



**29 years
& counting**

**School Practitioner
Listserv**

**A Weekly Community of Practice Network
for Sharing and Interchange**



April 20, 2015

Special focus on *Suicide Prevention*

Request from a Colleague

>About suicide prevention & emotional support in classrooms

Perspectives on this from Colleagues

Featured Set of Center Resources

>On suicide prevention

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Please forward this to a few colleagues you think might be interested. The more who join, the more we are likely to receive to share.

For those who have been forwarded this and want to be part of the weekly exchange, send an email to Ltaylor@ucla.edu

For previous recent postings of this community of practice, see <http://smhp.psych.ucla.edu/practitioner.htm>

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***Note:* In keeping with the 2015 National Initiative for Transforming Student & Learning Supports, this community of practice network has expanded in number of participants and topics discussed. The thematic emphasis is on (1) daily concerns confronting those working in and with schools, (2) the transformation of student and learning supports, and (3) promoting whole child development and positive school climate.**

Rquest: “I am very interested in information regarding research based lessons to teach in classroom for middle school students as far as problem solving and coping skills. We have done over 70 suicide risk assessments this year and have had 20 student hospitalizations because of their high risk of suicidality. We would like to go inside classrooms and take a proactive approach to teach kids some life skills!!”

Center Response: Clearly, this raises multiple questions and concerns about prevention, screening, supports, treatment, and more. In this situation, we respond with the assumption that steps are being taken to determine and do something with respect to why so many students ended up being seen as suicidal risks and in need of hospitalization.

Specifically, a team from the school/district must look for situational factors in the neighborhood/home/school that students report are producing feelings of depression, hopelessness, and stress and develop ways to counter such factors. The team must also ensure that the suicide screening process is not producing many false positives.

The information garnered from this type of environmental scan will help inform the move toward a preventive approach in classrooms and school-wide. It will also clarify that most students are not suicidal, and that there are many experiencing learning, behavior, and emotional problems. Given this, the broad and proactive opportunity in addressing the concern about suicidality is to develop a unified, comprehensive, and equitable system to address a wide range of barriers to learning and teaching and re-engage disconnected students. From a social and emotional perspective, the emphasis is on (a) maximizing experiences that enhance students’ feelings of competence and hope, self-determination, and connection with significant others and (b) minimizing threats to such feelings.

Here are some initial thoughts about moving forward:

(1) *Enhance the intervention continuum.* Expanding a school’s tiered continuum into an integrated system of interventions is a good place to start in enriching a classroom and school-wide focus on social-emotional development and supports. (See pp. 16-17 in *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* – <http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf> .)

(2) *Minimize threats to students’ feelings.* Focus on feelings of competence and hope, self-determination, and connection with significant others (peers and adults).

(3) *Facilitate social and emotional development.* In some form, every school has goals that emphasize enhancing students' personal and social functioning. Such goals reflect views that social and emotional growth has an important role to play in (a) enhancing the daily smooth functioning of schools and the emergence of a safe, caring, and supportive school climate, (b) facilitating students' holistic development, (c) enabling student motivation and capability for academic learning, and (d) optimizing life beyond schooling. Specific programs are reviewed by the Center for Academic, Social and Emotional Learning (<http://www.CASEL.org>) and as part of SAMHSA’s Suicide Prevention toolkit for schools (<http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>). Note that besides thinking in terms of a specific *curricular* approach, the school day provides extensive *natural opportunities* to promote social-emotional learning and mental well being (see <http://smhp.psych.ucla.edu/pdfdocs/newsletter/fall03.pdf>).

(4) *Ensure special assistance when needed.* After doing as much as feasible to facilitate good teaching, improve student and learning supports (special assistance) in the classroom. (See Chapters 4, 8, and 9 in *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* – <http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf>.) Special assistance includes accommodations and a focus on engaging and re-engaging students who are manifesting learning, behavior, and emotional problems and enhancing student and staff knowledge and skills and protective buffers (e.g., problem-solving, coping, compensatory strategies). With respect to engagement, particular attention is given to involving the students in deciding what problems are most pressing and how to proceed in resolving them. For serious problems, referrals for specialized services and treatment are essential.

