Raising Healthy Children: Addressing Suicide Prevention Through Universal Childhood Intervention

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Behavioral health problems of young people

Anxiety

Depression

Alcohol, tobacco, opioid misuse

Risky driving

Aggressive behavior and conduct problems

Delinquent behavior

Violence

Self-inflicted injury

Risky sexual behavior

School dropout
Nearly half (49.5%) of all teens 13-18 experience one or more behavioral health problems.

Over one in five (22.2%) have severe impairment. *(National Co-Morbidity Survey - Adolescent)*

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2946114/table/T2/

Most mental disorders in adults can be traced to an onset during childhood. *(Kessler & Wang, 2008, U.S. Public Health Service, 2000.)*
Mental disorders are the most costly health conditions among children

Expenditures for the five most costly conditions among children, ages 0-17, 2012

- Mental disorders: $13.9 billion
- COPD, asthma: $8.3 billion
- Trauma-related disorders: $7.8 billion
- Acute bronchitis and URI: $3.2 billion
- Infectious diseases: $2.5 billion

There are additional costs in special education, child welfare and juvenile justice.

My story:
From probation to prevention
Before 1980, nine experimental tests of delinquency prevention programs were conducted in the U.S.

None prevented delinquency. (Berleman, 1980)

“Nothing works” Lipton, Martinson, & Wilks (1975)
Drug Abuse Prevention in 1970’s

Strategies:

- Information
- Fear arousal
- Just say “no”

Outcomes:

- No decreases in drug use
- Some programs increased drug use (Tobler, 1986)

Lesson: Untested good ideas can make things worse.
To Prevent a Problem Before It Happens, Address Its Predictors

Research has Identified Predictors:

**Risk Factors** (including ACEs and childhood trauma)

**Protective Factors**

*Develop Interventions to Change Malleable Risk and Protective Factors*
## Risk Factors for Behavioral Health Problems

<table>
<thead>
<tr>
<th>Community</th>
<th>Family</th>
<th>School</th>
<th>Individual/Peer</th>
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</thead>
<tbody>
<tr>
<td>Availability of Drugs</td>
<td>Family History of the Problem Behavior</td>
<td>Academic Failure Beginning in Late Elementary School</td>
<td>Early and Persistent Antisocial Behavior</td>
</tr>
<tr>
<td>Availability of Firearms</td>
<td>Family Management Problems</td>
<td>Lack of Commitment to School</td>
<td>Alienation and Rebelliousness</td>
</tr>
<tr>
<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
<td>Family Conflict</td>
<td></td>
<td>Friends Who Engage in the Problem Behavior</td>
</tr>
<tr>
<td>Media Portrayals</td>
<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
<td></td>
<td>Favorable Attitudes Toward the Problem Behavior</td>
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<tr>
<td>Transitions and Mobility</td>
<td></td>
<td>School Dropout</td>
<td>Early Initiation of the Problem Behavior</td>
</tr>
<tr>
<td>Low Neighborhood Attachment and Community Disorganization</td>
<td></td>
<td>Violence</td>
<td>Constitutional Factors</td>
</tr>
<tr>
<td>Extreme Economic Deprivation</td>
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</tbody>
</table>

### Risk Factors:
- **Community**: Availability of Drugs, Availability of Firearms, Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime, Media Portrayals, Transitions and Mobility, Low Neighborhood Attachment and Community Disorganization, Extreme Economic Deprivation.
- **Family**: Family History of the Problem Behavior, Family Management Problems, Family Conflict, Favorable Parental Attitudes and Involvement in the Problem Behavior.
- **School**: Academic Failure Beginning in Late Elementary School, Lack of Commitment to School.
- **Individual/Peer**: Early and Persistent Antisocial Behavior, Alienation and Rebelliousness, Friends Who Engage in the Problem Behavior, Favorable Attitudes Toward the Problem Behavior, Early Initiation of the Problem Behavior, Constitutional Factors.
Risk reduction is essential, but not enough.

*Build Protective/nurturing environments and individual strengths.*

**Protective factors predict decreased behavioral health problems, even in the presence of risk.**
Protective Factors

Individual Characteristics

- High Intelligence
- Resilient Temperament
- Competencies and Skills (cognitive, affective and behavioral)

In social domains of family, school, peer group and neighborhood

- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding (connectedness, attachment)
- Clear and Healthy Standards for Behavior
The Social Development Strategy

The Goal...

Ensure...

Healthy Beliefs and Clear Standards

Healthy Behaviors

Build...

Bonding – Attachment – Commitment

By providing...

Opportunities

Skills

Recognition

...for all children and youth

...in families, schools, and peer groups

...to families, schools, and peer groups

...in families, schools, and peer groups

Be aware of...

Individual Characteristics
Seattle Social Development Project
A test of the Raising Healthy Children Program & the Social Development Strategy

J. David Hawkins, Founding PI
Karl G. Hill, PI
Rick Kosterman, PI

• In September 1981, all first grade students and teachers in 8 Seattle elementary schools that served students from high crime neighborhoods were randomly assigned to receive preventive intervention.

