

Welcome to SPRC's Research to Practice Webinar

*Expanding Suicide Prevention to Include
Upstream Approaches*

**You are muted and will not hear
anything until the moderator
begins the session.**

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307-GET-WEB1 (307-438-9321)**

Expand control panel



Welcome to SPRC's Research to Practice Webinar

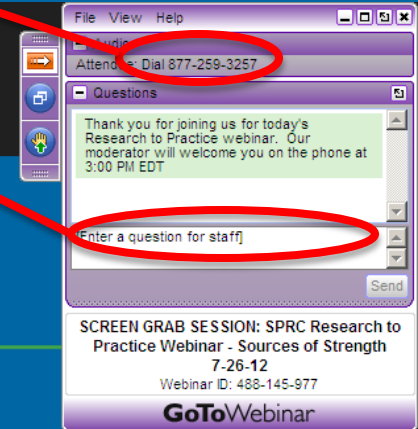
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Call-in for audio

Enter question during Q&A



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SPRC Research to Practice Webinar

Expanding Suicide Prevention to Include Upstream Approaches

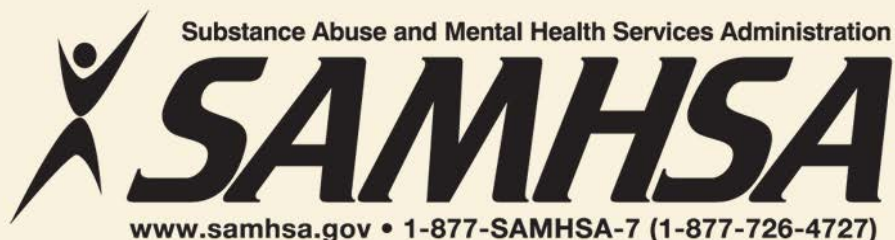
September 25, 2012

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Opening Remarks



Gail F. Ritchie



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



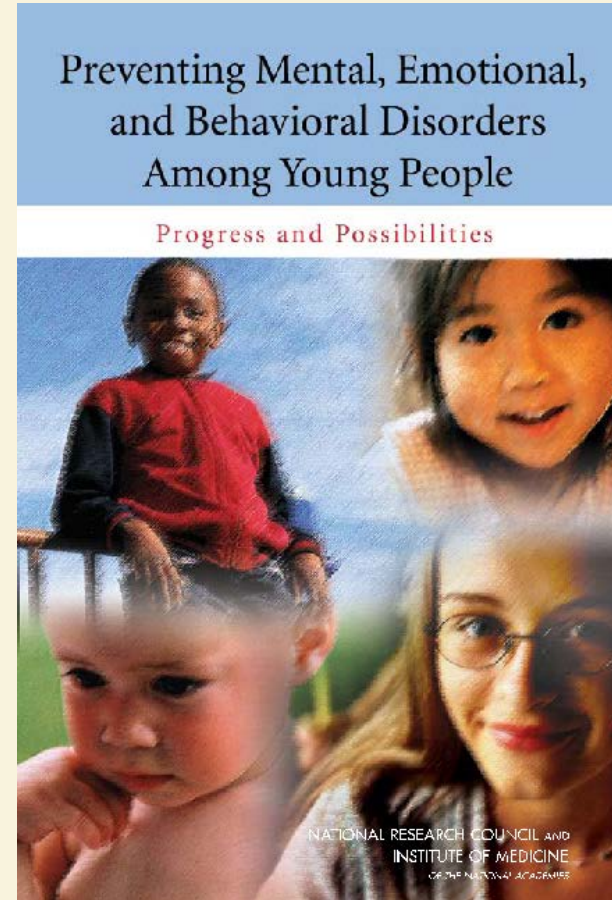
People Recover

SAMHSA'S MISSION

*To reduce the impact of substance
abuse and mental illness on
America's communities*

SAMHSA and the Institute of Medicine

Preventing Mental, Emotional, and Behavioral Disorders, Among Young People, Progress and Possibilities



National Research Council and Institute of Medicine, 2009

Contact Information

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**Coordinator, Prevention Practices in Schools
Grant Program**

Mental Health Promotion Branch

**Substance Abuse and Mental Health Services
Administration**

gail.ritchie@samhsa.hhs.gov

Today's Presenter



Philip Rodgers, PhD





American Foundation
for Suicide Prevention



SPRC

Expanding the Youth Suicide Prevention Paradigm: Establishing and Promoting the Importance of Upstream Suicide Prevention Approaches

Expert meeting held at the 45th Annual Conference of the American Association of Suicidology, April 18, 2012, Baltimore, MD.

