



Scope and Sequence



What Is *Lifelines*?

Lifelines: A Suicide Prevention Program is a comprehensive suicide prevention program that targets the entire school community, providing suicide awareness material for administrators, faculty and staff, parents, and students. It is an outgrowth of programs initially developed by the authors in the 1980s in response to requests from schools for help in dealing with an increase in suicidal behavior among students. While *Lifelines* provides basic information about youth suicide, it is primarily directed at helping everyone in the school community recognize when a student is at potential risk of suicide and understand how and where to access help.

The objectives of *Lifelines* are to increase the likelihood that

- members of the school community can more readily identify potentially suicidal adolescents, know how to initially respond to them, and know how to rapidly obtain help for them
- troubled adolescents are aware of and have immediate access to helping resources and seek such help as an alternative to suicidal actions

Is *Lifelines* a Research-based Program?

Lifelines is a research-based program. It has been identified as a promising program by the Suicide Prevention Resource Center (SPRC) and is included in the National Registry of Evidence-based Programs and Practices (NREPP). One of the first school based suicide prevention programs in the country, it has been adapted and changed to reflect both program evaluation and increases in knowledge about youth attitudes toward seeking help.

Lifelines content is grounded in several areas of research related to adolescent suicide prevention. It reflects research that has determined that most suicidal youths confide their concerns more often to peers than to adults, and that some adolescents, particularly males, do not respond to troubled peers in empathic or helpful ways. It also addresses the fact that as few as 25 percent of peer confidants tell an adult about a troubled or suicidal peer, and that school-based adults are often adolescents' last choice as confidants for personal concerns.

What Are the *Lifelines* Program Components?

Lifelines consists of four components that are considered essential to a comprehensive school-based approach to adolescent suicide prevention. These components are (1) administrative readiness consultation, (2) training for school faculty and staff, (3) parent workshop, and (4) student curriculum. Handouts and additional resources on the CD-ROM supplement these components.

Administrative Readiness Consultation

This component outlines the school's prepared and planned response to suicide prevention. Setting policies and procedures demonstrates administrative commitment and support for the school's suicide prevention activities, and provides the guidelines for crisis response to students at risk for suicide or in the event of a death by suicide.

Training for School Faculty and Staff

Generally designed as an in-service workshop, this component provides the basic information about adolescent suicide that has the most practical implications for school personnel, outlines the critical but limited role of faculty and staff in identifying and responding to suicidal behavior, and identifies in-school referral resources. The role of faculty and staff in suicide prevention is described in this presentation using three goals:

- 1) Learning the warning signs of suicide
- 2) Identifying at-risk students
- 3) Referring at-risk students to appropriate resources

Parent Workshop

This presentation for parents reviews basic information about adolescent suicide and provides an overview of the school's response program, as well as brief guidelines for parental response to suicidal behavior. Resources for additional information on suicide and community support services are also provided.

Student Curriculum

This component cannot be implemented until the first three components have been completed. It would be inappropriate to train students to identify and refer potentially at-risk peers if the adults in the school or at home are unprepared to respond to these referrals.

The student curriculum is a four-session unit usually taught in eighth-, ninth-, or tenth-grade health classes. The curriculum includes detailed lesson plans that cover facts about suicide and the students' role in suicide prevention. The curriculum also reviews in-school and community resources and is designed to be taught by a school faculty member.

The four sessions teach students

- relevant facts about suicide, including warning signs
- how to recognize the threat of suicidal thoughts and behavior and to take troubled peers seriously
- how to respond to troubled peers
- to demonstrate positive attitudes about intervention and help-seeking behaviors
- to identify resources, be able to name one helpful adult, and know how resources will respond

Two videos are included in the student curriculum:

- *A Teen's Guide to Suicide Prevention*: Students watch and discuss this video during session 2. The video shows several scenarios about how teens can recognize the warning signs of suicide in their peers. Each scenario features role-plays showing students how to respond and how to get help for a peer who may be thinking about suicide.
- *One Life Saved: The Story of a Suicide Intervention*: Students watch and discuss this video during session 3. The video documents a true story of a suicide intervention that occurred after three students watched *A Teen's Guide to Suicide Prevention* and completed the *Lifelines* curriculum. The students credit the video with showing them how to recognize the warning signs in their peer, and how they got help for this peer and possibly saved his life.

Why Should Schools Address the Issue of Teen Suicide?

For many students, suicide is not something that happens to other people—they are extremely familiar with its unfortunate reality, even in middle school.

So, how prevalent is teen suicide? Consider the following national statistics ¹:

- In the United States, suicide is the third-leading cause of death for fifteen to twenty-four-year-olds, following accidents and homicides.
- One in six high school students has thoughts about suicide.
- 16.9 percent of high school students have made a suicide plan in the past twelve months.
- One in eleven high school students has made an attempt in the past twelve months.
- The suicide attempt rate has increased most dramatically for ten- to fourteen-year-olds.
- Of school psychologists surveyed, 86 percent have counseled a student who has threatened or attempted suicide.
- Of those psychologists, 62 percent have had a student make a nonfatal attempt at school.
- Of those psychologists, 35 percent have had a student in their school die by suicide, and more than half of them reported more than one death.

These troubling statistics tell us that at any given time, over 14.5 percent of our high school students are having thoughts about suicide and about 7 percent have actually made a suicide attempt in the last twelve months. ² While we may not know exactly who they are, these students are sitting in our classrooms. And although there may be a lot about suicide that we don't understand, what we can say for sure is that students who are thinking about dying are not concentrating on academic studies.

