



**Youth Suicide Prevention
Community of Practice–
Second Meeting – Evidence-based and
Promising Practices in Youth Suicide
Prevention**

**Wednesday, February 29, 2012
10:30 to 11:30 a.m. Eastern Standard Time**

Featured Speakers: Phil Rodgers, and Lygia Williams

Moderator: Erica Streit-Kaplan

On your telephone please dial:

1-866-835-7973

The webcast will begin shortly. Your phone line is currently muted.



Meeting Orientation Slide

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Introductions

- Minnesota
- Missouri
- Nebraska
- North Carolina
- North Dakota
- Oklahoma
- Puerto Rico
- Tennessee
- Virginia
- West Virginia
- Other partners

*The Best Practices Registry for Suicide
Prevention: Identifying Promising and Effective
Suicide Prevention Programs*

CSN Community of Practice Webinar
February 29, 2012

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American Foundation
for Suicide Prevention

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Presentation objectives

At the conclusion of this presentation, After the presentation, participants will be able to:

1. Describe the Best Practices Registry for Suicide Prevention (BPR).
2. Demonstrate how to access the BPR.
3. Define what “makes” a program effective.
4. List several different types of suicide prevention programs and describe why they should be considered successful.
5. Understand the importance of collaboration in the development, implementation, and evaluation of programs.

What is the Best Practices Registry for Suicide Prevention (BPR)?

- The BPR is an online registry of “best practices” in suicide prevention
 - Over 90 programs are currently listed in the BPR
- The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the *National Strategy for Suicide Prevention*
 - “Practices” is defined broadly, including programs, policies, protocols, awareness materials, etc.

*A (Very) Brief Overview of Suicide
Prevention*

Suicide has multiple contributing factors

Biological Factors

- Familial Risk
- Serotonergic Function
- Neurochemical Regulators
- Demographics
- Pathophysiology

Predisposing Factors

- Major Mental Disorders
- Substance Use/Abuse
- Personality Profile
- Abuse Syndromes
- Severe Medical/Neurological Illness

Proximal Factors

- Hopelessness
- Intoxication
- Impulsiveness Aggressiveness
- Negative Expectancy
- Severe Chronic Pain

Immediate Triggers

- Public Humiliation Shame
- Access To Weapons
- Severe Defeat
- Major Loss
- Worsening Prognosis



However, we often seek simple answers...

Death and Joblessness

Suicide Dogs the Long-Term Unemployed. What Can Be Done to Help Them?

