

## Best Practices

The Suicide Prevention Resource Center (SPRC) has identified three levels of best practices:<sup>1</sup> evidence-based practices, expert/consensus statements, and adherence to standards.

**Evidence-based practices:** The first level of evidence (Level I) is evidence-based programs from the National Registry of Evidence Based Programs and Practices (NREPP). Evidence-based programs and interventions are those that achieve positive health outcomes and have been subject to rigorous evaluation.<sup>2</sup> NREPP selects programs and assigns ratings to each program based on the quality of research and dissemination readiness. The ratings are on a scale of 0.0-4.0, with 4.0 as the highest rating. The quality of research criteria evaluates whether the program has one or more positive behavioral outcomes, uses an experimental or quasi-experimental design, and is published in a peer reviewed journal or other comprehensive evaluation report publication. The programs are also evaluated by NREPP for dissemination readiness, which assesses whether the program has implementation materials, training and support resources, and quality assurance procedures ready for use. NREPP provides a program summary that includes information on program population, outcomes, costs, and replications. NREPP provides information on when each program was reviewed, but does not provide regular updates to the reviews. Thus, more recent information about each program may be obtained from the program's website.<sup>3</sup>

The North Carolina Practice Improvement Collaborative (NC PIC) has identified other evidence-based practices related to mental health, developmental disabilities, and substance abuse. To be selected by the NC PIC as "evidence-based," the intervention must have publicly available evaluation data to show that the intervention achieved positive outcomes, the evaluation results must have been replicated by more than one group of researchers, and the results must have been included in at least three peer reviewed and published articles. In addition, the intervention must include a description of important elements required for program success, and a fidelity scale to ensure that the intervention is being implemented according to the program design. The NC PIC has identified evidence-based practices targeted at the high-risk mental health and substance abuse disorders that increase the risk of suicide. These evidence-based practices, not included in the NREPP review, are included in this appendix.<sup>4</sup>

**Expert/consensus statements:** The second SPRC best practice-level (Level II) is "expert/consensus statements." Level II programs include suicide screening, assessment and treatment protocols, and education and training materials. To be listed as a best practice under Level II, a group of three expert reviewers must review the protocol to determine if it meets the specified level of importance, likelihood of meeting objectives, accuracy, safety, congruence with prevailing knowledge, and appropriateness in the development process. These programs do not have the same proven track record of efficacy but meet accuracy, safety and program design standards.<sup>5</sup>

**Adherence to standards:** The third SPRC best practice-level (Level III) is called "adherence to standards", and includes awareness and outreach materials, educational and training programs, screening tools, and other protocols or policies which are designed to reduce the risk of suicide. To be included in the Level III listings, three experts must have reviewed the materials to examine the accuracy of the content, likelihood of meeting objectives, and programmatic and messaging guidelines. Additionally, Level III programs must make program materials available through a website or contact person.<sup>6</sup>

All three levels of programs are described in this appendix with the program contact information (if available). Tables C.1 - C.4 summarizes the target audience, the type of program, and whether the resource contains policy protocol or guidelines. A program is categorized as “prevention” if the program includes universal, selective, or indicated primary prevention efforts (such as educational programs targeted at broad or selective audiences). “Early intervention/screening tools” include programs that help educate gatekeepers or other individuals on how to identify suicide risk, and also include strategies to link people who are at immediate risk into crisis services. An early intervention program that includes a specific screening or assessment tool is denoted with an asterisk (\*). “Treatment” programs are those that provide evidence-based treatment or best practices to reduce suicide risk, or to address an underlying mental health or substance abuse disorder that increases suicide risk. Treatment programs may also include recovery supports. “Postvention” strategies include programs targeted at the friends, families, and colleagues of the people who died by suicide. Programs or interventions can be categorized under more than one category (for example, a comprehensive suicide intervention can include components for prevention, early intervention, treatment, and recovery supports).

### Level I: NREPP Evidence-Based Programs<sup>2</sup>

**Adolescent Coping With Depression** (NREPP review July 2007). This is an evidence-based cognitive behavioral health group intervention course targeted at depressed adolescents age 13-17. It has been shown to help reduce symptoms of depression and improve psychosocial level of functioning. The treatment has been tested with adolescents in diverse settings, including urban and rural, schools, juvenile detention, and state correctional facilities. Individuals in this program showed greater improvement on the Hamilton Depression Rating Scale immediately following treatment (Hamilton Depression Rating Scale is a 17-item scale in which a clinical interviewer provides ratings on overall depression, guilt, suicide, insomnia, problems related to work, psychomotor retardation, agitation, anxiety, gastrointestinal and other physical symptoms, hypochondriasis, and weight loss.) In review of the evidence, it received high ratings for outcomes (<3.5/4.0), but lower ratings for dissemination readiness because of a lack of training and support resources. There is no cost to implement this program.

*For more information contact: Paul Rohde, PhD, paulr@ori.org, 541.484.2123, <http://www.kpchr.org/research/public/acwd/acwd.html>.*

**American Indian Life Skills Development/Zuni Life Skills Development** (NREPP review June 2007). This is an evidence-based mental health suicide prevention curriculum targeted at American Indian adolescents ages 14-19. The Zuni Life Skills Development curriculum was first implemented with high school students in the Zuni Pueblo, an American Indian reservation with about 9,000 tribal members located about 150 miles west of Albuquerque, New Mexico. The American Indian Life Skills Development curriculum, an adaptation of the Zuni version, has been implemented with a number of other tribes. Students receiving the Zuni Life Skills Development curriculum had less feelings of hopelessness, and demonstrated a higher level of suicide intervention skills compared to students without an intervention. In the review of evidence, the program received low ratings for outcomes (<2.8/4.0) due to nonrandomized sampling, but received high ratings for dissemination readiness (3.6/4.0) because it is developmentally appropriate, culturally sensitive, and engaging for an adolescent audience. The program costs \$30 for each American Indian Life Skills Development Manual,

and \$9,000 per site plus travel expenses for three-day, on-site key leader training. The cost also includes six hours of phone consultation.

*For more information contact: Teresa D. LaFromboise, PhD, lafrom@stanford.edu, 650.723.1202, <http://uwpress.wisc.edu/books/0129.htm>.*

**Care, Assess, Respond, Empower (CARE)** (NREPP review February 2007). This is an evidence-based suicide intervention program targeted at adolescents ages 13-17, and young adults ages 18-25. The program includes suicide assessment, counseling, and social support intervention. CARE was piloted and tested with participants ages 14-20 and has since been adapted for young adults (ages 20 to 24). Originally tested with diverse racial and ethnic groups, the program has also been specifically adapted for Native American and Latino students. CARE has been shown to reduce suicide risk factors, specifically suicidal ideation. The program received high ratings for outcomes (>3.3/4.0), but received low ratings for dissemination readiness (2.2/4.0) due to lack of guidance and supervision for program implementation at the organizational level. The implementation point of contact can provide the most up-to-date cost information.

*For more information contact: Beth McNamara, MSW, Director [beth@reconnectingyouth.com](mailto:beth@reconnectingyouth.com), 425.861.1177, <http://www.reconnectingyouth.com>.*

**Coping and Support Training (CAST)** (NREPP review February 2007). This is a high school-based treatment program administered through 12 55-minute group sessions for youth ages 14-19, who have been identified as being at risk for suicide. Originally piloted and tested in youth ages 14-19, the CAST program is currently being tested with middle school-aged youth. CAST has been evaluated with racially and ethnically diverse groups of high school youth at risk of dropping out of school. The program has been shown to have outcomes that include a decline in positive attitudes toward suicide, suicide ideation, depression, feelings of hopelessness and anger. The program showed a higher decline in anxiety among females, perceived sense of personal control, and problem-solving/coping skills. In review of the evidence, it received high ratings for outcomes (>3.4/4.0) and high ratings for dissemination readiness ratings (3.5/4.0). The cost of this program is \$699 for each CAST curriculum, \$26.50 for each student notebook (or \$190.80 for a set of eight), \$1,000 per person for a four-day, on- or off-site training workshop for CAST leaders and coordinators (minimum of eight trainees per trainer), \$400 per person for a one-day, on- or off-site training workshop for administrators, and \$800 per person for a two-day, on- or off-site advanced training for CAST coordinators.

*For more information contact: Beth McNamara, MSW, [beth@reconnectingyouth.com](mailto:beth@reconnectingyouth.com), 425.861.1177, <http://www.reconnectingyouth.com>.*

**Columbia University TeenScreen** (NREPP review February 2007). This program is targeted at middle school and high school aged students (ages 13-25) at risk for suicide and mental illness. It is aimed at early intervention screening in schools, clinics, doctors' offices, juvenile justice settings, shelters, or any other youth-serving setting. The program has been shown to increase referrals to mental health service providers. In review of the evidence, the program received low outcomes ratings (2.5/4.0) due to potential selection bias, range of informants between schools, lack of systemic data collection, participant attrition, and small sample sizes, but received high dissemination readiness ratings (3.8/4.0). There is no cost to implement this program.

*For more information contact: Leslie McGuire, MSW, [teenscreen@nyspi.columbia.edu](mailto:teenscreen@nyspi.columbia.edu), 866.833.6727, <http://www.teenscreen.org>.*

**Cognitive Behavioral Therapy (CBT) for Late-Life Depression** (NREPP review December 2006). This is a mental health treatment program targeting adults ages 55 and over. The program teaches older adults to identify, monitor, and challenge negative thoughts about themselves, and develop more positive thoughts. It has been tested with individuals from numerous ethnic-minority groups in their training and research programs using the original protocols with successful outcomes. Adaptations have been developed for use with special populations such as family caregivers, Latinos, Asians, African Americans, and Persians. A male-specific adaptation has also been developed. Translations and back-translations of the manuals and instruments for evaluation have been made available in Spanish and Chinese. Randomized trials have shown the effectiveness of this intervention among Latinos, Chinese, and African Americans. The program has been shown to reduce depression symptoms, improve measures of life satisfaction, reduce psychiatric symptoms other than depression, and improve overall adjustment and coping with treatment. In review of the evidence, it received low outcomes ratings (<3.1/4.0) due to lack of generalizability. The program also received low dissemination readiness ratings (1.8/4.0) due to lack of detailed information for administrators on the organizational requisites for effective implementation; lack of materials, resources, or technical assistance to support training or coaching; lack of information on developing therapeutic relationships; and lack of programmatic quality assurance measures. The cost of this program is \$60 for the treatment guide and client workbook, \$500 per day per trainer plus travel expenses for a two- to three-day workshop, and variable costs for quality assurance scales.

