Implementing CAMS in K-12 Schools

Collaborative Assessment and Management of Suicidality (CAMS): Its Use and Effectiveness in K-12 Settings

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A Webinar Designed for the *Office of Suicide Prevention, Colorado Department of Public Health and Environment*

Webinar Outline: CAMS in K-12 Schools

1. Discuss the epidemiology of suicide, including some of the changes among youth
2. Review methods of assessing readiness and capacity to implement CAMS
3. Review implementation strategies to incorporate CAMS into existing K-12 service delivery models with fidelity
4. Discuss how CAMS fits within existing K-12 frameworks
5. Talk broadly about implementation challenges in schools

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Readiness for CAMS in K-12 Schools

- Conducting a needs assessment
- Evaluating readiness for CAMS
- Assessing existing infrastructure
  - Workforce needs
  - Capacity
  - Records management
  - Physical plant
  - Policies and procedures (e.g., consent, notification)
  - Interagency collaboration (DoE, MH, DSS, crisis response, law enforcement)

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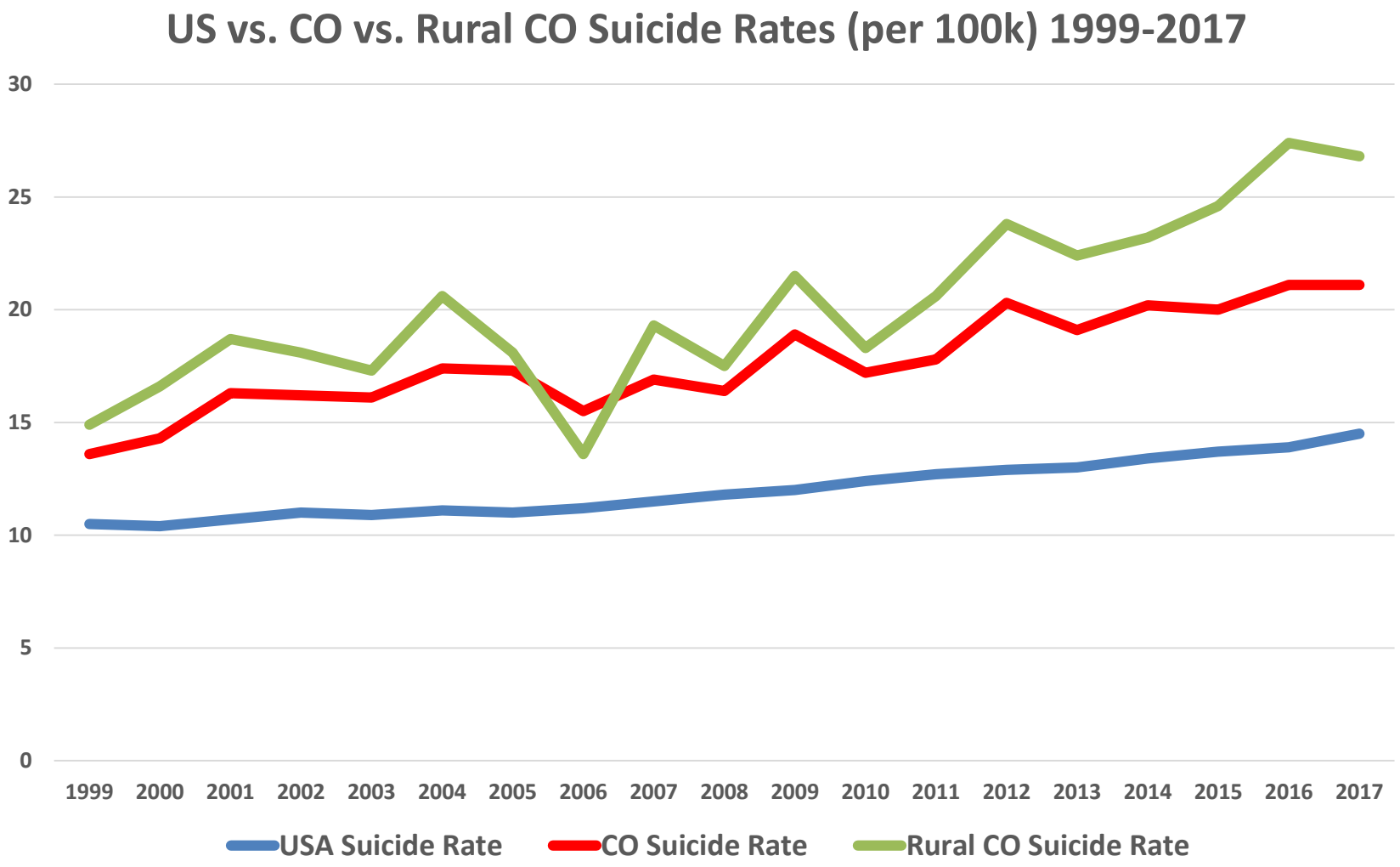
How Does Colorado Compare to National Rates?



