Consideration of Factors Contributing to Trends in Youth Suicidality: Implications for School-based Interventions

Amy Plog

Janise McNally

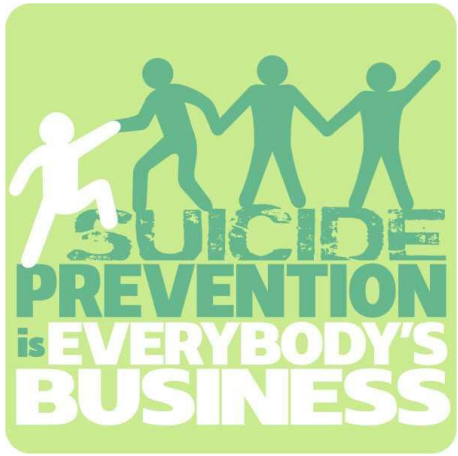
Lauren Ross

Cherry Creek School District

Workshop presented at the Colorado Safe School Summit, October 24, 2019

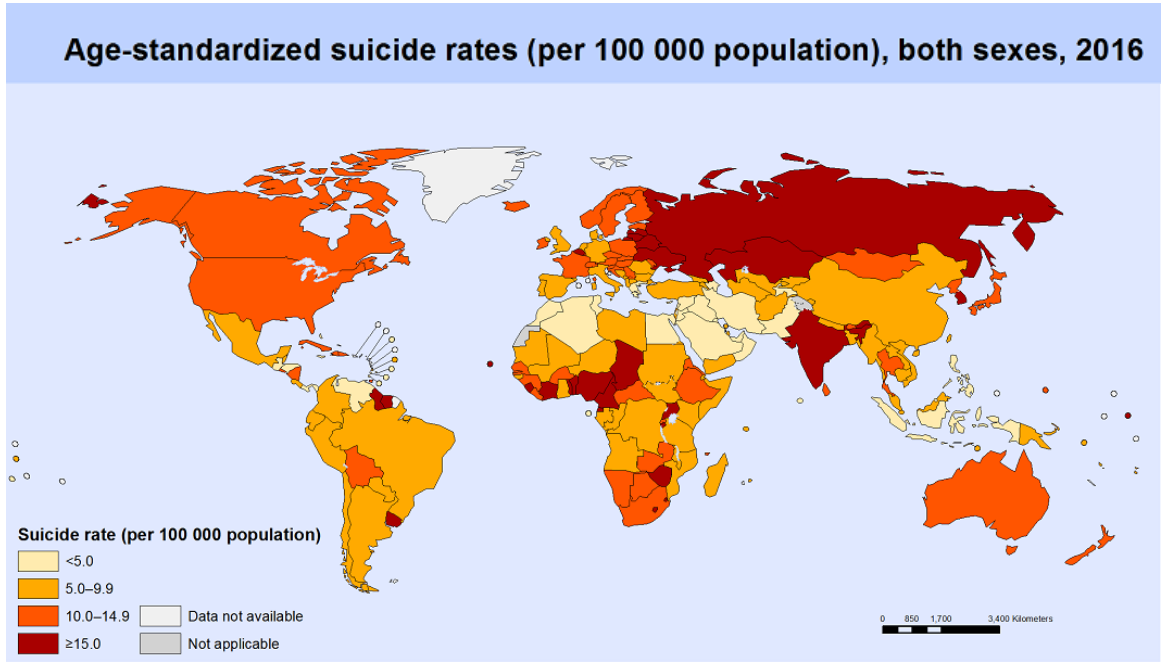
Agenda

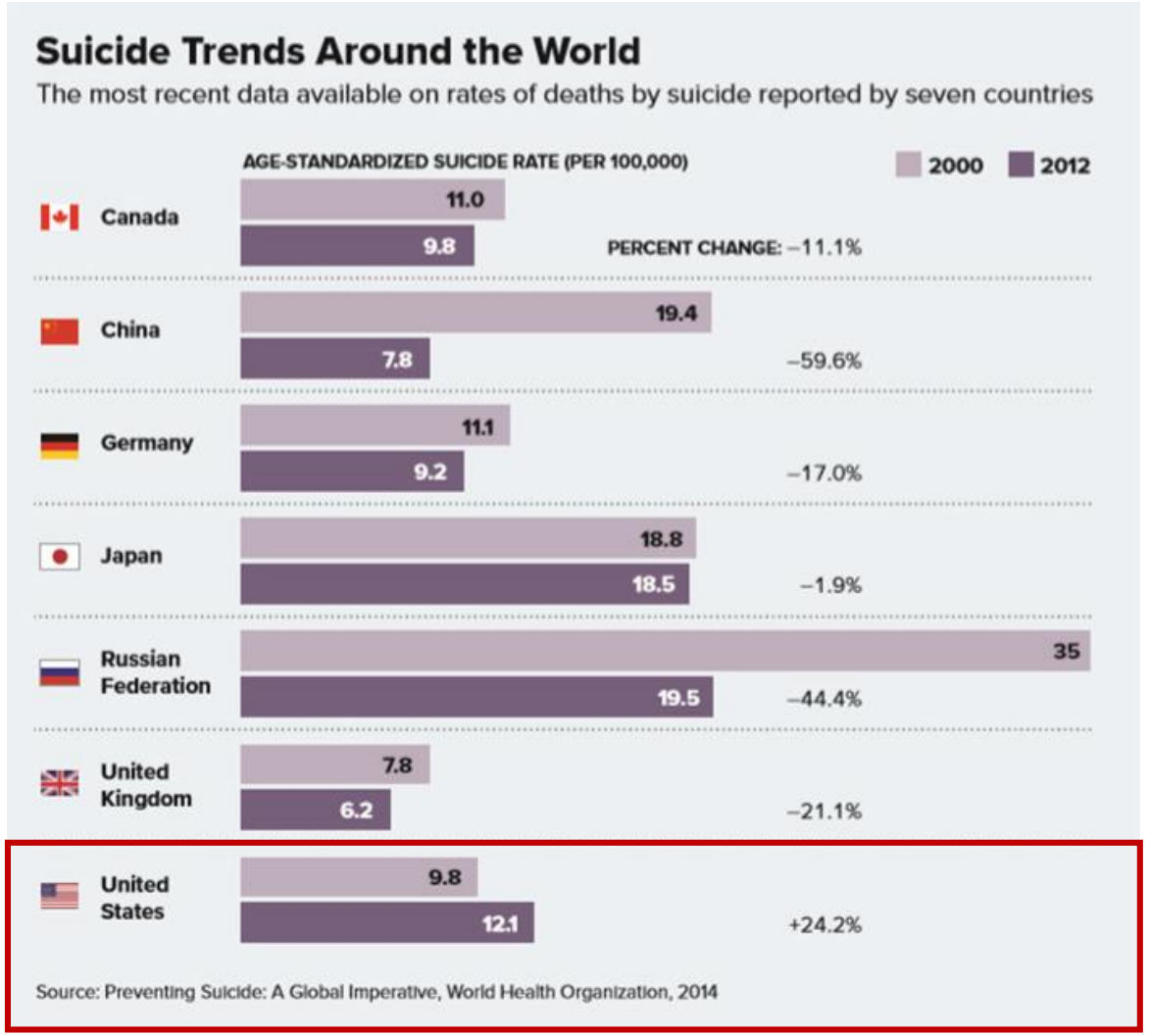
- Current trends
- Review of research on contributing factors
- Implications for school-based interventions



