

Basic Information

American Indian Life Skills Development		X ³	X	NREPP ⁴		X			X
Ask 4 Help!		X	X		X	X			X
CAST (Coping and Support Training)		X	X	NREPP				X	X
Camp MakeBelieve Kids *	X				X		X		
DBT-STEPS-A		X	X		X		X		X
Friend2Friend (Kognito)			X		X	X			X
Good Behavior Game	X	X	X	NREPP			X		X
Helping Every Living Person ^{>}			X		X	X			X
HOPE SQUAD – Elementary ⁺	X				X	X			X
HOPE SQUAD – Junior High ⁺		X			X	X			X
HOPE SQUAD – High School ⁺			X		X	X			X
LEADS for Youth			X	NREPP		X			X
Lifelines – Prevention 5 th -6 th [^]	X			NREPP		X			X
Lifelines – Prevention 7 th -10 th [^]		X	X	NREPP		X			X
Lifelines – Prevention 11 th -12 th [^]			X	NREPP		X			X
Look.Listen.Link. ^{>}		X			X	X			X
More Than Sad			X		X	X			X
Reconnecting Youth		X	X	NREPP				X	X
Response: High School			9 th or 10 th		X	X			X
Riding the Waves ^{>}	5 th Grade				X	X			X
Signs of Suicide – Middle Sch. ^{<}		X		NREPP		X			X
Signs of Suicide – High Sch. ^{<}			X	NREPP		X			X
Sources of Strength	Pending	X	X	NREPP		X		X	X
STEP UP (Strategies and Tools to Embrace Prevention) *		X		NREPP			X		X
Trevor Lifeguard Workshop		X	X		X				X

([>] ⁺ [^] [<] *) Symbols next to programs denote they are part of a series

 SEL Program	 Upstream for Risky Behaviors (URB)	 Both SEL & URB
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¹ See page 3 for details

² Social Emotional Learning (SEL) and upstream programs have different rating rubrics for one item

³ Not all lessons are applicable to middle school. These lessons are noted in the manual.

⁴ National Registry of Evidence-based Programs and Practices was a database of rigorously evaluated programs that were deemed evidence-based, it ended in 2018

Basic Information Cont.

Program	Duration and Style of Teaching	Trainer Required to Have Training	
		Yes	No
American Indian Life Skills Development	Thirty-seven lessons, each taking between one to four class periods, designed to be its own class		X
Ask 4 Help!	One 60 to 90-minute PowerPoint training and discussion		X
CAST (Coping and Support Training)	Twelve 55-minute sessions	Recommended	X
Camp MakeBelieve Kids	Eight steps with four 60-90 minute “blocks” each, can be 8, 16, 24 or 32 weeks long		X
DBT-STEPS-A	Thirty 50-minute lessons, designed to be its own class		X
Friend2Friend (Kognito)	One 30-minute online interactive game/roleplay	N/A	
Good Behavior Game	Flexible integration with regular class, intended to be used around 1 hour per day	X	
Helping Every Living Person	Four 40-minute lessons taught by a classroom teacher		X
HOPE SQUAD - Elementary	Adult advisors are trained by a Master Trainer; Squad Members: Year 1: 30-45 minutes for each of the 9 phases; Year 2: 25-30 minutes for each of the 9 phases; Year 3: 30-40 minutes for each of the 9 phases	X	
HOPE SQUAD – Junior High	Adult advisors are trained by a Master Trainer; Squad Members: Years 1 & 2: 30-40 minutes for each of the 9 phases	X	
HOPE SQUAD – High School	Adult advisors are trained by a Master Trainer; Squad Members: Year 1: 30-40 minutes for each of the 10 phases; Years 2 & 3: 30-40 minutes for each of the 9 phases	X	
LEADS for Youth	Three one-hour lessons		X
Lifelines – Prevention 5 th -6 th	Four 40 to 45-minute lessons taught by a classroom teacher		X
Lifelines – Prevention 7 th -10 th	Four 40 to 45-minute lessons taught by a classroom teacher		X
Lifelines – Prevention 11 th -12 th	Two 40 to 45-minute lessons taught by a classroom teacher		X
Look.Listen.Link.	Four 45-minute lessons taught by a classroom teacher		X
More Than Sad	One-and-a-half-hour training taught by school staff		X
Reconnecting Youth	Fifty-seven 55-minute lessons, designed to be its own class	Recommended	X
Response: High School	Four 50-minute lessons, typically part of a health class		X
Riding the Waves	Twelve 30 to 45-minute lessons taught by the school counselor		X
Signs of Suicide – Middle Sch.	25 minutes of video, and 30-40 minutes of depression/suicide screening, and discussion		X
Signs of Suicide – High Sch.	25 minutes of video, and 30-40 minutes of depression/suicide screening, and discussion		X
Sources of Strength	Consists of three different trainings in year 1, booster trainings in year 2 and additional trainings as needed in subsequent years: Adult advisor training (4-6 hours), staff training (2-4 hours), peer leader training (5-6 hours), and continues as an integrated, ongoing program	X	
STEP UP (Strategies and Tools to Embrace Prevention)	Eight steps with two 25-minute lessons per step taught by a classroom teacher through repeating all steps in each grade or an alternative sequencing with no repeats		X
Trevor Lifeguard Workshop	One 90-minute or two 45-minute class periods with an online video to supplement		X

