

Programs and Counseling Treatments for At-Risk Students

School Resources to Support Military-Connected Students is a project by the Clearinghouse for Military Family Readiness an applied research center at The Pennsylvania State University and is funded by the Department of Defense Education Activity Grant number HE1254-19-0009.

For more information click on the links below:

<https://schoolresources.militaryfamilies.psu.edu/>

<https://militaryfamilies.psu.edu/>

<https://www.psu.edu/>

<https://dodeagrants.org/>

Our goal is to provide school personnel with free, evidence-based resources to support military-connected students. This training is part of our *Suicide Prevention* series.

Important Reminders

Before starting this training, please read the items below carefully and check the box in front of each item to indicate your understanding.

- The following content discusses suicide and may be upsetting to some individuals.
- Follow all district, local, state, and federal regulations. This training is **NOT** intended to replace or override existing procedures or laws.

Introduction

What is the purpose of this training?

According to SAMHSA (2012), most students who are suicidal share their intentions with peers, but few peer confidants share this information with an adult. After establishing crisis protocols and staff training, student programs can be helpful in addressing suicide. The programs reviewed in this training include skill-building programs with at-risk students and school-based counseling treatments.

Objective

The goal of this training is to increase your confidence in your ability to:

Identify evidence-based programs and counseling treatments for at-risk students.

How confident are you in your ability to do this now?

Please click on the link below to submit your response.

https://pennstate.qualtrics.com/jfe/form/SV_6Gp3iBHlvhcTluR?modulenumber=suicide25

Verify that you have completed each of the tasks below before proceeding with this training.

Answered the survey question in the link.

Clicked the arrow underneath the survey question to submit your response.

Recorded the ID number provided after you submitted your answer to the survey question. You will need it to complete the survey at the end of this training.

Research

What is most important for me to know?

In most cases, the type and intensity of psychotherapy needed for students at risk of suicide is not provided within schools, and in-school services are not a substitute for psychiatric and medical services. However, not all schools have more intensive, community-based resources available. Therefore, the following section describes strategies and potential programs that may be required of student support personnel in your school system if there are not community-based resources available. Even if community-based resources are available, short-term delivery of evidence-based mental health interventions within the school setting could be beneficial for students—especially when provided in collaboration with community-based or medical mental health supports and intensive therapy.

Below you will find a list of school-based programs with positive to promising results according to the Continuum of Evidence developed by the Clearinghouse for Military Family Readiness at The Pennsylvania State University. Some are specific to suicide, while others are related to stress, coping, or NSSI.

<https://militaryfamilies.psu.edu/>

For more detailed information, use the links provided under each of the programs listed.

Suicide-Specific Programs

Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)

IPT-A is a short-term, manual-driven, outpatient treatment that focuses on the current interpersonal problems of adolescents (aged 12-18 years) with mild to moderate depression severity. IPT-A intends to help adolescents improve their skills in communication and social problem-solving, deal with current interpersonal problems, and increase their relationship satisfaction. The program is delivered by therapists, who should have a master's or doctoral degree in clinical or counseling psychology, or a master's degree in social work. Training is required to implement IPT-A.

Note: IPT-A is a time-limited intervention that is not intended for adolescents who are acutely suicidal or homicidal, abusing substances, have bipolar disorder, symptoms of psychosis, or an intellectual disability.

IPT-A is rated "Unclear +" on the Clearinghouse Continuum of Evidence.

https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1475

Multisystemic Therapy-Psychiatric (MST-Psychiatric)

MST-Psychiatric is a program designed to improve family relationships and reduce participants' mental health symptoms and suicidal behaviors, while allowing youth to spend more time in their natural environments rather than institutional settings (e.g., hospitals). While MST-Psychiatric is not listed as a school-based program on the Clearinghouse Continuum, the SPRC lists the program for middle school, high school, and community settings.

MST-Psychiatric is rated "Promising" on the Clearinghouse Continuum of Evidence

https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1503

General Therapeutic Interventions

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

CBITS uses cognitive behavioral therapy to help diminish symptoms, such as post-traumatic stress disorder, depression, and behavioral problems, which are often associated with exposure to traumatic experiences. This program is delivered to students in 5th through 12th grade.

CBITS is rated "Unclear +" on the Clearinghouse Continuum of Evidence.

https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_915

Grief and Trauma Intervention (GTI) for Children

GTI is a school-based or community-based program designed to decrease symptoms of post-traumatic stress, depression, and traumatic grief among children who are 6 to 12 years old and who have experienced the death of a loved one or witnessed or been a victim of violence or natural disaster(s).

