



Suicide Prevention Across the Educational Continuum Series
Part 3: School-Based Suicide Prevention Interventions for K12 Populations

Video Transcript:

>> Welcome to today's presentation, School-Based Suicide Prevention Interventions for K-12 Populations.

>> As we have noted, the work of the Mountain Plains MHTTC and Mountain Plains PTTC is supported by SAMHSA and DHHS. We would like to note that today's presentation is provided free of charge and is available in the public domain. Also, the information presented today are the views and opinions of Dr. Aaron Fischer and do not reflect the official position of SAMHSA or DHHS. Please let us know if you have any questions about the information in this disclaimer.

>> It is my pleasure to introduce our presenter today. Dr. Aaron Fischer is a faculty member in the Educational Psychology Department of the College of Education at the University of Utah and works with schools across Utah to build and sustain contemporary behavior and social emotional programs, both in elementary and secondary settings. Dr. Fischer also has an appointment in the University of Utah School of Medicine's Department of Psychiatry where he is the director of their pediatric feeding disorders clinic. I will now turn the time over to Dr. Aaron Fischer.

>> Thanks so much Taylor and thank you so much to our over 520 participants who are joining us today for this webinar on School-Based Prevention Interventions for K-12 Populations. I really appreciate you all taking your time out of your days to spend with me. I know there's a lot going on right now and so this is a really pertinent topic, particularly for those of you who serve children and adolescents. And so, I'm really excited to share the next hour or so with you talking about this. We'll have time for questions at the end, but hopefully at the end I leave you all with just a few more ideas about how you can leverage some of the amazing work you probably are already doing. But to get that work into schools to really impact students and ultimately prevent suicide, which I think is really the goal of the series and so much of the work that we do in mental health.

>> So, as we move forward, I would be really remiss if I didn't give a huge shoutout to my team who I have the privilege of working with at the University of Utah through our lab, the University of Utah Technology in Training Education and Consultation Lab. If you have a cell phone available right now, you could take that out and open your camera and scan that QR code, that'll bring to our website if would want to see more of the work we do. But there's a list on top of some of the work which is multi-tiered school mental health programs, which we're going to spend the majority of our time talking about today. A lot of our teleconsultation work which has been interestingly

serendipitous during this time because we've been doing this work for about eight years. And then more with behavior supports and consultation, we run some day treatment programs in schools, provide professional development, and help with behavior supports. I have the privilege of working with these amazing people shown on screen in these various districts here in Utah, as well as some funding from the Cambia Health Foundation which is a really great supporter of our school mental health work which we're going to be talking about. So, just a shout-out to the amazing team.

>> All right, so key questions for today. We're going to take you kind of a journey of five key questions. What are the multi-tiered systems of positive behavior and social emotional learning supports to prevent suicide in K-12 settings? What are effective universal suicide prevention strategies? What are effective targeted prevention strategies? And what are effective individualized prevention strategies? Last, how do you identify students who are at risk? How do you know if your services are working? And these are really important questions and as we go through the talk today, I'm really going to adhere to this multi-tiered systems of support framework.

>> What I'm showing you now is kind of the inner workings of our school mental health program, but I like this because it gives that triangle. I hope many of you have seen this triangle before, if not it should be reminiscent of the medical model. Where pretty much what we say is we're trying to be efficient with the services that we have and trying to make sure that all students are getting what they need. So, that really brings in the question of equity. So, what we say in this model is 80% of students are going to need kind of this foundational subset of social emotional mental health behavior supports. Then if we're doing it right, we should be able to screen and identify students who need a little bit more or those students who might be at risk for developing more mental health issues, maybe more at risk for suicide. And then we can identify a smaller subset of individuals who don't respond to those green and yellow tiers and really help hone in on more individualized prevention efforts. And so, let me explain to you, kind of what we do in our school-based program. And there are many programs similar to this across the country, but the hard part that we find is getting this to actually stick and getting these systems that happen independent of a [inaudible] program. So, with many of the providers who are on the call thinking today how can we collaborate as agencies or providers with our schools to provide some of these services? And you all maybe already do some of these things. So, if so, I really commend you for taking that leap, this is really, you know, I'm biased but I think this is such an important area for suicide prevention for our youth. So, let me just go through briefly about each of the tiers and then I'm going to spend the next little bit of time really diving in and talking about explicit things that you can do or programs or strategies that you can do. So, leaving this webinar today you're feeling there's a few more tricks that you can use or a few more tools in your toolbox that you can use to really help inform your practice. Tier one all the way at the bottom, this one is talking about social emotional learning supports. These are services that teachers are providing that are available to parents, to all students. Tier two supports there's more targeted interventions and these are things that not all students are getting, probably about 15% of the population if you have these really strong foundational supports. And then last is these tier three individual psychotherapy services, which probably is pretty reminiscent to the individual services that you provide

in your clinical context or an agency, or if you're doing school mental health work. We'll come back to this again a little bit later. But if you dive in a little bit more with the slides that we'll send out, you can kind of see what the actual tasks are that we do.