 SEL Program	 Upstream for Risky Behaviors (URB)	 Both SEL & URB
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SPECIAL POPULATION TARGET

Program	Population
American Indian Life Skills Development	Designed to be implemented with American Indian youth, incorporates culturally appropriate information and activities
CAST (Coping and Support Training)	Mostly used with high-risk or at-risk youth; however, can be used with all youth
Reconnecting Youth	<p>Designed to be implemented with youth identified at high-risk based on the below criteria:</p> <p>Meeting all the following criteria:</p> <ul style="list-style-type: none"> • Are in the top 25th percentile for absences • Have a GPA of less than 2.3 or a precipitous drop in grades • Are behind in credits for their grade level <p>OR</p> <ul style="list-style-type: none"> • Have a prior dropout status or are referred by school personnel and meet one of the above criteria

EVALUATED COMPONENTS

Components	Definition of Components
Activities	Includes experience-based learning, such as games, crafts, etc.
Connecting/Reporting to Adults	Teaches how to identify and approach appropriate adults to report/connect peers in a crisis
How to Ask	Gives a scripted way to ask someone if they are in emotional crisis
Instilling Hope	Instructs on how to listen and speak to someone at risk in ways that are safe and increase hope
Parental Consent/Involvement	Provides ways to include or inform parents of the program being taught to their youth
Positive Social Norming	Provides information and/or activities that support safe, stable, nurturing relationships and environments in the school community
Protective Factors/Strengths/ Healthy Coping Skills	Includes factors that buffer individuals from suicidal thoughts and behaviors which can include identification of personal strengths, and/or healthy coping skills
Relationship Skills	Teaches about healthy relationships and how to improve interactions with others
Roleplay	Facilitates practice of fictitious situations in which youth intervene in an emotional crisis
State/Local Resources	Modifiable training/materials intended to include state and local community resources
Understanding Emotions	Includes emotion recognition, processing, or exploration in a developmentally appropriate way
Unsafe Content	Includes information or materials that may put students at greater risk of an emotional crisis, see “opportunities” on p. 7 for detailed information
Warning Signs	Provides behavioral and verbal signals that indicate a person may be in acute danger

