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## Exploring Community Solutions

# 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:

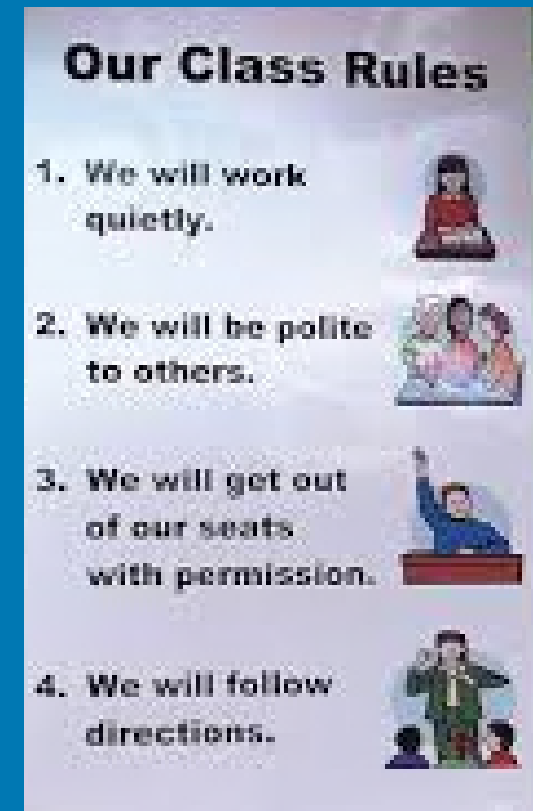
- During the game teacher counts rule infractions
- No more than 5 minutes to start

## Announce Winners:

- All teams can win the game

## Distribute Rewards:

- Social Praise + Rewards (e.g., blow bubbles or dance party for 30 seconds)



# DRUG AND ALCOHOL Dependence

Volume 95 Suppl. 1 1, June 2008

## ***Editorial***

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

*S.G. Kellam, C.H. Brown, J. Poduska, N.S. Ialongo, W. Wang, P. Toyinbo, H. Petras, C. Ford, A. Windham, H.C. Wilcox*

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

*J. Poduska, S.G. Kellam, W. Wang, C.H. Brown, N.S. Ialongo, P. Toyinbo*

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

*H.C. Wilcox, S.G. Kellam, C.H. Brown, J. Poduska, N.S. Ialongo, W. Wang, J.C. Anthony*

Methods for testing theory and evaluating impact in randomized field trials: Intent-to-treat analyses for integrating the perspectives of person, place, and time

*C.H. Brown, W. Wang, S.G. Kellam, B. O. Muthén, H. Petras, P. Toyinbo, J. Poduska, N.S. Ialongo, P.A. Wyman, P. Chamberlain, Z. Sloboda, D.P. MacKinnon, A. Windham,*

<b>Summary of Published Results</b>	<b>GBG</b>	<b>Standard Program</b>
<b>Drug Abuse/Dependence Disorders</b>		
Males Only	<b>19%</b>	<b>38%</b>
Highly Aggressive, Disruptive Males Only	<b>29%</b>	<b>83%</b>
<b>Alcohol Abuse/Dependence Disorders</b>		
Both Genders Combined	<b>13%</b>	<b>20%</b>
<b>Regular Smoking</b>		
Males Only	<b>7%</b>	<b>17%</b>
Highly Aggressive, Disruptive Males Only	<b>0%</b>	<b>25%</b>
<b>Antisocial Personality Disorder (ASPD)</b>		
Both Genders Combined	<b>17%</b>	<b>25%</b>
Highly Aggressive, Disruptive Males Only	<b>41%</b>	<b>86%</b>
<b>Juvenile Court and/or Adult Incarceration Record for Violent and Criminal Behavior</b>		
Highly Aggressive, Disruptive Males Only	<b>34%</b>	<b>50%</b>
<b>Use of School-Based Services for Problems with Behavior, Feeling or Drug and Alcohol</b>		
Males Only	<b>17%</b>	<b>33%</b>
<b>Suicide Ideation</b>		
Females Only	<b>9%</b>	<b>19%</b>
Males Only	<b>11%</b>	<b>24%</b>
<b>Suicide Attempt</b>		
Females Only	<b>10%</b>	<b>20%</b>
Males Only	<b>10%</b>	<b>18%</b>

