

Lifelines

Lifelines School-Based Suicide Response Program

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Lifelines Objectives

<u>Objective</u>	<u>Program Component</u>
1) All faculty and staff will know school procedure for responding to at-risk, attempt, completion, student returning after hospitalization (including appropriate school contact persons). 2) School officials (administrators and other school personnel designated to respond to suicidal situations) will know community providers and referral procedures.	1. Organizational Consult
2) All faculty and staff will know relevant suicide facts, indicators of at-risk students and response guidelines, including referral procedure.	2. Gatekeeper Training
3.1) Students will recognize the threat of suicidal thoughts and behavior and take troubled peers seriously.	3. Student Curriculum
3.2) Students will demonstrate positive attitudes about intervention and help seeking.	
3.3) Students will know relevant facts about suicide, including warning signs.	
3.4) Students will know how to respond to troubled peers.	
3.5) Students will know resources: be able to name one adult and know how resources will respond.	
4) Parents will know how to identify at risk teens, know resources, and know the school program.	4. Parent Training

Program Features

Over the years, we have found that it is very important that suicide response programs, and, in particular, the classroom curriculum, be easily adapted to the realities of school systems. A number of features have been incorporated to facilitate this.

Class Schedules

The curriculum can be organized into 45 minute lesson plans which can be incorporated into existing family life, health, or other classes. No time outside of class is required for the students or teachers, and no expansion of already taxed school curricula is necessary. Special group sessions outside of regular classes can be a popular format with students, and may serve to highlight the important nature of this topic. If schools choose to use his format, the material can be arranged accordingly. It should be noted that there is a high correlation between adolescent suicide and other topics that are often part of health classes such as substance abuse and teen pregnancy. Each of these may represent inappropriate solutions to problems that can be addressed within the context of health or family life education.

Educational Focus

Through collaboration with educators, the effective curricula have been organized as explicit lesson plans that are hopefully devoid of mental health jargon. In addition, established educational principles have been employed in the lessons including:

- The lessons are problem vs. content-centered in that material is organized around issues that students are currently dealing with such as keeping confidences.
- The lessons include exercises and media that promote participatory learning.
- Each lesson is limited to about three basic points, which is the most that students (teens and adults alike) will retain in a 45 minute period.

Teacher Provided

The lessons are designed to be presented by regular classroom teachers rather than external consultants. This is not only more cost effective, but is consistent with the goal of to enhance *school-based* student supports. That is, research seems to show that when students have particular concerns, they are more likely to talk about them with an adult who has demonstrated some interest and expertise in that area. Therefore, when regular classroom teachers cover material on suicide, students may see them as concerned, responsive adults who are available during school hours.

Students have also told us that they are more likely to perceive as helpful, and to turn to, staff and faculty who take the time to interact with them outside of the confines of their office or the classroom. Presenting the curriculum can enhance the credibility of a teacher in this area, but such additional interaction with students may be necessary to increase the likelihood that they will be seen as a resource by students.

Implementation Procedure

Schools must be prepared to respond to referrals of at-risk teens that suicide response programs generate. Thus program implementation begins with a **review of school policies and procedures** with administrators and/or special committees or teams designated by the schools to develop such procedures. Some schools already have procedures in place, and this initial meeting simply consists of a review and identification of specific contact persons in the local human service system. It is important to ensure the **involvement of such local community providers** in the school's response program. Contacts with these providers should also be in place at the start of the program.

After the initial review of Administrative Policies and Procedures, (Section I) the **Faculty and Parents Presentations** (Section II) are arranged. There can be a variety of formats and contents in these presentations, as long as the emphasis is on information that has practical implications for educators and parents. Presentations that contain a lot of clinical or mental health jargon or abstract statistics are (appropriately) not well received. Most schools allow only about an hour for this, although a three hour presentation can be provided on an inservice day. Parents will not typically come to a presentation on youth suicide, so this one-hour presentation has to be coupled with other topics of more interest to parents and/or repeated several times. The faculty presentation should be repeated and updated every 2-3 years.

The core of the program is the **Student Curriculum** (Section III). This material is usually developmentally appropriate for 8th through 12th grades. However, it seems to be best suited for 8th or 9th grades. By 12th grade, students are beginning to deal with different issues such as transitions to work or college, and these would have to be addressed (e.g., how to find resources on the college campus). Below 8th grade, the treatment of such topics as death or help seeking would have to be different.