By **ANNIE LOWREY** 8/17/10 4:30 AM

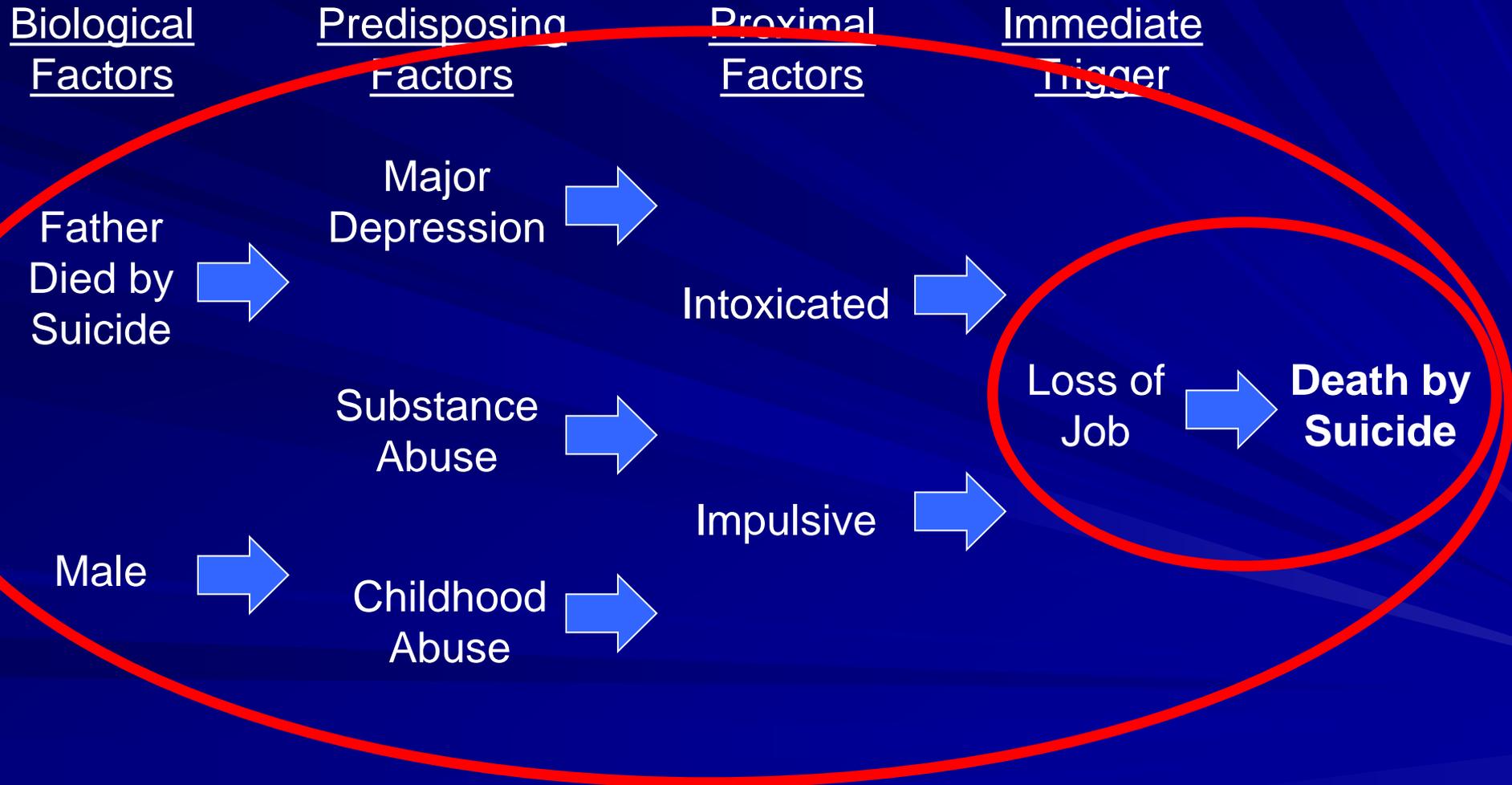
 Like 511



A photograph taken after a protest in Grand Rapids, Mich. (Flickr user StevendePolo)

Source: *MSNBC.com August 17, 2010*

But, in regards to prevention, it's important to look at the whole story...



A basic prevention approach is to...

1.

Identify risk and protective factors that are related to suicide for a given population

2.

Select and implement a program that targets positive change in those risk and protective factors

To target specific factors, you need a specific tool.

- The Best Practices Registry provides a list of tools.
- These tools have been reviewed by experts in the field.
 - using criteria dependent upon the type of tool.

How does the BPR help to prevent suicide?

The Best Practices Registry provides a list of programs that:

1. Target specific risk and protective factors related to suicide, and
2. Have been reviewed by experts using criteria related to effectiveness, or quality and safety of content.

If you or someone you know is in suicidal crisis, call **1-800-273-TALK (8255)**. National Suicide Prevention Lifeline

This Month Don't Miss...

- About SPRC
- Featured Resources
- Best Practices Registry**
- State Information
- American Indian / Alaska Native
- Colleges & Universities
- SPRC Training Institute
- Suicide Prevention Basics
- Taking Action
- News

NEW! Help SAMHSA highlight advances of the behavioral health field
This year, SAMHSA turns 20 - an important milestone for the behavioral health field. To recognize the progress in prevention, treatment, and recovery, SAMHSA wants to highlight the important milestones that have occurred in behavioral health over the past 20 years and is seeking input on the most noteworthy accomplishments and changes over several years. Suggestions might include groundbreaking studies, promising research, important legislation and court decisions, or other great strides made by the field. The online forum is currently open and will close Monday, March 5, at 9 a.m. eastern time.

NEW! Archived presentation of SPRC Research to Practice Webinar *Bullying and Suicide Prevention* now available
The audio recording and pdf presentation for SPRC's most recent Research to Practice Webinar, *Bullying and Suicide Prevention*, are now available for download. Presenters were Anat Brunstein Klomek, Ph.D. and Catherine Bradshaw, Ph.D., M.Ed.

NEW! THRIVE (Tribal Health: Reaching out InVolves Everyone) suicide prevention and anti-bullying materials available
The Northwest Portland Area Indian Health Board announces the availability of free suicide prevention and anti-bullying materials from the THRIVE media campaign. Community is the Healer that Breaks the Silence (suicide prevention) materials and Stand Up, Stand Strong (bullying prevention) materials are available.

More of "This Month Don't Miss"....

News Highlights

Click [here](#) to read more of this week's news.

