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An Occupational Therapy Perspective of a School-Based Suicide Prevention Program with a Peer-Mentorship Emphasis

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An Occupational Therapy Perspective of a School-Based Suicide Prevention Program with a Peer-Mentorship Emphasis

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APPROVAL

This Scholarly Project Paper, submitted by Maddie Bjornstad and Karyssa Kimery in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Nicole Harris

Signature of Faculty Advisor

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Date

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ABSTRACT

Suicide is one of the leading causes of death in adolescents today (Pisani et al., 2012; Katz et al., 2013). Zalsman et al. (2016), reported the recognition of suicide prevention as a public health priority has helped to encourage research, detection, treatment, and management of individuals at risk for suicide, however the implementation of proven, evidence-based, and cost-effective strategies are the duty of public health policy makers and healthcare providers. Occupational therapists are trained to help individuals determine what occupations are meaningful and completed in order to feel a sense of self-efficacy, therefore occupational therapy can play a critical role in suicide prevention (Entwistle, 2016).

Throughout the review of literature, it was noted there was a gap in literature pertaining to occupational therapy's role in suicide prevention with adolescents, however occupational therapy is supported within the realm of mental health services. Four main themes found among the literature review include contextual influences, the role of peer mentorship in providing mental health services to adolescents, current suicide prevention programs and strategies, and the potential role of occupational therapy with suicide prevention. This literature review was then used to create a comprehensive, suicide prevention program from the viewpoint of occupational therapy practice in a school-based setting.

The methodology of this scholarly project included a review of literature regarding critical components in need of examination when creating a suicide prevention program and how occupational therapy can facilitate this. Also included were consultations with high school administrators in regard to feasibility of implementation of such a program. Lastly, a procedure manual was created for implementation of this program by a school-based occupational therapist.

To address the national public health epidemic of suicide in adolescents, a procedural manual was created outlining a peer-mentor lead program including education regarding suicide and aspects relating to suicide, improvement of self-esteem and self-image, recognition of emotion and emotional regulation, and the overall influence of context, environment, and bullying. This program is designed to be supervised by an occupational therapist, however is facilitated by a peer-mentor who has undergone training by the occupational therapist. The hope is to decrease the overall rate of suicide or occurrence of suicide ideation and give adolescents the tools to improve aspects of their personal mental health.

CHAPTER I

INTRODUCTION

According to the American Foundation for Suicide Prevention there are 121 suicides per day on average in America (2017). The rate of suicide has continued to increase over the past decade and experts do not indicate a decrease in this trend (American Foundation for Suicide Prevention, 2017). School is the place where adolescents learn academics and develop social skills, emotional regulation, coping with stress, self-advocation, interacting with groups and making and keeping lasting friendships (AOTA, 2017a). Teenagers must transition from the middle school setting into high school which is a time for role identification, overcoming challenges, and adapting to new contexts. This transition can be a challenging time for many adolescents as it is a crucial time to define a student's long-term goals and future desires with increasing demands; therefore, a need for suicide prevention programing is indicated (AOTA, 2017b; Developmental Competencies & Resilience, 2016). Currently, the state of Wyoming requires at least eight hours of suicide prevention education every four school-years for all faculty members within the public-school system (American Foundation for Suicide Prevention, 2017). As of the 2017-2018 school year, the Department of Education will require all public-school faculty and personnel to receive at least two hours of suicide awareness and prevention training per year, however prior to this installment each state had policy that mandated suicide prevention training or enacted unique suicide prevention program within the school system (American Foundation for

Suicide Prevention, 2017). With this information, why does suicide continue to be a problem with such policies and programs in place? It is critical for high school students to participate in a well-rounded suicide prevention program during this transition. To do this, it is important to include some form of the peer mentorship model and other evidence-based methods.

The proposed suicide prevention program for this scholarly project is aimed at reducing the overall rates of suicide within adolescent and young adults by teaching coping strategies, how to identify and access resources, and when to seek help and identify when peers show suicidal tendencies. This program will be implemented within middle and high schools to target seventh, eighth, and ninth graders with a peer-mentorship focus. Peer mentors will be trained and provided materials to teach lessons to the adolescent population in four one-hour sessions structured into a school-day. The authors used Social Constructivism as the learning model to help structure and design the peer mentorship suicide prevention program and establish learning objectives, materials, and methods of information delivery to increase high school student knowledge of suicidality and recourses. Implementing a school-wide prevention program will also create opportunities and increase knowledge and awareness for those within the community, family-members, and school officials. It is anticipated that students will carryover lessons learned and generalize the skills into future transitions and challenging periods of life.

Occupational Therapists are specially equipped to deliver such an inclusive suicide prevention program lead by the peers. Occupational therapy addresses various contexts, age groups, and skills within this program giving it a unique perspective into the

national epidemic that is suicide and suicide prevention. Occupational therapists are trained to help individuals determine what occupations are meaningful and assist in making individuals feel self-efficacious, therefore occupational therapists have an opportunity to change the way suicide is identified and addressed.

The following chapters will review several topics related to the creation of the peer mentorship suicide prevention program. The current literature on the topics of the influence context has on suicidality, the benefits of peer mentorship, current suicide prevention programs, and the unique role occupational therapy has in prevention. Methodology used to create the peer led suicide prevention program, and the product that can be used to implement this in the future will also be included in the following chapters.

CHAPTER II

REVIEW OF LITERATURE

Current Problem

Suicide is one of the leading causes of death in adolescents today (Pisani et al., 2012; Katz et al., 2013). Globally, 877,000 lives are lost to suicide, accounting for 1.5% of the global burden of disease (Mann et al., 2005). In the United States, alone, $11.8 billion dollars are expended in relation to suicide, suicide prevention, and lost income or deficit related to suicide. (Mann et al., 2005). Suicide behavior has multiple possible causes including stressors, triggers, predisposition, sociocultural factors, past/current trauma, and convergence of genetic factors and environment (Mann et al., 2005; Zalsman et al., 2016). Zalsman et al. (2016), reported the recognition of suicide prevention as a public health priority has helped to encourage research, detection, treatment, and management of individuals at risk for suicide, however the implementation of proven, evidence-based, and cost-effective strategies are the duty of public health policy makers and healthcare providers.

The increased risk of suicidality is also linked to alcohol use according to a meta-analysis completed by Darvishi, Farhadi, Haghtalab, and Poorolajal (2015). The findings of the data analysis provided enough evidence to support the idea that alcohol use increases the risk for suicidality (Darvishi et al., 2015). Schilling et al. (2009) also completed a study related to alcohol use and suicidality, however, this study was directly related to adolescents. The results of the study by Schilling et al. (2009) also supported

the notion that alcohol use increases the risk for suicide ideation and attempts specifically. These studies both indicate a need for all-inclusive suicide prevention programing specifically targeting risk reduction related to suicidality.

For the purpose of this scholarly project adolescents will be defined as a person between the ages of ten and nineteen years of age. A smaller segment of the population, ninth and tenth graders, will be targeted in the program plan due to the large number of high school students enrolled in Natrona County. Through the remainder of this literature review the reader will understand the importance of suicide prevention, what a suicide prevention plan entails, and how occupational therapy can facilitate the instruction and design of a suicide prevention program in a unique and innovative way.

Contextual Influences

Adolescence is an age period characterized by increased independence and autonomy in roles and social fields (Pisani et al., 2012). Roles within different social fields can include family member, student, friend, community member, and more as each adolescent is involved in a variety of contexts and patterns. With opportunities to interact with different social groups and contexts, adolescents have the opportunity to build skills and relationships that can aid them in times of crisis (Pisani et al., 2012). Adolescence is also a time in which independence and time spent alone is appreciated, however they can also experience a greater sensitivity to loneliness (Danneel, Maes, Vanhalst, Bijttebier, & Goossens, 2017).

Contexts influence individuals' behaviors in a multitude of ways including suicidal thoughts and actions. For adolescents, contexts and environment can include that of physical, social, virtual, cultural, and institutional. Research completed by Denny et al.

(2015) determined the physical, social, and institutional characteristics of a context do in fact impact the risk for suicide. The virtual context is largely influential to an individual's' thought and behaviors related to suicidality (Schneider, O'Donnell, Stueve, & Coulter, 2012). Over 20,000 high school students, grades nine through twelve, completed a survey pertaining to bullying for this research study and as a result the researchers reported over fifteen percent of the students reported that they were cyberbullied within the last year (Schneider et al., 2012). The researchers also found a strong association with psychological distress and those who are bullied in any number of virtual manners such as social media, text messaging, and/or some other form of electronic communication (Schneider et al., 2012). A suicide prevention program created by the Canadian Occupational Therapy Association included the social environment as a factor that contributes to suicidal actions, mainly homing in on social media (Canadian Association of Occupational Therapy, 2014). These pieces of evidence suggest social contexts are critical to consider in the prevention of suicide. In another research study of about 1,500 high school students, the researchers indicated there was a significant direct association between cyberbullying and suicide attempts only for males (Bauman, Toomey, & Walker, 2013). Bullying victimization has been linked to internalizing symptoms associated with depression and anxiety according to authors Bang & Park, (2017). Each of the studies previously discussed in relation to the influence virtual contexts have on suicidal thoughts and behaviors are critical components to consider in relation to the development of a program plan to prevent suicide.

Culture is another crucial context which must be considered when implementing suicide prevention programs (Goldston, Molock, Whitbeck, Murakami, Zayas, & Hall,

2008). A group of authors discussed the multitude of factors that influence suicidality among various cultures; some of the main differences between the cultures included the engagement in various roles depending on the individual's culture, religion or spirituality, the different manner stress and anxiety is manifested by cultures, and cultural stigmas of help-seeking behaviors (Goldston et. al., 2009). Culture influences suicidality in a myriad of ways therefore, one must address and include culture and cultural considerations when designing a prevention program. The numerous components related to contextual influences must be carefully considered when designing a suicide prevention program plan as evident by the previously reviewed studies.

The social context was also examined further in order to better understand the risk factors linked to suicidality. Researchers sought to measure and understand individuals' perceptions of their social environment in relation to suicidal ideation (Pisani et al., 2012; Denny, Wadsworth, Rogers, & Pampel, 2015). The study by Pisani et al. (2012) was intended to determine if there was evidence to support prevention strategies that change individuals' social environments to promote help-seeking behaviors in adolescents with suicidal ideation (Pisani et al., 2012). Results suggested changing the individual's' perceptions of their social influences can be beneficial in the prevention of avoiding asking for help when having suicidal ideation (Pisani et al., 2012).

School-based interventions support the use of programs that offer safe environments, encouragement and support, empowering activities, and specific guidelines for appropriate behavior such as the use of peer mentorship programs (King, Vidourek, Davis, & McClellan, 2002). Pisani et al. (2012) demonstrated that students were twice as likely to disclose suicidality to friends or peers rather than to adults,

however this occurred in less than 15% of their overall sample and only 50% of the time when suicidal ideation arose. Researchers also noted that adults are primary gatekeepers to mental health services for adolescents and adolescents may not have the tools to communicate effectively with adults about such a sensitive topic (Pisani et al., 2012). Kirsch et al. (2014), found that college-age students will turn to individuals with similar diagnoses or a peer before they will turn to a mental health professional or faculty member. Mentoring relationships have been found to foster positive development and health among adolescents by encompassing mechanisms of provision of social support, role modeling, opportunities to develop new skills, advocacy, and connectedness to the student's school, parents, and peers (Karcher, 2005; DuBois & Silverthorn, 2005).

Peer Mentorship

Students have a natural inclination to assist their peers when participating in peer mentorship programs (Kirsch et al., 2014). This is evident in student populations at the high school and college levels (Karcher, 2005; Kirsch et al., 2014). Peer mentorship models have also been used in programs that target skill development in groups and individuals struggling with guidance, support, and skills associated with age, development, sexual orientation, academic attitudes and overall connectedness and identity (Allen, Hammack, & Himes, 2012; Karcher, 2005). Peer mentorship program have been integrated into hospital-based mental health programs, community-based wellness programs and school-based programs (Kirsch et al., 2014; Karcher, 2005).

According to Kirsch et al. (2014) about half of college students with mental illnesses drop out, without ever accessing mental health services. The proposed suicide prevention program will facilitate the development of coping skills, resource

identification which will assist students in high school as well as in college to hopefully reduce the rate of dropouts. Programs that utilize peer mentoring to deliver and implement skills and strategies show promising results within adolescent mental health and well-being, however those programs must be implemented into comprehensive intervention programs (DuBois & Silverthorn, 2005).