>> Okay, the first thing, and you probably have heard this, is this idea of school climate. School climate is so important because it really sets the stage for everything that's happening in school. How it feels when you walk in, so you can see all these new buildings pop up and there's amazing architects and engineers who are designing things to create more light. Those are parts of school climate. There are also parts, things like school connectedness; to what extent do students feel they have a place in that school and that they feel welcome, despite their identity, their backgrounds, their cultures. These are huge components that really drive successful outcomes. Positive discipline is another one. We have a huge movement in our schools for positive interventions and supports. What that means is we're getting away from punitive consequences, we're getting away from taking things away from people and trying to give things to people. Have them earn things rather than have a response cost where they lose something. We want to have restorative practices where if something goes wrong, rather than a suspension where they're out of school and missing more time and losing out on connectedness, there's an empathic moment where people are trying to reach out and trying to understand the contextual circumstances that are driving the discipline problems kind of overall. We also think about things like positive prevention systems and effective interventions. So, not only are we thinking about positive behavior supports, but also are we using evidence-based practices that we know work in schools? That we know are tried-and-true because of the wealth of research that many fields have contributed to school-based practices? This next one I'm going to mention is the number one predictor of student success and really feeds into school climate and that's the home-school collaboration, the extent to which parents can be involved. And granted this is largely influenced by privilege and the circumstances that people have, it really predicts the student success and we know this. So, really having overt opportunities to bring communities and parents, caregivers into the whole school experience. Cultural competence, practitioner's ability to recognize differences that may exist in the cultures. And seeking to understand and ask questions about those differences and reflecting how their own bias may influence those things, it's critical. And cultural competency is this ongoing lifelong skill requires constant conversations. And particularly, if you're working in any assemblage of a diverse student body, which I think many of us in public schools and schools around the country do. And last but not least is school safety for all students and we've seen a lot in the past few years around school safety getting a lot of attention. School safety is critical and making sure that all students can come to an environment that they feel safe and predictable, and reliable is really important. Now, how can we do all of these things around school climate? How do we create these things?

>>For me, it's really hinged on our ability to teach and support social emotional learning in our schools, in our classrooms, at home, in all contexts of life. Traditionally, people may get social emotional learning in a variety of different contexts. In schools, this is really increasingly becoming more popular. Unfortunately, we've sort of missed making this a priority for let's say the past 20 years or so and I think there have been a lot of

circumstances that have influenced those things. But what's really exciting for me now is to see this come to the forefront and that people are realizing that this is a foundational component. We need our students, our teachers, our school support staff, and administrators, our parents to learn social emotional skills, so they can teach our students, but also apply it for themselves. I want to spend a little bit of time walking you through kind of each of these different components that make up social emotional learning. And if you're interested, I would check out Casel, this is the collaborative for social emotional learning. And it's a really amazing resource, they evaluate what is quality social emotional learning, but also give out resources. And it's one that I always go to when I'm thinking about doing this work, it's been really helpful, especially in this time. So, let me walk you through each of these. First is self-awareness and this is really an important skill we try to teach students about recognizing their own emotions, their values, as well as their strengths and maybe challenges that they'll experience in their world. This is a really important piece of life. Responsible decision-making, particularly for adolescents we know this is challenging, so we're trying to teach them skills to make ethical, constructive choices about personal and social behavior. Relationship skills, interpersonal conflict is huge, especially in our secondary settings and it becomes even more nuanced. And so, teaching relationship skills all the way from kindergarten through high school. Now that changes of course, it's critical. We can't just teach a kindergartener to third grade and expect them to have the same effective social emotional skills the rest of their lives. The social context changes, the expectations change, and people have to realize that our students need to be taught frequently how to manage those nuances. That maybe we take advantage of or take for granted because we're more practiced, we've had more time to figure these things out. We forget about how hard it was. The next piece is social awareness and that's really showing understanding and empathy for others. It's such a critical piece to the extent we can understand and take time to appreciate what another person may be experiencing. It can have profound effects on one's own ability, but the people they work with around them. And then self-management, this is managing our own emotions, behaviors to achieve the goals that we want. And so, these components all added together make up social emotional learning. There are programs, many that you could purchase that have great curricula that you can follow. And for me what I think is great is every school needs to have some assemblance of this. This needs to be a cornerstone where we have social emotional learning, behavior supports, and academics as these three rungs that really prop up our students. Let me show you some of the ways that we've attempted to do this in sort of our contemporary landscape.

