Preventing Suicide : <em>Tools 1.A, 1.D, 1.E</em></td>
</tr>
<tr>
<td>How will we address “high risk” groups within our policy?</td>
<td><em>AB2246, Article 2.5, 215 (2) A-D</em></td>
</tr>
</tbody>
</table>
Prevention, Indicated & Intensive Interventions

Using MTSS as your Framework
MTSS is a coherent continuum of evidence based, system-wide practices to support a rapid response to student needs, with frequent data-based monitoring to inform decision-making and empower each student to achieve their potential.
Multi-tiered System and Supports helps put the pieces together.
What does MTSS Look Like?

Universal Prevention
All Students
- Core Instruction
- Preventive
- Proactive
- Teaching Coping Strategies
- Common Referral System

Intensive Intervention
Few Students
- Individualized
- Function-based
- High intensity
- Direct Skills Development

Indicated Intervention
Some Students
- Supplemental (to reduce risk)
- High Efficiency
- Rapid Response

All students in school
Sample Mental Health Supports

Tier III: Individual Practical Behavior Plan
- Wraparound
- Applied Suicide Intervention Training
- Incredible Years
- Special Education
- Reconnecting Youth

Tier II: Check In Check Out
- Check and Connect
- Coping and Support Training
- Second Step
- Teaching Pro-Social Skills
- Steps to Respect
- Mental Health First Aid
- Signs of Suicide

Tier I: Universal Interventions – All Students
- Second Step
- Kognito At Risk
- Simulation Steps to Respect
- Eliminating Barriers to Learning
- NAMI On Campus High School

nrepp.samhsa.gov
What is the role of mental health professionals?

Cappella et al. (2008) suggest that mental health professionals, including those based in schools (e.g., school counselors and part-time psychologists), as well as community-based personnel can assume roles within each of the universal, targeted, and intensive levels of the PBIS framework.
School-Based Clinicians Role in MTSS

- Facilitate
- Coordinate
- Consult
Tier III: __________________________

________________________

________________________

________________________

Tier II: _________________________

_________________________

_________________________

_________________________

_________________________

_________________________

Tier I: ___________________________

_________________________

_________________________

_________________________

_________________________

_________________________

**Turn and Talk:** How familiar is our team with the supports at each tier? Do we need to conduct a mapping of existing interventions?
Program Selection & Evaluation

Selection of practices to scaffold to your framework and evaluation of existing practices.
Two Tools

• Hexagon Tool
• Tool for documenting MTSS
The Hexagon Tool
Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the AI Modules Resource Library
http://implementation.fh.snc.edu

EBP:

<table>
<thead>
<tr>
<th>5 Point Rating Scale: High = 5, Medium = 3, Low = 1. Midpoints can be used and scored as a 2 or 4.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
</tr>
<tr>
<td>High</td>
</tr>
<tr>
<td>Need</td>
</tr>
<tr>
<td>High</td>
</tr>
</tbody>
</table>

Adapted from work by Laurel J. Kiser, Michelle Zehr, Albert A. Techel, and Joan Smith at the University of Maryland.
Selecting Practices/Interventions

When Selecting an Evidence Based Practice/Program consider the following:

- **Need** (Data, Perceptions, Social Significance)
- **Fit** (Does the EBP fit our current initiatives, priorities, structures and values?)
- **Resources** (Can we implement the EBP?)
- **Evidence** (Is the EBP likely to work for our needs?)
- **Readiness** (Can we define and implement the EBP?)
- **Capacity** (Can staff implement the EBP?)
## Multi-tier System of Supports

