

CHAMPIONING CHILDREN'S MENTAL HEALTH IN GA

Intervening Early to Support Children's Mental Health

A Special Interview with the Honorable Katie Dempsey, State Representative, District #13



GPAD: Thank you for your time, Representative Dempsey. I am struck by how often your name appears on legislative committee reports and actual legislation relating to children's mental health issues. How did you get interested in the topic of children's mental health?

Dempsey: Well, all of the children and youth mental health legislation and committee work has been a joint effort with my fellow legislators in the Georgia General Assembly and the support of multiple state agencies. We have made things happen *together*. My initial interest in

mental health came when it was announced that the Northwest Georgia Regional Hospital in Rome would be closing. I learned about the closing on Governor Deal's Inauguration Day in January 2011. Although I knew that the U.S. Department of Justice was in the process of developing a settlement agreement regarding treatment of patients in the state's seven psychiatric hospitals, the announcement came as a surprise, especially since the facility in Rome where I live would be the first to close. I wasn't quite sure how the closing would impact the Rome community and was very concerned about how we would meet the needs of the many consumers and life-long residents of the North GA Regional Hospital.

GPAD: So what about your interest specifically in children's mental health, how did that evolve?

Dempsey: Learning about adult mental health issues naturally gave way to an interest in children's issues. Plus, my degree in early childhood gave me a heart for this work. I believe in early intervention for health and wellness. Our children and youth are best served in Georgia when we work hard to get them the mental health services and supports they need as early as possible. Early means as soon as they are found to need help, regardless of their age or their family's economic status.

Georgia Project AWARE Vision, Mission & Goals

What is Georgia Project AWARE?

Georgia Project AWARE is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded youth mental health initiative. AWARE stands for *Advancing Wellness and Resilience Education*.

Vision

School-aged youth in Georgia experience social and emotional wellness in educational settings through integrated systems of behavioral and mental health.

Mission

The mission of Project AWARE is to build and expand the capacity of school and community partnerships to coordinate and integrate systems of behavioral and mental health services for Georgia's school-aged youth.

Goals

- To increase awareness of mental health issues among school-aged youth.
- To provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults
- To connect children, youth, and families who may have behavioral health issues with appropriate services.

Georgia Project AWARE Team

State Core Team: Rebecca Blanton, Project Director/Coordinator and Cheryl Benefield, State Family and Community Engagement Specialist (FCES).

LEAs

Muscogee: Tammi Clarke, GPA Manager/Coordinator; Courtney Lamar, Mental Health Coordinator; Connie Smith, Administrative Assistant; Rhonda Patchin, Technical Assistant; and Michelle Pate, Technical Assistant.

Newton: Adrienne Boisson, Manager/Coordinator; Naran Houck-Butler, Mental Health Clinician; Cindy Leiva, Administrative Assistant.
Griffin- Spalding: Jason Byars, Manager/Coordinator; Debbie Crisp, Assistant Coordinator; Kelley Pettacio, Mental Health Clinician; and Rhonda Harris, Mental Health Clinician.

Evaluation Team (Georgia State University):

Drs. Joel Meyers, Kris Varjas & Ken Rice.

State Training Team (Georgia State University Center for Leadership in Disability):

Dr. Andy Roach, Dr. Emily Graybill, Dr. Catherine Perkins, Cirleen DeBlaere & Breanna Kell.

Upcoming Project AWARE State Management Team Meetings – November 8, 2017, February 28, 2018, and May 9, 2018.

The meetings begin at 10 a.m. and are held at Georgia Department of Education, Twin Tower West.

Disclaimer: The views, policies, and opinions expressed in this newsletter are those of the authors and do not necessarily reflect those of the Georgia Department of Education. Any mention of products or resources should not be viewed as an endorsement.

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GPAD: What, in your opinion, has been the most significant legislation passed by the Georgia Legislature regarding children’s mental health?

Dempsey: I would have to say that all of our children’s mental health legislation has been significant. No one single piece of legislation necessarily stands alone in importance. The Jason Flatt legislation probably passed the fastest and was implemented with speed and fidelity because of Dr. Garry McGiboney’s commitment. **[Garry McGiboney is Deputy State Superintendent for External Affairs and Policy, Georgia Department of Education.]** Since the subject of this legislation is youth suicide prevention, I found it to be a big conversation starter among my colleagues. Nearly every family has been touched by suicide in some way; so we had that as a common frame of reference. The legislation that created the Children’s Mental Health Study Committee may eventually prove to be the most impactful. The study committee’s work produced a very strong report that has raised awareness of what we can and must do in Georgia to support children’s mental health.

GPAD: In what ways have things changed in the area of mental health since you began working on this issue? Is there something in particular that stands out for you?

Dempsey: For starters, Georgia’s service delivery system has moved away from a largely institutional treatment focus to a community-based

The Jason Flatt Act is designed to send the message that any sign should be taken seriously, as should every student’s call for help. Suicide is a pervasive issue. It breaks teachers’ hearts.

— Honorable Katie Dempsey

service focus. Another change is reflected in our conversations. We are now having broader discussions about topics like suicide, substance abuse and mental health issues in general. The stigma associated with having a mental health problem has been burdensome forever. Now, I think because we are having more evidence-based conversations about mental health, the stigma is beginning to lessen. The way I see it is that having a mental health problem is exactly the same as having a heart health problem: both need to be addressed with the same level of attention

and care. One other change that I see happening is a greater openness and willingness on the part of those in positions of power to put forth the

AT A GLANCE: THE JASON FLATT ACT — GEORGIA

House Bill 198: *The Jason Flatt Act of Georgia*

Sponsored by: Representatives Dempsey of the 13th, Dickinson of the 6th, Cooper of the 43rd, Chandler of the 105th, Coleman of the 97th, and others

Adopted: May 5, 2015

Effective Date: July 1, 2015

Major Provisions: *Requires annual suicide prevention education training for certificated school system personnel in elementary and secondary schools. The Georgia Department of Education is authorized, in consultation with the Department of Behavioral Health and Developmental Disabilities, the State Suicide Prevention Program, and suicide prevention experts, to develop a list of approved training materials to fulfill the requirements of this Act. Approved materials shall include training on how to identify appropriate mental health services, both within the school and also within the larger community, and when and how to refer youth and their families to services. Each local school system shall adopt a policy on student suicide prevention in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts. The policy must, at a minimum, address procedures relating to suicide prevention, intervention, and postvention. To assist local school systems in developing their own policies for student suicide prevention, the Georgia Department of Education is authorized, in consultation with the State Suicide Prevention Program within the Department of Behavioral Health and Developmental Disabilities, to establish a model policy for use by local school systems.*

Status: *The Georgia Department of Education adopted rules to implement House Bill 198’s annual training provision. Approved suicide prevention training materials and a model suicide prevention policy have been developed and are included among the extensive suicide prevention resources accessible at <http://www.gadoe.org/External-Affairs-and-Policy/Policy/Page/Suicide-Prevention.aspx>.*

ABOUT STATE REPRESENTATIVE KATIE DEMPSEY

State Representative Katie Dempsey was elected in November 2006 to represent Georgia House District 13, the city of Rome and parts of Floyd County. She has taken on a number of leadership roles, including currently serving as Chairman of the Appropriations Human Resources Sub-Committee. She also serves on the Economic Development and Tourism Committee; the Energy, Utilities and Telecommunications Committee; the Health and Human Services Committee; the Higher Education Committee; Transportation Committee and the Rules Committee.

State Representative Dempsey serves by appointment of the Speaker of the House on the Department of Behavioral Health & Developmental Disabilities Coordinating Council. She is appointed by the Governor to serve on the First Lady’s Children’s Cabinet, and also serves, by invitation of Division of Family and Children Services’ Director Bobby Cagle, on the State of Hope Statewide Design Team. Most recently, State Representative Dempsey chaired the Children’s Mental Health Study Committee and also chaired the Postsecondary Education and Employment Options for Individuals with Intellectual and Developmental Disabilities Study Committee.

resources needed to address mental health issues, including resources for children, youth and their families.

GPAD: As you are aware, Governor Deal has appointed a Commission on Children’s Mental Health. How do you see the commission’s work fitting into other work that is underway?

Dempsey: With the Commission on Children’s Mental Health in place and already deliberating, I believe that we are positioned in Georgia to experience profound results in our focus on children’s mental health. Things are going to happen quickly. By executive order, Governor Deal is requiring that the commission present its findings to him by September 1st. I am personally gratified to see that some of the proposals that are being discussed by the commission mirror ones that were included in the Children’s Mental Health Study Committee’s final report. It is very touching to observe the commitment that commission members have made to tackle this issue of children’s mental health before Governor Deal leaves office. I think we are going to see some very strong legislation come out of the commission’s work.

