

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Date Received: 9 August 2017

From: [REDACTED]
To: [Childrens Committee](#)
Subject: FW: NSW Youth Suicide Review
Date: Wednesday, 9 August 2017 9:12:27 AM
Attachments: [Lifelines comprehensive training program 2017.8.9.pdf](#)
[How is Lifelines different.docx](#)
Importance: High

Good Morning Stephanie,

As a member of SPA, I would like to make a contribution to the information submitted for the enquiry into NSW Youth Suicide.

I have previously spoken with De Backman Hoyle from SPA about the research into youth suicide, completed by Maureen Underwood the Clinical Director for The Society for the Prevention of Teen Suicide.

Maureen is the co-developer of the *Complete Lifelines Trilogy*, a proven program developed specifically to reduce youth suicide in the school system. With over 30 years of experience in mental health and crisis prevention, her work has helped save more lives than I could ever imagine. Maureen Underwood is a licensed clinical social worker, certified group psychotherapist and a nationally recognized expert on youth suicide prevention, with focus on schools and best-practice programs that enhance overall student outcomes.

A suicide contagion in New Jersey resulted in eight students dying by suicide. The school used various methods to address this devastating problem but nothing brought the results they were needing to reduce youth suicide. As a final resort, Maureen Underwood was commissioned to undertake extensive research. The research identified significant gaps, and from this research *Lifelines Trilogy* suite of programs was developed. I believe that this universal program fills the gaps we currently see in our school system in Australia. We have training and education for school counsellors, but the research tells us that a troubled youth is far more likely to show signs to a fellow school student rather than an adult. The question is what does that school student do with that information if they haven't been educated in this area.

There's also been a trend in recent years to provide more education in schools about mental health, especially as it relates to suicide prevention. Many health curricula teach students about signs and symptoms of depression and other mental disorders. School staff may get the same type of training at presentations or in service workshops. The *Lifelines* approach uses a different tactic. While we recognize the importance of mental health education, our slant on youth suicide prevention is broader and focuses on mental wellness rather than on mental illness. The signature of *Lifelines* program has been the establishment of a 'competent school community, in which all members can identify the signs of suicide risk and know what to do in response.

This course is written for school staff who are often called upon to intervene when there is concern about a student at risk. *Lifelines* also highlights the promotion of resilience or 'protective' factors for youth - including assisting students in identifying trusted adults in their support network and teaching them that it's okay to ask for help. There is however a paradox in school-based suicide prevention: when its effective, more students are identified as being at potential risk. When the competent suicide prevention community is in action, this identification can come from a variety of sources: peers, schools staff, parents, or the at risk students themselves. Whatever the source, however, a chain of events should be set in motion to create

a safety net for the student. This safety net includes not just the resources of the school but also those of the community at large.

Our family has experienced the death of young family members by suicide and we are passionate about reducing the rate of youth suicide so that others don't have to suffer the devastation that follows when someone so precious and so young with their whole life ahead of them and forever lost. We strongly believe that the proven results from *Lifelines* program, can also be reflected in the outcomes for our school system here in Australia.

Kindest regards,

Sandra Willie (CEO)

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Lifelines, one of the first school-based programs of its kind in the United States, is a comprehensive suicide-awareness and responsiveness program for youth in middle school and high school. Unlike other mental health programs for youth, *Lifelines'* focus on youth suicide prevention is broader, emphasizing *mental wellness* rather than mental illness. The signature of *Lifelines* is the establishment of a “competent community” where all members can identify the signs of suicide risk and know how to respond.

This school-wide program includes three separate (yet related) programs, described in more detail following these brief introductions:

- *Lifelines: A Suicide Prevention Program* educates administrators, faculty and staff, parents, and students on the facts about suicide and their respective roles in identifying students at risk for suicide. It has been identified as a promising program by the Suicide Prevention Resource Center (SPRC) and is included in the National Registry of Evidence-based Programs and Practices (NREPP). The primary objective of the program is to help *everyone* in the school community recognize when a student is at potential risk of suicide, and establish easy-to-understand procedures for accessing help.
- *Lifelines Intervention: Helping Students at Risk for Suicide* provides information for administrators, faculty, staff, and others connected to the school community on how to be prepared to address and respond to threats or signs of suicide and how to appropriately intervene and access appropriate help when these signs occur. It also provides clear guidance on how best to involve parents and guardians as partners. This program explains how to gather collateral information about a student's risk for suicide and how to address topics including the challenges presented by bullied students, members of sexual minorities, and students in gifted or special education classes.
- *Lifelines Postvention: Responding to Suicide and Other Traumatic Death* is a best-practices manual specifically designed for middle and high school communities that educates everyone in the school community on how to successfully address and respond to not only suicide, but any type of traumatic death that profoundly affects the school population. ^[1]_{SEP}

Overview and Goals of the *Lifelines* Prevention Program

Lifelines: A Suicide Prevention Program (Lifelines Prevention) is a program for the entire middle school and high school community that provides suicide awareness material for administrators, faculty and staff, parents, and students. While *Lifelines Prevention* provides basic information about youth suicide, it is primarily directed at helping

everyone in the school community recognize when a student is at risk for suicide and understand how and where to access help. The curriculum includes a program manual, a CD-ROM (which contains reproducible handouts and other resources), and two DVDs. Information about suicide and the role of students in suicide prevention is presented in four, easy-to-follow sessions.