Inclusion Based Review

Program	Warning Signs	How to Ask	Parental Consent/ Involvement	Positive Social Norming	Roleplay	State/Local Resources	Understanding Emotions	Total Score Out of 7 ⁵	Unsafe Content ⁶	Outdated Material ⁶
American Indian Life Skills Development	X	X	X	X	X	X	X	7		
Ask 4 Help!	X	-	-	-	-	X	-	2	X	
CAST (Coping and Support Training)	-	-	X	X	X	X	X	5		
Camp MakeBelieve	-	-	X	X	X	-	X	4		
DBT-STEPS-A	-	-	X	X	X	X	X	5		
Friend2Friend (Kognito)	X	X	-	X	X	X	X	6		
Good Behavior Game	-	-	X	X	-	X	X	4		
Helping Every Living Person	X	X	X	-	X	X	-	5		X
HOPE SQUAD – Elementary	X	-	X	X	-	-	-	3		
HOPE SQUAD – Junior High	X	X	X	X	-	X	X	6	X	
HOPE SQUAD – High School	X	X	X	X	X	X	X	7	X	
LEADS for Youth	X	X	X	-	X	X	-	5	X	X
Lifelines – Prevention 5 th -6 th	X	X	X	-	-	X	-	4	X	
Lifelines – Prevention 7 th -10 th	X	X	X	-	X	X	X	6	X	
Lifelines – Prevention 11 th -12 th	-	-	X	-	-	X	X	3		
Look.Listen.Link.	X	X	X	-	X	X	X	6		
More Than Sad	X	X	-	-	-	X	-	3		X
Reconnecting Youth	-	-	X	X	X	X	X	5		
Response: High School	X	X	X	-	X	X	-	5		X
Riding the Waves	-	X	X	X	X	X	X	6		
Signs of Suicide – Middle Sch.	X	-	X	-	-	X	-	3		
Signs of Suicide – High Sch.	X	-	X	-	-	X	-	3		
Sources of Strength	X	-	X	X	X	X	X	6		
STEP UP (Strategies and Tools to Embrace Prevention)	-	-	X	X	X	-	X	4		
Trevor Lifeguard Workshop	X	-	-	-	-	X	-	2		

⁵ Scores indicate the number of categories covered. Individual schools need to decide importance

⁶ Check the “opportunities” section for details

Scoring Criteria

X : Included in the program - : Not included in the program

	Activities	Connecting/Reporting to Adults	Instilling Hope	Protective Factors/Strengths/Healthy Coping Skills	Relationship Skills	
American Indian Life Skills Development	3	3	3	3		15
Ask 4 Help!	-	2	-	1		3
CAST (Coping and Support Training)	3	3	3	3		15
Camp MakeBelieve Kids	3	3	3	3		15
DBT-STEPS-A	3	3	3	3		15
Friend2Friend	3	2	2	3		13
Good Behavior Game	3	3	3	3		15
Helping Every Living Person	3	2	2	2		9
HOPE SQUAD - Elementary	3	2	3	3		14
HOPE SQUAD – Junior High	3	2	3	3		13
HOPE SQUAD – High School	3	2	3	2		12
LEADS for Youth	3	2	-	-		5
Lifelines – Prevention 5 th -6 th	1	2	1	-		4
Lifelines – Prevention 7 th -10 th	2	3	1	1		7
Lifelines – Prevention 11 th -12 th	3	1	-	1		5
Look.Listen.Link.	3	3	2	3		12
More Than Sad	1	3	-	1		5
Reconnecting Youth	3	3	3	3		15
Response: High School	3	2	2	-		7
Riding the Waves	3	3	3	3		14
Signs of Suicide – Middle Sch.	-	2	2	-		4
Signs of Suicide – High Sch.	-	2	2	-		4
Sources of Strength	3	3	3	3		15
STEP UP (Strategies and Tools to Embrace Prevention)	3	2	3	3		14
Trevor Lifeguard Workshop	1	2	2	1		6