*For more information contact: Larry W. Thompson, PhD, [larrywt@stanford.edu](mailto:larrywt@stanford.edu), 650.400.8171, or Dolores Gallagher-Thompson, PhD, ABPP, [dolorest@stanford.edu](mailto:dolorest@stanford.edu), 650.400.8172, <http://oafc.stanford.edu>.*

**Dialectical Behavior Therapy (DBT)** (NREPP review October 2006). This is a cognitive behavioral- based treatment that includes behavioral problem solving and acceptance strategies with an emphasis on multiple disorders. The program is targeted towards adults 18 years of age and older. Adaptations of DBT have been developed for multiple categories including suicidal adolescents, individuals with substance use disorders, individuals with eating disorders, individuals with comorbid HIV and substance use disorders, developmentally delayed individuals, older adults with depression and one or more personality disorders, individuals with schizophrenia, families of patients, women experiencing domestic violence, violent intimate partners, individuals who stalk, inpatient and partial hospitalization settings for adolescents and adults, and forensic settings for juveniles and adults. One year after DBT for suicidal adolescents during a randomized controlled trial, there were lowered suicide attempts in the DBT group compared to the group in the alternative expert treatment. Multiple evaluations, including randomized controlled trials and independent studies, confirmed that patients completing one year of DBT experienced less non-suicidal self-injury than patients awaiting care or receiving alternative treatment. Seven randomized controlled trials found that one year of DBT improved at least some measures of psychological, social, or global adjustment. In review of evidence, this program received high outcomes ratings (3.2-3.7/4.0) and high dissemination readiness ratings (3.2/4.0). The costs of this program are available by contacting the developer.

*For more information contact: Behavioral Tech, LLC, [information@behavioraltech.org](mailto:information@behavioraltech.org), 206.675.8588; Kathryn E. Korlund, PhD, ABPP, [korlund@uw.edu](mailto:korlund@uw.edu), 206.616.7324; or Marsha M. Linehan, PhD, ABPP, [linehan@uw.edu](mailto:linehan@uw.edu), 206.543.9886, <http://depts.washington.edu/brtc/about/dbt>.*

**Dynamic Deconstructive Psychotherapy** (NREPP review October 2011). This is a 12- to 18-month treatment targeting adults ages 18 years and older with borderline personality disorder, alcohol or drug dependence, self-harm, or eating disorders, who have also had recurrent suicide attempts. No population- or culture-specific adaptations of the intervention were identified by the developer. The program has been shown to reduce depression, as measured by the Beck Depression Inventory (BDI), decrease suicide attempts and self-harm, and reduce number of days of heavy drinking. In review of evidence, it received high outcomes ratings (>3.0/4.0) and high dissemination readiness ratings. This program costs individuals \$150 per hour, or \$100 per hour per person for groups of two or three, with reduced per person cost for groups of four or five. *For more information contact: Georgian T. Mustata, MD, mustatag@upstate.edu, 315.464.3130, or Robert J. Gregory, MD, gregoryr@upstate.edu, 315.464.3105, <http://www.upstate.edu/ddp>.*

**Emergency Department Means Restriction Education** (NREPP review March 2010). This is an intervention targeted at adult caregivers of youth (ages 6-19) who are seen in an emergency department (ED) and determined through a mental health assessment to be at risk for committing suicide. This program helps parents and adult caregivers of at-risk youth understand the importance of restricting access to firearms, alcohol, and prescription and over-the-counter drugs. Parents and caregivers who received the intervention were significantly more likely to report limiting access to medications that can be used in an overdose suicide attempt, and limiting access to firearms. In review of the evidence, this program received low outcomes ratings (2.5-2.7/4.0) due to the data collection methods, attrition rates, and lack of positive impact on suicidal ideation. This program also received low readiness for dissemination ratings (2.4/4.0). This program costs \$50 per set of implementation materials. *For more information contact: Markus J. Kruesi, MD, 843.792.0135, <http://www.militaryfamilies.psu.edu/programs/emergency-department-means-restriction-education>.*

**Emergency Room Intervention for Adolescent Females** (NREPP review October 2007). This program is targeted at teenage girls (ages 12-18) admitted to the emergency department (ED) after attempting suicide. The program involves the teenage girl and one or more family members, and aims to increase outpatient treatment to reduce future suicide attempts. This program is available in English and Spanish, and is being adapted for use by American Indians. The program has been shown to improve adolescents' likelihood to obtain and complete outpatient treatment, lower depression for the teenage girl and the mother, reduce suicidal ideation, and result in more positive maternal attitudes towards treatment. In reviewing the evidence, the program received low outcomes ratings (2.1-3.0/4.0), and low dissemination readiness ratings (1.5/4.0) due to outdated research in implementation materials, difficulty in navigating implementation materials, lack of formal training support material, and lack of quality assurance material. There is no cost to implement this program. *For more information contact: Mary Jane Rotheram-Borus, PhD, rotheram@ucla.edu, 310.794.8278, <http://chipts.ucla.edu/interventions/manuals/interer.html>.*

**Interpersonal Psychotherapy for Depressed Adolescents** (NREPP review August 2010). This program is targeted towards adolescents (ages 12-18) with mild to moderate depression. It aims to improve adolescents' communication and social problem-solving skills to reduce depression symptoms. The program is implemented through a therapist in hospital-based, school-based, and community outpatient clinics over 12 weeks through weekly 35- to 50-minute treatment

sessions. The program has been adapted for use with Puerto Rican adolescents with depression. The program monitors the adolescents' depression symptoms and suicide risk. The adolescents receiving program treatment were shown to be less depressed, have better social functioning, and have higher positive problem orientation skills. This program received high ratings for outcomes (>3.9/4.0), and high ratings for dissemination readiness (3.5/4.0). The cost of this program is \$33 for each implementation manual, \$2,000-\$5,000 for on-site implementation training, and various costs for certification.

*For more information contact: Laura Mufson, PhD, lhm3@columbia.edu, 212.543.5561, <http://www.interpersonalpsychotherapy.org/>.*

**Lifelines Curriculum** (NREPP review June 2009). This suicide prevention program is aimed at middle school and high school students (ages 13-17) to increase the likelihood of staff and students identifying at-risk students, providing an appropriate initial response, seeking help, and increasing their inclination to take actions. The program increased knowledge about suicide, improved attitudes towards suicide and suicide intervention, improved attitudes toward seeking adult help, and improved attitudes about not keeping a friend's suicide ideations a secret. In review of the evidence, the program received average range outcomes ratings (2.9/4.0), and high dissemination readiness ratings (3.7/4.0). This program costs \$225 for the implementation package.

*For more information contact: Richard Solly, rsolly@hazelden.org, 651.213.4484; Cheryl DiCara, cheryl.m.dicara@maine.gov, 207.287.5362; or Mary Madden, PhD, mary.madden@umit.maine.edu, 207.581.3494, <http://www.hazelden.org/web/public/lifelines.page>.*

**Multisystemic Therapy With Psychiatric Supports** (NREPP review November 2008). This program is targeted at youth (ages 9-17) who are at risk of psychiatric hospitalizations for behavior problems and co-occurring mental health disorders. The goal of the program is to lessen mental health disorders, suicidal behaviors, and family relations through interventions at the family level. The program has been shown to reduce participants' externalizing symptoms, improve family structure and cohesion, improve school attendance, reduce self-reported suicide attempts, prevent hospitalization, and reduce number of days hospitalized. In review of the evidence, this program received high outcomes ratings (3.0-3.5/4.0), and high dissemination readiness rating (4.0/4.0). This program costs \$15,000 plus travel expenses for program development start-up fees, \$96,500 for annual program support and service fees, \$350 per participant plus travel expenses for a two-day supervisor orientation training, about \$7,920 for tape coding, and about \$3,600 per year for adherence data collection.

*For more information contact: Marshall E. Swenson, MSW, MBA, marshall.swenson@mstservices.com, 843.284.2215, or Melisa D. Rowland, MD, rowlandm@musc.edu, 843.876.1800, <http://www.mstservices.com/>.*

**Peer Assistance and Leadership** (NREPP review November 2010). This program is targeted at youth (ages 6-17) to prevent risk factors for substance use as well as to avoid other problems such as low achievement in school, dropout, absenteeism, violence, teen pregnancy, and suicide through peer-based assistance. Program participation was shown to improve academic performance, classroom attendance, classroom behavior, and relationships with school, family, and peers. In review of the evidence, the program received low outcomes ratings (2.0-2.3/4.0) due to lack of reliability and validity measures, attrition of participants, and lack of control

group. However the program received the highest dissemination readiness ratings (4.0/4.0). This program costs \$160 per program packet, \$250 for in-state teachers for a two-day off-site teacher training, \$500 for out-of-state teachers for a two-day off-site teacher training, and \$2,000 per day for an on-site teacher training.

*For more information contact: Terrence R. Cowan, MPA, [trcowan@wapeap.com](mailto:trcowan@wapeap.com), 512.328.8518, or Robert Landry, PhD, [rlandryreds@att.net](mailto:rlandryreds@att.net), 281.488.9900, <http://www.palusa.org/index.html>.*

**Prevention of Suicide in Primary Care Elderly: Collaborative Trial** (NREPP review March 2007). This program is targeted at older primary care patients (ages 55 and older) and aims to reduce suicidal ideation and depression in the primary care setting. The program was shown to decrease depression, have earlier remission of depression, and decrease rates of suicidal ideations. In review of the evidence, the program received high outcomes ratings (3.7/4.0), and high dissemination readiness ratings (3.2/4.0). This program has no cost for implementation. *For more information contact: Patrick J. Raue, PhD, [praue@med.cornell.edu](mailto:praue@med.cornell.edu), 914.997.8684, <http://www.ncbi.nlm.nih.gov/pubmed/22033641>.*

**Reconnecting Youth: A Peer Group Approach to Building Life Skills** (NREPP review September 2009). This school-based prevention program is targeted at students ages 14-19 with behavioral problems such as suicidal ideation, depression, substance abuse, and aggression. Students participating in this program showed decrease in progression of drug use, decrease in depression measures, and decrease in suicide risk behaviors. In review of the evidence, this program received high outcomes ratings (3.2-3.3/4.0), and high dissemination readiness ratings (4.0/4.0). The cost of this program is \$299.95 for each curriculum, \$24.95 for each student workbook (or \$211.95 for 10), and \$1,000 per person for at least eight participants per trainer for a four-day on- or off-site training workshop for leaders and coordinators.

*For more information contact: Beth McNamara, MSW, [beth@reconnectingyouth.com](mailto:beth@reconnectingyouth.com), 425.861.1177, <http://www.reconnectingyouth.com>.*

**Seeking Safety** (NREPP review October 2006). This program is aimed at providing coping skills and psychoeducation for clients with a history of trauma or substance abuse. This program has been tested with women, men, adolescent females, low-income urban women, incarcerated women, and veterans. The program is targeted at men and women (ages 13-55) in a variety of settings, including outpatient, inpatient, and residential. This program has been shown to reduce severity of substance abuse, suicidal thoughts, and risk for future suicide. In review of the evidence, this program received low outcomes ratings (2.1-2.3/4.0) due to small sample sizes and convenience sampling, and high dissemination readiness ratings (4.0/4.0).

