This program description was created for SAMHSA’s National Registry for Evidence-based Programs and Practices (NREPP). Please note that SAMHSA has discontinued the NREPP program and these program descriptions are no longer being updated. If you are considering this program, you may wish to visit the full [program listing on our website](#) or search other sources for more up-to-date information.

**Lifelines Curriculum**

Lifelines is a comprehensive, schoolwide suicide prevention program for middle and high school students. The goal of Lifelines is to promote a caring, competent school community in which help seeking is encouraged and modeled and suicidal behavior is recognized as an issue that cannot be kept secret. Lifelines seeks to increase the likelihood that school staff and students will know how to identify at-risk youth when they encounter them, provide an appropriate initial response, and obtain help, as well as be inclined to take such action.

Lifelines includes a set of components to be implemented sequentially: a review of resources and establishment of administrative guidelines and procedures for responding to a student at risk; training for school faculty and staff to enhance suicide awareness and an understanding of the role they can play in identifying and responding to a student with suicidal behavior; a workshop and informational materials for parents; and implementation of a curriculum for students, the Lifelines Curriculum, to inform students about suicidal behavior and discuss their role in suicide prevention.

The research reviewed for this summary assessed only the Lifelines Curriculum, the last component to be implemented in the larger Lifelines program. It consists of four 45-minute or two 90-minute lessons that incorporate elements of the social development model and employ interactive teaching techniques, including role-play. Health teachers and/or guidance counselors teach the lessons within the regular school health curriculum. The Lifelines Curriculum was developed specifically for students in grades 8-10 but can be used with students through 12th grade.

**Descriptive Information**

<table>
<thead>
<tr>
<th>Areas of Interest</th>
<th>Mental health promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes</strong></td>
<td><strong>Review Date: June 2009</strong></td>
</tr>
<tr>
<td>1: Knowledge about suicide</td>
<td>2: Attitudes about suicide and suicide intervention</td>
</tr>
<tr>
<td>3: Attitudes about seeking adult help</td>
<td>4: Attitudes about keeping a friend's suicide thoughts a secret</td>
</tr>
<tr>
<td><strong>Outcome Categories</strong></td>
<td>Suicide</td>
</tr>
</tbody>
</table>
### Ages
13-17 (Adolescent)

### Genders
- Male
- Female

### Races/Ethnicities
- White
- Race/ethnicity unspecified

### Settings
School

### Geographic Locations
- Urban
- Rural and/or frontier

### Implementation History
Lifelines has been most widely used in Maine but is now being implemented in other States. Early versions of Lifelines were implemented in New Jersey in 1982, with the first evaluated version being implemented in 1990. A subsequent evaluation was conducted in Maine from 2003 to 2006. Since 2000, the Maine Youth Suicide Prevention Program (MYSPP) has been providing Lifelines teacher training in the State, where as of 2009, an estimated 33 schools were implementing the curriculum. Twenty-nine schools in Maine have been funded by Federal grants to implement and evaluate the comprehensive program.

### NIH Funding/CER Studies
- Partially/fully funded by National Institutes of Health: No
- Evaluated in comparative effectiveness research studies: No

### Adaptations
No population- or culture-specific adaptations of the intervention were identified by the developer.

### Adverse Effects
No adverse effects, concerns, or unintended consequences were identified by the developer.

### IOM Prevention Categories
Universal
Quality of Research

Review Date: June 2009

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1


Supplementary Materials


Outcomes

**Outcome 1: Knowledge about suicide**

<table>
<thead>
<tr>
<th>Description of Measures</th>
<th>Knowledge about suicide, including facts and myths about suicide and persons at risk for suicide, was measured using 8 true/false items from the Lifelines Student Questionnaire. Sample items on this self-administered questionnaire include &quot;People who talk about suicide do not commit suicide,&quot; &quot;Most teens who try to kill themselves really want to die,&quot; and &quot;Suicide attempts are rare among good students.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Findings</td>
<td>The intervention group demonstrated a significantly greater increase in knowledge about suicide from pretest to 2 weeks postintervention than the control group, which received physical education classes during the study and participated in Lifelines after the study (p &lt; .001).</td>
</tr>
<tr>
<td>Studies Measuring Outcome</td>
<td>Study 1</td>
</tr>
</tbody>
</table>
### Outcome 2: Attitudes about suicide and suicide intervention

