

Life is Precious: Training Manual

**Columbia University
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Introduction

History of LIP

When 2006 CDC data showed increased rates in Latina adolescent suicidality over other ethnicities, Dr. Rosa Gil felt the need to raise awareness among her colleagues and community. She brought up this issue to the board who agreed that this needed attention, and Dr. Gil raised the concern of Latina adolescent suicidality through the media and public hearings to appeal to stakeholders in the community and obtain funding to start the Life is Precious (LIP) program.

In 2007, a survey of community members including parents and adolescents, shed light on the challenges faced by Latina adolescents. The surveys found that community members felt that: a) mental health clinics did not understand the struggles faced by teenage Latinas well enough to provide adequate assistance; b) the adolescents could clearly identify a mentor in their family, contributing to the idea of “familism;” c) the cultural gap between mothers and daughters caused struggles unique to Latinas; and d) low self-esteem contributed to academic concerns that the community desperately wanted to allay. The survey not only allowed the community members to express their concerns and contribute to the main components of LIP, but gave the program its name.

From its beginning, this community-based program developed with the input of local stakeholders to operate; therefore, community leaders were brought in to create an advisory council, which included church, hospital, and social service agency leaders. The council allows the program to be both culturally informed and advised by members who actively participate and understand the needs of Latina adolescents. The original idea behind LIP was to create an environment where Latina youth could learn to improve themselves physically, mentally, and academically, and create open lines of communication through collaborating with their peers, family members, and community. The goal was to ultimately increase their self-esteem and mental health. This goal continues today as the program grows.

Data collected more recently in 2015 from the CDC shows that among girls in grades 9-12 nationwide, 26% of Latinas reported seriously considering attempting suicide, or suicidal ideation, over the past 12 months, which is significantly greater ($p=.01$) than the rates for non-Latina blacks (19%), though not significantly different from the rates for non-Latina whites (23%; CDC, 2015). Furthermore, Latina girls reported higher rates of suicide attempts in the previous 12 months (15%) than non-Latina blacks (10%) and whites (10%) ($p<.05$; CDC, 2015). In New York City, Latinas showed greater rates of suicide attempts (13%) compared to non-Hispanic black (10%) and white girls (8%) in the past 12 months ($p<.05$), though no significant differences were found in the rates of those seriously considering attempting suicide among the groups (CDC, 2015). The data reflects the vast need for programs such as LIP not only in NYC, but nationally also.

LIP and Latina Adolescent Suicidality

Historically, studies have shown that Latina adolescents consistently have higher rates of suicidal behavior compared to non-Latina adolescents. Risk factors faced by this population include not only the aspects of female adolescence, but those unique to Latinas also, including high rates of poverty, residence in disadvantaged areas with high crime, substance abuse, teen pregnancy, and low-quality housing and schooling (Zayas et al., 2010). In addition to community-level factors, Latinas may be faced with the intersection of developmental struggles (low self-esteem, body image, peer relations, academic achievement, and identity formation) with familial and cultural constructs that may conflict with values of autonomy versus familism.

This intervention aims to address these specific needs of Latina adolescents in order to reduce suicidality, with an emphasis on improving the lives of girls in the LIP community. The five core components of the LIP program are Wellness, Creative Expression Therapy, Group Therapy and Outpatient Mental Health Services, Family Support, and Supported Education Services. These components are included to address the unique intersection of female adolescence with issues such as self-identity, family, friends, and school (Zayas and Pilat, 2008; Goldston et al., 2008; Humensky et al., 2013) and the distinct challenge of bridging the cultural gap as the Latina adolescent strives for autonomy.

References

Goldston, D. S., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Nagayama Hall, G. C. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist, 63*(1) 14-31.

Humensky, J., Gil, R., Coronel, B., Cifre, R., Mazzula, S., & Lewis-Fernández, R. (2013). Life is Precious: reducing suicidal behavior in Latinas. *Ethnicity and Inequalities in Health and Social Care, 6*(2/3), 54-61.

Zayas, L.H., & Pilat, A.M. (2008). Suicidal behavior in Latinas: Explanatory cultural factors and implications for intervention. *Suicide and Life-Threatening Behavior, 38*, pp. 334-342.

Expected Outcomes of the LIP Program

Through mental health treatment, group therapy, introduction to and encouragement of healthy behaviors, and advice on communication and coping skills, the LIP program aims to help participants:

1. Reduce suicidal behavior (attempts, thoughts, and ideation),
2. Improve psychological functioning (reduction in depressive symptoms), and
3. Promote functional outcomes

These mechanisms of influence facilitate improved academic performance, positive family relationships, and a reduction in substance use and high-risk sexual behavior that contribute to suicidality in Latina adolescents (Humensky et al, 2013). The LIP program addresses these risk factors through the intervention's core components: Wellness, Creative Expression Therapy, Group Therapy and Outpatient Mental Health Services, Family Support, and Supported Education Services.