Detailed rating rubric included on the following page

 SEL Program	 Upstream for Risky Behaviors (URB)	 Both SEL & URB
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Rating Rubric				
Category	-	1	2	3
Activities	Not included	Includes activities where the youth fill out a worksheet restating information or provide the trainer with verbal responses to prompts	Includes partner or group work to assisting in reaching educational objectives around suicide prevention	Includes multiple activities to engage youth to build healthy skills (social, coping, etc.) or practice identifying a peer at risk
Connecting/Reporting to Adults	Not included	States that youth need to connect peers with trusted adults if they are concerned	States that youth need to connect peers with trusted adults if they are concerned and gives examples of who these adults may be	Demonstrates multiple ways youth can connect peers to trusted adults through video, scenario or roleplay
OR		OR	OR	OR
Connecting/Reporting to Adults for SEL or Upstream Programs	Not included	Discussing people who may be trusted adults	Identifying trusted adults the youth has as strengths	Connecting relationship skills into how to build and maintain positive relationships with identified trusted adults
Instilling Hope	Not included	Giving an example of hope	Identifying ways youth can help themselves and others during tough times by increasing connection or hope	Teaching ways youth can build hope regarding their daily lives, relationships, or self-worth or assisting others with this hope building
Protective Factors/Strengths/Healthy Coping Skills	Not included	Identifies healthy and unhealthy coping strategies or protective factors	Prompts youth to identify health coping skills they use/could use	Giving many examples of ways youth can cope with stress or emotional crises in a healthy way and practicing them with the youth
Relationship Skills	Not included	Instructing to connect with others even when they do not appear to be in crisis	Teaching interpersonal conflict resolution, how to connect positively in relationships	Teaches in-depth information on healthy relationships, effective communication, dysfunction, how to be assertive, etc.

Program Strengths and Opportunities

Definitions	Strengths	Opportunities														
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th colspan="2" style="text-align: center;">Price Key</th> </tr> <tr> <th colspan="2" style="text-align: center;"><i>Excludes travel costs</i></th> </tr> <tr> <th style="width: 10%;"></th> <th style="text-align: center;">Train the Trainer Cost/Training Kit for One Classroom</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Free</td> <td style="text-align: center;">No cost</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">≤ \$300 per trainer/kit <u>or</u> ≤ \$2000 per Idaho school</td> </tr> <tr> <td style="text-align: center;">\$\$</td> <td style="text-align: center;">\$301-\$999 per trainer/kit <u>or</u> \$2001-\$4000 per Idaho school</td> </tr> <tr> <td style="text-align: center;">\$\$\$</td> <td style="text-align: center;">≥ \$1,000 per trainer/kit <u>or</u> ≥ \$4,001 per Idaho school</td> </tr> </tbody> </table>	Price Key		<i>Excludes travel costs</i>			Train the Trainer Cost/Training Kit for One Classroom	Free	No cost	\$	≤ \$300 per trainer/kit <u>or</u> ≤ \$2000 per Idaho school	\$\$	\$301-\$999 per trainer/kit <u>or</u> \$2001-\$4000 per Idaho school	\$\$\$	≥ \$1,000 per trainer/kit <u>or</u> ≥ \$4,001 per Idaho school	<p>According to evidence-based guidelines, the following ensures safety and promotes effective intervention, help-seeking, hope and positive school culture:</p> <ul style="list-style-type: none"> • Promotes hope, resilience and strengths-based behavior • Emphasizes help-seeking behavior • Promotes prevention and healthy coping skills • Promotes that recovery is the normal response to suicidal ideation • Instills skills on connecting to adults <p>Programs with these elements will be listed in the strengths.</p>	<p>According to evidence-based guidelines, the following can increase risk of suicide and decrease intervention and help-seeking:</p> <ul style="list-style-type: none"> Op 1 - Glorifies, romanticizes or normalizes suicide Op 2 - Presents suicide as an inexplicable act, that it was a result of stress only, or that there can be one cause for suicide Op 3 - Descriptions of personal details of someone who died by suicide Op 4 - Descriptions of attempts, deaths, locations or methods of suicide Op 5 - Puts undue burden on youth Op 6 - Includes terminology that stigmatizes survivors of suicide attempts or those who died by suicide Op 7 - Includes statistics that do not build hope Op 8 - Promotes shock value of suicide Op 9 - Deters youth from help-seeking Op 10 - Contains stories or information that increase youth's identification with someone who attempted or died by suicide <p>Programs with these elements will be listed as opportunities and described below.</p>
Price Key																
<i>Excludes travel costs</i>																
	Train the Trainer Cost/Training Kit for One Classroom															
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\$\$\$	≥ \$1,000 per trainer/kit <u>or</u> ≥ \$4,001 per Idaho school															
<p>Programs listing research information are a result of being included in the materials provided by the source company or are publicly accessible research documents. Citations can be found at the end of this document.</p>																
Program	Strengths	Opportunities														
<p>American Indian Life Skills Development</p> <p>\$</p>	<ul style="list-style-type: none"> • Comprehensive in assisting in development of life skills in many areas, such as family functioning, coping with grief, and building plans for the future • Specific to Native American Indian populations, leading to better connections with this group • Reduces depression, depressive symptoms and suicidal thoughts/behaviors (LaFromboise & Howard-Pitney, 1995) 	<ul style="list-style-type: none"> • Uses the word “commit” to describe the action of suicide (Op 6) 														
<p>Ask 4 Help!</p> <p>\$</p>		<ul style="list-style-type: none"> • Demonstrates permanent memorialization (Op 1) • Normalizes through statistics, “every year 1 in 5 teens seriously considers suicide”, “it is the 2nd leading cause of death for young people!” and “how many young people die every day from suicide?” (Op 7) • Poses the question, “can bullying and harassing cause depression and suicide?” and the answer of “yes.” (Op 2) 														