GPAD: You previously mentioned House Bill 198, GA’s Jason Flatt Act, and its focus on suicide prevention in the schools. September is National Suicide Prevention Month. What did you and your co-sponsors hope would come out of this legislation when it was passed in 2015?

Dempsey: The first thing is that we hoped that school personnel would accept and implement the training provision of the Jason Flatt Act. We didn’t want to add any unnecessary training requirements. Yet, with the rise in deaths by suicide among children and youth in Georgia, we felt it was important that all educators know the warning signs so that they are prepared to act. The Jason Flatt Act is designed to send the message that any sign should be taken seriously, as should every student’s call for help. Suicide is a pervasive issue. It breaks teachers’ hearts. That’s what we heard while we were working on this legislation. Teachers shared personal stories of sadness, the pain of feeling responsible for missing a sign, and not knowing where to seek help before a life was lost. They wanted us to hear their stories *before* students had died by suicide, not after. As legislators, we wanted to redirect educators’ focus to *before* suicide occurs, not after. Redirecting the focus to before death by suicide requires training in evidence-based prevention information that will increase awareness and help educators develop meaningful school suicide prevention plans.

GPAD: Where would you like to see Georgia in three to five years in terms of the provision of mental health services for children and youth?

Dempsey: There are a number of things that I would like to see us put in place in Georgia over the next several years. I want to see physicians, healthcare providers, educators and others keenly aware of the signs that children and youth are struggling with mental health issues so that early intervention can take place. I want us to have a strong, well-connected children’s mental health referral system. On the other side of that referral system I want to see easy access to adequate numbers of mental health providers who are well-trained in their disciplines and capable of delivering the types of supports and services children and their families

need. I want to see mental health services available to all children at the point at which they demonstrate they need help. Beyond having an accessible, child-friendly mental health service system in place, I want our communities to continue to have more conversations about children’s mental health — as the norm, not the exception. Of course, I would like to see us have a statewide plan in place that helps us get here.

Governor Deal’s Commission on Children’s Mental Health Moves Forward

Governor Nathan Deal established the Commission on Children’s Mental Health by Executive Order on June 7, 2017. The commission is charged with evaluating Georgia’s approach to children’s mental health and researching appropriate future actions for the state in addressing children’s mental health concerns. Comprised of health care experts, state leaders and children’s advocates, the commission must submit a report to Governor Deal on September 1, 2017. The commission held its first meeting in July 2017.

A MESSAGE FROM GEORGIA’S PROJECT AWARE COORDINATOR

Suicide: A Mental Health Issue We Cannot Ignore in Our Schools

By Rebecca Blanton, MS



The State Board of Education has signed a resolution recognizing September as *Suicide Awareness and Prevention Month* (See resolution on p.6). Suicide is the third leading cause of death for ages 10-24 in our state (American Foundation for Suicide Prevention, Georgia 2017 Facts and Figures). Results of the 2017 Georgia Student Health Survey II (GSHS) give a peephole into the types of social, emotional, and behavioral struggles reported by more than 672,300 6-12th grade youth enrolled in our schools during the 2016-2017 school year. Many of the questions on this 144-item survey are designed specifically to shine a spotlight on some of the potential mental health issues faced by our students. While the total percentages are fairly low for students reporting they have *seriously considered* attempting suicide (5.89%), or have *attempted* suicide (2.69%) during the last 12 months on one or more occasions, the actual number of students behind those percentages remains of interest: seriously considered attempting suicide = 58,583 and have attempted suicide = 26,758. It is a fact that, over each of the last three years, the results of the Georgia Student Health Survey (GSHS) II show a decrease in the percentages and numbers of students reporting seriously considering or having attempted suicide. Yet, suicide is a mental health issue that we cannot afford to ignore in our schools. In recognizing September as Suicide Awareness and Prevention Month, the

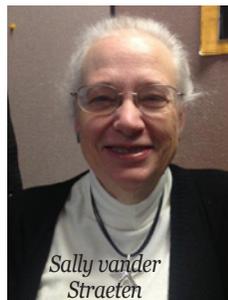
state board has acknowledged that this mental health challenge matters and strategies should continue to be implemented in order to prevent an increase in deaths by suicide among our school-aged population.

In this issue of GPAD, the reader will find a range of articles on suicide prevention, intervention and postvention. We are delighted to kick-off the issue featuring a special interview with State Representative Katie Dempsey, one of the leading authors of Georgia's Jason Flatt Act (2015), and a person commonly regarded as a champion of children and youth mental health services in the state. We are indebted to Sally vander Straeten, State Suicide Prevention Coordinator with the Office of Behavioral Health Prevention, Division of Behavioral Health Department of Behavioral Health and Developmental Disabilities, who served as the technical adviser for this issue and contributed a reflective article on what it will take to achieve the aspirational goal of zero suicide among youth. There are personal and school stories that we believe shed light on the depth of human emotions and trauma experienced when youth attempt suicide or die by suicide. Our own Project AWARE Family and Community Engagement Specialist, Cheryl Benefield, courageously shares her son's story. Outcomes of two mental health training programs, YMHA and ASIST, are also included. And, there's more tucked away in this issue. Thank you for your continued support of our efforts to raise awareness and provide education and training on children and youth mental health needs.

A GOAL OF ZERO SUICIDES

Toward Zero Suicide for Youth: A Message from DBHDD's Suicide Prevention Coordinator

By Sally vander Straeten, ACSW
Suicide Prevention Coordinator
Office of Behavioral Health Prevention, Division
of Behavioral Health
Department of Behavioral Health and
Developmental Disabilities (DBHDD)



GPAD Note: Sally vander Straeten currently serves on the HB198 Suicide Prevention Task Force and the Project AWARE State Management Team. She has worked with suicide prevention efforts in Georgia for fifteen years, the last eight of which have been with DBHDD in her current position. She is a social worker whose fifty year career in child welfare, mental health, community practice and social work education continues to inform her work in suicide prevention. Ms. vander Straeten was the technical adviser for this issue of GPAD.

Zero Suicide: An Aspirational Goal

One of the newest efforts in suicide prevention is the Zero Suicide Initiative. Health and behavioral health organizations that are a part of this effort are working toward zero suicide as an aspirational goal to

dramatically reduce suicides. Zero suicide is an important goal for all of our work in suicide prevention, and schools have a vital role to play. With the passage of HB 198, the Jason Flatt Act, in 2015, school systems now have a framework to develop, implement, and sustain comprehensive systems of suicide prevention in their school communities. Project AWARE, the HB 198 Suicide Prevention Task Force, and partnerships with behavioral health providers are playing an important part in supporting school systems through education and training, and providing resources that have been proven to work.

Children and Youth Suicide Deaths Have Increased In GA

In 2016, there were 57 suicide deaths of children between 5 and 17 in Georgia, a 78% increase from 32 suicide deaths five years ago in 2012. Work on reversing the steep upward trend will need to use a comprehensive, multi-dimensional approach. This approach must include evidence-based practices in prevention, intervention, and postvention for suicide that are required in school system policies. Specifically, we need to teach children and youth skills to cope with the difficulties they encounter and to know how to ask for help from trusted adults when their difficulties overwhelm them. At the same time, we need to teach adults how to be supportive, to listen when children do share their difficulties and suicidal thoughts, and to get help from professionals trained specifically in how to work with suicide.

Upstream Programs can Prevent Suicide

Upstream prevention is the practice of targeting efforts "upstream" before significant troubles are encountered that might require someone being rescued later "downstream." Prevention begins with upstream prevention, helping children to feel competent and cared for on solid ground — so Positive Behavioral Interventions and Supports (PBIS) schools are already participating in suicide prevention by providing the solid ground of a positive school climate. An upstream evidence-based elementary program that has been proven to prevent suicide and a host of other negative outcomes is **The PAX Good Behavior Game** (<http://thegoodbehaviorgame.org>), which reinforces on-task behaviors in the classroom. The Good Behavior Game can be integrated into the classroom beginning as early as the first grade, and two years of playing the game for part of the day retains the positive effects decades later.

Upstream prevention in middle and high school can directly address suicide by again promoting positive behaviors and giving hope, help, and strength messages to youth. **Sources of Strength** (<http://sourcesofstrength.org>) is an evidence-based program that uses peer helpers to share experiences of coping through hard times and reaching out to a trusted adult for help, two skills that have been shown to help keep young people alive. Youth involve other youth throughout the school and the school year and promote an atmosphere of hope, help, and strength. Project AWARE's ongoing efforts in mental health promotion and teaching Youth Mental Health First Aid to educators and others is another effective statewide upstream suicide prevention effort.