>> So, this video I'm going to show you is a social media campaign that we recently launched a couple of weeks ago kind of in response to some of the COVID restrictions. But this is an example of how you can get social emotional content out to families. So, we have multiple social medial platforms, this is our Facebook page. And we translated this into four different languages because the students we serve in our schools, they are very diverse and we want to make sure their parents are getting access to these great resources. Every day we post a 30-second video around 7 different themes involving social emotional skills, behavior, how to kind of deal with everything going on right now. At the end of the presentation today, I'll have a link to our Twitter account for our lab and

you'll be able to follow that and see some of these videos. But please let us know if you're interested as well. And then of course, here is our YouTube link that this has all of them if you want to kind of share. But we're trying to think of ways that we can get this content out to people who really need it and in schools this would be a really nice way.

>> Also, if you have your phones ready right now, if you follow any of these social media platforms and you're interested in following our project, we have daily posts in these languages and we'll be posting throughout the rest of the year. So, social emotional learning is important to us and it really is a great way to make sure that your connected community is taking sort of that temperature down of risk in your setting.

>> Okay, what are other things that are available school-wide to help promote all the things that we talked about that are important? I'm going to highlight one here in Utah, there are many in other states and I'll have kind of a list of some of the other ones available. But it's called the Safe UT App, Safe UT is a kind crisis chat and tip line. We use it statewide to help K-12 settings and it's an anonymous tip line, they have live chat confidential potential program and it's right from the smartphone. We have licensed clinicians 24/7 and really, it's like a call center support for crisis counseling, suicide prevention, and then referral services. Anyone with emotional crises, bullying, relationship problems, mental-health or suicide-related issues.

>> This is kind of the interface of the app. What does it actually do? Well, the people who man this which is our great collaborators at the University of Utah Neuropsychiatric Institute. They answer calls and chats confidentially and for free, including topics around depression, anxiety, mental health issues. Suicide prevention which is really what we're interested in and continue to use this for because we've seen such positive impacts. Loss and grief, bullying, cyberbullying, and the list goes on. So, it's really just a nice tool. And recently we've had -- so, my colleagues here at the University of Utah got a small grant to really study the outcomes of this and how can we do better work and be more informed.

>> How does it help? Well, if users are in a place of crisis they can move to a calmer, safer place by interacting with the individual they're talking to. They can create a plan to stay safe with resources which they can do in dynamic live chat or phone. They have a supportive team, there's a non-judgmental space for them and they can really help with problem-solving and information about resources.

>> So, it's just a great tool. These are a little bit more of the contexts and a link to some of the resources. They have texting, it's completely confidential, and it's always a free line.

>> In comparison to some of the other programs that we might see across the country, let's talk about sort of some of these other ones. So, if you look at kind of across the states, they're listed on top the different programs where the states they serve on the bottom. And what I think is really cool, and this is coming from the University of Utah's website so they're making this comparison, is that it's a really robust service. And that there's licensed clinicians, it's safety tip, crisis text, and a call line and a live chat, and has availability to everyone within the state. As you can imagine, this is a great tool because students can anonymously report if they're worried about a friend or if a person

themselves needs help. We have seen some misuse of this as you can imagine with technology where there will be pranks and people will say that a student is experiencing suicidal ideation. And then that individual has to go in and we go through our threat assessment, a risk assessment, and find out that this was essentially a prank. So, as you can imagine with technology there's so many great things, but there's also clever ways that our adolescents and children we work with try to, you know, test the system to see what holes we have. So, I'm always interested in those because that helps inform how we can improve these things and make it even more useful. So, that's hopefully some useful examples of other ones that are available.