Current Suicide Prevention Programs

According to Gutman & Raphael-Greenfield (2014), approximately one-third of all occupational therapists practice in a school system, but research between the years of 2009-2013 showed few therapists were addressing psychological issues with children. Miller, Eckert, & Mazz (2009), found through a systematic review that a comprehensive approach would be best when identifying topic areas of suicide ideation. Many areas should be included in a suicide prevention program to facilitate a positive experience. Miller et al. (2009), identified several areas found through a systematic review to include. These topics included interpersonal communication skills, activities related to social support, mood management, education on depression/suicide and how it relates to mental illness, self-esteem enhancement, decision making skills, personal control training, coping skills, problem-solving skills, reinforcement of strengths, self-efficacy, identifying vulnerability, issues related to drug and alcohol abuse, and reduced severity and frequency of symptoms related to depression including anxiety (Miller et al., 2009). Mann et al. (2005), also emphasized the importance of education on resources in one's community, policy changes to encourage help-seeking behaviors, and finding ways to reduce stigma associated with depression, anxiety, suicidal ideation, and seeking help. Occupational therapists are trained to address psychological problems which cause

deficits in the skills listed above Gutman & Raphael-Greenfield (2014). In addition, occupational therapists are skilled advocates for clients, help individuals identify resources in their communities, and trained in methods to assist in the reduction of maladaptive coping methods Gutman & Raphael-Greenfield (2014).

It is also important to examine who would be providing suicide prevention interventions. Through various systematic reviews, evidence suggested several school-related professionals and medical professionals responsible for providing intervention. No evidence was found that reported occupational therapists as service providers for suicide prevention programs, although they are trained to do so. Across all service providers, services are traditionally provided by physicians, school psychologists, teachers, guidance counselors, school nurses, public health nurses, caregivers, and clergy members (Mann et al., 2005; Miller et al 2009). There is also strong evidence to show the positive effects of having peer mentors and peer leaders deliver suicide prevention programs in high schools (Wyman et al., 2010). The most common places to provide services include mental health clinics, schools, and religious affiliations (Mann et al., 2005; Miller et al., 2009;). Research efforts focused on settings related to adolescents aged 15-24 years of age. For this reason, the majority of literature is related to school-based suicide prevention interventions. First, the approach should be described. Commonly in school-based public health programs, a three-tiered model approach is implemented which includes a universal level, a selective level, and an indicated level (Miller et al., 2009). The universal level focuses on all individuals of a given population; the selected level is comprised of a group of individuals at a greater risk of symptoms or with a specific condition; the indicated level focuses on intervention on a specialized and

individualized perceptive (Miller et al., 2009). Overall, it was found that the universal is one of the more frequently seen approaches throughout the literature therefore it will be implemented into the suicide prevention program. Professionals including the school psychologists, administrators, teachers and personnel may be involved in a universal school-based intervention. In other school-based suicide prevention programs, a school psychologist tends to be responsible for screening students or conducting evaluations (Miller et al., 2009). The school administers could be responsible for conducting meetings to choose an appropriate program or curriculum approach for addressing suicide (Miller et al., 2009). Teachers and school personnel may be responsible for implementing programs and curriculum (Miller et al., 2009).

The Role for Occupational Therapy

It is important to determine potential roles of occupational therapists in the prevention of suicide in high school students in order to properly create a prevention program specific to occupational therapy. All searches for a statement(s) by the American Occupational Therapy Association (AOTA) pertaining to occupational therapy's role in suicide prevention in general were unsuccessful. There were many statements related to depression, general mental health, and bullying, but none pertaining to the prevention of suicide specifically. The statement AOTA has on depression does mention suicidal thoughts and actions that can occur as a result of depression (Opp, 2017). AOTA's fact sheet on the benefit of occupational therapy for children and youth with mental illness included several reasons why occupational therapists can help in this area (Arbesma, Bazyk, & Nochajski, 2013; Jones, Greenberg, & Crowley, 2015). Occupational therapists are skilled at examining the factors which facilitate or

hinder performance in occupations and roles. The factors can be related to various contexts, skill sets of the individual, and collaboration with others including parents, educators, social workers, and administrators (Arbesma, Bazyk, & Nochajski, 2013; Jones, Greenberg, & Crowley, 2015).

Since this is the only statement AOTA has in relation to suicide, other countries' views of occupational therapy's role in preventing suicide were further examined. A Canadian company called Entwistle Power Occupational Therapy, which aims to inform the public about occupational therapy, does include the role of occupational therapy in suicide prevention. The web page states that suicide is a problem due to the high prevalence, and the how and why occupational therapy can be effective in suicide prevention. Re-engagement in previously enjoyed occupations is one type of intervention according to Julie Entwistle co-owner of Entwistle Power Occupational Therapy (2016). One randomized controlled trial completed outside of the United States showed evidence that occupational therapy intervention showed positive results on promoting emotional wellbeing in adolescents and supports the initiative to continue investing this area of occupational therapy (Tokolahi, E., Hocking, C., Kersten, P., & Vandal, A. C., 2014). Occupational therapists are trained to help individuals determine what occupations are meaningful and completed in order to feel a sense of self-efficacy, therefore occupational therapy is a critical part of suicide prevention (Entwistle, 2016).

Purpose

It is obvious suicide prevention is a critical component in the health and safety of our youth; however, critical components are often left out of programs. Key points pertaining to context and components of a program plan were identified. Suicide

prevention programs require the work of many professionals such as teachers, physicians, occupational therapists, and others in order to be effective. Occupational therapy can fill a specific role in the prevention of suicide by changing context, changing roles, emphasizing strengths, and utilizing self-management techniques. Through the program plan occupational therapy's role in suicide prevention programs will be identified and the hope is to improve current programs which do not include key components.

Occupation-Based Model

The Person-Environment-Occupation (PEO) model (Baptiste, 2017) was selected to guide this program. This model emphasizes how a change in the institutional environment can impact a person's availability of resources, access to benefits, education, and overall support (Baptiste, 2017). This model highlights a transactive relationship between the person and their environment. Environment and contexts are key components within this program and how they impact the students and their roles and behaviors associated with their individual occupations. This model will focus on identifying the strengths of the individuals involved, as well as the problems to find an appropriate "fit" between the person, occupation, and environment in the hopes of creating individual satisfaction and overall suicide ideation (Baptiste, 2017). When looking at the person, this program will reflect the key components related to the model including physical, cognitive, sensory, affective, and spiritual. This program will also reflect the various environmental components of the PEO model including physical, social, cultural, institutional, and virtual (Baptiste, 2017) The aim of this program is to use the PEO model to guide this suicide prevention program in the hope of increasing individual occupational performance in areas of need and decreasing rates or suicidality.

Educational Model

Social Constructivism hypothesizes that individuals create their own versions of learning and that human development are influenced by social and cultural context surrounding those individuals (Bastable, Gramet, Jacobs, & Sopczyk, 2011). Learning is also influenced by social interaction and collaboration of emotions, interpretations and responses to information and experiences of the learning situation (Bastable et al., 2011). In the development of this program, social and cultural contexts have large influences on how adolescents experience developmental changes associated with this period of their life (Danneel, Maes, Vanhalst, Bijttebier, & Goossens, 2017). Social Constructivism will guide the delivery of this program's content from peer mentors to student participants. The use of peer mentorship is one example of a social context of a cause-and-effect relationship that will support individual formulation of idea, collaboration of experience, and integration of cultures in the hopes of creating positive outcomes (Bastable et al., 2011).

Program Overview

As a result of this literature review a suicide prevention program was created. The intended population was high school students in Natrona County high school enrolled in ninth or tenth grade. This program will be conducted by occupational therapists whom are employed at the high schools. A peer mentorship aspect was incorporated into the program when selected peers present the information to their peers. Four sessions will occur during the course of the school year. Thus, it is anticipated that a peer led suicide prevention class will be held every other month of the school year. During the months the course is not being conducted, the peer mentors will

be trained on the following month's materials. This program is intended to increase overall competency about suicidality, teaching students a variety of coping skills, increase skills related to building a positive self-image, and help students identify resources available.

CHAPTER III

METHODOLOGY

Personally affected by suicide, the authors were motivated to further explore occupational therapy's role in suicide prevention and the implementation of such programs within school-based settings. The authors both have previous experience with close friends or family members completing the act of suicide. To begin this process, the authors completed a literature review to determine current programs and areas of need within adolescent mental health and occupational therapy's role in this national epidemic. Through the review of literature utilizing CINAL PsycINFO, PubMed, and Google Scholar, the authors discovered a lack of occupational therapy literature directly related to suicide prevention as well as documented ineffectiveness of current suicide prevention program across other professions.

The authors then collaborated with the University of North Dakota Occupational Therapy Program faculty to determine a course of action in addressing this issue. It was determined that creating a peer mentorship suicide prevention program from an occupational therapy point of view would address this current need. Social Constructivism Learning Model was selected to guide creation and method of delivery of educational materials by the authors.

Once an outlined plan was created, the authors conducted a comprehensive literature review based on their previous research pertaining to the current role of occupational therapy within suicide prevention, the emphasis on contexts and transitions

that adolescents experience, and strategies of current suicide prevention programs that are evidenced-based and affective. The authors found sources related to community-based suicide prevention programs, school-based peer mentorship programs, and the strong influence of context. Overall, the authors found numerous sources regarding suicide prevention and a lack of sources regarding occupational therapy's role in this problem. Once all the information was reviewed and analyzed the authors began the creation their scholarly project while integrating all information from the literature review. The product contains educational materials that can be used to implement a peer-lead suicide prevention program with the school-based setting delivered by the occupational therapist currently employed in the school district. The educational materials are intended to be delivered during four sessions that are one hour each in length.

After completing the product, the authors continued to work with their scholarly advisor to make revisions to the final scholarly project. As the final revisions to the scholarly product were completed, the authors formatted the sections into introduction, review of literature, methodology, product, and summary. The final product can be found in Chapter 4.

CHAPTER IV

PRODUCT

An Occupational Therapy Perspective of a School-based Suicide Prevention Program with a Peer Mentorship Emphasis

Procedures Manual: A Guide to Preparing the Instructor

Introduction to the Educator

The materials presented within this manual were created using the learning theory of Social Constructivism and the principles of the Person-Environment-Occupation Model. Information provided below summarizes the objectives and principles used in the educating of peer mentors for this school-based suicide prevention program. It is recommended that this manual be used to guide the instruction of peer mentors, so they may facilitate a positive learning experience for the students enrolled in the suicide prevention program.

The Application of Social Constructivism Theory

Social Constructivism hypothesizes that individuals create their own versions of learning and that human development are influenced by social and cultural context surrounding those individuals (Bastable, Gramet, Jacobs, & Sopczyk, 2011). Learning is also influenced by social interaction and collaboration of emotions, interpretations and responses to information and experiences of the learning situation (Bastable et al., 2011). This program is based in exploration of content, sharing beliefs, and creating new levels of relating the material learned. Through the process of social interaction and collaboration the objectives of the program will be reinforced.

The Application of the PEO Model

The Person-Environment-Occupation (PEO) model was selected to guide the creation of this product. This model emphasizes how a change in the institutional environment can impact a person's availability of resources, access benefits, education, and overall support (Baptiste, 2017). Sessions two through four were created with one of the components (person, environment, or occupation) as the main emphasis while still being related to suicide prevention. The three components were then tied together to examine the transactional relationship between the components during the last session. The students were encouraged in many ways to examine the components in order to change some portions of the component(s) in order to have a better fit for the completion of all occupations.

Use of Materials

Through the use of the following materials there are recommendations of how to incorporate these assumptions and principles. Your job as the facilitating occupational therapist is to equip the peer mentor with the strategies and tools to facilitate the learning process.

Session One:
Objectives:
1. The learners will be able to identify the purpose of the suicide prevention program to another peer by the conclusion of this session.
2. The learner will be able to express four symptoms related to suicide as demonstrated by the participation in group activities throughout the session.
3. The learners will be able to list at least three warning signs, risk factors, and/or behaviors related to suicide ideation by the conclusion of the session.
4. The learners will be able to identify one resource that is applicable to their future use at the end of the session.

Session Two:
Objectives:
1. The learners will be able to describe at least one topic that was discussed in the previous session.
2. The learners will participate in a small group activity which introduces the application of the environmental component of the PEO model.
3. The learners will be able to identify three impacts their contexts and environments have on their daily life by the conclusion of the session.
4. The learners will be able to apply the ideas of the lecture material to their daily life.

Session Three:
Objectives:
1. The learners will be able to list one word or thought that they relate to anxiety or depression by the end of the session.
2. The learners will be able to identify their feelings or emotions related to symptoms of anxiety or depression at the conclusion of the session.
3. The learners will be able to identify a process of solving problems they face throughout a given day by the end of this session.
4. The learners will be able to list three reliable people they can seek further assistance from related to suicide at the conclusion of the session.

