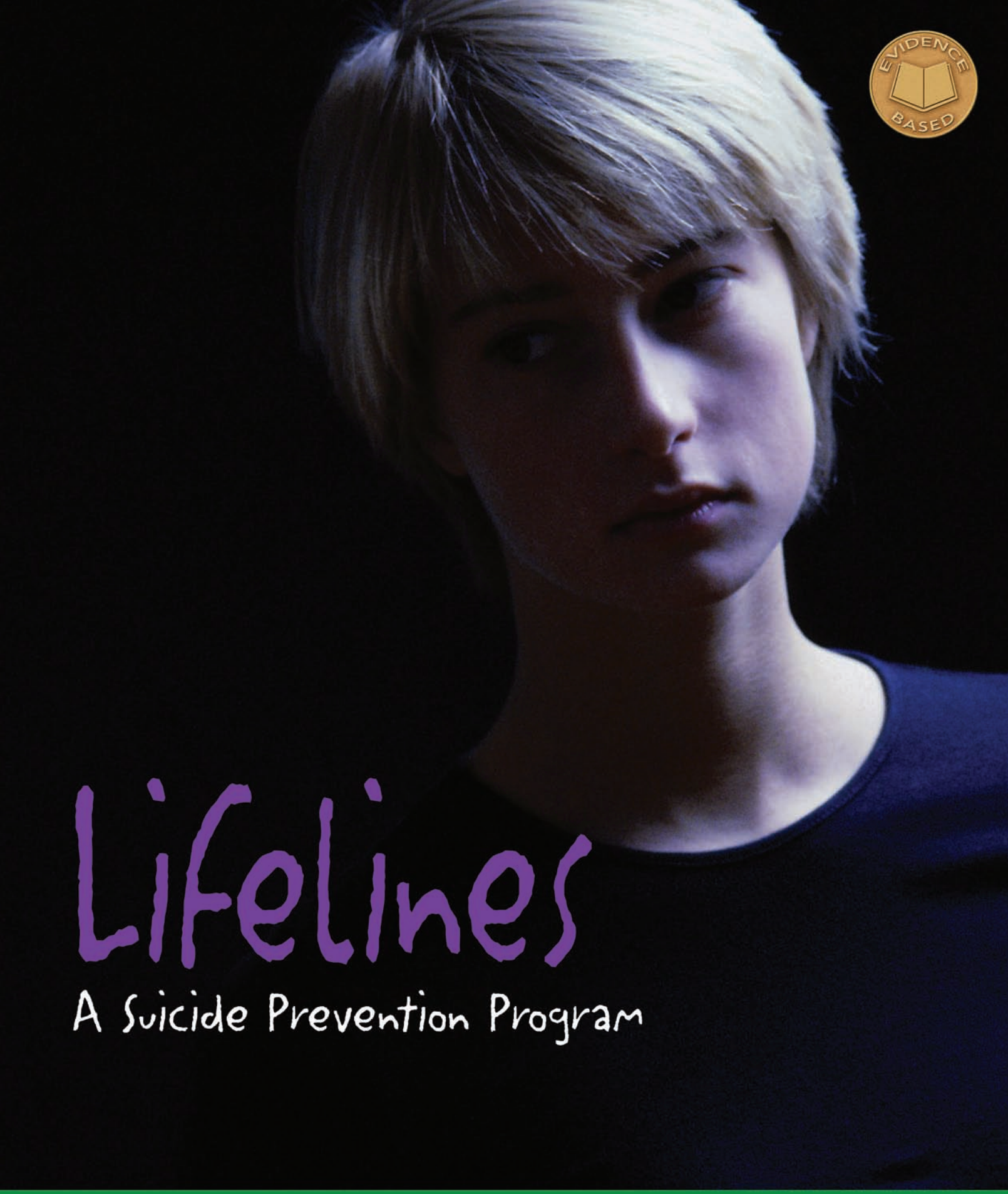

Lifelines

A Suicide Prevention Program

Maureen Underwood, L.C.S.W., John Kalafat, Ph.D.,
and the Maine Youth Suicide Prevention Program, led by the Maine CDC

"Being an educator, coach, and parent that has lost a child to suicide, I truly believe that a comprehensive program such as Lifelines *has the potential to help educate all those involved. If through this program we save one child's life and the pain and grief associated with this journey, it is educational time well spent."*