All of the above efforts can be enhanced when students have ready access to social support from staff and trained peers and mentors.

Research Review*
School-based Suicide Prevention Programs

“Sixteen programs were identified. Few programs have been evaluated for their effectiveness in reducing suicide attempts. Most studies evaluated the programs' abilities to improve students' and school staffs' knowledge and attitudes toward suicide. Signs of Suicide and the Good Behavior Game were the only programs found to reduce suicide attempts. Several other programs were found to reduce suicidal ideation, improve general life skills, and change gatekeeper behaviors.” The researchers conclude: “There are few evidence-based, school-based suicide prevention programs, a combination of which may be effective. It would be useful to evaluate the effectiveness of general mental health promotion programs on the outcome of suicide.”

*Katz, C., Bolton, S.-L., Katz, L. Y., Isaak, C., Tilston-Jones, T., Sareen, J. (2013), A systematic review of school-based suicide prevention programs. *Depression and Anxiety*, 30, 1030–1045. doi: 10.1002/da.22114

For a broad range of intervention resources, see the various relevant Quick Find topics on the Center list at <http://smhp.psych.ucla.edu/quicksearch.htm> . For example, see

- >Suicide Prevention
- >Mental Health Curriculum
- >Social and Emotional Development
- >Resilience/ Protective factors
- >Mentoring

Listserv Participants: What strategies would you suggest for proactive interventions in middle schools – classrooms? school-wide? We look forward to hearing and sharing.
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Perspectives on this from Colleagues

(1) "... They will need to focus on both suicide prevention and mental health promotion. Are they looking at anything outside the classroom? Are they looking at the environment? Of course they need to do some serious first aid to stop the bleeding, but they need a coordinated multi-pronged approach. Since they're clear about wanting something that is 'research-based' they may find many research based curricula are targeted to reduce risks (alcohol, drug, violence) and (in my opinion) don't necessarily do a great job with coping skills. Ones to look at are:

- > Botvin's Life Skills (which is substance abuse related)
- > Reconnecting Youth
- > American Indian Life Skills Development/Zuni Life Skills Development
- > EDC's THTM is one of the best for life skills development (especially module called *Living with Feelings and Handling Stress.*)
- > Positive Psychology work at UPENN
- > I also really like applying mindfulness and skill development together

Finally, I can't help but go back to the environment and the need for a multi-pronged approach, perhaps this is the most important guidance they need to consider."

(2) "...There could be a range of interventions to implement:

- > In regards to classroom life skills curriculum, I would recommend, Botvin Life Skills (<https://www.lifeskillstraining.com/>)
- > We have an evidence-based curriculum we use in Michigan called Michigan Model for Health that is available for other states.
(http://www.emc.cmich.edu/EMC_Orchard/michigan-model-for-health)

Those are the 2 that come to the top of my mind. There may be others, but I know those have been successful in our schools.

Additionally, they may want to consider doing some suicide prevention work as well. That can be done in the classroom and/or as an assembly (BUT in either case, esp if done as an assembly, there needs to be a follow up structure in place for those students who need support services). I would recommend SOS (Signs of Suicide).

They may also consider using the Youth Mental Health First Aid training. The only challenge with that it is an 8 hour training and hard to find time like that for school staff. Otherwise its a great training.

Lastly, they may need to consider linking to community resources to provide services to those students who are at high risk, if they haven't already. It would be ideal to have a few mental health professionals available in their school(s) to work with these students. Hope this helps... let me know if there are any follow up questions or anything else needed."

(3) "... It would help to know some more details:

- > Is suicide prevention the main issue? Copy-cat contagion? Something else?
- > What does the request author mean by "teach kids some life skills"?
- > How do we know the best way to proceed right now is by teaching life skills in a classroom?

Doing the best with the information given:

First concern is the current environment. 70 risk assessments, 20 hospitalizations?!?!?
What is going on?