# Cost-Benefit of Evidence-Based Interventions Reviewed by the Washington State Institute for Public Policy, 2016

Program	Benefit per Dollar Cost
Nurse-Family Partnership	\$1.61
<b>Raising Healthy Children/SSDP</b>	<b>\$4.27</b>
<b>Good Behavior Game</b>	<b>\$64.18</b>
LifeSkills Training	\$17.25
keepin' it REAL	\$11.79
Strengthening Families Program 10-14	\$5.00
Guiding Good Choices	\$2.69
<b>Positive Family Support/ Family Check Up</b>	<b>\$0.62</b>
Project Towards No Drug Abuse	\$6.54
BASICS	\$17.61



# SELYE Study

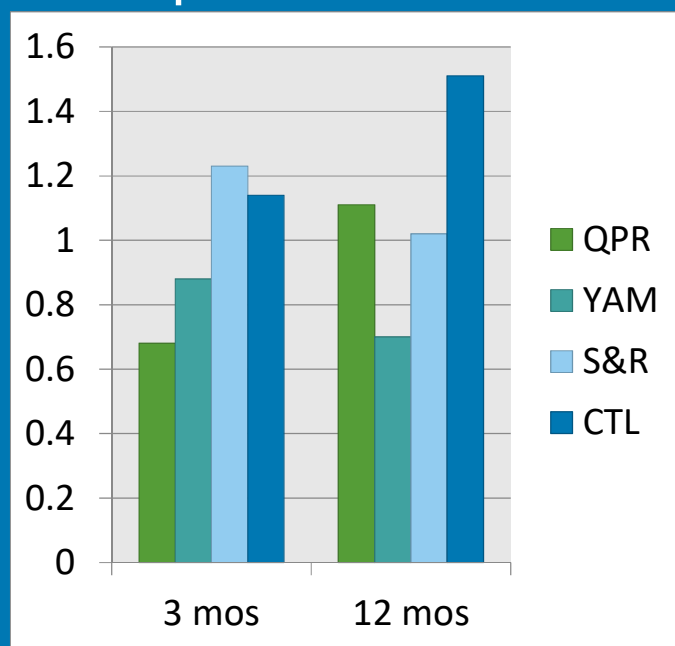
- EU Study of 168 schools, 11,100 students
- Randomized by school to one of 4 interventions
  - QPR– Gatekeeper training
  - Youth Aware of Mental Health (YAM)– interactive training on recognition and coping with depression and suicidal ideation
  - Screening and referral
  - Control
- Assessed for ideation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