Session Four:

Objectives:

1. The learners will be able to reflect on their personal viewpoint of themselves as demonstrated by the participation in an activity.
2. The learners will be able to identify at least two negative effects of internalization by the end of the session.
3. The learners will be able to choose one positive characteristic of their self-esteem or self-image as demonstrated by the completion of an activity.
4. The learners will be able to describe at least three new coping skills they plan to use in the future at the conclusion of the session.
5. The learners will be able to integrate the principles of the PEO model learned in this session and the previous sessions to create a visual representation of themselves.

Final Notes

Please take into consideration the objectives and principles mentioned within this manual. The manual should be used as a guide to facilitate this program implementation. Adaptations and changes to the sessions or activities can be made as long as the occupational therapist facilitating this program believes the objectives are upheld and the principles are integrated throughout the teaching materials.

Session One

Session I: Education and Resource Identification

1. Peer Mentor will write these objectives on the board at the beginning of the session:
    a. Objectives:
        i) The learners will be able to identify the purpose of the suicide prevention program to another peer by the conclusion of this session.
        ii) The learners will be able to express four symptoms related to suicide as demonstrated by the participation in group activities throughout the session.
        iii) The learners will be able to list at least three warning signs, risk factors, and/or behaviors related to suicide ideation by the conclusion of the session.
        iv) The learners will be able to identify one resource that is applicable to their future use at the end of the session.

2. Introduction to the Program with a Conversation (5-10 minutes)
    a. Peer mentor to Introduce himself/herself.
    b. Peer mentor to read the objectives written on the board.
    c. Peer mentor to ask: What is the purpose of this program?
        i) Guided Questions for the Students:
            (1) What do everyone know about suicide?
            (2) Has suicide affected you in any way, directly or indirectly? (Expand if necessary)
            (3) What are your thoughts about suicide?
            (4) Are there any suicide prevention resources you know of? Do you know how to access these resources?
    d. Peer mentor to explain the purpose of this program
        i) State these topics which will be covered in the program
            (1) General education about suicide
            (2) Resource Identification
            (3) The influences of environment
            (4) The influences of bullying
            (5) How to cope with life's challenges?
            (6) What are strategies that can be used to increase self-esteem?
            (7) What behaviors are related to suicide and how can students recognize these behaviors?
    e. Peer mentor to explain Confidentiality of this program to encourage open conversation; then hand out confidentiality agreement
3. Warm-up Activity (15 minutes)
    a. Inside-the-Box:
        i) Peer mentor to explain that each student will use the boxes worksheet provided to create a representation of some of the symptoms related to suicide. Select four symptoms from the list below, state one feeling at a time and read to the student, "This cube is a person's mind. Draw what you think that feeling represents in your mind."

(1) Anxious, sad, helpless, lonely, disconnected, hopeless, agitated/annoyed, pain

4. Educational PowerPoint (15 minutes)
    a. Peer mentor will present given PowerPoint to the students. Take time to walk through each slide and allow students to reflect and ask questions when indicated
5. Discussion questions (15 minutes)
    a. Peer mentor to lead a large group discussion using these questions.
        i) What are some facts about suicide you learned today?
        ii) Did anything about this presentation surprise you?
            (1) What risk factors surprised you?
        iii) Can you relate to any of these symptoms or have you felt any of these symptoms before?
        iv) What questions do you still have about suicide?
6. Wrap-up activity
    a. Peer mentor to lead a discussion about resources.
        i) What current resources for those experiencing suicidal thoughts do you know about?
    b. Peer mentor will hand out worksheet about identifying personal resources
        i) Ask if anyone is willing to share their responses
    c. Peer mentor will hand out Resources Available Handout
7. Summary
    a. Peer mentor will:
        i) Remind group about confidentiality
        ii) Summarize points discussed in today's session
        iii) Ask if anyone has any questions
        iv) State your hours available if anyone would like to speak afterwards
        v) State the day for the next session and a brief statement about what will be discussed next session.

An Occupational Therapy Perspective of a School-Based Suicide Prevention Program with a Peer Mentorship Emphasis Confidentiality Agreement

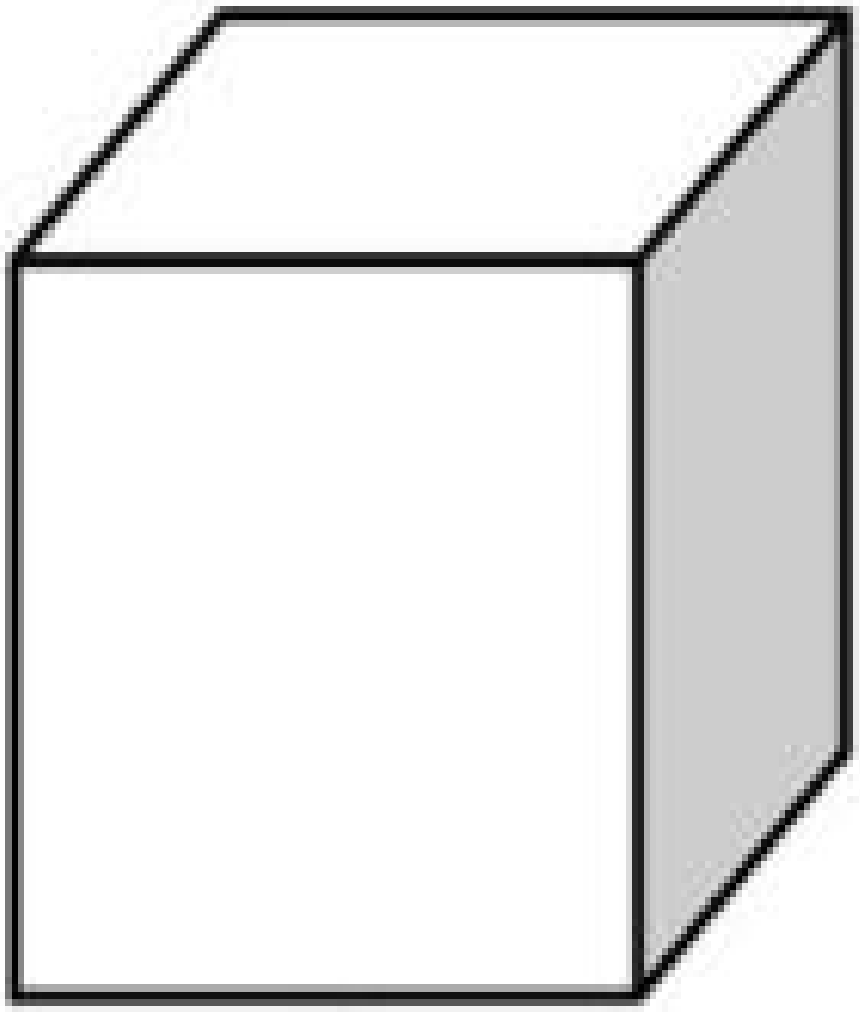
Confidentiality agreement: All members of this groups have the right to confidentiality and privacy. This means that all information shared with the group, the peer mentor, and others within the classroom will not be shared with anyone else. If the peer mentor or another adult is worried about the safety of a student however they are required to report this information. You are not allowed to share the information about others in the group with anyone. You are also not allowed to discuss anything about other group members outside of the group. You are able to discuss the general facts you learn in the class as long as it is not specific to one person.

By signing below, you have carefully read the above statements and agree not to disclose information that is discussed within the group that is personal to someone.

_____ _____

Student Signature Date

Inside-the-Box



Identifying Personal Resources

The people you can talk to inside of school include...

_____

_____

_____

_____

_____

_____

_____

_____

The people you can talk to outside of school include...

_____

_____

_____

_____

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_____

_____

Resources Available

National Suicide Prevention Online Chat

Chat online with a professional when feeling emotional distress or in an emotional crisis. These professionals can also provide other resources that may be helpful to individual situations.

http://www.suicidepreventionlifeline.org/

National Suicide Prevention

1–800–273-TALK (8255)

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress.

Society for the Prevention of Teen Suicide

http://www.sptsusa.org/teens/find

- Specific information related to teens.
- Information to help yourself.
- Information to help a friend.
- Information for how to cope if a friend completes the act of suicide.

Crisis Text Line

Text with a trained specialist at any time.

Text "HOME" to 741741

These people can help with many other forms of crises as well.

This is a free service.

The Trevor Project

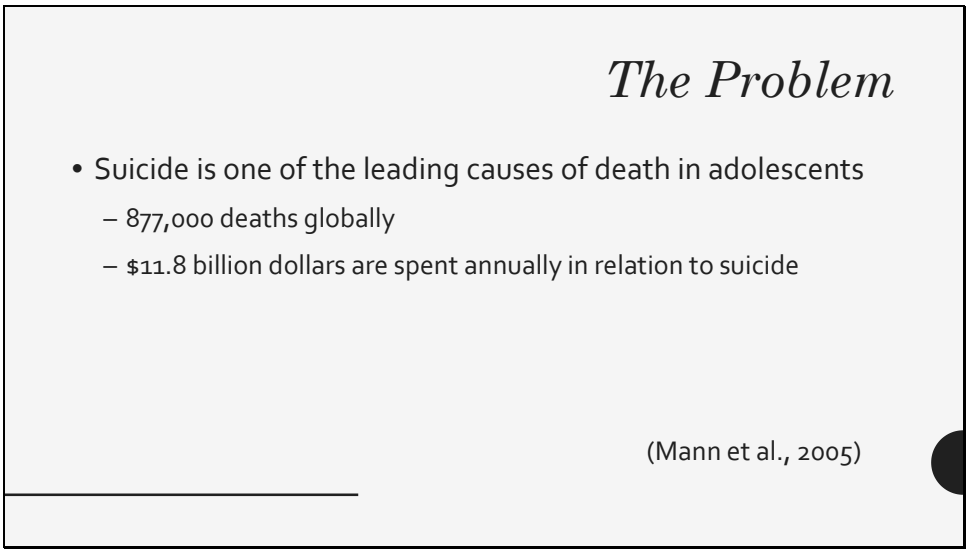
The website provides crisis intervention services and suicide prevention services are provided to those who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth ages 13-24. The Trevor Project also has a phone hotline and online chat for these individuals.

- http://www.thetrevorproject.org/
- 1-866-488-7386 (hotline available for free 24 hours a day)
- TrevorChat is found at www.thetrevorproject.org/chat (online for 6 hours a day)
- TrevorText is started by texting "Trevor" to 202-304-1200 (This is available on Fridays starting late in the afternoon until the early evening)

Slide 1


Education & Resource Identification
Created by Maddie Bjornstad, MOTS & Karyssa Kimery, MOTS

Slide 2

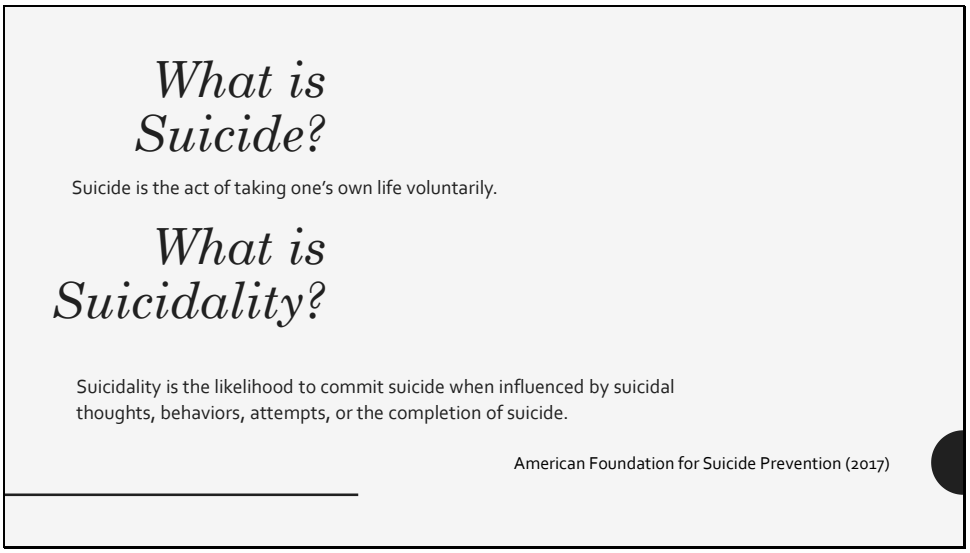


Notes to Presenter:

Suicide is one of the leading causes of death in adolescents today (Pisani et al., 2012; Katz et al., 2013). Globally, 877,000 lives are lost to suicide, accounting for 1.5% of the global burden of disease (Mann et al., 2005). In the United States, alone, $11.8 billion dollars are expended in relation to suicide, suicide prevention, and lost income or deficit related to suicide. (Mann et al., 2005).