References

L. Humensky, J., Gil, R., Coronel, B., Cifre, R., Mazzula, S., & Lewis-Fernández, R. (2013). Life is Precious: reducing suicidal behavior in Latinas. *Ethnicity and Inequalities in Health and Social Care*, 6(2/3), 54-61.

Learning Objectives

This LIP training program is designed to prepare new staff members and new LIP sites to run the program. As a result of completing the training, you will be able to:

- Understand Life is Precious
- Comprehend the five components of Life is Precious and implement the concepts
- Identify roles of all team members
- Use concepts to solve non-routine problems
- Assess problems and formulate solutions
- Become familiar with the assessments used to determine LIP efficacy
- Perform an intake of a new LIP participant
- Design a schedule of events and activities for participants, including Family Day activities and field trips
- Create a curriculum for creative expression therapy and career development

About Life is Precious

The Life is Precious program has three overarching goals:

1. To ameliorate the level of depression and frequency of suicidal ideation among Latina adolescents.
2. To strengthen parent-child relationships and improve family functioning.
3. To demonstrate effectiveness of successful interventions to prevent suicide attempts among young Latinas.

The objectives used to further these goals include:

- Improving the social, psychological, academic and vocational competencies of program participants.
- Supporting the exploration of participants' interests and the development of their skills and creativity.
- Fostering parent-child communication, supporting parents' involvement with their children, and reducing acculturation stress leading to intergenerational conflicts.
- Providing concrete and social services for parents, such as advocacy and referrals for immigration, entitlements, employment and housing.

GOAL 1: *To ameliorate the level of depression and frequency of suicidal ideation among Latina adolescents.*

A. Counseling, case management, and concrete services

All LIP participants are required to be enrolled in and actively receiving outpatient mental health services in conjunction with the program. LIP case managers maintain relationships with clinical therapists for updates and treatment planning. In addition, school guidance counselors aid in managing education services.

B. Creative Arts Therapy

Creative Arts Therapy, a key component of the program, integrates human development, fine arts, and psychotherapy, while enhancing recovery, health and wellness. This modality enables an indirect and thereby, safer way to communicate, which in turn helps the girls identify, experience, and verbalize emotions that may be blocking the actualization of their interests and talents. This type of expression is particularly important for Latina adolescents who are often expected to be submissive and introverted. It also facilitates staff assessment of participants' developmental, emotional, and cognitive levels.

Specific arts therapy activities may include:

- Self Portraits
- Dance and Movement
- Movement Exploration
- Relaxation
- Drumming

- Photography
- Framing Artwork
- Jewelry Making
- Sewing
- Stationery and Card Making
- Singing, Drama and Acting

C. Educational Enrichment

LIP puts a strong emphasis on academic achievement and educational services. Case managers make school visits and develop working relationships with teachers, principals, and guidance counselors. In addition, the participants receive tutoring at LIP, and must complete school assignments before engaging in group therapy, music sessions, or snack time. LIP not only seeks to help participants improve grades, but also aids with vocational goals and the college application process. Part of the education component includes education on the changing body and puberty during adolescence. This emphasis on sex education and Planned Parenthood informs the participants about their biology and helps them with their relationships.

Specific Supported Educational Services activities may include:

- SAT and College Preparation
- Writing Workshops
- Tutoring and Homework Help
- Daily individual and group tutoring in math, English, science, and social studies/history
- “Academic All-Star Wall” to display the participants’ academic achievements and take pride in their work
- The Internet Cafe: Computer Lab
- Linkages, Collaboration and Advocacy with Schools
- Vocational Exploration and Internship Opportunities
- Planned Parenthood Workshops and Sex Education

D. Trips, Celebrations and Special Events

LIP plans regular field trips and events, especially during the summer, to help the participants explore.

Specific Trips and Special Events may include:

- Movie Theater
- Art Museums
- Science and Natural History Museums
- Cultural Field Trips
- Mayor’s Office
- Life is Precious Annual Breakfast

GOAL 2: *To strengthen parent-child relationships and improve family functioning.*

A. Family Day

Tuesdays, Fridays, and Saturdays are designated as "Family Day," where parents can accompany their daughters to the program and engage in activities or special events together. Parents are required to attend Family Day a minimum of two times a month, and may be scheduled in for certain days. By actively participating and joining Family Day, the parents show their support for their children and aid in miscellaneous responsibilities such as teaching the participants how to cook certain dishes, demonstrating skills, or chaperoning during field trips on Saturdays. Each site can also have a selected *madrina*, who acts as the parent representative, helps coordinate the schedule, encourages other parents, and listens to others' concerns.

B. Promoting cultural pride and understanding

LIP staff facilitates group discussions and activities for teens that include presentations about different countries and cultures to help teenagers understand why their parents' mode of thinking or acting may be different from theirs. Staff also explores traditional female and mother roles in the parents' countries of origin, helping the girls tolerate and understand why their mothers behave as they do within the family system.

C. Concrete Services for Parents

LIP provides services for the parents of participants in various areas. These services benefit the participants as well. Services range from providing interpretation services, accompanying parents to court or school, to helping with social services.