Students participate in role-play exercises that teach them what to do when faced with a suicidal peer. The exercises feature an emphasis on seeking adult help and frank discussions on the warning signs of suicide. In the process of teaching students how to help a friend, students who may be suicidal themselves will learn the importance of getting help as well.

The **objectives** of *Lifelines Prevention* are to increase the likelihood that

- members of the school community can more readily identify potentially suicidal adolescents, know how to initially respond to them, and know how to rapidly obtain professional help for them
- troubled adolescents are aware of and have immediate access to helping resources and seek such help as an alternative to suicidal actions

The *Lifelines Prevention* program is research-based.. It has been identified as a promising program by the Suicide Prevention Resource Center (SPRC) and is included in the National Registry of Evidence-based Programs and Practices (NREPP). One of the first school-based suicide prevention programs in the country, it has been adapted to reflect both program evaluation and increases in knowledge about youth attitudes toward seeking help.

Lifelines Prevention was the subject of extensive research during 2005 in twelve public schools in Maine. This outcome evaluation demonstrates that the curriculum promotes increases in students' knowledge about suicide and resources, as well as expressed intent to intervene on behalf of at-risk peers. Findings also support teacher acceptance of the program and increased student confidence in the school's ability to respond to at-risk youth.

Lifelines Prevention consists of **four components** that are considered essential to a comprehensive school-based approach to adolescent suicide prevention. These components are (1) administrative readiness consultation, (2) training for school faculty and staff, (3) parent workshop, and (4) student curriculum. Handouts and additional resources on the CD-ROM supplement these components.

Lifetime Prevention can also be used in non-school settings. The faculty and staff presentation can be adapted for use with caregivers in any youth-based organization, such as Boy Scouts or Girl Scouts, or in faith-based youth groups. It has also been delivered at meetings of school principals and other school administrative personnel as part of a general community education process, or as part of an effort to inform school personnel of the need for and the availability of comprehensive education programs.

The student curriculum can also be used with youth in community groups and organizations. The caveat with such youth adaptations, however, is that curriculum activities have not been independently evaluated for either impact or effectiveness.

1) Administrative Readiness Consultation

The implementation of *Lifelines Prevention* begins with the administrative readiness consultation, which is an assessment by the school's administrators of school policies and procedures related to suicide prevention. If schools already have such procedures in place, *Lifelines Prevention* offers a means for review and provides ways to involve local community mental health providers in the school's response program. If schools do not have these policies, *Lifelines Prevention* provides specific guidance and procedures to help the administration develop the school's suicide prevention guidelines that are in line with nationally recommended standards.

The process of developing policies and procedures can build administrative support and demonstrate its commitment to the school's suicide prevention activities. The administrative readiness consultation also identifies the in-school resources and staff for the school's crisis response plans. *Lifelines Prevention* emphasizes effective management of referrals by crisis response staff because the program increases awareness of suicide risk, and this often causes an increase in referrals. (Guidelines for Making Effective Referrals are described on the CD-ROM that is included with the *Lifelines Prevention* materials).

2) Training for School Faculty and Staff

Generally designed as an in-service workshop, this component of *Lifelines Prevention* provides the basic information about adolescent suicide that has the most practical implications for school personnel, outlines the critical but limited role of faculty and staff in identifying and responding to suicidal behavior, and identifies in-school referral resources. This presentation, which usually lasts 45 minutes to one hour, can take place in a variety of formats and is structured to introduce the *Lifelines Prevention* program to the school community and emphasize the information that has practical implications for educators.

In *Lifelines Prevention* training, faculty and staff:

- Learn the warning signs of suicide
- Learn how to identify at-risk students
- Learn how to refer at-risk students to appropriate resources

Training is important. Lifelines Prevention is a comprehensive, field-tested program that is best implemented through a collaboration between qualified consultants, mental health and health education personnel, and other school personnel who have experience in, or are willing to learn, the provisions of sensitive health education and rapid response programs.

Lifeline teachers are crucial. While *Lifelines Prevention* is based on the premise that classroom schoolteachers can teach the material, providing education on suicide must be done on a voluntary basis. Certain teachers may decide to opt out or be excused by administration from teaching this material for a variety of reasons. The many schools that have used *Lifelines Prevention* have found that students will approach *Lifeline* teachers for help or information.

