

# School-Based Suicide Prevention Programs

School-based Suicide Prevention Programs is a collection of programs related to the subject of suicide prevention. This list is an attempt to provide examples of a variety of types of suicide prevention programs. 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.

For more information on suicide prevention programs please refer to [http://modelprograms.samhsa.gov/template\\_cf.cfm?page=model\\_list#SZ](http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list#SZ), which provides a more comprehensive list of varied types of prevention programs. The following listed programs were synthesized with the help of the following resource:

- **U.S. Department of Health and Human Services**, Public Health Service, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (1992). Youth suicide prevention programs: A resource guide.

Retrieved March, 2003 from <http://aepo-xdv-www.epo.cdc.gov/wonder/prevguide/p0000024/p0000024.asp>

## BRIDGES

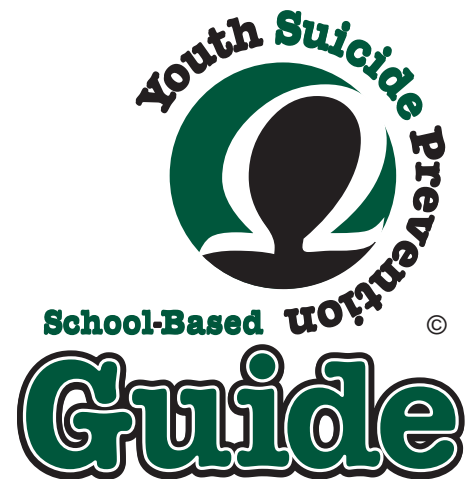
### Program Description

Building Skills to Reach Suicidal Youth — BRIDGES is a training program for selected school personnel (e.g., guidance staff, child study teams, personnel from student assistance programs, and teachers working with emotionally disturbed adolescents) to help them to develop skills in assessing suicide risk, to intervene in the crises of suicidal youth, to intervene with families and peers of suicidal youth, to follow referral procedures, and to develop school policies and procedures for suicide prevention and postvention. This program is targeted to school personnel (guidance staff, teachers) and any agency staff that work with students.

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# P Programs



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## Evaluation

Evaluation studies are being developed. Officials are particularly interested in conducting an impact evaluation of the BRIDGES program. This evaluation would determine the efficacy of the BRIDGES program in training school personnel to accurately identify suicidal youth. Some of their ideas for evaluation include collecting data on the functioning of students at risk, the school climate, and teachers' feelings immediately after and 2 weeks after a suicide takes place to:

- Check for risk of suicide contagion
- Do assessment of risk of suicides
- Evaluate the effectiveness of the postvention program

BRIDGES staff want to collect data on how many students are targeted and how many are identified correctly as being suicidal. If a student is accurately identified, they would then collect information on referrals and follow-ups to see if the student was making progress. Assessments would be made by re-administering tests and interviewing school staff or the student. Periodic follow-ups would be conducted as long as the individual was in the school system. BRIDGES staff would look for changes in test indices and in suicide and suicide attempt rates as indicated by hospital records.

## Contact Information

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## Project C-CARE

### Program Description

Project C-CARE (counselors-CARE) is an evidenced-based individualized assessment and interview that is intended to decrease suicidal behaviors and depression in adolescents. The program is also intended to increase the support network available to adolescents by increasing their awareness of such resources. C-CARE utilized a 4-hour in depth interview and brief counseling session, which helps determine the lethality of the adolescent and provides them with support by "connecting" to the school-based resources such as a school counselor or teacher to whom the adolescent can turn to when faced with a suicidal crisis situation.

C-CARE (counselors-CARE) Model involves:

1. Assessment/Feedback- C-CARE uses the Measure of Adolescent Potential for Suicide (MAPS), which is designed to measure the risk of suicidal potential in the adolescent. MAPS is a computer program that prompts the counselor to ask the right questions, permits for comprehensive and accurate assessment, allows for the counselor to integrate the responses provide by the youth with his/her own observations, and helps establish and build rapport with the counselor and the student.
2. Following the MAPS assessment a counseling session is conducted using scores on MAPS as an indicator for how to intervene, what resources are best suited for the adolescent, and what issues may want to be addressed in the counseling session. This session helps to make the appropriate "connections" for the adolescent; those in the school and those in the community. Parents/Guardians receive a follow-up phone call in order to review the youth's strengths and weaknesses, which may require additional support. Generally the school's crisis team is involved in such

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situations and may provide help to the parents in the form of education on risk factors, warning signs, and resources available to them.