Parental Services may include:

- English as a Second Language (ESL) classes
- Housing Advocacy
- Transportation
- Food
- Referrals to Community Services

GOAL 3: *To demonstrate effectiveness of successful interventions to prevent suicide attempts among young Latinas.*

A. ABC's of Suicidality and Awareness

LIP is working with Columbia University and the New York State Psychiatric Institute to measure the program's effectiveness and progress. Qualitative data and improvements are obtained through focus groups and interviews with participants and parents. Quantitative data is measured using the following assessments, which are administered to each participant during intake and every 4 months following entering the program: Suicidal ideation Questionnaire (SIQ); Reynolds Adolescent Depression Scale 2 (RADS-2); Family Adaptability and Cohesion Evaluation Scale (FACES IV); and Trauma Symptom Checklist for Children (TSCC). An additional assessment that can be used is the Columbia Suicide Severity Rating Scale (CSSRS).

Interventions may include:

- Media and community exposure
- To contribute to the existing knowledge of the causes of suicide among Latina teens
- To contribute to the identification of effective interventions
- To decrease the stigma associated with receiving mental health services
- To serve as a healing tool for the participating teens

Five Core Components of LIP

Life is Precious uses 5 core components to provide support to Latina adolescents with suicidality or suicidal ideation. The following descriptions can be used as an overview of the components. It is recommended that LIP stays updated on current research regarding mental health treatment and therapies.

Outpatient Mental Health Treatment

LIP incorporates a Multicultural Relational Approach for Diverse Populations into treatment plans and interventions; however, it is an after-school program (3:00pm-7:00pm) that runs on weekdays and Saturday mornings. As a result, participants are required to attend outpatient mental health treatment and be under the care of a clinician to be eligible to participate in the program. According to Nestor, Cheek, and Liu (2016), psychiatric outpatient treatment is the “receipt of service from a partial day hospital or day treatment program, mental health clinic or center and/or a therapist, psychologist, social worker, or counselor for suicidal ideation and/or behavior” (p. 198).

Adolescent suicidality is often left untreated (Husky et al. 2012). A study using a nationally representative sample of adolescents with suicidal ideation, suicide plans or suicide attempts showed that 67.3% of adolescents with suicidal ideation, 54.4% of those with a plan, and 56.9% of those with an attempt did not receive specialty mental health treatment or contact a mental health specialist in the past 12 months (p. 992). Furthermore, Nestor et al. (2016) gathered data from the National Survey on Drug Use and Health on 4176 depressed adolescents with suicidal ideation and behavior in the previous year. In the study sample, mental health service utilization fell below 10% for suicidal ideators and below 50% for suicide attempters; outpatient utilization fell below 10% for ideators and 40% for attempters (Nestor et al., 2016, p. 199). Furthermore, racial and ethnic minorities were generally less likely to receive and seek treatment than their non-Hispanic white counterparts (p. 200). The lag or absence of treatment may negatively affect effective early interventions

Block et al. (2013) conducted a 10-week mixed methods study with 25 adolescents referred for mental health care through a school-based referral program on how adolescents understand mental health treatment and make treatment decisions, and how they differ from adolescents who do not attend outpatient treatment. Three themes emerged that affect adolescents’ decision: autonomy, importance of peer reactions, and need for privacy (28). Adolescents may be resistant to outpatient mental health treatment when it undermines their autonomy, brings stigma, or is open to parents as opposed to individual treatment. Attitudinal behaviors, such as stigma against mental health treatment and cultural attitudes about mental health, are related to whether a patient desires mental health treatment (Nadeem et al., 2007; Nestor et al., 2016). Nadeem et al. (2007) showed that U.S.-born Latina women were less likely than U.S. Born white women to want treatment, whereas immigrant Latinas were more likely to want it (p. 1549); however, immigrant Latinas were less likely than their U.S.-born white counterparts to be in treatment (p. 1551). As LIP requires all the girls to attend outpatient treatment, stigma is reduced and provides a space for the adolescents to speak in privacy in addition to the group sessions they have at creative expression therapy with LIP. By making outpatient

mental health treatment obligatory, all LIP participants will have had to cross these barriers.

When compared to adolescent boys receiving outpatient counseling or psychotherapy, adolescent girls were more likely to exhibit internalizing symptoms such as anxiety, depression, or withdrawal, presented with more psychosocial factors or stressors, and demonstrated greater levels of risk to self or others, suicidal ideation in particular (Holtberg, Olsen, & Brown-Rice, 2016, p. 224). The meta-analysis performed by Holtberg, et al. emphasized the gender differences in clinical characteristics of adolescents receiving mental health treatment. Finally, Mehlum et al. (2016) measured treatment outcomes in adolescents who either received 19 weeks of dialectical behavior therapy adapted for adolescents (DBT-A) or enhanced usual care (EUC), defined as standard care with no less than 1 weekly treatment session per patient (p. 295). Results showed that at 19 weeks, adolescents receiving DBT-A had a significantly lower level of suicidal ideation than those receiving EUC, but that at the follow-up 1 year later, there was no statistically significant difference between the two groups (p. 297), showing that both treatments were effective at reducing self-harm episodes, psychiatric admissions, and emergency department visits. Furthermore, the study suggested that adolescent patients are treatable and the long-term prognosis after treatment is favorable; the participants continued to improve or sustained the benefits of outpatient mental health treatment after the trial (p. 299). In essence, while LIP is being implemented to improve outcomes for the girls, outpatient therapy will play a strong role in the treatment process.

