

Suicide Prevention Programs

This Issue Brief is adapted from information from **The Best Practices Registry (BPR)**. This Brief contains programs/projects/efforts included as of September 2009. Please go online to Suicide Prevention Resource Center's (SPRC's) Best Practices Registry (BPR) at http://www.sprc.org/featured_resources/bpr/index.asp for the most current listings and to obtain program descriptions and additional information about the BPR. This Issue Brief includes all youth and school-related programs (as of 9/09) on the BPR. While some are not specifically school-based, a number may have application to youth-focused intervention programs (e.g., clinical). An abbreviated program description is included in this Issue Brief for school-based interventions listed in Section 1b: List of SPRC Reviewed Evidence-Based Practices. More detailed descriptions are provided at the above link. It is the reader's sole responsibility to determine whether any of the information contained in these materials is useful to them. *No specific endorsement is implied with the inclusion of a given program.* Absence of a program does not presume negative judgment of its value.

Purpose and Structure of the BPR

The Best Practices Registry (BPR) for suicide prevention is a collaboration between the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP). The BPR is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention.

The BPR has three sections:

- **Section I: Evidence-Based Programs**
- **Section II: Expert and Consensus Statements**
- **Section III: Adherence to Standards**

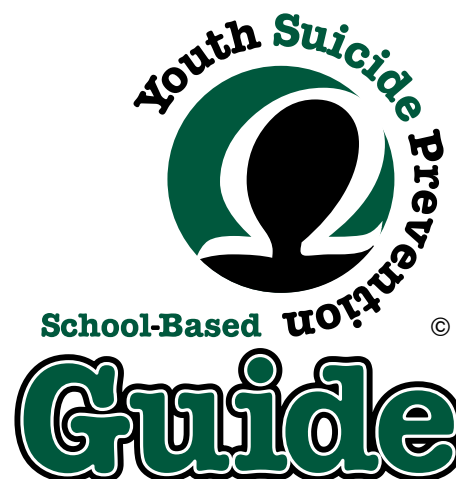
The three sections are not intended to represent "levels" of effectiveness, but rather include different types of programs and practices reviewed according to specific criteria for that section. BPR listings include only materials submitted and reviewed according to the designated criteria and do not represent a comprehensive inventory of all suicide prevention initiatives. Each BPR listing on the website includes information about where to obtain the materials, related costs, and contact information for the program developer.

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Prevention Programs



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Section I: Evidence-Based Programs

This section contains interventions that have undergone rigorous evaluation and have demonstrated positive and successful outcomes (generally, reductions in suicidal behaviors or risks) based on well-designed research studies. Section I includes listings from two sources: (a) interventions reviewed and rated by SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP); and (b) programs reviewed as part of the SPRC/AFSP Evidence-Based Practices Project (which stopped conducting reviews in 2005). This section is divided into two subsections:

Section 1a: SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)

Section 1b: SPRC/AFSP Evidence-Based Practices Project

Section 1a: List of NREPP–Reviewed Suicide Interventions

Table 1 displays interventions addressing suicide currently listed on the NREPP registry. Programs listed on NREPP can be viewed on the BPR website or by going directly to the NREPP website (www.nrepp.samhsa.gov).

Section 1b: List of SPRC Reviewed Evidence-Based Practices

Twelve programs were reviewed and classified as evidence-based (either Effective or Promising) by SPRC/AFSP. A brief description of school-based programs reviewed are included below. The most current information along with each program description can be found at the BPR at http://www.sprc.org/featured_resources/bpr/ebpp.asp.

Table 1: Section 1: Evidence-Based Programs

BPR Section 1a and 1b Program Listing	Section 1a - NREPP ¹	Section 1b - EBPP ²
American Indian Life Skills Development/Zuni Life Skills Development	X	X
CARE (Care, Assess, Respond, Empower)	X	X
CAST (Coping and Support Training)*	X	X
Columbia University TeenScreen	X	X
Emergency Room Intervention for Adolescent Females	X	
PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)	X	
SOS Signs of Suicide	X	X
United States Air Force Suicide Prevention Program	X	X
Cognitive Behavioral Therapy for Adolescent Depression	X	
Dialectical Behavior Therapy	X	
Lifelines		X
Reconnecting Youth		X
ER Intervention for Adolescent Females		X
ER Means Restriction Education for Parents*		X
PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)*		X
Psychotherapy in the Home		X
Reduced Analgesic Packaging*		X

*Effective programs that met a higher standard of effectiveness than Promising programs.

¹ National Registry of Evidenced-based Programs and Practices (NREPP)

² SPRC/AFSP Evidence-Based Practices Project

School Based Programs

A brief description of school-based programs from Section 1B (Table 1) are listed below.