CRAIG MILES, 30-YEAR EDUCATOR, COACH, SPEAKER

"My son's 13-year-old friends knew he was contemplating suicide but did not know how to appropriately respond to this crisis. There was no suicide prevention education program at his Vermont school. Our young people are on the frontlines every day; they are typically the first potential responders for a peer at risk for suicide. It has always made sense that education is our best tool to ensure that first response was appropriate. Lifelines: A Suicide Prevention Program *is by far the most comprehensive, evidence-based program I have come across."*

JOHN HALLIGAN, MOTIVATIONAL SPEAKER, WWW.RYANSSTORY.ORG

Lifelines

A Suicide Prevention Program

Maureen Underwood, L.C.S.W.
John Kalafat, Ph.D.
The Maine Youth Suicide Prevention Program,
Led by the Maine CDC

Hazelden®

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For My Colleague, John Kalafat

When the *Lifelines* program was first conceived, it was the early 1980s and the rates of youth suicide had tripled in the preceding thirty years. School-based programs to address what was considered to be a public health epidemic were virtually nonexistent. John Kalafat and I were colleagues at a community mental health center in a suburban New Jersey town when we were asked by the director of guidance at a local high school to develop a curriculum about suicide prevention for students.

Our community backgrounds—I am a social worker and John was a community psychologist—helped us understand the need to translate the mental health concepts of suicide awareness and prevention into practical, easily understood lessons. We believed the curriculum needed to fit into the regular school schedule and be taught by faculty members to reinforce for students that they could find approachable, helpful adults within the school.

Our mutual appreciation for the importance of systemic program commitment led to the development of program components for all levels of the school community, from administrators to faculty and staff, students, and parents. The program was piloted, tested, and revised numerous times. In 2000, John became a project consultant for the Maine Youth Suicide Prevention Program and *Lifelines* was implemented in a number of Maine schools.

The field of youth suicide prevention has grown slowly and cautiously since those early years. It has finally reached a point where evaluation data on school-based programs have demonstrated that well-constructed, school-based programs can be effective tools in youth suicide awareness. And John Kalafat was one of the field's pioneers and preeminent leaders.

John died suddenly in October 2007. With his colleagues in Maine, he had just completed the process of submitting the final *Lifelines* evaluation data to the National Registry of Evidence-based Programs and Practices (NREPP) for evidence-based practice review, and he and I were working together on the manuscript for this publication.

While his loss is certainly profound for me on both a personal and professional level, it is an even greater loss for the field of youth suicide prevention. John had a passionate and career-long commitment to the implementation and evaluation of school-based prevention programs. He was a pragmatist who understood that successful, effective program development took time; and he championed the need for programs to set appropriate goals and be carefully evaluated. He understood the importance of programmatic continuity and insisted on providing training to ensure program fidelity and on developing strategies for program maintenance.

Yet despite his extraordinary level of academic and intellectual sophistication, John was a consummate egalitarian. He nurtured collaborative relationships with colleagues from all mental health disciplines as well as from program consumers—teachers, school staff members, and students, whose contributions he genuinely valued equally. In the *Lifelines* curriculum, for example, he was most moved by the young boys whose help-seeking interventions for a friend are described in one of the curriculum's videos. "These kids are the real heroes in suicide prevention," he often said.

Those who worked with John miss his intellect, compassion, wit, and contagious sense of curiosity about the world around him. Those who are fortunate enough to be exposed to the work he left behind will be impressed by his thoroughness, intellectual rigor, and obvious commitment to evaluated interventions that effectively address identified suicide prevention needs.

John's legacy to youth suicide prevention lives on in the *Lifelines* program. As you implement this program in your school, I have no doubt that you will share John's observations that your students are the real heroes in suicide prevention.

But in my mind's eye, John Kalafat was one of its real heroes, too.

—Maureen M. Underwood

Acknowledgments

From start to finish, *Lifelines* has been inspired by the scores of dedicated mental health professionals and school staff members who shared our belief in the critical importance of youth suicide prevention.

John Kalafat and I were especially fortunate to have had the vision and insight of Cas Jakubic, Ph.D. (whose request for a school-based suicide prevention program in 1980 spawned the original *Lifelines* curriculum), the support and encouragement of Dennis Lafer, New Jersey Deputy Director of Mental Health Services, and the wisdom of Diane Ryerson, LCSW, who provided input on revisions to early versions of the program. Also, a big thank you to Sue O'Halloran for her work on the student curriculum.