## Evaluation

Care has been evaluated in a 3-group repeated-measures, randomized design where students were randomized to either C-CARE only, C-CARE and CAST, or “standard care”. All three groups showed improvement, which was found to be potentially contributed by the utilization of MAPS in the groups. The C-CARE and C-CARE/CAST groups showed positive effects.

For more information on the study evaluating C-CARE, CAST, and MAPS see: Eggert, L. L., Thompson, E.A., Herting, J.R., & Nicholas, L.J. (1995). Reducing suicidal potential among high-risk: Tests of school-based prevention program. *Suicide and Life-Threatening Behavior*, 25(2), 276–296. For more information on CAST visit [www.son.washington.edu/departments/pch/ry](http://www.son.washington.edu/departments/pch/ry).

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## Project CAST

### Program Description

CAST (Coping and Support Training) is an evidence-based program intended to decrease suicidal behavior, depression, and drug involvement. This is an indicated program targeted to high-risk youth in grades 9-12 who screen positive for suicidal risk. The CAST program is a second step type program used in conjunction with C-CARE. The CAST program begins the interview, assessment, and counseling session from C-CARE. If students are found to be potentially at risk for suicidal behavior then after 4 weeks small group intervention is delivered 2 times per week, over a 6-week period of time using the following structure:

1. 6–7 Students per group (all at risk)
2. Implemented in the students’ high school
3. 12, 1 hour sessions over six week period and including a welcome session and graduation celebration and the following 10 skills training sessions included:
  - a) Group support and self-esteem
  - b) Monitoring/setting goals
  - c) Building self-esteem
  - d) Decision-making
  - e) Anger management
  - f) School smarts
  - g) Drug use control
  - h) Relapse prevention

### Evaluation

When used together C-CARE and CAST have been shown to be effective at decreasing suicidal risk, depression, hopelessness, stress, anger, and an increase in self-esteem and ability to use social support.

For more information on the study evaluating C-CARE, CAST, and MAPS see: Eggert, L. L., Thompson, E.A., Herting, J.R., & Nicholas, L.J. (1995). Reducing suicidal potential among high-

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risk: Tests of school-based prevention program. *Suicide and Life-Threatening Behavior*, 25(2), 276-296. For more information on CAST visit [www.son.washington.edu](http://www.son.washington.edu).

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## SOS Suicide Prevention Program for High Schools

### Program Description

Suicide Prevention Program provides school health professionals with all the educational materials necessary to replicate this easy-to-use program in a variety of school settings. Schools have the flexibility to make use of the materials in as large or small a program as their needs and resources dictate. The program can also be blended into an existing health curriculum. This program is a selective approach and targets all high school students. The program is considered a combination of gatekeeper training and student curriculum in order to help teachers recognize students potentially at risk for suicidal behavior and for student to recognize and refer other students who they suspects as being at risk for suicidal behavior.

The message of the SOS Program is straightforward: it helps teens to understand the connection between suicide and undiagnosed, untreated mental illness - usually depression - and empowers them to **ACT**. The acronym, **ACT** stands for Acknowledge, Care, and Tell, reinforces the program's message of empowerment for teens, it reminds them to:

- **ACKNOWLEDGE** that their friend has a problem, and that the symptoms are serious.
- **CARE** let that friend know that they are there for them, and want to help.
- **TELL** a trusted adult about their concerns.

This simple combination of education and a three-step response can save a teen's life.

### Contact Information

SOS High School Program (SMH office)  
Phone: (781)-239-0071

[www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)

## Miami-Dade County Department of Crisis Management Prevention Program

### Program Description

Dade County established a Department of Teenage Pregnancy and Suicide Prevention in 1987, which in turn became the Department of Crisis Intervention, whose purpose is to prepare staff at the district, region, and school levels to identify, assist, and refer students at risk. The department trains "crisis care core teams" in every school to counsel staff and the community in times of crisis. Training of crisis core teams in the schools is done by the District Crisis Team, which consists of one counselor and one psychologist. Training consists of a 3-hour program, and so far approximately 1,000

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individuals have been trained. A hotline is available to assist administrators, counselors, and other support staff. The curriculum component is delivered to grades pre-kindergarten through 12 by the To Reach Ultimate Success Together (TRUST) Program. The pre-kindergarten through grade five curriculum is a drug education curriculum that stresses themes relevant to making healthy and positive choices (e. self-awareness development, communication skills enhancement, decision-making skills, drug information, and development of positive alternatives). The curriculum provided to grades six through 12 addresses more developmentally appropriate themes for those age groups, with the topic of teen suicide not formally introduced until the 10th grade in the mandatory “Life Management Skills” class.