The best *Lifelines* teachers are those who:

- have rapport with students in and outside of the classroom
- want to teach the program as opposed to being forced to teach it
- are sufficiently comfortable in talking about suicide openly and honestly
- are able to link a suicidal student to help

3) Parent Workshop

This presentation for parents reviews the *Lifelines Prevention* curriculum, basic information about adolescent suicide, and why it's important to implement a suicide prevention program in the school setting. It also provides an overview of the school's response program, as well as brief guidelines for parental response to suicidal behavior. Resources for additional information on suicide and community mental health support services are also provided.

4) Student Curriculum

The student curriculum component is implemented after the first three components (administrative readiness, faculty and staff training, and parent workshop) have been completed because it would be inappropriate to train students to identify and refer potentially at-risk peers if the adults in the school or at home are unprepared to respond to these referrals.

The student curriculum is a four-session unit usually taught in eighth-, ninth-, or tenth-grade health classes (although it is developmentally appropriate for eighth-twelfth grades). Classroom sessions are designed to be presented in four 45-minute or two 90-minute class periods and include detailed plans that cover facts about suicide and the students' role in suicide prevention. The curriculum also reviews in-school and community resources.

The four sessions teach students

- relevant facts about suicide, including warning signs
- how to recognize the threat of suicidal thoughts and behavior and how to take troubled peers seriously
- how to respond to troubled peers
- to demonstrate positive attitudes about intervention and help-seeking behaviors
- to identify resources, be able to name one helpful adult, and know how resources will respond

Two videos are included in the student curriculum:

- *A Teen's Guide to Suicide Prevention:* The video shows several scenarios about how youth can recognize suicide warning signs in their peers. Each scenario features role-plays showing students how to respond and how to get help for a peer who may be thinking about suicide.
- *One Life Saved: The Story of a Suicide Intervention:* The video documents a true story of a suicide intervention that occurred after three students watched *A Teen's Guide to Suicide Prevention* and completed the *Lifelines Prevention* curriculum. The students credit the video with showing them how to recognize the warning signs in their peer, and how they got help for this peer and possibly saved his life.

By the end of each session, students will be able to do the following:

Session 1: When Is a Friend in Trouble?	Session 2: How Do I Help a Friend?	Session 3: Where Can I Go to Get Help?	Session 4: How Can I Use What I've Learned?
<ul style="list-style-type: none"> • define reasons for a unit on suicide • examine personal reactions to a situation involving a peer's suicidal behavior • examine the ways in which our feelings about suicide influence our actions • identify basic facts about suicide 	<ul style="list-style-type: none"> • recognize specific warning signs of suicide in themselves and others • organize warning signs around the FACTS sheet • name three basic suicide intervention steps • identify the words to use to ask about suicide 	<ul style="list-style-type: none"> • discuss more fully how to implement the steps of a successful peer intervention • define traits of helpful people • identify school resources and procedures for responding to suicidal students 	<ul style="list-style-type: none"> • demonstrate ability to help a troubled friend through scripted role-plays • demonstrate willingness to help self or a troubled friend by signing a help-seeking pledge • identify the wallet card as a resource

Overview and goals of the *Lifelines Intervention* Program:

There is a paradox in school-based suicide prevention. When a competent suicide prevention community is in action, more students are identified as being at risk for suicide. Identification can come from a variety of sources: peers, faculty and staff,

parents, or the at-risk students themselves, and when it does, a chain of events should be set in motion to create a safety net for the student. This is where intervention comes in.

Lifelines Intervention: Helping Students at Risk for Suicide (Lifelines Intervention) is an important resource for school personnel who are often called upon to intervene with an at-risk student. While *Lifelines* developers recognize that assessment by a community mental health professional is ultimately required with at-risk students, they understand that school staff may find themselves in a position of having to provide targeted interventions to facilitate subsequent referrals. *Lifelines Intervention* includes a program manual, a CD-ROM (that includes a PDF slide show for districts to use to train all resource staff in a consistent approach to assessment and referral), and a DVD.

The overall **goals** of *Lifelines Intervention* are:

- To provide school resource staff with helpful tips and resources that improve their comfort level when asking necessary questions that might prevent a youth suicide
- To promote resilience or “protective” factors for youth—including assisting students in identifying trusted adults in their support network and teaching them that it’s okay to ask for help.

Lifelines Intervention is based on the premise that **suicide risk is three-tiered**:

- 1) Early identification and assessment of at-risk students
- 2) Referral to community resources for additional services
- 3) Enhancement of protective factors that increase resilience and provide buffers from stress

1) Early Identification and Assessment of At-Risk Students

The early identification and assessment skills taught in *Lifelines Intervention* are grounded in sound mental health theory. However, since schools are not mental health centers, this initial step—while critical—is limited in scope. While school resource staff can perform the “gatekeeper” function of making initial assessments and subsequent referrals, they are generally without specific protocols to guide them in these critical tasks.