National:
[A hope that Don Cornelius' apparent suicide opens door on taboo topic](#)



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SAMHSA Grantees



Director's Blog New!
[Read more](#)



After a Suicide: A Toolkit for Schools



[Additional Search Options](#)

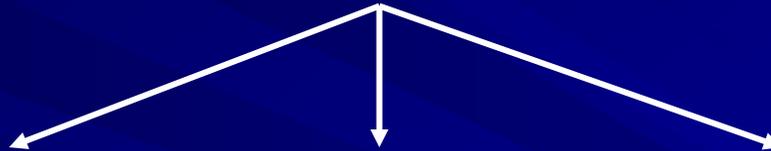
Weekly Spark
[Sign up](#) to receive news

How is the BPR organized?

SPRC Home Page (sprc.org)



BPR Landing Page



Section I

Evidence-based programs

- NREPP

Section II

Expert and consensus statements

Section III

Adherence to standards

Sections do not represent levels of effectiveness

Section I (sample)	Section II (sample)	Section III (sample)
<p>American Indian Life Skills Development</p> <p>Cognitive-Behavioral Therapy</p> <p>Dialectical Behavior Therapy</p> <p>ED Means Restriction Education</p> <p>U.S. Air Force Program</p>	<p>Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment</p> <p>Guidelines for School-Based Suicide Prevention Programs</p> <p>Reporting on Suicide: Recommendations for the Media</p> <p>Video Evaluation Guidelines</p> <p>Warning Signs for Suicide Prevention</p>	<p>Army ACE Suicide Intervention Program</p> <p>Late Life Suicide Prevention Toolkit</p> <p>Parents as Partners: A Suicide Prevention Guide for Parents</p> <p>Interactive Screening Program</p> <p>Suicide Assessment Five-Step Evaluation and Triage Pocket Card</p>
		<p><i>PLUS</i> 19 Gatekeeper Training Programs</p>

BPR Landing Page



The image is a screenshot of the Best Practices Registry (BPR) landing page. At the top left is the SPRC logo, and at the top right is the American Foundation for Suicide Prevention logo. A navigation bar contains the text "Home » Best Practices Registry". Below this is a green header box with the title "Best Practices Registry (BPR) For Suicide Prevention". A text block explains that the BPR consists of three sections: Evidence-Based Programs, Expert/Consensus Statements, and Adherence to Standards. Three buttons are provided: "BPR Overview", "Advice on Using the BPR", and "Search All Listings". A yellow box titled "Best Practices Registry" contains three buttons for the sections: "Section I: Evidence-Based Programs", "Section II: Expert/Consensus Statements", and "Section III: Adherence to Standards". At the bottom, four blue buttons are visible: "FAQ", "How to Apply", "Help", and "Marketing Materials". A left sidebar contains a crisis hotline number and a list of navigation links.

If you or someone you know is in suicidal crisis, call 1-800-273-TALK (8255). National Suicide Prevention Lifeline

Home » Best Practices Registry

Best Practices Registry (BPR) For Suicide Prevention

The BPR consists of three sections, each with different types of best practice listings. In essence, the BPR is three registries in one. [Read More...](#)

BPR Overview **Advice on Using the BPR** **Search All Listings**

Best Practices Registry

Section I: Evidence-Based Programs **Section II: Expert/Consensus Statements** **Section III: Adherence to Standards**

FAQ **How to Apply** **Help** **Marketing Materials**

- About SPRC
- Featured Resources
- Best Practices Registry
 - Section I: Evidence-Based Programs
 - Section II: Expert/Consensus Statements
 - Section III: Adherence to Standards
 - Search All Listings
- State Information
- American Indian / Alaska Native
- Colleges & Universities
- SPRC Training

BPR Search Engine Screen Shot

▼ Categories

BPR Section:

- Section I: Evidence-based Programs Section II: Expert and Consensus Statements Section III: Adherence to Standards

Type of Program:

- Awareness/Outreach Education & Training Guidelines & Protocols
 Screening Treatment (limited to psychotherapies)

Target Group Age:

- 6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young Adult)
 26-55 (Adult) 55+ (Older Adult)

Setting/Special Population:

- AI/AN Military Colleges/Universities
 Crisis Centers Emergency Depts. Funeral Directors
 High Schools Homes/Families Hospitals
 LGBTQ Media Outlets Mental Health Care
 Middle Schools Primary Care Substance Abuse Treatment
 Support Groups Workplaces

Gatekeeper Training (applicable in many settings and with many populations):

- Gatekeeper Training

Each BPR program has a fact sheet



Best Practices Registry Section III: Adherence to Standards*



CALM: Counseling on Access to Lethal Means

Setting
Clinical

Type of Program
Education & Training

NSSP Goals Addressed
5.1

Program Description

Developed by Elaine Frank and Mark Ciocca, *CALM: Counseling on Access to Lethal Means* is a 1.5 to 2 hour workshop designed to help providers implement counseling strategies to help clients at risk for suicide and their families reduce access to lethal means, particularly (but not exclusively) firearms. It includes a number of components: background on suicide data and lethal means; an introduction to firearms; video presentation that models the counseling strategy; a presentation and discussion on conducting a counseling session; optional role plays; and a course evaluation.