### Tier Intervention: Define What the Problem is? Data Source/Evidence

<table>
<thead>
<tr>
<th>Tier</th>
<th>Define What the Problem is? Data Source/Evidence</th>
<th>Analyze Why it is Occurring</th>
<th>Implement What are we going to do about it? (G=Gap C=Community F=Family S=School)</th>
<th>Evaluate Is the solution working?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier I</td>
<td>Survey indicates staff desire more to learn more resources and how to recognize if a student is in need for mental health support. Survey indicates students are not likely to seek a trusted adult when feeling depressed.</td>
<td>Lack of knowledge regarding identification of signs of suicidality. Stigma of mental illness is preventing students from seeking help.</td>
<td>($S$) Kognito Simulation implemented school wide. (C) NAMI on Campus will be implemented school side.</td>
<td>Pre and post survey from Kognito tool Pre-post student survey of students</td>
</tr>
<tr>
<td>Tier II</td>
<td>Healthy Kids Survey and Student Self Report indicate 30 percent of 10th grade students feeling depressed and reporting higher than usual rates of anxiety.</td>
<td>Increased stress and anxiety appears to be due to a lack of social emotional coping strategies. Evidence by self-report to school counselors. Students expressed being disengaged with school and experimenting with alcohol.</td>
<td>(C) School will implement a targeted intervention for suicide prevention. “Reconnecting Youth” teach skills for resiliency against risk factors and control early signs of substance abuse and emotional distress.</td>
<td>Pre-Post Survey of Students for skills streaming Monitor counselor referrals</td>
</tr>
</tbody>
</table>
## Multi-tier System of Supports

**Tier** | **Intervention** | **Define** | **What the Problem is?** | **Analyze** | **Why it is Occurring** | **Implement** | **What are we going to do about it?** | **Evaluate** | **Is the solution working?** |
---|---|---|---|---|---|---|---|---|---|
**Tier III** | Increased suicidality and incidents of students feeling disengaged and withdrawn at school. | 15 students reporting to counselors and peers symptoms of depression and suicidality. | (S) School site will train key staff in ASIST. (S) School will implement Reconnecting Youth Program in Tier II and refer students to individual interventions as needed for counseling through school prevention counselor, medical, or private insurance. | Monitor the number of students expressing suicidal ideation and depression. Monitor attendance and behavior outcomes for indicated students. |
Postvention
What is "Postvention"?

Postvention is the first step in continued prevention.
# Postvention Checklist

## Steps to Take in Immediate Aftermath

<table>
<thead>
<tr>
<th>Steps to Take in Immediate Aftermath</th>
<th>Staff Responsible</th>
<th>External Contacts (Phone Numbers)</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify key individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Notify school community</td>
<td>Lead:</td>
<td>Police:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td>Medical examiner:</td>
<td></td>
</tr>
<tr>
<td>2. Ensure that staff know how to respond to inquiries and manage the campus for safety</td>
<td>Lead:</td>
<td></td>
<td>Tool 3.A.1: Sample Script for Office Staff</td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td>Superintendent:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Backup/weekends:</td>
<td></td>
</tr>
<tr>
<td>3. Notify superintendent’s office</td>
<td>Lead:</td>
<td>District crisis team:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td>Weekend/vacation/late night contacts:</td>
<td></td>
</tr>
<tr>
<td>4. Notify district crisis team*</td>
<td>Lead:</td>
<td>Other schools in district:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Notify schools attended by family members of the deceased</td>
<td>Lead:</td>
<td>Community mental health providers:</td>
<td>Tool 3.A.2: Sources of Postvention Consultation</td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Contact and coordinate with external mental health professionals</td>
<td>Lead:</td>
<td>External crisis response professionals:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Reach out to and work with the family of the deceased</td>
<td>Lead:</td>
<td></td>
<td>Tool 3.A.3: Guidelines for Working with the Family</td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
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</tbody>
</table>

*In tribal communities, Bureaus of Indian Education schools notify the main office and tribal schools notify the principal.

<table>
<thead>
<tr>
<th>Steps to Take in Immediate Aftermath</th>
<th>Staff Responsible</th>
<th>External Contacts (Phone Numbers)</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support students and staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Provide staff with guidance in talking to students</td>
<td>Lead:</td>
<td></td>
<td>Tool 3.A.4: Guidelines for Notifying Staff</td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Coordinate notifying students about the deaths</td>
<td>Lead:</td>
<td></td>
<td>Tool 3.A.5: Sample Announcements</td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
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</tbody>
</table>

