Grant Writing Guide
for the
Coping and Support Training (CAST) Program

Curriculum	*Eggert, L. L., & Nicholas, L. J. (2003). CAST: Coping and support training. Road map for teen groups. Leader guide. Seattle, WA: RY Publications.*
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Program Development	Coping and Support Training (CAST) was developed by Dr. Leona Eggert and Ms. Liela Nicholas for youth at suicide risk. CAST is a brief version of the parent program Reconnecting Youth (RY). CAST received extensive funding from the National Institutes of Health to test its efficacy in preventing suicide-risk and related behaviors. Dr. Eggert was the Principal Investigator and Dr. Elaine Thompson was the Co-Investigator and conducted the evaluation at the University of Washington.
Program Description	CAST is a proven science-based group approach to decreasing suicidal behaviors, depression and drug involvement among adolescents. The CAST program is grounded in a partnership model among students, school personnel, parents and prevention specialists. Life skills are taught in the context of carefully nurtured peer group support. Parent involvement provides essential support at home. A crisis response team serves the school or agency in supporting these youth by providing guidelines for important adults to recognize suicide warning signs and provide help and referrals to prevention specialists. CAST can be delivered as either a universal, selective or indicated prevention program. For example, as a universal program it can be implemented with 8th graders before transitioning to high school. As a selective program it can be implemented with high-risk groups, such as potential school dropouts, known to experience higher levels of suicide-risk behaviors. Alternatively, CAST can be utilized as an indicated prevention program targeting high-risk individuals who screen in at suicide-risk. The 12 CAST sessions are delivered to small groups of 6-8 youth, ideally twice per week over a six-week period.

Program Goals	1. Improved MOODS (including decreased suicidal behaviors and related risk factors: depression, hopelessness, anger-control problems, stress; and increased protective factors: self-esteem, personal control, and social support from peers, family and school) 2. Decreased DRUG USE (including increased drug use control and decreased adverse drug-use consequences) 3. Improved SCHOOL SMARTS (including attendance, grades, attitude and school connectedness)
Prevention Strategies	CAST utilizes the following prevention strategies: ♦ assessment and feedback ♦ access to help ♦ adult motivation and support ♦ peer group support ♦ coaching and skills training, and ♦ monitoring. These strategies serve to increase personal competencies and social support resources, leading to the desired outcomes.
CAST Session Titles	1. Welcome & Orientation 2. Group Support & Self-Esteem 3. Setting & Monitoring Goals 4. Building Self-Esteem, Beating the Blues 5. Decision Making - Taking STEPS 6. Anger Management #1 7. Anger Management #2 8. Drug Use Control - Making Healthy Decisions 9. School Smarts 10. Preventing Slips & Relapses 11. Recognizing Progress & Staying on Track 12. Celebrating Graduation
CAST Group Description	• 6-8 youth/group • CAST can be offered to an entire population (a “universal” program), to a high-risk group (a “selective” program), or to specific at-risk students (an “indicated” program) • Richly diverse group (ages/grade levels, gender, risk factors, strengths) • 55-minute group sessions, ideally twice a week for 6 weeks • Taught by a specially selected and trained adult (e.g., teacher, counselor, community health educator) who excels at working with high-risk youth • Can be delivered in a school setting, in private practice, community agencies, religious institutions, etc. • Combines a tested peer group approach with a tested life skills training model to effectively enhance the personal and social protective factors of high-risk youth

Student Identification and Selection	Students are INVITED to participate in CAST, never assigned. Depending on the target population (*universal, selective or indicated*), students can be identified in a variety of ways. For instance, for a universal program approach, an entire population (e.g., all 8th graders, prior to transitioning to high school) may be offered the CAST program. For a selective prevention program, appropriate youth can be screened using the following criteria (for potential school dropout): ♦ Behind in credits for grade level AND in the top 25th percentile for absences AND has a GPA < 2.3 (or a sharp drop in grades) ♦ Has a prior dropout status. ♦ Referred by school personnel & meet 1 or more of the criteria above For an indicated prevention program, those students who meet the above criteria would then be screened for suicide risk. Only students at risk for suicide could then be included in the CAST group. Regardless of the selection process used, students who meet screening criteria are approached individually, informed about the format and goals of the CAST group, and invited to join. Parental consent is recommended, but not required.
Teacher/Facilitator Selection	Effective CAST Teacher/Facilitators are individuals who: ♦ Work effectively with students who are at risk for high school dropout, drug involvement, and emotional distress ♦ Evidence a desire to work with youth who are having problems with grades/attendance and may be drug involved and/or emotionally distressed (depressed and/or thinking about suicide) ♦ Receive endorsements from other staff & students attesting to the above characteristics ♦ Evidence a healthy sense of self-esteem ♦ Express a strong desire to lead CAST groups and who are informed and enthusiastic about the program and its goals ♦ Express willingness and the ability to attend CAST Teacher/Facilitator Training ♦ Commit to participating in the supervision process with the CAST Coordinator
Critical Elements to Successful Implementation	• High fidelity to the curriculum design and school-based structure • 1:6-8 teacher-to-student ratio • Use of the criteria for student selection • Adherence to the selection criteria for CAST teachers/facilitators • Implementation training for CAST teachers/facilitators, program coordinators and administrators • A Support Team to prepare the school for implementing CAST • Cultivating and involving all constituencies in the process of adopting the CAST Program is critical to success