The enthusiasm of our Hazelden editors, Pamela Foster and Sue Thomas, helped guide the *Lifelines* curriculum to another level of professionalism. Special thanks to Nicole Messinger Post for the leadership, sensitivity, and understanding she brought to the video shoot. Sharon Shepherd-Levine and Bob Griffiths also added their sensitive and creative vision to aspects of the video production and Anne Damianos-Kalafat's perseverance and determination steadied the project at difficult and critical junctures.

The ultimate champions of *Lifelines*, though, have always been the survivor parents, whose passionate commitment to youth suicide prevention inspired and motivated us. Special gratitude to Barb Barisonek, Scott Fritz, and Don Quigley for sharing their stories, courage, and strength of spirit.

How to Use the CD-ROM

This manual comes with a CD-ROM that contains downloadable and printable resources for administrators, school faculty and staff, parents, and students, including all the handouts needed for implementing *Lifelines*. Many of the resources are in PDF format and can be accessed using Adobe Reader. If you do not have Adobe Reader, you can download it for free at www.adobe.com. A few of the documents are in Microsoft PowerPoint. If you do not have Microsoft PowerPoint, you can download a free version of PowerPoint Viewer at www.microsoft.com.

Whenever you see this icon  in the manual, this means the resource needed is located on the CD-ROM. There will be a number next to the icon that corresponds to the number of the document on the CD-ROM. An SP symbol (SP) near the icon indicates that a Spanish version of the document is also available on the CD-ROM.

To access the resources on the CD-ROM, put the disc in your computer's CD-ROM player. Open your version of Adobe Reader or Microsoft PowerPoint, and then open the documents by clicking on the ones you wish to use. These resources cannot be modified, but they can be printed for use without concern for copyright infringement. For a list of what is contained on the CD-ROM, see the *Read Me First* document on the CD-ROM.

Introduction to Lifelines

WHAT IS *LIFELINES?*

Lifelines: A Suicide Prevention Program is a comprehensive suicide prevention program that targets the entire school community, providing suicide awareness material for administrators, faculty and staff, parents, and students. It is an outgrowth of programs initially developed by the authors in the 1980s in response to requests from schools for help in dealing with an increase in suicidal behavior among students. While *Lifelines* provides basic information about youth suicide, it is primarily directed at helping everyone in the school community recognize when a student is at potential risk of suicide and understand how and where to access help.

The objectives of *Lifelines* 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 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

WHAT ARE THE *LIFELINES* PROGRAM COMPONENTS?

Lifelines 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.

Administrative Readiness Consultation

This component outlines the school's prepared and planned response to suicide prevention. Setting policies and procedures demonstrates administrative commitment and support for the school's suicide prevention activities, and provides the guidelines for crisis response to students at risk for suicide or in the event of a death by suicide.

Training for School Faculty and Staff

Generally designed as an in-service workshop, this component 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. The role of faculty and staff in suicide prevention is described in this presentation using three goals:

1. Learning the warning signs of suicide
2. Identifying at-risk students
3. Referring at-risk students to appropriate resources

Parent Workshop

This presentation for parents reviews basic information about adolescent suicide and 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 support services are also provided.

Student Curriculum

This component cannot be implemented until the first three components have been completed. 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. The curriculum includes detailed lesson plans that cover facts about suicide and the students' role in suicide prevention. The curriculum also reviews in-school and community resources and is designed to be taught by a school faculty member.

The four sessions teach students

- relevant facts about suicide, including warning signs
- how to recognize the threat of suicidal thoughts and behavior and 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:* Students watch and discuss this video during session 2. The video shows several scenarios about how teens can recognize the warning signs of suicide 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:* Students watch and discuss this video during session 3. 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* 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.

IS *LIFELINES* A RESEARCH-BASED PROGRAM?

Lifelines is a research-based program. It has been identified as a promising program by the Suicide Prevention Resource Center (SPRC) and has been submitted to be 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 and changed to reflect both program evaluation and increases in knowledge about youth attitudes toward seeking help.

Lifelines content is grounded in several areas of research related to adolescent suicide prevention. It reflects research that has determined that most suicidal youths confide their concerns more often to peers than to adults, and that some adolescents, particularly males, do not respond to troubled peers in empathic or helpful ways. It also addresses the fact that as few as 25 percent of peer confidants tell an adult about a troubled or suicidal peer, and that school-based adults are often adolescents' last choice as confidants for personal concerns.

Lifelines also incorporates the evidence that getting help from their peers is beneficial for youths. Participation in helping interactions can shape positive social behaviors and also reduce problematic behavior. Finally, the curriculum incorporates research that has shown that a major factor that buffers youths in stressful situations is a sense of connection and contribution to their school or community.