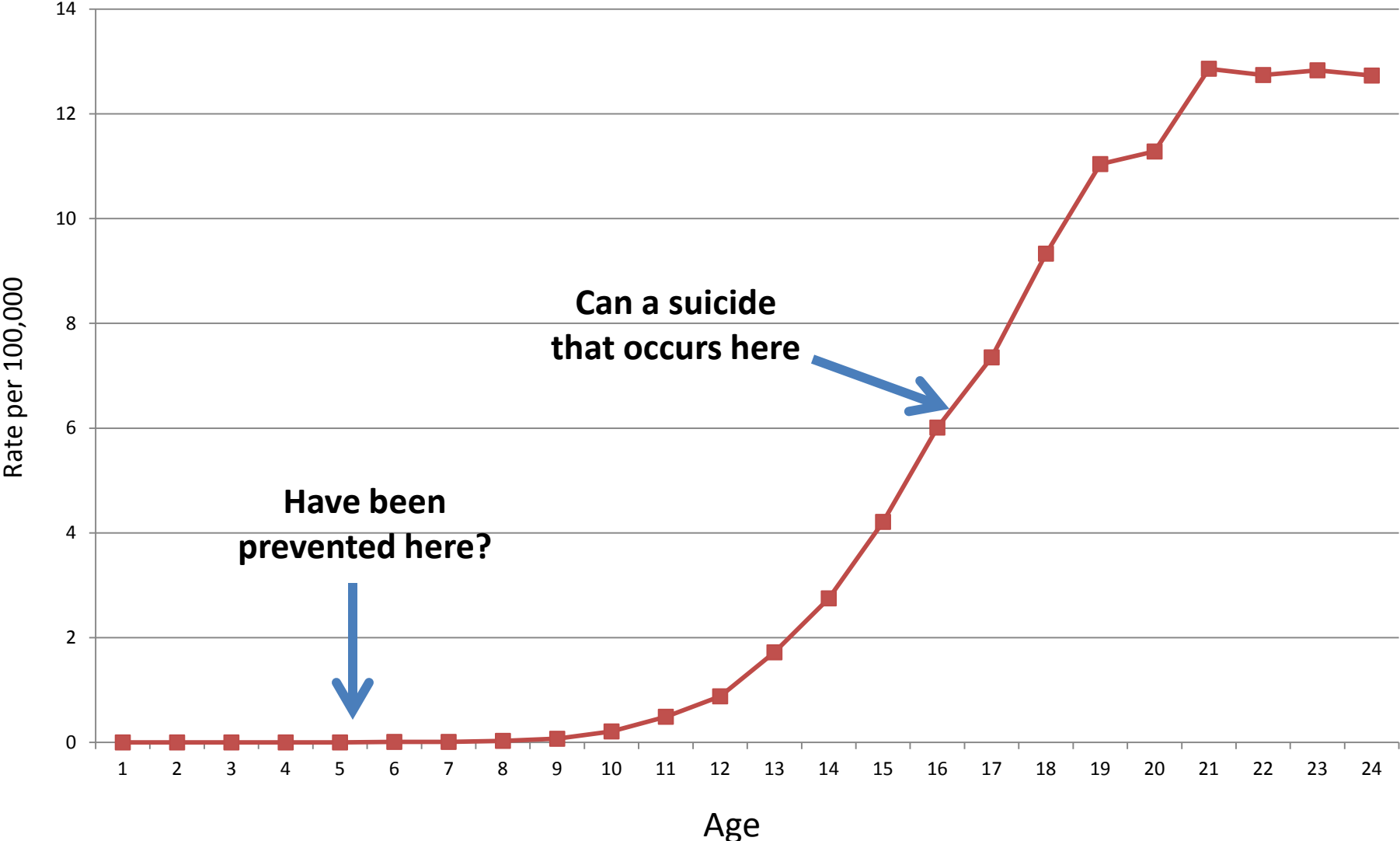


Organizing Committee

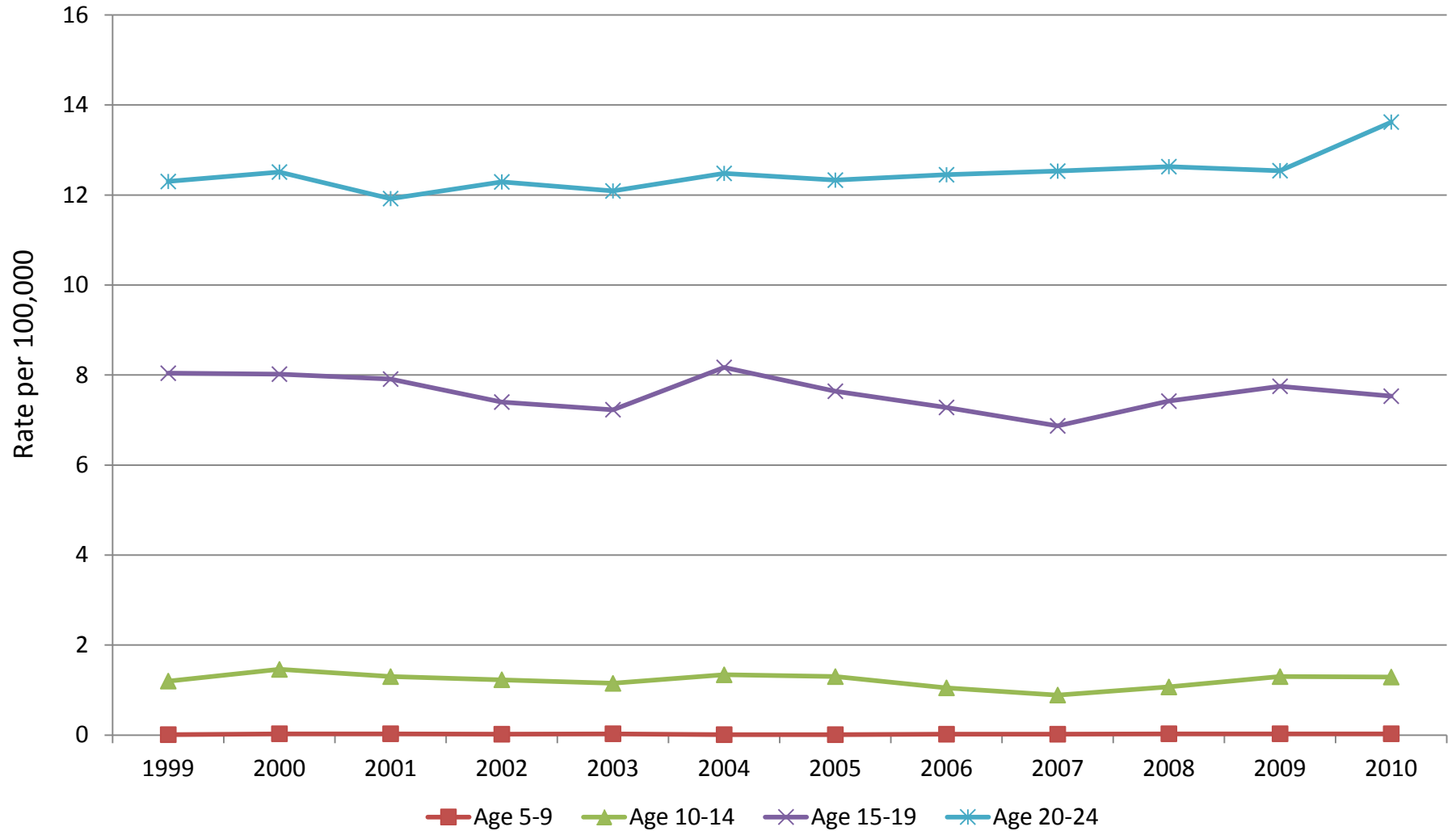
- Scott Fritz, SPTS
- Effie Malley, formerly of AAS
- Maureen Underwood, SPTS
- Peter Wyman, U. of Rochester Medical Center
- Phil Rodgers, AFSP