There are, for example, no clinical tools on the National Registry of Evidence-based Programs and Practices (NREPP) or the Best Practices Registry (BPR) of the Suicide Prevention Resource Center (SPRC) detailing procedures to be utilized in schools. *Lifelines Intervention* builds on the foundation of the competent and compassionate school community embraced by the *Lifelines Prevention* program as listed on NRPP, and the *Lifelines Intervention* manual adapts the training format for the assessment and management of suicide risk created by SPRC to the resources and limitations of school settings.

The ultimate goal in identifying at-risk students is getting them the mental health care they need from the appropriate community resources.

2) Referral to Community Resources for Additional Services

Effective referrals for services and/or treatment involve both the student and the student's parents. This requires knowledge on the part of the school personnel involved in the intervention to ensure that resources are matched to the student's needs.

3) Enhancement of Protective Factors that Increase Resilience and Provide Buffers from Stress

If a school is a competent and compassionate community for its students, protective factors will be inherent in the school's culture. These factors include teaching students that it's okay to ask for help, engaging them in school and community activities, recognizing student accomplishments, and encouraging prosocial behavior by all school community members, including faculty and staff.

The Lifelines Intervention Manual

The *Lifelines Intervention* manual reflects what the *Lifelines* developers learned about the role of school-based resources from their many years of experience in school settings. While all interventions discussed in the manual are grounded in sound theory, their relevance to the school is explained and practical guidelines for implementation are suggested. This reflects another thread that runs through the entire *Lifelines* program: the usefulness of theory is in its application to real-life issues and problems. Thus, each chapter of the manual contains quotations that bring life to the content and reflect its applicability to the experiences of different members of the competent school community.

It begins with a discussion of the historical context of suicide and an exploration of personal values and attitudes toward suicide. It then takes school resource staff through a process that includes preparing for the interview with the potentially at-risk student, gathering collateral information, and addressing specific topics in an interview format called "Tell Me More." Sections of the manual can be used as immediate resources for the assessment and referral of a potentially suicidal student.

The manual reviews techniques that can be useful with students who are challenging to interview, and it provides clear guidance in involving parents and guardians as partners in suicide prevention. It addresses specific needs presented by students who are bullied, members of sexual minorities, gifted, or in special education classes. Finally, the manual describes ways in which schools can increase protective factors that promote resiliency.

The chapters of the manual are structured around typical questions that educators and school resource staff ask about intervention with potentially suicidal students. In addition to reviewing basic information about suicide to create a solid foundation for an

intervention, it provides a template for the initial assessment in the school setting. The challenge of involving the student's parents in the referral process is discussed in detail, and the accompanying CD-ROM contains strategies for engaging parents. The DVD includes scenarios that address some of the more challenging reactions that educators may face when interviewing students and parents.

Each chapter includes a list of resources related to specific content. These are resources that *Lifelines* creators have found particularly helpful. They are not meant to discourage readers from seeking additional resource material of their own. Whenever possible, Internet addresses are given to facilitate ease of access.

Each chapter concludes with a short section entitled "In Your Experience. . ." This asks readers to consider the more personal ways in which chapter content can inform their interventions.

The *Lifelines Intervention* manual is specifically designed to:

- Provide a context for contemporary societal values and attitudes about suicide by reviewing suicide from an historical perspective.
- Highlight the role of personal values and experiences in the assessment and intervention process.
- Present epidemiological information about suicide risk to facilitate early identification of at-risk students.
- Review a protocol for an assessment interview.
- Outline strategies for engaging students and parents in the assessment and referral process.
- Call attention to special categories of students who may be at elevated suicide risk.

Overview and goals of the *Lifelines Postvention* Program:

When a school experiences the death of a student or faculty member under any circumstances, that first moment of shock and disbelief is almost immediately followed by the question: "How do we help the school get through this?" When the death is a suicide, there may be even more concern about an appropriate response. The decisions of administrators set the tone for the school's crisis management strategy. However, it's important to remember that not only is every level of the school affected by the death but also that every level brings its own kind of support and resilience to the recovery process.

The word *postvention* was coined in the mid-1970s by Edwin Shneidman, one of the pioneers in the field of suicide prevention. It stands in contrast to the terms *prevention* and *intervention* and describes the specific crisis response in the aftermath of (or *post*) a death by suicide. Interestingly enough, postvention often incorporates both prevention and intervention. This is especially the case when dealing with youth suicide because there is such a grave risk of copycat behavior or imitation in this aged population.

