Workshop Development and Suicide Prevention Training
Nancy Lever, PhD
University of Maryland Baltimore

MARYLAND
SPIN
Suicide Prevention and Early Intervention Network
Today’s Presenters

• Cynthia Schulmeyer, PhD, NCSP, Coordinator, School Psychology, *Howard County Public Schools*

• Deborah Nelson, PhD, NCSP, Section Chief, School Safety and Climate, Specialist, School Psychological Services, *Maryland State Department of Education*

• Jennifer Treger, MS, Director, Mental Health First Aid Maryland, *Mental Health Association of Maryland*
Goal of MD-SPIN:
Reduce premature loss of lives from suicide by increasing the number of at-risk youth who are identified, referred and receive quality behavioral health services.

MD-SPIN Key Components

- Public Awareness and Materials Dissemination
- Technical Assistance and Training Center
- Screening, training, and follow-up protocols in emergency departments and the inpatient units to which they refer
- Online gatekeeper training by Kognito’s Training Games and Simulations for Health
- Evaluation
• Interventions Implemented

Kognito Gatekeeper Trainings

• Online, avatar-based training program
• Practice having conversation with student/patient/family member/friend who may be experiencing psychological distress and/or having suicidal thoughts

Emergency Department Screening and Assessment

• Standardized, evidence-based screening
• Training and brief Interventions
• Follow-up of high-risk youth
Why Suicide Prevention is Important

- Nationally, suicide is the **third** leading cause of death for 10-14 year-olds and the **second** leading cause of death for 15-34 year-olds.\(^1\)

- According to the Youth Behavior Risk Survey:
  - 8% of high school students attempted suicide one or more times in the previous 12 months.\(^2\)
  - 17% of high school students seriously considered attempting suicide and 13.6% of students made a plan to attempt suicide.\(^2\)

References:

Youth Suicide in Maryland

• Rates of suicide and suicidal ideation in Maryland\(^1\):
  – 2009-2014: 90 youth ages 10-17 died by suicide
  – 15.9% of youth in grades 9-12 seriously considered attempt suicide
  – 12.7% of youth in grades 9-12 made a plan to attempt suicide

References:
Suicide Deaths of 10-17 year-olds in Maryland

Number of Suicide Deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>19</td>
</tr>
<tr>
<td>2010</td>
<td>13</td>
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<tr>
<td>2011</td>
<td>13</td>
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<tr>
<td>2012</td>
<td>16</td>
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<tr>
<td>2013</td>
<td>14</td>
</tr>
<tr>
<td>2014</td>
<td>15</td>
</tr>
</tbody>
</table>
Suicide Deaths of 10-17 year-olds by Maryland County 2009-2014
Risk Factors

- **Age:** 15-19 year olds complete suicide at 5x the rate of 10-14 year olds\(^1\)

- **Gender:** females are more likely to consider and attempt suicide; males are more likely to complete suicide\(^1\)

- **Ethnicity:** American Indian/Alaska Natives, multiracial, and Latino youth seriously considered and attempted suicide at highest rates\(^2\)

- **Sexual orientation:** LGB high school students were 3.4x more likely to have attempted suicide in the previous 12 months than their heterosexual counterparts\(^3\)

- **SES:** No statistically significant differences documented to date\(^1\)

- Other risk factors include difficulties in school and family history of suicidal behavior\(^1\)

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References:


Protective Factors

• Family acceptance and support
• Connections to friends and others who care
• Community support
• Sense of safety
• Access to effective care
• Restricted access to lethal means
• Coping skills

References
The Role of Schools in Suicide Prevention

• Connectedness with teachers may decrease risk of suicide\(^1\)
• Social support from school may reduce likelihood of suicidal ideation or attempts\(^2\)
• Educators are positioned to identify at-risk youth\(^3\)
  – Students at highest risk for suicide do not seek help and most youth at risk do not come to the attention of mental health system\(^4\)
  – However, teachers may not know the signs of distress and how to broach the topic with youth\(^5\)