## Minimize risk of contagion through the media

<table>
<thead>
<tr>
<th>Steps to Take in Immediate Aftermath</th>
<th>Staff Responsible</th>
<th>External Contacts (Phone Numbers)</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Work with press/media</td>
<td>Lead:</td>
<td>Local media contact(s):</td>
<td>Tool 3.A.9: Guidelines for Working with the Media</td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Provide support to staff</td>
<td></td>
<td>Community mental health professionals:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Identify, monitor, and support students who may be at risk</td>
<td>Lead:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Backup:</td>
<td></td>
<td></td>
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<tr>
<td>14. Implement steps to help students with emotional regulation</td>
<td>Lead:</td>
<td></td>
<td></td>
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<td></td>
<td>Backup:</td>
<td></td>
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<tr>
<td>15. Participate in and/or advise on appropriate memorialization in the immediate aftermath</td>
<td>Lead:</td>
<td></td>
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<tr>
<td></td>
<td>Backup:</td>
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<tr>
<td>16. Work with press/media</td>
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<td></td>
<td>Backup:</td>
<td></td>
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<tr>
<td>17. Monitor social media</td>
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<td></td>
<td>Backup:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dr. Ian Coleman, Canadian Research Chair in Mental Health Epidemiology
Circles of Vulnerability

Geographical proximity

Social proximity

Psychological proximity

Population At Risk
Additional considerations and messaging

- Schools should strive to treat all student deaths in the same way.
- Most adolescents who suicide are struggling with a mental health disorder.
- Mental health disorders are treatable.
- Adolescents may struggle with emotional regulation, delaying gratification, and imagining the future.
- Partner with students to monitor social media.

Turn and Talk: What else have you learned? What wisdom can you share with the group?
## Postvention Activities

<table>
<thead>
<tr>
<th>Task</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>What elements of postvention do we currently have in place? What is missing?</td>
<td>Model Policy: <em>Postvention, District Liability, Messaging and Suicide Contagion</em></td>
</tr>
<tr>
<td>Begin completing the postvention checklist.</td>
<td>Preventing Suicide: <em>Chapter 3</em></td>
</tr>
<tr>
<td>How will postvention be reflected in your policy?</td>
<td></td>
</tr>
</tbody>
</table>
Eliminating Barriers to Learning
- NAMI on Campus
- Kognito
- SuicideTalk
- Break Free from Depression
Eliminating Barriers to Learning

- SAMHSA Project
- Three day training
- Day 1 is appropriate for all school staff
- Day 2 is a TOT (Training of Trainers) so school/district teams can train other schools
- Day 3 is NAMI on Campus
- Diverse training teams reflective of school environment

TEACHERS AND SCHOOL STAFF CAN HELP REMOVE BARRIERS
5 EBL Modules

Eliminating Barriers for Learning: The Foundation
  Social-emotional development, stigma, and discrimination

Social-Emotional Development, Mental Health, and Learning
  Overview of disorders, effects on learning, risk factors, and classroom strategies

Making Help Accessible to Students and Families
  Formulate a plan to help students with mental health needs

Strategies To Promote a Positive Classroom Climate
  Create a climate that promotes learning and mental wellness
  Create a formal action plan for promoting mental wellness

Infusing Cultural Competence into Mental Wellness Initiatives
  Practical considerations for the classroom and campus
But...our teacher PD time is limited!

CALLING ALL TEACHERS
VIDEO NAMI ON CAMPUS
WHAT THE TRAINING LOOKS LIKE
Peer-led clubs (supported by an adult advisor) that brings mental health awareness to campus

Clubs open to all students, regardless of mental health status

Clubs promote mental health activities on campus

Strive to create a safe and stigma and discrimination-free environment on campus

Creates life-long mental health advocates

Clubs work best in schools with TETRIS/EBL trained staff or staff with mental health background

Advisors are school staff members with an interest in helping change the campus climate towards mental health and wellness

NAMI California offers monthly Coaching Webinars and ongoing technical assistance for Advisors
Activities include:

• Participate in the Directing Change video contest
• Participate in Mental Illness Awareness Week
• Movie screenings
• Host events featuring speakers with lived experience
• Learning the accurate facts about mental illness
• Discussions on how to support friends
• Identification of on-and off-campus resources and services
• Advocating for district administration to create new policies or action plans for mental health awareness, education and pre/post–vision plans
Kognito At-Risk

http://california.kognito.com/
suicideTALK

• 90 minute to ½ day session
• Increase awareness of suicide prevention activities in the community
• Facilitated by an ASIST or safeTALK trained trainer
• Asks “Should we talk about suicide?”
• Customizable for any community
• Precursor to safeTALK or ASIST
Break Free from Depression