Lifelines Postvention: Responding to Suicide and Other Traumatic Death (Lifelines Postvention) outlines a response strategy that recognizes both the resources and the challenges schools face in dealing with a death within the school community. The designation *community* is intentionally used because it accurately reflects the composition and climate of a school, as well as provides a systematic structure for response. The creators of *Lifelines* further define that community as “competent and compassionate,” meaning that everyone in the community is concerned about each other’s welfare and knows where and how to get help for themselves and other community members. By considering this “competent and compassionate community” as the context for crisis response, schools can begin to impose order on what often seems like a chaotic process.

Although *Lifelines Postvention* is primarily concerned with deaths by suicide, the recommendations and guidelines provided can and have been used by schools in the aftermath of deaths ranging from homicides and multiple-fatality car accidents to sudden teacher death in the classroom. *Lifelines Postvention* includes a program manual and an accompanying CD-ROM.

Lifelines Postvention is intended for:

- school administrators, whose leadership and direction set the course for the practical implementation of the postvention process
- crisis team members, who are the first responders guiding the school in both the initial and longer-term response strategy
- faculty and staff, who are often the first adults to whom students turn for support
- students, whose needs for support following the death of a peer are generally recognized, but whose roles and responsibilities as members of the competent community, especially in identifying at-risk peers, are often unrecognized
- parents, who often need education and direction to help them manage the reactions of their children to the death
- the community at large, an often overlooked component of the school community, which is always affected by the death of a child and whose resources and expertise can augment or complement the school’s postvention process. The ways in which this larger community can partner with the school are incorporated at relevant points in each chapter.

***Lifelines Postvention* is Based on Best Practice Recommendations**

In the 1980s, schools began to recognize the need for specific plans to manage the reactions of their communities in the aftermath of a suicide. However, very little guidance was available to them. Over the years, a body of “best practices” has accumulated, and these have strong implications for policies and response protocols. *Lifelines Postvention* reviews some of the key best-practice recommendations, such as those from the American Association of Suicidology, and describes ways in which they can be practically implemented. Each chapter of the *Lifelines Postvention* manual addresses one of the components of the competent and compassionate school community and outlines in detail its role in the postvention process.

In addition to being based on best-practice recommendations, *Lifelines Postvention* is also derived from the postvention model developed by Maureen Underwood and Karen Dunne-Maxim in the 1980s and outlined in their seminal work *Managing Sudden Traumatic Loss in the Schools*. Several features were unique to this work:

- It was one of the first postvention models to recognize the value of incorporating community resources in the school's postvention strategy.
- The crisis intervention paradigm—the provision of support, control, and structure—was easily adapted to both the realities and needs of the school environment.
- It applied individual grief theory to the school system and clarified the ways in which a traumatic death could be acknowledged and managed effectively as part of the recovery process.
- It was developed during Underwood's and Dunne-Maxim's experiences in schools dealing with a variety of traumatic loss events. It reflected the real-life challenges of adapting best-practice recommendations to situations where resources might be limited and the nature of the loss quite overwhelming.

The School's Role in Postvention

Regardless of the circumstance of the death, the role of the school remains critical but limited to the following:

- to maintain the structure and order of school routine
- to manage reactions to the death with appropriate and supportive interventions
- to provide resources and support to the school community to recognize and minimize suicide-contagion risk

The Lifelines Postvention Manual

The authors of the *Lifelines Postvention* manual have been involved in helping schools manage the impact of suicides for over thirty years. Their background and experience combine the wisdom of mental health crisis response with the need for a practical, education-focused school response. The strategies suggested in the manual have been field-tested for many years and often incorporate interventions used by the educators with whom they have worked. They have translated the language of mental health into the jargon of the school. Their goal is not to turn the school into a crisis center or mental health clinic but to help it fulfill its critical but limited role in the process of recovery.

The manual is divided into chapters that focus on the components of the competent and compassionate school community. In each chapter, the rationale behind the strategic recommendations is provided, and ways in which they can be practically implemented in the school setting are described.

The *Lifelines Postvention* manual is specifically designed to:

- Validate the critical but limited role of the school in response to traumatic deaths like suicide.
- Develop the concept of the competent and compassionate school community as the context for response.
- Present a best-practice model to assist in the development of policies and procedures for structuring the school's response.
- Present a toolbox of practical response options that reflects the developmental needs of students.
- Identify school-based and community resources for vulnerable students.