References
Maryland Strategies in K-12 Schools

• Gatekeeper Training
  - Kognito *At-Risk* Modules
  - Youth Mental Health First Aid

• Suicide Prevention Policies


Howard County Public School System
# HCPSS Demographics*

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>76</td>
</tr>
<tr>
<td>Enrollment</td>
<td>55,638</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>21.2%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>22.8%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>10.4%</td>
</tr>
<tr>
<td>White</td>
<td>39.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>6.2%</td>
</tr>
<tr>
<td>Special Services</td>
<td></td>
</tr>
<tr>
<td>Free/Reduced Lunch</td>
<td>21.5%</td>
</tr>
<tr>
<td>Limited English Proficiency</td>
<td>5.0%</td>
</tr>
<tr>
<td>Special Education</td>
<td>8.8%</td>
</tr>
<tr>
<td>Graduation Rate</td>
<td>93.2%</td>
</tr>
</tbody>
</table>

*September 30, 2016
Mental Health Task Force

• Began in 2012
• Membership:
  o HCPSS central office representation
  o HCPSS school-based administrators & staff
  o Students (Active Minds, Voices for Change)
  o Parents
  o Community agencies, such as NAMI, Grassroots Crisis Intervention Center, Howard County Mental Health Authority, Health Department, etc.

• Followed five-step population-based approach (Doll and Cummings, 2008) to conduct needs assessment and gap analysis to identify recommended resources, supports, services and staff training.
MHTF - Continued

- Identified and prioritized focus areas:
  - Professional Learning
  - Communication
  - Student Curriculum
  - Resource Mapping/Staffing
  - HCPSS Three-Tiered Service Delivery Model

- “At-Risk for Educators: Recognize Students in Distress and Connect Them with Help” by Kognito
  - National Registry of Evidence-Based Programs and Practices (NREPP)
  - Funded by UMD Center for School Mental Health
  - Endorsed by Maryland State Department of Education
K-12 Teacher and Staff Training: Recognize Students in Distress and Connect Them with Help

Contact:
Cynthia A. Schulmeyer, Ph.D.
Coordinator, School Psychology
and Chair, HCPSS Mental Health Task Force

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Educators as Gatekeepers

- Are on the front lines with students every day
- May notice worrisome behavior and appearance
- Have existing relationships with students
- Can take small steps that make a big difference, even without mental health training
Kognito’s Behavior Change Model

Integrates several evidence-based models, tactics, game mechanics, and learning principles integral to structuring conversations that lead to measurable change

Key models and tactics
• Motivational interviewing
• Shared decision-making
• Mentalizing
• Emotional self-regulation
• Empathy / empathic accuracy
• Reappraisal strategy

Key learning principles
• Hands-on-practice
• Self-directed (DIY) approach
• Effective and ineffective navigational choices
• Contextual learning
• Personalized feedback
• Storytelling
• Case-based approach

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Assume the role of a teacher (or student) and engage in virtual conversations

Control the conversation by choosing what to say

Learn to use open-ended questions and motivational interviewing techniques

Receive feedback throughout that highlights important lessons and key strategies
Key Features (K-12)

- Elementary, Middle and High School Versions
- Available online 24/7
- Can be completed in multiple sittings
- Created in collaboration with school and mental health experts and educators
- Intended for ALL Adults
- Widespread national adoption
- Avatar-based: Role-play conversations with at-risk virtual students
- Listed: SPRC/AFSP Best Practices Registry (At-Risk for High School Educators, At-Risk for Middle School Educators, and Step In, Speak Up!)