## Evaluation

Evaluation of the program consisted of analysis of the hotline data, which included 2,698 incidents of suicidal ideation, 699 suicide attempts, and 23 completed suicides of DCPS students during the first five years of SPSCMP. From 1980 to 1984 there was a total of 145 students who killed themselves. Between 1980 and 1988 (prior to SPSCMP implementation) there was an average of 12.9 student suicides per year, with 19 occurring in 1988. Analysis found a 62.79% decrease in student suicides since the inception of the program (school year 1989- 90). From 1989 through 1994 there was an average of 4.6 student suicides per year. Suicide attempts also steadily decreased: from 243 in 1989-90 to 95 in 1993–94. This represents a rate decrease from 87 per 100,000 to 31 per 100,000. Suicidal ideation fluctuated and returned to previous levels in 1993–94. As well, during this 1989–1994 time period the student population increased by 14.95%. Additionally, grades kindergarten through five accounted for 30.34% of the suicidal ideation and 17.8% of suicide attempts. Middle school students accounted for a disproportionate amount of suicide ideations and attempts, while high school students accounted for 60.87% of

suicide completions (although they are only 26.92% of the student population). Middle school children accounted for the rest of the completed suicides. Interestingly, grades six, seven, and eight account for the highest percentage of ideations; grades seven, eight, and nine have the highest number of attempts; and grades eight, nine, and 11 had the highest number of completions. This data indicates the following: the rate of suicidal ideation remained stable in spite of the prevention programming; however, suicide attempts and completions were drastically reduced.

## Contact Information

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## Services for Teens At Risk (STAR)

### Program Description

STAR Center offers three programs designed specifically to help school personnel identify and refer at-risk youths.

- **Level 1:** Administrators, teachers, counselors, and others who are in daily contact with students learn to identify potential risk factors, recognize behavior patterns of adolescents who may possibly become suicidal, and follow referral procedures.
- **Level 2:** During a 2-day workshop, school personnel learn to evaluate a youth’s level of risk and to work effectively with families, students, and mental health agencies.

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- **Level 3:** Trains in-house personnel to continue Level 1 training in their school.

STAR Center also works to implement programs in communities and schools immediately following a suicide. Teams from STAR Center conduct postvention sessions that are designed to prevent further suicides through individual student screening, small group discussions, and education. In addition, STAR Center offers outpatient clinical treatment for adolescents at Western Psychiatric Institute and Clinic (WPIC).

Evaluation: The Outreach program screens children identified during postvention sessions. The Outpatient Clinic provides a day-long clinical evaluation that combines both structured and unstructured assessment tools.

## Contact Information

Dr. David Brent, (412) 624-5211  
Director Services for Teens At Risk (STAR)  
WPIC Pittsburgh, PA 15213.

## Columbia TeenScreen Program

### Program Description

The Columbia University TeenScreen™ Program is committed to using screening tools to identify and arrange treatment for youth who are suffering from depression and other undiagnosed mental illness and those who are at risk for suicide. The ultimate goal of the program is to make mental health screening as accepted and routinely implemented as school-based screenings for vision and hearing problems and pediatrician screenings for tuberculosis and scoliosis.

The program creates partnerships with communities across the nation to implement early-identification programs for suicide and mental illness in youth. Screening programs based on the TeenScreen™ Program are adapted

to the specific needs and resources of each community. Columbia provides, at no charge, education, staff training, and consultation in the development and implementation of a screening program.

### Screening Instruments

The Voice DISC (Diagnostic Interview Schedule for Children) is the primary screening and assessment instrument employed by the TeenScreen™ Program. This computerized diagnostic interview uses DSM-IV criteria to assess for more than 30 different psychiatric disorders found in children and adolescents. The TeenScreen™, a paper and pencil pre-screen, is used before the DISC in order to identify those who require further assessment and those who do not. Other pre-screens, such as the Beck Depression Inventory, Columbia Depression Scale, and the DISC Predictive Scales can be used instead of the TeenScreen™.

### Evaluation

A 1996 study examined the efficacy of this program and found that the program efficiently and effectively identified many adolescents who were at high risk for suicidal behaviors yet were not known to others; hence these students would presumably never receive treatment because they would have not been recognized as needing help. This program is estimated to cost approximately \$37 per student screened although costs may have decreased from the time this estimate was provided.

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# School-Based Suicide Prevention Programs continued

## **Project SOAR (Suicide: Options, Awareness, Relief)**

### **Program Description**

Project SOAR is a comprehensive program that covers prevention, intervention, and postvention. Prevention consists of suicide awareness lessons for teachers and staff. Intervention consists of training school counselors in all secondary and elementary schools in risk assessment of potential suicides through personal verbal interviews. A crisis team does postvention for students and teachers. There is also a peer support system and a section called Quest on esteem building. A committee of community mental health professionals advises the suicide and crisis management program. An 18-hour course was designed to train one school counselor from each high school and middle school to become a primary caregiver. Caregivers coordinate suicide prevention efforts in their local building and conduct the initial intervention when a student threatens or attempts suicide. To minimize the disruption of their ongoing job responsibilities, the 180 primary caregivers were selected to receive training over 4 months.