**Description of Measures**
Attitudes about suicide and suicide intervention were measured using 6 questions from the Lifelines Student Questionnaire. Sample items on this self-administered questionnaire include "Teens can't do very much to prevent teen suicide," "If somebody wants to kill themselves, nobody has the right to stop them," and "If a friend began to lose interest in activities and friends and sometimes said things like s(he) wasn't much good to anyone, would you mind your own business and let him/her have his/her privacy?" All items use a 4-point Likert scale from "strongly agree" to "strongly disagree" or "definitely would" to "definitely would not." Favorable attitudes reflect the belief that suicide is not inevitable, the belief that it is appropriate to intervene with a person at risk, and a willingness to intervene.

**Key Findings**
The intervention group demonstrated significantly greater improvement in attitudes about suicide and suicide intervention from pretest to 2 weeks postintervention than the control group, which received physical education classes during the study and participated in Lifelines after the study (p < .001).

**Studies Measuring Outcome**

<table>
<thead>
<tr>
<th>Study Designs</th>
<th>Quasi-experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Research Rating</td>
<td>2.9 (0.0-4.0 scale)</td>
</tr>
<tr>
<td>Outcome 3: Attitudes about seeking adult help</td>
<td>Study 1</td>
</tr>
</tbody>
</table>
**Attitudes about seeking adult help from pretest to 2 weeks postintervention than the control group, which received physical education classes during the study and participated in Lifelines after the study (p < .001).**

**Study Designs**

Quasi-experimental

**Quality of Research Rating**

2.9 (0.0-4.0 scale)

**Outcome 4: Attitudes about keeping a friend's suicide thoughts a secret**

Attitudes about keeping a friend's suicide thoughts a secret were measured using 6 items on the Lifelines Student Questionnaire. Sample items from this self-administered questionnaire include "A friend's confidence about suicidal feelings should never be broken," "I would try to help a suicidal friend without getting help from someone else," and "If a friend told you s/he was thinking about killing him/herself, would you respect his/her privacy and keep it a secret?" All items use a 4-point Likert scale from "strongly agree" to "strongly disagree," "definitely would" to "definitely would not," or "definitely tell someone" to "definitely not tell someone." Favorable attitudes reflect the belief that it is appropriate to break a friend's confidence if the friend is at risk of suicide and a willingness to share a friend's secret with someone who could help.
**Key Findings**

The intervention group demonstrated significantly greater improvement in attitudes about keeping a friend's suicide thoughts a secret from pretest to 2 weeks postintervention than the control group, which received physical education classes during the study and participated in Lifelines after the study (p < .001).

**Studies Measuring Outcome**

<table>
<thead>
<tr>
<th>Study</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td></td>
</tr>
</tbody>
</table>

**Study Designs**

Quasi-experimental

**Quality of Research Rating**

2.9 (0.0-4.0 scale)

**Study Populations**

The following populations were identified in the studies reviewed for Quality of Research.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>13-17 (Adolescent)</td>
<td>51% Female, 49% Male</td>
<td>95% White, 5% Race/ethnicity unspecified</td>
</tr>
</tbody>
</table>

**Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Knowledge about suicide</td>
<td>2.0</td>
<td>2.8</td>
<td>3.0</td>
<td>2.5</td>
<td>3.0</td>
<td>4.0</td>
<td><strong>2.9</strong></td>
</tr>
<tr>
<td>2: Attitudes about suicide and suicide intervention</td>
<td>2.0</td>
<td>2.8</td>
<td>3.0</td>
<td>2.5</td>
<td>3.0</td>
<td>4.0</td>
<td><strong>2.9</strong></td>
</tr>
<tr>
<td>3: Attitudes about seeking adult help</td>
<td>2.0</td>
<td>2.8</td>
<td>3.0</td>
<td>2.5</td>
<td>3.0</td>
<td>4.0</td>
<td><strong>2.9</strong></td>
</tr>
<tr>
<td>4: Attitudes about keeping a friend's suicide thoughts a secret</td>
<td>2.0</td>
<td>2.8</td>
<td>3.0</td>
<td>2.5</td>
<td>3.0</td>
<td>4.0</td>
<td><strong>2.9</strong></td>
</tr>
</tbody>
</table>

**Study Strengths**

The measures used in the study have good validity. The quantitative ratings used to monitor intervention integrity showed acceptable fidelity. Analyses were well matched to the design, and sample size and power were adequate.

**Study Weaknesses**

Only one type of information on reliability was presented (i.e., Cronbach's alpha). The documents reviewed did not provide adequate information describing how missing data and attrition were addressed in the study.

Readiness for Dissemination

Review Date: June 2009

**Materials Reviewed**

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.


Maine Youth Suicide Prevention Program. (2008). MYSPP promotes the following components of school readiness to prevention suicide [PowerPoint slide].


Maine Youth Suicide Prevention Program: Lifelines Submission--Readiness for Dissemination Overview


Program Web site, http://www.state.me.us/suicide

Quality assurance materials:

- Lifelines/ASAP Classroom Observation Form
- Maine Youth Suicide Prevention Program: Lifelines Student Lessons--Survey Administration Procedures
- Maine Youth Suicide Prevention Program: School Readiness Rubrics


Wallet cards and stickers

**Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).
Dissemination Strengths

Program materials provide guidance to multiple audiences involved in the implementation of the program, including school district administrators, teachers, parents, and students. The program curriculum is comprehensive and easy to understand, and materials are supplemented by detailed sample organizational policies to support the success of the intervention. Training and consultation are available from the developer at on- and off-site locations. A train-the-trainer component can be used to minimize extended training costs. Multiple tools are provided to support implementation fidelity. A student questionnaire for assessing participant change in knowledge and attitudes can be used to support quality assurance.

Dissemination Weaknesses

No mechanism is in place for school districts implementing the program to network with each other to continually develop and improve the model or to share problems encountered and lessons learned during implementation. Other than through consultation with the developer, implementers are not given any guidance on how to measure the impact of the program within a school or school district.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation package (for sites outside Maine)</td>
<td>$225</td>
<td>Yes</td>
</tr>
<tr>
<td>Web Conference: &quot;Is Your School Ready to Prevent Suicide?&quot;</td>
<td>Free</td>
<td>No</td>
</tr>
<tr>
<td>Web-based training and consultation: Protocol Development Workshop</td>
<td>$250</td>
<td>No</td>
</tr>
<tr>
<td>Online training: Making Educators Partners in Suicide Prevention</td>
<td>Free</td>
<td>No</td>
</tr>
<tr>
<td>Service</td>
<td>Cost</td>
<td>Replication Available</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>1-day, on-site Lifelines implementation workshop, custom-designed for each school</td>
<td>$2,200 per site per day, plus travel expenses</td>
<td>No</td>
</tr>
<tr>
<td>Off-site Lifelines implementation workshop</td>
<td>$200 per participant</td>
<td>No</td>
</tr>
<tr>
<td>Consultation</td>
<td>$125 per hour</td>
<td>No</td>
</tr>
<tr>
<td>Quality assurance tools</td>
<td>Included with implementation package</td>
<td>No</td>
</tr>
</tbody>
</table>

Replications

No replications were identified by the developer.

Contact Information

To learn more about implementation, contact:
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