Chapter Scope and Sequence

Introduction	Chapter 1	Chapter 2	Chapter 3	Chapter 4
You Are Not Alone	The Place to Begin: Defining the Problem, Identifying the Needs	Starting at the Top: Administrative Frame of Reference	The Key Players: The Crisis Response Team	The Front Line: Faculty and Staff
This chapter introduces the manual, defines the term, <i>postvention</i> , and provides a framework for the rest of the manual.	By the end of this chapter, you will be able to:			
	<ul style="list-style-type: none"> • understand why it's important to prepare your school to respond to a traumatic death, especially by suicide • appreciate the research and theory on which this response model is based • list at least five reasons why dealing with a suicide in the school is complicated • identify the specific needs of your school in the aftermath of a traumatic death • understand the importance of providing control, support, and structure 	<ul style="list-style-type: none"> • understand the need for a postvention plan that is supported by your local school board and annually reviewed • appreciate the uniqueness of your school community and the need to respect the culture and resources within your school in the development of an effective postvention plan • understand that in response to the suicide, a clearly defined and well-trained crisis team will assist you in managing the needs of your school community • recognize the crucial role you play in balancing 	<ul style="list-style-type: none"> • understand the function of the crisis team • identify key people in your school community for inclusion on your crisis team • identify team members from the community at large • list the tasks of the team during the postvention process • implement a training session to clarify roles, responsibilities, and team objectives during postvention • practice a simulated crisis situation to develop familiarity with team postvention response 	<ul style="list-style-type: none"> • understand the needs of faculty and staff • develop relevant written communications such as memos and handouts to meet those needs • provide faculty with a blueprint for identifying and referring potentially at-risk students • assist faculty in anticipating both immediate and emerging challenges, like the modification of suicide-related curriculum • clarify the role of faculty and staff in dealing with grief in the school community

		<p>response to the crisis with respect for the educational mission of the school</p> <ul style="list-style-type: none"> • recognize that management of information provides structure and that the appropriate utilization of outside resources is consistent with the model of a competent community 		
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Chapter 5	Chapter 6	Chapter 7	Chapter 8
Bad News Travels Fast: Student Needs	Concerned Parents: Helping Parents Help their Kids	Community Partners: You Are Not Alone	Some Other Things to Think About
By the end of this chapter, you will be able to:			
<ul style="list-style-type: none"> • respond appropriately to student needs after a traumatic death • understand the ways in which cognitive development impacts a youth's understanding of death • understand the additional challenges in grieving presented by the death of a peer • identify and intervene with students who may be at increased risk after a death 	<ul style="list-style-type: none"> • identify the most common issues raised by parents in the aftermath of a school suicide • structure responses that address those concerns • help parents understand their role in suicide prevention as part of the competent and compassionate school community • understand how the school can reach out to the family of the deceased student 	<ul style="list-style-type: none"> • identify at least three reasons for considering community membership in your crisis response planning • understand how to effectively use these community partners • understand the limitations of community support • develop a list of community partners to add to your crisis response team 	<ul style="list-style-type: none"> • identify the ways in which homicide impacts a school community • be prepared for the impact of multiple deaths • develop school guidelines for responding to the media • understand the special issues created by suicide clusters or contagion • consider protocols for handling memorial requests • understand the emerging relationship between bullying and suicide risk

IV. Training

Lifelines training is two-fold:

- 1) The school forms their Crisis Team and trains them;
- 2) The teachers are trained on the Prevention component for implementation into their classroom with students.

All members of the Crisis Team (which consists of administrators, student assistance coordinators, counselors, school nurses, guidance counselors, social workers, experienced teachers, and possibly other school staff) should attend the *Lifelines* Crisis Team Training described below.

Classroom teachers should attend *Lifelines Prevention* Implementation Training.

***Lifelines* Crisis Team Training**

This two-day training is designed to help schools develop and implement critical elements of all here components of the *Lifelines* Program. Participants will learn:

- The role of a “competent and compassionate school community” in preventing, intervening, and responding to suicide.
- The comprehensive components of *Lifelines* to support the implementation of the program.
- The roles and responsibilities of the crisis team.
- How to develop the school’s policies and procedures regarding suicide.
- How to develop a process for responding to a death by suicide and to students who are at risk for suicide.
- How to inform other school staff and parents about their role in suicide prevention, intervention, and postvention.
- How to train other school support staff in suicide intervention skills.

***Lifelines Prevention* Implementation Training**

This one-day training is designed to provide the necessary knowledge and skills for implementing the *Lifelines Prevention* curriculum with fidelity. Using the *Lifelines Prevention* manual, participants will be able to:

- Give an overview of the comprehensive components of *Lifelines*.
- Cite the research behind *Lifelines Prevention* that has proven its effectiveness.
- Implement the *Lifelines Prevention* elements: develop administrative procedures and establish links to the community; conduct faculty and staff member training and provide parent education.
- Use the detailed instructor’s guide to teach four 45-minute lessons to students on suicide. These lessons prepare students to identify suicidal behavior, respond appropriately, and obtain help for their friends and themselves.

- Be seen as a resource for students and adults who are concerned about suicide.
- Know how to respond effectively if they become concerned about a student.
- Become comfortable with the *Lifelines Prevention* skill-based approach, including role-playing.

V. Evaluation and Outcomes

All three elements of the *Lifelines* program (prevention, intervention, and postvention) are grounded in solid research regarding all aspects of youth suicide. Lifelines Prevention has been extensively evaluated and outcomes are documented as described in the following paragraphs. Final outcomes for *Lifelines Intervention* and *Lifelines Postvention* are in the process of being evaluated.