Yet while upstream prevention works for the vast majority of youth, there is still a significant number of youth who report seriously considering suicide and attempting suicide each year. In the 2016-17 school year, more than 58,000 youth in grades 6-12 reported on the Student Health

Survey II that they had seriously considered suicide within the last year, and more than 25,000 reported they had attempted suicide in the last year in Georgia. For these youth, intervention is needed as they are at risk for suicide. The DBHDD Office of Behavioral Health Prevention has developed a media campaign that provides a direction for intervention — Spot the Signs, Talk about It, Take Action.

Knowing Warning Signs for Children and Youth at Risk of Suicide is Critical

Here are recently released consensus warning signs for suicide:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above

More information is available at <http://www.youthsuicidewarningsigns.org>.

If any of these signs are spotted, it is important to talk about it with the youth. A common myth is that talking about suicide with a youth will cause

the youth to think about suicide or even attempt suicide. The opposite is true. Talking about suicide prevents suicide by opening up avenues of support and help and reducing stigma. But sometimes the youth who is thinking of suicide will ask friends not to tell and set up a code of silence. Codes of silence can be dangerous, not helpful, so youth must be encouraged to reach out to trusted adults who can get help and set up ongoing support for the youth in school. HB198 mandates yearly training for school personnel to help them support students who are struggling with thoughts of suicide.

We recommend gatekeeper training, which teaches how to spot the signs and get the youth to help, be taken by all school personnel and refreshed yearly. Most schools have a protocol that school personnel who do spot the warning signs get the student help with the school student services personnel such as the school social worker, counselor, or nurse. These student services personnel can then refer the youth and family to community behavioral health services where they can get ongoing care specifically addressing suicidal thoughts and behaviors. If help is needed to access services or in a crisis, help is available free 24/7 through the Georgia Crisis and Access Line at 800 715-4225.

The Aftermath of Suicide Requires Grief Support

If the worst happens and a member of the school community has died by suicide, it is important for the school community to provide grief support, called postvention, in the aftermath of the suicide and to plan carefully to implement upstream prevention and intervention strategies in the following years. Students in schools affected by a suicide death have a risk of suicide that is eight times higher than their peers in unaffected schools. Because about half of Georgia's school systems are in counties that have had a school-age youth die by suicide since 2011, the HB198 Suicide Prevention Task Force is presenting a series of 10 Suicide Prevention Summits in 2017, given in March and September for these counties focusing on Postvention as Prevention. These summits are designed to be interactive. Teams from invited counties analyze their own Student Health Survey II data, learn best practices and available resources, and develop strategies for their school communities. Some school systems which attended the March summits are implementing their summit strategies system wide this school year.

Partners' Efforts Are Producing Results; Work Must Continue

Suicide is complex. It is not clear why the number of youth suicides is trending up instead of down as we hope. But we can be encouraged by the trends that are being reported in the Student Health Survey II. Both the numbers and the percentages of youth in grades 6-12 who reported they had seriously considered suicide and who report they have attempted suicide in the last year have decreased each of the last three years. And we can be encouraged by the stories of hope, help, and healing in this issue of the Project AWARE Digest. Our efforts are producing results, and there is more we can do. Each school system can commit to building its suicide prevention practices each year and sustaining the ones it has started. Behavioral health and schools can continue and expand their work together in school-based mental health. We can commit to supporting youth and parents as partners in suicide prevention and celebrate their voices and creativity. We can all join together in community coalitions to work together toward the goal of Zero Suicide. Preventing suicide is everybody's business.

ABOUT GEORGIA'S SCHOOL HEALTH SURVEY II

A growing body of research indicates that schools with positive school climate ratings have better test scores and higher graduation rates. School climate refers to the quality and character of school life. The first step to improving school climate is to measure and analyze it with a school climate survey instrument. The Georgia Department of Education (GaDOE) is a national leader in the collection and analysis of school climate data through the implementation of its annual Georgia Student Health Survey 2.0 (GSHS 2.0). The GSHS 2.0 is an anonymous, statewide survey instrument developed by many divisions within the GaDOE including the Assessment and Accountability Division and in collaboration with the Georgia Department of Public Health and Georgia State University. The GSHS 2.0 identifies safety and health issues that have a negative impact on student achievement and school climate.

The survey is offered at no cost and provides Georgia public school districts (and private schools that wish to participate) with a measurement system to satisfy all requirements of Every Child Succeeds Act (ESSA) which specifies that data must be collected for the following categories: incidence, prevalence, age of onset, perception of health risks, and perception of social disapproval of drug use and violence. The survey is also used to guide school prevention and intervention programs and for grant funding. The GSHS 2.0 for middle and high school students covers various topics such as school climate and safety, graduation, school dropouts, alcohol and drug use, bullying and harassment, suicide, nutrition, and sedentary behaviors. The GSHS 2.0 for elementary students includes school safety and school climate questions only.

Source: <http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Pages/Georgia-Student-Health-Survey-II.aspx>. For further information about the GSHS, contact Jeff Hodges, Program Specialist, at jhodges@doe.k12.ga.us.

RESOLUTION

Georgia State Board of Education

RESOLUTION RECOGNIZING SUICIDE PREVENTION MONTH

WHEREAS, the loss of a child, particularly by suicide, is one of the most tragic and disruptive events a family, community, and school can experience; and

WHEREAS, suicide is second only to accidents as the cause for youth deaths nationwide, with more than 50 Georgia youth ages 5-17 dying by suicide in 2015; and

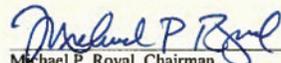
WHEREAS, The Jason Flatt Act, HB 198, established annual suicide prevention education training for certificated school system personnel; and

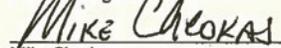
WHEREAS, the Georgia Department of Education Suicide Prevention Task Force supports ongoing training for schools through collaborations with the Department of Behavioral Health and Developmental Disabilities, Office of Behavioral Health and Prevention, Georgia Suicide Prevention Action Network, Georgia Bureau of Investigation, Children's Healthcare of Atlanta, Georgia Chapter of the American Academy of Pediatrics, Emory University, Mercer University, and Georgia State University; and

WHEREAS, suicide prevention is most effective when recognized as a priority at all levels;

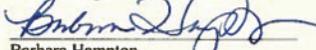
NOW, BE IT RESOLVED, that the Georgia State Board of Education hereby recognizes September as Suicide Prevention month and reaffirms its commitment to address youth suicide as a serious public health issue in our state.

IN WITNESS WHEREOF, we have set our hands and caused the Georgia State Board of Education Seal to be affixed this twenty-fourth day of August, 2017.


Michael P. Royal, Chairman
Seventh Congressional District


Mike Cheokas
Second Congressional District

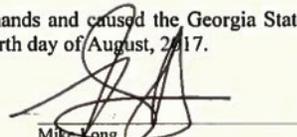

Lisa Kinnemore
Fourth Congressional District

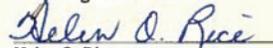

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Scott Johnson, Vice Chairman
Eleventh Congressional District

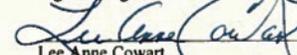

Larry Winter
Fourteenth Congressional District

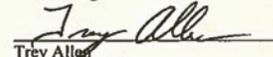

Mike Long
First Congressional District

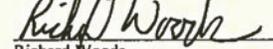

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Fifth Congressional District


Vann Parrott
Eighth Congressional District


Lee Anne Cowart
Tenth Congressional District


Trey Allen
Twelfth Congressional District


Richard Woods
State School Superintendent

A MOTHER REFLECTS ON HER SON'S ATTEMPT AT SUICIDE

My Son Walked to the Edge of the Abyss and Leaned in

By Cheryl Benefield, Ed.S
*Family and Community Engagement Specialist
Georgia Project AWARE*

It was the afternoon of a day long Friday training at RESA and, as usual, I checked my email at the break. 5 years later, I don't remember the topic of the training but I will never forget opening the email from the high school chorus teacher that said "Give me a call as soon as you can. I'm worried about Travis." That was the beginning of the end of life as we knew it and the single moment that saved my child's life.

Travis's father had passed away the summer before his junior year in high school. He was in therapy and on medication for ADD — a lifelong diagnosis — but he seemed to be doing well. We knew that he pushed himself way harder than we did, always feeling like he had to be top of his class, the star of the show, and first place in everything he attempted. We knew that he struggled with friendships and relationships but he was generally a happy teenager, quick with a joke and always willing to volunteer to help someone out. What we didn't know was that behind the smile, behind the super energetic and upbeat façade, behind the straight A's and scholarship offers, was a child who was deep in the throes of depression and an anxiety that would bring us to this day.