U.S. Suicide Rate for 1999-2009 by Age

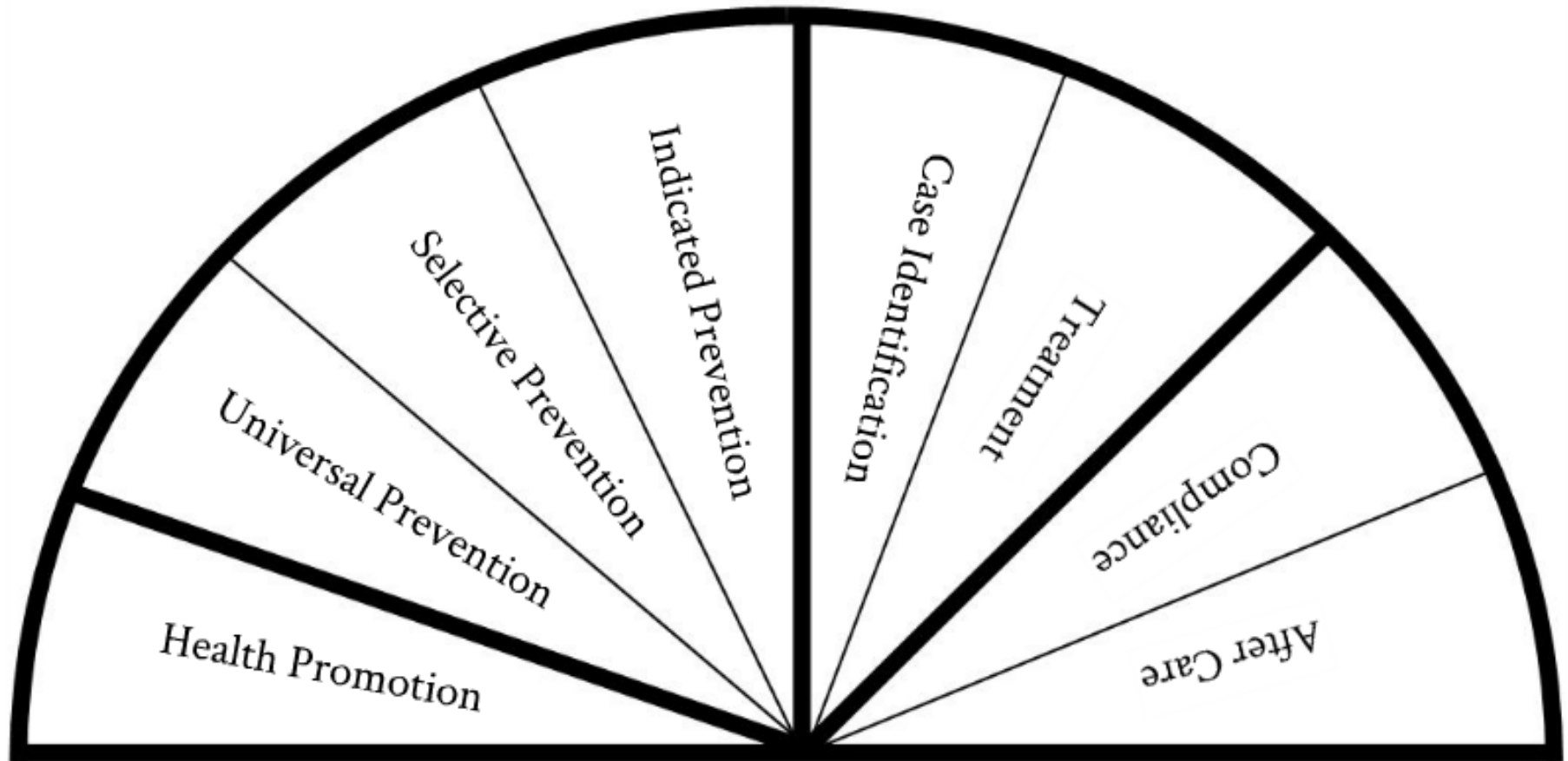


U.S. Suicide Rate for Years 1999-2009 by Age Group

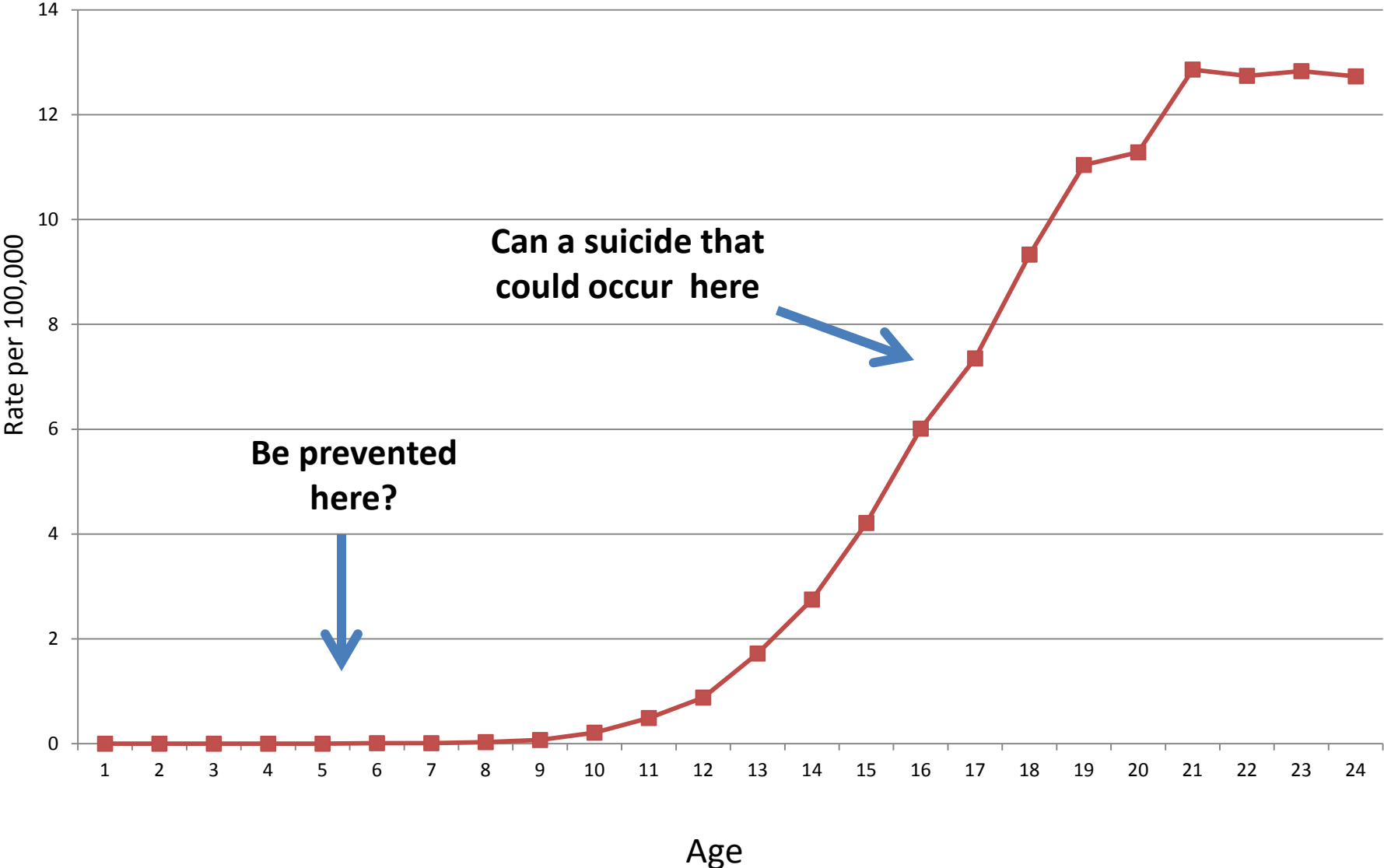




The IOM report supports a *Mental Health Intervention Spectrum*



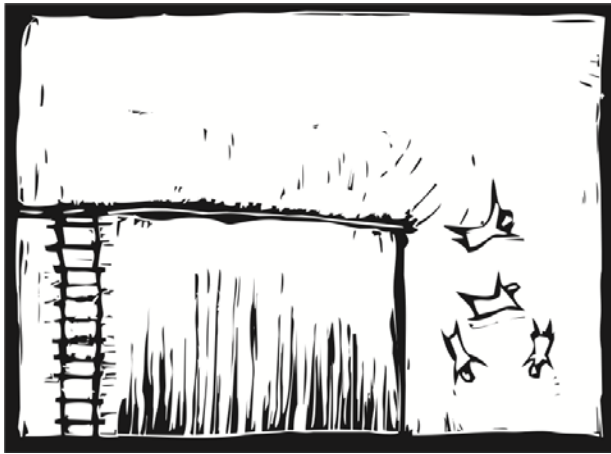
U.S. Suicide Rate for 1999-2009 by Age



Today's Presenter



Dennis D. Embry, PhD



Acting for Early, Upstream Suicide Prevention