C-Care/CAST

C-Care/CAST are listed as two programs on NREPP that also have been implemented together.

C-Care (Counselors-Care) provides an interactive, personalized assessment and a brief motivational counseling intervention.

CAST (Coping and Support Training) is a small group skills training intervention. Twelve one-hour sessions incorporate key concepts, objectives, and skills that are outlined in a standardized implementation guide.

Columbia University TeenScreen

The purpose of the Columbia TeenScreen Program is to identify youth who are at-risk for suicide and potentially suffering from mental illness and then ensure they receive a complete evaluation. While screening can take place in any number of venues, including juvenile justice facilities, shelters, and doctor's offices, the program has been primarily conducted in school settings.

Lifelines

Lifelines is a school-based suicide prevention curriculum comprised of four 45-minute lessons and also includes school-based model policies and procedures for responding to at-risk youth, suicide attempts, and completions; presentations for educators and parents; and a one-day workshop to train teachers to provide the curriculum.

Reconnecting Youth

Reconnecting Youth is a school-based selective/indicated prevention program that targets young people in grades 9–12 who show signs of poor school achievement, potential for school dropout, and other at-risk behaviors including suicide-risk behaviors. RY teaches skills to build resiliency with respect to risk factors and to moderate early signs of substance abuse, and depression/aggression.

SOS Signs of Suicide

SOS incorporates two prominent suicide prevention strategies into a single program, combining a curriculum that aims to raise awareness of suicide and its related issues with a brief screening for depression and other risk factors associated with suicidal behavior. SOS promotes the concept that suicide is directly related to mental illness, typically depression, and that it is not a normal reaction to stress or emotional upset. The basic goal of the program is to teach high school students to respond to the signs of suicide as an emergency, much as one would react to signs of a heart attack. Students are taught to recognize the signs and symptoms of suicide and depression in themselves and others and to follow the specific action steps needed to respond to those signs.

American Indian Life Skills Development/Zuni Life Skills Development

The Zuni Life Skills Development curriculum is a culturally tailored intervention that targets high school students. It is based upon social cognitive theory, which proposes that suicidal behavior is affected through the interaction of modeling influences (peer and community), environmental factors, and individual characteristics. By developing competency in a number of life skill domains, program participants decrease known risk factors while increasing protective factors.

Section II: Expert and Consensus Statements

Section II of the BPR lists expert and consensus statements that summarize the best knowledge in suicide prevention in the form of guidelines or protocols. These statements typically result from either a collaborative process involving key stakeholders or from a thorough review of the literature by a preeminent expert in that topic area.

Section II statements provide guidance and recommendations (including protocols) that practitioners can use while developing programs, practices, or policies for their own settings. Note that Section III also lists protocols; however, Section III protocols have been implemented in

specific settings rather than serving as general guidance for the field. Several of the criteria used to review Section III materials are based on statements listed in Section II (i.e., the Safe and Effective Messaging Guidelines and the AAS Guidelines for School-Based Prevention Programs).

Section II: Expert and Consensus Statements (Listed alphabetically by title) are listed in Table 2.

The most current information along with each program description can be found at the BPR at http://www.sprc.org/featured_resources/bpr/expert.asp

Table 2: Section II: Expert and Consensus Statements

BPR Section II Program listing	Author
A Resource Guide for Implementing the Joint Commission's 2007 Patient Goals on Suicide	Screening for Mental Health, Inc.
Consensus Statement on Youth Suicide by Firearms	Youth Suicide by Firearms Task Force and the American Association of Suicidology
Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student	Jed Foundation
Guidelines for School Based Suicide Prevention Programs	American Association of Suicidology
National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide	Canadian Coalition for Seniors' Mental Health
Reporting on Suicide: Recommendations for the Media	Multiple Authors
Standards for the Assessment of Suicide Risk Among Callers to the National Suicide Prevention Lifeline	National Suicide Prevention Lifeline
Student Mental Health and the Law	Jed Foundation
Suicide Prevention Efforts for Individuals with Serious Mental Illness	National Association of State Mental Health Program Directors
Warning Signs for Suicide Prevention	American Association of Suicidology

Section III: Adherence to Standards

This section contains suicide prevention programs, practices, policies, protocols, and awareness materials that have been implemented in specific settings such as schools, communities, clinics, or campuses (the terms program and practice are used interchangeably to refer to all activities and/or materials posted in this section). The materials' content has been reviewed to assess adherence to current program development standards and recommendations in the field. The Section III listing includes only materials submitted to BPR and reviewed according to Section III criteria as of September 2009. Inclusion does not mean that the practice has been proven effective through evaluation

(those programs are listed in Section I) or is "recommended" by SPRC or AFSP. However, adherence to standards is an important aspect of developing practices that are likely to be successful. The list is not a comprehensive inventory of all suicide prevention programs.