Pause and allow a period of reflection.

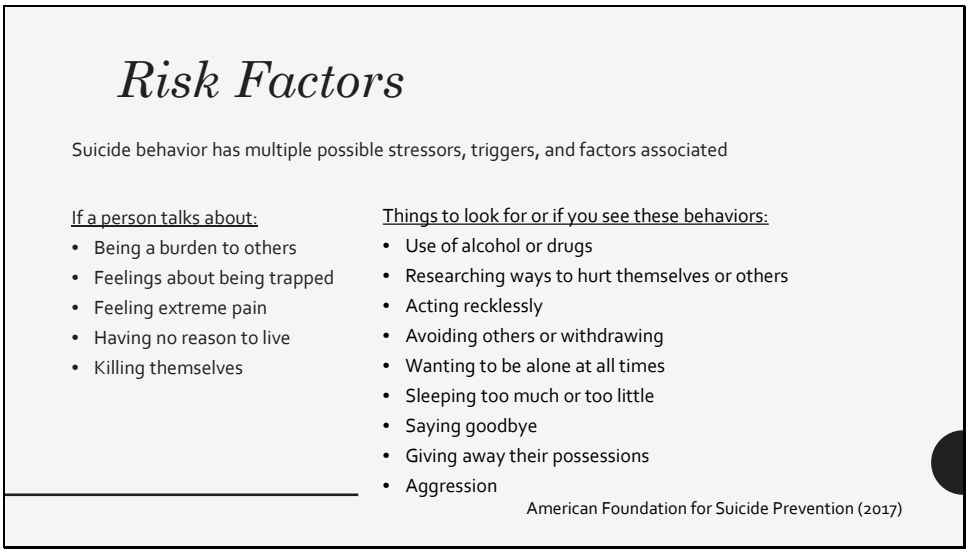
Slide 3



Notes to Presenter:

Read the definitions as stated.

Slide 4



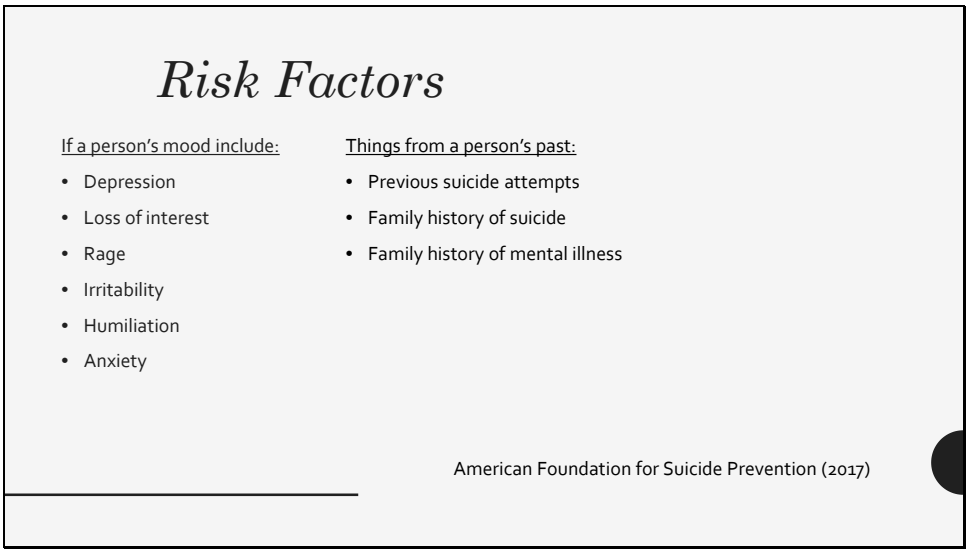
Notes to Presenter:

Read lists.

Read the following statement: Reflect on a time you've heard a friend talk about any of these things or if you have seen any of these behaviors.

American Foundation for Suicide Prevention (2017)

Slide 5



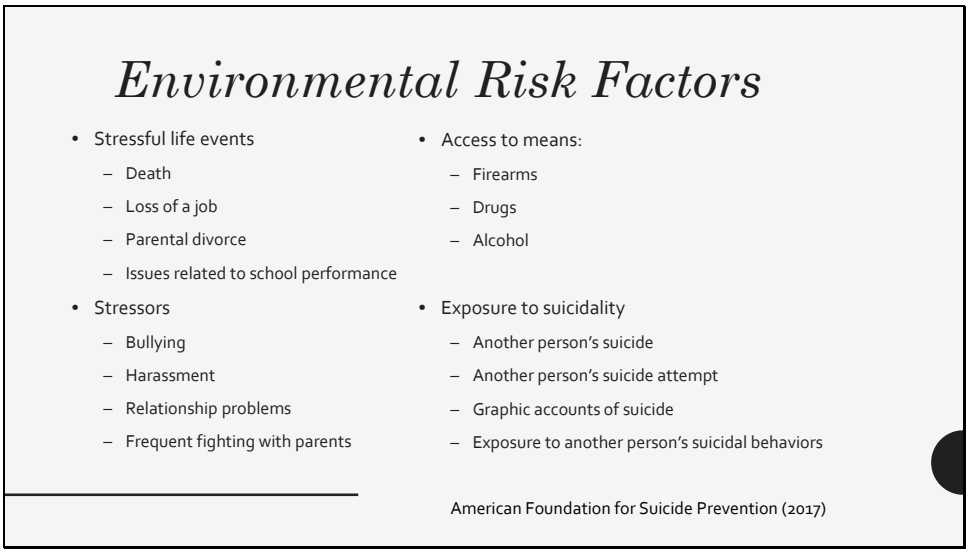
Notes to Presenter:

Read lists.

Read the following statement: Reflect on these risk factors.

American Foundation for Suicide Prevention (2017)

Slide 6



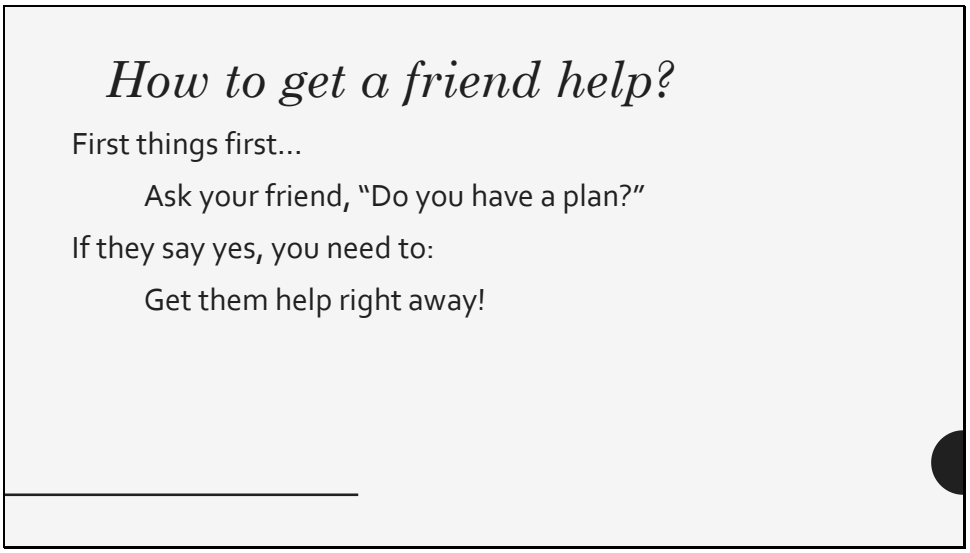
Notes to Presenter:

Ask the learners the following questions:

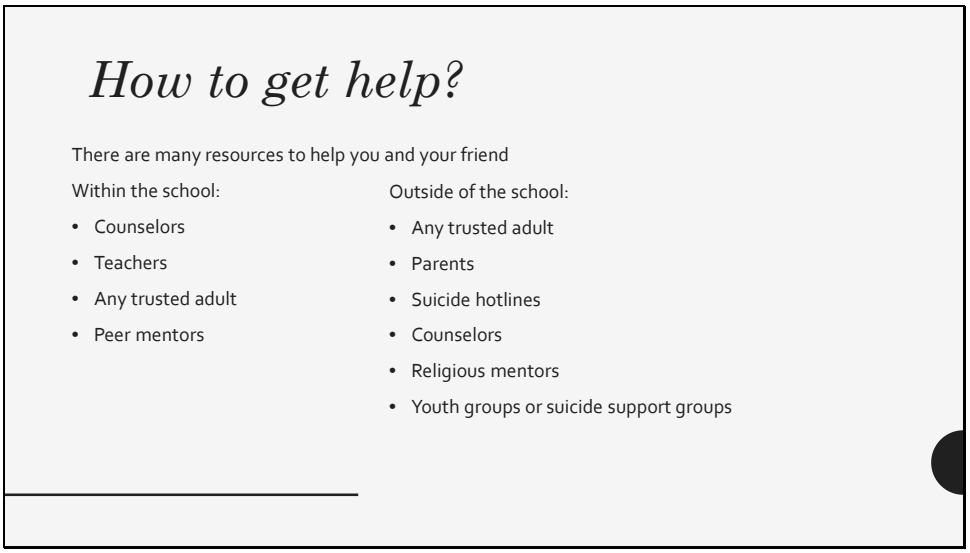
- What are your thoughts on access to alcohol?
- Why do you think that on the list?

Give time for reflection.

Slide 7


How to get a friend help?
First things first…
Ask your friend, "Do you have a plan?"
If they say yes, you need to:
Get them help right away!

Slide 8



Notes to Presenter:

Inform the students that at the end of this session, students will receive a handout with details about multiple suicide resources

Slide 9

Notes to the Presenter:

Strategies to start the conversation:

Identify the signs or risk factors you are seeing and asking,
"Are you ok?"
"Is there anything going on?"
"Do you need help?"
"Have you considered any resources?"
"How can I help you?"
"What can I do?"

Show your friends support and that you are there to help.
Identify several different resources in and outside of school.

The overall goal is to get them help in any way they need.
"Come with me, let's go talk to someone."

However, if your friend is not interested in receiving the help they need, you must go to a trusted adult and express the concerns for their friend.

Clarify to students that in the end, it is your friend's choice. You can only help them as much as they want to help themselves. (giving resources, talking to an adult, being there for your friend, etc.)

Slide 10

References

American Foundation for Suicide Prevention (2017). *Risk factors and warning signs.* Retrieved from https://afsp.org/about-suicide/risk-factors-and-warning-signs/

Katz, C., Bolton, S., Katz, L. Y., Isaak, C., Tilston-Jones, T., & Sareen, J. (2013). A Systematic Review Of School-Based Suicide Prevention Programs. *Depression and Anxiety (May, 2013).* doi:10.1002/da.22114

Mann, J. J., Apter, A., Bertolote, J., Beautrais, A., Currier, D., Haas, A., . . . Hendin, H. (2005). Suicide prevention strategies: A systematic review. *The Journal of the American Medical Association, 294*(16), 2064. doi:10.1001/jama.294.16.2064

Pisani, A. R., Schmeelk-Cone, K., Gunzler, D., Petrova, M., Goldston, D. B., Tu, X., & Wyman, P. A. (2012). Associations between suicidal high school students' help-seeking and their attitudes and perceptions of social environment. *Journal of Youth and Adolescence,41*(10), 1312-1324. doi:10.1007/s10964-012-9766-7

Education & Resource Identification

Created by Maddie Bjornstad, MOTS & Karyssa Kimery, MOTS

The Problem

- Suicide is one of the leading causes of death in adolescents
  - 877,000 deaths globally
  - $11.8 billion dollars are spent annually in relation to suicide

(Mann et al., 2005)

What is Suicide?

Suicide is the act of taking one's own life voluntarily.

What is Suicidality?

Suicidality is the likelihood to commit suicide when influenced by suicidal thoughts, behaviors, attempts, or the completion of suicide.