**Research to Practice
Webinar**

Dennis D. Embry, Ph.D.
President/Senior Scientist
PAXIS Institute



A recent
webinar
experience
on the topic

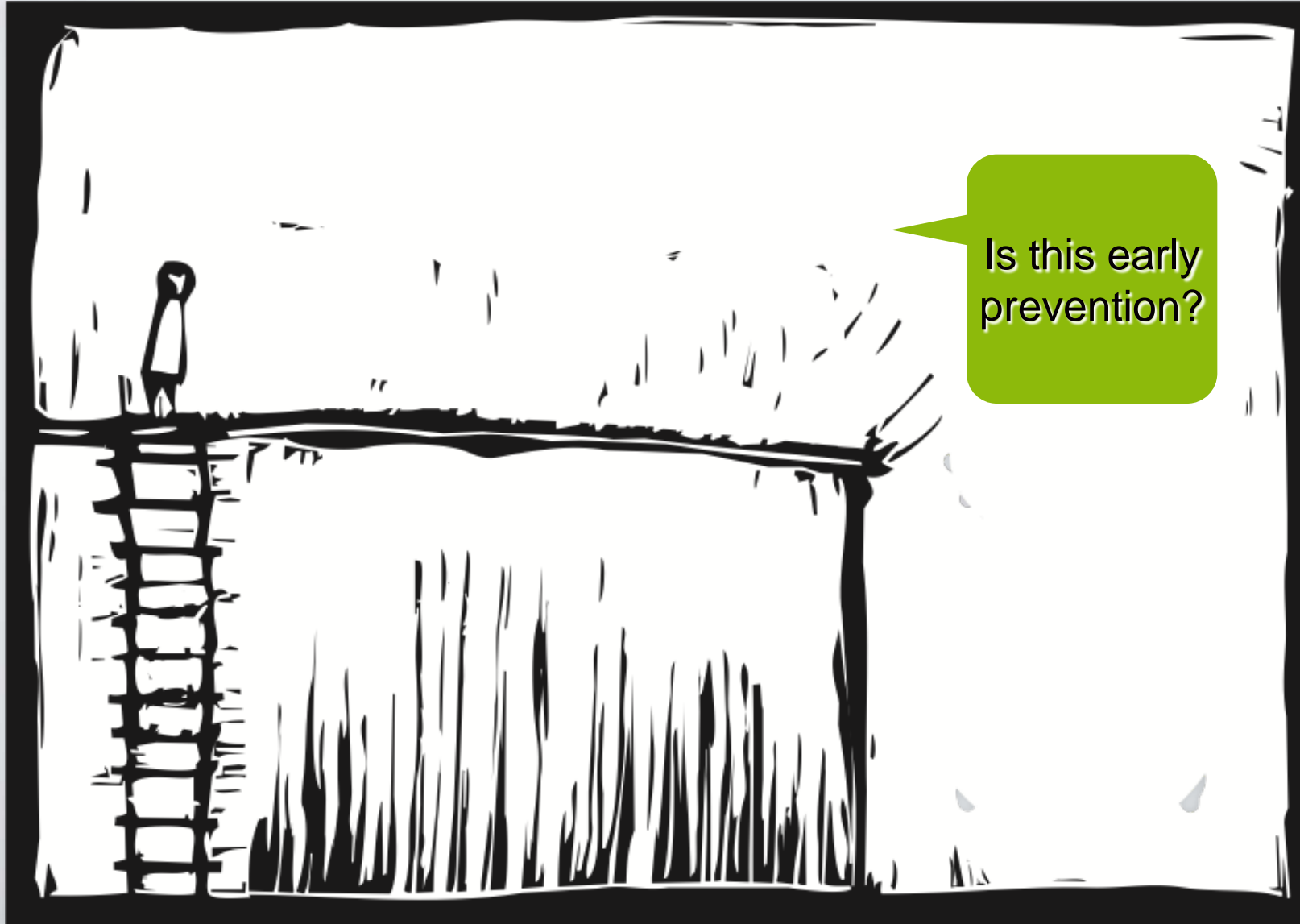




Is this early prevention?



Is this early prevention?




Is this early prevention?



Is this early prevention?

Thinking way upstream

Really?



What if we started here with early suicide prevention?