\*SELYE study: Wasserman et al., 2014

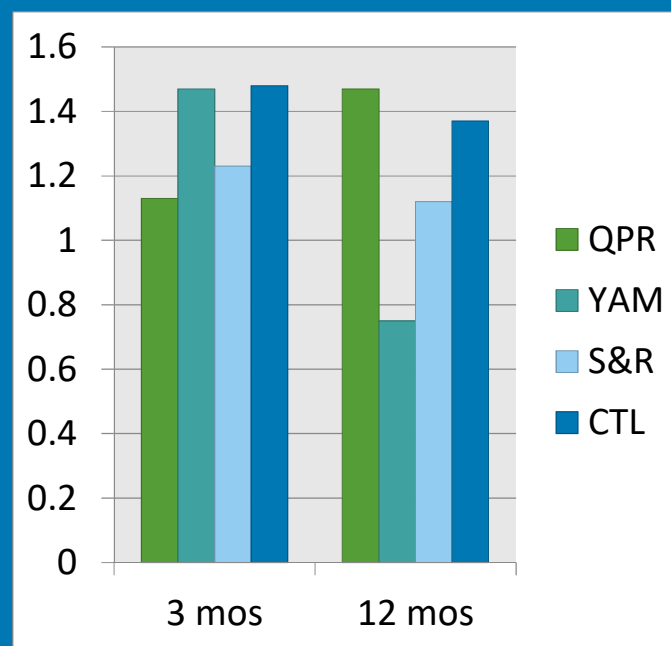


# Suicidal ideation and attempts at 3 and 12 months post-intervention (%)\*

## Attempts



## Ideation



\*SELYE study: Wasserman et al., 2014

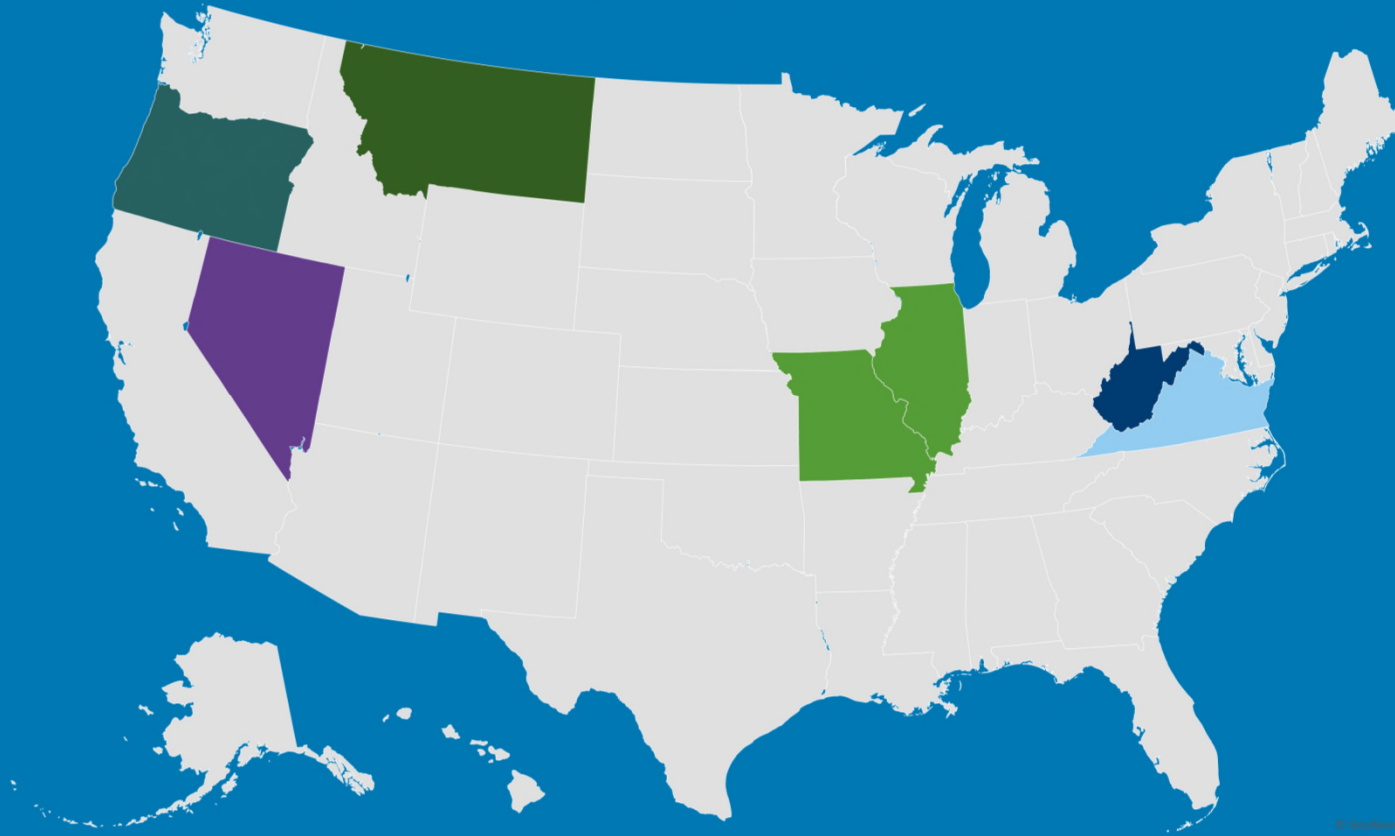
# Teen Mental Health First Aid



- 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

# Teen MHFA Pilot

teen MHFA Pilot Sites



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# Timeline

12

**Pilot-Spring 2019**

**Soft Launch-School Year 2019-2020**

**National Availability  
School Year 2020-2021**

# 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