Block, A. M., Gjesfjeld, C. D., & Greeno, C. G. (2013). Adolescent perspectives of outpatient mental health treatment. *Best Practices in Mental Health, 9*(2), 22-38.

Holtberg, T., Olson, S., & Brown-Rice, K. (2016). Adolescent gender differences in residential versus outpatient mental health treatment: A meta-analysis. *Journal of Mental Health Counseling, 38*(3), 217-232.

Husky, M. M., Olfson, M., He, J. P., Nock, M. K., Swanson, S. A., & Merikangas, K. R. (2012) Twelve-month suicidal symptoms and use of services among adolescents: Results from the National Comorbidity Survey. *Psychiatric Services, 63*(10), 989-96.

Mehlum, L., Ramberg, M., Tørmoen, A. J., Haga, E., Diep, L. M., Stanley, B. H., ... Grøholt, B. (2016). Dialectical behavior therapy compared with enhanced usual care for adolescents with repeated suicidal and self-harming behavior: Outcomes over a one-year follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(4), 295-300.

Nadeem, E., Lange, J. M., Edge, D., Fongwa, M., Belin, T., & Miranda, J. (2007). Does stigma keep poor young immigrant and U.S.-born Black and Latina women from seeking mental health care? *Psychiatric Services, 58*(12), 1547-54.

Nestor, B. A., Cheek, S. M., & Liu, R. T. (2016). Ethnic and racial differences in mental health service utilization for suicidal ideation and behavior in a nationally representative sample of adolescents. *Journal of Affective Disorders, 202*, 197-202.

Family Support

According to Dr. Gil, many parents “have a lot of challenges and stressors themselves, like lack of money or poor housing” and many mothers also express feeling overwhelmed by their circumstances without support from their partners. LIP provides a support system for both the child and parent. Assistance with concrete services is provided when a family has issues with housing, finances, etc. This can help parents because “if moms feel stronger in self-esteem, they can open up a dialogue without being punitive.”

Another aspect of providing support is by helping the family communicate more effectively. Dr. Gil expresses that LIP staff must have the ability to act as “cultural brokers” and help the client understand their unique circumstances, their parent’s culture, and vice-versa, to foster positive communication between parents and children. While American culture values individualism, the Latino culture focuses on familism, prioritizing the family over individual wants and needs (Goldston et al, 2008). The goal of family support is to create awareness of these factors among families and reduce the cultural and societal barriers that strain communication between Latino families and their daughters.

Goldston, D. S., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Nagayama Hall, G. C. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63(1) 14-31.

Supported Education Services

Prior to the development of LIP, community members, specifically adolescent Latinas, expressed that educational enrichment would benefit girls experiencing low self-esteem. The adolescents felt that lack of educational attainment and low marks in school negatively affected their sense of identity, which, in conjunction with their community-wide and familial struggles, contributed to a diminished self-worth. Feelings of distress related to academic failure can be seen as a part of the adolescent Latina narrative where suicidal ideation is a concern (Gulbas and Zayas, 2015).

LIP focuses on academic growth by helping participants with current school work, as well as engaging in activities that will help them further their education. According to Rosa Cifre, Chief Program Officer, girls’ academic success increases when they know there is always a resource at LIP to get the help and attention they need with their schoolwork. Studies find that very few Latino children and their immigrant parents have academic expectations congruent with their career aspirations (Chavira, Cooper, and Vasquez-Salgado; Hausmann-Stabile, Gulbas, and Zayas, 2013).

Similarly, a qualitative study of Latino students in low-income communities provides suggestions to improve their chances of attending college (McWhirter, Luginbuhl, and Brown, 2014). The most common suggestions among these adolescents thematically include pleas for their school to provide motivational and informational support, structured community engagement, and academic support (McWhirter, Luginbuhl, and Brown, 2014), all of which are addressed in the Tutoring component of LIP. The role of LIP staff is to become a resource for the child and family. Furthermore, discord between child aspirations and parental expectations for their future can be detrimental, especially because the parents of suicidal Latinas show lower aspirations for their girls (Hausmann-

Stabile, Gulbas, and Zayas, 2015). Therefore, LIP's role in guiding Latinas through the steps required to obtain their goals is crucial to their success and wellbeing.

Chavira, G., Cooper, C. R., & Vasquez-Salgado, Y. (2016). Pathways to Achievement: Career and Educational Aspirations and Expectations of Latina/o Immigrant Parents and Early Adolescents. *Journal of Latinos and Education, 15*(3), 214-228.