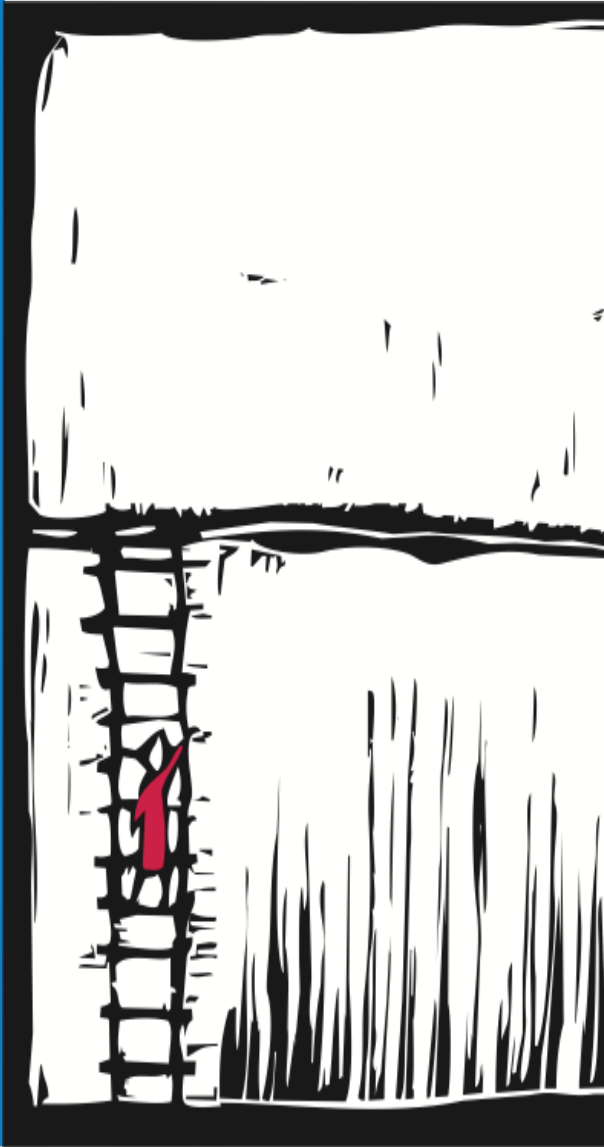


Thinking way upstream

What might be the early malleable predictors?

Could we actually change those predictors easily and reliably?

And what else might change as a consequence of the prevention or protection strategies.



risk factors during development from early childhood to adolescence



- Psychiatric problems in childhood and/or adolescence, including depression
- Child and/or adolescent externalizing disorders
- Childhood adversity (especially with the above)
- Low self-esteem (self-efficacy)
- Aggressive or delinquent behavior



When are these risk factors most universally detectable?



First Grade

- Psychiatric problems in childhood and/or adolescence, including depression
- Child and/or adolescent externalizing disorders
- Childhood adversity (especially with the above)
- Low self-esteem (self-efficacy)
- Aggressive or delinquent behavior





Adolescence

Thinking midstream

What might be the midstream malleable predictors?

- Early and current smoking
- Dose response, MORE smoking = MORE suicide risk, controlling for other variables
- Smoking affects monoamine oxidase (MAO), which increases suicide risk

science
HYPOTHESIS
RESEARCH
ANALYSIS
THEORY
model

Hypothesis #1

If we can reduce early aggressive or ADHD-like behavior and victimization by peers in First Grade, that might be the first step toward the long-term prevention of suicide.

Golly, almost every teacher would like it if there was more time to teach and for kids to learn.



science
HYPOTHESIS
RESEARCH
ANALYSIS
THEORY
model

Hypothesis #1

If we can reduce early aggressive or ADHD-like behavior and victimization by peers in First Grade, that might be the first step toward the long-term prevention of suicide.

Let's see if we can reduce disturbing, distracting, and inattentive behaviors in classrooms — as our first test.





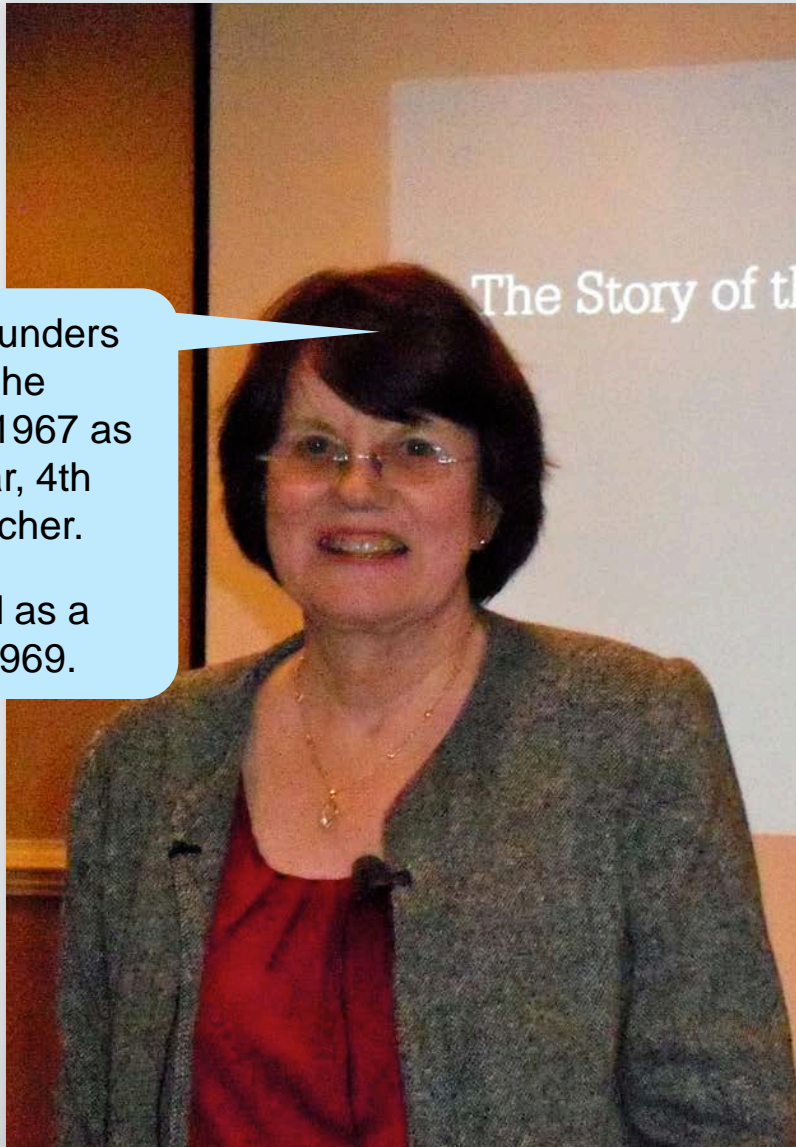
Muriel Saunders invented the Game in 1967 as a first-year, 4th grade teacher.

Published as a study in 1969.