Programs, Practices, and Policies that Adhere to Standards (Listed by type of practice, then alphabetically) are included in Table 3.

The most current information along with each program descriptions can be found at the BPR at http://www.sprc.org/featured_resources/bpr/standards.asp

Table 3: Section III: Adherence to Standards

BPR Section III Program, Practices, & Policies Listing with Author	Awareness Materials	Educational & Training Programs	Protocols & Policies
After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors, National Suicide Prevention Lifeline	X		
After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department, National Suicide Prevention Lifeline	X		
After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department, National Suicide Prevention Lifeline	X		
Depression and Bipolar Wellness Guides for Parents and Teens, Families for Depression Awareness	X		
Depression Wellness Guide for Adults with Depression and their Family and Friends, Families for Depression Awareness	X		
"Is Your Patient Suicidal?" Emergency Department Poster and Clinical Guide, Suicide Prevention Resource Center	X		
Applied Suicide Intervention Skills Training (ASIST), LivingWorks		X	
Ask 4 Help Suicide Prevention for Youth, Yellow Ribbon Suicide Prevention Program		X	
Assessing and Managing Suicide Risk: Core Competencies (AMSR), SPRC Training Institute		X	
At-Risk: Identifying and Referring Students in Mental Distress, Kognito Interactive		X	
Be A Link Suicide Prevention Gatekeeper Training, Yellow Ribbon Suicide Prevention Program		X	
Campus Connect: A Suicide Prevention Training for Gatekeepers, Syracuse University		X	
Connect/Frameworks Suicide Postvention Program, NAMI New Hampshire		X	
Connect/Frameworks Suicide Prevention Program, NAMI New Hampshire		X	
EndingSuicide.com, Clinical Tools, Inc.		X	
Healthy Education for Life (HELP), Heartline Oklahoma		X	

Table 3: Section III: Adherence to Standards continued

BPR Section III Program, Practices, & Policies Listing with Author	Awareness Materials	Educational & Training Programs	Protocols & Policies
Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum, Washington Youth Suicide Prevention Program		X	
High School Gatekeeper Curriculum, Gryphon Place		X	
Interactive Screening Program, American Foundation for Suicide Prevention		X	
LEADS for Youth: Linking Education and Awareness of Depression and Suicide, Suicide Awareness Voices of Education		X	
Making Educators Partners in Youth Suicide Prevention, Society for the Prevention of Teen Suicide		X	
Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention, QPR Institute		X	
Response: A Comprehensive High School-based Suicide Awareness Program, ColumbiaCare		X	
Suicide Alertness for Everyone (safeTALK), LivingWorks		X	
Suicide Assessment Five-Step Evaluation and Triage (SAFE-T), Screening for Mental Health			X
Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel, The Maine Youth Suicide Prevention Program			X
Youth Suicide Prevention School-based Guide Checklists, Louis de la Parte Florida Mental Health Institute, University of South Florida			X

Using the BPR

How to use the BPR as a resource for developing effective suicide prevention programs.

Even programs that have been evaluated and found effective will not work in every context or for all audiences. Program planners are encouraged to use the BPR in the context of a data-driven planning process. This process typically will involve multiple stakeholders in a process of assessing local needs, assets, and readiness and choosing interventions that match local problems and circumstances.

BPR listings can be used in a number of ways during this planning process. For example, planners can search Section I for proven suicide programs or practices that match identified needs, resources, and audiences. If no proven programs exist that match local needs, planners may consider adapting one of the programs listed in Section I, making revisions based on theory, local assessment, and audience research, while retaining key intervention ingredients.

It is important that the content of any program or policy be designed according to current standards in the field.

Planners should consult Section II of the BPR to determine whether there are expert or consensus guidelines relevant to their planning efforts. Program planners can consult Section III to find examples of programs, practices, and policies for suicide prevention that include accurate information, are likely to meet objectives, follow safe messaging guidelines, and adhere to recommendations for prevention program design. While the programs and materials in Section III have not been reviewed for effectiveness, they can serve as examples of program content that meets specified standards. By following the content guidelines outlined in Section III, planners can increase the likelihood that their programs and practices will be effective.

Finally, planners are encouraged to build evaluation into their efforts to assess the effectiveness of their programs under local circumstances and build the knowledge base in the field. If you don't have evaluation expertise or capacity at your school or agency, you can often work with a local college or university to obtain assistance.

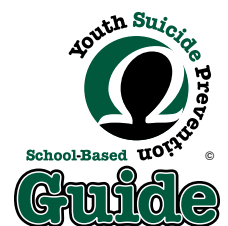


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