>> Okay, the next piece that I want to mention as sort of this universal tier one level of support to help with our prevention efforts is around screening. Now, this is kind of a hot topic because many people in schools there's not like a unanimous federal mandate that says we have to screen all kids in all schools. I think part of the issue for this is because many people are worried what do we do if we find that our kids, our students need our support and there is this sense of whose obligation is that? Well, I'm bias, I think it's the school's obligation because I think schools are a place where people should be able to learn about mental health and social emotional skills, as well as academics and behavior. And so, if we're really trying to be comprehensive and that's the place where kids are, we should identify them and serve them. This is a measure that I like to use, it's from my colleague Tyler Renshaw who's at Utah State University and it's called the Student Objective Wellbeing Questionnaire. And it really is a quick, easy measure that we use at the beginning of the school year. We actually do it multiple times because we like to progress monitor, but even getting a sense at the beginning of the school year of the temperature of what's going on with your students is so helpful. And for me this becomes increasingly more important as we start to return back to schools in somewhat of an in-person format. I'm also thinking of ways how do we do this virtually, but I think that's probably a whole another conversational, a whole other webinar. This scale breaks down the four areas, the joy of learning, school connectedness, educational purpose, and academic efficacy. That's a free measure, you can download it from the links that I have here. But what I love is for me school connectedness is such an important predictor of these prevention efforts. When I feel connected to people, when I feel a purpose to go to a place and interact with someone, I have a choice to do that or to not. And there must be something that is so rewarding and inspiring about that environment for me to continue to go there. And so, I really like to look at that item as a sort of honed-in -- a part of the screener.

>> Let's shift gears a little bit, that's kind of a very brief summary of our universal supports and some of the ways that we're looking at providing these. What we do in these prevention efforts with social emotional learning is we train teachers to do this work, they're out kind of incidentally integrating this content in their teaching. And then we're creating larger sort of systems for students that come together, like lunch bunches and other times where there can be connectedness at the tier one level. Okay, that being said, let's switch gears to targeted prevention. Remember this is tier two, this is kind of that middle part of the triangle. And in this part, we're trying to identify students who need a little bit more. And this is where I think all of our screening efforts, our connectedness with the staff really pay off because now we can say, this seems

different than some of the other students I work with. This student seems more withdrawn or this student seems like hygiene might be an issue, or this student seems like some other really important piece is needing to be addressed. And so, what we do in this level is we create a variety of different services, one being a wellbeing committee. And this is typically a school level committee that is school social workers, school counselors, school psychologists, administrators, teachers, students, parents who come together and will talk about all things, wellbeing, social emotional supports for the school. Now students and parents would get dismissed and then the rest of the team would talk about referrals, who are we thinking about, who should we be helping? These can be great because they route all of the systems that are happening in this triangle that I just showed you. The next thing we looked at are those students who are at risk, how can we help them feel more comfortable but not have to do necessarily like a weekly therapy visit. And so, what we do with these students is a brief check-in. We might say hey, this student came up a little more elevated on their student subjective wellbeing questionnaire. Every month we're going to check in and we ask them about any suicide risk, we talk to them about how things are generally going, if there were any symptoms that we should be looking out for, we talk to them about. And if it's ongoing, we check in about those things that we discussed previously. And so, we love this brief check-in because it's kind of like a brief therapy almost, we're not sort of doing that in that same sort of like brief targeted therapy. But it really is an opportunity to connect, to check in on important things, and then if needed triage to a more intensive group or individual therapy. Speaking of group, this is probably a space that many of you feel comfortable with. Let me just move forward in the slides here, sorry. With our groups, we're really looking at unique content.

>> So, let me pause there for a second, I'm going to just go through this one slide, so that I have a chance to cover this content that I left out. So, with our support for students at this kind of targeted level. Like I mentioned before, we have our well-being committee who has all these tasks that they're supposed to do. We have our brief check-ins which I just mentioned and we have these ongoing.

>> But what happens if a student needs more connectedness from home? What if they're at risk and really what they need is just their parent to follow through them more a little bit? What we can do is set up these electronic school-home notes. This is an example of a text from one of my colleagues here at the University of Utah with a link at the bottom, which really just walks you through setting up this digital communication with the teacher and a parent. And essentially, the teacher can write notes, set up points and the students can earn rewards and have other kind of incentives in place for following instructions, completing work. Again, these are for more of the students who have more at-risk issues to make sure that they're following through. Other ways this has been applied is also for more internalizing symptoms. So, just checking on the student, making sure they're engaging in class, making sure they're participating, making sure they're going to drink water and they're eating their lunch. These can all be communicated through this kind of electronic school home-note.