The Story of the Good Behavior Game

Muriel D. Saunders
January 4, 2011



Harriet Barrish



Montrose Wolf



JOURNAL OF APPLIED BEHAVIOR ANALYSIS 1988, 2, 119-128 NUMBER 2 (SUMMER 1988)

GOOD BEHAVIOR GAME: EFFECTS OF INDIVIDUAL CONTINGENCIES FOR GROUP CONSEQUENCES ON DISRUPTIVE BEHAVIOR IN A CLASSROOM

HARRIS H. BARRISH, MICHEL SAUNDERS, AND MONTRONE M. WOLF

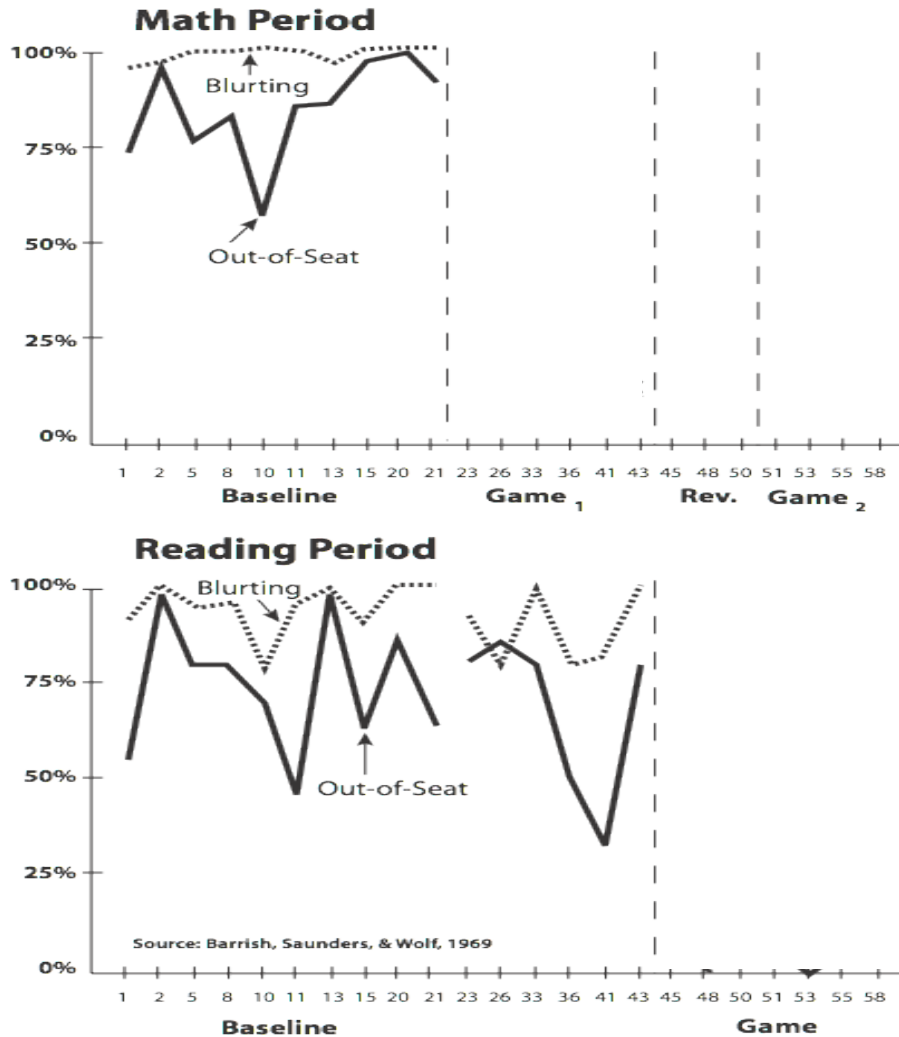
UNIVERSITY OF KANSAS

Out-of-seat and talking-out behaviors were studied in a regular fourth-grade class that included several "problem children." After baseline rates of the inappropriate behaviors were obtained, the class was divided into six teams to play a game. Each out-of-seat and talking-out response by an individual child resulted in a mark being placed on the children's team, which earned a possible loss of privileges for all members of the student's team. In this manner a contingency was arranged for the inappropriate behavior of each child while the consequence possible loss of privileges of the child's behavior was shared by all members of the team as a group. The privileges were earned in almost every classroom, such as extra recess, time to line up for lunch, time for special projects, and some nap, as well as winning the game. The individual contingencies for the group consequences were successfully applied first during math period and then during reading period. The experimental analysis involved elements of both reversal and multiple baseline design.

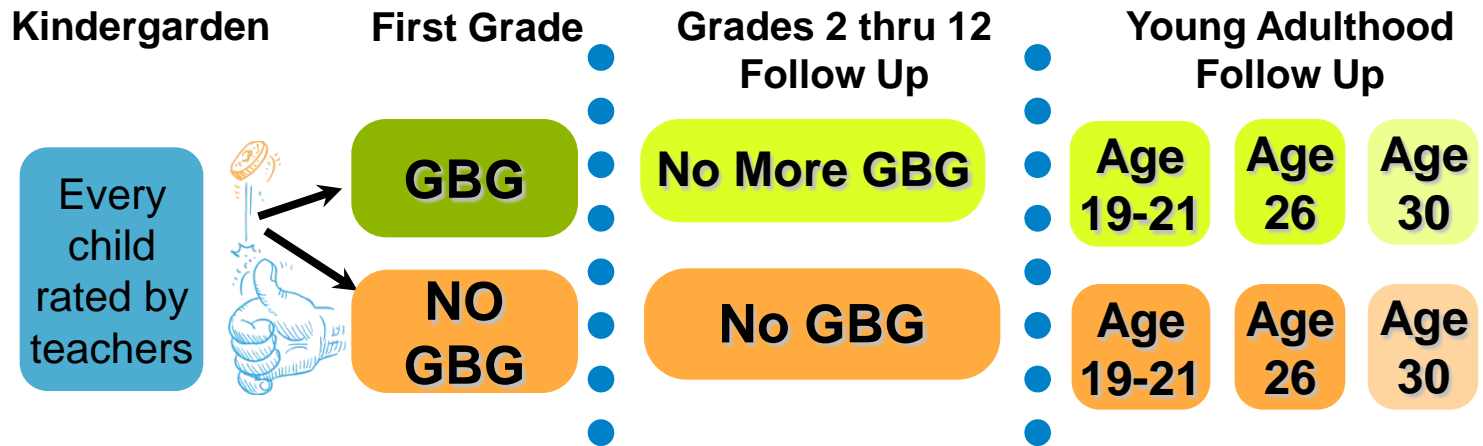
Researchers have recently begun to assess the effectiveness of a variety of behavioral procedures for management of disruptive classroom behavior. Some investigators have arranged token reinforcement contingencies for appropriate classroom behavior (Barrish, Wolf, Kilder, and Tague, 1965; O'Leary and Becker, 1967; Wolf, Giles, and Hall, 1968). However, these token reinforcers often have been dependent upon backup reinforcers that were unavailable in the regular classroom, such as candy and money. On the other hand, several investigators have utilized a reinforcer intrinsic to every classroom, i.e., teacher attention (Zimmerman and Zimmerman, 1962).

This study is based upon a thesis submitted by the senior author to the Department of Human Development in partial fulfillment of the requirements for the Master of Arts degree. The research was supported by a Public Health Service Fellowship (H. H. B.) and a grant (HD 01141) from the National Institute of Child Health and Human Development to the Bureau of Child Research and the Department of Human Development, University of Kansas. The authors wish to thank Drs. Donald H. East and Don Madsen, Jr. for helpful suggestions in preparation of the manuscript. Mr. Don Madsen, Mr. Frank A. Macgregor, Mrs. Betty Roberts for their valuable help in conducting the study, and Mrs. Elaine Cook, Mrs. Sue Cline, and Mr. Jay Bantini for their contribution of time for individual checks. Requests may be obtained from the authors, Department of Human Development, University of Kansas, Lawrence, Kansas 66044.