Data Source: Suicide Deaths

Global Changes in Deaths By Suicide



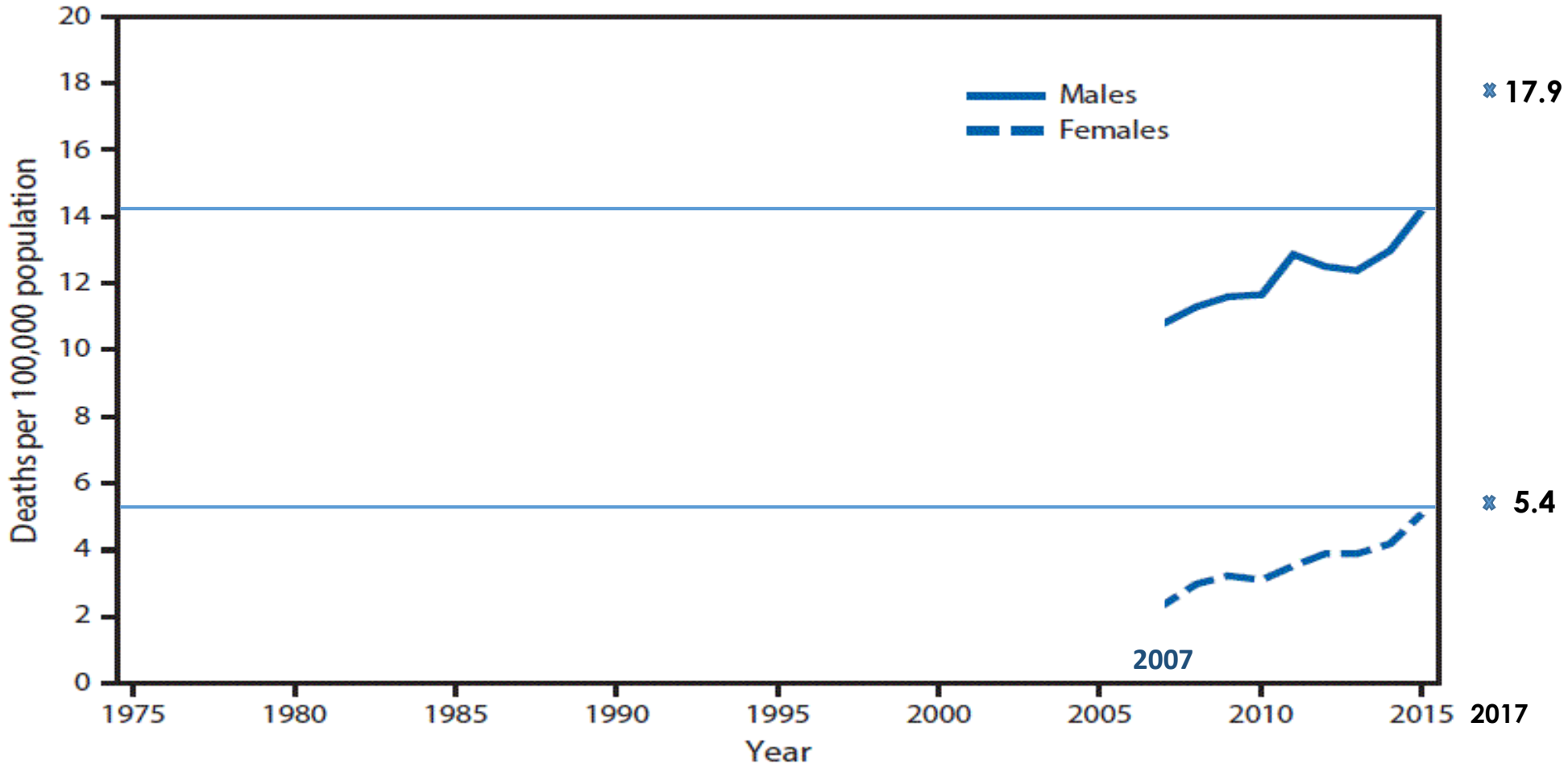


(Weir, 2019)

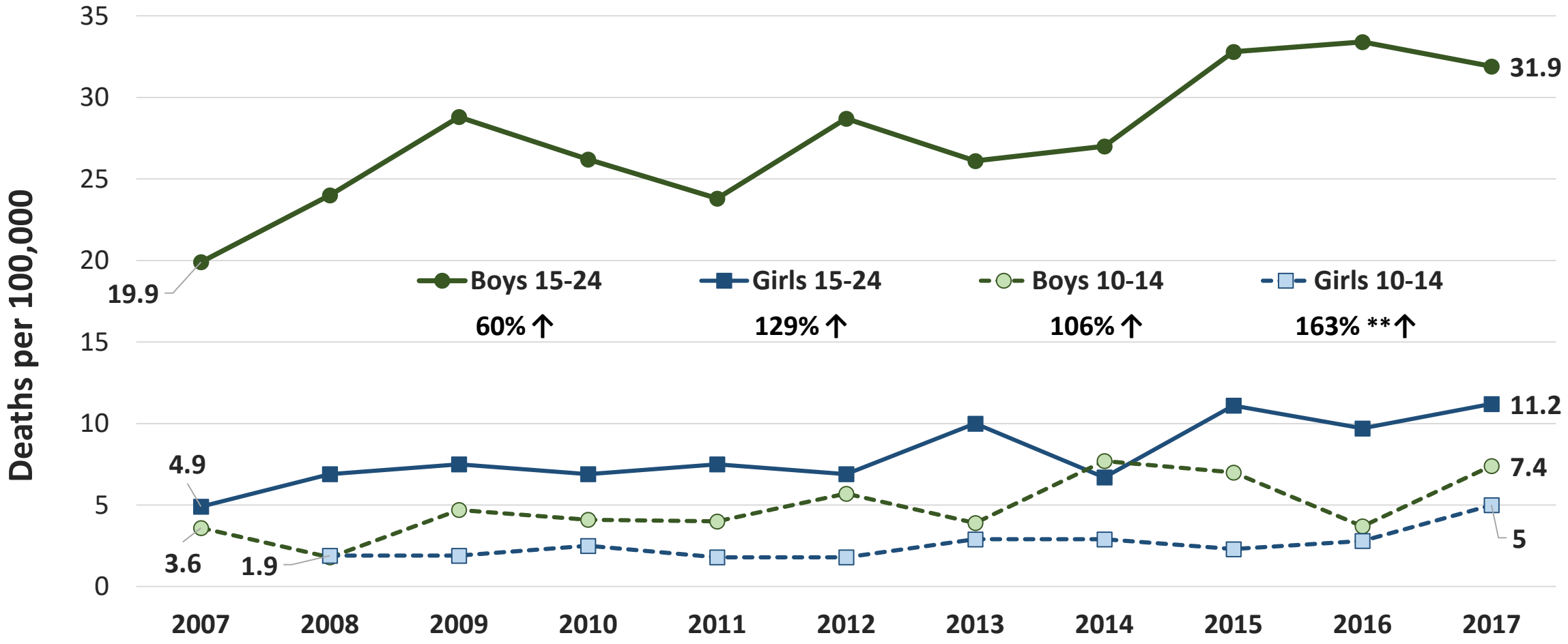
Morbidity and Mortality Weekly Report (*MMWR*)

QuickStats: Suicide Rates*,† for Teens Aged 15–19 Years, by Sex — United States, 1975–2015