• 4-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms
  • Module 1: Overview of depression and suicide
  • Module 2: View documentary “Break Free from Depression”
  • Module 3: In depth, case-based discussion
  • Module 4: Strategies for asking for help
• Developed by Boston Children’s Hospital
• $150 for curriculum and DVD
Signs of Suicide

Universal, school-based depression and awareness and suicide prevention for middle and high school-aged students

- Teaches ACT model: Acknowledge, Care, Tell
- Increase student knowledge about depression
- Encourage help-seeking
- Reduce stigma
- Adult components focus on “gatekeeper” education and partnering with community providers
- 2 DVDs: Time to Act and Friends for Life focus on ACT model
- Developed by Screening for Mental Health, Inc. which offers in-person and online trainings, but trainings are not required
## Prevention Activities

<table>
<thead>
<tr>
<th>Task</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>What staff training should we offer as part of suicide prevention?</td>
<td>Model Policy: <em>Prevention, Resources</em></td>
</tr>
<tr>
<td>What student activities, health education and/or classroom curricula should we offer as a part of suicide prevention?</td>
<td>Preventing Suicide: <em>Tool 1.I. and 1.J.</em></td>
</tr>
<tr>
<td>How can we integrate suicide prevention activities into our existing Universal (Tier I) support systems?</td>
<td>Regional K-12 Student Mental Health Initiative: <a href="http://www.regionalk12smhi.org">www.regionalk12smhi.org</a></td>
</tr>
</tbody>
</table>
Indicated Supports

- Intervention Teams
- Mental Health First Aid
- Evidence-based group services
**Intervention Teams**

**General considerations**
- Coordination of referrals
- Use data! (and also your instincts)
- Easy to use referral form
- Follow up!
- Recognizing a crisis

**Taking it up a notch**
- Youth referral form
- Accept referrals *anywhere*
- Catch kids early (i.e. October catch, Early Warning Indicators)
- Expand your membership

**Table discussion:** How well are our teams functioning? Are the “right” students getting referred?
Mental Health First Aid

- 8-hour course that teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis.
- Helps participants identify, understand, and respond to signs of mental illnesses and substance use disorders.
  - Assess for risk of suicide or harm
  - Listen nonjudgmentally
  - Give reassurance and information
  - Encourage appropriate professional help
  - Encourage self-help and other support strategies
Coping And Support Training (CAST)

Small group intervention intended for at-risk youth

- 8th-12th grade
- 12, 55 minute sessions
- 6-8 students invited to participate
- Can be adapted to be offered at Tiers I and III
- Participating youth demonstrated 65% reduction in suicide risk behaviors; 44% reduction in anxiety; 27-34% reduction in depressive symptoms
Cognitive Behavior Intervention for Trauma in Schools /Bounce Back

**CBITS** is a school-based group and individual intervention. Designed to reduce symptoms of PTSD, depression and behavioral problems
- 5th-12th grade
- Addresses all kinds of trauma
- 10 group sessions + 1-3 individual sessions + 2 group parent sessions + 1 teacher session
- Reduces symptoms of post-traumatic stress, depression and psychosocial dysfunction
- Modified for delivery by non-clinicians
- Free training online

**Bounce Back** is a school-based group intervention for elementary students exposed to stressful and traumatic events
- Based on CBITS, but adapted for younger kids
- 10 group sessions + 2-3 individual sessions + 1-3 group parent sessions
- Free online training and resources
Considerations for Group Services

• What is the need? What data do you have?
• What curriculum is appropriate?
• Who will facilitate?
• Which students would benefit?
• How will you “sell” it to them?
• What incentives will you provide?
• When and where?
• How to manage resistance?
Intensive

Applied Suicide Intervention Skills Training

Wraparound
Applied Suicide Intervention Skills Training

• For caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide

• Two-day, highly interactive and practice-oriented workshop (15 hours)

• Develop skills to:
  • Communicate with a person-at-risk
  • Recognize and review risk
  • Intervene to prevent the immediate risk of suicide
  • Understand resources available
Wraparound

- Holistic method of engaging with individuals with complex needs
- Focus on home, school and community
- Process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process
- Focus on strength and needs
- Development of family and students resources
- Begins from the principle of “voice and choi
Wraparound - Stages

- Engagement
- Plan Development
- Plan Implementation
- Transition

Similar to Principles of Therapy

- Engagement
- Motivation
- Behavior Change
- Generalization
Support for Survivors of Suicide Attempts

What do students returning to school after a suicide attempt need?