Lifelines 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.

For more information on the research behind *Lifelines*, consult the journal articles and book chapters listed in the endnotes on page 124.[1]

HOW IS *LIFELINES* DIFFERENT FROM OTHER SUICIDE PREVENTION PROGRAMS?

To put *Lifelines* into context, it's important to understand the different types of school-based suicide prevention programs. They can fall into one of 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 a *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 sessions, 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 behaviors. Instead, sessions emphasize help-seeking behaviors and are aimed at students who come in contact with at-risk peers.

HOW IS *LIFELINES* IMPLEMENTED IN A SCHOOL OR NON-SCHOOL SETTING?

The implementation of *Lifelines* begins with an assessment of school policies and procedures by administrators during the administrative readiness consultation. When schools already have such procedures in place, this initial meeting simply reviews school protocol and encourages the involvement of local community mental health providers in the school's response program. If schools do not have these policies, consultation is directed at helping them establish guidelines that are in line with nationally recommended standards.

This consultation also identifies the in-school resources to which students identified as at potential risk for suicide will be referred. Because the *Lifelines* program is designed to increase awareness about suicide risk, it is essential that these staff members be prepared to effectively manage referrals, which often increase as a result of program information about suicide risk. (See Guidelines for Making Effective Referrals on the CD-ROM.) Resources that enhance staff competence by reviewing current protocols for assessment and management of at-risk youth in the school setting are available.

INTRO-1

After this review of administrative polices and procedures, a faculty and staff training is arranged. This presentation, which usually lasts 45 minutes to an hour, can take place in a variety of formats and is structured to emphasize information that has practical implications for educators. It also serves to officially introduce the *Lifelines* program to the school community and explain the critical but limited role faculty and staff play in its successful implementation.

The third aspect of implementation is the parent workshop, which reviews the *Lifelines* curriculum, provides general suicide prevention information, and outlines strategies to help parents address suicide prevention with their teens. Community mental health resources are also reviewed.

The final component and core of the program is the student curriculum. While the material is developmentally appropriate for eighth through twelfth grades, it is best suited for eighth, ninth, or tenth grade. School teachers or staff who have been designated as instructors will receive training to deliver the four student sessions. This training ensures instructors' comfort with the material as well as fidelity in curriculum implementation.

Components of *Lifelines* can 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 suicide 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.

WHAT RESOURCES ARE AVAILABLE TO HELP WITH THIS TOPIC?

It is a good idea to enlist the support of local community mental health resources in your school's suicide prevention activities. Many agencies offer pamphlets and brochures on suicide prevention that could be distributed to your faculty and parents. Many states have developed a state suicide prevention plan. Some state plans are more comprehensive than others, but it's worth taking a look at your state's plan to see if it offers any youth suicide resources. The list of state plans can be found on the home page for the Suicide Prevention Resource Center at www.sprc.org. The Web site lists a variety of other helpful resources and is updated regularly.

A second organization that has an exceptionally helpful Web site is the American Foundation for Suicide Prevention (www.afsp.org). AFSP is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research and education. AFSP has more than thirty chapters across the country and is especially valuable for locating support groups for people who have experienced the suicide of a family member or friend.

The Society for the Prevention of Teen Suicide provides a training program for school staff on its Web site (www.sptsnj.org) that has been designated as a "best practice." This site includes downloadable PDF files for teachers, parents, and students, as well as a manual for postvention, which is response in the aftermath of a

suicide. It also includes regularly updated links to useful youth suicide prevention Web sites worldwide.

School staff members such as psychologists, social workers, nurses, or child study team members who are responsible for making initial assessments of students suspected of being at risk for suicide will find the Web site of the American Association of Suicidology (www.suicidology.org) particularly helpful. This organization is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education, and training. It offers a school suicide prevention accreditation program designed to increase the competence and confidence of school staff in their interventions with students at risk for suicide.

The Maine Youth Suicide Prevention Program has an array of resource material and information for adults as well as a separate Web site designed with youth for youth. Visit www.maine.gov/suicide and www.maine.gov/suicide/youth/.

CAVEATS TO CONSIDER

Although an attempt has been made to render *Lifelines* as complete as possible, a number of caveats must be considered when implementing this program.

1. Training is important. While *Lifelines* is a detailed, field-tested, and comprehensive package, it is not meant for use by inexperienced community consultants or school personnel. That is, *Lifelines* is best carried out through collaboration between consultants who have solid experience in community consultation, systems entry, and mental health/health education and school personnel who have experience in, or are willing to learn, the provision of sensitive health education and rapid response programs.

