Welcome to SPRC’s Research to Practice Webinar

Expanding Suicide Prevention to Include Upstream Approaches

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Expanding Suicide Prevention to Include Upstream Approaches

September 25, 2012

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Opening Remarks

Gail F. Ritchie
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
SAMHSA’S MISSION

To reduce the impact of substance abuse and mental illness on America’s communities
Preventing Mental, Emotional, and Behavioral Disorders, Among Young People, Progress and Possibilities
Contact Information

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Today’s Presenter

Philip Rodgers, PhD
Expanding the Youth Suicide Prevention Paradigm: Establishing and Promoting the Importance of Upstream Suicide Prevention Approaches

Expert meeting held at the 45th Annual Conference of the American Association of Suicidology, April 18, 2012, Baltimore, MD.

Organizing Committee

• Scott Fritz, SPTS
• Effie Malley, formerly of AAS
• Maureen Underwood, SPTS
• Peter Wyman, U. of Rochester Medical Center
• Phil Rodgers, AFSP
U.S. Suicide Rate for 1999-2009 by Age

Can a suicide that occurs here have been prevented here?
The IOM report supports a Mental Health Intervention Spectrum

Can a suicide that could occur here be prevented here?
Today’s Presenter

Dennis D. Embry, PhD
Acting for Early, Upstream Suicide Prevention

Research to Practice Webinar

Dennis D. Embry, Ph.D.
President/Senior Scientist
PAXIS Institute
A recent webinar experience on the topic
Is this early prevention?
Is this early prevention?
Is this early prevention?
Is this early prevention?
Thinking way upstream

Really?

What if we started here with early suicide prevention?
Thinking way upstream

What might be the early malleable predictors?

Could we actually change those predictors easily and reliably?

And what else might change as a consequence of the prevention or protection strategies.
risk factors during development from early childhood to adolescence

- Psychiatric problems in childhood and/or adolescence, including depression
- Child and/or adolescent externalizing disorders
- Childhood adversity (especially with the above)
- Low self-esteem (self-efficacy)
- Aggressive or delinquent behavior

When are these risk factors most universally detectable?

First Grade

- Psychiatric problems in childhood and/or adolescence, including depression
- Child and/or adolescent externalizing disorders
- Childhood adversity (especially with the above)
- Low self-esteem (self-efficacy)
- Aggressive or delinquent behavior
Thinking midstream

What might be the midstream malleable predictors?

- Early and current smoking
- Dose response, MORE smoking = MORE suicide risk, controlling for other variables
- Smoking affects monoamine oxidase (MAO), which increases suicide risk

Breslau et al. Arch Gen Psychiatry 2012;():1-8
Hypothesis #1

If we can reduce early aggressive or ADHD-like behavior and victimization by peers in First Grade, that might be the first step toward the long-term prevention of suicide.

Golly, almost every teacher would like it if there was more time to teach and for kids to learn.
Hypothesis #1

If we can reduce early aggressive or ADHD-like behavior and victimization by peers in First Grade, that might be the first step toward the long-term prevention of suicide.

Let's see if we can reduce disturbing, distracting, and inattentive behaviors in classrooms — as our first test.
Muriel Saunders invented the Game in 1967 as a first-year, 4th grade teacher.

Published as a study in 1969.
Percent of Intervals Scored for Behavior

Math Period

Reading Period

Source: Barrish, Saunders, & Wolf, 1969
Longitudinal Johns Hopkins Studies of GBG

**Kindergarten**
- Every child rated by teachers

**First Grade**
- Tested in 41 first- and second-grade classrooms within 19 elementary schools with two consecutive groups of first graders.
- GBG
- NO GBG

**Grades 2 thru 12 Follow Up**
- Purpose: To find out if GBG affected their adolescent lives.
- No More GBG
- No GBG

**Young Adulthood Follow Up**
- Purpose: To find out if GBG affected their adult lives.
- Age 19-21
- Age 26
- Age 30
By the early 1990s, multiple studies including this randomized one proved that GBG reduced the early predictive behaviors.
Wow! In 1998, Drs. Kellam and Anthony showed that GBG reduced tobacco initiation—one of the middle predictors.

Tobacco Initiation (Age of First Use)
So now, let’s see if GBG affects suicide indicators among youth and young adults.

So now, let’s see if GBG affects suicide indicators among youth and young adults.

Timeline of Benefits…

First Month
- More time for teaching and learning
- Less stress for Staff & Students

First Year
- Better Attendance
- Fewer Referrals
- Fewer Service Needs
- Less Illness
- Happier Families
- Less Vandalism
- Better Academics

2nd & 3rd Years
- ADHD Averted
- Oppositional Defiance Averted
- Special Education Averted

5-15 Years
- No Tobacco
- Less Alcohol
- Less Conduct Disorders
- Less Depression
- Less Crime, Violence, Suicide
- High School Grad & University
How is this accomplished?
By teams with group based reward—during *any* regular teaching & learning activity
The Team Aim: to Win

Spleems are counted and marked with neutral tone for the team, not the individual child.

Teams who have 3 or fewer Spleems win.

Winning teams earn a “Granny’s Wacky Prize”.

Team having 4 or more Spleems lose that game.

PAX Minutes = winning teams x minutes played.
Thank you,
Dennis D. Embry, Ph.D
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Today’s Discussants

Sheppard G. Kellam, MD

Morton M. Silverman, MD
Q&A
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