GTI is rated “Unclear +” on the Clearinghouse Continuum of Evidence.

https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1343

Mindfulness-Based Stress Reduction (MBSR)

MBSR is a community-based, school-based, or work site group intervention designed to help participants (individuals who are 13 years old and older) manage and reduce stress and improve their ability to cope with challenging circumstances.

MBSR is rated “Promising” on the Clearinghouse Continuum of Evidence.

https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_680

Penn Resiliency Program (PRP)

PRP is a cognitive-behavioral school-based or medical setting prevention and early intervention program designed to be delivered to youth with risk factors for depression, such as elevated symptoms (i.e., targeted delivery), or it may be provided to all youth in a setting (i.e., universal delivery). The program's main goal is to teach skills that reduce depressive thinking patterns and promote positive coping styles.

PRP is rated “Promising” on the Clearinghouse Continuum of Evidence.

https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_2108

Trauma Focused Coping (TFC)

Also known as Multimodality Trauma Treatment, MMTT.

TFC is a community-based or school-based program that is designed to help reduce symptoms of trauma and Post-Traumatic Stress Disorder (PTSD) in children and adolescents in 4th to 12th grade.

TFC is rated “Unclear +” on the Clearinghouse Continuum of Evidence.

https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1078

Non-Suicidal Self-Injury

There are few school-based programs directly addressing non-suicidal self-injury (NSSI). Schools most likely refer to community resources for NSSI. When doing so, the referrer should be sure that the outside therapist has competency in this area. Generally, the results of a systematic review of psychological and pharmacological interventions points to the following interventions for reducing NSSI (Turner, Austin, & Chapman, 2014).

Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) is recommended because originally, it was created to address self-harm behaviors for those with borderline personality disorder (BPD) and has been extended to other populations.

DBT is reviewed for an adult population as a Promising program on the Clearinghouse Continuum.

https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1435

A more recent version of DBT for school settings is Skills Training for Emotion Problem Solving for Adolescents (DBT STEPS-A). This SEL curriculum for implementation at the middle or high school level has not been reviewed on the Clearinghouse Continuum of Evidence. The book by Mazza, Dexter-Mazza, Miller, Rathus, and Murphy (2016) includes 30 lessons and student handouts, and online access is also available for purchasers of the book. Lessons focus on skills related to dialectics, mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. More information can be found on the program website.

Manual-Assisted Cognitive Therapy (MACT)

Manual-Assisted Cognitive Therapy (MACT) is a brief, structured, problem-solving treatment. The therapy is designed to help clients better understand their NSSI behavior and reduce stress within six sessions and may include bibliotherapy or referral to longer mental health services.

Dynamic Deconstructive Psychotherapy (DDP)

Dynamic Deconstructive Psychotherapy (DDP) "is a manualized psychodynamic treatment for BPD patients with challenging co-occurring conditions that uses weekly individual sessions to increase clients' capacity to describe affective and interpersonal experiences in coherent narratives" (Turner, Austin, & Chapman, 2014).

Medication

Medication with evidence of effectiveness includes atypical antipsychotics: aripiprazole, naltrexone, and selective serotonin reuptake inhibitors (with or without cognitive-behavioral therapy). According to Turner, Austin, & Chapman (2014), "structured psychotherapeutic approaches focusing on collaborative therapeutic relationships, motivation for change, and directly addressing NSSI behaviors seem to be most effective in reducing NSSI. Medications targeting the serotonergic, dopaminergic and opioid systems also have demonstrated some benefits. Discussions regarding medication prescription and management should be referred to a psychiatrist or primary care physician.

Application

How might this look in my professional practice?

The goal of this training is to increase your confidence in your ability to:

Identify evidence-based programs and counseling treatments for at-risk students.

Based on your review of the programs, which of the following do you feel meet the unique needs of your school? Considerations may include the age of your students, current interventions available, qualifications of practitioners, cost, time required to implement, etc.

- Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1475
- Multisystemic Therapy-Psychiatric (MST-Psychiatric) - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1503
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_915
- Grief and Trauma Intervention (GTI) for Children - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1343
- Mindfulness-Based Stress Reduction (MBSR) - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_680
- Penn Resiliency Program (PRP) - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_2108
- Trauma Focused Coping (TFC; also known as Multimodality Trauma Treatment, MMTT) - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1555
- Dialectical Behavior Therapy (DBT) - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1435
- Emotion Regulation Group Therapy (ERGT) - <https://pubmed.ncbi.nlm.nih.gov/28982814/>
- Manual-Assisted Cognitive Therapy (MACT) - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4115373/>

- Dynamic Deconstructive Psychotherapy (DDP) - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1436
- Medication

Implementation

How can I effectively implement this content in my professional practice?