All other elementary and secondary school counselors who are not designated as the primary caregiver receive 6 hours of instruction. All counselors, including the primary caregivers, receive 3 hours of follow-up training each year. The trainers, members of the Dallas Independent School District (DISD) Psychological/Social Services Crisis Team, are always available for consultation. A school psychologist or home school coordinator will assist with high-risk cases. The course was adapted for use by other student services personnel: school psychologists, home school coordinators, parent ombudsmen, special education crisis staff, nurses, and drug counselors.

Advice to others interested in starting this type of program: Begin by forming a joint school district/community task force to conduct a needs assessment and to review existing school suicide prevention programs and make a recommendation to the school board. The American Association of Suicidology would be a resource for this information. A school policy should be developed that spells out the procedures that primary caregivers would follow in the event of a suicide threat, attempt, or completion. The next step would be to assign the responsibilities of training to a facilitator who is knowledgeable in the field of suicide prevention and to review approved training material. A directory of appropriate community referral resources should be made available to all primary caregivers and crisis counselors who work with suicidal students.

### **Contact Information**

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Project SOAR  
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# School-Based Suicide Prevention Programs continued

## Team Up to Save Lives CD-ROM

This CD-ROM incorporates a three-year research and prevention program funded by Ronald McDonald House Charities. The CD-ROM was developed by a team of psychiatrists, psychologists and health and education experts at the Institute for Juvenile Research in the Department of Psychiatry at the University of Illinois at Chicago (UIC). It's designed to help educators and school caregivers learn how to prevent suicide by identifying and assisting young people at risk.

### Program Description

TEAM UP TO SAVE LIVES, the first comprehensive, interactive suicide prevention guide for educators, delivers a curriculum developed and tested by an Institute for Juvenile Research team led by Dr. Grossman, Dr. Kreusi and Dr. Jay Hirsch during a three-year research program conducted with thousands of school caregivers at 155 urban and suburban Chicago-area schools.

The CD-ROM provides a framework which schools can use to build an effective suicide prevention program. It includes:

- Instructional videos which show teachers how to communicate with at-risk young people and their parents
- Detailed lessons on suicide risk factors, warning signs, intervention, means restriction and crisis response.
- Interactive evaluation, which tests users on their knowledge and returns them to lessons for review if questions are answered incorrectly.

### Contact Information

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## Zuni Life Skills Training Program

### Program Description

This training program is designed to teach the social skills and life competency abilities necessary to cultivate positive social, emotional, and academic development and achievement. The main goals of this program are to establish and enhance protective factors for suicidal behavior such as building self-esteem. The program also attempts to build social competency skills such as coping abilities and problems solving abilities.

Created in collaboration with the Zuni Pueblo and Cherokee Nation programs for adolescents, the curriculum teaches such life skills as communication, problem solving, depression and stress management, anger regulation, and goal setting. The course is unique in its skills-based approach. After first increasing awareness and knowledge of suicide, it then teaches students specific methods to help a peer turn away from suicidal thinking and seek help from an appropriate help-giver.

The skills-based approach of this curriculum follows well-established teaching methods to develop social skills. Teachers and peers inform students of the rationale and components of a particular skill, model and demonstrate the skill for them, and later provide feedback on individual skill performance.

### Evaluation

This program was evaluated in a 1995 study by LaFromboise and Howard-Pitney. In this study, the Zuni Life Skills Development curriculum was introduced in the tribal high school and evaluated using a multi-method approach including self-report, behavioral observation, and peer rating. Students exposed to the curriculum scored better than the no-intervention group at posttest on suicide



# School-Based Suicide Prevention Programs continued

probability and hopelessness. In addition, the intervention group showed greater ability to perform problem-solving and suicide intervention skills in a behavioral assessment. The effectiveness of the program and recommendations for similar prevention programs are discussed. For more information please refer to:

1. LaFromboise, T.D., & Howard-Pitney, B. (1993). The Zuni Life Skills Development curriculum: A collaborative approach to curriculum development. *American Indian and Alaska Native Mental Health Research, The Journal of the National Center, 4*, Monograph, 98–121.
2. LaFromboise, T.D., & Howard-Pitney, B. (1995) The Zuni Life Skills Development curriculum: Description and evaluation of a suicide prevention program. *Journal of Counseling Psychology, 42*, 479-486.