Weekly / August 4, 2017 / 66(30);816



Colorado Youth Deaths By Suicide Over Time

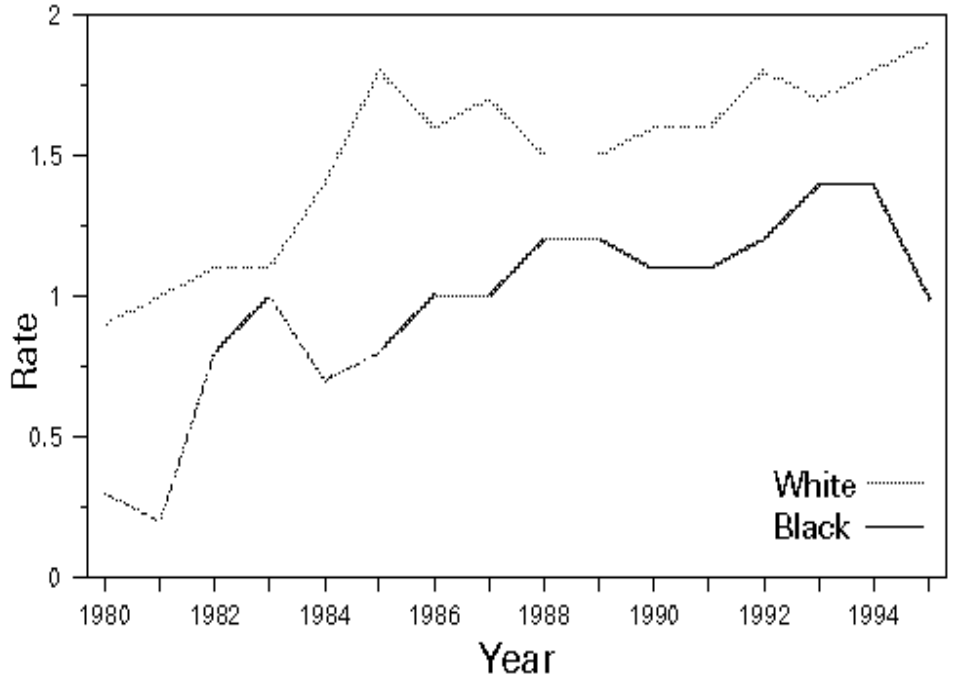


**47% ↑ in comparison to 2016

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

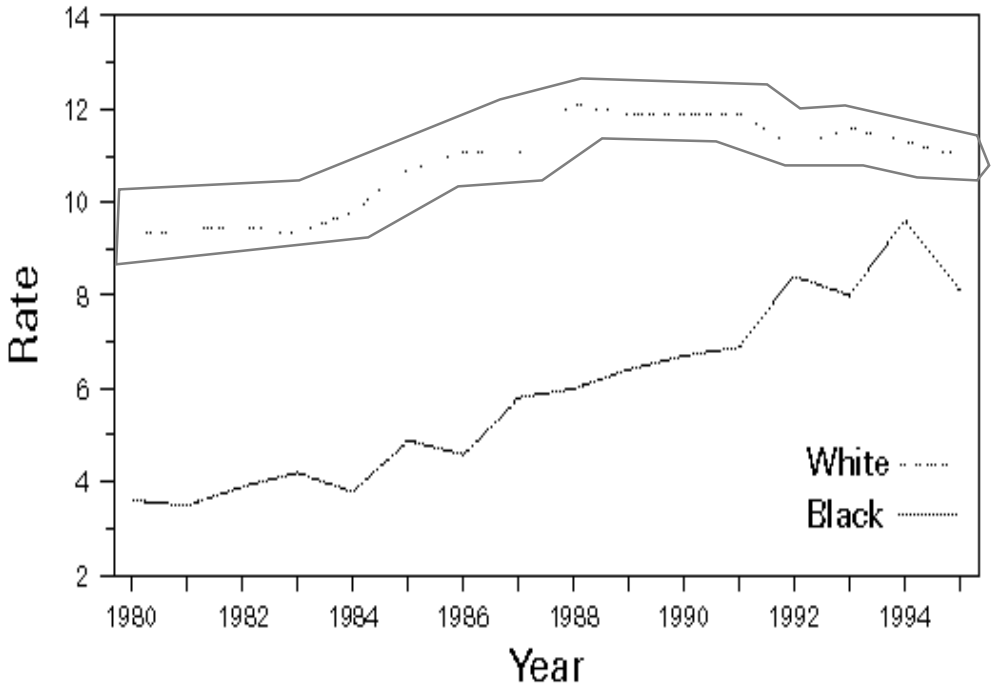
Historically, Rates of Suicide Have Been Highest for White Youth

FIGURE 1. Suicide rates* for blacks and whites aged 10–14 years, by year
United States, 1980–1995†



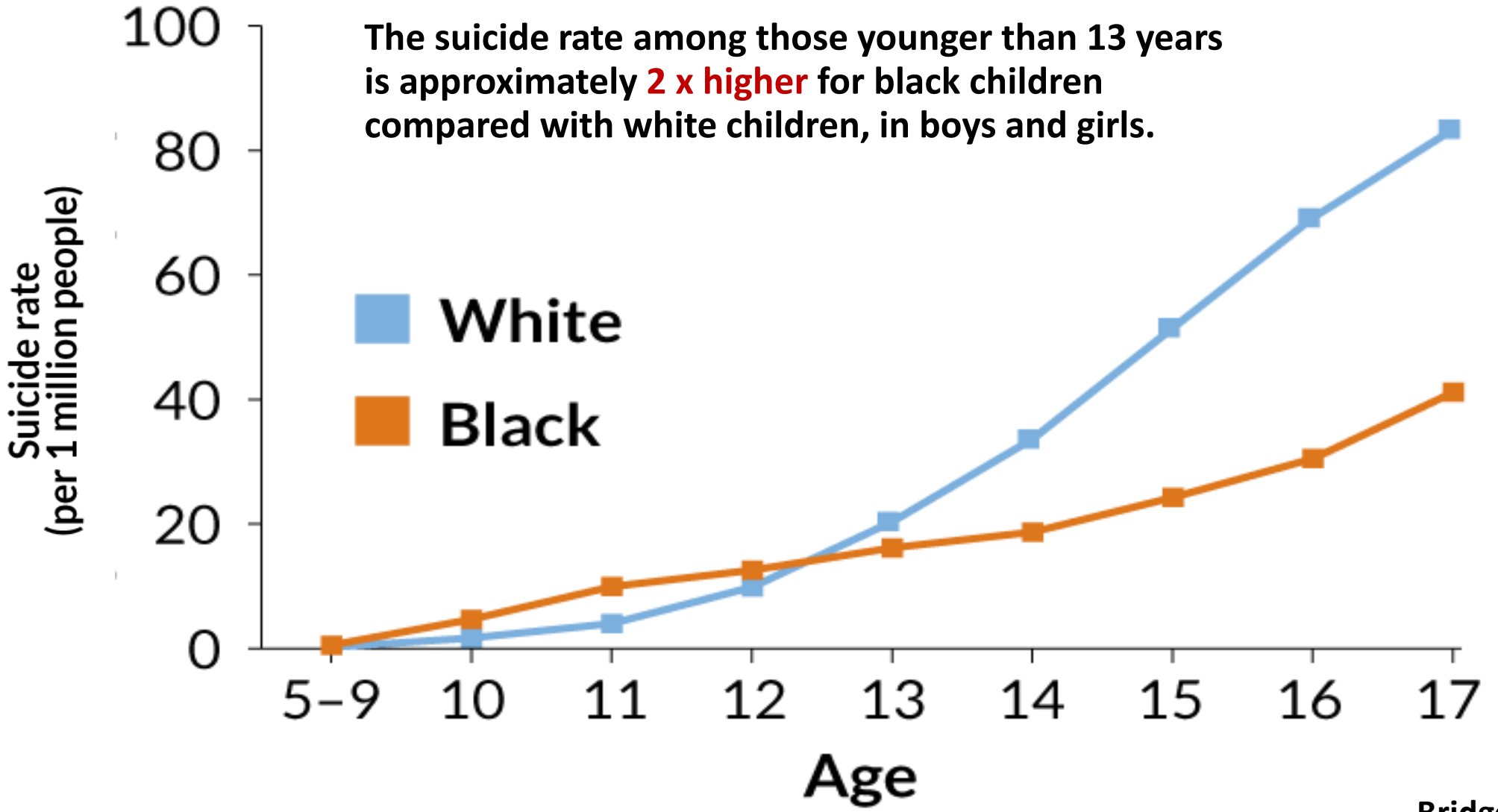
*Per 100,000 population.