I called his teacher who told me about a friend of Travis's who came to her concerned about Travis's reaction to a score of 87 on an AP US History quiz. I called his therapist who said bring him in first thing Saturday morning (yes, therapists with Saturday hours do exist). Once we were all home that Friday evening, we sat down with his Netbook to help him find ways to be more organized as he thought that would bring his grades up and solve his problems. If I close my eyes, I can still see the screen as we began to type "How to ..." and the results auto-filled with "How to kill myself" and "How to die today". After talking to his therapist again, I knew that I didn't want to take him to the Emergency Room so I sat up that night and, for the first time in many years, watched my baby sleep.

There are blips of things that are still crystal clear. The phone call, the Netbook, his response that yes, he was thinking of suicide and yes, he had a plan. Signing the admissions paperwork, leaving him at the hospital, and his one call to us that evening — "Mom, they took my shoe laces and



I'm on a mattress in front of the nurses' desk". The three days of suicide watch, the new diagnoses, family therapy, and learning how deep his pain had been and how much I had missed by not knowing what I was seeing. The minutes and hours of sitting paralyzed in my house, forgetting how to move, how to breathe, only knowing that I desperately needed someone to understand and tell me we would be okay.

If you feel like something is wrong, even if it's that your child is "too perfect" — trust your instincts and start asking questions. Monitor electronics.

— Cheryl Benefield, Ed.S

Travis spent 9 days inpatient at Ridgeview Institute followed by two weeks of day treatment then 3 weeks of hospital homebound. It was a rocky road to our new normal, complete with speed bumps and unexpected turns, but here we are — still standing. What have I learned? What insights do I have? Trust your gut. If you feel like something is wrong, even if it's that your child is "too perfect" — trust your instincts and start asking questions. Monitor electronics.

While Travis has given me permission to share his story, I could never begin to understand, much less express, what he went through and the struggles he continues to have on some days. What I've given you is my perspective as the mother of a child who walked to the edge of the abyss and leaned in, only to be saved by the divine intervention of friends who cared and a teacher they trusted. Travis is in college in Colorado, still making A's but being much easier on himself. My career took a hard left as I began focusing more on mental health and suicide prevention. I eventually landed here at Georgia Department of Education as the Family and Community Engagement Specialist for Project AWARE where I work with schools and districts to support the development and implementation of programs, practices, and procedures that are conducive to social-emotional well-being and resilience.

SUICIDE PREVENTION TASK FORCE

Interagency Suicide Prevention Task Force Uses Summits to Equip Educators with Best Practices and Resources

By Meghan Frick, Media Contact
GaDOE Interim Communication Director

In an unassuming room in Gainesville this spring, a group of Georgia educators took their seats at a cluster of round tables — notebooks out, pens poised, ready to get to work.

It looked like any other professional learning event, but the school counselors, psychologists, nurses, social workers and student support staff in the room were there to address an issue of painful, critical importance: suicide deaths among school-aged children.

Over the last two years, suicides among school-aged children and youth have increased, even as ideation and attempts reported have decreased. In 2015-16, nine percent of students said they had seriously considered attempting suicide in the past 12 months. Four percent said they had attempted suicide in the past twelve months. The reasons those students gave were varied: family issues, bullying, demands of schoolwork, problems with peers and friends.

Reversing this trend is a top priority for the Georgia Department of Education (GaDOE) and other state agencies. GaDOE, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the Georgia Bureau of Investigation (GBI)'s Child Fatality Review Program, the Georgia American Academy of Pediatrics, Children's Healthcare of Atlanta, Georgia State University, and Mercer University have come together to form a Suicide Prevention Task Force.

The event in Gainesville was one of five Suicide Prevention Summits hosted by the Task Force last spring, with five more to follow this September.

"It is unimaginable for even one child suicide to take place," State School Superintendent Richard Woods said. "We're working with experts from across Georgia agencies to make sure every child can turn to their school for help — and to make sure every school has the resources they need to provide those supports for students."

House Bill 198, signed in May 2015, requires that all certified public school personnel receive annual training in suicide awareness and prevention. Since then, that training has helped school staff understand how to identify appropriate mental health services, both within the school and within the larger community, and when and how to refer youth and their families to those services.

But schools and districts expressed a need for additional training, so GaDOE and its partner agencies began offering the additional Suicide Prevention Summits — which equip educators with additional resources, training, and best practices above and beyond the requirements of HB 198.

"School districts are serious about suicide prevention," said Dr. Garry McGiboney, GaDOE Deputy Superintendent of Policy and External Affairs. "That's why they welcome the training provided by the GaDOE and its partners."

**"It is
unimaginable
for even one
child suicide
to take place."**

**—State School
Superintendent
Richard Woods**

At each summit, the educators in attendance take a deep dive into data from the Georgia Student Health Survey 2.0 and learn more about the "why" behind student suicides. Then — together — they formulate a plan to connect students with the resources they need.

"This is not a topic that any of us like to discuss, but it's certainly a topic we need to discuss," Marilyn Watson, GaDOE Program Manager for Safe and Drug Free Schools, told attendees at the Gainesville summit. "You can use this data for interventions, to plan for interventions, to see where you're having problems and then you can go from there — you can put interventions in place to relieve those issues and improve your school climate."

In Gainesville, attendees discussed ways to better equip teachers — both with referral resources and with the tools to recognize early signs of suicidal ideation. They talked through the logistics of creating a crisis response team, and the importance of putting systems in place to improve a school's climate before a crisis ever takes place.

The group focused, too, on ways to foster genuine, positive relationships between students and caring adults within the school — the kind of relationships that can curb behaviors that would eventually lead to a suicide attempt.

The strategies at the event were focused on proactive action, rather than reactive response — on ensuring that every school has the resources it needs to address the issue of youth suicide, so that every child who needs help can access it.

Shevon Jones, a Child Fatality Prevention Specialist with GBI, summed that up as she worked with attendees in Gainesville.

"We want it to never be the case," Jones said, "that a child cried out for help and no one listened."

For more information and suicide prevention resources, visit bit.ly/gadoeresources. If you need immediate support or assistance, call the Georgia Crisis & Access Line at 1-800-715-4225 or the National Suicide Prevention Lifeline at 1-800-273-8255. Permission was provided to reprint this article that was disseminated by the Georgia Department of Education.

HENRY COUNTY TAKES ACTION

Suicide Summit Spurs Henry County School System to Take Districtwide Action

When Jessica Stormer, Student Services Coordinator, and other members of the Henry County Student Services Team attended the Suicide Postvention Summit in 2016 they had no idea how fortuitous having an action plan would prove. The team attending the summit was composed of the district’s leads for school counselors, nurses, psychologists, and social workers. As Ms. Stormer puts it, “Our team members were excited about the opportunity the summit would provide us to learn about how to use our different disciplines to identify and support students at risk of suicide.”

First came a deep dive into the district’s data. Results of the 2016 Student Health Survey II for students in middle and high school grades were very compelling. Ms. Stormer remembers how struck the team was by one finding in particular: “We noticed and were alarmed by the fact that one in ten to one in twelve of our 6-12th grade students reported that they had contemplated suicide.” She continued, “That’s a lot of students struggling silently that we don’t know about.” In reviewing the data, the team was also disappointed to learn that only 20% of their students reported feeling connected at school and 24% said they knew an adult at school they could talk to. “We strive for 100% of our students feeling connected and knowing that they have adult support,” Ms. Stormer emphasized. The data review

and analysis left the team feeling that the numbers were unacceptable and a commitment was made to do something about what they had learned.

The essential question posed by the team during the next major activity at the summit was, “How can we impact these numbers?” The team began by taking a close look at the district’s suicide prevention, intervention, and postvention protocols to see how they could be strengthened. Next, the team explored a number of evidence-based



programs and practices that might provide solutions for the target area of improvement. “Our team was thrilled to interact with and learn from individuals with similar roles in other school districts, which also gave us ideas about what might work,” Ms. Stormer recalled. A decision was made by the team to develop an action plan to implement the *Signs of Suicide Prevention Program* at several middle and high schools, beginning with the 2017-2018 school year. The Signs of Suicide Prevention Program teaches youth to identify friends who need help. It also includes a screener and a way for students to ask for help for themselves.

During the second semester of the 2016-2017 school year, two students attending Henry County Schools died by suicide. As Ms. Stormer recalls, “Suddenly the suicide prevention action plan that the team had prepared at the summit seemed inadequate. After dealing with two deaths by suicide, our team felt a moral obligation to implement the Signs of Suicide Prevention Program in middle and high schools districtwide.” The plan was modified to roll-out the Signs of Suicide Prevention Program training in every school using a train-the-trainer model, beginning August 2017. The roll-out of the Signs of Suicide Prevention Program is now underway in Henry County School System. Signs of Suicide (SOS) training has been conducted with a group of school district personnel who will in turn train others to be trainers.