2. Teaching about suicide must be voluntary. While *Lifelines* is based on the premise that regular school teachers 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.

3. The teacher is the *most* important piece. These materials have been carefully screened and field-tested. However, no materials are as important as the person delivering them. Teachers covering this material need special preparation. In addition to the *Lifelines* teacher training, teachers who present this material to students must take the time to read the additional resources on teen suicide listed in this manual on pages 127–129, and become thoroughly familiar with school resources and procedures. The many schools that have used *Lifelines* have found that teachers

who teach these sessions are looked at by students as resources and are more likely to be approached about this topic. In order to respond to inquiries that arise during the sessions and outside of class, this extra preparation is necessary.

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

4. The classroom sessions are designed to be presented in four 45-minute or two 90-minute class periods. However, they are flexible and more time can be used, particularly to accommodate discussions of students' current issues and feelings. Experienced teachers know that it is important to take the time to respond to and fully discuss issues that come up in a given class. The first time through may take longer.

5. Substitute material carefully. After some experience, teachers may want to substitute their own material for different parts of the curriculum. However, care must be taken to maintain active participation (e.g., don't substitute a lecture for an exercise). Alternate exercises should be tested first to check for unanticipated effects, and media must be carefully chosen. Media and exercises should promote help-seeking behavior. *There is no place in* Lifelines *for media depicting suicidal acts or featuring previous attempters*.

6. The classroom lessons cannot stand alone. Schools can implement the administrative readiness consultation, faculty and staff training, and parent workshop without teaching the curriculum, but they should *never* implement the curriculum without these other components having been carried out first. Also, it is important to be aware that classroom material on problem solving, self-esteem, communication skills, substance abuse, sex education, interpersonal violence, and other health topics can supplement and enhance the impact of *Lifelines*.

7. Be sensitive to those who may have attempted or lost a loved one to suicide. While these lessons have a low-key, educational focus, they do generate discussion about suicide. Such discussion might be upsetting to students who have made a non-lethal attempt, those who have been identified as at risk, or those who have experienced the suicide attempt or death of a friend or family member. Such students should be approached prior to the class, informed of the topic, and provided the option of not attending. When this is done, the student often both chooses to

attend and actively participates. Of course, as with any subject matter that may touch on students' personal lives, the teacher must be sensitive to student reactions and follow up after the class with any students who appear to have been distressed by program content.

8. What if? If a school has recently experienced a death from suicide, the program should not be started for at least a semester while postvention procedures are carried out. If a suicide death occurs while the curriculum is in place, the regular *Lifelines* sessions should be suspended for at least a semester in favor of postvention procedures. *Good postvention practices contribute greatly to suicide prevention.*

As this rather long list of caveats indicates, providing an effective response to suicide is a complex endeavor. As we, the program developers, learn more about this process, we expect to make further modifications in our approach; and, as we have in the past, we welcome continued feedback from those who use the *Lifelines* program. Finally, probably more than any other community education program that we have developed, we sincerely hope that the need for programs such as *Lifelines* soon passes.

Introduction to Teen Suicide

The following is based on a true story.

Nicole and Tanya had been friends with Kate since fourth grade. By the time they were in eighth grade their friendship circle had widened, but they still sat together at lunch and shared shopping trips and sleepovers. That was until about six months ago, when Kate started to act differently.

The girls noticed that she cancelled weekend plans suddenly, with excuses that seemed pretty lame. When they questioned her about it, Kate would shrug her shoulders and say she was just tired. She was quiet at lunch, barely eating, and generally looked around distractedly rather than joining in the conversation.

Her grades still seemed good, but she wasn't as enthusiastic about class assignments and she stopped offering to help her friends with projects the way she had before.

Nicole and Tanya were concerned. They decided they would ask Kate if they had done anything to make her mad at them, but when they approached her she apologized for not being a good friend and told them she felt like they might be better off without her. She was bored with everything, she said, and wasn't sure she would ever feel better. The girls responded with assurances that Kate was still a great friend. They suggested a plan to go to a new movie they all had been looking forward to seeing, and Kate agreed to go with them.

Early on the day of their scheduled movie outing, Nicole got a text from Kate saying she couldn't go. When Nicole asked why, Kate simply said "goodbye" and signed off.