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Learning Objectives – At-Risk

01 Recognize warning signs that a student may be suffering from psychological stress, including anxiety, depression, substance abuse and suicidal ideation

02 Initiate a conversation with a student to build resiliency and help the student identify sources of support

03 Connect the student to appropriate support services

04 Learn motivational interviewing techniques and how to avoid common pitfalls, such as attempting to diagnose the problem or giving unwarranted advice
At-Risk for Elementary School Educators

At-Risk for Elementary School Educators
- 60 minutes
- Accepted for Review in National Registry of Evidence-Based Programs and Practices (NREPP)
- Listed in SPRC/AFSP Best Practices Registry
- Co-created with mental health experts and educators

Conversations Include:
- a third grader who has suffered a traumatic event
- the mother of a fifth grader who has become increasingly disruptive and aggressive
At-Risk for Middle School Educators

- 50 minutes
- Accepted for Review in National Registry of Evidence-Based Programs and Practices (NREPP)
- Listed in SPRC/AFSP Best Practices Registry
- Co-created with mental health experts and educators

Conversations Include:
- a new girl who is being teased by a clique of popular girls
- the clique ringleader who is having trouble at home
- a boy struggling with impending loss and thoughts of suicide
At-Risk for High School Educators

- 60 minutes
- Listed in National Registry of Evidence-Based Programs and Practices (NREPP)
- Listed in SPRC/AFSP Best Practices Registry
- Co-created with mental health experts and educators

Conversations Include:
- a girl who is highly anxious about her grades and may be cutting
- a boy with poor attendance, low motivation, and drug use
- a shy boy who has written about suicidal thoughts in an essay
Once you’ve completed the training, be sure to click on the links at the top for:

- Information about local and national services
- Certificate of completion
- Survey to give feedback about the course
- Course summary
HCPSS Implementation

• Six Implementation Strategies
• Utilization Rates
• Gatekeeper Behavior Scale
• Challenges
• Additional Implementation Tips

*Supported for all Maryland educators with State and Federal Funding including a grant from SAMHSA for Maryland’s Suicide Prevention and Early Intervention Network (MD-SPIN).
*Endorsed by Maryland State Department of Education.
Strategy #1 - Stakeholder Buy-In

• Mental Health Task Force (MHTF)
  o Recommended training in September 17, 2015 Board of Education (BOE) Report.
  o BOE *recommended* that all HCPSS staff, including non-teachers such as coaches, front office staff, cafeteria workers, etc. take the training.

• HCPSS Executive Leadership
  o Supported BOE recommendation.
  o Assisted with implementation of roll-out plan.
The HCPSS Mental Health Task Force identified a need for classroom teachers to receive training in how to recognize warning signs of students experiencing mental health concerns. The September 17, 2015 BOE Report recommended and supported implementation of the “At-Risk for Educators: Recognize Students in Distress and Connect Them With Help” developed by Kognito and included in the SAMHSA National Registry of Evidence-Based Programs and Practices. Key program features are:

One-hour avitar-based online training simulation that prepares educators to identify, approach and refer students exhibiting signs of suicidal ideation, substance use/abuse, and psychological distress, including depression and anxiety. Practice and role-play real-life situations with fully animated and emotionally responsive virtual humans (avatars) to help educators learn effective communication tactics for managing these challenging conversations.

The training is funded by the University of Maryland Center for School Mental Health and is endorsed by the Maryland State Department of Education. The link for the training program is [https://md.kognito.com](https://md.kognito.com)

### 2015 Building the Foundation

<table>
<thead>
<tr>
<th>Role</th>
<th>Training Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Psychologists</td>
<td>January 13&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pupil Personnel Workers</td>
<td>February 4&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Cluster Nurses</td>
<td>February 24&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Alternative Education</td>
<td>March 18&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Special Education Full Staff</td>
<td>April 27&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Elementary School Counselors</td>
<td>December 17&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Middle School Counselors</td>
<td>November 18&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>High School Counselors</td>
<td>January 14&lt;sup&gt;th&lt;/sup&gt; &amp; 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Overview for School Administrators</td>
<td>November 2015</td>
</tr>
<tr>
<td>Curriculum &amp; Instruction</td>
<td>TBD</td>
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### 2016 School Implementation

