Implementing School-Based Programs

Issues & Strategies

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Issue: Sustainability

• Culture

- What is the role of the school
- Respond to the myth
- Focus
 - What can be accomplished
- Resources
 - Time, personnel, material, space
- Basis
 - Empirical, conceptual, similar models

Competent Community

- Leaders: committed & engaged
- Members:
 - -Shared responsibility
 - -Collective competence to respond

Competent Community

School Officials:

In this school, we care deeply about the safety and positive development of all our members.

Members:

- In this school, we take care of each other.
- We know how to come to the assistance of those in need.

Response to the Myth

- · Will not be students' first exposure
- CDC:

"There is no evidence of increased suicidal ideation or behavior among program participants"

Youth suicide prevention programs: A resource guide. (1992). Atlanta, GA: CDC (pg. 66).

"Furthermore, numerous research and intervention efforts have been completed without any reports of harm" Potter, Powell, & Kacher, (1995). *SLTB*

Response to the Myth

- IOM: "School-based intervention programs at the universal, selective, and indicated levels can help to limit suicide among youths and should be pursued" Goldsmith, Pellmar, Kleinman, Bunney (Eds.). (2002). *Reducing suicide: A national imperative*. Washington, DC: The National Academies Press.
- Long term follow up of 2 programs found reductions in target county suicide rates not found at state or national levels for same time period
- Six programs that include lessons for students have been designated as evidencebased by NREPP

Issue: implementation Fidelity

- Training: demonstration, practice, feedback, practice
- Transfer: on-site coaching/TA/fidelity checks _ Implementation research: A synthesis of the literature (2005) http://nim.fmhi.usf.edu
 - Adafat, J. & Ryerson, D. M. (1999). The implementation and institutionalization of a school-based youth suicide prevention program. *Journal of Primary Prevention*, *19*, 157-175.
- · Identify core & adaptable features

Lifelines School-Based Suicide Response Program An example of an evidence-based program

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Program Features

- Educational Focus
 - Not mental health
 - Problem-centered
 - Participatory: media & exercises
- · Fit into class schedules
 - Lesson plans can be adapted to schedules
 - No pull-out
- Teacher Provided
 - School-based supports

Universal Program

- <u>Goal</u>: Increase identification of, response to, and referral of at-risk youth
- Theme: Competent Community

Comprehensive Approach

- Ecological: all levels of the school.
 Before students can be trained to get help, the school must be ready to respond
 - Policies & procedures
 - Faculty & staff Education
 - Parent Education
- Systemic: community contacts
 - Referrals
 - Responses
 - Re-entry

Systems

- Everything is Connected
- · Context is Critical
- Only Effective as Weakest Link
- · Takes Time to Build
- Needs Constant Maintenance
- Takes Time to See Impact

Lifelines Implementation

Administrative Consult (2-8 hours)

- ° Policies & Procedures
- ° Coordination with Community Providers
- Educator Training (1 hour)
- Parent Training (1 hour)
- Gatekeeper Training (optional; 6 hours)
- Classroom Curriculum (four 45' lessons)

Classroom Lessons

- Workshop to train teachers (6 hours)
- Lessons usually provided by health teachers as part of health curriculum
- Detailed lesson plans
- Includes discussion, exercises, roleplays, two videos

Instructional Objectives

School Adults will:

- School administrators will know community providers and referral procedures.
- Faculty and staff will know school procedure & school contact persons for responding to at-risk, attempt, completion, student returning after hospitalization.
- Faculty and staff will know relevant suicide facts, risk factors, warning signs.

Instructional Objectives

Students will:

- Recognize the threat of suicidal thoughts & behavior and take troubled peers seriously.
- Know relevant facts about suicide, including warning signs.
- Demonstrate positive attitudes about intervention and help seeking
- Know how to respond to troubled peers.
- Know resources: be able to name one adult and know how resources will respond.

Lifelines Evaluation

- Increased knowledge about suicide and school resources
- Increased inclination to tell an adult about an at-risk peer
- Increased confidence is school response capability
- Increased referrals



Additional Information

- Guidelines for School-Based Suicide
 Prevention Programs
 - http://www.suicidology.org/
 - Click on Prevention
- Lifelines contact: kalafat@rci.rutgers.edu
- Washington State YSPP: Sue Eastgard sue@yspp.org