American Foundation for Suicide Prevention (2017)

Risk Factors

Suicide behavior has multiple possible stressors, triggers, and factors associated

If a person talks about:
- Being a burden to others
- Feelings about being trapped
- Feeling extreme pain
- Having no reason to live
- Killing themselves

Things to look for or if you see these behaviors:
- Use of alcohol or drugs
- Researching ways to hurt themselves or others
- Acting recklessly
- Avoiding others or withdrawing
- Wanting to be alone at all times
- Sleeping too much or too little
- Saying goodbye
- Giving away their possessions
- Aggression

American Foundation for Suicide Prevention (2017)

Risk Factors

If a person's mood include:
- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

Things from a person's past:
- Previous suicide attempts
- Family history of suicide
- Family history of mental illness

American Foundation for Suicide Prevention (2017)

Environmental Risk Factors

- Stressful life events
  - Death
  - Loss of a job
  - Parental divorce
  - Issues related to school performance
- Stressors
  - Bullying
  - Harassment
  - Relationship problems
  - Frequent fighting with parents
- Access to means:
  - Firearms
  - Drugs
  - Alcohol
- Exposure to suicidality
  - Another person's suicide
  - Another person's suicide attempt
  - Graphic accounts of suicide
  - Exposure to another person's suicidal behaviors

American Foundation for Suicide Prevention (2017)

How to get a friend help?

First things first…

Ask your friend, "Do you have a plan?"

If they say yes, you need to:

Get them help right away!

How to get help?

There are many resources to help you and your friend

Within the school:

- Counselors
- Teachers
- Any trusted adult
- Peer mentors

Outside of the school:

- Any trusted adult
- Parents
- Suicide hotlines
- Counselors
- Religious mentors
- Youth groups or suicide support groups

Starting the Conversation

What if your friend says no to having a plan, but you're seeing multiple risk factors?

Have a conversation.

Show your are there to help.

Identify resources.

Be open.

References

American Foundation for Suicide Prevention (2017). *Risk factors and warning signs.* Retrieved from https://afsp.org/about-suicide/risk-factors-and-warning-signs/

Katz, C., Bolton, S., Katz, L. Y., Isaak, C., Tilston-Jones, T., & Sareen, J. (2013). A Systematic Review Of School-Based Suicide Prevention Programs. *Depression and Anxiety (May, 2013).* doi:10.1002/da.22114

Mann, J. J., Apter, A., Bertolote, J., Beautrais, A., Currier, D., Haas, A., . . . Hendin, H. (2005). Suicide prevention strategies: A systematic review. *The Journal of the American Medical Association, 294*(16), 2064. doi:10.1001/jama.294.16.2064

Pisani, A. R., Schmeelk-Cone, K., Gunzler, D., Petrova, M., Goldston, D. B., Tu, X., & Wyman, P. A. (2012). Associations between suicidal high school students' help-seeking and their attitudes and perceptions of social environment. *Journal of Youth and Adolescence,41*(10), 1312-1324. doi:10.1007/s10964-012-9766-7

Session Two

Session II: The Influence of Contexts, Environments, and Bullying

1. Peer mentor should write the objectives on the board at the start of the session.
    a. The learners will be able to describe at least one topic that was discussed in the previous session.
    b. The learners will participate in a small group activity which introduces the application of the environmental component of the PEO model.
    c. The learners will be able to identify three impacts their contexts and environments have on their daily life by the conclusion of the session.
    d. The learners will be able to apply the ideas of the lecture material to their daily life.
2. Introduction to Activity (5 minutes)
    a. The peer mentor will review the objectives by reading the objectives on the board.
    b. The mentor will review the topic discussed last session by asking the following questions.
        i) Ask students "What do you remember about last session?"
        ii) "What questions do you still have?"
3. Warm-up Activity (10 minutes)
    a. Classroom Scavenger Hunt
        i) The peer mentor will encourage the students to form groups of 2-3 people.
        ii) The students will be provided a list of materials to collect throughout their environment/context by the peer mentor.
        iii) Throughout the time of the scavenger hunt, the peer mentor will explain the differences between environment and context.
4. Educational PowerPoint (15 minutes)
    a. Peer mentor is to present given PowerPoint to the students, taking time to walk through each slide and allowing students to reflect and ask questions when indicated
5. Discussion Questions: The peer mentor is to lead a discussion using the guiding questions below. (25 minutes)
    a. Now that you know what contexts and environments are, what ones do you think influence you the most?
        i) For example: school, home, family and friends, work, sports/school activities
    b. How do contexts and environments positively influence you?
        i) For example: role models, peer groups, activities you enjoy
    c. How do contexts and environments negatively influence you?
        i) For example: negative peer pressure, bullies, stress, negative use of social media, the use of drugs and alcohol
    d. What contexts do you know of that bullying occurs in?
        i) For example: social media, school, among members of activities/teams

e. How did the scavenger hunt relate to contexts and environments?

6. Wrap-up Activity (10 minutes)
   a. Identification of Contexts/Environments Application
      i) The peer presenter will hand out worksheet to students
      ii) Each student is to identify 5 contexts/environment under each category including physical, social, cultural, institutional, and virtual.
   b. The peer mentor will remind the students of the confidentiality agreement they signed
   c. The peer mentor will thank the students for participating
   d. The mentor is to inform students of the date for the next session

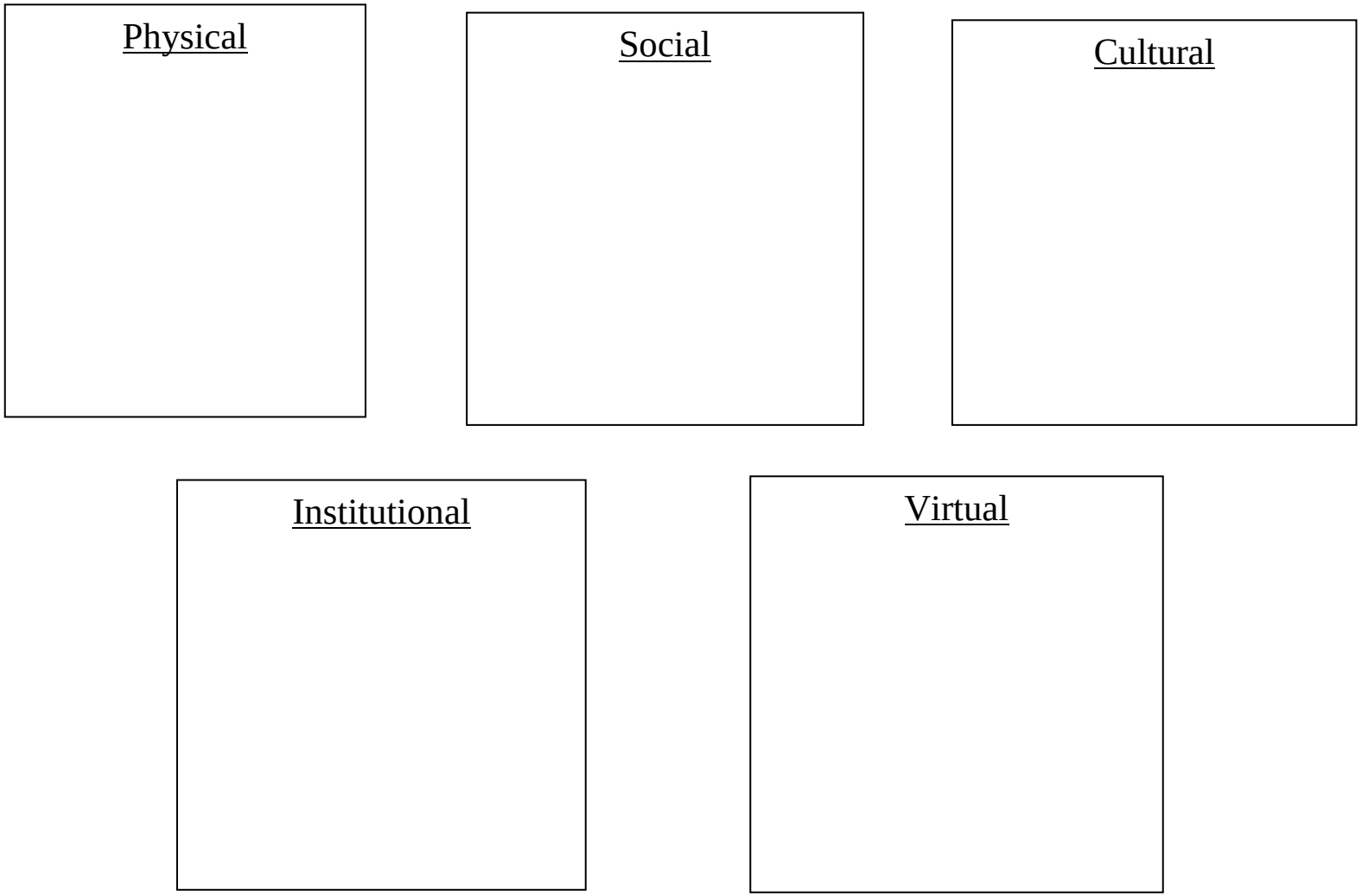
Classroom Scavenger Hunt

What's in your Environment?

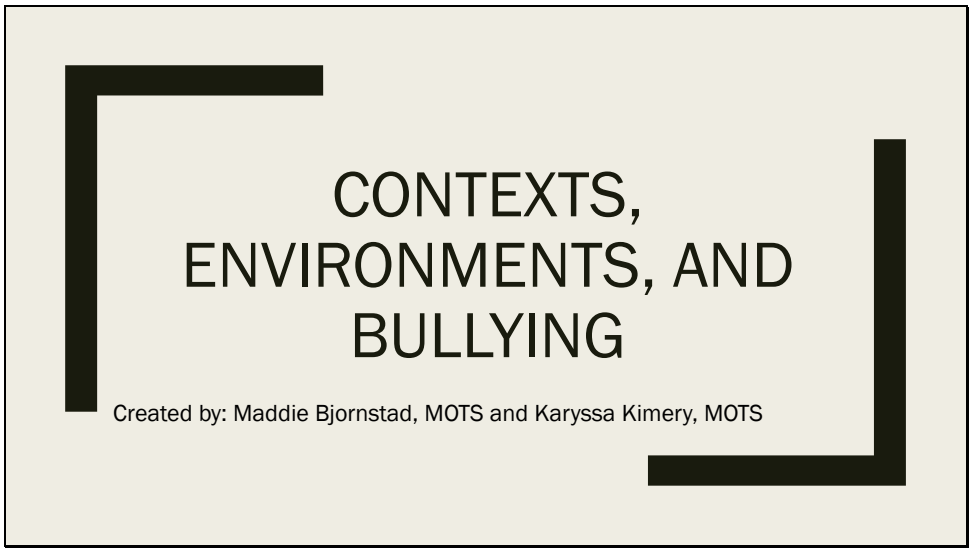
In teams of 2-3 people, find the following items within your classroom.

1. 3 writing utensils
2. 3 blank sheets of paper
3. 1 dry-erase maker
4. 1 black shoe
5. 1 pair of glasses
6. 1 textbook
7. 1 paper clip
8. 1 object that is blue
9. 1 object that is green
10. 1 desk for each group member to sit in. (Please find a seat with all items placed on the desktop when finished).

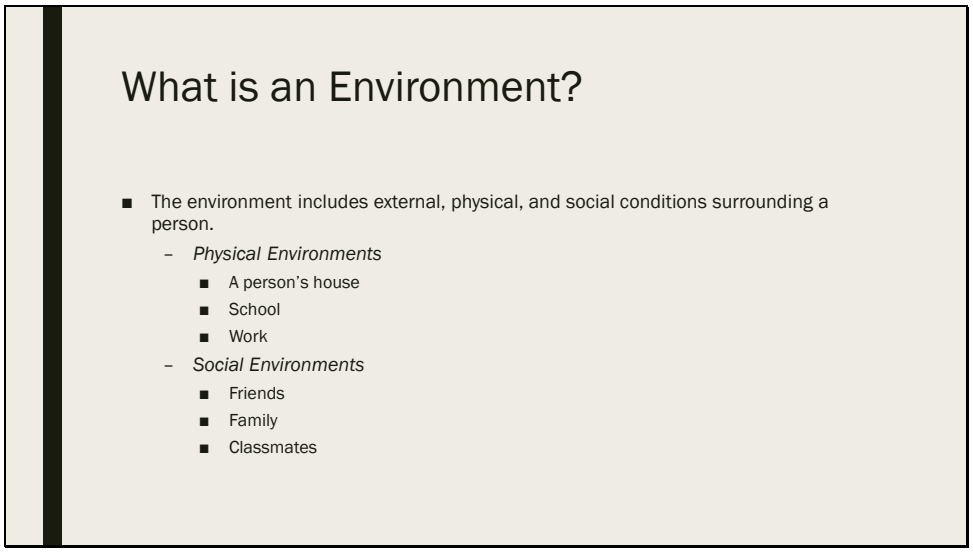
Identification of Contexts and environment Application Worksheet



Slide 1

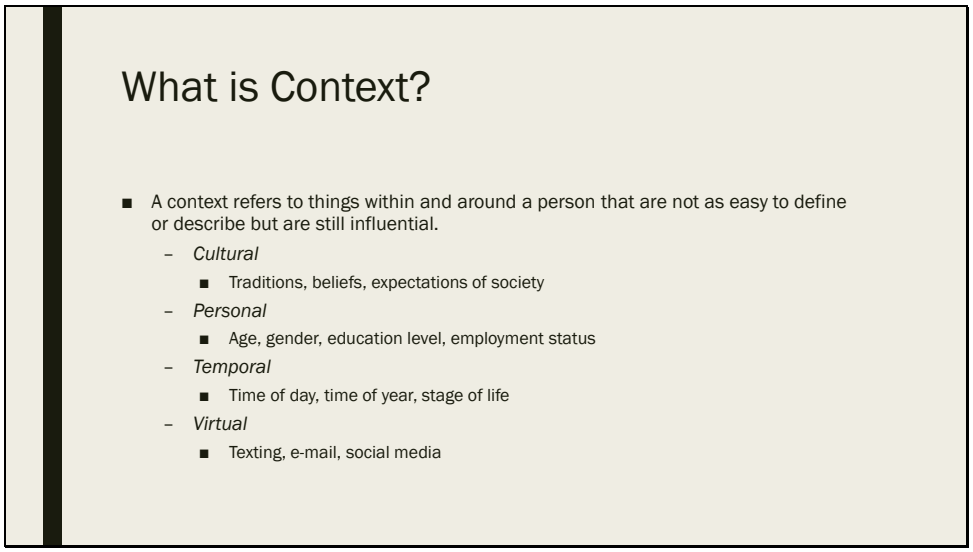

CONTEXTS, ENVIRONMENTS, AND BULLYING
Created by: Maddie Bjornstad, MOTS and Karyssa Kimery, MOTS

Slide 2



Note to Presenter:
After presenting each section in the slide (physical environments, social environments) ask the students if they can name some other examples before moving onto the next section.