As stated by the Carnegie Task Force on Education, "School systems are not responsible for meeting every need of their students, but when the need directly affects learning, the school must meet the challenge." ³ By addressing teen suicide in a focused but comprehensive way, a school

system can meet this challenge without overstepping its boundaries and becoming a mental health clinic. It can stand as a resource to potentially at-risk students by letting them know that the entire school community takes the problem of suicide seriously and has committed staff time and resources to addressing suicidal behavior.

Can Talking about Suicide in a School Cause More Suicides?

Absolutely not! There are four main arguments in response to the myth that talking with kids about suicide will “plant” the idea:

- 1) Students are already well aware of suicide from their experience with suicidal peers and the media. ⁴
- 2) In the authors’ thirty years of hotline experience and twenty years of school-based suicide prevention programming, there has never been a case of planting the idea. The facts in regard to stimulation of suicidal behavior are best summarized by the following quotes from the Centers for Disease Control and Prevention: “There is no evidence of increased suicidal ideation or behavior among program participants” ⁵ and “Furthermore, numerous research and intervention efforts have been completed without any reports of harm.” ⁶

Footnotes:

1. American Association of Suicidology, 2008 (data gathered in 2005). Check www.suicidology.org for updated statistics.
2. Youth Risk Behavior Survey (Atlanta: Centers for Disease Control and Prevention, 2007).
3. Ernest L. Boyer, *The Basic School: A Community for Learning* (Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching, 1995).
4. See J. Kalafat and M. Elias, “Adolescents’ Experience with and Response to Suicidal Peers,” *Suicide and Life-Threatening Behavior* 22 (1992): 315–21.
5. See *Youth Suicide Prevention Programs: A Resource Guide* (Atlanta: Centers for Disease Control and Prevention, 1992), 66.
6. See L. Potter, K. E. Powell, and S. P. Kacher, “Suicide Prevention from a Mental Health Perspective,” *Suicide and Life-Threatening Behavior* 25 (1995): 87.

Student Curriculum Scope and Sequence

By the end of each session, students will be able to do the following:

Session 1: When Is a Friend in Trouble?	Session 2: How Do I Help a Friend?	Session 3: Where Can I Go to Get Help?	Session 4: How Can I Use What I've Learned?
<ul style="list-style-type: none">• define reasons for a unit on suicide• examine personal reactions to a situation involving a peer's suicidal behavior• examine the ways in which our feelings about suicide influence our actions• identify basic facts about suicide	<ul style="list-style-type: none">• recognize specific warning signs of suicide in themselves and others• organize warning signs around the FACTS sheet• name three basic suicide intervention steps• identify the words to use to ask about suicide	<ul style="list-style-type: none">• discuss more fully how to implement the steps of a successful peer intervention• define traits of helpful people• identify school resources and procedures for responding to suicidal students	<ul style="list-style-type: none">• demonstrate ability to help a troubled friend through scripted role-plays• demonstrate willingness to help self or a troubled friend by signing a help-seeking pledge• identify the wallet card as a resource

Related National Academic Standards 1

Students in grades six through eight will

- Analyze the relationship between healthy behaviors and personal health.
- Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence.
- Describe ways to reduce or prevent injuries and other adolescent health problems.
- Examine the likelihood of injury or illness if engaging in unhealthy behaviors.
- Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.
- Describe how peers influence healthy and unhealthy behaviors.
- Analyze how the school and community can affect personal health practices and behaviors.
- Determine the accessibility of products that enhance health.
- Describe situations that may require professional health services.
- Locate valid and reliable health products and services.
- Apply effective verbal and nonverbal communication skills to enhance health.
- Demonstrate refusal or negotiation skills that avoid or reduce health risks.
- Demonstrate effective conflict management or resolution strategies.
- Demonstrate how to ask for assistance to enhance the health of self or others.
- Identify circumstances that can help or hinder healthy decision making.
- Determine when health-related situations require the application of a thoughtful decision-making process.
- Distinguish when individual or collaborative decision making is appropriate.
- Distinguish between healthy and unhealthy alternatives to health-related issues or problems.
- Predict the potential short-term impact of each alternative on self or others.
- Analyze the outcomes of a health-related decision.
- Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.
- Demonstrate behaviors that avoid or reduce health risks to self and others.
- State a health-enhancing position on a topic and support it with accurate information.
- Demonstrate how to influence and support others to make positive health choices.
- Work cooperatively to advocate for healthy individuals, families, and schools.

Students in grades nine through twelve will

- Predict how healthy behaviors can affect health status.
- Describe the interrelationships of emotional, intellectual, physical, and social health.
- Propose ways to reduce or prevent injuries and health problems.
- Analyze the relationship between access to health care and health status.
- Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.

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- Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.
 - Analyze how peers influence healthy and unhealthy behaviors.
 - Evaluate how the school and community can affect personal health practices and behaviors.
 - Evaluate the validity of health information, products, and services.
 - Determine the accessibility of products and services that enhance health.
 - Determine when professional health services may be required.
 - Access valid and reliable health products and services.
 - Use skills for communicating effectively with family, peers, and others to enhance health.
 - Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
 - Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.
 - Demonstrate how to ask for and offer assistance to enhance the health of self or others.
 - Examine barriers that can hinder healthy decision making.
 - Determine the value of applying a thoughtful decision-making process in health-related situations.
 - Justify when individual or collaborative decision making is appropriate.
 - Generate alternatives to health-related issues or problems.
 - Predict the potential short-term and long-term impact of each alternative on self and others.
 - Defend the healthy choice when making decisions.
 - Evaluate the effectiveness of health-related decisions.
 - Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
 - Demonstrate a variety of behaviors that avoid or reduce health risks to self and others.
 - Demonstrate how to influence and support others to make positive health choices.
 - Work cooperatively as an advocate for improving personal, family, and community health.

Footnote:

1. Joint Committee on National Health Education Standards, *National Health Education Standards*, 2nd ed. (American Cancer Society, 2007).