CDC WONDER, accessed 2019

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Are these trends relevant for today's youth?

- Epidemiology 1999 - 2017
  - For females between 10-14, rates increased over 200% (0.5 to 1.7 per 100k)
  - For females between 15-24, rates nearly doubled (3.0 to 5.8 per 100k)
  - Rates for males between 10-14 increased significantly (1.9 to 3.3 per 100k), as did the number of deaths by suicide for males between 15-24 (16.8 to 22.7 per 100k)

Source: https://www.cdc.gov/nchs/data/databriefs/db330_tables-508.pdf#3

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School Mental Health in North Carolina Schools

Assessment, Support & Counseling (ASC) Center

Mission. Helping educators to educate by:

- Providing access to high quality, supervised mental health services to children and families regardless of their ability to pay
- Training a steady stream of qualified school mental health professionals who ideally join the regional workforce
- Conducting research that informs effective school mental health practices; make data-based decisions

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ASC Center Model in Western North Carolina

Current Services (2006 – present)

- YRBS surveillance and analysis
- Suicide prevention education
- Website maintenance, connection to community resources
- Assessment
- Consultation
- Individual therapy (e.g., Cognitive Behavior Therapy; CBT)
- Crisis intervention and management
  - PEACE (2012: Prevention of Escalating Adolescent Crisis Events)
  - CALM (2015: Counseling on Access to Lethal Means)
  - CAMS (2016: Collaborative Assessment and Management of Suicidality)