Slide 3



Notes to Presenter:
After presenting each section, (cultural, personal, temporal, virtual) ask the students to come up with a few of their own examples before presenting the next section.

Slide 4

Notes to Presenter:
These can influence a person's behaviors.

For example, eating certain foods when at a family holiday. (physical, social, cultural, temporal, and personal)

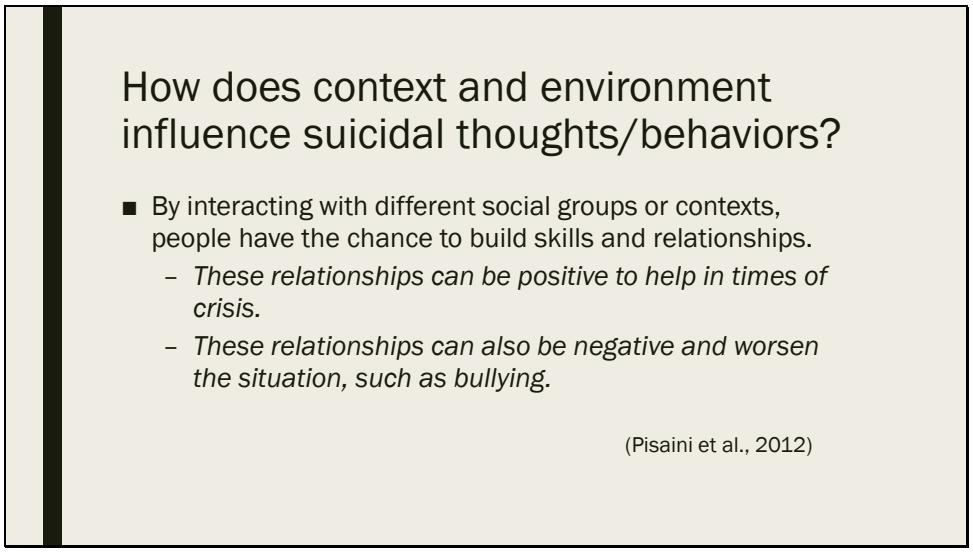
A person's values.

For example, if your parents value a clean home and demonstrate this at your house, you too likely value having a clean personal space.

Activities a person participates in.

For example, if a person hangs out with others who enjoy making pottery in an art studio they are likely to partake in making pottery as well.

Slide 5


How does context and environment influence suicidal thoughts/behaviors?
By interacting with different social groups or contexts, people have the chance to build skills and relationships.
These relationships can be positive to help in times of crisis.
These relationships can also be negative and worsen the situation, such as bullying.
(Pisaini et al., 2012)

Slide 6

Notes to Presenter:
Physical: Any unwarranted or unwanted physical contact.
Examples of physical: pushing, hitting, pulling hail, kicking, etc.
Emotional: Deliberately using words to hurt another person.
Examples of emotional: Any name calling, teasing, spreading rumors, excluding others from a group, etc.
Cyber: Any form of bullying that occurs virtually.
Examples of cyber: Posting rumors about others, using technology to make threats, embarrassing or targeting another person using social media

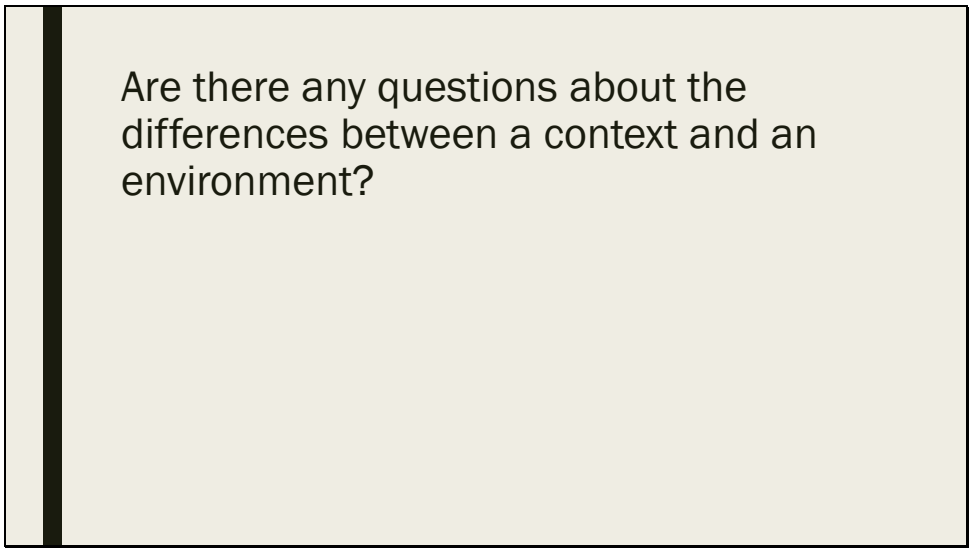
Read: "Bullying victimization has been linked to internalizing symptoms associated with depression and anxiety according to authors Bang & Park, (2017)."

Slide 7

Notes to Presenter:

- Family members' view of using drugs or alcohol
    - If members of the family do not view using alcohol or drugs as a negative thing, teens are more likely to use; If members of the family view the use of such items as negative the teen is less likely to use.
- Friends and peer groups
    - Some peer groups center their activities and "hangouts" around drugs and/or alcohol which leads to an increased likelihood of drug use or abuse. The opposite could be true as well, if one's friends to not plan activities with drugs and alcohol then a person in that group is less likely to use.
- How easy it is to get ahold of
    - If the items are easy to get, a teen is more likely to use since the items are easily accessible. This likely ties into the first two, if family has it around often and/or peer groups have the drugs or alcohol then the materials are easy to get to which increases the risk. If the drugs and/or alcohol are not easy to get the teen is not as likely to use.
- How much extra time a person has
    - Excessive down time is another factor that increases the likelihood a person is going to use due to wanting something to do.
- Activities that do or don't involve use of drugs and alcohol
    - This is similar to the peer groups and friends one above.
    - Ask the students to share the activities they do and how frequently drugs and/or alcohol are involved.

Slide 8



Notes to Presenter:
Prior to posing this question, asked the students to first define context and environment in their own words.

Slide 9

References

Bang, Y. R. & Park, J.H., (2017). Psychiatric disorders and suicide attempts among adolescents victimized by school bullying. *Australiasian Psychiatry 25*(4), 376-380. doi:10.1177/1039856217715987

Darvishi, N., Farhadi, M., Haghtalab, T., & Poorolajal, J. (2015). Alcohol-Related risk of suicidal ideation, suicide attempt, and completed suicide: A meta-analysis. *PLoS ONE (10)*5, 1-14. doi:10.1371/journal.pone.0126780

Pisani, A. R., Schmeelk-Cone, K., Gunzler, D., Petrova, M., Goldston, D. B., Tu, X., & Wyman, P. A. (2012). Associations between suicidal high school students' help-seeking and their attitudes and perceptions of social environment. *Journal of Youth and Adolescence,41*(10), 1312-1324. doi:10.1007/s10964-012-9766-7

CONTEXTS, ENVIRONMENTS, AND BULLYING

Created by: Maddie Bjornstad, MOTS and Karyssa Kimery, MOTS

What is an Environment?

- The environment includes external, physical, and social conditions surrounding a person.
  - *Physical Environments*
    - A person's house
    - School
    - Work
  - *Social Environments*
    - Friends
    - Family
    - Classmates

What is Context?

- A context refers to things within and around a person that are not as easy to define or describe but are still influential.
  - *Cultural*
    - Traditions, beliefs, expectations of society
  - *Personal*
    - Age, gender, education level, employment status
  - *Temporal*
    - Time of day, time of year, stage of life
  - *Virtual*
    - Texting, e-mail, social media

Why are Contexts and Environments Important?

- These can influence…
  - *a person's thoughts and behaviors*
  - *a person's values*
  - *activities a person participates in*

(Pisani et al., 2012)

How does context and environment influence suicidal thoughts/behaviors?

- By interacting with different social groups or contexts, people have the chance to build skills and relationships.
  - *These relationships can be positive to help in times of crisis.*
  - *These relationships can also be negative and worsen the situation, such as bullying.*

(Pisaini et al., 2012)

Bullying

- Physical
- Emotional
- Cyber

(Bang & Park, 2017)

Drug and Alcohol Use is Also Influenced by Contexts and Environment

- There is an increased risk of suicide when using drugs or alcohol
- How can contexts and environments play a role in this increased risk?
  - *Family members' view of using drugs or alcohol*
  - *Friends and peer groups*
  - *How easy it is to get ahold of*
  - *How much extra time a person has*
  - *Activities that do or don't involve use of drugs and alcohol*

(Bang & Park, 2017)

Are there any questions about the differences between a context and an environment?

References

Bang, Y. R. & Park, J.H., (2017). Psychiatric disorders and suicide attempts among adolescents victimized by school bullying. *Australasian Psychiatry 25*(4), 376-380. doi:10.1177/1039856217715987

Darvishi, N., Farhadi, M., Haghtalab, T., & Poorolajal, J. (2015). Alcohol-Related risk of suicidal ideation, suicide attempt, and completed suicide: A meta-analysis. *PLoS ONE (10)*5, 1-14. doi:10.1371/journal.pone.0126780

Pisani, A. R., Schmeelk-Cone, K., Gunzler, D., Petrova, M., Goldston, D. B., Tu, X., & Wyman, P. A. (2012). Associations between suicidal high school students' help-seeking and their attitudes and perceptions of social environment. *Journal of Youth and Adolescence*,41(10), 1312-1324. doi:10.1007/s10964-012-9766-7

Session Three

Session III: Recognizing Emotions and How to Handle Them

1. Peer mentor will write the following objectives on the board at the start of the session.
    a. The learners will be able to describe at least one topic that was discussed in the previous session.
    b. The learners will participate in a small group activity which introduces the application of the environmental component of the PEO model.
    c. The learners will be able to identify three impacts their contexts and environments have on their daily life by the conclusion of the session.
    d. The learners will be able to apply the ideas of the lecture material to their daily life.
2. Warm-up Activity (15 minutes)
    a. Peer mentor will review the objectives by reading them out loud to the class.
    b. What do you think of?
        i) The peer mentor will designate two student volunteers to come to the board.
        ii) One student will write "Anxiety" on one side of the board. The other student will write "Depression" on the other side of the board.
        iii) Each student in the class will be required to identify one word or thought that relates to or makes them think of anxiety or depression.
        iv) The student volunteers will write that thought under the designated category to form a collective list.
        v) Peer mentor will list the symptoms not covered by the class and have volunteers write these down as well.
            (1) Symptoms of anxiety: feeling nervous, restless, tense; having a sense of panic, danger, or doom; increased heart rate or breathing; sweating; trembling; feeling weak or tired; trouble concentrating; trouble sleeping; having an upset stomach; avoiding things to trigger anxiety
            (2) Symptoms of depression: insomnia or excessive sleeping; excessive hunger or loss of appetite; extreme weight gain or loss; agitation; irritability; mood swings; hopelessness; loss of interest; social isolation; loss of pleasure in activities; guilt
    c. The peer mentor is to ask if there are any remaining questions from last session
3. Discussion-based Activities (30 minutes)
    a. The peer mentor is to ask, "Who do you think of when you hear, 'Whoa, they have some personal control issues?'" Maybe the Hulk?
    b. The peer mentor will then lead a discussion using the following guiding questions.
        i) Do you ever feel yourself becoming irritated or shutting down? We all do it.
        ii) Are you able to recognize these feelings before it's too late?
        iii) What happens when your emotions take over your actions?
        iv) Here are some strategies for mood management:
            (1) Hand out list of mood management strategies
            (2) Ask students to identify 1-2 strategies to practice