*For more information contact: Lisa M. Najavits, PhD, [lnajavits@hms.harvard.edu](mailto:lnajavits@hms.harvard.edu), 617.731.1501, <http://www.seekingsafety.org>.*

**Signs of Suicide** (NREPP review September 2006). This two-day secondary school intervention program is targeted at adolescent students (ages 13-17). The students are screened for depression and suicide risk, and taught appropriate responses to suicide and depression. The Signs of Suicide screening tool is also available in Spanish. This program has been shown to have lowered suicide attempts, increased knowledge about suicide and depression, and increased preventive attitudes towards depression and suicide. In review of the evidence, the program received low outcomes ratings (2.2-2.8/4.0) due to lack of additional documentation on reliability and

validity and lack of pretest measures of outcomes. The program also received low dissemination readiness ratings (2.5/4.0) due to lack of formal training curriculum, supervision and support for the lead implementer, and difficulty in scheduling the program into the existing school schedules. This program costs \$375 for each Signs of Suicide high school kit.

*For more information contact: Connie DiCocco, MEd, [sosinfo@mentalhealthscreening.org](mailto:sosinfo@mentalhealthscreening.org), 781.239.0071 ext 105, <http://www.mentalhealthscreening.org/highschool>.*

**Sources of Strength** (NREPP review September 2011). This universal suicide prevention program is targeted at high school students (ages 13-25) who are at risk of suicide. The program trains peer leaders to conduct messaging activities in order to reduce group problem behaviors such as self-harm, drug use and unhealthy sexual practices, and the acceptability of suicidal activities among youth. During a randomized control trial, the trained peer leaders were more likely to seek help from adults at school, be knowledgeable about adult help options for suicidal students, reject codes of silence, refer distressed students to adults, and reduce maladaptive coping behaviors. In review of the evidence, the program received average outcome ratings (2.8-3.1/4.0) due to lack of documentation of other outcomes, and the highest readiness for dissemination ratings (4.0/4.0). This program costs \$7,000 for model I package over 3 years, and \$15,500 for model I package plus community and schoolwide presentations, and support in developing local materials, evaluation support and report development.

*For more information contact: Mark LoMurray, [marklomurray@gmail.com](mailto:marklomurray@gmail.com), 701.471.7186, or Peter Wyman, PhD, [peter\\_wyman@urmc.rochester.edu](mailto:peter_wyman@urmc.rochester.edu), 585.273.3372, <http://www.sourcesofstrength.org>.*

**Trauma-Focused Coping (Multimodality Trauma Treatment)** (NREPP review August 2011). This program is targeted at children and adolescents in grades 4-12 who have been exposed to a traumatic stressor. The program provides intervention through psychoeducation, anxiety management skill building, and cognitive coping skill building. Among program participants, it has been shown to reduce frequency and intensity of post-traumatic stress syndrome, decrease depression symptoms, decrease anxiety, decrease anger, shift locus of control from external to internal, and improve general mental health functioning related to trauma and treatment from baseline. In review of the evidence, this program received average outcomes ratings (2.9-3.0/4.0), and high dissemination readiness ratings (3.7/4.0). This program has no implementation cost.

*For more information contact: Lisa Amaya-Jackson, MD, MPH, [amaya001@mc.duke.edu](mailto:amaya001@mc.duke.edu), 919.403.2784 ext 405, or Ernestine Briggs-King, PhD, [brigg014@mc.duke.edu](mailto:brigg014@mc.duke.edu), 919.403.2784 ext 228, <http://epic.psychiatry.duke.edu/our-work/projects/trauma-focused-coping>.*

**United States Air Force Suicide Prevention Program** (NREPP review July 2006). This program is targeted at reducing suicide among adults in the United States Air Force. The program aims to strengthen social support, promote development of social skills, and encourage effective help-seeking behaviors. It has been shown to reduce the risk of committing suicide, family violence, homicide, and accidental death compared with risk prior to implementation. In review of the evidence, this program received low outcomes ratings (2.8/4.0) due to limited documentation on cause of death and limited control over confounding variables, and received low dissemination readiness ratings (1.7/4.0) due to lack of information on instructor or coach selection, lack of process delineation, and lack of outcome measure data collection methods. There is no cost to implement this program.

*For more information contact: Michael Kindt, Lt Col, PhD, [michael.kindt@lackland.af.mil](mailto:michael.kindt@lackland.af.mil), 210.395.9130, [afspp.afms.mil/](mailto:afspp.afms.mil/).*

**Wellness Recovery Action Plan (WRAP)** (NREPP review September 2010). This mental health treatment program is targeted at adults ages 26-55 with mental illnesses. This program has also been used for individuals with arthritis and diabetes, military personnel and veterans, and individuals needing help with life issues such as decision making and interpersonal relationships. This program, through lectures, discussion, and exercises teaches participants how to develop and implement hope, personal responsibility, education, self-advocacy, and support in their day-to-day lives; how to organize activities that can help them feel better or prevent experiencing mental health difficulties; how to create an advanced directive with family and friends for when they become unable to take appropriate actions for themselves; and how to develop wellness plans for when the mental illness subsides. The implementation materials for this program have been translated into many languages including Chinese, French, Japanese, Polish, and Spanish. This program has been shown to reduce the occurrence and severity of mental illness, increase hopefulness, produce a higher recovery score, improve self-advocacy, and increase self-reported physical and mental health status. In review of the evidence, the program received high outcomes ratings (3.3-3.9/4.0), and high ratings for dissemination readiness (3.6/4.0). The cost to implement this program is \$129 for each facilitator training manual, \$10 for each Wellness Recovery Action Plan book, and \$2-\$60 each for books and videos for facilitators.

*For more information contact: Mary Ellen Copeland, PhD, [info@copelandcenter.com](mailto:info@copelandcenter.com), 802.254.5335, or Judith A. Cook, PhD, [cook@ripco.com](mailto:cook@ripco.com), 312.355.3921, <http://www.mentalhealthrecovery.com/>.*

### **Level I: North Carolina Practice Improvement Collaborative (NC PIC) Evidence-Based Practices<sup>4</sup>**

**Contingency Management** (NC PIC review April 2009). This program is targeted at adults with substance abuse disorders. Contingency Management provides the participants with small rewards for complying with treatment goals such as treatment attendance, prescribed medication adherence, and negative urine samples. This program has been shown to improve treatment retention and reduce drug use.

*For more information contact: Maxine Stitzer, [mstitzer@jhmi.edu](mailto:mstitzer@jhmi.edu), 410.550.1550; Nancy Petry, [petry@psychiatry.uchc.edu](mailto:petry@psychiatry.uchc.edu), 860.679.2593; or Stephen Higgins, [stephen.higgins@uvm.edu](mailto:stephen.higgins@uvm.edu), [www.bhrm.org/guidelines/petry.pdf](http://www.bhrm.org/guidelines/petry.pdf).*

**Integrated Dual Disorder Treatment (IDDT)** (NC PIC Review August 2009). This program is targeted at adults with co-occurring mental illness and substance abuse disorders. This program delivers concurrent treatment for substance abuse and mental illness with emphasis on assertive outreach, engagement, persuasion, active treatment and relapse prevention, and treatment goal setting with person-centered interventions. This program has been shown to improve mental health (decrease depression and anxiety, decrease psychiatric symptoms, improve psychological functioning, and improve medication compliance), and substance use outcomes (decrease substance use, increase total and continuous abstinence, and decrease relapse rates). The toolkit to develop an IDDT program is available from the Substance Abuse & Mental Health Services Administration.

*For more information contact: Kristine Knoll, [Kristine.M.Knoll@Dartmouth.edu](mailto:Kristine.M.Knoll@Dartmouth.edu), (603) 271-5747; Kim T. Mueser, [Kim.t.mueser@dartmouth.edu](mailto:Kim.t.mueser@dartmouth.edu), 603.271.5747, <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>.*

**Matrix Intensive Outpatient Treatment** (NC PIC review January 2010). This program is targeted at individuals with substance abuse disorders, and specifically at those who abuse stimulants such as methamphetamines. The program combines other evidence-based treatment programs such as motivational interviewing, cognitive behavioral therapy, and contingency management. This program has been shown to increase the number of people who complete treatment for stimulant addiction by 27%-38%, result in higher average drug-free urine screens, and reduce stimulant use during treatment.

*For more information contact: Richard Rawson, rrawson@mednet.ucla.edu, 949.631.1510, www.matrixinstitute.org.*

**Post Deployment Mental Health** (NC PIC review June 2011). This program is targeted at active duty National Guard and Reserve service members, as well as veterans. The program provides participants screening, assessment, and, if necessary, evidence-based treatment for post-traumatic stress disorder (PTSD). Treatments include Seeking Safety, Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) therapy for PTSD, and Acceptance and Commitment Therapy (ACT) for depression. This program has been shown to reduce severity of PTSD symptoms and improve social adjustment. Specifically, CPT improved co-occurring symptoms of depression and general anxiety, affect functioning, guilt, distress, and social adjustment.<sup>7</sup>

*For more information contact: www.ncoperationrecovery.org/download/93/.*

**The Seven Challenges** (NC PIC review July 2010). This program is targeted at adolescents (ages 13-17) with substance abuse disorders, co-occurring mental illnesses, and/or life skills deficits. The program provides participants with counseling for their illnesses using motivational interviewing, cognitive behavioral therapy, and problem-solving skills training. The program has been shown to increase abstinence, decrease substance use severity and related problems, and improve mental health symptoms.

*For more information contact: Sharon Conner, sconner@sevenchallenges.com, 520.405.4559, or Robert Schwebel, PhD, rschwebel@sevenchallenges.com, 520.748.2122, www.sevenchallenges.com.*

**Trauma-Focused Cognitive Behavioral Therapy** (NC PIC review March 2009). This program is targeted at children and adolescents (ages 6-17) who are exposed to trauma. This program treats post-traumatic stress and related emotional and behavioral problems through psychoeducation, parenting skills, relaxation skills, affect expression and regulation skills, cognitive coping skills and processing, trauma narrative, in vivo exposure, conjoint parent-child sessions, and enhancing safety and future development. This program has been shown to improve behavior; decrease symptoms of PTSD, depression, and feelings of shame; and improve emotional reaction of the parent/guardian to the child's experience of trauma. The cost of delivering this program to an individual is estimated at \$1,800 for 20 sessions.