FIGURE 2. Suicide rates* for blacks and whites aged 15–19 years, by year
United States, 1980–1995†



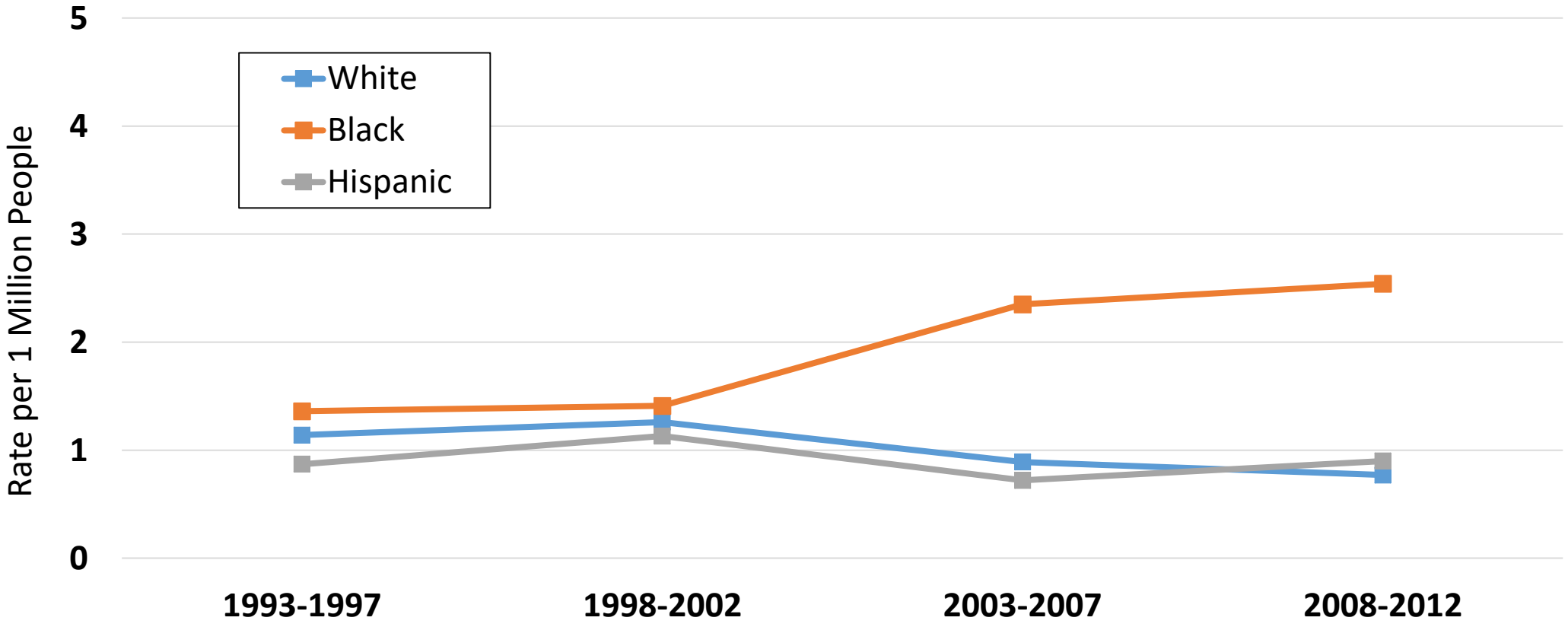
CDC, *MMWR*, 1998

Suicide rates of U.S. black and white youths



Bridge et al. (2018)

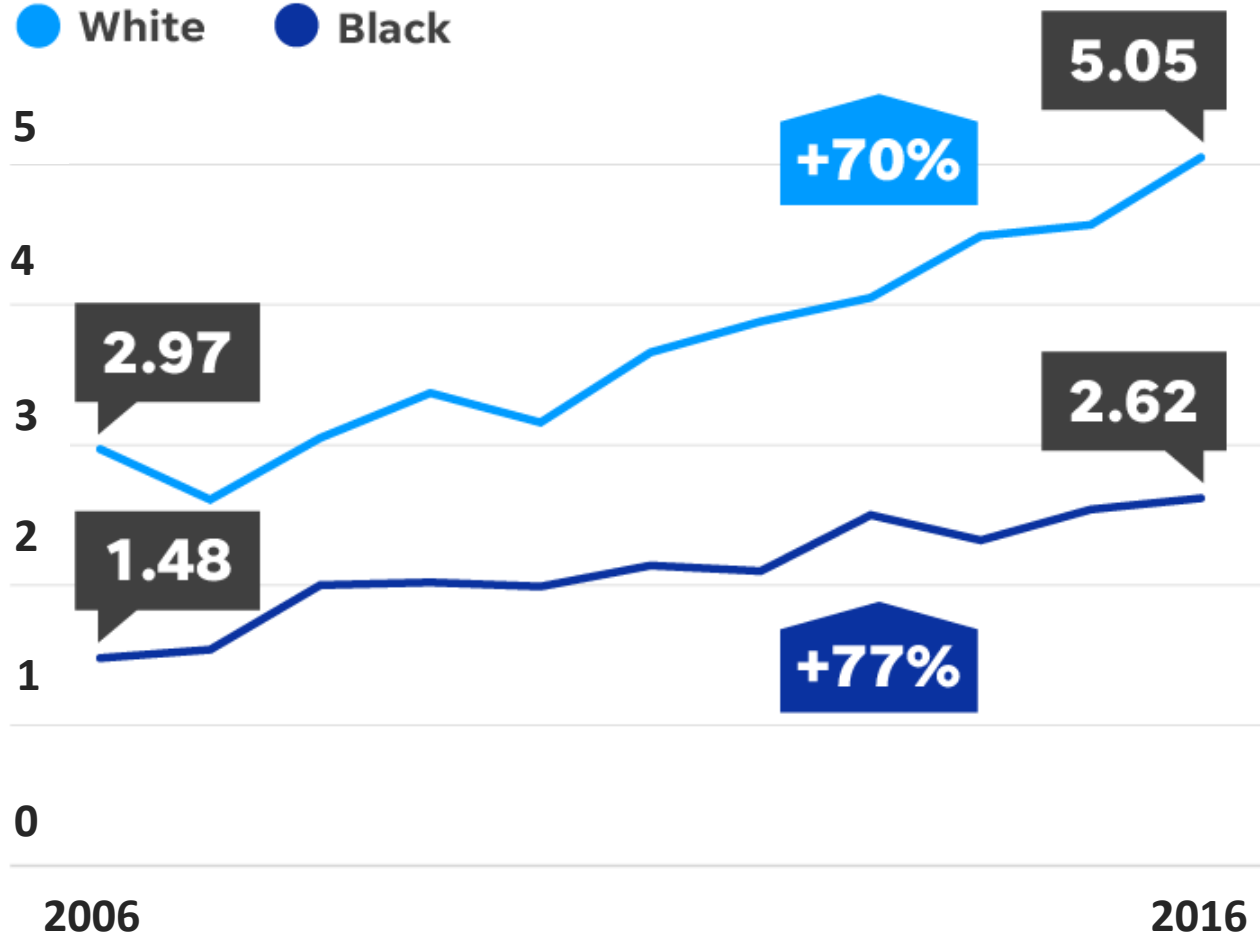
Suicide Rates Over Time for White, Black, and Hispanic Children (ages 5-11)



Bridge et al. (2015)

Teen suicide is soaring. The biggest rate increase was among black youth

Suicides per 100,000 10-to-17 year-olds from 2006 to 2016:



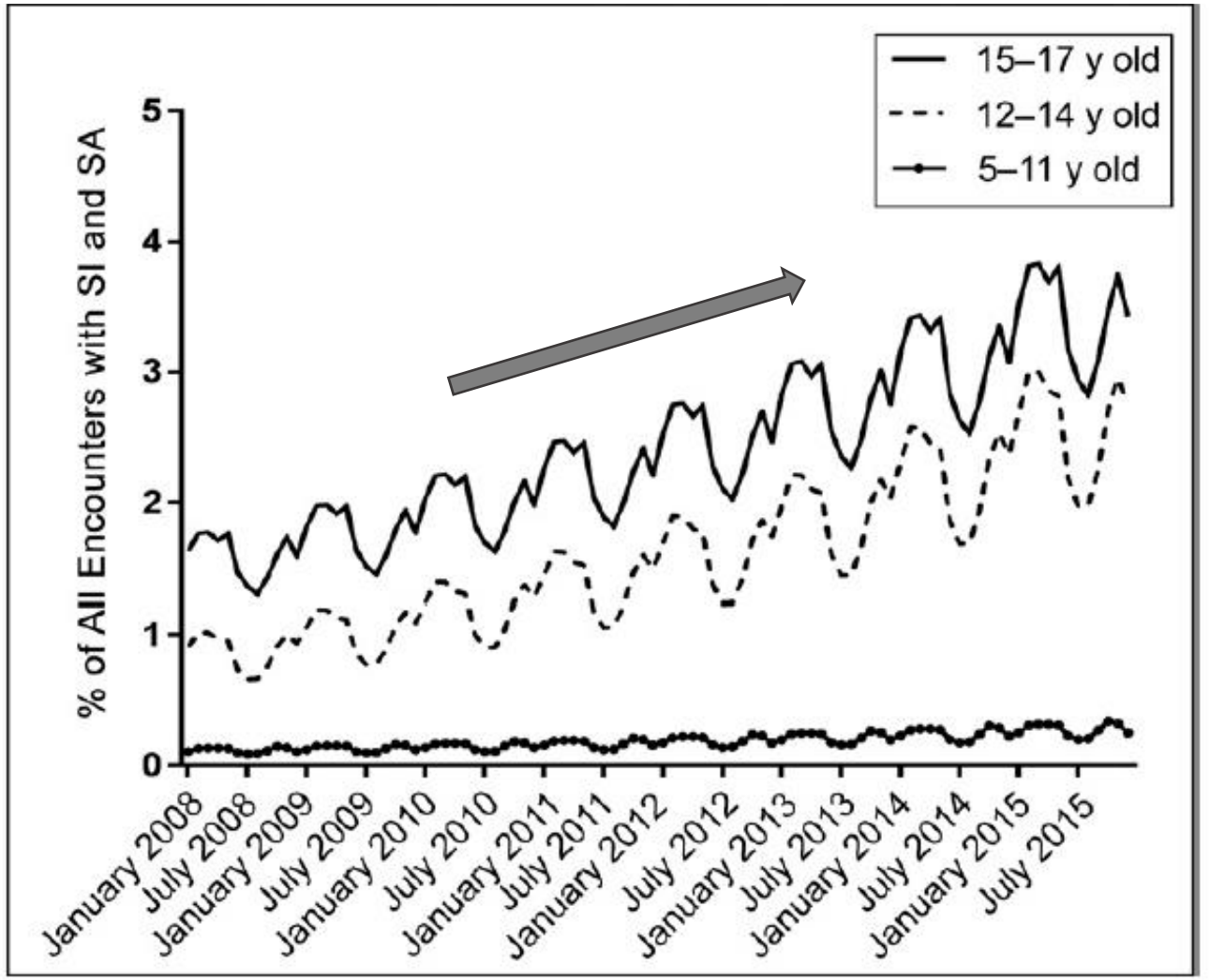
SOURCE Centers for Disease Control and Prevention

Karl Gelles/USA TODAY

Data Source: Hospitalizations

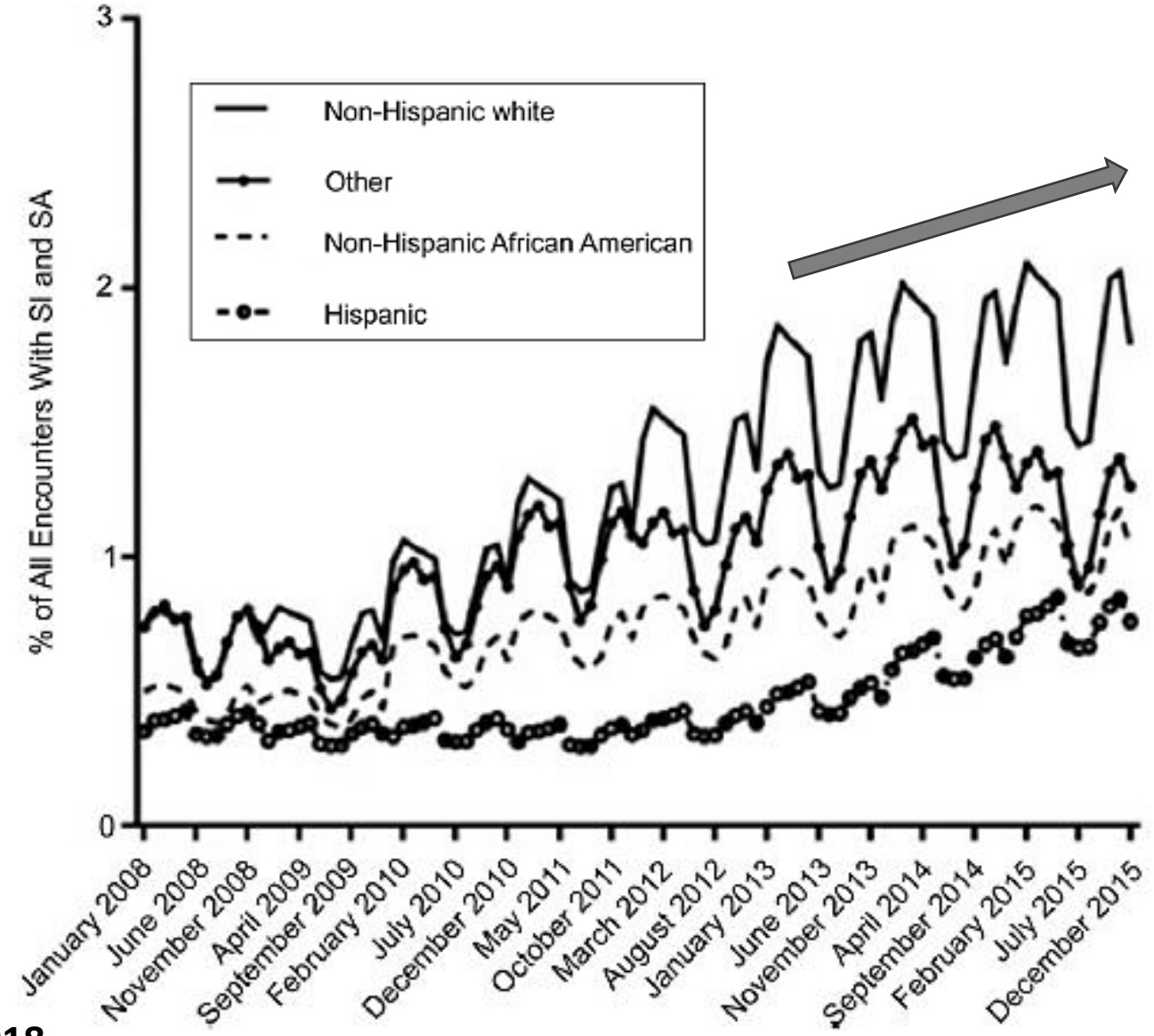
Hospitalization for Suicidal Ideation and Suicide Attempts Over Time

Trends in encounters for SI and SA across 31 children's hospitals by age group, 2008–2015.