And, according to Ms. Stormer, “Each middle and high school is in process of developing a comprehensive Signs of Suicide Prevention Program implementation plan to be submitted by the end of August 2017. Schools are required to use their Student Health Survey data to select at least one grade level in which to initiate the program.” As for the Student Services Team members that attended the summit and devised the initial plan, all are involved in implementing the districtwide comprehensive roll-out of the Signs of Suicide Prevention Program.

For further information on this initiative, please feel free to contact Jessica Stormer, Henry County School System Student Services Coordinator, by e-mail at Jessica.Stormer@henry.k12.ga.us.

ABOUT THE SOS SIGNS OF SUICIDE PREVENTION PROGRAM

The SOS Signs of Suicide Prevention Program is the only youth suicide prevention program that has demonstrated an improvement in students’ knowledge and adaptive attitudes about suicide risk and depression, as well as a reduction in actual suicide attempts. Listed on SAMHSA’s National Registry of Evidence-based Programs and Practices, the SOS Program has shown a reduction in self-reported suicide attempts by 40-64% in randomized control studies (Aseltine et al., 2007 & Schilling et al., 2016).

SOS is unique among school-based suicide prevention programs as it incorporates two prominent suicide prevention strategies into a single program: an educational curriculum that raises awareness about suicide and depression, and a brief screening for depression.

The SOS Programs use a simple and easy-to-remember acronym, ACT® (Acknowledge, Care, Tell), to teach students action steps to take if they encounter a situation that requires help from a trusted adult. SOS is offered for both middle and high school-aged youth and can be implemented in one class period by existing faculty and staff.

Source: <https://mentalhealthscreening.org/programs/youth>

FOURTEENTH REASON ALTERNATIVE FEATURED IN FLAT ROCK MIDDLE SCHOOL YOUTUBE PRODUCTION

GPAD: In response to a student's death by suicide at Fayette County's Flat Rock Middle School, Dana Lamb-Schaubroeck, Choral Department Director, wrote the lyrics to the song, *Fourteenth Reason*, which is performed by student vocalists, Kelly Andrew, Hailey Larsen, and Nyla Nelson, with dancing by Molly Pate, in the YouTube video by the same title. Seth Pedata played the youth. The video was produced by Kennedy Harris and Hailey Larsen.

Ms. Lamb-Schaubroeck, a professional songwriter, has been recognized as one of the Top Twenty-Five Nationwide Music Educators — Music & Arts (2016); Grammy Semifinalist — Music Education (2013); Teacher of the Year (2012); and Billboard Top Ten Songwriters for Classical Crossover Music. She wrote the song, "You Should Dream," which was released as the title track for The Texas Tenors' sophomore album. There is an Emmy-winning nationwide PBS special that uses the song's name and is still in rotation for another year. The Texas Tenors is the top vocal group to have come from America's Got Talent competition in 2009. The song debuted #4 on the Billboard Classical Crossover chart and remained there for almost a year.

Ms. Lamb-Schaubroeck provides the story behind the song *Fourteenth Reason* in the following first person account. The YouTube video of the *Fourteenth Reason* may be viewed at <https://youtu.be/RExr4vExtj4>. Lyrics to the song *Fourteen Reason* also follow.

The Story Behind Fourteenth Reason

By Dana Lamb-Schaubroeck, M.M.E.
Flat Rock Middle School
Chorus/Music Theater Director

When I lost my student last year, I was devastated. You can have all of the training hours logged in, but there is nothing that could ever have prepared my heart for this tragedy. I, along with so many others, was in shock and grieving the loss of this dynamic young man. As a writer (both a songwriter and published author), I decided to write with no intention of doing anything with it other than processing my own grief. I knew that the show "Thirteen Reasons Why" was a pop culture show that, in my opinion, was glorifying suicide despite the claims from its producers that this was not the case. Some of my students said that this show was demonstrating how someone can have the final word in relationships gone wrong, with a character trying to impose the same level of gut-wrenching pain and subsequent guilt upon the others that made her contemplate and ultimately commit suicide. Writing for my own personal process, I wrote the song "Fourteenth Reason" as a way to say that I (or someone else) could be someone's reason why you don't make that choice.



Left to right - Flat Rock Middle School Principal Jade Bolton and Dana Lamb-Schaubroeck, Choral Department Director.

Another teacher thought that having a song as a response to this loss might be a worthwhile balm for our students' hearts. However, writings from other students were naturally rooted in the sorrow of the situation, which was not something we wanted to set in concrete through music. Some of the students wanted to do something positive so that no other student felt choice-less. This started the R U oK? movement in our school and students began talking about being there for each other, which is exactly what my song was about. Advanced chorus students came to me asking if they could sing a song and they were suggesting the exact themes that I had written about already. With no intention of ever doing anything with my own work, I casually mentioned that I had written a song and they asked to hear it, which surprised me. Before I finished it, they were off and running with the idea for the storyline and video. We completed the project in about two weeks and were stunned when we got even 100 hits on it, and now we're up to almost 1,500. The purpose of writing this song was to bring awareness to the subtle events that can lead to the choice to die by suicide and how we, as students and people who generally care, can deliberately position ourselves to be someone's fourteen.

We truly appreciate your interest in this project and the amazing things that go on at Flat Rock Middle School. I am truly honored to be a part of this school, to be a part of the faculty, and to work with Mrs. Bolton, who is so open and encouraging of the arts, self-expression, and thinking out of the box when unusual and/or tragic circumstances present themselves.

FOURTEENTH REASON

(c) 2017 Dana C. Lamb

Verse One

I know you feel all alone, people you need to listen won't put down their phone
You scream into silence, the dark nobody hears

It's so hard to hope when you're lost in your fears
But don't you dare slip away from me
Because you're not meant for obscurity

Chorus

Let me be your fourteenth reason, let me be your reason why
Cause I wanna be your shoulder when you need to cry
Let me be that one more reason, please trust me to intercede
Let me be your fourteenth reason, and maybe that's the only reason
you'll need

Verse Two

I'll make the time to ask r u ok?
You're not an inconvenience, you're not in my way
Don't wander off alone past the point of being afraid
There's nothing I want more than for you to be safe

They say it's just life, and sometimes life is not fair
With all the pain you're carrying, you might think that no one cares

Bridge

So some fictional girl told us thirteen reasons why
But I'm the fourteenth reason and I'm begging you to try
This is so real, we don't live life on a screen
Together we'll get through this, and then you can be someone else's...
fourteen

Source: Permission was granted by Dana Lamb-Schaubroeck, Flat Rock Middle School Choral Department Director, Author and Professional Songwriter, to print the lyrics of Fourteenth Reason. The lyrics are featured in a YouTube video by the same title. Ms. Lamb-Schaubroeck can be contacted by e-mail at lamb.dana@mail.fcboe.org.

YMHFA TRAINING RESULTS

Youth Mental Health First Aid across Georgia: Reported Use of Information by First Aiders

By Emily Graybill, PhD, NCSP,
Ashley Salmon, BA, & Andrew Roach, PhD
Georgia State University Center for Leadership in Disability

Youth Mental Health First Aid (YMHFA) is a mental health awareness and stigma-reducing training through which teachers, parents, caregivers, and other adults who interact with youth learn about how to support youth who may have a mental health concern. Training on YMHFA is a core component of Project AWARE Georgia. YMHFA trainings are provided by Project AWARE staff in each of the three target school districts: Griffin-Spalding, Muscogee, and Newton Counties. The Georgia Department of Education (GaDOE) collaborates with the Center for Leadership in Disability at Georgia State University (CLD-GSU) to provide YMHFA trainings across the state of Georgia. CLD-GSU analyzes all of the Project AWARE YMHFA evaluation data; these data will be described below.



Between January 2015 and March 2017, over 2200 First Aiders were trained across Georgia (see Table 1).