• In September 1985, the study was expanded to include all 5th grade students and teachers in 18 schools.

• 808 (77%) of the 5th grade students in these schools and their parents consented to participate in the longitudinal study; they constitute the study sample.
SSDP: Gender, Ethnicity & SES

Male, 51%
Female, 49%
Not, 48%
Free/Reduced Lunch, 52%
European-American, 47%
African-American, 26%
Asian-American, 22%
Native-American, 5%

Of these about 5% were Hispanic

SES: Eligible for free/reduced lunch (5th, 6th or 7th grades)
A combination of family and school focused components to promote bonding to school and family by:

Enhancing **opportunities for involvement** in school and family

Enhancing **rewards for involvement** in school and family

Strengthening children’s **social competencies**
Three Core Components Offered to All Students in RHC Classrooms

- Teacher Staff Development in Classroom Instruction and Management
- Parent Workshops in Behavior Management and Academic Support
- Child Social, Emotional and Cognitive Skill Training
Teacher Staff Development

Proactive classroom management (grades 1-6)
- Establish consistent classroom expectations and routines at the beginning of the year
- Give clear, explicit instructions for behavior
- Recognize and reward desirable student behavior and efforts to comply
- Use methods that keep minor classroom disruptions from interrupting instruction

Interactive teaching (grades 1-6)
- Assess and activate foundation knowledge before teaching
- Teach to explicit learning objectives
- Model skills to be learned
- Frequently monitor student comprehension as material is presented
- Re-teach material when necessary

Cooperative learning (grades 1-6)
- Involve small teams of students of different ability levels and backgrounds as learning partners
- Provide recognition to teams for academic improvement of individual members over past performance
Parent Workshops

Raising Healthy Children (grades 1-2)
Observe and pinpoint desirable and undesirable child behaviors
• Teach expectations for behaviors
• Provide consistent positive reinforcement for desired behavior
• Provide consistent and moderate consequences for undesired behaviors

Supporting School Success (grades 2-3)
Initiate conversation with teachers about children’s learning
• Help children develop reading and math skills
• Create a home environment supportive of learning

Guiding Good Choices (grades 5-6)
Establish a family policy on drug use
• Practice refusal skills with children
• Use self-control skills to reduce family conflict
• Create new opportunities in the family for children to contribute and learn
Child Social, Cognitive and Emotional Skill Training

- Listening
- Following directions
- Social awareness (boundaries, taking perspective of others)
- Sharing and working together
- Manners and civility (please and thank you)
- Compliments and encouragement
- Problem solving
- Emotional regulation (anger control)
- Refusal skills
Followed longitudinally from age 10 to present with good retention

808 5th graders above 90% retention 88% retention
RHC Effects Compared to Controls

At the end of the 2nd grade
- boys less aggressive
- girls less self-destructive

By the start of 5th grade, those in the full intervention had
- less initiation of alcohol
- less initiation of delinquency
- better family management
- better family communication
- better family involvement
- higher attachment to family
- higher school rewards
- higher school bonding

grade 1 2 3 4 5

SSDP Long-term Follow-Up

Randomized Controlled Trial

Non-Randomized Controlled Trial

Expanded sample size
Added intervention and control classrooms
Intervention at the whole school level

Late Tx
Full Intervention
Control

Late Tx
Full Intervention
Control

grade 1 2 3 4 5
age 7 8 9 10 11
By age 18 Youths in the Full Intervention had:
- less heavy alcohol use
- less lifetime violence
- less lifetime sexual activity
- fewer lifetime sex partners
- improved school bonding
- improved school achievement
- reduced school misbehavior

By age 21, compared with controls, those in the full Tx had significantly:
- better positive functioning at school or work
- better emotional and mental health
- more likely to have graduated high school
- more likely to be attending college
- less likely to have a criminal record

By age 27, compared with controls, those in the full Tx had significantly better:
- educational attainment
- economic attainment
  - mental health
- less likely to have a criminal record

Effects of Full RHC Compared to Controls

Effects of Raising Healthy Children on mental health outcomes at ages 24 and 27.
Proportion in 3 Conditions Who Met Criteria for General Anxiety Disorder, Major Depressive Episode, or Post Traumatic Stress Disorder Diagnosis at Ages 24 and 27

*\(p<.05\)
Conclusions

• Universal childhood preventive intervention can reduce suicide ideation, behaviors and related mental health outcomes well into adulthood.

• Associations were mediated, in part, through effects on protective factors targeted by RHC that persisted during adolescence.
Effective Prevention
NRC & IOM (2009)

Controlled trials focused on reducing risk and strengthening protection have identified over 65 effective policies and programs proven to prevent behavioral health problems. Raising Healthy Children is just one.