Nicole and Tanya were frustrated with Kate so they went to the movie without her. When she didn't show up for school the following Monday, they became concerned. Nicole's mom called Kate's mom who told her that Kate had taken an overdose of Tylenol and was in the local hospital. She was okay physically but would need psychiatric treatment for what Kate admitted had been a suicide attempt.

For many students like Nicole, Tanya, and Kate, suicide is not something that happens to other people—they are extremely familiar with its unfortunate reality, even in middle school.

So, how prevalent is teen suicide? Consider the following national statistics[1]:

- In the United States, suicide is the third-leading cause of death for fifteen- to twenty-four-year-olds, following accidents and homicides.
- One in six high school students has thoughts about suicide.
- 16.9 percent of high school students have made a suicide plan in the past twelve months.
- One in eleven high school students has made an attempt in the past twelve months.
- The suicide attempt rate has increased most dramatically for ten- to fourteen-year-olds.
- Of school psychologists surveyed, 86 percent have counseled a student who has threatened or attempted suicide.
- Of those psychologists, 62 percent have had a student make a nonfatal attempt at school.
- Of those psychologists, 35 percent have had a student in their school die by suicide, and more than half of them reported more than one death.

HOW DOES TEEN SUICIDE AFFECT STUDENTS, SCHOOLS, AND COMMUNITIES?

No one whose life has been touched by a teen suicide has to read these stunning statistics to understand the impact of a self-inflicted death. But the scope of these numbers really doesn't matter when you are confronted by the name and the face of a child who has died by his or her own hand. As anyone who has had experience with youth suicide will tell you, the impact is devastating.

The troubling question that is always in the forefront of everyone's mind can be summed up in one word: Why? It is often followed by what is called "an exaggerated sense of responsibility"—the feeling that something could have personally been done to prevent the death. Even young children struggle to understand why the suicide took place, and often adopt simplistic reasoning to address their feelings of guilt. For example, a church youth group of twelve-year-olds responded to the suicide of a peer by deciding that the boy had died because the group had made fun of his clothes. They reasoned that if they hadn't teased him, he would still be alive today.

Parents, schools, and communities experience the same painful search for reasons, which are always impossible to figure out and to comprehend. What could ever have been so bad that it would lead a teen to suicide? And what can be done to make sure it never happens again?

This last question is a major concern for school communities because research tells us that there is a risk that adolescents will imitate suicidal behavior. Teens copy each other in so many superficial ways, and, unfortunately, they copy suicidal behavior as well.

WHY SHOULD SCHOOLS ADDRESS THE ISSUE OF TEEN SUICIDE?

These troubling statistics tell us that at any given time, over 14.5 percent of our high school students are having thoughts about suicide and about 7 percent have actually made a suicide attempt in the last twelve months.[2] While we may not know exactly who they are, these students are sitting in our classrooms. And although there may be a lot about suicide that we don't understand, what we can say for sure is that students who are thinking about dying are not concentrating on academic studies.

As stated by the Carnegie Task Force on Education, "School systems are not responsible for meeting every need of their students, but when the need directly affects learning, the school must meet the challenge."[3] By addressing teen suicide in a focused but comprehensive way, a school system can meet this challenge without overstepping its boundaries and becoming a mental health clinic. It can stand as a resource to potentially at-risk students by letting them know that the entire school community takes the problem of suicide seriously and has committed staff time and resources to addressing suicidal behavior.

DO SCHOOL PROGRAMS REALLY HAVE AN IMPACT?

School-based suicide prevention programs for students began in the 1980s. These programs tried to "normalize" suicide as a stress response as a way to encourage student discussion. Unfortunately, the programs gave the impression that feeling suicidal was a normal response to stress. Follow-up studies indicated that some of these programs achieved modest gains in student knowledge and positive attitudes toward help-seeking for suicide, while others had no effect or actually received negative student response. In light of the limitations of these early programs, emphasis shifted toward programs that emphasized skills training (including improvement of student coping skills), the education of school personnel, and in-screening students for risk through self-report and individual interviews.

Evaluation studies of contemporary programs have shown them to be mostly well received and sustainable. Controlled studies show knowledge gains, improved attitudes toward help-seeking behavior, actual increases in help-seeking, and decreases in self-reported suicide attempts.

There is also evidence that certain programs are not effective.[4] One-time programs, such as assemblies, do not provide enough exposure to the messages of suicide prevention, nor do they allow for monitoring of student reactions. Programs that use media depictions of suicidal behaviors or speeches by teens who have made suicide attempts should not be used, as they could have modeling effects for at-risk teens.