*For more information contact: NC Child Treatment Program c/o Center for Child and Family Health, ctp@med.unc.edu, 919.419.3474 ext 300, http://ncctp.med.unc.edu/.*

**Wellness Management and Recovery** (NC PIC review December 2009). This program is targeted at adults (ages 18-67) with schizophrenia, bipolar disorder, or major depression. Through psychoeducation, behavioral tailoring for medication adherence, relapse prevention training, coping skills training, and social skills training, the program enables individuals with severe mental illnesses to set and achieve goals towards recovery. Wellness Management and Recovery has been

shown to improve participants' knowledge of mental illnesses, improve medication adherence, reduce relapses and re-hospitalizations, and reduce severity and persistence of symptoms. The toolkit to develop a Wellness Management and Recovery program is available from the Substance Abuse and Mental Health Services Administration.

For more information contact: Ann K. Oshel, [aoshel@co.durham.nc.us](mailto:aoshel@co.durham.nc.us), 919.560.7541, or Kim T. Mueser, [kim.t.mueser@dartmouth.edu](mailto:kim.t.mueser@dartmouth.edu), 603.271.5747, <http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463>.

## Level II: Expert/Consensus Statements<sup>5</sup>

**Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment: A Treatment Improvement Protocol TIP 50.** This protocol provides guidance for substance abuse counselors regarding substance abuse and suicide, risk factors and warning signs of suicide, and a four-step process for addressing suicidal behavior and thoughts. This protocol also provides information for administrators as well as information on available literature on the topic. The treatment improvement protocol (TIP) recommendations are derived from evidence-based literature and the opinions of expert panels. This protocol guide is available at no cost on the Substance Abuse and Mental Health Services Administration website.

For more information contact: Kenneth R. Conner, PsyD, MPH, 585.273.5136, <http://www.kap.samhsa.gov/products/manuals/tips/pdf/TIP50.pdf>.

**At-Risk in the ED.** This is a one-hour online interactive simulation for emergency department (ED) staff. The video teaches staff how to recognize patients with warning signs of suicide and substance abuse, screen patients for these issues, and respond to patients who screen positive. This simulation costs \$35- \$75 per user.

For more information contact: Ron Goldman, [ron@kognito.com](mailto:ron@kognito.com), [www.kognito.com](http://www.kognito.com), 212.675.9234.

**Consensus Statement on Youth Suicide by Firearms.** This statement provides recommendations on safe firearm storage practices, training of professionals to inquire about the presence of firearms in the homes of youth at risk of suicide, educating parents, and maintaining alcohol and drug-free homes. These recommendations were developed by American Association of Suicidology and are available for no cost.

For more information contact: Alan L. Berman, PhD, [berman@suicidology.org](mailto:berman@suicidology.org), 202.237.2280, <http://www.sprc.org/sites/sprc.org/files/bpr/ConsensusStatementYouthSuicideFirearms.pdf>.

**Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student.** This statement provides colleges and universities with a list of issues to consider when drafting or revising policy related to the management of students in acute distress or at risk for suicide. The guidelines include information on developing a safety protocol, an emergency contact notification protocol, and a leave of absence and re-entry protocol. This protocol was developed by The Jed Foundation and is available at no cost.

For more information contact: Courtney Knowles, [cknowles@jedfoundation.org](mailto:cknowles@jedfoundation.org), 212.647.7544, [www.jedfoundation.org](http://www.jedfoundation.org).

**Guidelines for School-Based Suicide Prevention Programs.** These guidelines provide schools administrators with recommendations on safe and effective school-based prevention programs. These guidelines were developed by the American Association of Suicidology and are available for a small fee.

*For more information contact: Allan L. Berman, PhD, [berman@suicidology.org](mailto:berman@suicidology.org), 202.237.2280, [http://www.sprc.org/sites/sprc.org/files/library/aasguide\\_school.pdf](http://www.sprc.org/sites/sprc.org/files/library/aasguide_school.pdf).*

**National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide.** These guidelines provide recommendations on assessment of suicide risk and prevention of suicide among seniors. The guidelines were developed by the Canadian Coalition for Seniors' Mental Health (CCSMH) to identify the best practices in Seniors' mental health in Canada and internationally. The guidelines are available at no cost.

*For more information contact: Faith Malach, [fmalach@baycrest.org](mailto:fmalach@baycrest.org), 416.785.2500 ext 6331, <http://www.ccsmh.ca/en/natlGuidelines/initiative.cfm>.*

**Recommendations for Reporting on Suicide.** These recommendations are aimed at reducing the risk of subsequent suicide deaths among media consumers through reduced language in media that might increase suicide ideation. The recommendations also discuss presentation of suicide causes in the media, avoiding myths and misunderstanding of suicide in media, and guidelines on questions and angles to pursue about suicide. This program is available at no cost.

*For more information contact: Wylie G. Tene, [wtene@afsp.org](mailto:wtene@afsp.org), 888.333.AFSP ext 2024, [ReportingOnSuicide.org](http://ReportingOnSuicide.org).*

**Recommendations for Youth Suicide Prevention Training for Early Identification and Referral (Gatekeeper Training).** These recommendations are targeted at those interested in developing, training, and implementing gatekeeper programs to prevent suicide. The recommendations provide information on protocols that should be included in gatekeeper training programs to increase effectiveness and safety, tailoring programs to meet local needs, and selecting gatekeepers who would be effective in their roles. The recommendations are available at no cost.

*For more information contact: Michael (Chad) Rodi, [mrodi@icfi.com](mailto:mrodi@icfi.com), 404.592.2116, <http://www.sprc.org/sites/sprc.org/files/library/RecommendationsGatekeeperTraining.pdf>.*

**A Resource Guide for Implementing the Joint Commission 2007 Patient Safety Goals on Suicide.** This is a guide developed by Screening for Mental Health, Inc. for health care settings in response to the Joint Commission's requirement to improve identification of those at risk of suicide. This guide provides information on conducting suicide assessment, estimating suicide risk, and developing treatment plans and interventions. This guide follows the American Psychiatric Association practice guidelines. There is no cost associated with this guide.

*For more information contact: Screening for Mental Health Inc., [smhinfo@mentalhealthscreening.org](mailto:smhinfo@mentalhealthscreening.org), [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org), 781.239.0071, <http://www.sprc.org/sites/sprc.org/files/library/jcsafetygoals.pdf>.*

**Standards for the Assessment of Suicide Risk Among Callers to the National Suicide Prevention Lifeline.** These standards provide crisis telephone line workers with evidence-based standards for assessing a person's risk for suicide. The guidelines were developed by the

National Suicide Prevention Lifeline's Standards, Training and Practices Division Subcommittee and are available at no cost.

*For more information contact: G. Lee Judy, ljudy@mhaofnyc.org, 618.281.3986, [www.atypon-link.com/GPI/toc/suli/37/3](http://www.atypon-link.com/GPI/toc/suli/37/3).*

**Student Mental Health and the Law: A Resource for Institutions of Higher Education.**

This manual provides clarifications on legal constraints colleges have to abide by and guidelines on addressing campus mental health and students in distress. The guidelines are available at no cost.

*For more information contact: Courtney Knowles, cknowles@jedfoundation.org, 212.647.7544, [www.jedfoundation.org/legal](http://www.jedfoundation.org/legal).*

**Suicide Prevention Efforts for Individuals with Serious Mental Illness: Roles for the State Mental Health Authority.** This report provides guidelines on the roles state mental health authorities can take to increase collaboration, raise awareness of suicide warning signs, and intervene appropriately. These guidelines are available at no cost.

*For more information contact: National Association of State Mental Health Program, 703.739.9333, [www.nasmhpd.org/publicationsmeddir.cfm](http://www.nasmhpd.org/publicationsmeddir.cfm).*

**Talking About Suicide & LGBT Populations.** These guidelines provide information on how to talk about suicide in ways that minimize contagion risk; promote need for family support and acceptance for lesbian, gay, bisexual, and transgender (LGBT) individuals; and encourage help seeking among LGBT individuals who may be contemplating suicide. This resource is available at no cost.

*For more information contact: Sean Lund, sean@lgbtmap.org, 323.440.2073, [www.lgbtmap.org/talking-about-suicide-and-lgbtpopulations](http://www.lgbtmap.org/talking-about-suicide-and-lgbtpopulations).*

**Towards Good Practice: Standards and Guidelines for Suicide Bereavement Support Groups.** These guidelines were developed for those who develop, facilitate, or participate in suicide bereavement support groups. The guidelines provide benchmarks against which bereavement support groups can be examined, improved or validated. The standards and guidelines are available at no cost.

*For more information contact: Susan Beaton, national@lifeline.org.au, 61.02.6215.9442, [www.lifeline.org.au](http://www.lifeline.org.au).*

**Video Evaluation Guidelines (for Youth Suicide Prevention).** These guidelines were developed for the American Association of Suicidology video review committee to assess youth suicide prevention videos. The guidelines are available at no cost on the AAS website.

*For more information contact: Sue Eastgard, MSW, suee@yspp.org, 206.297.5922 ext 1, <http://suicidology.org/web/guest/stats-and-tools/videos>.*

**Warning Signs for Suicide Prevention.** These guidelines are targeted at representatives at informational and educational campaigns surrounding suicide and provide information on warning signs for suicide prevention to look for during the campaigns. The warning signs are developed into a hierarchy by degree of risk, and emphasize clear and specific direction about what to do if someone exhibits any of these warning signs.<sup>8</sup>

*For more information contact: American Association of Suicidology, info@suicidology.org, 202.237.2280.*

### Level III: Adherence to Standards<sup>6</sup>

**After a Suicide: A Toolkit for Schools.** This is an online resource for schools with students bereaved by the suicide of a student or other member of the school community. The materials provide an overview of existing materials and research findings, in addition to references, templates, and additional information links. The materials are designed to be used during a crisis and not as a comprehensive postvention curriculum.

*For more information contact: Joanne L. Harpel, JD, MPhil, [jharpel@afsp.org](mailto:jharpel@afsp.org), 212.363.3500 ext 32, or Peggy West, PhD, MSW, [pwest@edc.org](mailto:pwest@edc.org), 206.362.2179, <http://www.theconnectprogram.org/>.*

**After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors.** This guide was developed for medical professionals working in the emergency department in order to provide them with tips on communicating with patients, families, and caregivers, as well tips for discharging the patient. The guide is available at no cost on the Substance Abuse and Mental Health Services Administration website.

*For more information contact: Substance Abuse and Mental Health Services Administration Health Information Network, 877.726.4727, <http://store.samhsa.gov/product/A-Guide-for-Medical-Providers-in-the-Emergency-Department-Taking-Care-of-Suicide-Attempt-Survivors/SMA08-4359>.*

**After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department.** This guide provides information for family members of those who have attempted suicide. The guide has information regarding suggested assessment, treatment and follow-up to the emergency department visit. The guide is available at no cost.