Gulbas, L. E., & Zayas, L. H. (2015). Examining the interplay among family, culture, and Latina teen suicidal behavior. *Qualitative Health Research, 25*(5), 689-699.

McWhirter, E. H., Luginbuhl, P. J., & Brown, K. (2014). ¡Apòyenos! Latina/o student recommendations for high school supports. *Journal of Career Development, 41*(1), 3-23.

Creative Expression Therapy

Due to cultural boundaries, Latinas adolescents may not feel open to expressing themselves verbally in a one-on-one setting. LIP, therefore, provides girls with an emotional and culturally-informed outlet for coping through creative expression therapy. In therapy, "communication covers the transformation of the experience to dialog between client and therapist" (Blomdahl et al, 2013). According to Blomdahl and colleagues (2013) art therapy mediates the client's ability to self-express by providing a non-verbal outlet through the "use of colors, symbols... and physical movement." In addition to art therapy, participants may also engage in music therapy, which can include expression using instruments, voice, and improvisation in both an individual and collaborative atmosphere.

Communication becomes especially important in the lives of Latina adolescents experiencing suicidal ideation because both emotional suppression and thoughts of suicide are linked to future suicide attempts, especially if the teenager has been exposed to adverse events (Kaplow et al, 2014). In adolescents, art therapy has been shown to reduce trauma-related symptoms and provide imagery as a guide for verbalizing their experiences among peers (Lyshak-Stelzer, Singer, and Chemtob, 2007). Additionally, both adult and adolescent Latinos endorse a need for social connection and cultural enrichment activities in suicide prevention and cite creative engagement as a means of fulfilling this (Ford-Paz et al, 2015). The use of creative expression therapy in LIP combines the need for adolescent Latinas to communicate and to engage in culturally-relevant activities.

Blomdahl, C., Gunnarsson, A. B., Guregård, S., & Björklund, A. (2013). A realist review of art therapy for clients with depression. *The Arts in Psychotherapy, 40*(3), 322-330.

Kaplow, J. B., Gipson, P. Y., Horwitz, A. G., Burch, B. N., & King, C. A. (2014). Emotional suppression mediates the relation between adverse life events and adolescent suicide: Implications for prevention. *Prevention science, 15*(2), 177-185.

Lyshak-Stelzer, F., Singer, P., Patricia, S. J., & Chemtob, C. M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Therapy, 24*(4), 163-169.

Focus on Group Therapy (subgroup of creative expression therapy)

While LIP clients receive individual psychotherapy, the group component is considered equally important. Anecdotally, Dr. Gil expresses that, frequently, a cultural gap may impede expression in a one-on-one psychotherapeutic setting and that Latina girls may better communicate themselves in a group context, feeling validated by the experiences of their peers. This is why the creative expression therapies are offered in a group format.

Prior research supports culturally-sensitive group treatment for Latinas specifically (Stracciarini, O'Keeffe, and Mathews, 2007). Group therapy has been recognized as most effective when the leader is able to incorporate Latino values, cultural activities, and accessibility to their participants (Stracciarini, O'Keefe, and Mathews, 2007). Since Latinas experiencing suicidal ideation endorse an "inability to forge a grounded experience" (Gulbas and Zayas, 2015) and a desire for community involvement (Ford-Paz et al, 2015), the validation and social connection that can occur in a group context of peers, in gender, age, and culture, can be therapeutic to the individual. Dr. Gil also shares a concern over the forward approach of interpersonal psychotherapy, where the client is asked to speak about their concerns in a one-on-one setting, stating that Latinas may never have learned this concept as an option. This speaks to the theme of "confianza" (Roll, Millen, and Martinez, 1980) and "personalismo," (Organista, 2000) which, together, represent building interpersonal trust in a relationship. This is not unlike the idea of creating a therapeutic alliance; which, according to Wintersteen, Mensinger, and Diamond (2005), requires that the clinician be cognizant of both gender and race-related needs in adolescents to maintain both patient and therapists' sense of alliance. For Latinas, this may not be achieved in a one-on-one setting, where the therapist can come across as an authoritative other instead of a leader that embraces the identity of a Latina adolescent. LIP, therefore, focuses on maintaining a bilingual and culturally-sensitive staff with knowledge of the unique challenges faced during female adolescence, which reinforces these factors necessary to maintain engagement and help clients achieve their goals.

Ford-Paz, R. E., Reinhard, C., Kuebbeler, A., Contreras, R., & Sánchez, B. (2015). Culturally tailored depression/suicide prevention in Latino youth: community perspectives. *The Journal of Behavioral Health Services & Research*, 42(4), 519-533.

Organista, K. (2000). Latinos. In J. R. White & A. S. Freeman (Eds.), *Cognitive-behavioral group therapy for specific problems and populations* (pp. 281-303). Washington, DC: American Psychological Association.

Roll, S., Millen, L., & Martinez, R. (1980). Common errors in psychotherapy with Chicanos: Extrapolations from research and clinical experience. *Psychotherapy: Theory, Research & Practice*, 17(2), 158.