>> Okay, another tier two intervention that I really like is called check in and check out. This is developed by my colleague here at the University of Utah Leanne Hawken. And

it's been shown really effective through really K through high school as a tool for both internalizers [phonetic] and externalizers where a mentor is assigned to the student. And it could be any single person at the school, it could be a custodian, it could be the PE coach, and that person checks in with a set of goals that this individual should be targeting. And maybe those are symptoms like I'm going to try to participate, I'm going to try to use my feelings, talk about them more, I'm going to make sure that I eat my lunch. Whatever it is that's really important we can set those goals, they check in with the mentor, and at the end of the day or throughout the day, the teachers are checking in with the student to make sure that those goals are being met and providing performance feedback. Hey, I noticed in my class you did an amazing job participating, that was super cool; I can't wait to see you do more of that tomorrow. Through the day they go in through this feedback with their teachers, then they meet with their mentor again. And if they've met their goal, they communicate that to home and there's some type of incentive that's in place for them for meeting these goals and we can adjust those kind of through time.

>> Other groups are really important and this is really critical I think for prevention efforts. If we're doing all those other things that's great, but mostly these are going to be accessible for schools. Every school counselor, social worker and if you all as outside providers maybe are collaborating, you could come in and provide similar content. What we do for our groups is we're really focusing on things like problem-solving and decision-making. We really, really want to help empower adolescents and children with as much of this kind of content as we can. When it's younger children, we're focusing much more on social skills, but when we think about secondary settings, it's much more about coping skills, mindfulness, problem-solving, interpersonal skills development, and conflict resolution. As you can imagine, this probably just describes all the problems that any child and adolescent goes through. And so, empowering them with these skills early on can be really great. Something that we've done even more recently is integrating ACT-based therapies, acceptance and commitment treatment, as well as dialectal behavioral skills based from the DBT model into our group, so that we can just empower these adolescents and children with skills that they're going to need lifelong. And knowing that these students are at risk, these are really kind of big bang for your buck skills that will help them. Okay, so that's kind of a brief summary of our groups. We triage these groups based on needs that come up. So, if for some reason there's a really a germane social issue. We're going to make a group about that and try to respond to our communities and make sure that they feel supported and have a place to talk, and really feel like they can speak openly and comfortably about these things.

>> Okay, our last area of support that I'm going to mention is our individualized prevention. So, with our individualized prevention this is when we've said okay, we've run our small groups, we've done all our social and emotional, we have all these things in place. Now, there's going to be maybe 20 students in our large school population, maybe a little bit more, but it should be no more than 5%, who we're going to have to provide much more intensive individual psychotherapy. And we're going to focus on things like anxiety and depression, trauma and interpersonal problems. To the extent we can help students in school with these things we will. If we feel like we don't have the competency on our team or it's a more acute issue, maybe it would be an eating

disorder, maybe it would be some type of early budding personality disorder, we will refer out to our community partners. Because what we find is our community partners are people who we can rely on, who want to help us in the schools, and really gives us that nice wraparound continuity of support. We also try to connect with our medical providers because as we know, those folks can be incredibly helpful particularly for our students who maybe need medication management or consult. The schools aren't necessarily paying for these things, but we are trying to collaborate with those providers so that we have the most competent services available. For many of our individual services, what we try to do is start at a, you know, frequent visit and try to decrease the amount of visit that they need through time showing success with a real focus on skill development. Because what we think in educational format in schools, if we're really trying to prevent mental illness, mental health issues and suicide, we need to be able to do it effectively and early with this skill-based development. So, we really try to hone in on that.