*For more information contact: Substance Abuse and Mental Health Services Administration Health Information Network, 877.726.4727, <http://store.samhsa.gov/shin/content//SMA08-4357/SMA08-4357.pdf>.*

**After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department.** This guide is for individuals who have attempted suicide and received treatment in the emergency department. The guide discusses coping with emotional response, steps to take after the emergency department visit, ways to cope with future suicidal ideation, and points the reader to other resources. The guide is available at no cost.

*For more information contact: Substance Abuse and Mental Health Services Administration Health Information Network, 877.726.4727, <http://store.samhsa.gov/product/A-Guide-for-Taking-Care-of-Yourself-After-Your-Treatment-in-the-Emergency-Department/SMA08-4355>.*

**Applied Suicide Intervention Skills Training (ASIST).** This is a two-day training program for members of all caregiving groups. The program teaches participants how to help an at-risk person stay safe and seek additional help when needed. The workshop is targeted at social workers and other caregivers who might be the first point of contact for the individual with suicide ideation. The training-for-trainers costs \$2,600. The training cost for caregiving group members varies, and the materials cost \$36.

*For more information contact: Jerry Swanner, [usa@livingworks.net](mailto:usa@livingworks.net), 910.867.8822, <http://www.livingworks.net/>.*

**Army Ask, Care, Escort (ACE) Suicide Intervention Program.** This is a three-hour training program for soldiers to provide them with awareness, knowledge, and skills necessary to intervene with those at risk of attempting suicide. The program includes a trainer's manual, PowerPoint slides with embedded videos, suicide prevention tip cards, and wallet cards with simplified information. The program is available at no cost.

*For more information contact: James W. Cartwright, PhD, james.cartwright@us.army.mil, 410.436.7945, [http://www.armyg1.army.mil/hr/suicide/training\\_sub.asp?sub\\_cat=25](http://www.armyg1.army.mil/hr/suicide/training_sub.asp?sub_cat=25).*

**Ask 4 Help Suicide Prevention for Youth.** This is one-hour high school-based curriculum that encourages youth to seek help for themselves or for others who may be at risk of suicide. The curriculum provides a wallet card with basic information on how to seek help. The direct training costs vary and are based on the number of participants and the location. The program toolkit costs \$299.95.

*For more information contact: Dale W. Emme, demme@yellowribbon.org, 303.429.3530, [www.yellowribbon.org](http://www.yellowribbon.org).*

**Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals.** This is a one-day workshop targeted at mental health professionals to help them better assess suicide risk, plan treatment, and manage care. This program was developed through consensus between clinicians and researchers. The training costs \$65-\$85 per participant.

*For more information contact: Xan Young, M PH, xyoung@edc.org, 202.572.3728, <http://www.sprc.org/training-institute/amrsr>.*

**At-Risk for High School Educators.** This program is targeted at high school educators to teach them how to identify students at risk of depression or suicide, approach students to discuss concerns, and make referral to school support services. The program uses simulation to train the educators. The cost of this program is \$500-\$3,500 per school for the license, depending on the size of the school.

*For more information contact: Ron Goldman, ron@kognito.com, 212.675.9234, [www.kognito.com/products/highschool](http://www.kognito.com/products/highschool).*

**At-Risk for University and College Faculty: Identifying and Referring Students in Mental Distress.** This is a 45-minute online simulation that gives university and college faculty and staff the knowledge necessary to identify and refer students with mental distress including depression, anxiety, and suicide ideation. This program costs \$3,250 for annual licensing costs. For more information contact: Ron Goldman, ron@kognito.com, 212.675.9234, [www.kognito.com/products/faculty](http://www.kognito.com/products/faculty).

**At-Risk for College Students.** This is a 30-minute online interactive training program for university and college students. The program teaches students how to identify students at risk of depression or suicide, approach students to discuss concerns, and make referrals to school support services through a simulation. The cost of this program is \$2-\$20 per user of the licensed program.

*For more information contact: Ron Goldman, ron@kognito.com, 212.675.9234, <http://www.kognito.com/products/student/>.*

**Be A Link! Suicide Prevention Gatekeeper Training.** This program is a two-hour training program that can be implemented in a variety of settings including schools, workplaces, and community groups. The program provides knowledge on how to identify youth at risk for suicide and refer them to appropriate resources. The direct training costs of this program vary and the program toolkit costs \$299.95.

*For more information contact: Dale W. Emme, demme@yellowribbon.org, 303.429.3530, <http://www.yellowribbon.org/>.*

**CALM: Counseling on Access to Lethal Means.** This is two-hour workshop targeted at health care providers to enable them to counsel clients at risk of suicide and their families in order to reduce access to lethal means, especially firearms. The program costs \$750 for a workshop plus travel costs, and \$3,000- \$5,000 for a train-the-trainer program.

*For more information contact: Elaine Frank, elaine.m.frank@dartmouth.edu, 603.653.1135, <http://www.sprc.org/sites/sprc.org/files/bpr/CALM.pdf>.*

**Campus Connect: A Suicide Prevention Training for Gatekeepers.** This program is for college and university faculty, and students that is aimed at improving the participants' knowledge, awareness, and skills concerning college student suicide. Through interactive exercises, the program increases the participants' knowledge about suicide statistics, risk and protective factors, warning signs, referral resources, empathic listening skills, communication skills, ability to ask individuals if they are thinking about suicide, and self-reactions when interacting with these individuals. The train-the-trainer workshop for this program costs \$4,500.

*For more information contact: Cory Wallack, PhD, cwallack@syr.edu, 315.443.4715, or Susan Pasco, LCSW-R, sdpasco@syr.edu, 315.443.4715, [http://counselingcenter.syr.edu/campus\\_connect/connect\\_overview.html](http://counselingcenter.syr.edu/campus_connect/connect_overview.html).*

**Connect Suicide Postvention Program.** This is a six-hour or three-day train-the-trainer program targeted at community professionals, including those in law enforcement, education, social services, and mental health/substance abuse, as well as faith leaders. The program provides community professionals with training to respond to a suicide effectively in order to prevent additional suicides. The six-hour training program costs \$3,000 for up to 25 participants, plus travel costs, and a three-day train-the-trainer program costs \$5,000-\$9,000 plus travel expenses.

*For more information contact: Anne Rugg, arugg@naminh.org, 207.752.7351, <http://www.theconnectprogram.org/training/postvention-training-promoting-healing-and-reducing-risk-after-suicide>.*

**Connect Suicide Prevention Program.** This is a six-hour or three-day train-the-trainer program targeted at community professionals, including those in law enforcement, education, social services, and mental health/substance abuse, as well as faith leaders. The program provides community professionals training on how to recognize early warning signs of suicide, connect with individuals at risk, and connect at-risk individuals to help. The six-hour training program costs \$3,000 for up to 25 participants plus travel costs, and a three-day train-the-trainer program costs \$5,000-\$9,000 plus travel expenses.

*For more information contact: Anne Rugg, arugg@naminh.org, 207.752.7351, <http://www.theconnectprogram.org/training/suicide-preventionintervention>.*

**Depression and Bipolar Wellness Guides for Parents and Teens.** These are two guides developed for parents and teens to understand and monitor treatment for depression and bipolar disorder. The guides are available at no cost from the Families for Depression Awareness Website.

*For more information contact: Stacey Leibowitz, [info@familyaware.org](mailto:info@familyaware.org), 781.890.0220, <http://www.projectinterface.org/docs/DepressionWellnessParents.pdf>, <http://www.projectinterface.org/docs/DepressionWellnessTeens.pdf>.*

**Depression Wellness Guide for Adults with Depression and their Family and Friends.**

This guide is developed for adults with depression and their families and friends to help them better understand and monitor treatment for depression and dysthymia. The guide is available at no cost from the Families for Depression Awareness website.

*For more information contact: Stacey Leibowitz, [info@familyaware.org](mailto:info@familyaware.org), 781.890.0220, <http://www.familyaware.org/resources/wellness-guides.html>.*

**The DORA College Program (Depression OutReach Alliance).** This is a one-hour peer-based program that teaches successful intervention techniques through a video profile of college students who struggled with depression and suicide ideation. The program kit costs \$125.

*For more information contact: Jason Marshall, M S, [jmarshall@mentalhealthscreening.org](mailto:jmarshall@mentalhealthscreening.org), 781.239.0071, <http://www.mentalhealthscreening.org/programs/colleges/dora.aspx>.*

**EndingSuicide.com.** This website provides online continuing education modules on suicide prevention for professionals in health care and education. The online education modules are available at no cost, but there is a small fee charged if continuing medical education (CME) credit is required.

*For more information contact: Mary P. Metcalf, [metcalf@clinicaltools.com](mailto:metcalf@clinicaltools.com), 919.967.3023, e: [www.EndingSuicide.com](http://www.EndingSuicide.com).*

**Family of Heroes.** This is a one-hour interactive training program for family members of veterans. The simulation teaches family members how to identify signs of post-employment stress, approach veterans about concerns, and make a referral to a mental health support service. The program costs \$2-\$25 per user, depending on the number of licenses.

*For more information contact: Ron Goldman, [ron@kognito.com](mailto:ron@kognito.com), 212.675.9234, <http://www.kognito.com/products/ptsd/>.*

**Gryphon Place Gatekeeper Suicide Prevention Program: A Middle School Curriculum.**

This program is targeted at students in grades 7 and 8 to increase the likelihood that students, staff, faculty and parents are able to identify, intervene with, and obtain help for at-risk individuals. The program is delivered in three lessons over three consecutive days with variable costs.

*For more information contact: William H. Pell, [wpell@gryphon.org](mailto:wpell@gryphon.org), 269.381.1510, or Guy Golomb, [ggolomb@gryphon.org](mailto:ggolomb@gryphon.org), 269.381.1510, [www.gryphon.org](http://www.gryphon.org).*

**Healthy Education for Life.** This is a suicide prevention program targeted at youth ages 14-19 years. The program teaches youth skills to identify the warning signs of depression and suicide, and empowers them to seek help for themselves or others. The program is delivered through a didactic portion and a 12-minute video portion. Healthy Education for Life is currently only available in Oklahoma.

*For more information contact: Heartline Oklahoma, 405.840.9396, <http://heartlineoklahoma.org/>.*

**Helping Every Living Person Depression and Suicide Prevention Curriculum.** This program educates high school students about depression and suicide (specifically stress and depression), risk factors and warning signs of suicide, and suicide intervention skills in four 45-minute lessons. The program integrates interactive learning through practice of intervention. The program materials cost \$100 for Washington State schools and \$250 for schools outside of Washington State.