<table>
<thead>
<tr>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Certified Staff</td>
<td>January - June 2016</td>
</tr>
<tr>
<td>Additional School Staff</td>
<td>August - December 2016</td>
</tr>
</tbody>
</table>

Options for Completion:
- Two 30-minute PIP or Other Planning Time
- Before/After School Faculty Meeting
- School-based Professional Learning Day

Earn one CPD/CEU from Kognito for training.
Strategy #3 – How You Advertise

• Emphasize that the At-Risk for Educators is a training designed to target students experiencing any type of distress, not just suicidal ideation.

• Encourage educators to “listen to their gut” – they know when something isn’t right.

• Not our expectation that teacher manage the situation – refer to student services.
At-Risk Training for Educators: Recognize Students in Distress and Connect Them With Help

FREQUENTLY ASKED QUESTIONS

The Howard County Public School System (HCPSS) has adopted the “At-Risk for Educators” training developed by Kognito for completion by all certified staff. This one-hour, avatar-based, interactive, online program is designed to provide training in how to recognize warning signs of students experiencing mental health concerns such as suicidal ideation, substance use/abuse and psychological distress, including depression and anxiety. Below are responses to frequently asked questions about this training:

1. What is Kognito?
   Founded in 2003, Kognito works with learning experts, psychologists, instructional designers, software engineers and others to transform health and mental health through challenging conversations. Kognito is the only company with digital simulations listed in the SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP).

2. Is there a cost for this training?
   No. The University of Maryland Center for School Mental Health (CSMH) is supporting this training for all Maryland educators. The Maryland State Department of Education (MSDE) has endorsed this training for the entire school workforce.

3. How long does it take to complete the training?
   The training takes an average of 45-60 minutes to complete. Typically the elementary module can be completed in 45 minutes while the high school module requires 60 minutes.

4. Am I required to complete the training in one session?
   No. Conversations regarding mental health can be difficult and/or challenging. It is important that you take breaks during the training as needed.
Strategy #5 - Time

• Options for when educators take training:
  o Staff meeting (bring ear buds)
  o Planning Time (perhaps multiple sessions)
  o Professional Development Days

• Time frame:
  o Within a three/four-week (or more) time period
  o Or by a given date
Strategy #6 – CPD/CEU

• Provide CPD/CEU for training
  o Professional organization for SLP, OT, PT, LCPC, LCSW, School Psychologist, Nurse, etc.
  o MSDE granted prior to June 2017
  o Educator include certificate of completion in their portfolio/evaluation

• Meets requirement for school counselor training as indicated in Lauryn’s Law
# Utilization Rates

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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Elem</strong></td>
<td>NA</td>
<td>140</td>
<td>259</td>
<td>2282</td>
<td>31</td>
<td>63</td>
<td>2775</td>
<td></td>
</tr>
<tr>
<td><strong>Middle</strong></td>
<td>1</td>
<td>191</td>
<td>184</td>
<td>945</td>
<td>12</td>
<td>4</td>
<td>1337</td>
<td></td>
</tr>
<tr>
<td><strong>High</strong></td>
<td>5</td>
<td>231</td>
<td>162</td>
<td>1815</td>
<td>37</td>
<td>28</td>
<td>2278</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>562</td>
<td>605</td>
<td>5042</td>
<td>80</td>
<td>95</td>
<td>6390*</td>
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*78.5% of ALL HCPSS Staff (Total = 8,136)
# Gatekeeper Behavior Scale