Percent of Intervals Scored for Behavior



Longitudinal Johns Hopkins Studies of GBG



Tested in 41 first- and second-grade classrooms within 19 elementary schools with two consecutive groups of first graders.

Purpose: To find out if GBG affected their adolescent lives.

Purpose: To find out if GBG affected their adult lives.



The Short-Term Impact of Two Classroom-Based Preventive Interventions on Aggressive and Shy Behaviors and Poor Achievement

LAWRENCE J. DOLAN, SHEPPARD G. KELLAM,
C. HENDRICKS BROWN,
LISA WERTHAMER-LARSSON, GEORGE W. REBOK,
LAWRENCE S. MAYER,
JOLENE LAUDOLFF, JAYLAN S. TURKKAN
The Johns Hopkins School of Hygiene and Public Health

CARLA FORD
LEONARD WHEELER
Baltimore City Public Schools

Two classroom-based preventive interventions were carried out on an epidemiologically defined, varied population of children in a metropolitan area in the United States. This is a report of the short-term impact and specificity of the two interventions from fall through spring of first grade. The first intervention, the Good Behavior Game, was aimed at reducing aggressive behavior and shy behavior. Aggressive behavior has been shown to be an important developmental antecedent in first grade of later delinquency and heavy drug use, particularly when coupled

We acknowledge the contributions of the city of Baltimore, its families and children, and the administration, faculty, and staff of the Baltimore City Public Schools. In particular, we would like to thank Walter Amprey, Superintendent of Baltimore City Public Schools; Lillian Gonzales and Patsy Blacksheare, Deputy Superintendents; Juanita Lewis, Director; Denise Borders, Chief of Accountability; Robert Solomon, Director, Special Education; Carla Ford, Specialist, Early Childhood Education; Louise Fink, Coordinator, Social Work Services; Dale Parker-Brown, Director, Compensatory Education; Matthew Riley, Director of the Eastern District; and Willie Foster, Director of Middle Schools. We also thank Alice Brogden for manuscript control and production; Fionnuala Regan for editorial preparation; and Pamela Spencer and Maria Corrada-Bravo for their contributions to data analyses. We thank Alan Harris for contributing to the development of the GBG intervention, and Lisa Crockett for her help in developing the Peer Assessment Inventory.

The studies on which this article is based have been supported by the following grants, with supplements from the National Institute on Drug Abuse: National Institute of Mental Health (NIMH) Grant No. P50 MH38725, Epidemiologic Prevention Center for Early Risk Behavior; NIMH Grant No. 1R01 MH42968, Periodic Outcome of Two Preventive Trials; NIMH Grant No. 1R01 MH40859, Statistical Methods for Mental Health Preventive Trials.

Correspondence and requests for reprints should be sent to Lawrence Dolan, Department of Mental Hygiene, School of Hygiene and Public Health, 624 North Broadway, Baltimore, MD 21205.

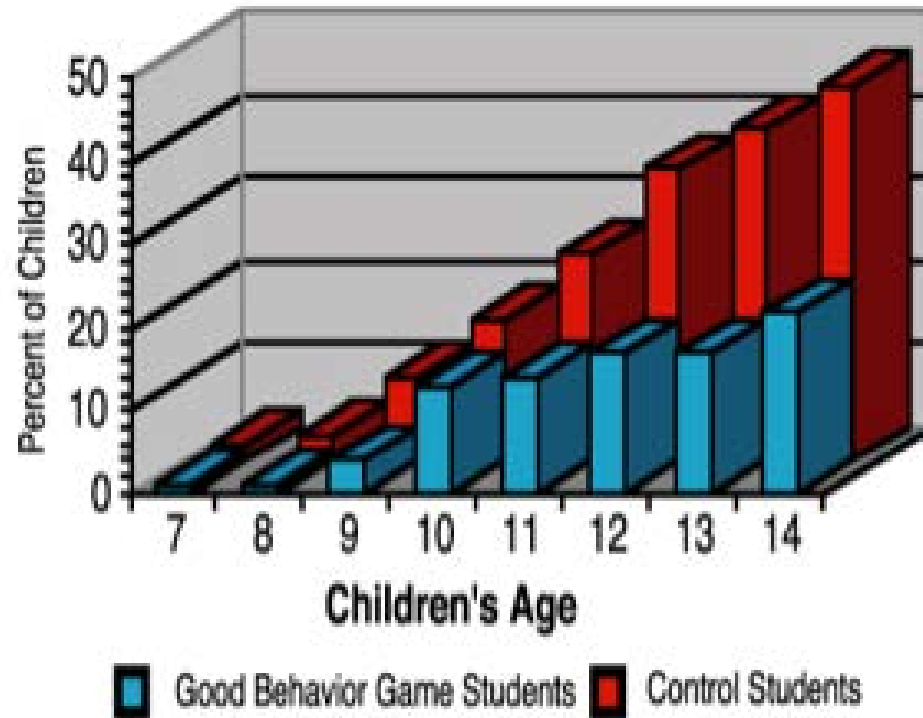
By the early 1990s, multiple studies including this randomized one proved that GBG reduced the early predictive behaviors.



Wow! In 1998, Drs. Kellam and Anthony showed that GBG reduced tobacco initiation—one of the middle predictors.



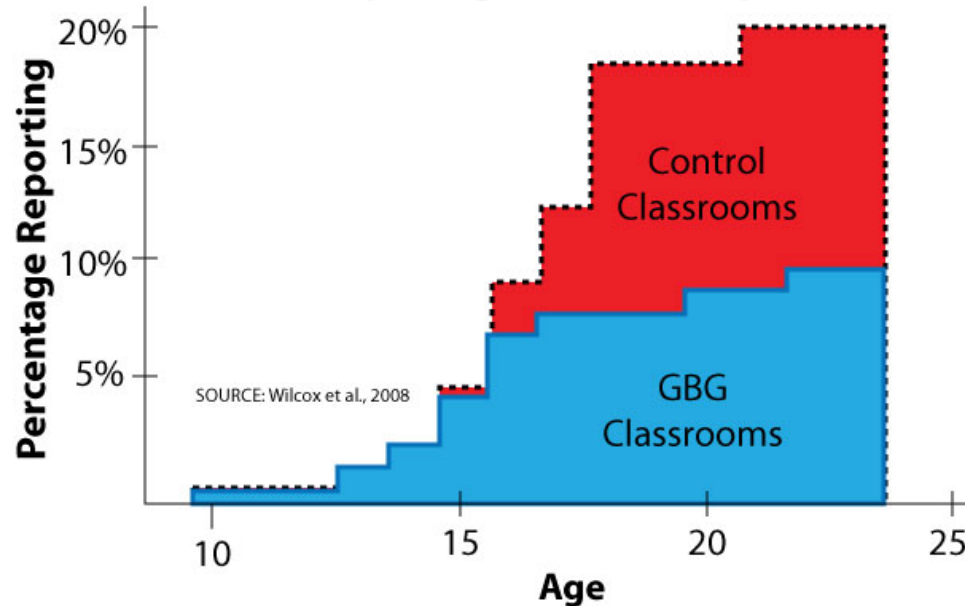
Tobacco Initiation (Age of First Use)



So now, let's see if GBG affects suicide indicators among youth and young adults.