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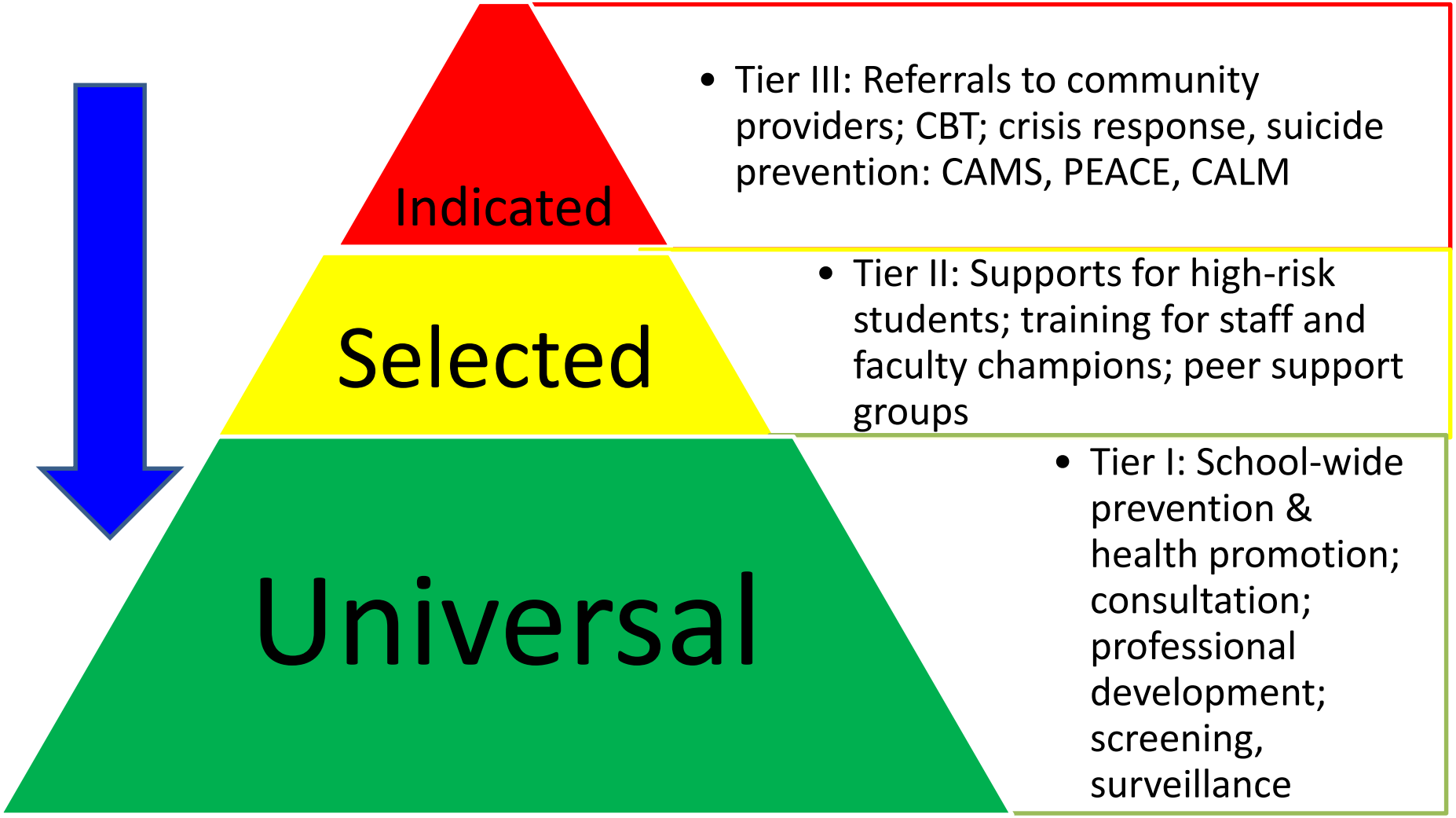
The ASC Center: Summary in Systems Framework



Peer Reviewed Studies Regarding CBT in Schools

- Clinically significant reductions in psychological symptoms for 65-70% served (Albright et al., 2013; Kirk et al., 2018)
- The majority of youth served achieve clinically significant change in 10-14 sessions of CBT (Kirk et al., 2018)
- Clinically significant improvements in mood symptoms using 8-12 sessions of modular CBT (Michael et al., 2016)
- Improvements in academic variables: attendance, discipline referrals, GPA (Michael et al., 2013)
- Works well in conjunction with crisis intervention & suicide prevention procedures in schools (Capps et al., 2019; Michael et al., 2015; Sale et al., 2013)