In keeping with the thrust of the entire program, the focus of the classroom lessons is practical and action oriented. Based on the current facts about adolescent suicide, it is hoped that these lessons can provide the knowledge of, and capacity to choose viable alternatives. Given the critical role of peers in suicidal situations, we feel that the lessons may be more likely to reach the youths who may learn of troubled peers, and to provide them with the knowledge and support for taking appropriate action.

We recognize that most adolescents are struggling with issues of autonomy and separation from adult support, and, in this process, place a good deal of importance on loyalty to peers. The lessons directly address the dilemma presented by the necessity to seek adult help for a suicidal peer in the face of these developmental issues. We encourage teachers to address this dilemma with students beyond the specific exercises in the lessons.

The wallet cards are a very important part of the program. They are the only handout that we expect to survive in a student's possession beyond the classes, and they should be kept available throughout the school as well as in other locations in the community.

Student Curriculum Instructional Outline

Content	Brief Description	Time	Materials
<i>Lesson 1: Troubled Peers</i>			
1.1 Introduction & Exercise: What Would You Do?	Experiential exercise introduces the central goal of the curriculum: to prepare students for their intervention role; provides the <u>why</u> for the curriculum that enhances the salience of the rest of the lessons.	25'	Instructor Guideline A Instructor Guideline B Student Handout 1
1.2 Quiz and Discussion	Relevant information about suicide is presented in a participatory manner that highlights for each student what s/he knows/needs to know.	20'	Instructor Guideline C Student Handout 2
<i>Lesson 2: Your Response Role</i>			
2.1 Video: <i>Suicide. A Guide to Prevention</i>	The steps to a suicide intervention described and modeled by students role-playing appropriate responses to a troubled peer.	12'	Video
2.2 Video Discussion	Students discuss similarities & differences in how adults were involved in a variety of situations.	10'	Instructor Guideline D
2.3 Warning Signs of Suicide	Awareness of warning signs is expanded beyond those mentioned in the video	8'	Instructor Guideline E Student Handout 3
2.4 Helpful Steps to Prevent Suicide	Suicide Prevention Steps reviewed and reinforced through recording of actual language students would use to intervene	15'	Instructor Guideline F Student Handout 4
<i>Lesson 3: Getting Help</i>			
3.1 Video: <i>A Life Saved</i>	The video presents a real-life suicide intervention by 8 th grade boys who applied the lessons they learned in Lifelines.	12'	Video
3.2 Video Discussion	Discussion provides review of risk factors, warning signs, intervention steps as well as different responses to the intervention.	8'	Instructor Guideline G
3.3 The Qualities of Helpful People	Group exercise provides opportunity for youth to identify qualities of helpful people and identify personal, school, and community resources.	25'	Instructor Guideline H Student Handout 5
<i>Lesson 4: Helping a Troubled Friend</i>			
4.1 Practice through Role-plays	The use of student written role-plays involves all students as “helpers” through discussion and advising the role-players.	30'	Instructor Guideline I
4.2 Closing Activities	Signing of Help Seeking Pledge seeks commitment to help self and others during troubled times. Wallet card provides review of suicide prevention information and resources. Certificate of Completion recognizes student participation.	15'	Instructor Guideline J Student Handout 7, Wallet Cards and Certificates of Completion

Lifelines Teachers Workshop Outline

Participants will be able to implement or train others to implement a comprehensive, evaluated school-based youth suicide response program.