Lifelines Prevention was evaluated utilizing a Solomon four-group design (Kalafat & Elias, 1994). This design was particularly strong because it allowed for the examination of pre-test as well as program effects. The *Lifelines Prevention* program was given to the experimental group during a required health class (the control group attended a PE class; they received *Lifelines Prevention* instruction the following semester). A total of 253 10th-grade students from two suburban, middle-class schools in the Northeast participated in the study. Fifty-seven percent of the participants were male. Students were not randomly assigned to the health and PE classes; however, an examination of pre-test scores indicated no statistically significant differences in the two groups, and no gender-based differences, although they suggest further research is needed in this area. A breakdown of participant ethnicity was not included in the evaluation.

Four outcomes were studied: knowledge about suicide, attitudes toward suicide, responses toward suicidal peers, and satisfaction with the suicide class. *Lifelines* students demonstrated significantly greater knowledge about suicide when compared with control group students. *Lifelines* students also demonstrated increased positive attitudes toward suicide prevention, especially attitudes related to help-seeking behavior.

To assess student response to suicidal peers, students were asked to evaluate how they would respond to a possibly suicidal peer and to a clearly suicidal peer. In both cases, *Lifelines* students responded more appropriately than control group students. No pre-testing effects were found for any of these outcomes. The fact that the students completed a pre-test did not impact their scores on the post-test. Students also rated the *Lifelines* curriculum more favorably than their regular health class curriculum.

Lifelines Prevention was the subject of extensive research during 2005 in twelve public schools in Maine. This outcome evaluation demonstrates that the curriculum promotes increases in students' knowledge about suicide and resources, as well as expressed intent to intervene on behalf of at-risk peers. Findings also support teacher acceptance of the program and increased student confidence in the school's ability to respond to at-risk youth.

Other controlled studies of school-based prevention programs show knowledge gains, improved attitudes toward help-seeking behavior, actual increases in help-seeking, and decreases in self-reported suicide attempts.

Several evaluations of school-based programs also show increased likelihood that program participants will tell an adult about a suicidal peer as opposed to keeping that information to themselves. (J. Clifffone, "suicide Prevention: A Classroom Presentation to Adolescents," *Social Work* 38 (1993): 197 – 203; L.L. Eggert, E.A. Thompson, R.R. Herting, and L.J. Nicholas, "Reducing Suicide Potential among High-Risk Youth: Tests of a School-based Prevention Program," *Suicide and Life-Threatening Behavior* 25 (1995): 276-96; J. Kalafat and M. Elias, "An Evaluation of Adolescent Suicide Intervention Classes," *Suicide and Life-Threatening Behavior* 24 (1994):224-33; J. Kalafat and C. Gagliano, "The Use of Simulations to Assess the Impact of an Adolescent Suicide Response Curriculum," *Suicide and Life-Threatening Behavior* 26 (1996):359-64; I. Orbach and H. Bar-Joseph, "The Impact of a Suicide Prevention Program for Adolescents on Suicidal Tendencies, Hopelessness, Ego Identity, and Coping," *Suicide and Life-Threatening Behavior* 23 (1993): 120-9.)

Two long-term follow-up studies in counties where suicide prevention programs were provided show reductions in youth suicide rates in the county, while state rates remained unchanged or increased for the same period of time. (J.Kalafat and D. M. Ryerson, "The Implementations and Institutionalization of a School-based Youth Suicide prevention Program," *Journal of Primary Prevention* 19 (1999) 157-75; F.J. Zenere III, and P.J. Lazarus, "The Decline of Youth Suicidal Behavior in an Urban, Multicultural Public School System Following the Introduction of a Suicide Prevention and Intervention Program," *Suicide and Life-Threatening Behavior* 27 (1997): 387-403.)

VI. Recognition

Lifelines Prevention was identified as a promising program by the Suicide Prevention Resource Center (SPRC) and is included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). One of the first school-based suicide prevention programs in the country, it has been adapted to reflect both program evaluation and increases in knowledge about youth attitudes toward seeking help.

Lifelines Prevention was endorsed by the authors of the evidence-based Olweus Bullying Program (although not a part of the Olweus Program).