*For more information contact: Sue Eastgard, MSW, suee@yspp.org, 206.297.5922 ext 1, [http://www.yspp.org/curriculum/HELP\\_curriculum.htm](http://www.yspp.org/curriculum/HELP_curriculum.htm).*

**High School Gatekeeper Curriculum.** This program is targeted at high school students educating them in identifying risk behaviors, asking about risk behaviors of concern, referring at-risk individuals, destigmatizing mental illnesses, breaking the “culture of silence,” and encouraging help seeking. The program also includes teacher and parent education components. The cost of this program varies.

*For more information contact: William H. Pell, Executive Director, Gryphon Place, [wpell@gryphon.org](mailto:wpell@gryphon.org), 269.381.1510, <http://www.gryphon.org/>, or Guy Golomb, [ggolomb@gryphon.org](mailto:ggolomb@gryphon.org), 269.381.1510.*

**How Not to Keep a Secret.** This is a peer leader training program targeted at teens. The program educates teens about depression and suicide, help-seeking behaviors, and ways to reduce stigma associated with mental illnesses. This is a one-day training program that includes role playing. The manual for this program is available for \$50 and the DVD is available for \$75.

*For more information contact: Barbara J. Green, PhD, [bjgreenphd@aol.com](mailto:bjgreenphd@aol.com), 781.749.9227, ext 3, <http://www.adolescentwellness.org/wp-content/uploads/2011/06/How-Not-to-Keep-A-Secret-Table-of-contents.pdf>.*

**In Harm’s Way: Law Enforcement Suicide Prevention.** This is an eight-hour train-the-trainer program targeted at law enforcement and corrections professionals to reduce the risk of suicide. The program is intended for the trained participants to return to their departments and train the administrators, officers, and staff on suicide prevention, reducing stigma associated with help seeking, and development of departmental policies, protocols, and procedures for officers at risk. There is no cost associated with this program.

*For more information contact: Todd Kirchner, [kirchner.todd@spcollege.edu](mailto:kirchner.todd@spcollege.edu), 727.344.8030, <http://policesuicide.spcollege.edu>.*

**Interactive Screening Program.** This program is targeted at college students. The program, with permission from the college, emails the students a 34-question Stress and Depression Screening Questionnaire. The program provides the students with an assessment and information on help-seeking if necessary. The program costs \$5,000 for the first year and \$2,500 for the subsequent years.

*For more information contact: Ann P. Haas, Ph D, [ahaas@afsp.org](mailto:ahaas@afsp.org), 207.236.2475, [http://www.afsp.org/index.cfm?page\\_id=05967029-BC0C-603D-5A32D68043B9D7A8](http://www.afsp.org/index.cfm?page_id=05967029-BC0C-603D-5A32D68043B9D7A8).*

**“Is Your Patient Suicidal?” Emergency Department Poster and Clinical Guide.** This poster and guide were developed to help emergency department personnel recognize and respond to acute suicide risk. They can be purchased through the Emergency Nurses Association (ENA)

for \$7 for ENA members and \$10 for non-members. The poster and guide are also available in PDF formats through the Suicide Prevention Resource Center.

*For more information contact: David Litts, O D, dlitts@edc.org, 202.572.3730, [http://www.sprc.org/sites/sprc.org/files/library/ER\\_SuicideRiskGuide8.pdf](http://www.sprc.org/sites/sprc.org/files/library/ER_SuicideRiskGuide8.pdf), [http://www.sprc.org/library\\_resources/items/your-patient-suicidal](http://www.sprc.org/library_resources/items/your-patient-suicidal).*

**Late Life Suicide Prevention Toolkit.** This program is targeted at preventing suicide among older adults. The toolkit focuses on identifying suicide warning signs, establishing rapport, assessing suicide risk factors, and managing immediate and ongoing risks for suicide. The program is available at no cost.

*For more information contact: Kimberley Wilson, kwilson@baycrest.org, 416.785.2500 ext 6331, <http://www.ccsmh.ca/en/projects/suicide.cfm>.*

**LEADS for Youth: Linking Education and Awareness of Depression and Suicide.** This program is targeted at high school students and designed to be taught in a health class setting. The program educates students as to how to identify symptoms and risk factors of depression and suicide, how to seek help, and where to find resources. The program costs \$125 for a curriculum unit including PowerPoint slides, teacher manual, and crisis management protocols.

*For more information contact: Dan Reidenberg, PsyD, dreidenberg@save.org, 952.946.7998, <http://www.save.org/>.*

**Let's Talk Gatekeeper Training.** This program is targeted at parents and adults who provide care to children. The program provides a two-hour training with lessons and interactive training in identifying risk factors and warning signs of suicide, communicating concern with at-risk youth, restricting means, and responding to a suicide crisis. The program is available at no cost.

*For more information contact: Alan Holmlund, alan.holmlund@state.ma.us, 617.624.5476, [www.mass.gov/dph/suicideprevention](http://www.mass.gov/dph/suicideprevention).*

**Lifelines Intervention: Helping Students at Risk for Suicide.** This manual provides school staff with information on the suicide assessment and referral process, and information on how to work with resistant students and parents. The manual is available from the Hazelden Publishing bookstore for \$149.

*For more information contact: Laura Strapon, lstrapon@hazelden.org, 651.213.4714, <http://www.hazelden.org/itemquest/go.view?go=item&item=131105>.*

**Lifelines Postvention: Responding to Suicide and Other Traumatic Death.** This manual provides instructions and outlines a template for creating a school-based response to the death of a school community member by suicide or other traumatic event. The manual is available from the Hazelden Publishing bookstore for \$99.

*For more information contact: Laura Strapon, lstrapon@hazelden.org, 651.213.4714, <http://www.hazelden.org/itemquest/go.view?go=item&item=54103>.*

**LifeSavers Training.** This program is targeted at high school and college students. The program is a three-day program that teaches students how to listen to their peers to help them make healthier decisions. The program costs \$230 per participant with a minimum of 45 participants.

*For more information contact: Judy Ashby, MS, LCPC, lifesaversjudy@frontier.com, 618.549.5578, [www.thelifesavers.net](http://www.thelifesavers.net).*

**LOOK LISTEN LINK: A Health Curriculum for Middle School.** This program, targeted at middle school students, includes four 45-minute lessons on identifying causes of stress, and healthy ways of coping with stress. The program also teaches students how to identify peers who are depressed and how to link them to resources. The program costs \$100 within Washington State, and \$250 outside of the state.

*For more information contact: Sue Eastgard, MSW, suee@yspp.org, 206.297.5922 ext 1, [http://www.yspp.org/curriculum/look\\_listen\\_link.htm](http://www.yspp.org/curriculum/look_listen_link.htm).*

**Making Educators Partners in Youth Suicide Prevention.** This program is targeted at school educators and staff. Through an online interactive training, the program provides the participants with knowledge on identification and referral of potentially suicidal youth. The program is available at no cost on the Society for Prevention of Teen Suicide website.

*For more information contact: Maureen M. Underwood, LCSW, maureenunderwood@aol.com, 973.292.0602, <http://spts.pldm.com/>.*

**More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel.** This program is targeted at school educators and staff to educate them on suicidal behavior in adolescents, as well as causes, treatment, and prevention. The program is available for \$99.99 from the American Foundation for Suicide Prevention (AFSP) online store.

*For more information contact: Ann P. Haas, PhD, ahaas@afsp.org, 207.236.2475, <http://www.morethansad.org/>.*

**More Than Sad: Teen Depression.** This is a 26-minute video targeted at teens (ages 13-18). The film provides information on depression through vignettes. The film is available for \$49.95 from the American Foundation for Suicide Prevention online store.

*For more information contact: Sarah Azrak, sazrak@afsp.org, 212.363.3500, ext 34, <http://www.morethansad.org/>.*

**Not My Kid: What Every Parent Should Know About Teen Suicide.** This is a web-based video that features culturally diverse parents asking mental health professionals about youth suicide. The video is designed to inform parents on youth suicide. The video is available at no cost at the Society for the Prevention of Teen Suicide Website.

*For more information contact: R. Scott Fritz, rsfritz@gmail.com, 973.292.0602, <http://www.sptsusa.org/>.*

**Operation S.A.V.E.: VA Suicide Prevention Gatekeeper Training.** This is a one- or two-hour training program for veterans and those who care for veterans. The program includes training on identifying warning signs and risk factors of suicide, asking them about the concerns, and encouraging help seeking. The program is available from the VA at no cost.

*For more information contact: Janet Kemp, RN, PhD, jan.kemp@va.gov, 585.393.7939.*

**Parents as Partners: A Suicide Prevention Guide for Parents.** This is a nine-page booklet for parents who are concerned that their children might be at risk for suicide. The booklet is available for \$3 from the Suicide Awareness Voices of Education (SAVE) website.

*For more information contact: Dan Reidenberg, dreidenberg@save.org, 952.946.7998, [www.save.org](http://www.save.org).*

**Preventing Transgender Suicide: An Introduction for Providers.** This is a brochure targeted at health care professionals to inform them of issues related to suicide among the

transgender population. The brochure is available at no cost.

*For more information contact: Alison T. Brill, MPH, [alison.brill@state.ma.us](mailto:alison.brill@state.ma.us), 617.624.5299, <http://www.masstpc.org/publications/suicideprevention.shtml>.*

**Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention.** This training program is targeted at community members to improve their ability to recognize and respond appropriately to someone exhibiting warning signs or risk factors for suicide. The training is provided in a one to two hour multimedia format. This program costs \$495 in fees, \$85 for recertification after three years, and \$2 per set of materials. The QPR training program cost varies for the in-person version, and costs \$29.95 for the online version.

*For more information contact: Kathy White, [qinstitute@qwest.net](mailto:qinstitute@qwest.net), 888.726.7926, [www.qprinstitute.com](http://www.qprinstitute.com).*

**Question, Persuade, Refer, and Treat (QPR-T) Suicide Risk Assessment and Management Training.** This training program targets mental health providers and includes guided clinical protocol for assessing suicide risk. The program aims to develop standardized suicide risk assessment and integrates a collaborative crisis management, monitoring, and safety plan. The program costs vary depending on the type of training.

*For more information contact: Paul Quinnett, PhD, [qinstitute@qwest.net](mailto:qinstitute@qwest.net), 888.726.7926, [www.qprinstitute.com](http://www.qprinstitute.com).*

**Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians.** This training program is targeted at mental health clinicians. This two-day interactive training program educates mental health clinicians to better identify, manage, and treat adult patients at risk for suicide. The cost of this training program is \$4,600, plus \$65 for each participant covering up to 40 participants.

*For more information contact: Alan L. Berman, PhD, [berman@suicidology.org](mailto:berman@suicidology.org), 202.237.2280, <http://www.suicidology.org/education-and-training/recognizing-responding-suicide-risk>.*

**Recognizing and Responding to Suicide Risk in Primary Care.** This training program is targeted at primary care physicians, physician assistants, and other primary care professionals. The one-hour facilitated training educates primary care professionals to better identify, manage, and treat adult patients at risk for suicide. The cost of this training program varies depending on the size of the group and the training location.