A typical 90-minute training agenda includes:

1. The problem: Youth suicide and access to lethal means (PowerPoint, 25 minutes).
2. Introduction to firearms and their operation (PowerPoint, 15 minutes).
3. Negotiation of means restriction (video presentation, 15 minutes).
4. Conducting a family firearms assessment (PowerPoint and discussion, 30 minutes).
5. Wrap-up and evaluation (5 minutes).

Best practices or better practices?

- Usually, the term “best” denotes “the best thing to do”
- This would be a misnomer in regards to the BPR
- More accurate to refer to BPR as “better practices registry” because...
 - There are many practices that can address suicide risk
 - And these practices occur in a variety of settings with a variety of persons with a variety of needs and resources
 - Therefore, there is rarely a universal “best” amongst prevention programs

What if there isn't a program in the BPR that addresses a specific need or setting...

- The BPR does not provide an exhaustive list of good/effective suicide prevention programs
- Some BPR programs may be adapted for use in settings other than those for which they were created
 - Example of the White Mountain Apache Tribe's suicide prevention efforts

Program may need to be changed “adapted” for local use.

- It is important to consider how programs can be adapted for local use
- What changes need to be made to a program to meet local considerations?
- Can these changes be made without changing critical elements of the program?
- See Linda Langford’s GLS Presentation

<http://www.sprc.org/grantees/statetribe/2010/4B%20Langford.pdf>

Example #1 of program adaption

ER Intervention for Adolescent Females



Evidence-based program for use in emergency rooms for adolescent females who survived a suicide attempt



Adapted by White Mountain Apache tribe and their partners at Johns Hopkins university for use in the homes of male and female suicide attempt survivors

Example #2 of program adaption

American Indian Life Skills Development program



Evidence-based program for use classroom settings in schools with all students



Adapted by White Mountain Apache tribe and their partners at Johns Hopkins university for use in homes with suicide attempt survivors

Conclusions

- Prevention programs typically target Risk and Protective factors
- The BPR provides a list of reviewed programs that address Risk and Protective factors
- If BPR programs do not meet particular needs, they may be adapted to meet those needs

Questions?

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Remember to find out more about the BPR

visit www.sprc.org



"Giving Hope, Saving Lives"

Tennessee Lives Count

Best Practices Registry

Implementation Strategies and Sustaining Efforts

Tennessee Lives Count



❖ Suicide Prevention Activities Pre -GLS

1. Tennessee Suicide Prevention Network
2. Jason Foundation
3. Teen Screen

❖ Gatekeeper Training

1. ASIST
2. QPR

Tennessee Lives Count



❖ Tennessee Lives Count/Cohort 1

1. Review Literature and Research
2. Concept Team
 - a. Review status of suicide in Tennessee
 - b. Review available Gatekeeper programs
 - c. Obtain consensus
3. Develop MOA

Tennessee Lives Count



- ❖ Tennessee Lives Count/Juvenile Justice
 1. Data driven decision/BPR
 2. Concept team
- ❖ ASIST
- ❖ QPR
- ❖ Promise for Tomorrow

Research to practice/building on evaluation

Tennessee Lives Count



❖ Research to practice examples
from Tennessee

Shield of Care

www.gatekeeperaction.org

Tennessee Lives Count



Tennessee Lives Count III (Cohort 6)

1. ASIST
2. QPR
3. AMSR
4. Suicide Prevention Among LGBT Youth
5. Is Your Patient Suicidal/After An Attempt Series
6. After a Suicide: A Toolkit for Schools
7. Means Matters

State Updates

- Minnesota
- Missouri
- Nebraska
- North Carolina
- North Dakota
- Oklahoma
- Puerto Rico
- Tennessee
- Virginia
- West Virginia
- Other partners

Discussion

For more information contact:

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www.ChildrensSafetyNetwork.org

Upcoming Meetings

March 28

April 25

May 16

June 20

*Wednesdays 10:30-11:30 Eastern Time/
9:30-10:30 Central Time*