>> Now, I've talked a lot about the services that we provide. And for the next few minutes I really want to talk about how we are measuring the work that we're doing, how do we know if it's working? I'm going to show you two examples of what we use on our projects, but by no means is this the end-all be-all measure, there is probably hundreds out there that you could use. What I think is the most important is that you all are making really informed decisions about the data collection tools. So, what are you using it for, why are you using that tool, and what are the kind of things that are changing based on how you're interpreting your data? For us, we try to find things that are free because as you can imagine, some of the stuff could be expensive. So again, these measures are from my colleague Tyler Renshaw who's at Utah State University. And this is just a brief 10-item measure on youth internalizing problem behaviors. And then another one, I'll just change the slide so you can see it in contrast, is the youth externalizing problem behavior screener. So, I'll walk through each of these, so we can kind of talk about it. And then I'll mention how we use this data as we're looking at progress. So, this one's really looking at internalizing problems. And when we're thinking about suicide prevention, you know, we really want to look at these things. We really want to notice the students who are maybe silently suffering, we don't really notice because they're not engaging in more externalized problem behavior. And so, what's really important is that we can find something brief and easy for them to use. Everything from, if you kind of read through it with me, feeling nervous, drained of energy, relaxing, settling down, having headaches. So, we're really tackling everything from thoughts, feelings, physiological responses. We get this measure and what we'll do is throughout our treatment, if they're in group, if they're in individual services, we're going to track them each session by saying hey, could you just complete this for us. And that gives us a weekly kind of check-in about how these students are doing. And this maybe isn't a traditional way you've done these services or this measurement, and maybe you've had and I think that's great, but for me kind of the behavioral psychologist in me is always looking for some way to progress monitor. And kind of validate that the work I'm doing is providing some real meaningful impact for my clients. So, I'm really always honing in on a tool like this.

>> Externalizing problem behavior screener, the same thing. We're going through these 10 items and really looking at where students come up. What we're hoping is that we're seeing reductions on these screeners, that we're seeing problems going away. And the kind of limitation to a screener like this is that it's being completed by the student. And so, our concern is that a self-report measure may lose some accuracy which is very true. And so, we're always trying to ask our teachers to do brief weekly measurements too, so maybe saying like on a scale from 0 to 10 how engaged was your student in class? That's going to be a really, really predictive item for us and those are called direct behavior ratings. And in the literature, they're really, really effective at measuring sort of on-task rates that teachers and provide, so it's a really easy progress monitoring tool. I would even recommend if you're not collaborating with schools, but you're doing this as like an agency provider send them something like that, maybe in that GPRA survey or something that the teacher could feel out. And if daily feels like too much, even get a weekly check-in; how is this week? For me, any data is better than no data to help inform our decision-making. And I'm always trying to be as nuanced as possible because these are people's lives and I want to make sure I can be responsive. And I think to the extent I can be responsive; I can prevent worse symptoms from occurring and I think that's really important.

>> Okay, so that's how we're using progress monitoring. And as we kind of wrap up sort of the content, I'm going to go through this triangle again just to make sure that it was really salient. And then I'm going to open it up for questions and I'd really love for you all to ask anything you might have. Again, the referral process for our support. So, I talked a lot about the services we did, but I haven't talked much about sort of the system, the interworking of it, how is this actually working. So, let me walk you through at least on the right side of things. We talked about screening, that's really helpful, that gives us one perspective from our students. We had over 700 students submitted this year which was really telling, we triaged that way which is great. But there is a wealth of other resources in the school and so what we do is try to tap into those. We are constantly talking to teachers, we have surveys for them to complete, if they have a student who they're worried about it, they can send it to us and we can screen that. As we've built our programming, we've empowered the school personnel who are there to do this work and to maintain it. So, we have our school counselors who immediately get those referrals from teachers and bring the students in and start that process. And that's really robust communication at the school-wide level. We also have parents who can call in and say hey, I think my student or my child might need something. And we value that a lot because we want to be able to provide that free resource. And then last, and this is probably my favorite one, is when we have the students self-refer themselves. And we have students come up to our kind of clinic space within the school, our offices, and they feel comfortable enough to say I'd really like to meet with you and talk a little bit more. Or we'll have, this is the really cute ones, we'll have the student who maybe worked with us previously bring their other friend down and say hey, I wanted to introduce you to my friend, I think that you'd really like them, they're really nice. And so, those moments for us are really validating because it speaks to the school culture, it speaks to the connectedness. And I think having a strong mental health program in these schools with multiple people interacting and communicating is how we can really

help prevent suicide and other mental health issues in our schools. And I feel optimistic about that and I think we know what works; we know what people could do to be successful. It's about empowering people, training them, supporting them so that these things can stick despite teachers turning over or administrators turning over. And I do feel optimistic, but it's going to rely on many people like you all who are here today to help push this forward. And so, for me seeing 538 participants on this call is extremely inspiring for me knowing that hopefully there's something new that stuck today that you can take to your practice and help students who are really at risk.

>> So, that being said, I want to turn it over to you all for questions. And with this last slide, here's my contact information. The lab link, as well as our Twitter handle if you want to follow our lab. During this time, we're posting all those resources, as well as other content and then the QR code. So, I'll turn it over now for questions.

>> Thank you so much, Aaron, for your presentation, that was great.