Stacciarini, J. M. R., O'Keeffe, M., & Mathews, M. (2007). Group therapy as treatment for depressed Latino women: A review of the literature. *Issues in Mental Health Nursing*, 28(5), 473-488.

Wintersteen, M. B., Mensinger, J. L., & Diamond, G. S. (2005). Do gender and racial differences between patient and therapist affect therapeutic alliance and treatment retention in adolescents? *Professional Psychology: Research and Practice*, 36(4), 400.

Wellness

To promote overall wellness, LIP also focuses on helping adolescent Latinas make healthy choices for their physical wellbeing. During the initial stages of the LIP program, adolescent Latinas in the community expressed concerns over low self-esteem stemming from negative appearance-related comments from their peers, what we refer to as “bullying” today. Adding to the issue, access to a proper diet is a challenge in the communities LIP serves. The interaction between community concerns revolving around negative self-image and inadequate diet or exercise contributed to the Wellness component of LIP.

Studies link access to a healthy, fruit-and-vegetable rich diet to consumption. However, a study by Jack et al (2013) specifically analyzes the consumption of such a diet by New Yorkers living in areas where access is limited shows that access alone is not enough. For females especially, education about food-related health behaviors increases the likelihood of consumption across neighborhoods and remains salient despite zip-code poverty levels (Jack et al, 2013).

In adolescents, negative body image may also serve as a risk factor for self-injury in both clinical and general populations (Muehlenkamp and Brausch, 2011). Providing LIP clients with adequate knowledge and self-efficacy to make healthier choices related to their bodies can thus act as a mediator and be potentially life-saving. Clients learn about healthy diet and exercise. The girls are able to develop mastery in this area by cooking for the group and on Family Day, when they can cook for their families. The Wellness component of LIP addresses the educational aspect of health behaviors to empower young Latinas to make healthier food choices.

Jack, D., Neckerman, K., Schwartz-Soicher, O., Lovasi, G. S., Quinn, J., Richards, C., ... & Viola, D. (2013). Socio-economic status, neighbourhood food environments and consumption of fruits and vegetables in New York City. *Public health nutrition*, 16(07), 1197-1205.

Muehlenkamp, J. J., & Brausch, A. M. (2012). Body image as a mediator of non-suicidal self-injury in adolescents. *Journal of adolescence*, 35(1), 1-9.

The Learners and LIP Employee Roles

This training manual is tailored for new Life is Precious staff or for employees setting up a new Life is Precious site. Trainees can look around and see individuals who will make up their LIP team: therapists, nutritionists, tutors, case managers, supervisors, a director, and more. Despite how different each person's roles and responsibilities may be, everyone has committed to working with Life is Precious with the goal to reduce suicidality and suicidal ideation among Latina adolescents.

Initial probation and performance evaluation

All newly-hired staff has a three-month introductory period, which may be extended with the approval of the Senior Vice President for Programs. After the introductory period has been completed, each staff member's job performance is evaluated annually by the Program Coordinator in consultation with the Senior Vice President for Programs.

Upon gaining employment at LIP, newly-hired staff are to receive a copy of the Employee Handbook and to complete Comunilife's internal Training and Seminar on Child Abuse & Maltreatment and Reporting Guidelines. These trainings must be completed on an annual basis. Each staff member is also required to sign an acknowledgement form stating that he or she has read and understands the information provided regarding the responsibilities and procedures for the reporting of suspected incidences of child abuse or neglect.

Ongoing supervision

The Program Coordinator provides regularly scheduled supervision for all staff. Individual supervision occurs by weekly or more frequent if needed, and there is a weekly Clinical Supervision Group. Supervision includes oversight of policy and procedure, and discussion of clinical issues.

Staffing

Life is Precious continuously maintains an adequate number and appropriate mix of staff to carry out the objectives and to assure the outcomes of the program. A quick Icebreaker can help people become familiar with the various roles of the learners next to them. The minimum staff requirements include: Program Director, Case Managers, Tutors, and Licensed Therapists.

Icebreaker

Directions: Go around in a circle to make introductions. Explain background / education / previous work experience, what drew you to LIP, etc. Then, elaborate on the staff positions at LIP.

Program Coordinator

The Program Coordinator is responsible for directing the day-to-day operations of Comunilife's Life is Precious program at an individual site or multiple sites, including

management, planning, program development, implementation, monitoring, and budgeting. The Program Coordinator performs evaluations and maintains Comunilife policies and procedures, quality assurance, utilization review, regular audits, and outreach activities. S/he collaborates with the Senior Vice President of Programs to assure quality psychiatric and psychosocial assessments are conducted prior to referral to the Life is Precious program and intake, and continues to measure outcomes. The Program Coordinator supervises all program activities and scheduling to be implemented by case managers and therapists, collaborating with community agencies, public officials, and organizations, and confirms that all program participants are receiving mental health services. The Program Coordinator is able to work both on site and in the field, conduct home visits and school visits, and aid with family interventions.