(3) Peer mentor will lead the practice of a few strategies with the entire class.

c. The peer mentor will ask Do other superheroes need to make decisions? Can they jump into action without making a plan first?"
   i) The peer mentor will then lead a discussion based on the following guiding questions.
      (1) What superhero comes to mind?
      (2) What kinds of problems do you face throughout the day?
         (a) Did you forget to do an assignment for class?
         (b) What do you do, give up and go home for the day or do you buckle down and complete it quickly? Do you talk to your teacher about it or ask for help from your peers?
      (3) What if two different friend groups ask you to do something on the same night? How do you choose which plans you want to do?
      (4) What other situations require you to make decisions?
      (5) Hand out decision making strategy worksheet
d. The peer motor will lead the next discussion by asking, "What if these strategies are not enough?" The following questions will assist in the discussion as well.
   i) Do you know how to get help if you need it?
   ii) Who do you feel comfortable talking to?
   iii) Who would you recruit as your Avengers Team?
      (1) Hand out Avenger's Team worksheet
      (2) Hand out Starting the Conversation handout/guide

4. Wrap-up Activity (15 minutes)
   a. The peer mentor will ask "What Superhero are you"
      i) The peer mentor will give the students paper and pencils/markers
      ii) The students can draw themselves as a superhero or write a story about their superhero powers
      iii) Each student must come up with a superhero name and power
      iv) The peer mentor will ask if any student would like to share.
   b. The peer mentor is to remind the students of the confidentiality agreement they signed.
   c. The mentor should thank the students for participating.
   d. The final thing the peer mentor should do is inform students of the date for the next session.

Mood Management Strategies

1. Breathe and think about what you are currently feeling.
2. Break away from the mood.
    a. Think this saying repeatedly. "I am not this mood, it is only something I am experiencing right now."
3. Do something else.
    a. Notice how your mood is impacting you and others, then start changing it with small steps.
4. Practice being mindful.
    a. Be present in the moment.
    b. Do not focus on the mood but rather what your senses are telling you.
    c. Take time to do this.

Coping Skills

Coping skills must be picked just for you. This is a short list of options for you to try, there are many other ideas. Some skills will work for you and others will not, it is okay just keep trying.

- Take some deep breaths for a few minutes.
- Practice yoga
- Take a quick walk
- Think of something funny
- Listen to music
- Slowly count to ten
- Talk positively to yourself
- Stand up and stretch
- Talk to an adult
- Relax and close your eyes
- Think about a memory of someone you love
- Think of a pet
- Visualize your favorite place
- Take pictures
- Write a list of things to be thankful for
- Hug a stuffed animal
- Build something
- Paint a picture
- Rip pieces of paper into smaller pieces
- Write a letter to a friend

- Put a puzzle together
- Write a thank you note
- Read inspirational quotes
- Look at pictures and facts about your favorite animal
- Laugh
- Write down five things you can see
- Watch a funny video
- Bake or cook
- Write down your thoughts
- Make a schedule for your day
- Pet an animal
- Play a card game
- Sit and relax all your muscles
- Watch a movie
- Do a crossword puzzle
- Take a step back and take time to think if this is going to matter in five years.
- Think about others who are going through the same thing, what did they do? Can they help you?
- Find a possible solution
- Read an old card someone gave you
- Cuddle up in a soft blanket
- Read a book
- Light a candle with your favorite scent
- Squeeze a stress ball
- Smell some lavender calming oils while taking deep breaths
- Look at pictures of loved ones
- Take a warm bath or shower
- Dance
- Reorganize your room

- Doodle or draw a picture
- Sit in the sun
- Do 20 jumping jacks
- Do something nice for someone else

Help for Making a Tough Decision

Choice One:		**Choice Two:**	
Pros for choice one	Cons for choice one	Pros for choice two	Cons for choice two

Long-term consequences for choice one:

_____
_____
_____
_____

Long-term consequences for choice two:

_____
_____
_____
_____

Determined best choice:

_____

Who is in your superhero squad?

Who would you recruit to your Avenger's Team?

Starting the Conversation

Light the Candle

- Talk to the person in private
- Listen
- Tell them you care about them
- Ask them, are you considering suicide?
- Encourage them to get help or contact a counselor or therapist
- Do not tell them the value of life, minimize their problems or try to give them advice

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The bottom line:
What if the person says they are considering suicide?

- Take them seriously
- Stay with them
- Help remove anything they may use to complete suicide
- Call the National Suicide Prevention Lifeline:

  1-800-273-8255

- Escort them to a mental health services or emergency room
- Text TALK to 741741 to text with a trained crisis counsel from the Crisis Text Line for free, 24/7

For more information refer to the American Foundation for Suicide Prevention website at https://afsp.org/
Adapted from https://afsp.org/find-support/when-someone-is-at-risk/

Session Four

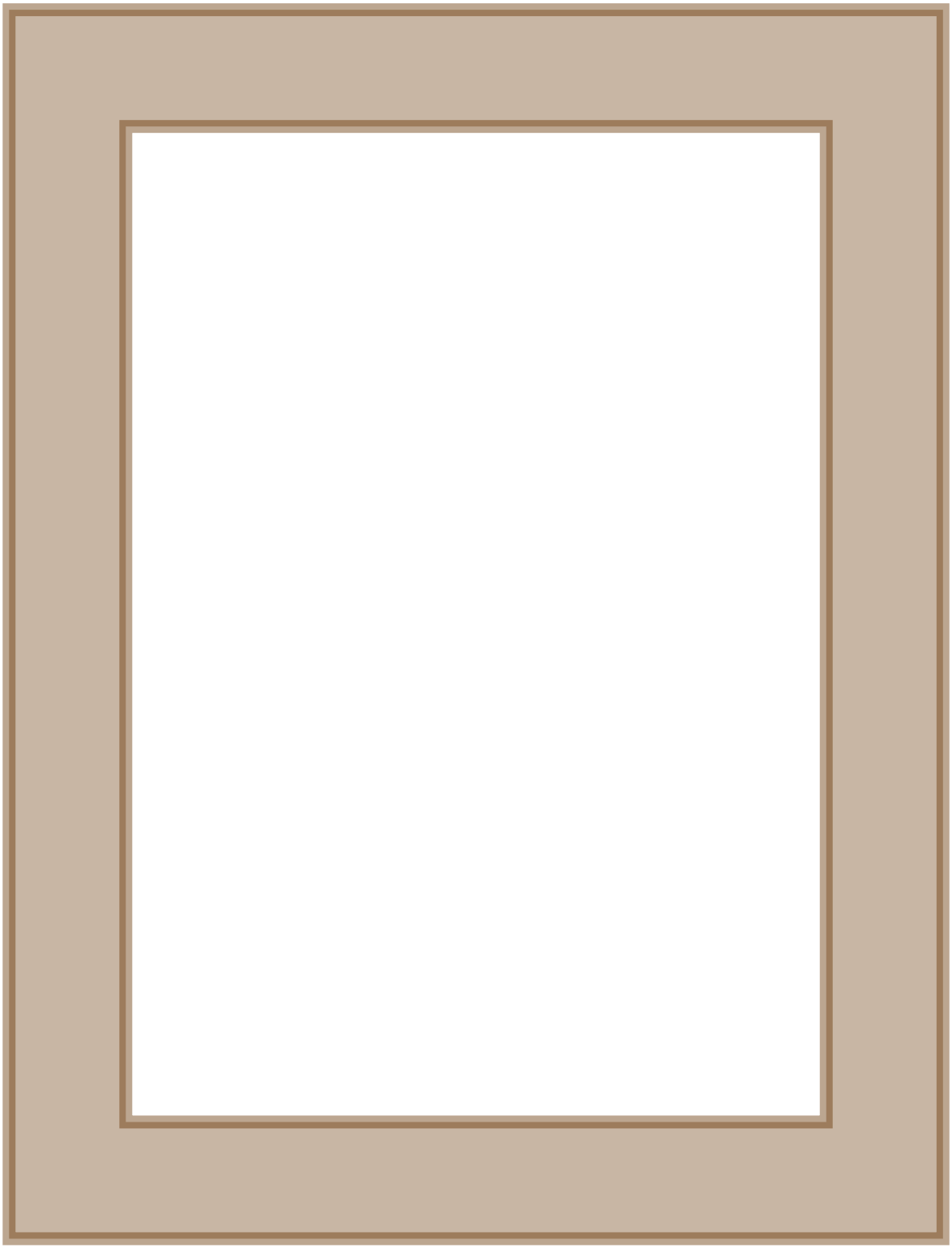
Session IV: Education and Strategies Regarding Self-Esteem and Self-Image; Recognizing Isolation Behaviors; Negative Effects of Internalization

1. Peer mentor is to write the following objectives on the board at the start of the session.
    a. The learners will be able to reflect on their personal viewpoint of themselves as demonstrated by the participation in an activity.
    b. The learners will be able to identify at least two negative effects of internalization by the end of the session.
    c. The learners will be able to choose one positive characteristic of their self-esteem or self-image as demonstrated by the completion of an activity.
    d. The learners will be able to describe at least three new coping skills they plan to use in the future at the conclusion of the session.
    e. The learners will be able to integrate the principles of the PEO model learned in this session and the previous sessions to create a visual representation of themselves.
2. Warm-up Activity: Mirror, Mirror (5 minutes to draw, 5 minutes to share)
    f. Peer mentor is to read the objectives written on the board to the students.
    g. Peer mentor is to handout Mirror, Mirror worksheet
        i) Peer mentor is to tell students they will have 5 minutes to draw who they see themselves as when they look in the mirror. Tell the students this can be as simple or complex as they make it. It does not have to just be a picture of themselves as a person they see on the outside, but it could include things they know others say about them as well.
        ii) After the students have been given 5 minutes, peer mentor is to allow those who wish to share with the class to do so.
    h. Peer mentor is to ask if there were any questions from the last session
3. Discussion of internalization and the negative effects of internalizing (15 minutes)
    a. Peer mentor is to lead a discussion on internalization using the guiding questions below as needed.
        i) What does it mean to internalize?
        ii) Describe a time where you internalized your feelings and how this was not a positive experience.
        iii) What are some of the results when you do not share your feelings with others?
        iv) Why do you think it is negative to keep your emotions to yourself all the time?
        v) Does anyone currently have a way to share feelings with others that could work for your peers?
4. Sentence Completion for Self-Esteem (10 minutes)
    a. Peer mentor is to hand out Sentence Completion Worksheet
    b. Peer mentor is to allow time to reflect and process while completing worksheet
        i) Allow 15-20 minutes if necessary
        ii) This worksheet is to be completed individually; minimize side conversations
    c. Peer mentor is to explain the concept of self-esteem
    d. The peer mentor is to explain the importance of having good self-esteem/self-image

e. The peer mentor should reiterate that his activity is individual and meant for the student's eyes only. Encourage deep thought and reflection, there is no wrong answer.

5. Identification of Coping Skills Worksheet (10 minutes)
   a. Peer mentor is to introduce the concept of coping skills
   b. Peer mentor will ask if any student would like to share current coping skills they use or any activity they like to do when they are stressed to make themselves feel better.
   c. Hand out Coping Skills Worksheet
      i) Read the directions; allow 10-15 minutes to complete
   d. The peer mentor is to reassure students this is an individual activity. It is meant for their own reflection or to give future suggestions for coping.
6. Wrap-up Activity (15 minutes)
   a. P-E-O Venn diagram
      i) Peer mentor introduces the concept tying to the previous 2 sessions and today's
      ii) The peer mentor will describe what is involved within the environment section.
      iii) Peer mentor will describe what is involved within the occupation section
      iv) The peer mentor will describe what is involved within the person section.
      v) Peer mentor is to handout out P-E-O Venn diagram worksheet; Read the directions
7. Conclusion (10 minutes)
   a. Peer mentor is to ask the students to share a thing or two they learned and how they plan to apply the information.
   b. The peer mentor should remind the students of the confidentiality agreement they signed
   c. The peer mentor will thank the students for participating
   d. The peer mentor will hand out the Self-Care handout and remind the students to take care of themselves first.
   e. The peer mentor will remind students of the times you are available to talk and others they can talk to about more information related to all covered topics.