*For more information contact: Alan L. Berman, PhD, [berman@suicidology.org](mailto:berman@suicidology.org), 202.237, <http://www.suicidology.org/education-and-training/recognizing-responding-suicide-risk-primary-care>.*

**Response: A Comprehensive High School-based Suicide Awareness Program.** This high school-based program is targeted at students, staff, and parents. The program is designed to increase awareness, increase identification of warning signs, and increase facilitating referrals. The cost to implement this program is \$375 for a school kit that includes implementation manuals, and coordinator and teacher manuals with associated PowerPoint presentations and DVDs. Additional teacher's manuals cost \$125, the optional parent workshop costs \$150, and an optional overview presentation costs \$350.

*For more information contact: Jill Hollingsworth, MA, [jhollingsworth@columbiacare.org](mailto:jhollingsworth@columbiacare.org), 541.337.9001, <http://www.columbiacare.org>.*

**Riverside Trauma Center Postvention Guidelines.** These guidelines are targeted at communities and organizations and provide recommendations on how to respond to suicide deaths in an effort to restore functioning to the community or organization and facilitate the grieving process. This protocol is available at the Riverside Trauma Center website.

*For more information contact: Larry Berkowitz, EdD, lberkowitz@riversidecc.org, 781.433.0672, ext 5621, www.riversidetraumacenter.org.*

**Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version.** This is a manual targeted at veterans at risk of suicide. The manual provides instruction on how to develop safety guidelines for at-risk veterans. The manual is available at no cost from the VA.

*For more information contact: Janet Kemp, RN, PhD, jan.kemp@va.gov, 585.393.7939, http://www.mentalhealth.va.gov/docs/VA\_Safety\_planning\_manual.pdf.*

**Saving Our Lives: Transgender Suicide Myths, Reality, and Help.** This brochure is targeted at members of the transgender community, their family, and their friends. The brochure provides information regarding warning signs of suicide, myths and realities of suicide, how to listen to those at risk, how to help those at risk, and also contains a list of resources for those at risk. The brochure is available at no cost.

*For more information contact: Alison T. Brill, MPH, Alison.Brill@state.ma.us, 617.624.5299, www.masstpc.org/publications/suicideprevention.shtml.*

**School Suicide Prevention Accreditation Program.** This is a self-study course targeted at education professionals or those who work with school-age youth who are interested in learning about school-based suicide prevention issues. The program costs \$350 for school-based professionals and \$250 for graduate students.

*For more information contact: Alan L. Berman, PhD, berman@suicidology.org, 202.237.2280, http://www.suicidology.org/school-accreditation.*

**Signs of Suicide Middle School Program.** This program is targeted at middle school students. The program uses a video to teach students how to identify warning signs and risk factors of depression and suicide, and how to seek help for themselves or others. The program includes an optional screening for depression and suicide ideation. The cost to implement this program is \$300.

*For more information contact: Diane Santoro, LICSW, dsantoro@mentalhealthscreening.org, 781.591.5230, http://www.mentalhealthscreening.org/.*

**Sources of Strength.** This program is targeted at teens and young adults. The program trains key adult community members to deliver messages of hope, help, and strength through classroom presentations, public service announcements, posters, videos, the Internet, and text messaging. The program costs \$5,000 per school plus the trainer travel and accommodation costs.

*For more information contact: Mark LoMurray, marklomurray@gmail.com, 701.471.7186, www.sourcesofstrength.info.*

**Student Support Network.** This program is targeted at college students. The program trains peer leaders to identify, support, and refer peers affected by mental health or behavioral health concerns. The training manual for this program is available at no cost from the Worcester Polytechnic Institute Counseling Center. This program also makes available train-the-trainer consultations which cost \$1,000-\$3,000 plus travel expenses.

For more information contact: Charles Morse, [sdcc@wpi.edu](mailto:sdcc@wpi.edu), 508.831.5540, [www.wpi.edu/Admin/SDCC/index.html](http://www.wpi.edu/Admin/SDCC/index.html).

**Suicide Alertness for Everyone.** This is a half-day training program that teaches participants to identify individuals who might be having thoughts of suicide, and connect them with appropriate community resources. The program uses 60-90 second scenarios. The train-the-trainer program costs \$820 for the instructor and \$210 for materials, plus travel expenses. The training costs \$300 for the trainer and \$6.50-\$7.50 for the materials per participant, plus travel expenses.

For more information contact: Jerry Swanner, [usa@livingworks.net](mailto:usa@livingworks.net), 910.867.8822, <http://www.livingworks.net/page/safeTALK>.

**Suicide Assessment Five-Step Evaluation and Triage.** This program is targeted at mental health clinicians and healthcare providers. The protocol provides information for conducting a comprehensive suicide assessment, estimating suicide risk, identifying protective factors, and developing treatment plans and interventions responsive to the risk level of patients. The SAFE-T pocket card is available at no cost from the Suicide Prevention Resource Center (SPRC) website.

For more information contact: Screening for Mental Health Inc., [smhinfo@mentalhealthscreening.org](mailto:smhinfo@mentalhealthscreening.org), 781.239.0071, [http://www.sprc.org/sites/sprc.org/files/library/safe\\_t\\_pcktcrd\\_edc.pdf](http://www.sprc.org/sites/sprc.org/files/library/safe_t_pcktcrd_edc.pdf).

**Suicide: Coping with the Loss of a Friend or Loved One.** This is a 21-page booklet for those who have been bereaved by suicide. The booklet is available for \$4 from the Suicide Awareness Voices of Education website.

For more information contact: Dan Reidenberg, [dreidenberg@save.org](mailto:dreidenberg@save.org), 952.946.7998, [www.save.org](http://www.save.org).

**Suicide Prevention Multicultural Competence Kit.** This program presents mental health providers with tools to approach their multicultural clients in an effort to prevent suicide. The kit is available at no cost from the Pace University Counseling Center website.

For more information contact: Richard Shadick, PhD, [shadick@pace.edu](mailto:shadick@pace.edu), 212.346.1526, <http://www.pace.edu/counseling-center/sites/pace.edu.counseling-center/files/Multicultural-Competence-Suicide-Prevention-Kit-Manual.pdf>.

**Suicide Prevention Training for Gatekeepers of Older Adults.** This program is targeted at those who have regular contact with older adults. In two four-hour sessions, the training program educates on overview on mental health, aging and suicide, warning signs and risk factors of suicide, working with older adults at risk for suicide, ongoing care and support for older adults at risk for suicide, and self-care. The training program is available to qualifying institutions in Massachusetts at no cost.

For more information contact: Mary Quinn, LICSW, [mquinn@familyserviceinc.com](mailto:mquinn@familyserviceinc.com), 978.327.6672, [www.familyserviceinc.com/samaritans](http://www.familyserviceinc.com/samaritans).

**Supporting Survivors of Suicide Loss: A Guide for Funeral Directors.** This guide is targeted at funeral directors to provide them with an understanding of suicide as it relates to them. The guide is available at no cost at the from the National Mental Health Information Center website.

For more information contact: For more information contact: Substance Abuse and Mental Health Services Administration Health Information Network, 877.726.4727, <http://store.samhsa.gov/shin/content//SMA09-4375/SMA09-4375.pdf>.

**Survivor Voices: Sharing the Story of Suicide Loss.** This is a two-day training program for those bereaved by suicide. The training allows individuals to speak safely about their loss. The training program costs \$3,600 for two days, eight participants, materials for each participant, and four hours of consultation. This program also provides two- or three-day train-the-trainer program. The train-the-trainer program costs \$5,000 for eight participants in a two-day training or \$7,500 for a three-day train-the-trainer program.

*For more information contact: Anne Rugg, arugg@naminh.org, 207.752.7351, <http://www.theconnectprogram.org/survivors/survivorvoices-sharing-story-suicide-loss>.*

**Teens for Life.** This program is targeted at high school and middle school students and youth served by community-based agencies in Alameda County, California. The one-hour course informs the participants about reducing stigma towards mental health disorders and help seeking, recognizing warning signs of depression and suicide, and seeking help for a friend or for themselves. This program is available at no cost for Alameda County, California, schools and community organizations.

*For more information contact: Mercedes Coleman, mcoleman@crisissupport.org, 510.420.2473, [http://www.crisissupport.org/teens\\_for\\_life](http://www.crisissupport.org/teens_for_life).*

**What is Depression? How to Treat It and What to Do—A Suicide Prevention Guide for Young People.** This is an eight-page booklet targeted at young adults. The booklet provides information on depression, its symptoms and causes, effective treatments, warning signs of suicide, recommendations on how to get help, and recommendations of sources of additional information. The booklet is available for \$3 from the Suicide Awareness Voices of Education website.

*For more information contact: Dan Reidenberg, dreidenberg@save.org, 952.946.7998, [www.save.org](http://www.save.org).*

**Working Minds: Suicide Prevention in the Workplace.** This program is targeted at workplace administrators and employees to help them better understand and prevent suicide. The program is available as a one-hour lunchtime presentation, a 1.5-hour in-service workshop, and a 3.5-hour intensive training. This program costs \$99 for the DVD, or \$1,000 for full-day training.

*For more information contact: Sally Spencer-Thomas, PsyD, sally@carsonjspencer.org, 720.244.6535, <http://www.WorkingMinds.org>.*

**Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel.** This is a guide developed for school personnel informing them on developing protocols for suicide prevention, intervention, and postvention. The manual is available at no cost from the Maine Youth Suicide Prevention Program website.

*For more information contact: Linda Williams, lwilliams@mcd.org, 207.622.7566 ext 243, <http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf>.*

**Youth Suicide Prevention School-based Guide.** This is a guide that provides information to school administrators that will enable them to assess their existing or proposed suicide prevention policies, and resources that the administrators could use to improve their existing program. The guide is available at no cost online.