<p>CAST (Coping and Support Training) \$\$</p>	<ul style="list-style-type: none"> • The “homework” associated with the program is a small card after every session that instructs the youth how and when to connect with others positively or how to encourage themselves • Reductions in suicidal ideation, depression, and hopelessness (Thompson E. , Eggert, Randell, & Pike, 2001) 	
<p>Camp MakeBelieve Kids \$\$</p>	<ul style="list-style-type: none"> • Upstream programs intended to increase healthy coping and connections to others • Different types of media to engage kids in a variety of ways (drawing/coloring, music, virtual counselor) • Parents are given a memo for each of the 32 blocks to encourage practice of the skills at home 	
<p>DBT-STEPS-A \$</p>	<ul style="list-style-type: none"> • Comprehensive training in mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness • Includes a wide variety of resources to assist students in gaining healthy skills related to social emotional learning 	
<p>Friend2Friend \$-\$\$\$ (Depending on # of schools wanting to use the program)</p>	<ul style="list-style-type: none"> • Teaches how mental health impacts behaviors or physical symptoms • Instant feedback during the roleplay on chosen interventions 	<ul style="list-style-type: none"> • Online only – doesn’t allow for questions
<p>Good Behavior Game \$</p>	<ul style="list-style-type: none"> • Includes a small, interactive book for guardians and their student to go through together to process the GBG goals and identify ways is could be implemented at home • Higher graduation rates for schools implementing PAX GBG (Bradshaw, Zmuda, Kellam, & Ialongo, 2009), students at the greatest risk for mental, emotional, and behavioral disorders showed the greatest clinical improvement – many moving from high clinical risk to low clinical risk in under one semester of PAX GBG (Jiang, et al., 2018), reduces the need for special education services and increases the likelihood of students to graduate from high school, enter college, and have gainful employment (Bradshaw, Zmuda, Kellam, & Ialongo, 2009; Furr- Holden, Ialongo, Anthony, Petras, & Kellam, 2004; Ialongo, Poduska, Werthamer, & Kellam, 2001; Storr, Ialongo, Kellam, & Anthony, 2002; Wilcox, et al., 2008), reduces aggressive, disruptive behaviors, and antisocial personality disorder at least until ages 19-21 (Kellam, et al., 2008), reduces suicide ideation (by 51% at least until their early 20’s) and attempts (Wilcox, et al., 2008) 	