Clinical Therapist

Although there is no position for a clinical therapist on the LIP team, every participant must be receiving psychological treatment outside of the program. The therapist can act as a great resource for the LIP team, specifically the Case Manager. A Case Manager may find it beneficial to schedule a meeting with the client, her family, and the therapist, should the need for such an intervention arise. The rapport between Case Managers and therapists should be built on reciprocity and partnership. As Case Managers may feel the need to contact the child's therapist with concerns, they may also offer to share how the services provided by LIP can help the client achieve their goals to, ultimately, reduce suicidality and improve the participant's quality of life.

Art Therapist

The Art Therapist delivers the Creative Art Therapy component to program participants by both developing and implementing a quality art therapy curriculum via one or more of the creative art therapies, including, but not limited to, art, music, dance, drama, psychodrama, and poetry therapies. The Art Therapist develops individualized service plans, monitors the clients' progress, assesses and evaluates therapeutic interventions and treatment, and claims responsibility for case record documentation. In addition, the Art Therapist provides relevant training on Art Therapy issues to other staff and facilitates counseling sessions for participants. S/he participates in weekly interdisciplinary team case conferences, maintains appropriate working relationships with clinical team members, attends weekly supervisory conferences with the Assistant Program Director and/or Program Director of Mental Health Services, reviews case records, and reports on the status of new referrals. Outside of LIP, the Art Therapist establishes and maintains relationships with local art therapy service providers, identifies new and untapped community resources and shares them with LIP, and participates in mandated in-service training programs.

Music Teacher

The Music Teacher teaches beginners level music to Latina teenagers, aged 12-17, in a variety of instruments or one particular instrument, such as the acoustic guitar in a group or individual setting. S/he develops appropriate curriculum and helps prepare the students for public performances, such as the annual October concert. The Music Teacher is available to teach in the late afternoon/early evening on school days and Saturdays. In

addition to musical responsibilities, s/he works with program staff and coordinator and creative arts therapists to ensure that the students' goals are being met, and collaborates with the Music Therapist, as needed.

Music Therapist

The Music Therapist conducts group music therapy sessions using a variety of modalities, including song-writing, song building, and drum circles, and instills the thoughtful process of music and the cognizance that comes with playing music. In addition to musical responsibilities, the Music Therapist works with program staff to ensure that the participants are meeting therapeutic goals, collaborates with other teachers and therapists during group activities, and conducts outreach with family members and schools. As many therapy sessions are done in groups, the s/he must understand the mechanisms of group techniques and the protocol which includes activities such as guitar class, hip-hop music therapy, community jam ("La Voz"), Our Song ("La Banda"), and Our Groove. The Music Therapist often pairs with the Music Teacher and works together, as needed.

Tutor

The tutor assists participants with daily homework assignments and projects, and helps them study for upcoming exams, including subject-specific tests and standardized tests. The tutor can also administer assessments on a regular 4-month basis. The level of education of a tutor should be beyond high school, either possessing an undergraduate degree or in the process of completing it.

Training Delivery

Typically, one full day should be set aside to conduct the initial training for new LIP staff. However, the activities may be split into a two-day training program, if deemed necessary. The schedule is flexible and should be done in accordance with the availability of LIP staff. Depending on the size of the training group, the duration of the activities may vary.

Sample schedule of a full training day:

An introductory video may be shown at the beginning of the training day. Life is Precious creates new videos on an annual basis. An example video can be:

<https://www.youtube.com/watch?v=LztNFR5rkyQ>

8:00 AM	Life is Precious Video
8:05 AM	Icebreaker
8:20 AM	Learning Objectives
8:25 AM	Introduction
9:00 AM	Activity 1
10:30 AM	Break
10:45 AM	Evaluation Design and Methods
12:30 PM	Lunch
1:15 PM	Tour of facilities
1:45 PM	Activity 2
3:15 PM	Break
3:30 PM	Fidelity
5:00 PM	Feedback and Evaluation

Learning Activities

Learning Objective	Content Overview	Learning Format
Understand Life is Precious	How was LIP created? Why LIP? Introduction and History portion of the training program Statistics of Latina adolescents with suicidal ideation and /or attempts Picture what an ideal Life is Precious program is and what it would entail	Lecture, Powerpoint Presentation, LIP Video Clip, Fidelity
Comprehend the five components of Life is Precious and implement the concepts	<ol style="list-style-type: none"> 1) Outpatient Mental Health 2) Family Support 3) Supported Education Services 4) Creative Expression Therapy 5) Wellness and Healthy Living Initiative 	Lecture, Powerpoint Presentation
Identify roles of all team members	Couple of ideas we can use here: Toss the ball – introduce yourself – repeat what the person before you said (name, favorite __, role, responsibilities, most exciting part of LIP) Everyone introduces themselves (same info as above) – twisted hand puzzle – need to go around and repeat the information of the person to your left	Icebreaker
Use concepts to solve non-routine problems	One group will have the emotionally distressed participant come and visit. Facilitator must go around during the role-play practice portion and discussion will follow.	Role-Play and Drama
Assess problems and formulate solutions	Two groups will have the problems at home and at school. Facilitator must go around during the role-play practice portion and discussion will follow.	Role-Play and Drama
Become familiar with the assessments used to determine LIP efficacy	Prepare copies of each assessment for all participants. Depending on planning and the availability of time, training participants can take the assessments 1-2 days BEFORE the training sessions and have them scored. Then, the assessments can be handed back to the participants during training, and the lecturer can explain each assessment and the results.	Lecture, Powerpoint Presentation (look at slides at end of LIP Presentation_Draft PPT)