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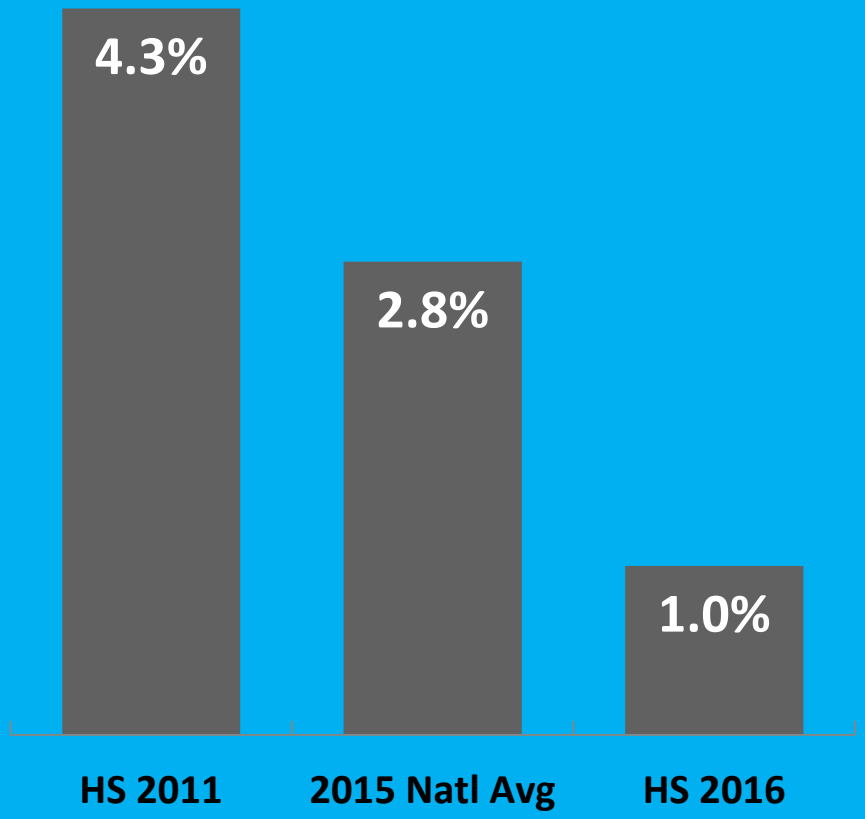
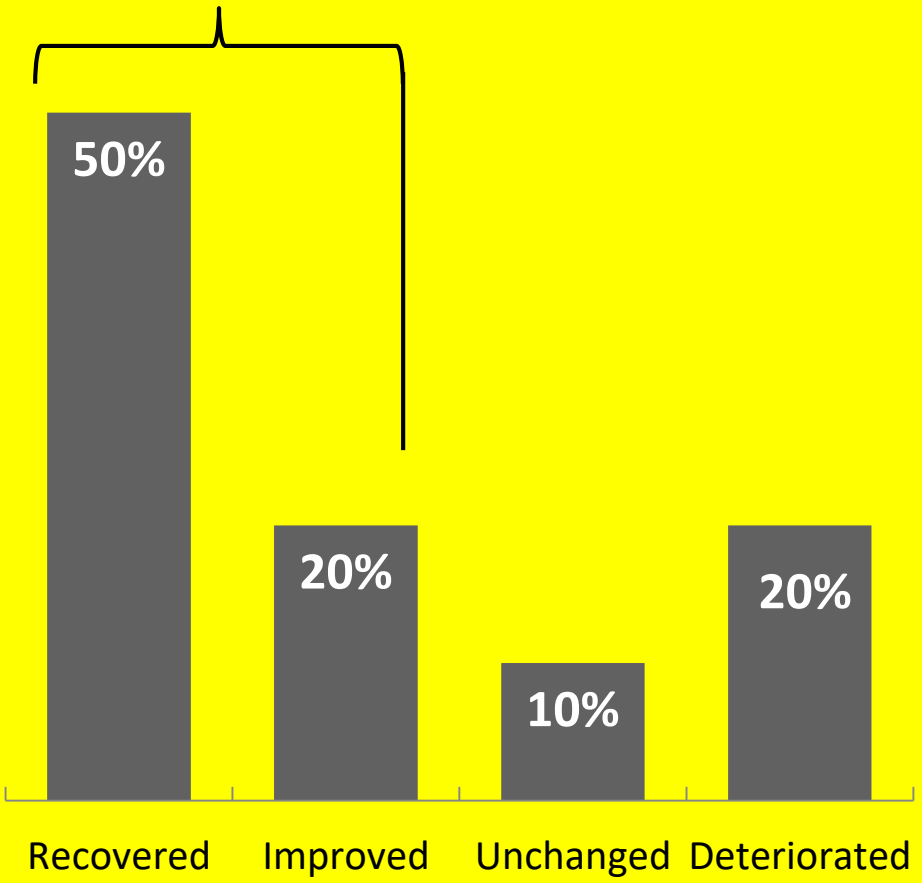
Local Base Rates; Local Results

YRBS: Adolescent Reported Suicide Attempts (12 months) Requiring Medical Attention



Post-Treatment Results 2017-2018

70% of students who started in a *clinical* range were significantly improved by the end of treatment