*For more information contact: Stephen Roggenbaum MA, roggenba@fmhi.usf.edu, 813.974.6149, <http://theguide.fmhi.usf.edu>.*

**Table C.1**

<b>LEVEL I: Evidence-Based Programs (NREPP)</b>						
<b>Program</b>	<b>Target Audience</b>	<b>Prevention</b>	<b>Early Intervention (*Screening Tool)</b>	<b>Treatment</b>	<b>Postvention</b>	<b>Policy Guidelines/Protocols</b>
Adolescent Coping With Depression	Adolescents (ages 13-17)			X		
American Indian Life Skills Development/ Zuni Life Skills Development	American Indian adolescents (ages 14 to 19)	X				
Care, Assess, Respond, Empower (CARE)	Adolescents (ages 13-17) and young adults (ages 18-25)		X*			
Coping and Support Training (CAST)	Youth (ages 14 to 19) identified as at risk for suicide			X		
Columbia University TeenScreen	Students at risk for suicide and mental illness (ages 13-25)		X*			
Cognitive Behavioral Therapy (CBT) for Late-Life Depression	Older adults (ages 55 and over)			X		
Dialectical Behavior Therapy (DBT)	Adults (ages 18 and over)			X		
Dynamic Deconstructive Psychotherapy	Adults at risk for or who have attempted suicide (ages 18 and over)			X		
Emergency Department Means Restriction Education	Adult caregivers of youth (ages 6-19) at risk for suicide		X			
Emergency Room Intervention for Adolescent Females	Females who have attempted suicide (ages 12-18)		X	X		
Interpersonal Psychotherapy for Depressed Adolescents	Adolescents with mild to moderate depression (ages 12-18)			X		
Lifelines Curriculum	Adolescents (ages 13-17)	X				
Multisystemic Therapy With Psychiatric Supports	Youth at risk of psychiatric hospitalizations (ages 9-17)			X		
Peer Assistance and Leadership	Children (ages 6-12) and adolescents (ages 13-17)	X				
Prevention of Suicide in Primary Care Elderly: Collaborative Trial	Older adult (ages 55+)	X		X		
Reconnecting Youth: A Peer Group Approach to Building Life Skills	Adolescents (ages 14-19)	X	X			
Seeking Safety	Persons with a history of trauma or substance abuse (ages 13-55)	X	X			
Signs of Suicide	Adolescents (ages 13-17)		X*			
Sources of Strength	High school students (ages 13-25)	X				
Trauma-Focused Coping (Multimodality Trauma Treatment)	Children (ages 6-12) and adolescents (ages 13-17) exposed to traumatic stressors		X			
United States Air Force Suicide Prevention Program	Members of the US Air Force (ages 18-55)	X				
Wellness Recovery Action Plan (WRAP)	Adult (ages 26-55)			X		

**Table C.2**

**Level I: Evidence-Based Programs (NC PIC)**

<b>Program</b>	<b>Target Audience</b>	<b>Prevention</b>	<b>Early Intervention (*Screening Tool)</b>	<b>Treatment</b>	<b>Postvention</b>	<b>Policy Guidelines/ Protocols</b>
Contingency Management	Adults with substance abuse disorders	X				
Integrated Dual Disorder Treatment (IDDT)	Adults with co-occurring mental illness and substance abuse disorders	X	X			
Matrix Intensive Outpatient Treatment	Adults with substance abuse disorders (specifically methamphetamine)	X				
Post Deployment Mental Health	Active duty, National Guard and Reserve service members, and veterans	X	X*	X		
The Seven Challenges®	Adolescents (ages 13-17) with substance abuse disorders	X				
Trauma-Focused Cognitive Behavioral Therapy	Children and adolescents (ages 6-17) who were exposed to trauma	X	X			
Wellness Management and Recovery	Adults (ages 18-67) with schizophrenia, bipolar disorder, or major depression	X	X			

**Table C.3**

<b>Level II: Expert/Consensus Statements (SPRC)</b>						
<b>Program</b>	<b>Target Audience</b>	<b>Prevention</b>	<b>Early Intervention (*Screening Tool)</b>	<b>Treatment</b>	<b>Postvention</b>	<b>Policy Guidelines/ Protocols</b>
Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment: A Treatment Improvement Protocol TIP 50	Substance abuse counselors and clinical administrators	X	X	X		X
At-Risk in the ED	Emergency department staff		X			X
Consensus Statement on Youth Suicide by Firearms	Health care professionals					X
Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student	Higher education institutions					X
Guidelines for School-Based Suicide Prevention Programs	School administrators					X
National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide	Healthcare providers and stakeholders		X			X
Recommendations for Reporting on Suicide	Media				X	X
Recommendations for Youth Suicide Prevention Training for Early Identification and Referral (Gatekeeper Training)	Gatekeepers					X
A Resource Guide for Implementing the Joint Commission 2007 Patient Safety Goals on Suicide	Health care professionals		X			X
Standards for the Assessment of Suicide Risk Among Callers to the National Suicide Prevention Lifeline	Crisis telephone line workers					X
Student Mental Health and the Law: A Resource for Institutions of Higher Education	Administrators at higher education institutions					X
Suicide Prevention Efforts for Individuals with Serious Mental Illness: Roles for the State Mental Health Authority	State mental health authorities					X
Talking About Suicide & LGBT Populations	Community members					X
Towards Good Practice: Standards and Guidelines for Suicide Bereavement Support Groups	Leaders of suicide bereavement support groups					X
Video Evaluation Guidelines (for Youth Suicide Prevention)	American Association of Suicidology video review committee					X
Warning Signs for Suicide Prevention	Organizations holding suicide prevention informational campaigns or educational programs	X				X

**Table C.4**

**Level III: Adherence to Standards (SPRC)**

Program	Target Audience	Prevention	Early Intervention (*Screening Tool)	Treatment	Postvention	Policy Guidelines/Protocols
After a Suicide: A Toolkit for Schools	Administrators of schools bereaved by suicide				X	X
After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors	Emergency department personnel					X
After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department	Family members of individuals who attempted suicide					X
After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department	Individuals who attempted suicide					X
Applied Suicide Intervention Skills Training (ASIST)	Members of caregiving groups	X				
Army Ask, Care, Escort (ACE) Suicide Intervention Program	Members of the Army	X				
Ask 4 Help Suicide Prevention for Youth	High school students		X			
Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals	Mental health professionals		X	X		
At-Risk for High School Educators	High school educators	X				
At-Risk for University and College Faculty: Identifying and Referring Students in Mental Distress	University and college faculty and staff	X				
At-Risk for University and College Students	University and college students	X				
Be A Link! Suicide Prevention Gatekeeper Training	Individuals in schools, workplaces, community groups, and other settings	X				
CALM: Counseling on Access to Lethal Means	Health care providers	X				
Campus Connect: A Suicide Prevention Training for Gatekeepers	College and university faculty, students, and staff	X				
Connect Suicide Postvention Program	Community professionals such as those in law enforcement, education, social services, mental health/substance abuse, and the faith community				X	
Connect Suicide Prevention Program	Community professionals such as those in law enforcement, education, social services, mental health/substance abuse, and the faith community	X				
Depression and Bipolar Wellness Guides for Parents and Teens	Teens (ages 13-18) and parents					X
Depression Wellness Guide for Adults with Depression and their Family and Friends	Adults with depression, and their families and friends					X
The DORA College Program (Depression OutReach Alliance)	College students		X			

LEVEL III: Adherence to Standards						
Program	Target Audience	Prevention	Early Intervention (*Screening Tool)	Treatment	Postvention	Policy Guidelines/Protocols
EndingSuicide.com	Professionals in health care and education	X				
Family of Heroes	Family members of veterans	X				
Gryphon Place Gatekeeper Suicide Prevention Program: A Middle School Curriculum	Students in grades 7-8	X				
Healthy Education for Life	Youth (ages 14-19)		X			
Helping Every Living Person: Depression and Suicide Prevention Curriculum	High school students	X				
High School Gatekeeper Curriculum	High school students	X				
How Not to Keep a Secret	Teens (ages 13-18)	X				
In Harm's Way: Law Enforcement Suicide Prevention	Law enforcement and corrections professionals	X				
Interactive Screening Program	College students		X*			
"Is Your Patient Suicidal?" Emergency Department Poster and Clinical Guide	Emergency department personnel		X			
Late Life Suicide Prevention Toolkit	Older adults (ages 55 and over)	X				
LEADS for Youth: Linking Education and Awareness of Depression and Suicide	High school students	X				
Let's Talk Gatekeeper Training	Parents and caregivers of children	X				
Lifelines Intervention:						
Helping Students at Risk for Suicide	School administrators and staff		X			X
Lifelines Postvention: Responding to Suicide and Other Traumatic Death	Schools administrators and staff				X	X
LifeSavers Training	High school students and college students	X				
LOOK LISTEN LINK: A Health Curriculum for Middle School	Middle school students	X				
Making Educators Partners in Youth Suicide Prevention	School educators and staff	X				
More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel	School educators and staff	X				
More Than Sad: Teen Depression	Teens (Ages 13-18)	X				
Not My Kid: What Every Parent Should Know About Teen Suicide	Parents	X				
Operation S.A.V.E.: VA Suicide Prevention Gatekeeper Training	Veterans Caregivers (to veterans)	X				
Parents as Partners: A Suicide Prevention Guide for Parents	Parents	X				
Preventing Transgender Suicide: An Introduction for Providers	Healthcare professionals	X				
Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention	Community members	X				

<b>LEVEL III: Adherence to Standards</b>						
<b>Program</b>	<b>Target Audience</b>	<b>Prevention</b>	<b>Early Intervention (*Screening Tool)</b>	<b>Treatment</b>	<b>Postvention</b>	<b>Policy Guidelines/ Protocols</b>
Question, Persuade, Refer, Treat (QPR-T) Suicide Risk Assessment and Management Training	Mental health care professionals	X	X*	X		
Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians	Mental healthcare professionals		X	X		
Recognizing and Responding to Suicide Risk in Primary Care	Primary care professionals		X	X		
Response: A Comprehensive High School-based Suicide Awareness Program	High school staff, students, and parents	X				
Riverside Trauma Center Postvention Guidelines	Communities and organizations				X	X
Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version	Veterans			X		
Saving Our Lives: Transgender Suicide Myths, Reality and Help	Members of the transgender community, their family, and their friends	X				
School Suicide Prevention Accreditation Program	School administrators					X
Signs of Suicide Middle School Program	Middle school students	X				
Sources of Strength	Teens and young adults	X				
Student Support Network	College students	X				
Suicide Alertness for Everyone	Community members	X				
Suicide Assessment Five-Step Evaluation and Triage	Mental health clinicians and health care professionals		X*	X		
Suicide: Coping with the Loss of a Friend or Loved One	Individuals bereaved by suicide				X	X
Suicide Prevention Multicultural Competence Kit	Mental health professionals					X
Suicide Prevention Training for Gatekeepers of Older Adults	Caregivers of older adults (ages 55 and over)	X				
Supporting Survivors of Suicide Loss: A Guide for Funeral Directors	Funeral directors					X
Survivor Voices: Sharing the Story of Suicide Loss	Individuals bereaved by suicide				X	
Teens for Life	Alameda County, California (high school, middle school youth)	X				
What is Depression? How to Treat It and What to Do—A Suicide Prevention Guide for Young People	Young adults	X				X
Working Minds: Suicide Prevention in the Workplace	Workplace administrators and employees	X				
Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel	School personnel	X	X		X	X
Youth Suicide Prevention School-based Guide	School administrators					X

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