(There is an old story about a town that called for help because there were lots of dogs struggling in the current of the river that flowed through town. Helpers arrived, but there still weren't enough to save all the dogs. One helper started to leave and people asked where s/he was going. The answer: upstream, to find out who is putting all these dogs in the water.)

Part of the answer, perhaps the first part, is to figure out where all the suicidal thinking begins. People tend to think of suicide when they mistakenly see no way out of their current situation, or when they severely underjudge their personal worth, or severely over judge the punishment they think they deserve for what they think is their mistake. Most suicide is a permanent solution for a temporary situation, so clearly it involves irrational thinking. Cognitive behavioral therapists, and those trained in rational emotive therapy could perhaps provide some guidance about changing faulty thinking. If local school psychologists have this training, they would also have the benefit of fully understanding the school culture and resources. I'd check with them before looking for people in private practice or the local mental health center. The National Association of School Psychologists web site has some resources that may give some direction:

http://www.nasponline.org/resources/crisis_safety/index.aspx#suicide

Strengthening the community to better support the youth could possibly reduce the stresses that lead youth to consider suicide. Check out the Search Institute's research on developmental assets (that promote positive development) and developmental relationships <http://www.search-institute.org/sites/default/files/a/Dev-Relationships-Framework.pdf>

Don't forget to provide supportive care for the care givers, too!! This is a big project, and I wish all associated with it a quick resolution."

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Featured Set of Center Resources **>On suicide prevention**

Issues Related to Suicide Screening and Prevention at Schools

Policy makers remain in conflict over whether schools should play an institutionalized role in addressing mental health concerns. At issue are:

- How appropriate is large-scale screening for mental health problems?
- Will the costs of large-scale mental health screening programs outweigh the benefits?
- Are schools an appropriate venue for large-scale screening of mental health problems?
- Can suicide education stigmatize some students and increase that risk of suicide ideation?
- Should schools be involved in monitoring students identified as suicidal risks?

For discussion of these issues, see

>*Suicide Prevention in Schools*

<http://smhp.psych.ucla.edu/pdfdocs/policyissues/suicide.pdf>

>*Screening Mental Health Problems in Schools*

<http://smhp.psych.ucla.edu/pdfdocs/policyissues/mhscreeningissues.pdf>

In addition to the above resources, see our online clearinghouse Quick Find on *Suicide Prevention* http://smhp.psych.ucla.edu/qf/p3002_02.htm

It offers links to Center resources and to a range of resources from others. Here is a sample of resources from our Center:

- > *School Interventions to Prevent Youth Suicide*
<http://smhp.psych.ucla.edu/pdfdocs/sampler/suicide/suicide.pdf>
- > *Suicide Prevention in Schools*
<http://smhp.psych.ucla.edu/pdfdocs/policyissues/suicide.pdf>
- > *Suicidal Crisis* <http://smhp.psych.ucla.edu/pdfdocs/practicenotes/suicide.pdf>
- > *Hotlines* <http://smhp.psych.ucla.edu/hotline.htm>
- > *Screening Mental Health Problems in Schools*
<http://smhp.psych.ucla.edu/pdfdocs/policyissues/mhscreeningissues.pdf>
- > *Affect and Mood Problems related to School Aged Youth*
<http://smhp.psych.ucla.edu/pdfdocs/affect/affect.pdf>

For information about the *2015 National Initiative for Transforming Student and Learning Supports*, see <http://smhp.psych.ucla.edu/newinitiative.html>

Also see: *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* –
<http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf>

***Equity of opportunity is fundamental to enabling civil rights;
transforming student and learning supports is fundamental to
enabling equity of opportunity and promoting whole child development***

***Please share relevant resources ideas, requests, comments, and experiences!
Send to ltaylor@ucla.edu***

***Note: Responses come only to our Center at UCLA for possible inclusion
in the next week's message.***

***We also post a broad range of issues and responses to the *Net Exchange* on
our website at***

***<http://smhp.psych.ucla.edu/newnetexchange.htm>
and to *Facebook* -- access from the Center's home page
<http://smhp.psych.ucla.edu/>***