VII. How *Lifelines Prevention* Meets National Educational Standards

Implementation of *Lifelines Prevention* will help [name of your school] meet the following National Academic Standards: ¹

Students in grades six through eight will

- Analyze the relationship between healthy behaviors and personal health.
- Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence.
- Describe ways to reduce or prevent injuries and other adolescent health problems.
- Examine the likelihood of injury or illness if engaging in unhealthy behaviors.
- Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.
- Describe how peers influence healthy and unhealthy behaviors.
- Analyze how the school and community can affect personal health practices and behaviors.
- Determine the accessibility of products that enhance health.
- Describe situations that may require professional health services.
- Locate valid and reliable health products and services.
- Apply effective verbal and nonverbal communication skills to enhance health.
- Demonstrate refusal or negotiation skills that avoid or reduce health risks.
- Demonstrate effective conflict management or resolution strategies.
- Demonstrate how to ask for assistance to enhance the health of self or others.
- Identify circumstances that can help or hinder healthy decision making.
- Determine when health-related situations require the application of a thoughtful decision-making process.
- Distinguish when individual or collaborative decision making is appropriate.
- Distinguish between healthy and unhealthy alternatives to health-related issues or problems.
- Predict the potential short-term impact of each alternative on self or others.
- Analyze the outcomes of a health-related decision.
- Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.
- Demonstrate behaviors that avoid or reduce health risks to self and others.
- State a health-enhancing position on a topic and support it with accurate information.
- Demonstrate how to influence and support others to make positive health choices.
- Work cooperatively to advocate for healthy individuals, families, and schools.

¹ Joint Committee on National Health Education Standards, *National Health Education Standards*, 2nd ed. (American Cancer Society, 2007).

Students in grades nine through twelve will

- Predict how healthy behaviors can affect health status.
- Describe the interrelationships of emotional, intellectual, physical, and social health.
- Propose ways to reduce or prevent injuries and health problems.
- Analyze the relationship between access to health care and health status.
- Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.
- Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.
- Analyze how peers influence healthy and unhealthy behaviors.
- Evaluate how the school and community can affect personal health practices and behaviors.
- Evaluate the validity of health information, products, and services.
- Determine the accessibility of products and services that enhance health.
- Determine when professional health services may be required.
- Access valid and reliable health products and services.
- Use skills for communicating effectively with family, peers, and others to enhance health.
- Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
- Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.
- Demonstrate how to ask for and offer assistance to enhance the health of self or others.
- Examine barriers that can hinder healthy decision making.
- Determine the value of applying a thoughtful decision-making process in health-related situations.
- Justify when individual or collaborative decision making is appropriate.
- Generate alternatives to health-related issues or problems.
- Predict the potential short-term and long-term impact of each alternative on self and others.
- Defend the healthy choice when making decisions.
- Evaluate the effectiveness of health-related decisions.
- Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- Demonstrate a variety of behaviors that avoid or reduce health risks to self and others.
- Demonstrate how to influence and support others to make positive health choices.
- Work cooperatively as an advocate for improving personal, family, and community health.

VIII. How *Lifelines* Differs from Other Suicide Prevention Programs

School-based suicide prevention programs fall into one of three categories:

- Universal interventions, which are directed at an entire population such as a school or a grade level.
- Selective interventions, which focus on subpopulations that share certain risk factors such as students who have been treated for substance abuse.
- Indicated interventions, which target specific individuals who have been identified as being at risk, such as students who have reported making suicide attempts.

Like most school-based programs, *Lifelines* is a universal program. Besides being strongly research based, even in the field of universal programs, it is unique in several ways:

- It is a comprehensive universal program, with specific, detailed content for all school-community components. Many other programs target only one or two community components.
- In addition to suicide prevention, *Lifelines* also addresses suicide intervention and postvention.
- Program content presents information in language that is accurate and easily understandable.
- *Lifelines* is designed to strengthen internal school resources by training teachers to present the student curriculum instead of using outside resources.
- Student sessions, which are 45 minutes long, fit easily into class periods, and content is aligned with national curriculum standards.
- *Lifelines* student sessions emphasize help-seeking behaviors and are aimed at students who come in contact with at-risk peers.

How is Lifeline's different from other programs?

To put Lifelines in context, it's important to understand the different types of school-based suicide prevention programs. They can fall into one of the three categories:

1. Universal interventions, which are directed at an entire population such as a school or a grade level
2. Selective interventions, which focus on subpopulations sharing certain risk factors such as students who have been treated for substance abuse
3. Indicated interventions, which target specific individuals who have been identified as being at risk such as students who have reported making suicide attempts.

Like most school-based programs, Lifelines is a universal program. Besides being strongly research based, even in the field of universal programs it is unique in several ways:

- It is comprehensive universal program, with specific, detailed content for all four school community components. Many other programs target only one or two community components.
- Program content presents information in language that is accurate and easily understandable.
- Lifelines is designed to strengthen internal school resources by training teachers to present the student curriculum instead of using outside resources
- Student session, which are 45 minutes long, fit easily into class periods and content is aligned with national curriculum standards.
- The curriculum, in its consistency with school mandates and culture, is not designed with a primary focus on mental health. Lifelines does not aim to screen students for suicide risk or address suicidal feelings or behaviours. Instead, sessions emphasize help-seeking behaviours and are aimed at students who come in contact with at risk peers.