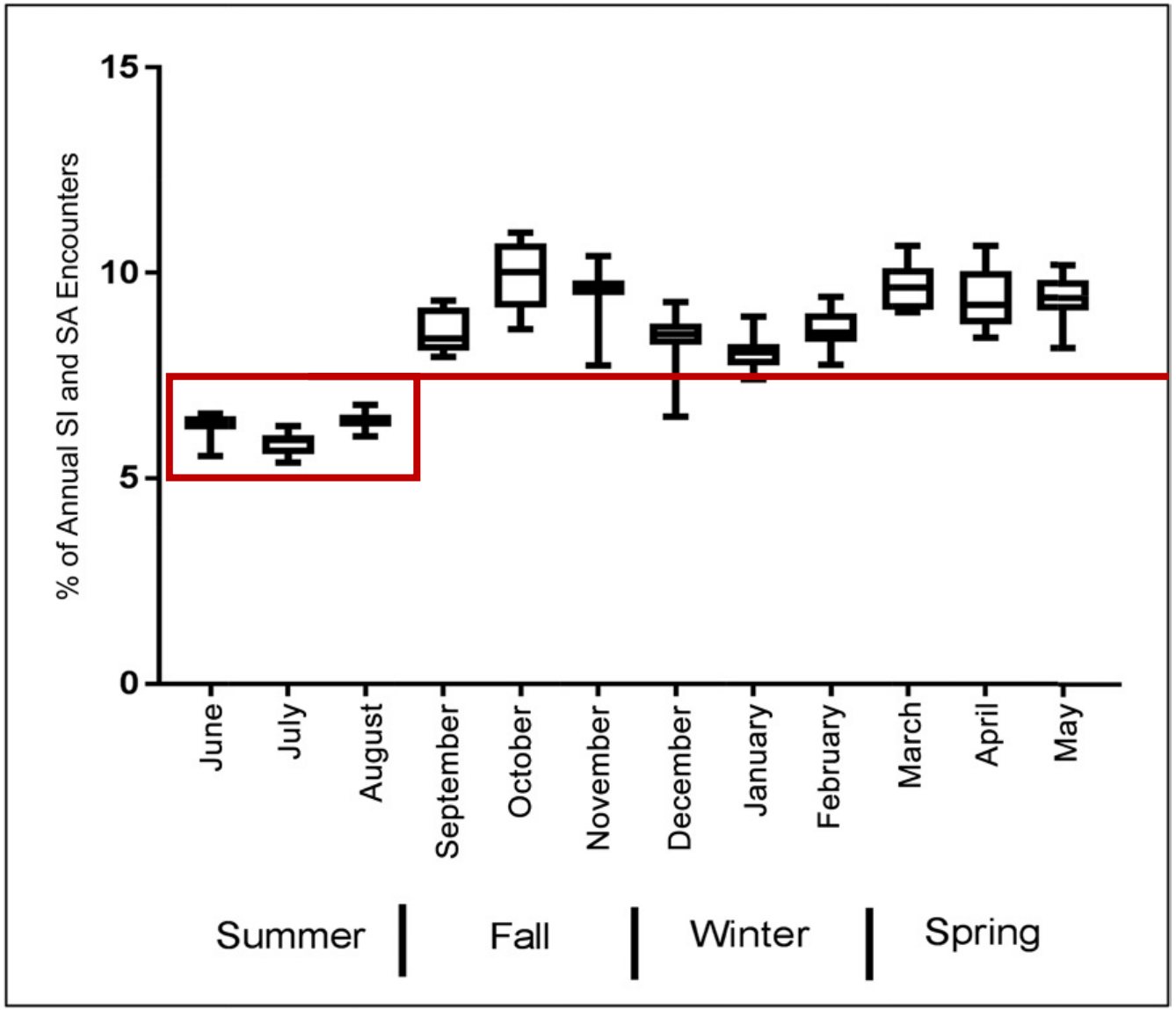
Plemmons et al., 2018

Trends in encounters for SI and SA across 31 children's hospitals by race and/or ethnicity, 2008–2015.



Plemmons et al., 2018

Seasonal trends in encounters for SI and SA across 31 children's hospitals, 2008–2015.



Data Source: Self-Report

Trends in Self-Report Data

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28.5	26.1	28.5	29.9	29.9	31.5	
Seriously considered attempting suicide	14.5	13.8	15.8	17.0	17.7	17.2	
Made a suicide plan	11.3	10.9	12.8	13.6	14.6	13.6	
Attempted suicide	6.9	6.3	7.8	8.0	8.6	7.4	
Were injured in a suicide attempt	2.0	1.9	2.4	2.7	2.8	2.4	

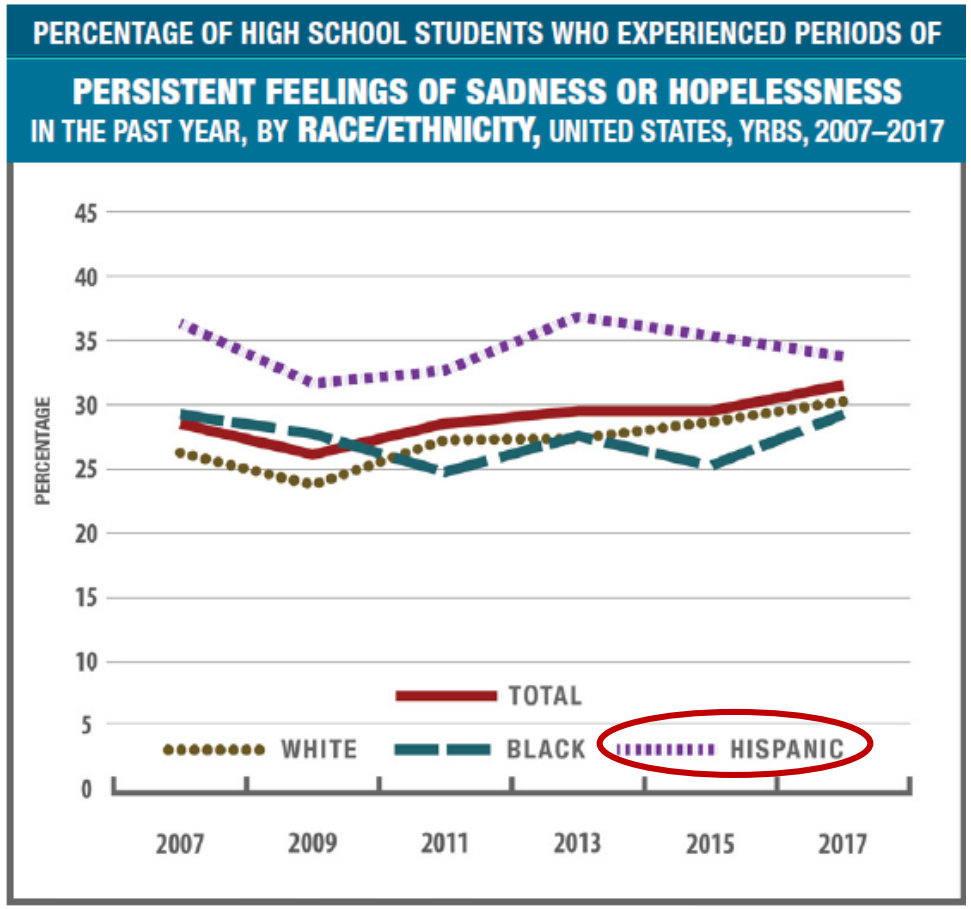
*For the complete wording of YRBS questions, refer to Appendix. | Source: National Youth Risk Behavior Surveys, 2007-2017