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	<p>Qualitative vs Quantitative Data</p> <p>Evidence Based Practice portion – Evaluation Design and Methods Findings to Date, Study Population, Data Collection, Data and Focus Groups / Interviews</p>	
Perform an intake of a new LIP participant	One group will have this ready as a script activity. Facilitator must go around during the role-play and make sure people have the correct procedure and policy in hand. (maybe have copies of the policy for the LIP manual for the respective groups). Discussion will follow.	Role-Play and Drama
Brainstorm events and activities for participants, including Family Day activities and field trips	Come up with an event. Different themes for each small group: Family Day theme, Cultural Assistance Theme, Art / Music Exploration Theme, Vocational Theme, Just for Fun Theme, etc. Plan the event and share with the rest of the group. Explain why the specific event would be beneficial to LIP participants.	Interactive Small Group Discussion
Create curriculum for creative expression therapy and career development	The music and art therapists in the groups should lead this discussion. However, case managers, tutors, and coordinators/directors all must share input and opinions. This would also be a good time for the music and art therapists to explain their occupations in more detail. Not everyone may be aware of the difference between an art teacher and art therapist. It would be a good orientation for the rest of the staff (ie. Art therapists do not like it when staff members make comments about the art as it may influence what the participants want to express.)	Interactive Small Group Discussion

Learning Activity Implementation

The training program is most efficient and effective when there is a small group of 8-12 learners. If there are more learners, split the group up to train on different days. Keep staff from the same site together so they can build teamwork and understand each other's roles.

Be flexible about the itinerary, and work around the schedules of the learners. Be sure to implement all three types of teaching styles, as people have different learning styles and may absorb more during the small group discussions vs. instructor led seminars. Engage the learners to participate, ask questions, and voice their opinions. Be open about sharing your contact information for further questions or inquiries after the training day is complete.

As a point of reference, Gagne's 9 Conditions of Learning are:

1. Gain attention
2. Inform learners of objectives
3. Stimulate recall of prior learning
4. Present stimulus
5. Provide learning guidance
6. Elicit performance
7. Provide feedback
8. Assess performance
9. Enhance retention and transfer

These steps can be simplified to:

1. Tell (What the topic or skill is and why it is important)
2. Show (How to do it)
3. Do (Provide opportunities to practice – acquiring and applying the skill)

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Suggested Resources

Online Resources

Columbia-Suicide Severity Rating Scale (C-SSRS) is a mental health and suicidality assessment used across various clinical and non-clinical settings.

<http://cssrs.columbia.edu/index.html>

Substance Abuse and Mental Health Services Administration (SAMHSA) is a branch of the U.S. Department of Health and Human Services that leads public health efforts to advance the nation's behavioral health. Its mission is to reduce the impact of substance abuse and mental illness on our communities.

<http://www.samhsa.gov/>

Suicide Prevention Resource Center (SPRC) is our nation's only federally supported resource center committed to advancing the National Strategy for Suicide Prevention. It is funded by SAMHSA. SPRC provides technical assistance for professionals working with people at risk for suicide, and provides support to the "Secretariat of the National Action Alliance for Suicide Prevention" and "Zero Suicide."

<http://www.sprc.org/>

Supplemental Resources

<http://www.nami.org/About-NAMI>

<http://www.mentalhealthamerica.net/about-us>

Furthermore, LIP staff can recommend offsite trainings marketed through Eventbrite.

Additional Training

Most of the training occurs as staff work hands-on with LIP participants and solve problems as they arise; therefore, staff must be ready for critical thinking and problem solving at any given moment. In addition, Comunilife provides in-house training seminars for employees throughout the year. These trainings are written on the schedule. The seminars cover clinical and socio-cultural issues, and are provided by experienced Comunilife employees and guest speakers.

Training seminars include, but are not limited to, the following topics:

- Mental Health Youth First Aid (proctored by NY state)
- Facilitating Group Sessions, Identifying Problems and Cues, and Recognizing Social Behavior (provided by Comunilife therapists on a monthly basis)
- Multicultural Relational Approach
- Assessment and Reporting child abuse and neglect (587.89(c)(8))
- Domestic violence
- Assessment of Suicide and Violence
- Mental illness- Depression, Anxiety, etc.

- Substance abuse and drug addiction
- Medications and Pharmaceuticals
- HIPAA and confidentiality issues
- Psychological Scales

Comunilife encourages and facilitates clinical staff attendance at relevant off-site seminars, conferences, etc.