



FAMILIES RENEWED, INC.



## LIFE BEHAVIORAL SKILLS TRAINING (LIFEBS<sup>T</sup>)



**Life Behavioral Skills Training (LifeBS<sup>T</sup>)** is a K-12 curriculum being created to give children the life skills needed to cope with adverse life events. Once the K-12 curriculum is created, training at the college level will be developed to reinforce the skills taught K-12, and to teach college faculty and student support staff to ensure continuity.

### WHY LIFEBS<sup>T</sup>?

Most children go through a series of adverse life events as they grow up. While most of these events leave emotional scars, there are many children who go through these events and grow up to become well adjusted adults. However, there are also many children who develop mental illnesses as a result of these events. Those mental illnesses include Borderline Personality, Depression, Anxiety, Attachment Disorders, Mood Disorders, Impulse Control Disorders and Substance Abuse Disorders. These mental illnesses often lead to self-harm and suicidal ideation. In fact, 70% of those diagnosed with Borderline Personality will attempt suicide at least once in their lifetime. The difference between those who develop mental illness that is purely event driven, and those who don't has more to do with the child's ability to cope with the event than it does with the severity of the event.

One of the most effective ways to treat Borderline Personality and its related illnesses is a technique called Dialectical Behavioral Therapy (DBT). DBT combines traditional therapy with teaching the coping skills and techniques needed to move beyond the damage caused so the person can become a well adjusted member of society. The problem with DBT is its timing. DBT is used to treat those with mental illnesses long after the event(s) itself. LifeBS<sup>T</sup> solves that problem by teaching the coping skills and techniques of DBT in an age appropriate way to children starting in Kindergarten. If children experience an adverse life event already having the coping skills and techniques needed to deal with that event, the traumatic impact of that event on the child will be lowered. If the traumatic impact is lowered, the long term effects of that trauma is also lowered potentially eliminating the development of a related mental illness later in life. **This will lower the incidence of self-harm and suicide in our children and young adults.**

### PRE-PANDEMIC STATISTICS

- 60% of teens have engaged in self-harm
- 50% of teens engage in self-harm on a regular and continuing basis
- Teens who engage in self-harm are more at risk for substance abuse and suicide
- Suicide was the second leading cause of death in young people ages 10-34 in 2019
- Boys are four times more likely to die from suicide than girls
- Girls are more likely to attempt suicide than boys

# PANDEMIC IMPACT

The information coming in regarding the impact of the pandemic on mental health is preliminary and ongoing. However, there are facts that are already known from our experience with other disasters. Disasters with a clearly defined beginning and end have a mental health impact that is relatively limited in scope and is normally local to the event. However, the pandemic has no clear beginning or end and is global in scope. All mental health experts agree that the mental health impact of the pandemic will be with us for the next ten to twenty years or longer. Many people impacted by the pandemic will struggle with mental health problems for the rest of their lives. This is especially true for children. The need to implement LifeBST, immediate.

**The most susceptible age group to suicide is the 15 – 24 year old age bracket.** This group of teens and young adults commit 91% of all youth suicides (age 24 and younger). While final data for 2020 will not be available until 2022, the preliminary data shows a 33% increase in the suicide rate in this age group from 2019 to 2020.

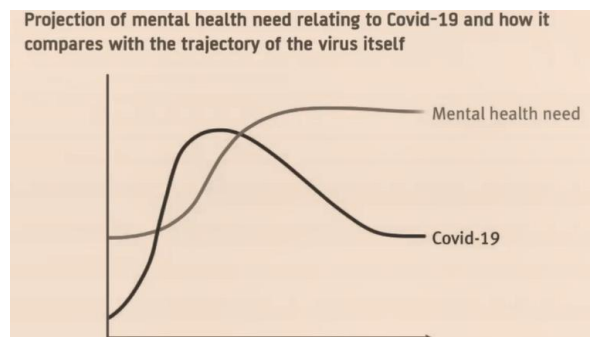
**Dr. Robert Redfield, Director of the Centers for Disease Control:** On July 14, 2020, Dr. Robert Redfield said, “there has been another cost that we’ve seen, particularly in high schools. We’re seeing, sadly, far greater suicides now than we are deaths from COVID. We’re seeing far greater deaths from drug overdose.”