SEL Program
 Upstream for Risky Behaviors (URB)
 Both SEL & URB

<p>Helping Every Living Person \$</p>	<ul style="list-style-type: none"> • Includes a handout for parents after every lesson to communicate what occurred and what the parent can do to support the child • Assist youth in identifying obstacles to reaching out to distressed peers and solutions to the obstacles • Includes the LGBTQI+ hotline number in all resource sections 	<ul style="list-style-type: none"> • Uses the word “commit” to describe the action of suicide (Op 6) • There are multiple typos in the manual • There are outdated statistics in the PPT, though it is editable for correction
<p>HOPE SQUAD - Elementary \$\$\$</p>	<ul style="list-style-type: none"> • Teaches about boundaries, listening well, • Discusses resilience, coping skills, and prosocial behaviors • Differentiates unsafe v. safe secrets 	<ul style="list-style-type: none"> • Instructs the Jr. Hope Squad Members they are the eyes and ears of the school and does not have them practice reaching out to trusted adults through roleplay or witnessing through scenarios described. This can give the impression they are peer counselors (Op 5)
<p>HOPE SQUAD – Junior High \$\$\$</p>	<ul style="list-style-type: none"> • Teaches about boundaries and listening well • Differentiates unsafe v. safe secrets • Discusses self-care, resilience and coping skills • Promotes acceptance of emotions 	<ul style="list-style-type: none"> • In Year 1 Phase 1 QPR training, a roleplay states, “you’ve thought of hanging yourself from a tree near Randy’s house” and “you’ve contemplated using your dad’s shotgun to kill yourself” and “you’ve located enough pills in your house to take a lethal amount.” (Op 4) • Hope Squad members (HSM) were given a pre- and post-survey regarding their experience, 9% of responding HSM selected “unsure”, “agree”, or “strongly agree” to the question, “being a Hope Squad member is making me feel tired and burned out.” And 4% (39 youth) of responding HSM selected “I experience stress as a HOPE Squad member, sometimes it is not manageable” or “I experience a great amount of stress as a HOPE Squad member. Sometimes it is overwhelming” (Hopkins, 2016) (Op 5)
<p>HOPE SQUAD – High School \$\$\$</p>	<ul style="list-style-type: none"> • Provides many roleplay opportunities to practice talking supportively to peers • Acknowledges the difficulty in being a peer support • Provides self-care options • Encourages identifying personal strengths • Discusses information on boundaries 	<ul style="list-style-type: none"> • In Year 1 Phase 1 QPR training, a roleplay states, “you’ve thought of hanging yourself from a tree near Randy’s house” and “you’ve contemplated using your dad’s shotgun to kill yourself” and “you’ve located enough pills in your house to take a lethal amount.” (Op 4) • Year 1 Phase 2 includes the following statistics, “Every 13 minutes an American dies by suicide. <i>Have a squad member ring a bell every 13 minutes during the lesson to represent this statistic...</i> It is the second leading cause of death for ages 10-24.” (Op 8) • Year 1 Phase 5 encourages squad members to start conversations about suicidal thoughts and feelings using the following statements, “where were you when you first started feeling this way?” “when did you start feeling like this?” and “why do you think you might be feeling like this?” These questions are likely outside the scope of what teens need to be prompting from peers in emotional crisis. This could give the impression that the Squad Members need to intervene rather than refer. (Op 5) • Hope Squad members (HSM) were given a pre- and post-survey regarding their experience, 9% of responding HSM selected “unsure”,