<table>
<thead>
<tr>
<th></th>
<th>Baseline Mean (SD)</th>
<th>Post Mean (SD)</th>
<th>t-score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educators</strong> Composite GBS Score (range 3-13)</td>
<td>9.01 (1.67)</td>
<td>10.76 (1.45)</td>
<td>N = 2665 t = 65.06***</td>
</tr>
<tr>
<td><strong>Non-Educators</strong> Composite GBS Score (range 3-13)</td>
<td>9.89 (2.02)</td>
<td>11.81 (1.54)</td>
<td>N = 610 t = 23.20***</td>
</tr>
<tr>
<td><strong>Combined</strong> Composite GBS Score (range 3-13)</td>
<td>9.17 (1.77)</td>
<td>10.84 (1.48)</td>
<td>N = 3267 t = 68.18***</td>
</tr>
</tbody>
</table>

*** p<.001
Challenges

• Numerous trainings for “Building the Foundation” to ensure consistency.
• Technology glitches
• Forgot earbuds/headphones
• Student services staff misunderstand their role in taking the training.
• Reliance on HCPSS Executive Leadership to distribute memo and FAQ.
Additional Implementation Tips

• The “At-Risk for Educators” demonstration is powerful – it typically sells itself!
• A debriefing after each “Building the Foundation” training provided the content for the FAQ.
• Some districts accompanied the “At-Risk for Educators” with a presentation re: their suicide intervention procedures or other topics.
• A Point of Contact (e.g., principal’s secretary, student services staff, etc.) was identified at each school to support the roll-out.
Questions?

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Howard County Public School System
Coordinator, School Psychology, Section 504 and Instructional Intervention

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Maryland State Department of Education Suicide Prevention Initiatives

Deborah Nelson, Ph.D., NCSP
Maryland Suicide Prevention Conference
October 4, 2017
Coordinated Student Services

Culture & Climate
- Positive Behavioral Interventions and Supports
- Disproportionality
- Maryland Youth Risk Behavior Survey
- Chronic Absenteeism
- Alternative Education

Health & Mental Health
- Psychological Services
- Youth Mental Health First Aid
- Suicide Prevention/Intervention
- School Health Services
- School Based Health Centers

College & Career
- College Application Campaign
- Counseling Services
- Homeschooling
- Homeless Education

Safety
- Emergency Planning
- Gang Awareness
- Bullying Prevention
- MD Center for School Safety
- Student Arrests
- Child Abuse
- Human Trafficking

Student Services and Strategic Planning Branch
In July of 2016, the State Board of Education Mental Health Committee was developed to explore the issue of suicide prevention in Maryland public schools and to identify specific actions that might be taken by the Board and MSDE.

The purpose was to:

- Expand upon MSDE’s existing efforts to bring greater awareness and visibility to student mental health issues, particularly suicide, and
- Develop a comprehensive, multi-pronged approach to enhance the effectiveness of programs and services provided to students, staff, and families.
Identified Priorities of the Committee

- Increase awareness and visibility (Awareness)
- Provide statewide guidance, professional development, technical assistance/support (Guidance)
- Gather and maintain relevant local and statewide data on the effectiveness of programs and practices to evaluate effectiveness (Evaluation)
- Encourage/facilitate coordination and collaboration among local school systems, state agencies, policy makers and community partners (Coordination and Collaboration)
- Identify policy gaps and opportunities to strengthen existing regulations to ensure the necessary supports at the state and local levels (Policy/Regulations)
Overview of Committee’s Activities and Accomplishments

- Conducted a needs assessment to identify current programs and practices
- Collaborated with national, state, and local experts
- Reviewed State statutes, regulations, and policy
- Identified evidence-based practices
- Examined State Board approaches
- Developed website and inventory of resources
MSDE Suicide Prevention/Intervention Initiatives

- Collaboration and partnership with:
  - Governor’s Commission on Suicide Prevention to develop, implement, and monitor a state-wide, multi-agency plan.
  - Suicide Prevention and Early Intervention Network (SPIN) to implement Kognito, which are self-paced computer modules for school staff.
  - Division of Special Education/Early Intervention to provide more intensive supports to students with identified needs.
  - Educational and Behavioral Community of Practice (CoP) to coordinate and align efforts to educate and raise awareness about mental health.
  - LEAs to provide targeted training and technical assistance and to identify best practices.
  - Community partners to implement MD-AWARE (Advancing Wellness and Resilience in Education) to train educators to identify and provide resources for mental health concerns with students.
House Bill 920 (Lauryn’s Law)