Sustaining and Growing Suicide Prevention in Schools: Preparation for CAMS

- Despite our progress, gaps remained
- Critically important to manage highly involved students
  - Following up with suicidal youth or those in crisis
  - Transition to and from more restrictive settings (inpatient, residential), emphasizing case coordination across systems
  - Maintaining or improving educational status
  - Focuses on long-term outcomes and plans versus only the events surrounding the acute crisis

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Prevention of Escalating Adolescent Crisis Events (PEACE)

- School Safety Paradigm
  - Easy to understand algorithm assessing evidence-based risk and protective factors that are implemented across disciplines and agencies
  - 4 levels of risk: **Green, Yellow, Orange, Red**
  - Each level is associated with a set of behaviorally anchored action steps, consultative and supervision elements, notification requirements, safety planning, documentation, and follow-up procedures

Sources: PEACE; Capps, Michael, Jameson, 2019; Michael, Jameson, Sale et al., 2015; Sale et al., 2014

Addressing the gaps: CAMS and CALM

- The PEACE protocol data suggested that we needed more intensive and effective interventions for suicidal youth, given that between 3% - 7% of students referred each year
- Collaborative Assessment and Management of Suicidality (CAMS)
  - David Jobes
- Counseling on Access to Lethal Means (CALM)
  - Elaine Frank, Cathy Barber, Mark Ciocca

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CAMS: Background and Key Features

Developed in 1987

- Key Features:
  - Evidence-based, structured, includes supporting documents, with repeatable steps
  - Flexible, adaptable for use in schools
  - Not coercive but collaborative
  - Focused on least restrictive alternatives
  - Suicide specific
  - Offers tracking and management mechanisms

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A case example…

Chris is a 16 year-old struggling with a recent breakup. Lately, he has been missing school, withdrawing from friends, and drinking alcohol. His parents contacted the counselor at his school and urged him to speak with her. He reluctantly agreed. The counselor subsequently uses a conventional "screening" process by asking a series of unstructured questions.

From: Frank, Barber, Jameson, & Michael, 2019

Philosophical Underpinnings of CALM

- Public health approach
- Focuses on the “how” of suicide
- Prevention via safety planning (e.g., *Stanley & Brown, 2012) and risk reduction
- Acknowledges gap in the empirical literature regarding our capacity to predict attempts

*www.suicidesafetyplan.com

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Using CAMS in K-12 Schools: Progress Update

Empirical study (in prep)

- For a student to be included in the study they had to have completed a CAMS Suicide Status Form-SSF IV (Initial Session) and a Stabilization Plan that includes specific steps to reduce access to lethal means (CALM)
- Sample Participants: 36 (29.7% male)
- Age Range: 14-18 years old

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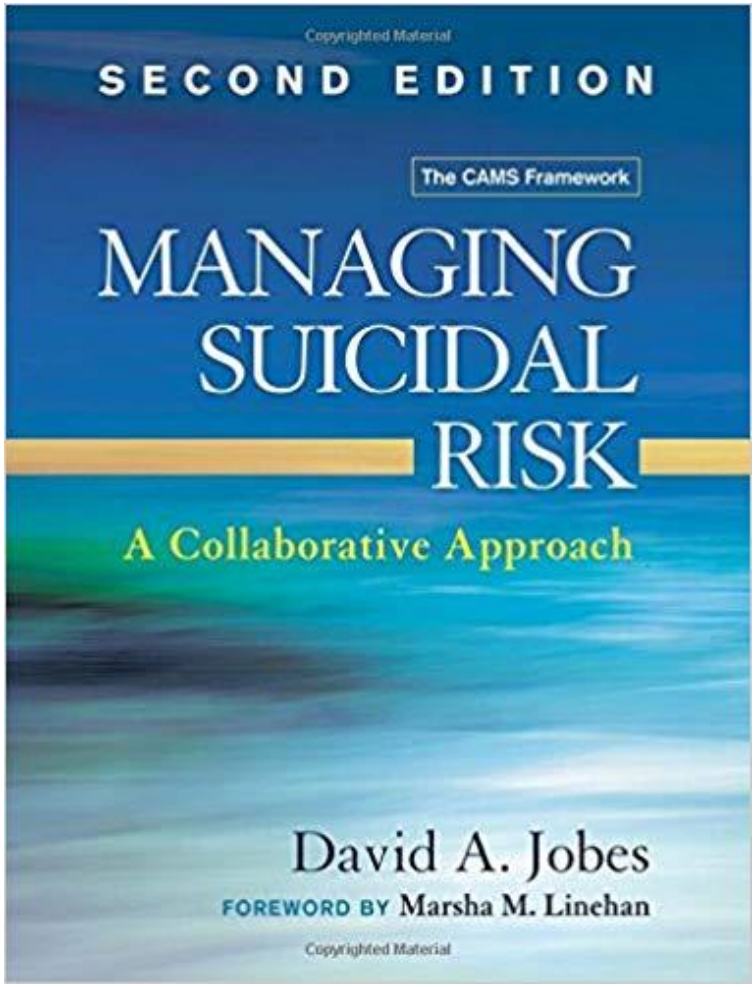
CAMS Resources and Relevant References