Outcomes	The youth who participated in the CAST Program research evidenced the following outcomes, relative to intervention as usual (IAU) control comparisons (a brief school-based suicide assessment and intervention): **Reductions in Suicidal Behaviors and Emotional Distress** ♦ 65% sustained decrease in suicidal-risk behaviors (and 56% decrease for IAU) **Reductions in Depression, Anxiety & Anger Problems** ♦ 44% reductions in depression (24% decrease for IAU) ♦ 29% reductions in hopelessness (22% decrease for IAU) ♦ Some gender differences were observed— anxiety reductions of 34% (females) & 27% (males) for CAST and 13% (females) & 21% (males) for IAU ♦ Anger reductions of 24% (females) & 20% (males) for CAST and 12% (females) & 20% (males) for IAU **Reductions in Drug Involvement** ♦ 62% decrease in hard drug use (27% for IAU) ♦ 16% reductions in alcohol use (3% for IAU) ♦ 33% decrease in drug use control problems (2% for IAU) **Increases in Personal and Social Support Assets** ♦ 24% increases in problem-solving coping (4% increase for IAU) ♦ 24% increase in personal control (16% increase for IAU) ♦ 26% increase in family support (11% for IAU)
Evaluation Materials and Costs	Costs will vary according to your needs and objectives. Please contact us for a free evaluation plan consultation before completing your grant application.
Implementation Costs	Costs will vary according to your needs and objectives. Please contact us for more information on program delivery.

Listings, Rewards and Honors	• SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) • Suicide Prevention Resource Center/American Foundation for Suicide Prevention – Best Practice Registry for Suicide Prevention • National Dropout Prevention Center/Network (Model Program) • Healthy Communities Institute – Promising Practices Library • Child Trends – What Works/LINKS • Indian Health Services, Community Suicide Prevention Website –Promising and Effective Programs
Research References	1. Eggert, L. L., Thompson, E. A., Randell, B. P., & Pike, K. C. (2002). Preliminary effects of brief school-based prevention approaches for reducing youth suicide: Risk behaviors, depression, and drug involvement. Journal of Child and Adolescent Psychiatric Nursing, 15(2), 48-64. 2. Randell, B. P., Eggert, L. L., & Pike, K. C. (2001). Immediate post intervention effects of two brief youth school-based prevention program. Suicide and Life-Threatening Behavior, 31(1), 41-61. 3. Thompson, E. A., Eggert, L. L., Randell, B. P., & Pike, K. C. (2001). Evaluation of indicated suicide risk prevention approaches for potential high school dropouts. American Journal of Public Health, 91(5), 742-752. 4. Eggert, L. L. (1996). Psychosocial approaches in prevention science: Facing the challenge with high risk youth. Communicating Nursing Research, 29, 73-85. 5. Eggert, L. L. (2000). Science-based prevention approaches to promoting healthy adolescent behaviors. Communicating Nursing Research, 33, 1-13. 6. Eggert, L. L., Herting, J. R., & Thompson, E. A. (1996). The Drug Involvement Scale for Adolescents (DISA). Journal of Drug Education, 26(2), 101-130. 7. Herting, J. R., Eggert, L. L., & Thompson, E. A. (1996). A multi-dimensional model of adolescent drug involvement. Journal of Research on Adolescence, 6(3), 325-361. 8. Powell-Cope, G. M., & Eggert, L. L. (1994). Psychosocial risk and protective factors: Potential high school dropouts versus typical youth. In R.C. Morris (Ed.), Using what we know about at-risk youth: Lessons from the field (pp. 23-51). Lancaster, PA: Technomic Publ. 9. Thompson, E. A., Mazza, J. J., Herting, J. R., Randell, B. P., & Eggert, L. L. (2005). The mediating roles of anxiety, depression, and hopelessness on adolescent suicidal behaviors. Suicide and Life-Threatening Behavior, 35(1), 14-34. 10. Thompson, E. A., Moody, K. A., & Eggert, L. L. (1994). Discriminating suicide ideation among high-risk youth. Journal of School Health, 64(9), 361-367. 11. Walsh, E., Randell, B. P., & Eggert, L. L. (1997). The Measure of Adolescent Potential for Suicide (MAPS): A tool for assessment and crisis intervention. Reaching Today's Youth, 2(1), 22-29.