

# **Life is Precious**

# **Training Activity Guide**

**Columbia University**  
**New York State Psychiatric Institute**  
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# Life is Precious: Role-Play Scenarios

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**Directions:** Split into smaller groups of 2-3 people. Hand out one scenario to each group and allow 10 minutes for discussion and role-play practice. Each group will come up to the front and perform the scenario. Allow 10 minutes for questions, discussion, and constructive feedback after each group has performed. As the facilitator, strive to get perspectives from people with different backgrounds and roles at LIP.

## **Scenario A: Inquiry for potential participant**

Imagine that you are at Life is Precious, and you get a referral for a potential Life is Precious participant. Given her age (15yo), clinical diagnosis (depression and suicidal ideation), ethnic background (Dominican Republic and Mexican), verified enrollment in a high school, and attendance at an outpatient mental health clinic, the teenager is eligible to join LIP. Think about the steps you would need for an intake process. What would you do? How would you approach the participant and her legal guardians?

## **Scenario B: A participant arrives at LIP, emotionally distressed**

Imagine that it is 11am on a school day, and an LIP participant, Zoe, runs into the LIP office, emotionally distressed. She is crying uncontrollably and you cannot make out what she is trying to tell you. As you sit her down, you notice dry blood and cut marks on her wrists. What would you do? Who needs to be informed about the Zoe's whereabouts? How should you approach the situation? Which LIP employees can get involved and help?

## **Scenario C: A participant stops showing up to LIP and is bullied at the LIP program**

### Part A – Participant stops showing up to LIP

Imagine that an LIP participant, Valeria, had been showing up at LIP every day for the past five months. She was active in the art therapy class and very communicative with the case managers, therapists, and other girls. She even went to the Family Day events with her mom and younger sister. However, she stopped attending LIP suddenly, and it has been 3 days since her last visit. What would you do? How can you reach out to Valeria and her family? Where would you go to gain information about what happened? What other LIP employees can help?

### Part B – An investigation reveals that the participant has been bullied at the LIP program

Imagine that LIP case managers have been investigating why Valeria has not been showing up to LIP lately. It has been revealed that she was bullied by other LIP participants, and that she had been scared to mention anything to the staff. Valeria is relatively new to the program and is 12 years old, while the two participants bullying and cursing at her are 16 and 17 years old, and have been actively involved in the program for 2 or more years. What would you do to help resolve this problem? How would you approach Valeria? How would you approach the two participants doing

the bullying? If revealed that the other girls in the program knew about the bullying, how can various LIP employees address this issue?

**Scenario D: A participant encounters problems at home and school, which leads to inappropriate late-night communication with LIP staff**

Part A – Problems at home with the family

Imagine that an LIP participant, Trina, is increasingly having conflicts with her family members, especially her dad. She complains that there are many verbal and physical fights in the home, which encourages her to stay out late and avoid going home as much as possible. She says her parents don't understand her and try to control everything she does. Her dad frequently drinks alcohol, and Trina is starting to follow suit, taking bottles from her dad's stash. In addition, she has begun to frequently text and call her case manager on her personal phone while inebriated late at night. What would you do? What are some ways that various members of the LIP team (i.e. therapists vs case managers) can approach the issues at hand? How can you establish boundaries for the LIP staff-participant relationship and discern what types of emergencies call for personal communication? What are some sensitive issues or factors that you must take into account when approaching Trina and her family members?

Part B – Problems at school with peers and teachers, and poor academic performance

Imagine that Trina now has additional problems at school. She is failing math and science, and scraping by in English class. She has become aggressive toward other peers and disrespectful to teachers. Sofia has been suspended and is at risk of getting expelled for her provocative behavior. LIP had already established a relationship with the school guidance counselor and homeroom teacher during the initial school visit, and the guidance counselor has updated LIP on recent events. What would you do? What are some ways that various members of the LIP team (i.e. art and music therapists, case managers, and tutors) can approach the issues at hand? Who should be involved in the resolution?