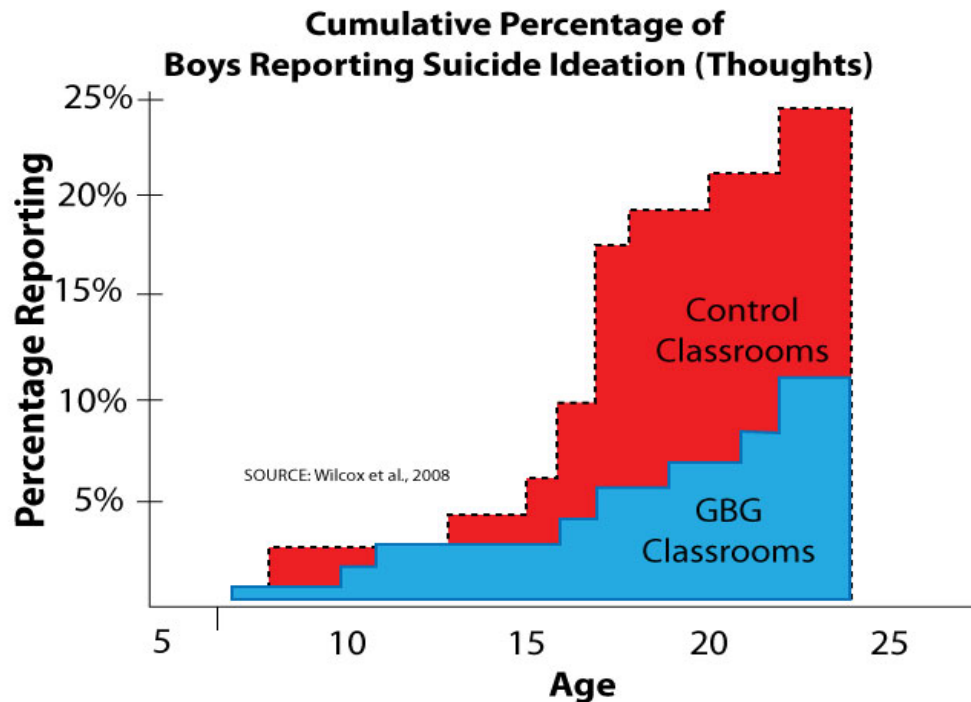
Cumulative Percentage of Girls Reporting Suicide Attempts



Wilcox, H. C., Kellam, S., Brown, C. H., Poduska, J., Ialongo, N., Wang, W., & Anthony, J. (2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug & Alcohol Dependence*, 95(Suppl 1), 60-73.



So now, let's see if GBG affects suicide indicators among youth and young adults.



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Timeline of Benefits...

First Month

More time for teaching and learning

Less stress for Staff & Students

First Year

Better Attendance

Fewer Referrals

Fewer Service Needs

Less Illness

Happier Families

Less Vandalism

Better Academics

2nd & 3rd Years

ADHD Averted

Oppositional Defiance Averted

Special Education Averted

5-15 Years

No Tobacco

Less Alcohol

Less Conduct Disorders

Less Depression

Less Crime, Violence, Suicide

High School Grad & University



How is this accomplished?

Brain Brake



By teams with group based reward—
during any regular teaching & learning
activity



The Blue Team



The Red Team



The Yellow Team



The Team Aim: to Win



e.g., disturbing behaviors


pax | Good Behavior Game
Scoreboard
 Teacher/Class *Ms. Dion* Week of *Jan 23*

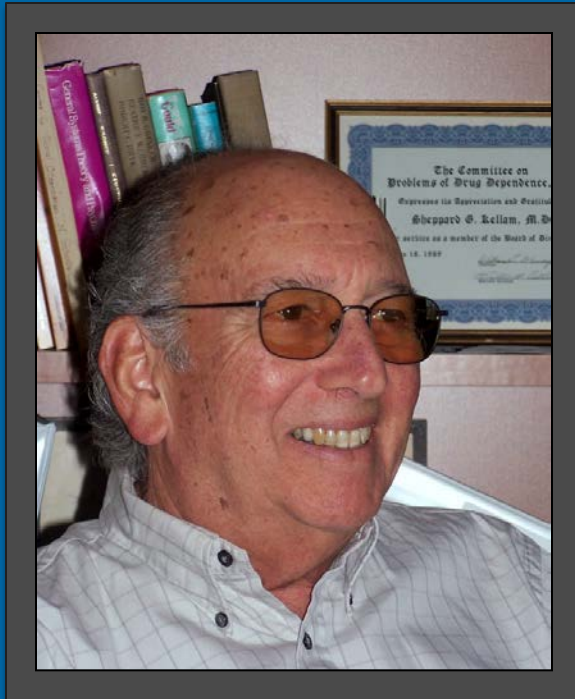
Monday					Tuesday				
Teams	Game 1 Spleems	Game 2 Spleems	Game 3 Spleems	Secret Game Spleems	Teams	Game 1 Spleems	Game 2 Spleems	Game 3 Spleems	Secret Game Spleems
Blue	II	III							
Red	I	III							
Yellow	III	II							
Length of Game (minutes played)	20	20							
★ Total PAX Minutes (mins x games won for all teams each day)	40	60							

- 🌀 Spleems are counted and marked with neutral tone for the team, not the individual child.
- 🌀 Teams who have 3 or fewer Spleems win.
- 🌀 Winning teams earn a “Granny’s Wacky Prize”.
- 🌀 Team having 4 or more Spleems lose that game.
- 🌀 PAX Minutes = winning teams x minutes played.



Thank you,
Dennis D. Embry, Ph.D
dde@paxis.org
1-520-299-6770

Today's Discussants



Sheppard G. Kellam, MD



Morton M. Silverman, MD

Today's Discussants



Sheppard G. Kellam, MD



Morton M. Silverman, MD

Q&A

Thank you!

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