Figure 1. Heat Map of Project AWARE Georgia YMHFA Trainings

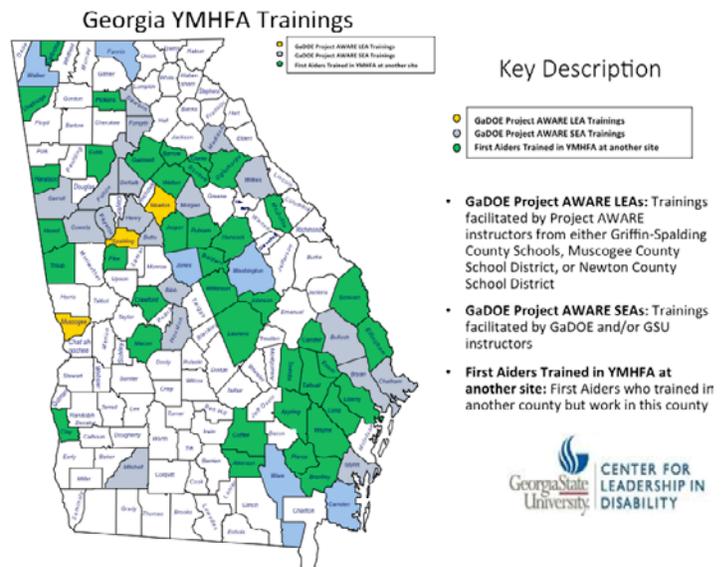


TABLE 1. COUNT OF PROJECT AWARE GEORGIA FIRST AIDERS FROM 2015 TO 2017

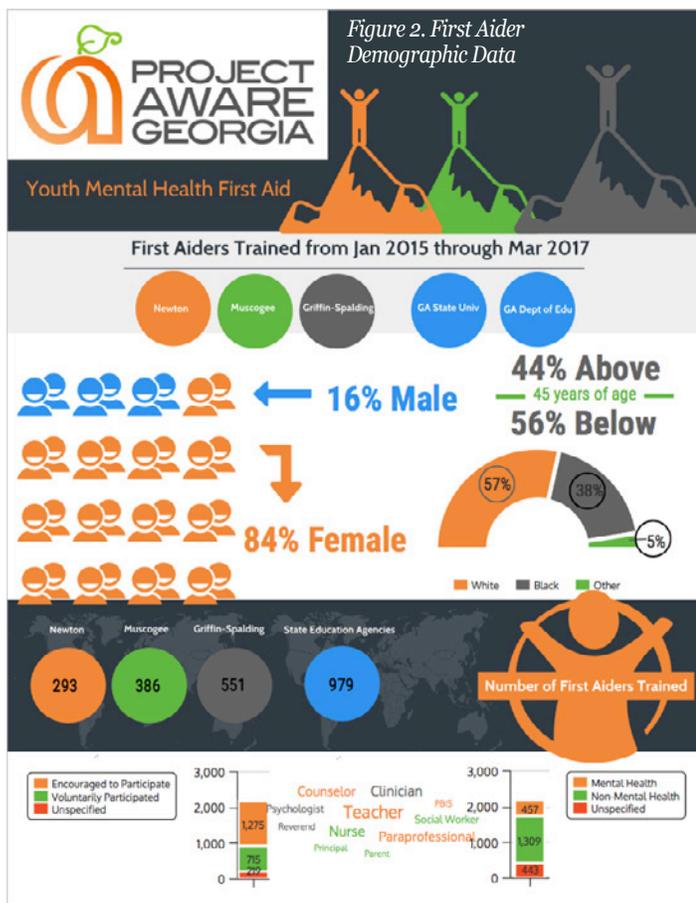
YEAR	SEA (GSU & GADOE)	GRIFFIN-SPALDING	MUSCOGEE	NEWTON	TOTAL
2015	327	150	142	197	816
2016	379	323	191	83	976
2017	270	78	53	13	414
TOTAL	976	551	386	293	2206

The YMHFA trainings have occurred across the state, with a heavy emphasis in Metro Atlanta and Southeast Georgia (see Figure 1). The state Project AWARE team has engaged in intentional outreach to Southwest Georgia to schedule trainings in that area of the state.

The YMHFA trainings are primarily attended by educators, so the demographics of the First Aiders generally reflect the demographics of public school educators in Georgia. First Aider demographic data are reported in the infographic shown in Figure 2. Evaluation data suggest that YMHFA trainings are well received by First Aiders. There have been statistically significant increases in First Aiders' attitude, knowledge, and confidence before and after the trainings. Specifically, post-training data found:

- First Aiders reported more positive attitudes toward youth with mental health difficulties
- First Aiders reported better recognition of risk factors
- First Aiders reported improved confidence in their ability to provide help and make appropriate referrals
- First Aiders demonstrated increased knowledge about available mental health supports

For the remaining two years of the Project AWARE Georgia grant, the state team will focus on (1) developing a plan for sustaining YMHFA trainings after the end of the grant and (2) increasing the number of YMHFA trainings in the Southwest and South Central areas of Georgia.



SUICIDE INTERVENTION TRAINING

Applied Suicide Intervention Skills Training (ASIST): Suicide First Aid for Natural Helpers

By Mary Chase Breedlove Mize, M.S., NCC
Laura R. Shannonhouse, PhD, LPC, NCC
Catherine Perkins, PhD

*Department of Counseling & Psychological Services
Georgia State University*

Suicide has become a rising mental health concern among young persons (CDC, 2014). Approximately 10 percent of 12-17 year olds have attempted suicide, and nearly a quarter of them have considered suicide; 17 percent of high school students have seriously considered suicide, and 8 percent have attempted suicide within the last year (Kann et al., 2014; Nock et al., 2008). In 2015, there were more than 44,000 reported deaths by suicide; 5,191 were among persons age 15 to 24, resulting in approximately 15 reported deaths by suicide per day (American Association of Suicidology, 2015). However, there are barriers to reporting. Lang and colleagues (2013) argued that the number of non-fatal suicide actions, or suicide behaviors, can number 40 to 100 times larger than the number of reported suicides. Currently, there are approximately 15 million people in the United States who think of suicide in any given year (CDC, 2014). When suicide is ignored, stigmatized, or minimized, we as a community are missing the chance to prevent deaths by suicide. We need programming at three levels in order to combat youth suicide: prevention, intervention, and postvention, which are reflected in the Jason Flatt Act, or House Bill 198, requiring all school personnel in Georgia be trained. The purpose of this article is to focus on the level most under-represented, intervention training.

Suicide intervention may be uncomfortable or frightening, and school personnel (i.e., teachers, resource officers, staff, school counselors, and school psychologists) may feel underprepared to help a person at risk of suicide. Applied Suicide Intervention Skills Training (ASIST) is an evidenced based, standardized training model that equips "natural helpers" or para-professionals and professional helpers with skills in "suicide first aid." ASIST focuses on the quality of the interaction between the caregiver and the person at risk, and as such, the interaction can result in reduced risk of suicide through the co-creation of a safety plan. ASIST is a 14-hour training that takes place over the course of two days, and has been internationally recognized, adopted by multiple states and branches of the U.S. Armed Forces, recognized by the CDC, and used in crisis centers across the country. ASIST has been studied in the K-12 school context, with pre-to-post training effects found on all measures (Shannonhouse et al., 2017).

Persons trained in ASIST develop a safety plan through a six-step model called the Pathway for Assisting Life (PAL). The PAL model matches six behaviors of the person-at-risk with six tasks of the caregiver, and



Laura R. Shannonhouse



Catherine Perkins



Mary Chase Breedlove Mize

ultimately provides a third option. Often, persons-at-risk perceive only two options: (a) to die by suicide, or (b) to live. This can be a tough choice. Through engaging the PAL model we help the person-at-risk identify a reason to live, and we offer the third option which is to stay safe for now. This is a respectful option, as we are not taking away the choice of suicide, and the person's autonomy. Rather, through the intervention, we are returning autonomy to the person-at-risk and helping them identify a reason to live, which can be the start of a plan to keep one safe for now, and can be the start of long term safety as well.

The first step of the PAL model is to **explore invitations to suicide**. Invitations include recognizing warning signs such as depression, loss of interest, increased use of alcohol or drugs, reckless behavior, and isolation from family and friends. The language "invitations" is intentional. Just like being invited to important life events (e.g., graduation, wedding, birth, etc.), we are also often invited to respond to a person-at-risk of suicide. They often always invite us to respond to their distress. After exploring invitations, the caregiver moves to the **second step** of the model: **asking directly about suicide**. It is important that we use clear language, "you are thinking about suicide", "you want this pain to stop, and wish to die by suicide", "are you thinking of ending your life", etc. Asking indirectly, "are you thinking of hurting yourself?", is against best practice, as persons-at-risk perceive suicide to be a relief from pain, or an end to one's pain. At this stage of the intervention, the person-at-risk is stuck in the past, feeling alone, and considering death. By directly asking/reflecting suicide, the caregiver demonstrates to the person-at-risk they can have this discussion, that we can handle this and hold the space for this person.