**Scenario E: Various conflicts between parents and participants on site and Dating within LIP**

Part A – Two LIP parents fight with one another

Imagine that two LIP parents, Carol and Sandra, who are very involved in the program, begin fighting with one another with tensions growing during Family Days. Carol believes that Sandra's daughter Simone is a bad influence to Carol's daughter, Cathy. Carol is furious that Simone introduced weed to Cathy and blames Sandra for bad parenting. On the other hand, Sandra says that Cathy is too thin and "looks anorexic," noting that she never eats at LIP during snack time, and exclaims that Carol is the bad mother always disapproving of Cathy's weight and idolizing Spanish actresses. Sandra also denies Simone's use of drugs and says that she has overheard Cathy criticizing Simone's body. As LIP staff who works with the adolescents, how would you approach conflict and resolution with the parents? Who should be involved? What would you do with the LIP participants in question?

Part B – LIP case manager finds out that two LIP participants are dating one another

Imagine that through the conflict and resolution process, you find out that Simone and Cathy are dating one another. In regards to the accusations of smoking, you also find that they have been smoking pot in the LIP bathroom, and also outside of LIP hours. How would you approach the situation in regards to dating? How would you approach the situation in regards to drug use? What are some educational opportunities you can take from this situation?

# Life is Precious: Instructor-Led Seminars

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Instructor-Led Seminars will incorporate the use of PowerPoints, videos, and hard-copy handouts to educate new LIP staff about the program and its services. Below is a list of modules that can be used during training.

## 1. Introduction and History

- LIP developed by Comunilife, a community-based organization in NYC, co-founded in 1989 by Rosa Gil, PhD. Comunilife provides multicultural-centered mental health, social services, health, and affordable housing for persons with mental illness, HIV/AIDS, and with low income
  - a. Philosophy: social networks and cultural knowledge of clients must be integrated into the service provision
- 2007, Dr. Gil presented high rates of suicidal behavior and risk factors among Latina adolescents before the NYC council
- 2008, Comunilife launched the LIP initiative

## 2. Description of LIP structure and organization with information about Comunilife

- LIP provides services for school support, family support, and other life skills
  - o Mental health treatment does not directly come from LIP, as LIP is a mental health treatment PLUS program
- Operates as an after-school program from 3:30-7:30pm on weekdays and from 10:00am-2:00pm on Saturdays
- Typical day in the life of LIP:
  - o Weekday
    - Homework, Program activities, Snack, Complete activities / group sessions
  - o Saturday schedule
    - Separate schedules for each site vs. combined Family Day at Brooklyn site
  - o Examples of partnerships within the local community
    - Bronx site collaborates with a local art museum, *El Museo del Barrio*. Girls take part in a 10-week program each spring, culminating with the girls' projects exhibited during the museum's youth exhibition
    - Career development opportunities for girls to experience different fields of work and search for internship or part-time jobs
- Evidence Based Practice Component of LIP
  - o Hypothesis:
    - Improve outcomes through 4 mechanisms of influence: mental health treatment, healthy behaviors, improved communication skills, and coping skills
    - Formal therapies (Mental health counseling and art and music therapy) are designed to provide mental health treatment and foster communication and coping skills, including conflict resolution

- School supports promote school functioning
- Healthy living initiative promotes healthy relationships through improved communication and understanding
- Each of these mechanisms is hypothesized to improve health and quality of life. All are designed to reduce suicidal behavior
- Mental health treatment is hypothesized to improve psychological functioning
- Promoting healthy behaviors, healthy relationships, and school performance are hypothesized to improve functional outcomes (academic achievement, family relationships, substance abuse, high-risk sexual behavior)
- Quantitative component / Baseline demographic and social histories taken during intake. Assessments conducted every 4 months:
  - Columbia Suicide Severity Rating Scale
  - Suicidal Ideation Questionnaire
  - Reynolds Adolescent Depression Scale IV
  - Family Adaptation and Cohesion Scale
  - Trauma Symptom Checklist for Children

### 3. Technical Assistance

- Currently already part of LIP training
  - a. ABC's of suicidal ideation and suicidality
  - b. Legal aspects of LIP and providing care
    - i. "Need to know"
    - ii. HIPAA and privacy laws
    - iii. Consent from participant
    - iv. Issues as a mandated reporter
  - c. Life is Precious Policies