The information above was collected utilizing a program web page located at <http://www.stanford.edu/~lafrom/abstracts.html> and from the following article: Gardiner, H. & Gaida, B. (2002) Suicide prevention services: Literature review final report. Alberta Mental Health Board, Research and Evaluation Unit. Calgary, AB.

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## SAVE Program (Suicide Awareness Voices of Education)

### Program Description

SAVE has developed a school-based suicide prevention program aimed at school staff, students and parents. Using QPR (Question, Persuade and Refer) as the educational model, SAVE's trained volunteer staff, teach the entire school community how to recognize the symptoms of clinical depression, the warning signs of suicide and how to get help. In the 1999–2000 school year, SAVE intended to implement the program to at least 10 schools reaching 3,000 students, school staff and parents however there has not been an evaluation published on this implementation. Information was collected from [www.save.org](http://www.save.org)

### Contact information

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# School-Based Suicide Prevention Programs continued

## ASAP (Adolescent Suicide Awareness Program)

### Program description

ASAP sponsors a basic training curriculum for police recruits, a 1.5-hour awareness program for all municipal and county police, and an intensive program for juvenile officers. A multi-tiered training program will be established for clergy, involving seminarians, parochial school teachers, funeral directors, and youth ministers. To supplement instructional units, a “Clergy Specific” information package will be developed and widely distributed.

ASAP, a joint effort between local mental health providers and the schools, is a comprehensive school-based program for raising knowledge and awareness levels of youth suicide in the schools and in the community. ASAP is one of three developmentally related school-based mental health education programs. “Getting to Know Me” targets elementary school students and Self Esteem For Life Fitness (SELF) is targeted at the middle school population. ASAP consists of three interrelated segments:

- The Educators’ Seminar: A 3-hour awareness and skill-building workshop for faculty administration and support staff.
- The Parents’ Program: An informational program that can vary from a 30-minute overview to an intensive 2-hour workshop.
- The Students’ Workshop: A workshop at which specially selected school personnel are trained to teach the ASAP student curriculum to 9th or 10th graders.

Programs for educators and parents should be implemented first to prepare adults to deal with students who may need help.

### Evaluation

An evaluation of this program found that, through the use of survey information, found that every respondent noted a increase in student referrals, 5 out of 9 noted positive feedback from students, and two noted decreases in suicidal attempts. Only one school reported a death by suicide during the entire ten-year time period that this program was used in the schools and this death was that of a ninth grade boy in a school in which the program was not provided until the tenth grade. For more information please refer to the following article: Kalafat, J. & Ryerson, D.M. (1999). The implementation and institutionalization of a school-based youth suicide prevention program. The Journal of Primary Prevention, 19(3), 157-175.

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# School-Based Suicide Prevention Programs continued

## Reconnecting Youth

### Program Description

Reconnecting Youth (RY) is a school-based prevention program for youth in grades nine through twelve (14 to 18 years old) who are at risk for school dropout. These youth may also exhibit multiple behavior problems, such as substance abuse, aggression, depression, or suicide risk behaviors. Reconnecting Youth uses a partnership model involving peers, school personnel, and parents to deliver interventions that address the three central program goals:

- Decreased drug involvement
- Increased school performance
- Decreased emotional distress

Students work toward these goals by participating in a semester-long high school class that involves skills training in the context of a positive peer culture. RY students learn, practice, and apply self-esteem enhancement strategies, decision-making skills, personal control strategies, and interpersonal communication techniques.

### Evaluation

A quasi-experimental design with repeated measures was used to test the efficacy of the RY indicated preventive intervention. Trend analyses served to compare the pattern of change for experimental and control groups across pre-, post- (5 months), and follow-up (5 to 7 months) tests. Relative to controls, high-risk youth participating in RY evidenced:

- Increased School Performance
  - Increased grades (GPA) in all classes
  - Curbed increasing trend in daily class absences
  - Increased credits earned per semester
  - Decreased high school drop-out

- Decreased Drug Involvement
  - Curbed progression of alcohol and other drug use
  - Decreased drug-use control problems
  - Decreased hard drug use
  - Decreased adverse drug-use consequences

### Decreased Emotional Distress

- Decreased suicidal behaviors (threats, thoughts, and attempts)
- Decreased anxiety and perceived stress
- Decreased depression and hopelessness
- Decreased anger control problems and aggression

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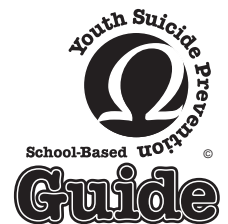
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# Notes

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