Please review the considerations below regarding potential implementation strategies, barriers to implementation, and collaboration strategies related to this content. This will help you coordinate the next steps as you begin to incorporate the information presented in this training into your professional practice.

This information can also be found on a handout that you will be able to download at the end of this training.

Implementation Strategies

- The selection of school-based programs must include a team of stakeholders to assess:
 - Whether the program addresses the specific need,
 - Whether the program is appropriate for your school, and
 - Identify necessary steps toward implementation in a staged fashion.

Overcoming Barriers to Implementation

- Issues related to cost, training, and sustainability of programs should be considered at the outset of selecting new programming to ensure feasibility.
- Redundancy of training (e.g., including multiple staff members) is helpful for making sure that no single professional is the only person competent to using the program.

Collaboration Strategies

- Regular assessment of program implementation needs (e.g., space, time, funds, training, consultation) is essential for sustained intervention of any program.
- Ongoing discussion with community mental health professionals to support better referral processes and collaboration will ensure better care for students and support for all professionals.

Resources

Are there any resources available to help me implement this content?

Click on the link below to download a tool that you can use to implement this content in your professional practice.

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:8ccb0b39-f046-449c-873e-b31e0d52d341>

These additional resources may also be helpful to you as you select a program for your school.

Continuum of Evidence

The Continuum is a repository of programs that have been reviewed by the Clearinghouse for Military Family Readiness at Penn State research and evaluation scientists. Programs are placed on the Continuum with descriptions to help individuals who serve military families make informed decisions regarding how to best serve these unique and valuable families. The Continuum of Evidence can be used free of charge.

<https://www.continuum.militaryfamilies.psu.edu/>

Program Implementation Toolkit

The Clearinghouse for Military Family Readiness at Penn State has reviewed the latest research around evidence-based programs, implementation science, and military families to create evidence-informed, easy-to-use resources for professionals. The tools and resources are designed to assist you through the program selection, implementation, and evaluation processes. You can use all of the tools and resources to help guide you through the entire process, or you can pick and choose the tools and resources that work best for your organization and the population you serve. All of the tools and resources are free of charge.

<https://militaryfamilies.psu.edu/resources/program-implementation-toolkit/>

Feedback

How can I help improve this training?

The objective of this training was to increase your confidence in your ability to:

Identify evidence-based programs and counseling treatments for at-risk students.

Answer the questions in the link below to let us know how well this training increased your confidence in your ability to accomplish this objective. Once you have answered all of the questions, click the blue arrow button underneath to submit your responses.

https://pennstate.qualtrics.com/jfe/form/SV_d771mLr9ZgW3kyx?modulenummer=suicide25

Verify that you have completed each of the tasks below.

Answered all of the survey questions above. You may have to scroll to see all of the questions.
Clicked the arrow underneath the last survey question to submit your responses.

Additional Readings

Where can I learn more about this content?

The following resources were used to create this training. If you would like more information about the information presented in this training, we encourage you to start here.

Continuum of Evidence: Clearinghouse for Military Family Readiness: A Penn State Applied Research Center. (n.d.). Retrieved October 16, 2020, from <https://www.continuum.militaryfamilies.psu.edu/>

Mazza, J. J., Dexter-Mazza, E. T., Miller, A. L., Rathus, J. H., Murphy, H. E., & Linehan, M. M. (2016). *The Guilford practical intervention in the schools series. DBT® skills in schools: Skills training for emotional problem solving for adolescents (DBT STEPS-A)*. Guilford Press.

Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved October 16, 2020, from <https://www.samhsa.gov/>

Turner, B. J., Austin, S. B., & Chapman, A. L. (2014). Treating nonsuicidal self-injury: a systematic review of psychological and pharmacological interventions. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 59(11), 576–585. <https://doi.org/10.1177/070674371405901103>.

Thank You!

Thank you for taking the time to complete this training. If you have any questions or comments, please email us at schoolresources@psu.edu.

Proceed to the next training

Click on the link below to move on to the next training titled *Outside Referral for Student Mental Health Services*. In this training, you will increase your confidence in your ability to respond appropriately to the possible outcomes on the suicide risk screening tool.

https://learning.militaryfamilies.psu.edu/school-resources/modules/suicide_26-outside-referral-for-student-mental-health-services_201022/

Return to the module directory

Click on this button to return to the module directory.

<https://schoolresources.militaryfamilies.psu.edu/modules/>