Who do you see when you look in the mirror?



COMPLETE THE SENTENCE....

My best friend is _____.

My favorite memory is _____.

Sometimes I wish I was more confidence when _____

_____.

I really enjoy _____.

I get angry when _____.

Today I would like to _____.

I don't like to admit _____.

I would never _____.

I struggle when _____.

I gain strength from _____.

Today will be better because

_____

_____

_____.

What works for you?

Check off the skills that you currently use
Circle the skills you want to try
Cross off the ones you know don't work for you

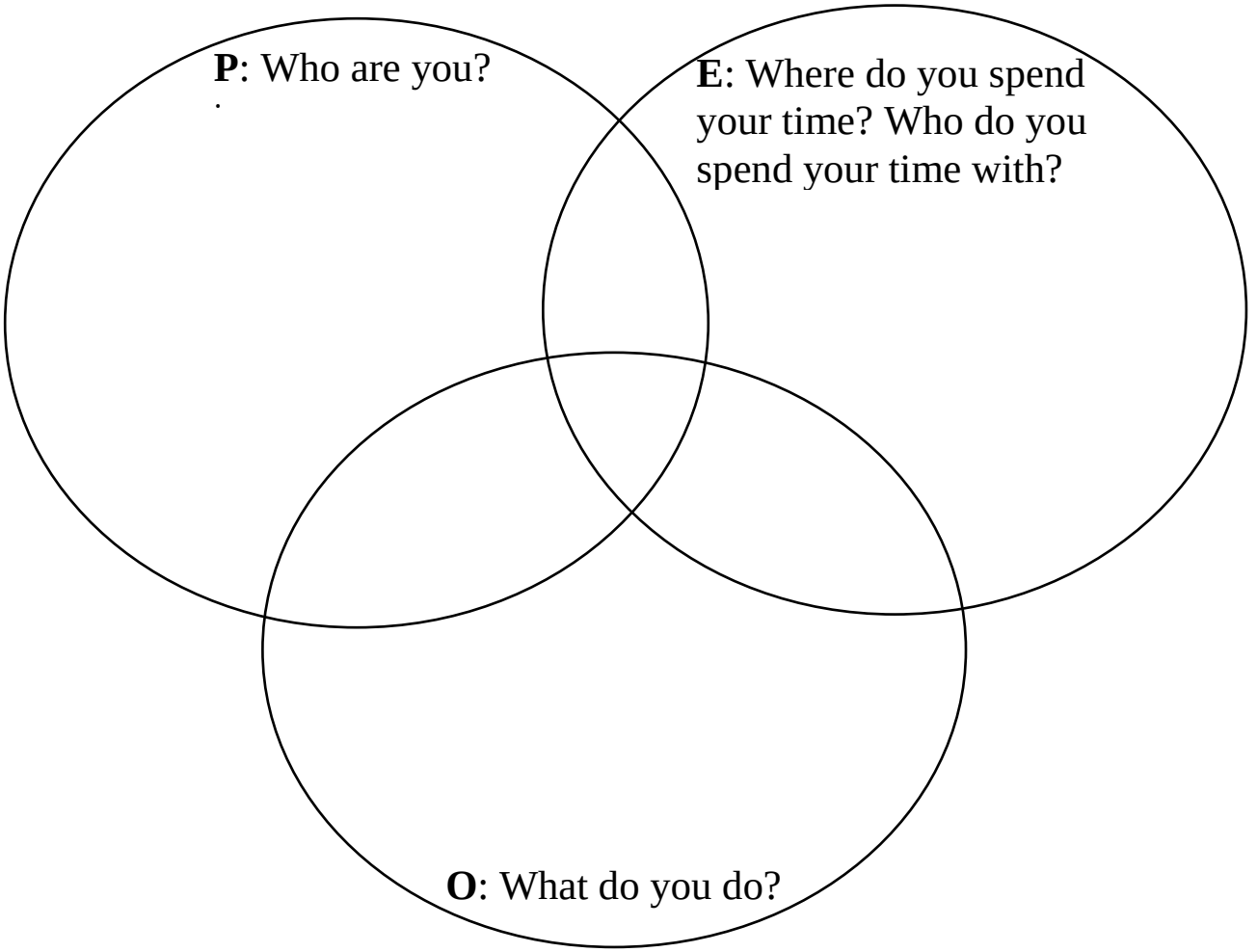
Calming

- o Deep breathing
- o Take a walk
- o Yoga
- o Visualize your favorite place
- o Think of your favorite memory
- o Count to ten, slowly
- o Take a drink of water
- o Get up and move around
- o Tense muscles and release
- o Take a shower or bath
- o Block out noises for a minute
- o Sing your favorite song in your head
- o Meditate or practice mindfulness
- o Key into your emotions and describe to yourself why you feel the way you do
- o Remind yourself that this will pass
- o Visualize a stop sign
- o Take a brain break
- o Let yourself feel for 90 seconds, then let go of all emotions
- o Stand up and stretch
- o Massage your hands/wrists
- o Pray
- o Watch a relaxing/inspiring video
- o Spend time in silence or find a quiet place
- o Spray a calming scent/essential oil
- o Wrap yourself in a warm blanket

Distraction

- o Write in a journal
- o Complete a crossword/sudoku puzzle
- o Bake or cook a meal you enjoy
- o Volunteer in your community
- o Complete a random act of kindness
- o Clean your room/house/apartment
- o Play with a pet
- o Play a board game or card game
- o Call a friend or family member
- o Start/tend to a garden
- o Start a new hobby
- o Do a craft or Pinterest project
- o Make a list of your favorite things
- o Laugh
- o Read inspiring quotes
- o Spend time outside
- o Unplug from social media
- o Read a book
- o Exercise
- o Take a nap
- o Watch your favorite movie
- o Think of something funny
- o Compliment yourself
- o Write a letter, then throw it away
- o Make a list of things you're grateful for
- o Build something
- o Learn something new

P-E-O Venn Diagram Worksheet



What is SELF-CARE?

What kind of SELF-CARE do I need right now?

Physical Self-Care

Basic physical needs. Exercise. Pampering your body. Embracing yourself. Doing what makes your body feel good.

Emotional Self-Care

Processing emotions in a healthy way. Cultivating emotional intelligence. Practicing good coping skills. Feeling your feelings fully.

Practical Self-Care

Finances. Chores. School-work. Healthy boundaries.

Personal Self-Care

Get to know yourself. Try new things. Spend time alone. Make time for hobbies. Create goals for yourself and pursue them.

Social Self-Care

Work on friendships. Spend time with your family. Be kind to those around you.

Spiritual Self-Care

Figure out your beliefs. Find what makes you

Evaluation Materials

Pre-Test Survey

Please answer the following questions only once. Circle to indicate the answer.

1. How many times do you consider suicide in a typical day?

Never	Rarely	Occasionally	Often	Very often
(0 times)	(1 time)	(2-4 times)	(5-7 times)	(8- 10+ times)

2. How many times have you planned to or have tried to commit suicide in the last 6 months?

Never	Rarely	Occasionally	Often	Very often
(0 times)	(1 time)	(2-4 times)	(5-7 times)	(8- 10+ times)

3. How many times have you been bullied in any way the last 6 months?

Never	Rarely	Occasionally	Often	Very often
(0 times)	(1 time)	(2-4 times)	(5-7 times)	(8- 10+ times)

4. How knowledgeable do you think you are about suicide?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

5. How knowledgeable are you on resources available for suicide prevention and/or help?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

6. How much do you think your surroundings influence you? Surroundings include friends, family, and locations you are in.

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

7. How well do you cope with your emotions in a healthy manner such as talking to adults, journaling, or exercising?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

8. How confident are you in yourself and your abilities?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

9. How many times have you experienced anxiety in the last 6 months?

Never	Rarely	Occasionally	Often	Very often
(0 times)	(1 time)	(2-4 times)	(5-7 times)	(8- 10+ times)

10. How important do you think this program is for you to participate in?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

Post-Test Survey

Please answer the following questions only once. Circle to indicate the answer.

1. How many times do you consider suicide in a typical day?

Never	Rarely	Occasionally	Often	Very often
(0 times)	(1 time)	(2-4 times)	(5-7 times)	(8- 10+ times)

2. How many times have you planned to or have tried to commit suicide in the last 6 months?

Never	Rarely	Occasionally	Often	Very often
(0 times)	(1 time)	(2-4 times)	(5-7 times)	(8- 10+ times)

3. How many times have you been bullied in any way the last 6 months?

Never	Rarely	Occasionally	Often	Very often
(0 times)	(1 time)	(2-4 times)	(5-7 times)	(8- 10+ times)

4. How knowledgeable do you think you are about suicide?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

5. How knowledgeable are you on resources available for suicide prevention and/or help?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

6. How much do you think your surroundings influence you? Surroundings include friends, family, and locations you are in.

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

7. How well do you cope with your emotions in a healthy manner such as talking to adults, journaling, or exercising?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

8. How confident are you in yourself and your abilities?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

9. How many times have you experienced anxiety in the last 6 months?

Never	Rarely	Occasionally	Often	Very often
(0 times)	(1 time)	(2-4 times)	(5-7 times)	(8- 10+ times)

10. How important do you think this program was for you to participate in?

Not at all	I know a little	Neutral	Mostly	Very knowledgeable

Chapter V

Summary

One of the leading causes of death in adolescents today is suicide (Pisani et al., 2012; Katz et al., 2013). Globally, 877,000 lives are lost to suicide, accounting for 1.5% of the global burden of disease (Mann et al., 2005). In the United States $11.8 billion dollars are expended in relation to suicide prevention, lost income or deficit related to suicide, and other reasons related to suicide. (Mann et al., 2005). Causes of suicidal behaviors are linked to including stressors, triggers, predisposition, sociocultural factors, past/current trauma, and convergence of genetic factors and environment (Mann et al., 2005; Zalsman et al., 2016). Zalsman et al. (2016), reported the recognition of suicide prevention as a public health priority has helped to encourage research, detection, treatment, and management of individuals at risk for suicide, however the implementation of proven, evidence-based, and cost-effective strategies are the duty of public health policy makers and healthcare providers.

The authors created educational materials for an occupational therapist in a high school and for peer mentors to use to educate their younger peers. The material was created based on the Social Constructivism theory as well as the Person-Environment-Occupation model. The materials addressed numerous aspects of suicide including warning signs, coping skills, the influence of context, and many others. The materials are designed to be used one time per month. There is a total of four different sessions that will occur. During the first full month of school the occupational therapist in the school

will educate the peer mentors in order to prepare them to teach their peers. The following month, the peer mentors will teach. This cycle will continue until all four sessions are taught by the peer mentors. The sessions will be one hour to one and a half hours in length just as the teaching by the occupational therapist will be one hour. The product contains a procedures manual, teaching guides for each session, materials needed to teach the sessions, numerous handouts for the students, and a pre-test/post-test outcomes measure.

There are a few limitations to the implementation of this product. First, the product should be implemented by an occupational therapist who is currently working in the school. This could be a problem if the therapist does not have a flexible schedule to accommodate for the demands of implementation or if the therapist does not have time to begin this program. Another limitation to this product is the heavy reliance on the peer mentor to convey the information in an appropriate and effective manner. Another limitation with utilizing a school-based approach is the need for cooperation from the school. The school district, faculty, and other members of the setting must be willing to implement this program. The peer mentors will be nominated by teachers and/or other staff in order to reduce this limitation. The mentors will also be taught how to teach the materials correctly to their peers, however, they will be expected to facilitate many discussions which are not always predictable.

It is recommended that the peer mentors have a firm understanding of what will be expected of them and have a sense of the level of importance for this topic. Additionally, it is recommended the number student to peer ratio be one peer mentor to twenty-five or less in order to have effective activities and group

discussions. The teachers who are overseeing the sessions in the classrooms should be supportive of the program, the peer mentors, and the students participating in the program. Finally, it is recommended that the pre/post-survey be completed to measure the effectiveness of the sessions as well as allowing the students to share their opinions, and recommendations related to the material and the program structure. In the future, this product could be implemented in one of the Natrona County High Schools as an additional independent study. One example of a potential study would be to determine the students' perceptions of the materials when presented by a junior or senior member of the high school.

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