9:00-9:30	Overview of Youth Suicide: Focus on the Need and Rationale for a Comprehensive School-Community Program: Competent Community that recognizes and responds to troubled members.
9:30-10:15	Values Clarification: An Experiential Review of Society's and Participants' Attitudes Toward Suicide.
10:15-10:30	Break
10:30-11:30	Introduction to the Program: Given the Needs Identified earlier, What would Participants Include in a Prevention Program. <i>Ask participants to brainstorm components or topics to include in a program, including classroom lessons for students. Write responses on easel or chalkboard. Next, introduce time constraints in schools such as only 1.5 hours for faculty/staff presentation; 4-5 class periods for students. Then ask participants to prioritize topics. Circle those included in Lifelines.</i>
11:30-12:00	Overview of Lifelines Program Elements: Community, School Administration, Educators, Parents, Students
12:00-1:00	Lunch
1:00- 1:30	Consultant Demonstration of Student Lesson 1: What Would You Do? (with educators in student role or with students)
1:30-2:15	Participants Practice Student Lesson with Student Volunteers <i>Two teachers or other school staff team- teach Lesson 1: Quiz & Discussion. Consultant elicits feedback, discussion from students and teachers.</i>
2:15-2:30	Break
2:30-3:30	Participants Practice Student Lesson with Student Volunteers <i>Two teachers or other school staff team- teach Lesson 3: Roleplays & Discussion. Consultant elicits feedback, discussion from students and teachers.</i>
3:30-4:00	Implementing/adapting a Program in Your School: Selling, Systems Entry, Establishing a Team, Responding to Myths, Assessing School Context: demographics & recent events <i>Consultant leads discussion of issues, necessary resources/structures, barriers involved in implementing and sustaining prevention programs in participants' school.</i>
4:00-4:30	Wrap up Day

Note: Implementation with fidelity is critical to program success. The most effective way to ensure fidelity is to engage in a demonstration, practice, feedback sequence. Consultants demonstrate the entire program or major components of it on site, while school staff who will be implementing the program observe. This is followed by a debriefing/discussion. Next, school staff provides the student lessons on site while the consultant(s) observe. This is followed by feedback/discussion. Then school staff implements the program on an ongoing basis. It is best if more than one person per school is cross-trained in the program, and that these staff meet occasionally to discuss the program.

Another variation on this workshop is to omit the Overview of Youth Suicide, The Overview of the Program, and the Consultant Demonstration. The former two segments can be included in a handout. These segments are replaced by additional teacher practice in delivering other Lifelines lessons. In this version, teachers break up into groups of 4 and each practices a lesson with the others serving as "students". All debrief after each lesson.

Basis for the Preventive Intervention

- Most suicidal youths confide their concerns more often to peers than adults.
- Disturbed youth (e.g. depressed, substance abusers) prefer peer supports over adults more than their non disturbed peers.
- Some adolescents, particularly some males, do not respond to troubled peers in empathic or helpful ways.
- As few as 25% of peer confidants tell an adult about their troubled or suicidal peer.
- School personnel are consistently among the *last* choices of adolescents for discussing personal concerns.
- Consistent reasons cited by students for reluctance to confide in adults in their schools include:
 - Confidentiality is not respected.
 - Adults do not have the time to listen due to school schedules and other demands.
 - School schedules and other organizational characteristics prevent students from getting to know adults well enough to feel comfortable confiding in them.

We therefore consider the inaccessibility of, and reluctance of adolescents to seek out, helpful adults to be a risk factor that contributes to destructive outcomes associated with a variety adolescent risk behaviors.

- Conversely, research has shown that contact with helpful adults may be considered a *protective factor* for a variety of troubled youth.
- There is also evidence that *provision* of help by youths may be beneficial to them: participation in helping interactions can shape prosocial behaviors and reduce problematic behavior; and is related to indices of social competencies that can carry over to other challenging situations.

Therefore, the overall goals of the Lifelines program are to increase the likelihood that school gatekeepers (administrators, faculty, and staff) and peers who come into contact with at-risk youth can more readily identify them, provide an appropriate initial response to them, will know how to obtain help for them, and are consistently inclined to take such action.

Lifelines has been implemented in secondary schools throughout the United States.

Note: Because the same phenomenon in which peers and, at times adults, know about the intentions of a troubled or at-risk youth, occurs with **interpersonal violence**, the goals of this program may also apply to the prevention of interpersonal violence.

Role of the School

The overarching role of schools in the prevention of all student destructive behaviors is to maintain a **competent community**.

Two characteristics of competent communities are:

1. LEADERS WHO ARE COMMITTED AND ENGAGED.

School officials must clearly and consistently convey the vision that in this school, we care deeply about the safety and positive development of all of our members.

2. MEMBERS WHO:

- Share responsibility for the general welfare of the community and its members.
In this school, we take care of each other.
- Have collective competence in responding to suicide as a threat to the integrity of the community and the safety of its members.
In this school, we know how to come to the assistance of those in need.

Do you have a competent community?