CAN TALKING ABOUT SUICIDE IN A SCHOOL CAUSE MORE SUICIDE?

Absolutely not! There are four main arguments in response to the myth that talking with kids about suicide will "plant" the idea:

1. Students are already well aware of suicide from their experience with suicidal peers and the media.[5]

2. In the authors' thirty years of hotline experience and twenty years of school-based suicide prevention programming, there has never been a case of planting the idea. The facts in regard to stimulation of suicidal behavior are best summarized by the following quotes from the Centers for Disease Control and Prevention: "There is no evidence of increased suicidal ideation or behavior among program participants"[6] and "Furthermore, numerous research and intervention efforts have been completed without any reports of harm."[7]

3. Several evaluations of school-based programs show increased likelihood that program participants will tell an adult about a suicidal peer as opposed to keeping that information to themselves.[8]

4. 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.[9]

Remember, educational programs are not aimed at suicidal feelings per se, but instead emphasize knowing the warning signs, taking action, and obtaining help.

WHAT ARE THE RISK FACTORS AND WARNING SIGNS OF TEEN SUICIDE?

While the causes of youth suicide are complex and determined by many factors, mental health professionals have learned some things about the population of students who may be at increased risk for suicide. Current knowledge about the risk factors and warning signs of teen suicide comes from clinical sources and "psychological autopsy" studies of youth who have completed suicide. Researchers interview the family members, friends, school staff, and other significant people who knew the deceased and try to discover the factors that may have contributed to the death.

Let's look first at what we have learned from these clinical studies and then translate this information into a formula that might be useful in a school setting:

- The vast majority of youth who died by suicide had significant psychiatric problems, including depression, conduct disorders, and substance abuse problems.[10]
- Between one-quarter to one-third had made a prior attempt.[11]
- A family history of suicide greatly increased the risk.[12]
- Stressful life events such as interpersonal losses, legal or disciplinary crises, or changes for which the teen felt unprepared to cope were also reported.[13]

Teens who are suicidal don't just wake up one day and decide that life is no longer worth living; complex dynamics underlie suicide attempts and completions. These dynamics provide an important foundation for our understanding of suicidal youth, but this information may not be accessible or even relevant in a school setting. What is more relevant to those in a school are the "warning signs" of suicide. These warning signs are attitudes or behaviors that *can be* observed when

a student may be at risk for suicide. The *Lifelines* program organizes these warning signs with the acrostic FACTS, which stands for feelings, actions, changes, threats, and situations.

Feelings

- Hopelessness—feeling like things are bad and won't get any better
- Fear of losing control, going crazy, harming oneself or others
- Helplessness—a belief that there's nothing that can make life better
- Worthlessness—feeling useless and of no value
- Self-hate, guilt, or shame
- Extreme sadness or loneliness
- Anxiety or worry

Actions

- Drug or alcohol abuse
- Talking or writing about death or destruction
- Aggression
- Recklessness

Changes

- Personality—behaving like a different person, becoming withdrawn, feeling tired all the time, not caring about anything, or becoming more talkative or outgoing
- Behavior—inability to concentrate
- Sleeping pattern—sleeping all the time or not being able to sleep
- Eating habits—loss of appetite and/or overeating
- Losing interest in friends, hobbies, personal appearance
- Sudden improvement after a period of being down or withdrawn

Threats

- Statements like "How long does it take to bleed to death?"
- Threats like "I won't be around much longer" or "You'd be better off without me"

- Making plans, such as studying about ways to die or obtaining the means to self-inflict injury or death
- Suicide attempts

Situations

- Getting into trouble at school, at home, or with the law
- Recent losses
- Changes in life that feel overwhelming
- Being exposed to suicide or the death of a peer under any circumstances

WHAT SHOULD TEACHERS AND OTHER SCHOOL STAFF DO IF THEY KNOW OR SUSPECT A TEEN IS SUICIDAL?

The role of teachers and other school staff in the prevention process is critical but limited. Teachers and staff should follow these steps:

1. Stay alert to changes in student behavior that correspond to the FACTS acrostic.

2. Express your concerns to the student, if you feel comfortable doing so.

3. Immediately notify internal school resources if the situation seems especially worrisome (the student is making threats or you hear about an attempt). These staff members have the training and skills to
    - talk more in depth with the student
    - decide whether or not parents or guardians need to be informed
    - decide if further assessment by a mental health professional is required

WHY SHOULD OUR SCHOOL IMPLEMENT A SUICIDE PREVENTION EDUCATION PROGRAM?