		<p>“agree”, or “strongly agree” to the question, “being a Hope Squad member is making me feel tired and burned out” though overall burnout rates remained low. And 4% (39 youth) of responding HSM selected “I experience stress as a HOPE Squad member, sometimes it is not manageable” or “I experience a great amount of stress as a HOPE Squad member. Sometimes it is overwhelming” (Hopkins, 2016) (Op 5)</p> <ul style="list-style-type: none"> • “No evidence was found for their [Hope Squad and Hope for Tomorrow] effectiveness in preventing suicidal behaviors or addressing key risk and protective factors for suicide” (Annor, Wilkinson, & Zwald, 2017, p. 57) • “A rigorous evaluation has not yet been conducted for Hope Squad...Rigorous scientific evaluation of programs can provide confidence in the program’s intended outcomes and ensure that a program does not produce unintended harmful or negative effects on its target population” (Annor, Wilkinson, & Zwald, 2017, p. 55 & 57)
LEADS for Youth \$	<ul style="list-style-type: none"> • Addresses barriers to seeking help 	<ul style="list-style-type: none"> • In a research study on LEADS (Thao, 2009) students reported the curriculum was not engaging • On day two, students are slips to put questions/comments on. They are encouraged to disclose safety concerns on this slip with the instructions to, “ask for help if they are concerned about themselves or a friend. If a student asks for help for him/herself or a friend, it is really important that they include their name on the slip. If a student does indicate that they or someone they know might be thinking about suicide or is in need of help and the student does not include his/her name, the teacher may still be able to identify the student and will refer the student’s name to the proper school”. It is possible this would entice disclosure that would not be able to be attended to • May normalize suicide through (outdated) statistics, “it is the 3rd leading cause of death among adolescents”, though it later states that suicide is not common, normal, or expected and is “very rare” (Op 1)
Lifelines – Prevention 5 th -6 th \$	<ul style="list-style-type: none"> • Explores courage and how to use courage to reach out to trusted adults when needed • Video shows response differences between in-person disclosure and text/social media to encourage youth to take warning signs seriously in both contexts 	<ul style="list-style-type: none"> • Includes a “help-seeking pledge” for the youth to sign saying they will reach out for help if they are suicidal (or someone else is) rather than attempting suicide. Use of these tools has been shown to have ethical and conceptual issues and have not been proven to be effective (McMyler & Prymachuk, 2008)
Lifelines – Prevention 7 th -10 th \$		<ul style="list-style-type: none"> • Includes a “help-seeking pledge” for the youth to sign saying they will reach out for help if they are suicidal (or someone else is) rather than attempting suicide. Use of these tools has been shown to have ethical

Lifelines – Prevention 7 th -10 th , continued		<p>and conceptual issues and have not been proven to be effective (McMyler & Pryjmachuk, 2008)</p> <ul style="list-style-type: none"> • In the video, the adult reaction when approached for support appeared unhelpful and may lead to youth thinking trusted adults would not be supportive (Op 9)
Lifelines – Prevention 11 th -12 th \$	<ul style="list-style-type: none"> • Addresses transition stress and changes in support people after high school 	<ul style="list-style-type: none"> • Session 2 of the curriculum directs trainers to state to the students, “some of you will have thoughts about suicide somewhere along the course of your lives.” (Op 1)
Look.Listen.Link. \$	<ul style="list-style-type: none"> • Includes handouts for parents on how to talk and listen to teens • Youth are walked through relaxation strategies, such as a body scan, deep breathing, stretching, and positive mental messages 	
More Than Sad \$		<ul style="list-style-type: none"> • The film has outdated references, images, and lingo which may lead to youth tuning out the information • The parent reaction when approached for support appeared unhelpful and may lead to youth thinking trusted adults would not be supportive (Op 9)
Reconnecting Youth \$\$	<ul style="list-style-type: none"> • Comprehensive curriculum that includes mood control, interpersonal skills, academic success, self-esteem building, and drug and alcohol use cessation/reduction • Small group format that promotes peer bonding and support (Thompson, Eggert, & Herting, 2000) • Increases in personal control, self-esteem, and social support (Eggert, Thompson, Herting, & Nicholas, 1995) • 80% decrease in suicidal behaviors (thoughts, threats, and attempts) in all treatment groups (Groups 1-3), including the group that did not receive Reconnecting Youth (Group 3). All groups received Measure of Adolescent Potential for Suicide (MAPS). It is hypothesized that there was a decrease in all treatment groups, including Group 3, due to the inclusion of interventions in the MAPS assessment (Eggert, Thompson, Herting, & Nicholas, 1995) 	<ul style="list-style-type: none"> • Only targets at-risk or high-risk youth which may ostracize the participants
Response: High School \$\$	<ul style="list-style-type: none"> • Addresses attitudes that decrease help-seeking 	<ul style="list-style-type: none"> • Video shows youth reaching out to trusted adults and not being taken seriously, this could potentially minimize the likelihood of youth reaching out to trusted adults when needed (Op 9) • May normalize suicide through (outdated) statistics, “teen deaths are relatively rare but suicide is the 3rd leading cause of death among teens” (Op 1)