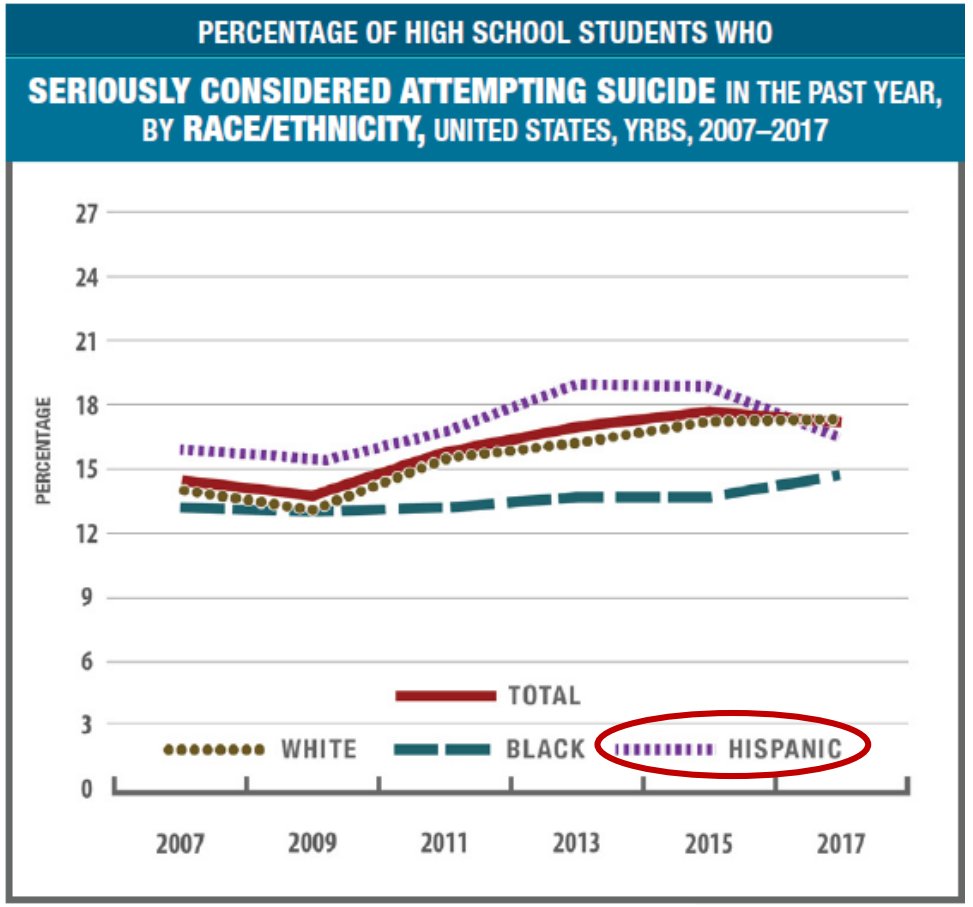
YRBSS

In wrong direction | No change | In right direction

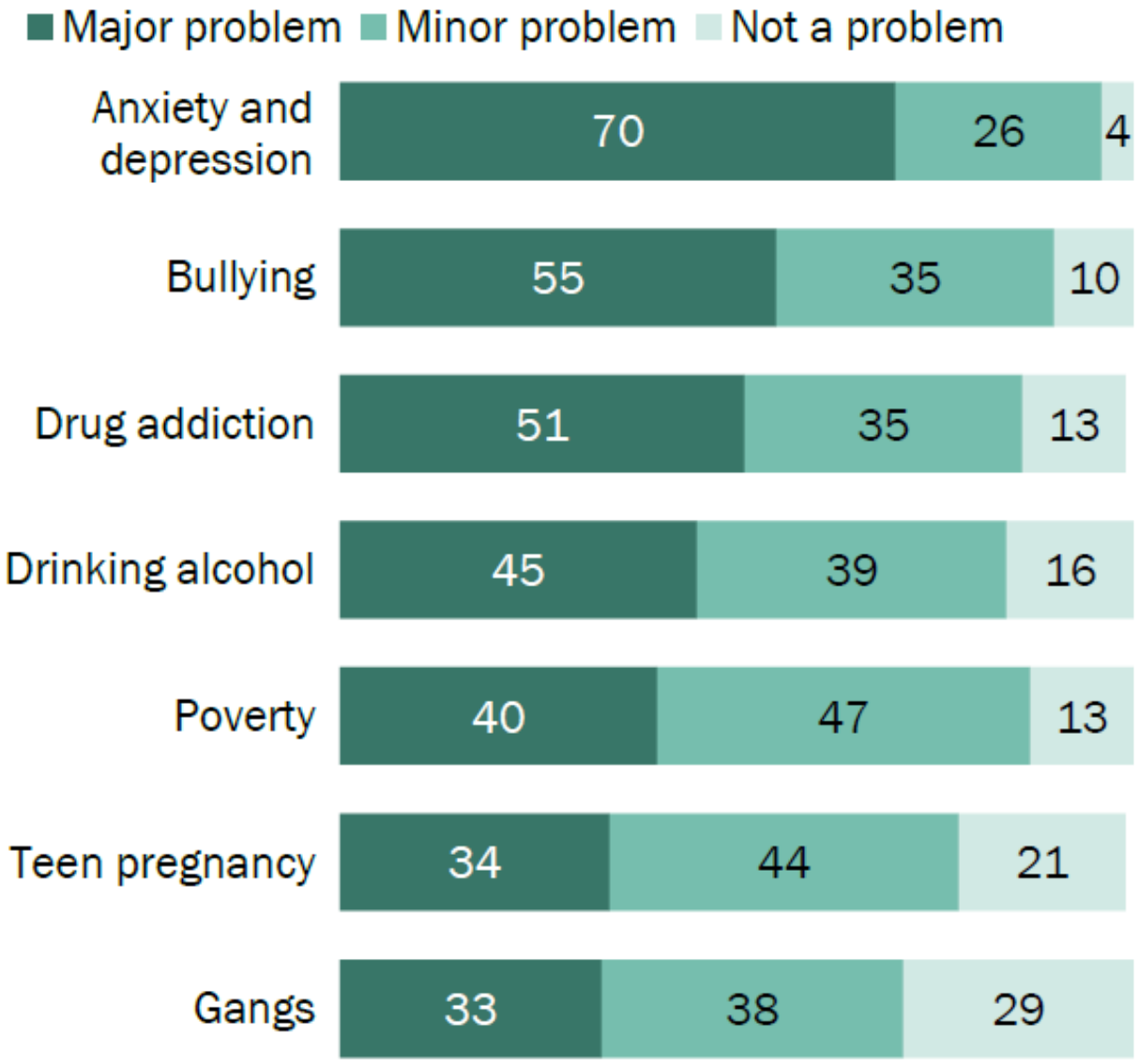
CDC, 2018

Self-Report Trends by Race





Adolescents Are Concerned



Concern about mental health cuts across gender, racial and socio-economic lines, with roughly equal shares of teens across demographic groups saying it is a significant issue in their community.

% of teens saying each of the following is a ____ among people their age in the community where they live

Source: Survey of U.S. teens ages 13 to 17 conducted Sept. 17-Nov. 25, 2018.