What do their families need?

What do school staff and the school community need?

Take 2 minutes to read *Preventing Suicide, Tool 2.D.*
# Indicated & Intensive Intervention Activities

<table>
<thead>
<tr>
<th>Task</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which staff should be trained in indicated and/or intensive suicide interventions?</td>
<td>Stanislaus Network of Care website <a href="http://stanislaus.networkofcare.org/mh/">http://stanislaus.networkofcare.org/mh/</a></td>
</tr>
<tr>
<td>What is our crisis plan for a suicide attempt, in or out of school?</td>
<td>Model Policy: Assessment and Referral, Parental involvement, Risk and Protective factors, Bullying and Suicide, In School and Out of School Suicide Attempts, Re-entry Procedure</td>
</tr>
<tr>
<td>What interventions/supports should we offer for students at risk of or actively thinking about suicide?</td>
<td>Preventing Suicide: Tool 1.I., 1.J., 2.A., 2.B.-2.B.6, 2.C., 2.D.</td>
</tr>
<tr>
<td>What will be our re-entry process for students returning to school after a suicide attempt?</td>
<td>Regional K-12 Student Mental Health Initiative <a href="http://www.regionalk12smhi.org">www.regionalk12smhi.org</a></td>
</tr>
</tbody>
</table>
Changing the Narrative:
Gunn High School, Palo Alto USD

Embracing imperfection: Senior Isha Gupta learns how to ease her anxiety and take time for herself
January 24, 2017

Written by Isha Gupta Humans are social creatures; we pride ourselves in making connections and bonding with others. However, our constant focus on others causes some of us to worry about how others perceive us. Some of us care about this more than others. While I would love to claim that I am exempt from this, I unfortunately fall on the other [...] 

Finding help and hope: Alumna Lindsay Maggioncalda learns the importance of focusing on herself
November 22, 2016

Written by Lindsay Maggioncalda When my mom said I couldn't leave the house after midnight on a school night, I'd go anyway. Several of my best friends were suicidal, and I would always come when they said they needed me—no matter what. Being there for them took priority over everything else in my life, not only because I loved them dearly [...] 

Losing it and then finding myself: Department Secretary Krissy Ludemann on her journey to a healthier life
October 31, 2016

Written by Krissy Ludemann I had always been a big kid, both tall and overweight. I was teased and bullied through most of my childhood—I have distinct memories of being spit on after getting off of the school bus as well as having a group of boys follow me around the playground calling me “Miss Piggy.” It was the 1980s and the zero [...] 

Open the door: junior Chloe Sorensen and discovering trusted adults
February 2, 2016

Written by Chloe Sorensen When I first arrived at Gunn, I was not the type of person to open up to others or talk about how I felt, let alone ask for help. When people offered to help me, I tended to dismiss it, because I didn't want them to go out of their way to help me. However, here at Gunn, we are lucky to be surrounded by hundreds of staff [...] 

Finding connection: senior Alper Karakas’s new perspective of life
January 19, 2016

Written by Evalyn Li Grief come in many forms and avenues. As we struggle to come to terms with the loss of a loved one, we all respond and behave differently. Here, senior Alper Karakas tells his story in the hope that it can provide light for those struggling. Karakas stands up and grabs his backpack to leave the classroom only to find [...] 

The value of confidence: senior Shawna Chen on overcoming insecurity
January 5, 2016

Written by Shawna Chen If you've been my friend since elementary school, one of the questions that most often came up in our conversations was probably: “Are you mad at me?” I've been insecure ever since I can remember. To some degree, everybody has insecurities, but when your behavior and thoughts are constantly built around what you [...]
Additional Resources:
National Registry of Evidence-Based Programs & Practices: www.nrepp.samhsa.gov
Active Implementation: http://implementation.fpg.unc.edu
California MHSA: http://calmhsa.org/
Kognito: http://california.kognito.com/
Substance Abuse Mental Health Services Administration: www.samhsa.gov
Trevor Project: www.thetrevorproject.org/
American Foundation for Suicide Prevention: https://afsp.org/
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