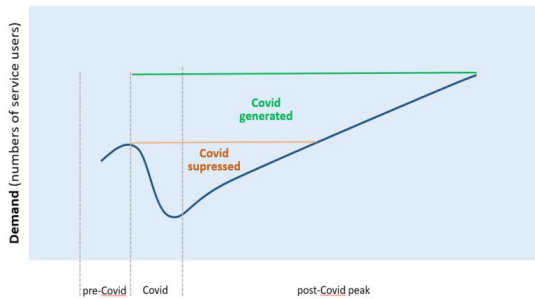
**The Toronto Study:** A study in Toronto in July, 2021 found that of the children in the sample, 50% of children ages 8-12 reported significant symptoms of depression. Even worse, 70% of teens ages 13-18 reported significant depressive symptoms. Dr. Daphne Korczak, who is an associate scientist in SickKids’ Neurosciences and Mental Health program and lead investigator in this study went on to say there was no evidence that the children in the study showed any indication of improvement, adaptation, or resilience over the course of a year.

**The Morbidity and Mortality Weekly Report of the Centers for Disease Control 6/18/2021:** This report by the CDC reaffirms the increase in suicidal ideation during the pandemic. The report says starting in May, 2020 emergency departments started reporting an increase in mental health related visits. Overall, there was a 31% increase in emergency department visits compared to 2019 in teens ages 12-17. Suspected suicide attempt visits increased 50.6% in girls, and 3.7% in boys in the same age group.

**Calls for Help:** Between March and August, 2020, the National Alliance on Mental Health Helpline reported a 65% increase in calls for help. The Trevor Project which targets LGBT youth saw double its normal volume of calls. In November 2020, the Crisis Text Line received 180,000 texts for help which is a 30,000 increase from the month before, and over 90% of those texts were from people under the age of 35. Emily Moser, Program Director of YouthLine independently and unknowingly made an argument for LifeBST when she said, *“while adults have had multiple years to practice stress management and build skills around that, young people haven’t had that.”*

**Mental Health Needs for the Future:** There are many models predicting what the post pandemic mental health needs will be, two of which are shown here. The one thing they all have in common is the prediction that mental health services will be in much greater demand for many years to come. The fact is that as Dame Til Wykes, Professor at King’s College in London indicated, we do not currently have the services and facilities in place to help prevent or treat the increased incidence of PTSD, anxiety, depression, Borderline Personality, and various phobias that are likely due to our response to the pandemic.





All preventable deaths are tragic and deeply affect the family, friends, and neighbors of the victims of these deaths. However, suicides committed by children reach well beyond their family, friends and neighbors. Suicides committed by children have a profound and detrimental impact on the school districts and the community as a whole. This is likely to be a major societal problem unless there is effective and immediate intervention to give our youth the tools they need to cope in a manner that is healthy.

## WHY FAMILIES RENEWED

Families Renewed, Inc. is a 501 (c) (3) non-profit organization created in 2013 (then named the American Family Crisis Ministry, Inc.) to help children and families in crisis. Families Renewed focuses on three areas that to some extent are interrelated and have the greatest impact on the health and well being of children and families: Homelessness, Self-Harm and Suicide, and the Aftermath of Child Abuse. The founder of Families Renewed, Bruce Norton, who serves as Chairman and CEO, has been passionate about suicide prevention since he was first trained as a peer counselor at the age of 14 when he became the youngest volunteer to work as a peer counselor answering suicide telephone calls at a suicide hotline just outside Baltimore, MD.