Very few suicides or suicide attempts take place in schools. But many young people who are at risk for suicide exhibit warning signs in school, and the ability to recognize and act on these warning signs could prevent death or injuries and reduce emotional suffering.

As national data clearly demonstrate, these at-risk youths are sitting in classrooms all over the country. Ignoring their presence does not make them go away. This will not help their peers who may realize something is wrong but don't know how to be helpful. And it doesn't provide support or direction to their teachers who also sense there is a problem but are uncertain on whether to intervene.

A suicide prevention education program is a pragmatic, proactive approach that supports the prevention of self-destructive behavior by students. It is grounded in the perspective of the school as a competent community where school officials clearly and consistently convey the vision that all members of the school care deeply about the safety and positive development of each other.

An increasing body of literature suggests that conceptualizing schools as competent and caring communities has a wide range of positive outcomes, which includes more effectively meeting the needs of both teachers and students. Most schools currently apply this concept of community to the prevention of interpersonal violence. "Safe" school mandates clearly outline responses to threats against others. Suicide prevention programs are the logical extensions of "safe" schools and send an important message to the entire student body: *your* life is just as important as the lives of others.

INTRO-2, INTRO-3

For more information on youth suicide, see Frequently Asked Questions about Youth Suicide on the CD-ROM. For an in-depth case study on one state's implementation of *Lifelines*, see Notes from the Field on the CD-ROM.

Part 1

Administrative Readiness Consultation

Administrative Readiness Consultation

INTRODUCTION

The foundation for any school-based suicide awareness program must begin at the administrative level with the development of school policies and procedures for handling at-risk or suicidal students, and for responding in the event of a suicide. These procedures are designed to help schools quickly mobilize a coordinated support system for students in crisis, and to identify resources within both the school and the local community for responding to suicide emergencies. The emphasis in procedures is on the school's role as a liaison, clearly referring the treatment responsibility to other community resources.

There are two reasons why the establishment of policies and procedures is a critical first step:

1. They represent the school's concrete recognition of the special issues presented by suicidal or at-risk teens and, in some ways, a demonstration of the school's commitment to interventions for these students.

2. They can reassure the faculty that a system exists for referral of students who might be at risk. This responsibility will not remain with teachers who are generally already overburdened with academic responsibilities. A clear definition of a response hierarchy in a suicidal crisis can begin to address faculty concern about assuming yet another responsibility.

The intent of these procedures is to provide a coordinated support system for students in crisis in the most quietly efficient manner possible. Written procedures

also serve as a concrete reminder that the obligation to begin possible life-saving intervention takes precedence over the commitment to student confidentiality. This reinforces the school's role as a competent and compassionate community.

Advanced planning to prevent youth suicide and to intervene in a crisis can significantly improve the ability of school personnel to respond quickly, effectively, and with the least disruption to school routines when suicidal behavior becomes an issue. This can be best accomplished by having in place:

- school personnel or resource staff who have been clearly designated as points of contact and have been trained to respond to the student and collaborate with parents and local resources
- liaison procedures with local mental health agencies
- clear guidelines that provide ideal responses to various suicidal situations and that are distributed to all school staff

The response chain of command should be clearly stated, with the identification of appropriate backups. Any requirements for written documentation should be created as standard forms and attached to the policies that are given to faculty and staff. A faculty in-service can provide a forum for discussing the policy, the reasons for its implementation, and examples of how it is to be used.

IS YOUR SCHOOL PREPARED TO MANAGE SUICIDAL BEHAVIOR?

While not an exhaustive list, the questions in the following screening tool will help you develop the necessary school protocols to address suicide prevention, intervention, and postvention. (A printable copy of the readiness survey can be found on the CD-ROM.) After answering the questions, compare the guidelines on pages 33–41 with your school's established policies and procedures. Remember, these are guidelines and they can be modified to fit your school's needs. The overall goal is to provide as smooth, efficient, and maximally supportive response to these situations as is possible.

Lifelines is a comprehensive, whole-school suicide prevention curriculum for implementation in middle school and high school. This curriculum includes a program guide, a CD-ROM (which contains reproducible handouts and other resources), and two DVDs.

Lifelines addresses the whole school community by providing suicide awareness resources for school administrators, faculty and staff members, parents and caregivers, and students. Information about suicide and the role of students in suicide prevention is presented in easy-to-follow lessons.

Students participate in role-playing 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. This compelling program is an ideal addition to your school's prevention programming.

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