### 4. Cultural Assistance (ABC's of Latino culture and heritage, etc.)

- a. Compare and Contrast with American culture and values: Examine how the two cultures could clash in regards to patients' thinking and behavior, and family members' thinking and behavior
  - i. Avoid using "Latino" or "Hispanic" as a blanket term because the cultures are very different (Central American heritage vs. Island heritage; immigrant or undocumented vs. American-born)
  - ii. When training LIP staff on cultural differences, research the demographics of Latinos in the cities/towns around the LIP site and identify specific challenges and community needs that LIP can help address
- b. Community-Based practice
- c. Use the existing Multicultural Relational Approach training available to LIP
- d. Latinas face risk factors that all adolescent females face, and unique risk factors due to:
  - High rates of poverty

- Living in disadvantaged neighborhoods
- Living in areas with high crime and substance abuse
- Low-quality housing and schools
- High rates of teen pregnancy
- Suicide risk factors: history of being in a physical fight, feeling sad or hopeless, lifetime tobacco or marijuana use, obesity
- Common developmental, familial, cultural factors
  - Developmental struggles: self-esteem, body image, peer group relations, academic achievement, identity formation, developing a sense of autonomy
- UNIQUE TO LATINAS: move toward autonomy occurs within a cultural context that values a strong alliance and obligation to the family, “familism”
  - High priority on family unit and reverence to parents and elders, and places obligations to the family ahead of individual obligations
  - May experience stress due to the conflict between the messages received in the home and the influence of the North American culture of independence that they may be exposed to at school and in the media
    - Creates psychological conflict and family tension
    - Tension can contribute to a lack of mutuality, or perceived reciprocity between parents and children
- Only one other intervention specifically targets Latina adolescents
  - Project Wings: school-based intervention taking place over 14 sessions offering sharing circles, relaxation exercises, and skill-building techniques to help Latinas cope with stress
  - Trials in 2 high schools in Minneapolis have found a high degree of feasibility and acceptability
  - Going to have control groups for LIP site → Opportunity for more data and comparison sites
- Separate study developed training materials for providers working with Latina families
  - Psychoeducation for Latina parents helped families understand the treatment process and helped clinicians work with Latina families
- School-based intervention aimed at girls from all racial and ethnic backgrounds found that girls who participated in the Coping and Support Training (CAST) and Counselors-CAST, which included motivational counseling, community support linkages, and family support, was associated with decreased suicidal behavior for all participants
- LIP understands all risk factors faced by Latinas: familism, acculturation struggles, mutuality struggles between parents and adolescents, and understand the importance of providing treatment within the context of the family.

# Life is Precious: Small Group Discussions

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**Directions:** Split into groups of 3-5 people (different from the previous role-playing groups). Each group receives a copy of all of the topics and the case study. The small groups will discuss the various topics and/or watch videos on the topic. The facilitator will walk around to help.

- **Working with Latina Adolescents**
  - Most people should already have experience working with adolescents, but this module should focus on Latina Adolescents and suicidal ideation or behavior. It may already be incorporated into the ABC's for suicidal behavior that LIP has
  - Developing trust in the relationship with adolescents and opening up dialogue. Often, girls have expressed how their comfort level with case managers and LIP staff exceeds that with clinical therapists, leading them to share personal thoughts and feelings with LIP.
  - Be supportive and non-judgmental. Don't be afraid to reach out to the girls when you overhear them discussing an issue or a problem.
  - Create a friendly environment. New participants should feel welcomed not only by LIP staff, but also by the other girls. Facilitate this process by having everyone introduce themselves for a few days as the new participant gets accustomed to LIP.
    - What are some other methods you can use to facilitate this?
  
- **Incorporating Professional Working Relationships with Others: Family, Schools, and Clinicians**
  - Bridging the Gap (Also discuss cultural competence and familial values)
  - Educational Advocacy (Administration, Guidance Counselors, Teachers)
  - Mandatory Therapy with Clinicians (Outpatient Mental Health Clinic)
  - Third party agencies
    - Field trips for the girls (for fun; ie. Movies, art museum, botanical garden, zoo, aquarium)
    - Educational visits for the girls (for career and social development; ie. Visit mayor's office, large corporation, law firm, nursing home)