

## **CARE (Care, Assess, Respond, Empower)**

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### Description

CARE (Care, Assess, Respond, Empower) is a suicide prevention program designed for 13 – 25 year old youth and young adults who have been identified as at high risk for suicide. CARE was developed by Reconnecting Youth, a well established juvenile delinquency prevention program. Reconnecting Youth also markets CAST – Coping and Support Training, a companion suicide prevention program to CARE. CARE is a three session, individual based suicide prevention intervention that consists of assessment, counseling, coping skills development and the selection of social support team, including at least one parent. CAST is a 12 session small group suicide prevention curriculum designed to enhance personal competencies and social support resources. CAST is covered in a separate review available at [http://www.idahosuicide.info/uploads/CAST-\(CopingAndSupportTraining\).pdf](http://www.idahosuicide.info/uploads/CAST-(CopingAndSupportTraining).pdf).

Reconnecting Youth is a school-based indicated prevention program for young people in grades 9–12 who are at risk for school dropout, drug involvement, anger, aggression, depression or suicidal behavior. The Reconnecting Youth program utilizes:

- Skills training to develop self-esteem, goal setting, decision making, personal control, and interpersonal communication.
- A small group setting to build personal and social protective factors to prevent suicide.
- A school and community crisis response plan that includes suicide prevention strategies and resources.
- Parent involvement in monitoring and support of the youth in crisis, and reinforcement of Reconnecting Youth concepts and goals

Widely implemented, the Reconnecting Youth program is designed as a semester long high school class and has been found to produce substantial reduction in depression and hopelessness; increase in personal control; major decrease in anger-control problems; positive connections with teachers, friends, and family members; significant improvement in GPA; and a reduction in hard drug use.

Reconnecting Youth designed CARE (Care, Assess, Respond, Empower) as an evidence-based program designed for youth and young adults at high-risk for suicidal behavior. Like its parent program, CARE works by enhancing personal competencies and social support systems. CARE works to increase self-esteem, decision making skills, personal control, and interpersonal communication abilities. CARE was formerly known as C-CARE (Counselors CARE).

CARE has been used successfully with high school age youth and young adults up to age 25, in school settings, other institutions and as a community-based program. The CARE protocol is conducted by nurses, counselors, psychologists, social workers or others trained and certified by CARE.

The first component in the CARE protocol includes a two hour suicide risk factors assessment & interview conducted by the CARE counselor. CARE uses a computer suicide risk assessment program as part of the initial interview.

The second session is a two hour “motivational counseling” session that gives the at-risk youth a safe place to discuss their risk factors and emotional stressors related to suicide ideation. The CARE counselor uses the session to provide coping skills education and encourage help-seeking behaviors.

The final component of the motivational counseling session is the establishment of a social network team to provide crisis monitoring and support over the next 2-3 months. The CARE counselor and the at-risk person select a team of trusted adults, including at least one parent chosen by the participant, to serve as guides in moments of crisis. A key component CARE program is that the CARE counselor contacts the at-risk person's parent, informs them of their child's risk for suicide, and actively includes them on the support team.

The third session of the CARE protocol is a follow-up assessment and booster session that occurs after 2-3 months after the initial intervention. Using the results of the follow-up assessment, the youth may be deemed to be past the current crisis, in need of continuing CARE and social support, or in need of referral to more intensive counseling, medication and other forms of suicide crisis management.

### Characteristics

- Population
  - Gender – male and female
  - Ages – 13 to 25 years old
  - Races – nonspecific, with adaptations for Hispanic and Native American
- Risk, Protective & Causal Factors
  - Suicide attempts (R)
  - Suicide ideation (R)
  - Unmanaged depression, anxiety and feelings of hopelessness (R)
  - Anger control problems and poor stress management (R)
  - Increased self-esteem (P)
  - Increased anger and stress management skills (P)
  - Increased interpersonal communication abilities (P)
  - Increased social support and monitoring systems (P)
  - Notification and involvement of parent/family in monitoring and support (P)
- IOM Category (level of care)
  - Indicated, Selective – adolescents and young adults with risk factors for suicide

### Effectiveness

Compared to randomized control groups of 'typical' youth, suicidal adolescents exposed to the CARE program:

- reported a significant decrease in suicide risk factors
  - 85% of participants reported at least a 25% reduction
- reported a significant decrease in depressive symptoms
  - 65% of participants reported a 25% decrease
- reported a significant decrease in feelings of hopelessness
  - 60% of participants reported a 25% decrease
- reported a significant decrease in anger control problems
  - 65% of participants reported a 25% decrease
- reported a significant decrease in perceived stress
  - "nearly half" of participants reported a 25% decrease

Compared to a "usual care" group of suicidal youth, youth who were exposed to the CARE program:

- reported a significant decrease in suicide ideation

- reported a significant decrease in depressive symptoms
- reported a significant decrease in feelings of hopelessness
- reported a decrease in anxiety, however the decrease for both genders was not significantly different from the controls after 9 months
- reported a decrease in anger control problems primarily for males, however the decrease for both genders was not significantly different from the controls after 9 months
- reported less alcohol and other intoxicant usage immediately following the CARE program, however the reduction in drug use was not reliably maintained on follow up, especially alcohol
- reported a significant increase in feelings of personal control

Except as noted, the above effects of the CARE program were still significantly detectable 9 months after the intervention.

#### Program delivery

The CARE protocol is conducted by nurses, counselors, psychologists, social workers or others trained and certified by CARE. Once an at-risk person has been referred to the CARE counselor, a two hour suicide risk factors assessment & interview occurs. If the interview indicates that the person is at-risk for suicide, a two hour “motivational counseling” is conducted where emotional stressors are discussed, coping skills are developed, and the importance of help-seeking behaviors are emphasized. A crisis support social network team is identified, including the CARE counselor, trusted adults, and at least one parent chosen by the participant. The involvement of the parent strengthens the intervention by ensuring monitoring, emotional care and crisis intervention outside of the school setting. A follow-up assessment and booster session occurs 2-3 months after the initial intervention. At that time, the youth may be deemed to be past the current crisis, in need of continuing CARE and social support, or in need of referral to more intensive counseling, medication and other forms of suicide crisis management.

#### Considerations for use in Idaho

The CARE program can be implemented fairly easily by school staff with counseling experience. The CARE program can be implemented within a single school, by a school district or statewide. Once training and certification has been completed, the primary cost is personnel time for the CARE counselors and ancillary mental health care indicated by the CARE assessment and counseling. The intervention is targeted, brief, relatively cost effective and has the advantage that the key personnel are already available in most if not all Idaho schools.

Schools, institution or communities considering implementation of CARE should consider simultaneously implementing its companion program, CAST. CAST is a 12 session, small group suicide prevention curriculum designed to enhance personal competencies and social support resources. CAST is covered in a separate review at [http://www.idahosucide.info/uploads/CAST-\(CopingAndSupportTraining\).pdf](http://www.idahosucide.info/uploads/CAST-(CopingAndSupportTraining).pdf).

#### Training & costs

The training costs for the CARE program are not available at this time. The training will be available online and will likely be reasonably priced similar to other Reconnecting Youth programs (cf. [http://www.reconnectingyouth.com/pdfs/Purchase\\_Order\\_Form.pdf](http://www.reconnectingyouth.com/pdfs/Purchase_Order_Form.pdf)). Reconnecting Youth, the CARE program developer, states:

Required online training in CARE implementation is being developed for interventionists, program coordinators and administrators. Costs include (1) the training registration fee, (2) the purchase of a license for the use of the computer-assisted CARE program, and (3) follow-up training and certification process fees.

Once CARE training and certification has been achieved, the primary cost is the personnel time for the CARE counselor to conduct the three CARE sessions, and communicate with the at-risk person, parents and support team. The school may also see an increase in counseling service utilization or referrals to mental health services due to issues identified during the CARE program. The purchase cost of a computer capable of running the CARE assessment software should also be considered if suitable equipment is not available.

#### Dissemination & support

While there are good training materials, manuals and resources for the CARE counselor, there is a lack of a comprehensive school wide implementation plan at this time. However, Reconnecting Youth is a long standing evidence-based program with a history of good support, so it is likely that this will be addressed. Interested parties should contact the CARE program using the information below or by visiting the Reconnecting Youth website at: <http://www.reconnectingyouth.com>.

Availability of technical support for CARE is unknown at this time. When available, it should be comparable to that of the parent program, Reconnecting Youth.

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#### Other program synopses

- NREPP: [http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\\_ID=225](http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=225)
- University of Washington School of Nursing Reconnecting Youth Prevention Research Program: <http://www.son.washington.edu/departments/pch/ry/research.asp>

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