The third step of the PAL model truly sets the ASIST intervention apart from other suicide intervention models. Rather than making a referral, contracting for safety, or initiating a hospitalization, the caregiver asks to **hear the story**, or reasons for dying. Suicide doesn't often start with one thought; there are often several contributing events that have got one thinking about suicide. When the person-at-risk shares these with us, paradoxically, they move from being focused on the past, to being engaged in the present moment, feeling understood and connected. By exhausting the reasons to die, a reason to live naturally emerges from the person-at-risk. This is recognized as the turning point, and leads to the **fourth step**

of the model, which is to **support the turning point**. The turning point may be a brief moment or sentence (for example, "I don't want to die, I just don't see how things can get better", "I just don't know; it is all confusing", etc.). This is ambivalence. Each person-at-risk has a part of them that wants to die, and a part that wants to live. Skilled caregivers are able to effectively work with ambivalence — honoring the painful stories, and also paying attention for these small moments of uncertainty. These moments of uncertainty come from the person-at-risk, not from the caregiver. We must support them, and help their life side speak more clearly. Though hearing the story and supporting their turning point, the caregiver helps the person understand their choices. As previously noted, the ASIST intervention offers a third option for the person-at-risk, who is feeling ambiguity about living or dying, which is safe for now.

The next step of the PAL model, the **fifth step**, is for the counselor to help **develop a safe plan** with the person at risk. The caregiver asks the person-at-risk a series of questions to help them identify sources of support, disarm lethal means, notifying appropriate persons, and utilize resources. It is important to note that the safe plan comes directly from the person-at-risk and is not a creation of the caregiver. There is no research support for contracts, and we know that upon hospital discharge, persons-at-risk are at increased risk of suicide, particularly 3 days to 3 months after discharge.

The **sixth** and final step of the PAL model is to **confirm the actions** of the person at risk by asking the person-at-risk to repeat their safety plan to the caregiver. Through the PAL model, the person-at-risk moves from being focused on death and the past, to feeling uncertain/ambivalent in the present moment, to feeling supported, safe, and focused on the future. Asking the person to repeat the plan to us gives us helpful data, as we are able to assess verbally whether or not the person-at-risk is committed to the plan.

Many school counselors trained in ASIST have utilized the model in times of crisis with students. Anna Holloman, school counselor and graduate of Georgia State University, said she used the PAL model within a week of receiving ASIST training while she completed her practicum and internship.

“The opportunity presented itself to implement the Pathway for Assisting Life model with a 5th grader. The invitations from the 5th grade student-at-risk to talk about suicide were obvious when she shared in a small group that she wanted to fall asleep and not wake up and that she thinks about jumping out of windows. I am not sure I would have picked up on the seriousness of the invitations to talk about suicide that the student shared with me before the training. ASIST prepared me to recognize invitations to talk about suicide as well as steps to take in a life assisting intervention. I was nervous to begin my first suicide intervention with a student, but I was confident in my skills to ask directly about suicide and begin the pathway of assisting life model that I learned in ASIST. The training prepared me to share the weight of the pain with the student by listening to the intensely painful story of what she was going through that was making her want to end her life. After talking about all the reasons she wanted to end her life, she naturally started naming all of the reasons she was choosing to live. It was amazing to see the intervention work for a 5th grader and hear from colleagues about the intervention working with high school students as well. Before the training, I was worried about saying the wrong thing when talking to a student with suicidal ideation. The training covered potentially harmful things to say to someone with suicidal ideation and allowed us to practice the model and receive feedback through roleplaying. ASIST gave me the confidence to know that everything that I said was helpful in keeping the student **safe for now.**”

The ASIST model is not only helpful to new school counselors and recent graduates. Dr. Amanda Rumsey, a school counselor and counselor educator, said ASIST was unlike any training she’s received in her career.

“I practiced school counseling for 13 years and received a variety of different trainings regarding suicide prior to attending the ASIST training. As a middle school counselor, I unfortunately deal with a substantial amount of students who are contemplating suicide and some that have made attempts. The week after my training, I worked with a student who was having suicidal ideations. I found the PAL model, as taught in the ASIST training, came right to me and fit perfectly with my goal of helping the student to stay safe. The ASIST training gave me more confidence in the work I was doing and helped me to feel more competent as a helper. The focus on **safe for now** is especially relevant for counselors, or anyone working with youth in schools. It is a way to help the student feel supported and listened to while also following the school protocol of contacting parents/guardians and having conferences. Hearing the student’s story, rather than simply responding and reacting, helps to be able to gain important information to share with parents or guardians. I found the ASIST training very supporting and helpful and would encourage more school counselors to seek out the training.”

ASIST training consists of two full days (14 hours of continuing education credits) of understanding the PAL model, discussing attitudes and beliefs about suicide, and practicing skills through various simulations and group activities. ASIST is sponsored by LivingWorks Education. For more information, visit <https://www.livingworks.net/programs/asist/>.

SUICIDE SURVIVOR SUPPORT SERVICES

SPAN-GA: Providing Survivor Support to Families Following a Loss by Suicide

By Sheri McGuinness

President & Chief Executive Officer of SPAN-GA



About SPAN-GA: Our Evolution

Suicide Prevention Action Network (SPAN) started as a national voice in 1996 and as the nudger of political will. Early on, we secured funding from the state of Georgia focused on suicide prevention through a line item in the budget from 1999-2006, when we rallied Georgians to advocate for an official Suicide Prevention Program, which was put in place July 2006. SPAN was also funded to bring Georgians together to strategize around suicide prevention, intervention and aftercare, and to develop *the Suicide Prevention Plan (2000)*. *Some years later, we updated that plan by adding our Statewide Suicide Prevention, Intervention, and Aftercare Strategy Booklet (2008)*. In

Today, SPAN-GA is the leading statewide non-profit organization in Georgia focused on suicide prevention, intervention and postvention education, awareness, advocacy, and the development of survivor services and support for families, teens and children who have experienced a loss of a loved one to suicide.

2002, SPAN USA, which had a national focus, moved to Washington, DC, and SPAN GA was created to take care of the needs of the state. The work took on a different focus at that point as it was state strategy-focused and along with our prevention efforts, our body of work began to give great priority to survivors of a suicide loss.

Today, SPAN-GA is the leading statewide non-profit organization in Georgia focused on suicide prevention, intervention and postvention education, awareness, advocacy, and the development of survivor services and support for families, teens and children who have experienced a loss of a loved one to suicide. You can learn more at www.span-ga.org A few of our activities and services for families and children are described below.

GSPIN - Georgia’s Suicide Prevention Information Network

GSPIN is a statewide website for suicide prevention, intervention and aftercare information. This website was created and maintained to address the specific problems of lack of centralized information, communication,

sharing of resources, and need for support for regional/local coalition building, creating a linked network of resources and activities going on throughout the state. The website may be accessed at www.gspin.org.

Suicide Prevention Day at the Capitol

Advocating for funding and legislative priorities for suicide prevention, intervention and aftercare has been an on-going priority of SPAN. In 2015, SPAN-GA played an integral role in the development of House Bill 198, the Jason Flatt Act for Georgia, which focuses on Youth Suicide Prevention. SPAN-GA encourages community political will and has held 15 Annual Suicide Prevention Days at the Capitol.

CAMP SOS: A Survivor Service for Families and Children

Among our numerous survivor services, we offer CAMP SOS for the entire family. It is one of our major programs, and is free and open to all Georgians ages 6-96 years old who have had a loss by suicide. Most of our fundraising goes directly to support this program. Each year, CAMP SOS is hosted the first weekend of May. A brief overview of CAMP SOS follows:

Camp SOS Mission: Our mission is to provide survivor families - grandparents, parents, children and teens -with a safe environment to learn how to navigate the trauma of a loss by suicide. To help survivor families learn skills and tools that will support their grief process long after their camp experience is over. www.campsos.com

Our goals are:

- To help survivors get connected and stay connected by showing them the power of linking up with other survivors, resources and services that will help them along their journey.
- To teach families how to work through the tasks of grief and keep moving.
- To help families learn how to allow each family member to grieve at their own pace and how different that may look for each of them.

This camp program was presented as a case study in the academic manual, *Handbook of Child and Adolescent Group Therapy: A Practitioner's Reference, Chapter on Grief and Loss* (Craig Haen & Seth Aronson, 2017).

SPAN-GA has brought the Braveheart Program Train-the-Trainer Workshop for this camp experience to one community school. This school used the program for a 4-day summer day camp that they have held at the school facility for the past two

years. The program can be adaptable to any time constraints. SPAN-GA offers this training to any interested group.

Working with Survivors: Focusing on Grief and Trauma

Our work developing survivor services and SOS Support Groups all across the state has brought us insight into helping survivors walk the grief journey. A loss by suicide brings not only grief, but trauma as well. We can often walk ourselves through grief, but trauma is another thing. So after a loss, we need to focus on our own healing. We know that it's important for survivors be involved in the work, and often feel an urgency to be involved. They bring great passion to this work, and a real story gives others a greater understanding of the challenges of depression, mental health and suicide. But it is critical that survivors do their own healing before they begin to push out a message.