Teachers' Role

The teacher's role is a crucial *and* limited one:

- Educational- provide information.
- Refer students to appropriate resources, help make the connection.
- Identification of at-risk students.
- Empathic listener.

You need to know the warning signs and basic facts about suicide. Don't get in over your head. If you feel uncomfortable about the problems the student brings you, keep your involvement minimal and get the student to someone who can help, such as a school counselor or other mental health professional. Know the referral sources in your school and community. Know and follow your school's procedures for responding to at-risk students.

Role of the School District

- Have a published and disseminated policy for school personnel to follow when a student threatens, attempts, or completes suicide.
- Identify knowledgeable and empathic personnel to whom students can go on their own or be referred (get student input as to who these people are).
- Establish working relationships with mental health professionals in the community for referral and consultative purposes.
- Be familiar with community resources.
- Provide or broker education about youth suicide to parents, students, and *all* school personnel.
- Provide a supportive school environment in which students have the opportunity to contribute and participate in the school community.

Contact with caring adults and a sense of connection with the school are major protective factors against a variety of destructive behaviors, including suicide, substance abuse, and interpersonal violence.

Evaluation of Lifelines/ASAP

Kalafat and Elias (1994) evaluated an early version of *Lifelines* (Kalafat & Underwood, 1989) and found that students who participated in the four suicide response health classes, as compared to controls, showed significant gains in relevant knowledge about suicide and significantly more positive attitudes toward help seeking and intervening with potentially suicidal peers. No gender or pretesting effects were found. Student reactions to the curriculum were positive and emphasized the utility of the classes for helping them with friends' problems, as was the intent of the program.

This study employed a self-report questionnaire, while Kalafat and Gagliano (1996) employed simulations to assess the responses of trained and untrained students as has been successfully done with simulations in the counseling and medical education fields. They assessed student responses in simulations of both suicidal and troubled (not explicitly suicidal) peers to evaluate a curriculum that aimed at destigmatizing mental health services and help seeking in general, and also included practice in responding to suicidal peers. They employed two vignettes (low ambiguity: peer saying "sometimes I think I might as well kill myself", and high ambiguity: peer writing essay entitled "(Final) Family Decisions") from the Kalafat, Elias, & Gara (1993) study. Participants, as compared to controls, showed small but significant increases in the "tell an adult" responses to the vignettes.

Kalafat & Ryerson (1999) described the systematic implementation and dissemination of a very similar comprehensive program (ASAP) in 33 public high schools in a populous Northeastern suburban county. A ten year follow up survey found that the program had been retained with sufficient fidelity in 31 schools. Suicide rates for the county as compared to state and national rates for the same time period are presented in table 1. While this decline in suicide rates cannot be directly attributed to the program, it is encouraging. In addition, it provides further evidence against the myth that talking about suicide with students will prompt suicidal behavior.

In sum, there is preliminary evidence that *Lifelines*, or slight modifications thereof, may increase the expressed intent of students to tell an adult about an at-risk peer, is well-received by students, can be implemented with fidelity by trained school personnel and sustained over a period of years, and has been associated with declines in youth suicide rates.

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Table 1

Suicide rates for 15-24 age group for the nation (N), state (NJ), and the county (Bergen)

	<u>N</u>	<u>NJ</u>	<u>Bergen</u>
Pre-implementation 1978-82	12.30	8.72	7.26
Implementation 1983-87	12.66	8.66	7.53 (6.98)*
Post-implementation 1988-92 (ongoing operation)	13.16	7.90	4.38

* This figure excludes a cluster of 4 suicides of adolescents who had dropped out of a school that did not have a suicide prevention program.

Lifelines Ordering Information

The *Lifelines* manual can be ordered from:

John Kalafat
Rutgers GSAPP
152 Frelinghuysen Rd.
Piscataway, NJ 08854-8085

Cost of the manual: \$40. Checks should be made out to The American Association of Suicidology.

The videos used in Lifelines are:

Suicide. A Guide to Prevention (2nd Edition). Available from:
The NoodleHead Network
107 Intervale Ave.
Burlington, VT 05401

Voice: 1-800-639-5680
Fax: 802-864-7135
E-mail: info@noodlehead.com

Cost: \$89; shipping: \$6 for the first tape, and \$1 for each additional tape.

A Life Saved. The Story of a Suicide Intervention Also available from Noodlehead Network.

Cost: \$25