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Exploring Community Solutions

#SuicidePrevention #KPIHP
Evidence-based practices targeting key risk factors prevent suicide ideation/attempt

Evidence-based school universal programs implemented as early as first grade reduce the incidence of suicidal ideation and attempt a decade later (Hawkins et al., 2005; Wilcox et al., 2008)

- Prevent multiple outcomes at a population level
- Cost savings to taxpayers and society
Good Behavior Game (GBG)

- A universal preventive intervention carried out in 1st and 2nd grade classrooms (Barrish, Saunders & Wolfe, 1969)
- Precisely aimed at aggressive, disruptive behavior
- Replicated over 20 times in smaller studies prior to the Baltimore trial
How to Implement the GBG

Define Rules:
• Teachers with children define rules for classroom behavior

Establish Teams:
• Classroom divided into 3-4 teams evenly matched in terms of behavior

Play the Game:
• During the game teacher counts rule infractions
• No more than 5 minutes to start

Announce Winners:
• All teams can win the game

Distribute Rewards:
• Social Praise + Rewards (e.g., blow bubbles or dance party for 30 seconds)
Effects of a universal classroom behavior program in first and second grades on young adult outcomes
S.G. Kellam, J. Reid, R.L. Balster

Full length reports

Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes

The impact of two universal randomized first-and second-grade classroom interventions on young adult suicidality

Impact of the good behavior game, a universal classroom–based behavior intervention, on young adult service use for problems with emotions, behavior, or drugs or alcohol

Methods for testing theory and evaluating impact in randomized field trials: Intent-to-treat analyses for integrating the perspectives of person, place, and time
<table>
<thead>
<tr>
<th>Summary of Published Results</th>
<th>GBG</th>
<th>Standard Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug Abuse/Dependence Disorders</strong>&lt;br&gt; Males Only</td>
<td>19%</td>
<td>38%</td>
</tr>
<tr>
<td>Highly Aggressive, Disruptive Males Only</td>
<td>29%</td>
<td>83%</td>
</tr>
<tr>
<td><strong>Alcohol Abuse/Dependence Disorders</strong>&lt;br&gt; Both Genders Combined</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Regular Smoking</strong>&lt;br&gt; Males Only</td>
<td>7%</td>
<td>17%</td>
</tr>
<tr>
<td>Highly Aggressive, Disruptive Males Only</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Antisocial Personality Disorder (ASPD)</strong>&lt;br&gt; Both Genders Combined</td>
<td>17%</td>
<td>25%</td>
</tr>
<tr>
<td>Highly Aggressive, Disruptive Males Only</td>
<td>41%</td>
<td>86%</td>
</tr>
<tr>
<td><strong>Juvenile Court and/or Adult Incarceration Record for Violent and Criminal Behavior</strong>&lt;br&gt; Highly Aggressive, Disruptive Males Only</td>
<td>34%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Use of School-Based Services for Problems with Behavior, Feeling or Drug and Alcohol</strong>&lt;br&gt; Males Only</td>
<td>17%</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Suicide Ideation</strong>&lt;br&gt; Females Only</td>
<td>9%</td>
<td>19%</td>
</tr>
<tr>
<td>Males Only</td>
<td>11%</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Suicide Attempt</strong>&lt;br&gt; Females Only</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Males Only</td>
<td>10%</td>
<td>18%</td>
</tr>
</tbody>
</table>
## Cost-Benefit of Evidence-Based Interventions Reviewed by the Washington State Institute for Public Policy, 2016

<table>
<thead>
<tr>
<th>Program</th>
<th>Benefit per Dollar Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse-Family Partnership</td>
<td>$1.61</td>
</tr>
<tr>
<td>Raising Healthy Children/SSDP</td>
<td>$4.27</td>
</tr>
<tr>
<td>Good Behavior Game</td>
<td>$64.18</td>
</tr>
<tr>
<td>LifeSkills Training</td>
<td>$17.25</td>
</tr>
<tr>
<td>keepin’ it REAL</td>
<td>$11.79</td>
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<tr>
<td>Strengthening Families Program 10-14</td>
<td>$5.00</td>
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<tr>
<td>Guiding Good Choices</td>
<td>$2.69</td>
</tr>
<tr>
<td><strong>Positive Family Support/ Family Check Up</strong></td>
<td><strong>$0.62</strong></td>
</tr>
<tr>
<td>Project Towards No Drug Abuse</td>
<td>$6.54</td>
</tr>
<tr>
<td>BASICS</td>
<td>$17.61</td>
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</tbody>
</table>
SELYE Study

• EU Study of 168 schools, 11,100 students
• Randomized by school to one of 4 interventions
  • QPR—Gatekeeper training
  • Youth Aware of Mental Health (YAM)—interactive training on recognition and coping with depression and suicidal ideation
  • Screening and referral
  • Control
• Assessed for ideation and attempt at 3 and 12 months post intervention

*SELYE study: Wasserman et al., 2014
Suicidal ideation and attempts at 3 and 12 months post-intervention (%)*

*SELYE study: Wasserman et al., 2014
Teen Mental Health First Aid

- tMHFA course is for adolescents not adults
- tMHFA is designed to be a universal peer-to-peer intervention
- Interactive classroom sessions
  - 3 x 75 minutes or 5 x 45 minutes
- Schools and organizations offering the teen focused training are required to train at least 10% of the adults in Youth MHFA
- Pre and post training information provided to students, parents, and school staff
Timeline

- Pilot - Spring 2019
- Soft Launch - School Year 2019-2020
- National Availability School Year 2020-2021

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Needs to Address this Domain

- Widespread dissemination of these EBPs has not been achieved
  - Policy change needed to support and sustain implementation
  - Systems are needed to provide feedback on implementation fidelity and outcomes
    - Fidelity = faithfully and fully replicating the program model
    - Without high fidelity, desired outcomes may not be achieved