A Word of Caution

From lots of experience, we have learned that there is a *right time* to join this type of effort, and it is best done when a survivor has had their time to heal. A survivor's voice is very different when he or she first loses a loved one to suicide, compared to down the road. As a survivor grieves and heals, their message is backed with knowledge that gives a safer perspective. Without a great deal of guidance, it can be unsafe for the survivor as well as for the potential audience to hear the message they may want to deliver. So it's important to watch for readiness and provide a great deal of guidance for a survivor before speaking to a group. But when they are ready, survivors have been a mighty force in our efforts to impact the crisis of suicide!

*For further information on the services of SPAN-GA, you may contact Sheri McGuinness at georgiasurvivors@gmail.com. Ms. McGuinness is also the author of *Choosing Hope, Finding Joy: A Journey Through Trauma and Loss*, 2016.*



Camp SOS Participants

PROJECT AWARE UPDATES

Full Speed Ahead for Georgia Project AWARE in 2017-2018

Griffin-Spalding County Schools (GSCS)

Jason Byars, Districtwide Project AWARE and PBIS Coordinator



Jason Byars (in black jacket) attends meeting with Project AWARE colleagues and partners.

Project AWARE GSCS will be rolling out school wide social emotional learning to five elementary schools beginning in the 2017-2018 school year. The decision to implement the curriculum is the result of a year-long study on elementary school climate and student behavior. The committee elected to use Second Step as the curriculum based on previous pilots in the school district and the extensive research supporting the curriculum. The five initial schools were selected by examining the climate data and results from the universal screenings that were conducted in 2016-17. The five elementary schools that demonstrated the greatest need will receive the curriculum this year and the remaining six elementary schools will receive the curriculum in 2018-19. Teachers will begin the lessons immediately following the fall universal screening and will continue through the spring universal screening. Data from the Student Risk Screening Scale (SRSS-IE) will be analyzed and compared with the non-participating schools to determine the effectiveness of the program in GSCS. All teachers were trained in the use of Second Step in summer 2017 and received a copy of their curriculum to explore during the summer break.

Muscogee County School District (MCS D)

Tammi Clarke, Districtwide Project AWARE and PBIS Coordinator

Project LAUNCH Collaboration — MCS D's Executive Director of the Program for Exceptional Students (PES), Early Learning Director, and the Project LAUNCH team are investigating the possibility for Project LAUNCH to support our federal child find obligations. Specifically, the focus is on a process by which PES might receive information on children screened in community

daycare centers and doctors' offices by Project LAUNCH. The school district would use the information to provide needed services to children before they reached school-age, where appropriate. The process and plans for getting screeners into Pre-K registration packets have been finalized. This will involve over 1000 students being screened as they enter our schools. Project LAUNCH will contact all parents of children who were screened to discuss the results and offer any needed support or services.

School Climate Goal Required of All Schools — District leadership made the decision to ask all schools to have only two goals in their school improvement plans for the 2017-2018 school year. The number one goal needs to be related to school climate. By making school climate every school's number one goal, district leadership seeks to promote an understanding among faculty and staff that, without positive school climate, gains cannot be made in academics. The number two goal for all schools must be related to instruction. In my role as PBIS Coordinator, I had the opportunity to serve on the district level team responsible for providing feedback on schools' school climate goals.

Use of Technology to Track Mental Health Data — This school year we will be training all of our counselors to track mental health data using our newly-developed online tracking system that was built within our student information platform. Our technology department created the application so that counselors could track their services as well as referrals made to community or school-based mental health providers. This tracker has a reminder feature that sends an email notice to counselors every two weeks asking them to follow-up to ensure the student received services. It doesn't stop reminding until the counselor submits the follow-up information.

Sources of Strength and Trauma-Informed Schools Training to be Provided

— Sources of Strength training will be offered at two MCS D schools the end of August 2017. This is reportedly the most researched upstream suicide prevention program available. It is student-led and uses social networking theory to spread hope, help and strength through campaigns and social media. A copy of the *Trauma-Informed School Guide* (Jim Sporleder & Heather T. Forbes, LSCW) has been purchased for every principal in the school district. The goal is to conduct training with principals on how to create trauma-informed schools using this guide.



Dr. David F. Lewis (in white shirt), Superintendent of MCS D, recently participated in Youth Mental Health Training

By making school climate every school's number one goal, district leadership seeks to promote an understanding among faculty and staff that, without positive school climate, gains cannot be made in academics.

—Tammi Clarke, MCS D Project AWARE



Adrienne Boisson (left) plans Project AWARE activities with Cheryl Benefield (right).

Newton County School System

Adrienne Boisson, Project AWARE Coordinator

As a new school year begins, Project AWARE staff in Newton County has been promoting the benefits of educators, parents/guardians and community members learning more about how to support the behavioral, social and mental health needs of students. To this end, we are offering Youth Mental Health First Aid training multiple times throughout the year. This international training is designed to provide information that can be used to identify and assist a young person who may be experiencing a mental health challenge.

Georgia Project AWARE – Project AWARE on Capitol Hill

On July 26, 2017, Rebecca Blanton, Georgia Project AWARE Coordinator, and Jason Byars, Griffin-Spalding County Schools Project AWARE and PBIS Coordinator, spent a day on Capitol Hill in meetings with Georgia Congressional staff including: Lindsey Maxwell in Senator Perdue’s office; Cory Gattie in Senator Isakson’s office; and Representative Drew Ferguson. Armed with the 2017 results of the Georgia Student Health Survey (GSHS) and Youth Mental Health First Aid (YMHA) data, Ms. Blanton and Mr. Byars engaged in discussions that underscored the importance of being able to maintain and expand mental health services to school-aged students. Topics of discussion also included:

- Implementation of school



From Left: Jason Byars, Georgia Representative Drew Ferguson, Rebecca Blanton

mental health services through the pyramid of interventions using PBIS.

- Use of universal screening to identify students early.
- Use of social emotional learning groups to serve students.
- Project AWARE LEA pilot sites’ efforts to implement referral systems to connect families with resources.
- Impact of teaching Youth Mental Health First Aid in the community.
- Importance of connecting with the community to reduce the stigma around mental health.

The key message to Georgia’s Congressional staff was, “Congressmen should be very proud of the work being done in the State to support the mental health needs of children and youth.”

GSCS Project AWARE Director Named President of GAPBS; Shares Vision

As President of GAPBS
my vision is to grow
the organization to be
recognized as a national
leader in Positive Behavior
Intervention and Support.

—Jason Byars, President,
Georgia Association for
Positive Behavior and Supports

Jason Byars, District Coordinator, Project AWARE and PBIS, Griffin-Spalding County School District (GSCSD), was named President of Georgia Association for Positive Behavior Supports (GAPBS) in 2016. Mr. Byars has diverse experience in education having served as principal, assistant principal, teacher, testing coordinator, and athletic director. To date, he has spent his educational career in Griffin-Spalding and Fayette County School Districts. Mr. Byars has completed all coursework for the Education Doctorate in Educational Leadership at Nova Southeastern University, Fort Lauderdale, Florida, where his degree status is All But Dissertation (ABD). He frequently presents at conferences on topics relating

to children and youth mental health and positive behavioral interventions and supports.

GPAD recently asked Mr. Byars about his vision for leading GAPBS and he provided us with the following statement:

As President of GAPBS my vision is to grow the organization to be recognized as a national leader in Positive Behavior Intervention and Support. I believe the strength of the organization lies in the foundation that GAPBS was formed to highlight the achievements of PBIS schools from around the state. Additionally, having the support from the PBIS Team at the Georgia Department of Education and partnering universities like Georgia State University and Georgia Southern University gives GAPBS an excellent network of resources. We are all very proud of the PBIS work being done in Georgia and our annual conference is an excellent way to showcase the work of the schools. To celebrate our 10th Annual GAPBS Conference we are excited to have Dr. George Sugai deliver our keynote address. In addition, we are featuring Mr. Richard Woods, State Superintendent of Schools; Dr. Joseph Barrow, 2017 Superintendent of the Year from Fayette County School System; Representative Katie Dempsey, Lead Sponsor of the Georgia Jason Flatt Act; Susan Barrett, Director of the Mid-Atlantic PBIS Network; and Dr. Tamika La Salle, Assistant Professor at the University of Connecticut. The GAPBS Conference will be held Nov 28-29, 2017 at the Infinite Energy Center in Duluth, GA.