- Certificated School Personnel – Training Requirement was passed during the 2017 legislative session.
- The bill, which has since been signed into law, requires that certificated school personnel who have direct contact with students complete training designed to understand and respond to youth suicide risk to assist students in crisis.
Mental Health First Aid Maryland: Providing a Compassionate, Informed Response

Jennifer Treger
Director, Mental Health First Aid Maryland
Mental Health Association of Maryland
Youth Mental Health First Aid® is the help offered to a young person experiencing a mental health challenge, mental disorder or a mental health crisis. The first aid is given until appropriate help is received or until the crisis resolves.

Mental Health First Aid® does not teach people to diagnose or to provide treatment.

The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.)
Participants learn:

• **risk factors** and **warning signs** of mental health problems in adolescents
• understanding of the importance of early intervention
• a **5-step action plan** to help an adolescent who is developing a mental health problem or in crisis
• appropriate, evidence-based treatment and supports
Why Mental Health First Aid?

- Mental health problems are common.
- Mental health problems often develop during adolescence.
- Youth and young adults may experience mental health problems differently than adults.
- Youth may not be well informed.
- The sooner an individual gets help, the more likely they are to have a positive outcome.
- Stigma is associated with mental health problems.
- Professional help is not always on hand.
Why Youth Mental Health First Aid In Schools?

• School personnel trained in Youth Mental Health First Aid® can help to:
  – Identify students experiencing emotional problems sooner
  – Improve coordination with existing school-based mental health supports and resources
  – Inform students and their families of local supports available in their community
Where Mental Health First Aid Can Help

Where Mental Health First Aid can help on the spectrum of mental health interventions
Mental Health First Aiders Are...

Teachers, supervisors, first responders, caretakers, co-workers, journalists, parents, friends and siblings. They’re even First Ladies...

It really gives you the skills you need to identify—and ultimately help—someone in need.

First Lady
Michelle Obama
trained
Total First Aiders trained in Maryland to date:

25,000+
Marylanders Certified in Mental Health First Aid

- Concerned Citizens across Maryland: 29%
- Health and Social Services Providers: 32%
- Public School Staff: 29%
- Public Safety Professionals: 15%
- Higher Education: 10%
- Business and Faith Communities: 7%
MD AWARE

- Substance Abuse and Mental Health Services Administration (SAMSHA) grant
- Two components to address mental health services in schools and school communities
- Component 2 provides Youth Mental Health First Aid training
Evidence

Mental Health First Aid...

...Increases knowledge and understanding

...Encourages people helping people

...Supports people getting help

...Decreases social distance

...Increases mental wellness
The Data

Over 20,000 course evaluations
95% agree that they can
• Recognize signs
• Listen actively and compassionately
• Offer first aid
• In fact, 95% of respondents agree that they can offer every practical skill measured.
About 70% of survey respondents reported using the ALGEE action plan.

Of those who reported using the ALGEE action plan, about 60% used it when the person was in distress.
Reported Changes

First aiders describe themselves as more...
Thoughtful
Compassionate
Skilled & Informed
Likely to offer help
Equipped to recognize, interact and assist
Aware of impact

And...
Less afraid of doing the wrong thing
Mental Health First Aid Works

“I didn’t have to worry about or really think about, ‘Is this the right thing to do?’ ‘cause I knew it was…”

“just makes you feel more confident, more competent...you actually aren’t scared as to what people might say or do…”

“I noticed symptoms and referred several students that would not have normally been identified as needing counseling..”
Take the course, you can be the help someone needs

Jennifer Treger, Director Mental Health First Aid Maryland
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