Response: High School, continued		<ul style="list-style-type: none"> • Slide 11 of the PowerPoint describes a situation where peers were informed of a youth’s suicide risk and did not reach out for help. The story ends with the youth’s death and the PowerPoint has a picture of her (Op 8)
Riding the Waves \$	<ul style="list-style-type: none"> • Though it is not required that the trainer be trained in the material, it is recommended that the school counselor be the facilitator for the training • Includes a handout for parents after every lesson to communicate what occurred and what the parent can do to support the child • Goes through multiple ways to manage stress, anxiety, and depression symptoms including belly breathing, journaling, laughing, positive self-talk, guided imagery and progressive muscle relaxation 	
Signs of Suicide – Middle Sch. \$\$	<ul style="list-style-type: none"> • Video shows scenarios of middle school students supporting and intervening with peers. It also shows the difference between text/social media disclosure and in-person disclosure to point out the need to intervene no matter where the disclosure occurred 	<ul style="list-style-type: none"> • Students score their own depression screenings and it is done in a group setting. Without being screened individually by a trained professional, students may minimize or not fully understand the assessment questions • Anonymous screening is an available option (where the youth are not required to include their name on the screening tool), leaving students to disclose that they would like help and not having the score connected to them. This could lead to scores showing a student is at risk with no way of following up with that student • Focus on sadness and depression with minimal amount of hope and strengths • Schools may not have the capacity to support the needs of the referrals identified through the screenings to identify if a youth is in acute crisis • Found to be ineffective for increasing social competence related to help-seeking behaviors (Schilling & James, 2016)
Signs of Suicide – High Sch. \$\$	<ul style="list-style-type: none"> • Videos shows how to respond appropriately or inappropriately to peers at heightened risk of suicide • Students in the intervention group were less likely than the control group students to have suicidal thoughts (Aseltine, James, Schilling, & Glanovsky, 2007) and less likely than control students to report at posttest having had suicide attempts since the intervention (Schilling, Aseltine Jr., & James, 2016) 	<ul style="list-style-type: none"> • Students score their own depression screenings and it is done in a group setting. Without being screened individually by a trained professional, students may minimize or not fully understand the assessment questions • Anonymous screening is an available option (where the youth are not required to include their name on the screening tool), leaving students to disclose that they would like help and not having the score connected to them. This could lead to scores showing a student is at risk with no way of following up with that student • Focus on sadness and depression with minimal amount of hope and strengths • Video describes a suicide attempt by youth (Op 4)

Signs of Suicide – High Sch., continued		<ul style="list-style-type: none"> • Video describes the life and traumas of a youth who died by suicide (Op 10) • Schools may not have the capacity to support the needs of the referrals identified through the screenings to identify if a youth is in acute crisis • Found to be ineffective for increasing social competence related to help-seeking behaviors (Aseltine, James, Schilling, & Glanovsky, 2007)
Sources of Strength \$\$	<ul style="list-style-type: none"> • Addresses barriers that decrease help-seeking • Engages and teaches youth through interactive games/activities • Upstream programs intended to increase healthy coping and connections to others • Large focus on strengths to get through tough times • Trained peer leaders were more likely than untrained peer leaders were to seek help from adults at school, have knowledge of adult help for suicidal students and have a greater decrease in maladaptive coping attitudes (Wyman, et al., 2010) • Increased classmates' coping attitudes (Petrova, Wyman, Schmeelk-Cone, & Pisani, 2015) • Peer leaders were more likely than controls to refer a suicidal friend to an adult (Wyman, et al., 2010) • Increased perception that adults help suicidal peers (Wyman, et al., 2010) 	
STEP UP (Strategies and Tools Embrace) \$\$	<ul style="list-style-type: none"> • Upstream programs intended to increase healthy coping and connections to others • Parents are given a memo for each of the 16 blocks to encourage practice of the skills at home • Students who participated in the program demonstrated higher levels of self-regulation, social competence and empathy (Grob, Kadlubek, & Canivez, 2014) 	
Trevor Lifeguard Workshop Free	<ul style="list-style-type: none"> • Includes two lesson plans, one for LGBTQ student audiences and one for general student audiences 	

SEL Program	Upstream for Risky Behaviors (URB)	Both SEL & URB
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