

Youth Suicide Behavior and Gatekeeper Helping in the Child Welfare System: Final Results from the Tennessee Lives Count Project

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Tennessee Lives Count (TLC): Statewide Suicide Prevention Program and Evaluation Context

- **TLC Program Support**
 - GLS Grant project awarded to Tennessee Department of Mental Health and Developmental Disabilities; Funded September 2005 by SAMHSA (Cohort 1); Enhanced evaluation contract funded by the CDC February 2006

- **Gatekeeper Training Intervention Provided:**
 - Enhanced QPR (Question, Persuade, Refer) gatekeeper training (QPR, Quinnett)

- **Target Populations Trained:**
 - Child Welfare Staff (N=2500)
 - Foster and Resource Parents (N=1500)
 - Education Staff (N=7,000)
 - Nurses and Nurse Practitioners (N=900)
 - Juvenile Justice Staff (N=1200)
 - GLBT Youth (N=50)

- **TLC Evaluation Design:**
 - **Study I: Study of Participant Characteristics and Training Effectiveness (pretest/posttest)**
 - **Study II: Six-Month Follow-up Study**
 - **Study III: Qualitative Study of Gatekeeper Identification and Helping Behaviors in the Child Welfare System**

Portions of this presentation were modified from the following paper presented at the 42nd American Association of Suicidology Conference, San Francisco: Lockman, J. D. & Schut, L. James. A. (2009, April) Classifying Youth Suicide Behaviors and Gatekeeper Helping in a Systems Context: An Illustration from the Child Welfare System in Tennessee.



Description of Qualitative Study of Gatekeeper Surveillance in Tennessee's Child Welfare System

- **Evaluation Purpose:**
 - Report data to Macro International (National Evaluation EIRF Measure)
 - Learn about the process of identifying, referring, and following-up with youth at risk for suicide
- **Qualitative Method of Data Collection:**
 - Collected Serious Incident Reports (SIRs) from Tennessee Department of Children's Services (DCS)
 - Query of literature-based search terms yielded 1,356 web-based reports (January 2007 - August 2008)
 - Records were cleaned, de-identified and classified according to suicidal features (Posner et al., 2007)
 - Classification Resulted In:
 - 323 Suicide-Related Incidents
 - 267 NSSI/SSI Indeterminate Incidents
 - 14 Non-Suicidal Self Injury Related Incidents
- **Qualitative Analysis Strategy:**
 - Random sample of 125 Suicide Incidents stratified by month over a 12 month period (April 1, 2007-March 31, 2008)
 - Constant Comparison Analysis (Glaser & Strauss, 1967)
 - Classical Content Analysis (Krippendorff, 2004)



Qualitative Results Described Antecedents to Youth Suicide in the Child Welfare System

- Sample Characteristics
 - Gender: 61% Male; 39% Female
 - Race: 80% Caucasian; 20% African American
 - Age: 9-14 (5%) ; 13-15 (34%); 16-18 (61%)