Families Renewed is uniquely positioned to successfully develop and implement LifeBST. In addition to his initial training as a peer counselor on a suicide hotline, Mr. Norton has also been trained in Post Traumatic Stress Disorder, Acute Stress Disorder, and Critical Incident Stress Debriefing(CISD), Psychological First Aid (PFA), and served on a CISD team in Baltimore, MD. In addition, in 2015, Mr. Norton agreed to raise a young child who had a mother who died when she was a young child, and a father who was no longer able to raise her. This child suffered from borderline personality, depression, anxiety disorder, attachment disorder, self-harm, and suicidal ideation. In August, 2021, this child entered college free from self-harm and suicidal ideation, and able to manage her mental illness without the use of psychotropic medications. Mr. Norton is supported by the Board of Directors of Families Renewed, as well as an Advisory Board which is made up of licensed therapists, educators, and other professionals actively engaged in disciplines that fall within the scope of the work performed by Families Renewed. These professionals are part of the team creating and implementing LifeBST.

## COMMUNITY SUPPORT

Families Renewed also enjoys good community support. That support was demonstrated at a recent event held at Lion's Park in Dallastown, PA. The name of the event was Building Bridges for Brianna. It was the first event which will be held annually. Building Bridges for Brianna was the brain child of Matt Dorgan, who now serves on the Board of Directors for Families Renewed. Matt created Building Bridges for Brianna in response to the grief he was experiencing over the loss of his daughter Brianna to suicide on December 3, 2020. The event was reported by Fox43 News, was a part of a Fox43 special on suicide which included Families Renewed as a suicide prevention resource, and by the York Dispatch. The event featured live bands, food trucks, local vendors of goods and services, mental health advocacy organizations, local law enforcement, and local fire and ems organizations. There was also a motorcycle ride that included 86 bikes, 2 jeeps, and a police escort. The event raised more than \$15,000.00 for suicide awareness, suicide prevention, LifeBST, and to support families dealing with suicidal ideation.

- MAILING ADDRESS: 644 SHREWSBURY COMMONS AVENUE, #261, SHREWSBURY, PA 17361 •
- CRISIS PHONE: 866-7-HELP-ME (866-743-5763) • OFFICE PHONE: 717-428-3140 •

In addition to private individual donations, Families Renewed has been financially supported, or allowed to use property, goods, or services, by the following:

- Living Word Community Church
- Lawn Doctor
- Dallastown Chapter – Lions Club International
- Five Below
- Conch Island Key West Bar and Grille
- La Trattoria
- G2G Event Staffing
- Coca Cola
- Bartz Brigade
- Dallastown Area School District
- Lititz Sign Company
- Boondocks Grille & Draft House
- Schooner Wharf Bar
- Big Planet Apparel
- The Wolf Organization
- Doceo
- Utz
- John’s Pizza Shop
- Parma Pizza and Grille
- Grand Cafe
- Special Services Tactical

## OTHER ORGANIZATIONS AND RESOURCES

The following is a list of other organizations Families Renewed has worked with in the past (either as Families Renewed, or as the American Family Crisis Ministry), are currently working with, or both:

- Pennsylvania Comprehensive Behavioral Health (PCBH)
- Suicide Prevention of York
- True North
- PA Counseling
- Service Access & Management, Inc.
- York/Adams Mental Health – Intellectual & Developmental Disabilities
- Bartz Brigade
- Mental Health Alert Wristbands, Inc.
- Family First Health
- National Alliance on Mental Illness (NAMI)
- American Foundation for Suicide Prevention – South Central Chapter
- Bell Socialization
- Youth Mental Health Alliance
- Carroll County, MD Health Department
- Community Care Behavioral Health
- Justice Works

## CONCLUSION

The decades long solution to suicide is to fix the problem. There is emotional trauma in someone’s life, that person develops mental illness as a result of the inability to cope with that trauma, and the mental illness is treated with therapy and/or medication. That solution is important and need to stay in place. Through LifeBST, however, Families Renewed’s solution is to ameliorate the problem before it presents itself so there is minimal trauma and the development of mental illness can be avoided entirely. Without mental illness, children grow up better adjusted and better able to live more fulfilling lives.

The feedback from mental health professionals, and educators has been unanimously positive with the most common response being the idea that this concept should have been implemented long ago. The feedback from mental health advocates with a history of mental illness has also been unanimously positive with the most common response being the fact that they wish this had been in place when they were children. Now is the time to complete development and implement LifeBST in the K-12 curriculum. Please support this life saving initiative.