Effective programs: www.blueprintsprograms.com


Effective prevention saves money: www.wsipp.wa.gov
24 of these tested and effective programs promoted emotional well-being

Mental health problems affected:

- Anxiety
- Depression
- Emotional regulation
- Internalizing
- Post traumatic stress disorder
- Suicide/suicidal thoughts
- Mental health other

http://www.blueprintsprograms.com
## Example Blueprints programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Model</th>
<th>Benefits Minus Costs</th>
<th>Concerns/indications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive Action</strong></td>
<td></td>
<td></td>
<td>Academic Performance, Alcohol, Anxiety, Bullying, Delinquency and Criminal Behavior, Depression, Emotional Regulation, Illicit Drug Use, Positive Social/Prosocial Behavior, Sexual Risk Behaviors, Tobacco, Truancy - School Attendance, Violence</td>
</tr>
<tr>
<td><strong>Adolescent Coping with Depression</strong></td>
<td>Promising</td>
<td>Benefits Minus Costs</td>
<td>Depression</td>
</tr>
<tr>
<td><strong>Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</strong></td>
<td>Promising</td>
<td>Benefits Minus Costs</td>
<td>Depression, Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td><strong>Family Check-up - Toddler</strong></td>
<td>Promising</td>
<td>Benefits Minus Costs</td>
<td>Conduct Problems, Externalizing, Internalizing, Reciprocal Parent-Child Warmth</td>
</tr>
<tr>
<td><strong>Family Foundations</strong></td>
<td>Promising</td>
<td>Benefits Minus Costs</td>
<td>Antisocial-aggressive Behavior, Anxiety, Conduct Problems, Depression, Externalizing, Internalizing, Prosocial with Peers</td>
</tr>
<tr>
<td><strong>Good Behavior Game</strong></td>
<td>Promising</td>
<td>Benefits Minus Costs</td>
<td>Alcohol, Antisocial-aggressive Behavior, Illicit Drug Use, Internalizing, Mental Health - Other, Suicide/Suicidal Thoughts, Tobacco</td>
</tr>
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</table>
What prevention programs are most needed in your community?
The Challenge
Different Communities, Different Strengths and Needs

- Different Norms & Values
- Different youth problem behaviors
- Different levels of risk and protection
- Different resources & capacity
Communities That Care

A system for building local capacity to choose and implement effective prevention programs to address prevalent risks and strengthen protection against behavioral health problems of concern.
CTC - A Continuous Improvement Process

1. Get Started
2. Get Organized
3. Develop Community Profile
4. Create a Plan
5. Implement & Evaluate
1. Get Started
   - Form coalition
   - Learn about prevention science
   - Write vision statement
   - Organize work groups
   - Develop a timeline

2. Get Organized
   - Conduct community youth survey
   - Prioritize risk and protective factors
   - Define clear, measurable outcomes
   - Select tested, effective policies and programs

3. Develop Community Profile

4. Create a Plan
   - Define clear, measurable outcomes
   - Select tested, effective policies and programs

Phases:
- **1** Get Started
- **2** Get Organized
- **3** Develop Community Profile
- **4** Create a Plan

**Months:**
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 1yr
Effective Programs Implemented in CTC Test

School-Based
- All Stars Core
- Life Skills Training (LST)
- Lion’s Quest SFA (LQ-SFA)
- Project Alert
- Olweus Bullying Prevention Program
- Towards No Drug Abuse (TNDA)
- Class Action
- Program Development Evaluation Training

Selective After-school
- Participate and Learn Skills (PALS)
- Big Brothers/Big Sisters
- Stay SMART
- Tutoring
- Valued Youth

Family Focused
- Strengthening Families 10-14
- Guiding Good Choices
- Parents Who Care
- Family Matters
- Parenting Wisely

communities that CARE PLUS

W CENTER FOR COMMUNITIES THAT CARE
UNIVERSITY of WASHINGTON
School of Social Work
The Test of Communities That Care
2003-2013

24 incorporated towns
~ Matched in pairs within state
~ Randomly assigned to CTC or control condition

Longitudinal panel of 4407 students
~ All 5th graders in public schools
~ Surveyed annually from grade 5
Communities That Care = Significant Results

- 33% tobacco
- 32% alcohol
- 25% delinquent behavior

*Reductions in drug use and delinquency.*
Effects Sustained through High School

- In CTC communities:
  33% had never used alcohol  
  (v. 23% control)
- 50% had never smoked cigarettes  
  (v. 43% control)
- 42% had never engaged in delinquency  
  (v. 33% control)
- 34% had never engaged in violent behavior  
  (v. 41% control)
Communities That Care is Cost-Beneficial – even when effect sizes are reduced by 50%

- For every $1 spent - $4.17 return on investment
- Low risk of negative investment return—likely to get a benefit greater than costs 80 times out of 100

Washington State Institute for Public Policy, 2016
Thank you!

To learn more about CTC go to:
www.communitiesthatcare.net

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