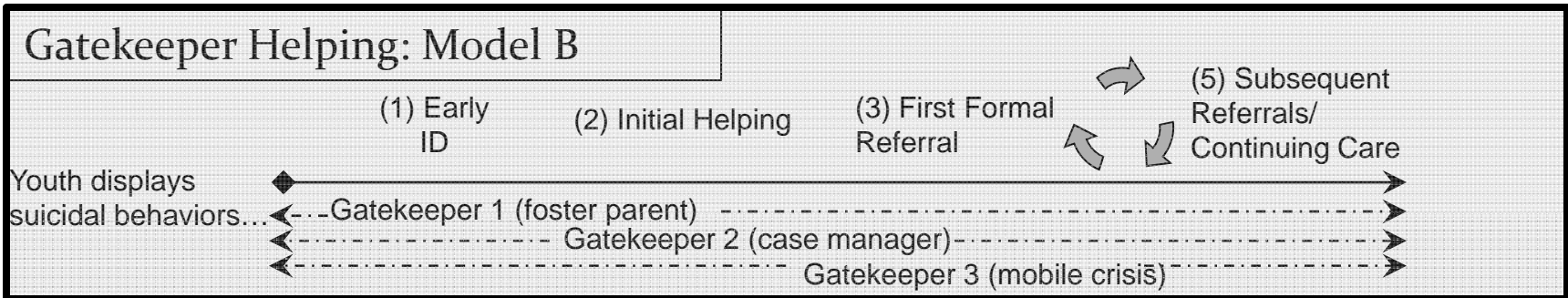
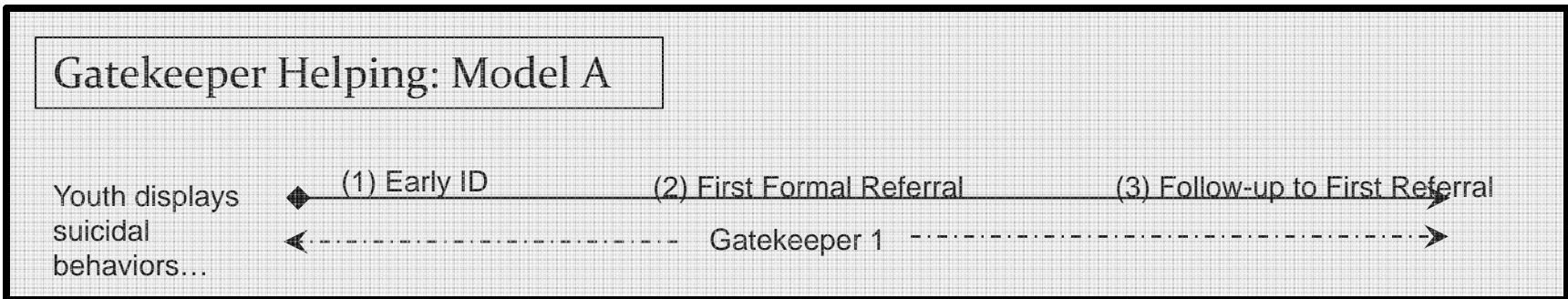
- Antecedents to Suicide-Related Incidents

Theme Category	Theme	Frequency of Cases	Percent of Cases Represented
Incident Time of Day	Late afternoon/evening (4-12pm)	65	54%
	Early afternoon (12-4 pm)	27	23%
	Morning (8am-noon)	18	15%
	Nighttime (12am-8am)	10	8%
Co-Occurring /Causal Factors	Aggressive Thoughts/Behavior	47	39%
	Altercation/Stressful Incident	39	33%
	Negative Emotion	38	32%
	Custody Problems	28	23%
	Runaway Thoughts/Behavior	15	13%
	Therapeutic Hold	15	13%
	Homicidal Thoughts/Behavior	15	13%
	Mental Illness Symptoms/Diagnosis	14	12%
	Family/Relationship Problems	13	11%
	History SUIC Thoughts/Behavior	6	5%
Poor Coping Skills	3	3%	



Qualitative Results Yielded an Emergent Model of Gatekeeper Surveillance in the Child Welfare System

- Themes yielded a new model of the gatekeeper response process that includes:
 - Systemic Structure of Child Welfare System
 - Opportunity for Multiple Gatekeepers (Helpers) participate in helping a single youth
 - Additional Stages of Care Provided to youth at risk for suicide
 - Organizational Protocol as a determinant for provision of care to suicidal youth
 - Taxonomy for a “Helping Network” of gatekeepers (Individual; Organization; System; Multi-System Community)





A “Systems Perspective” May Be Integrated With Suicide Prevention Training, Evaluation, Policy, and Reporting Requirements for Child Welfare Systems

- **Suicide Prevention Training/Programs:**
 - Modify/tailor training curricula to include information on the systems context of interventions
 - Include training on potential barriers to helping suicidal youth:
 - Disagreement between individuals, within/between organizations, and/or systems
 - Miscommunication among/between organizations/systems
 - Refusal of referral agency to provide services
 - Population-specific barriers (e.g., inauthentic suicidal behaviors)
- **Evaluation Implications:**
 - Modify existing measurement models to capture helping responses provided to suicidal youth at both individual and system levels
 - Recognize potential barriers to helping in evaluation/measurement models
- **Policy/Reporting Implications for Child Welfare/Foster Care Systems:**
 - Interagency agreements/ protocols for helping suicidal youth may facilitate the transfer/referral process of youth between systems
 - New data tracking systems that use algorithms to classify youth suicidality and recommend helping behaviors for youth may facilitate systematic decision making and reporting guidelines when helping suicidal youth in crisis