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CAMS Resources and Relevant References

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- *Albright, A., **Michael, K.D.,** Massey, C.S., *Sale, R., *Kirk, A., & Egan, T.E. (2013). An evaluation of an interdisciplinary rural school mental health program in Appalachia. *Advances in School Mental Health Promotion, 6,* 189-202.

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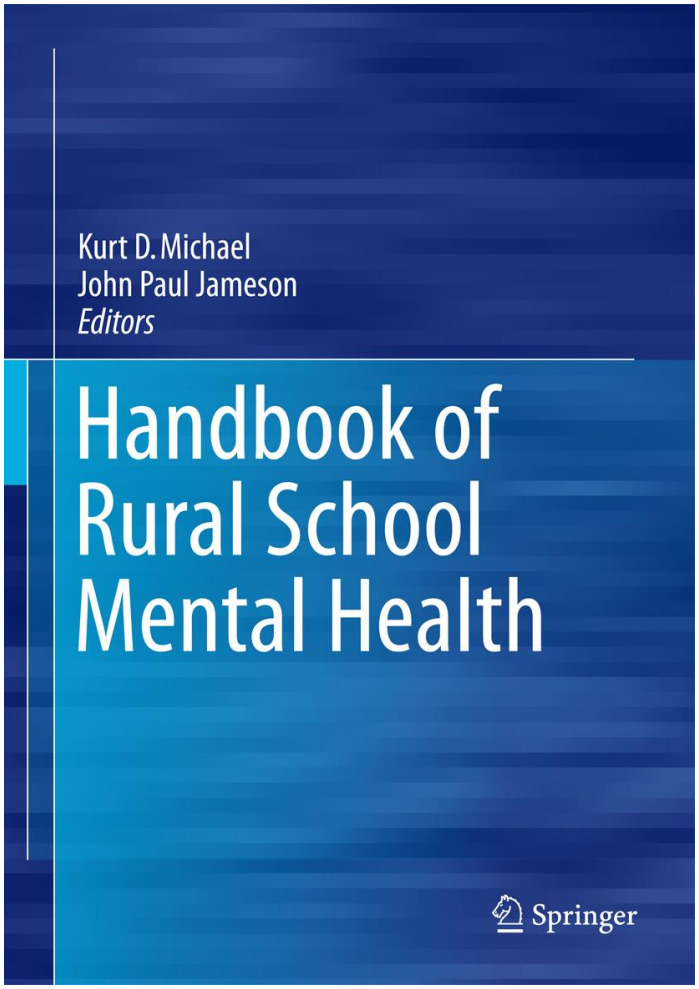
Additional Resources: Handbook of Rural School Mental Health

- **73** national and international authors, all with specific expertise in developing, funding, sustaining, and evaluating systemic rural SMH programs



Closing and Contact Information

Thank you!

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For more information about the field of suicidology and CAMS please visit the CAMS-care website at cams-care.com

If you are interested in books, training videos or seminars please contact Dr. Kevin Crowley at camscare.Crowley@gmail.com

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