Pew Research Center, 2019

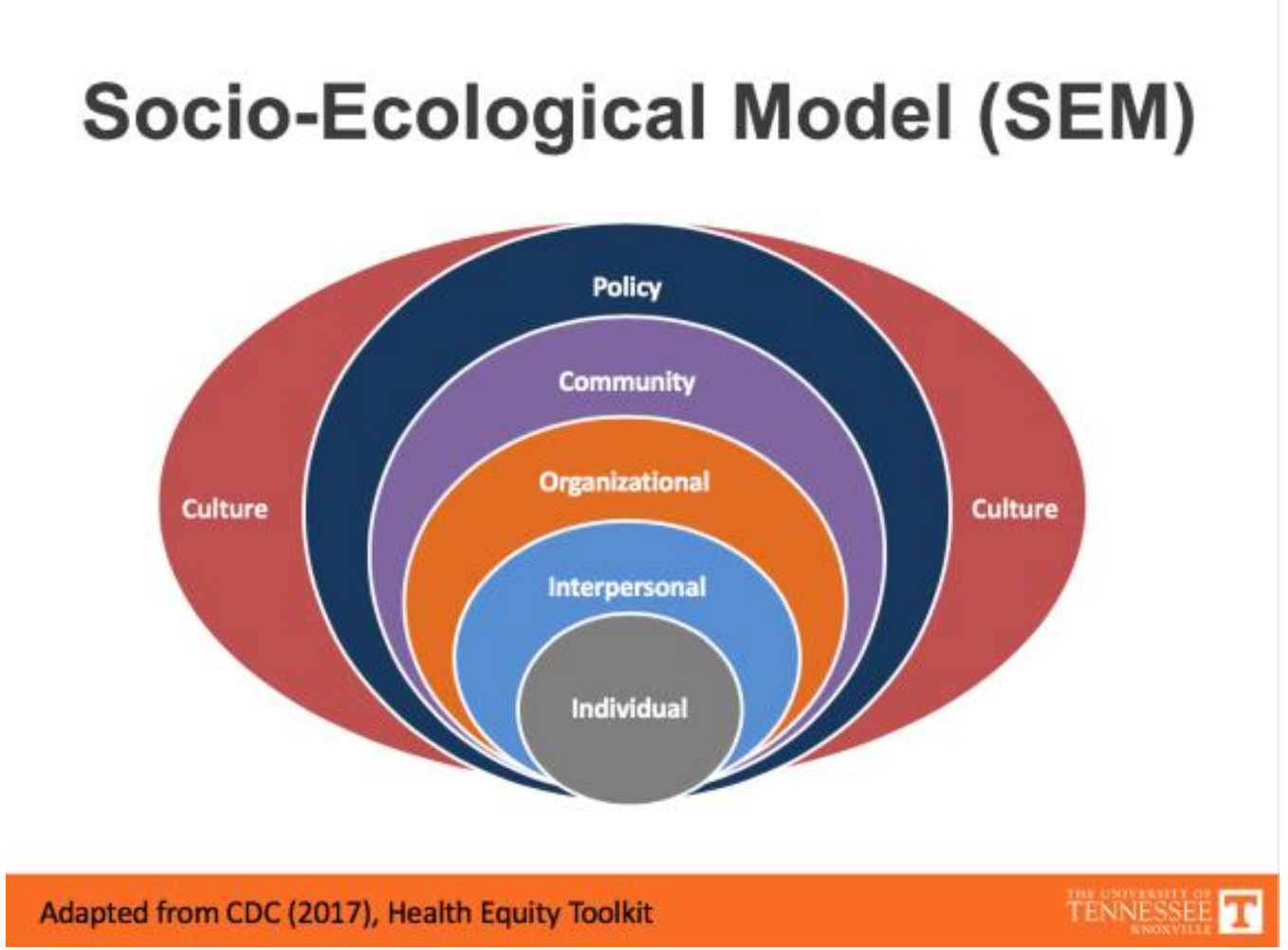
Review of Research

Answering the ‘why’ = not a simple task

Not a new area of research – important to remember to build on what we know

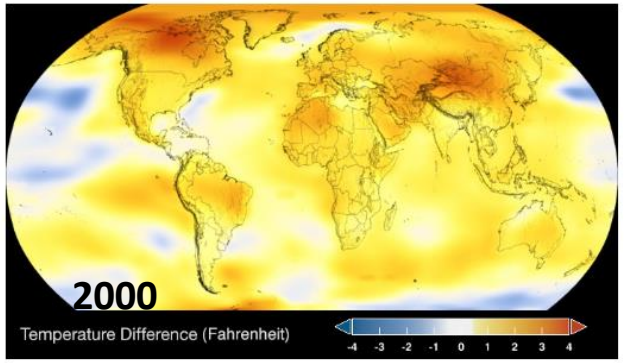
Areas of Research

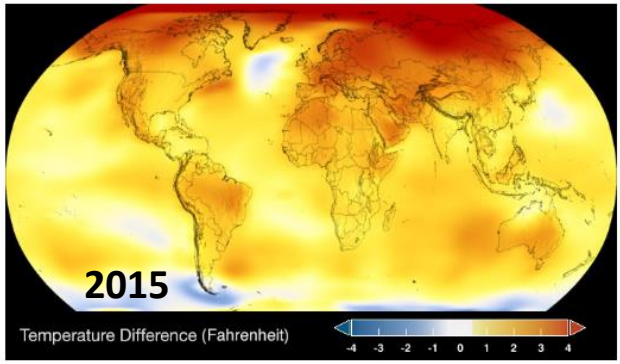
- Culture/Policy/Community
  - Global warming
  - Individualism/materialism
  - Economic factors – Recession
  - Lack of access to mental health
  - Structural racism
- Organizational (Schools)
  - Perceptions around safety
  - Standardized testing
- Interpersonal/Individual
  - Epigenetics/intergenerational trauma
  - Technology
  - Coping skills



Culture/Policy/Community

- It's the literal environment– climate change:
  - ↑ temperatures impact sleep, criminal activity and physical exercise
  - Weather-related events can lead to trauma
  - Air pollution & increased temperatures have been connected to increased suicidality
- Depression = disease of modernity; higher rates of depression in more modernized countries
  - mismatch of how humans are designed & how the environment is set up
    - Less access to: Sleep, Physical Activity, and Social Connectedness and Cohesion
    - Connection between health/mental health and Income Inequality





TIME SERIES: 1884 TO 2018

Data source: NASA/GISS
Credit: NASA Scientific Visualization Studio

(Bor et al., 2016; Brokamp et al., 2019; EASC, 2019; Hidaka, 2012; Turecki & Brent, 2016)

Culture/Policy/Community

- Increasing materialism & individualism
  - What constitutes a ‘good life’ serves the economy, not psychological needs
  - Mental health problems connected to extrinsic values such as money, image, and fame & to less emphasis on community and affiliation
  - Emphasis on self-realization and self-fulfillment – more responsibility for successes and failures
  - Increased social isolation

- Access to lethal means - when countries have limited access to lethal means, they have seen rates of death by suicide decline

(Eckersley, 2006; Hidaka, 2012; Ross et al., 2017; Twenge, 2011; Weir, 2019)

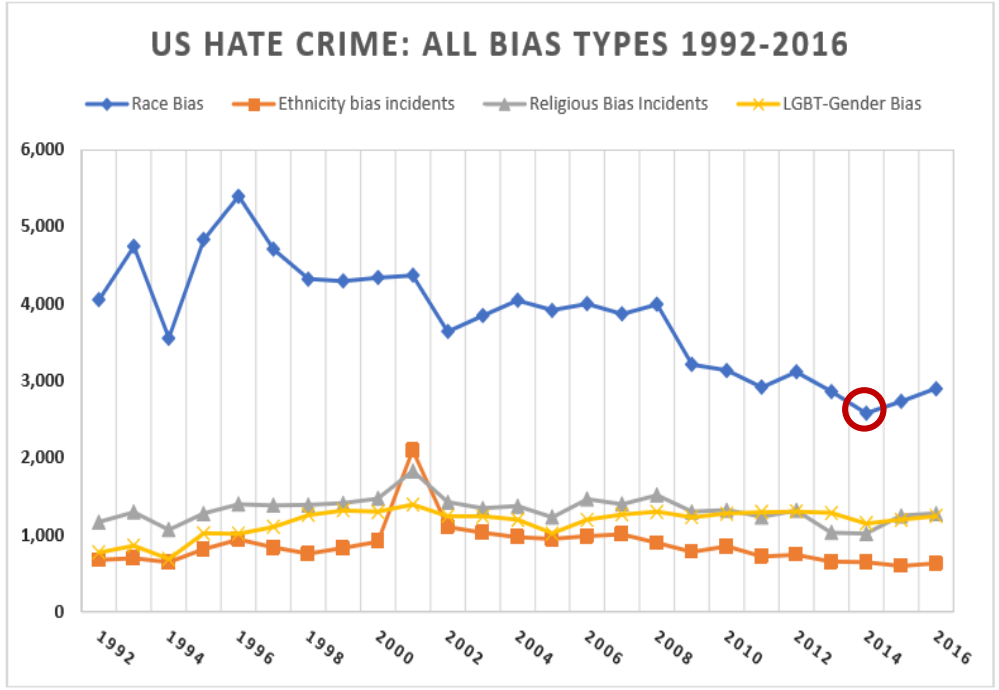
Economic Effects

- Over 100+ years of study of the link between SES and suicide
- "The Great Recession is still with us…."
  - Decline in teen mental health started around onset of the recession
  - Long-term health related problems, psychological distress, and suicidality
  - Adolescents' self-rated health and reported mental health declined significantly, especially among those in low-income families
  - Lack of access to treatment options due to limited or no insurance coverage
  - Not all studies have found a connection (e.g., Twenge et al., 2018a, 2018b)
- In countries with strong social support structures in place, the impact of recessions is mitigated

(Batty et al., 2012; Bernhard, 2013; Cui & Zach, 2013; Lowery, 2017; Reeves et al., 2012)

Racism

- Structural racism
  - Racial segregation – inequalities in access to healthcare, libraries, physical activity & nutrition resources; exposure to toxins; & proximity of tobacco/alcohol/marijuana outlets
  - Disproportionate impact of mass incarceration on communities of color
  - Inequities in access to education (connected to health outcomes)



- Individual level
  - Racial 'battle fatigue'
  - Discrimination connected to increased internalizing and externalizing risk and higher levels of depressive symptoms and academic difficulties

(CSHE, 2018; Flores et al., 2019; Grapin et al., 2019; Hicken & Edwards, 2019; Thorpe et al., 2019; Trent et al., 2019; Washington & Fullilove, 2019)

“Don’t be happy for me that I overcame these barriers. Be mad as hell that they exist in the first place.”

Hazim Hardeman, 2018 Rhodes Scholar

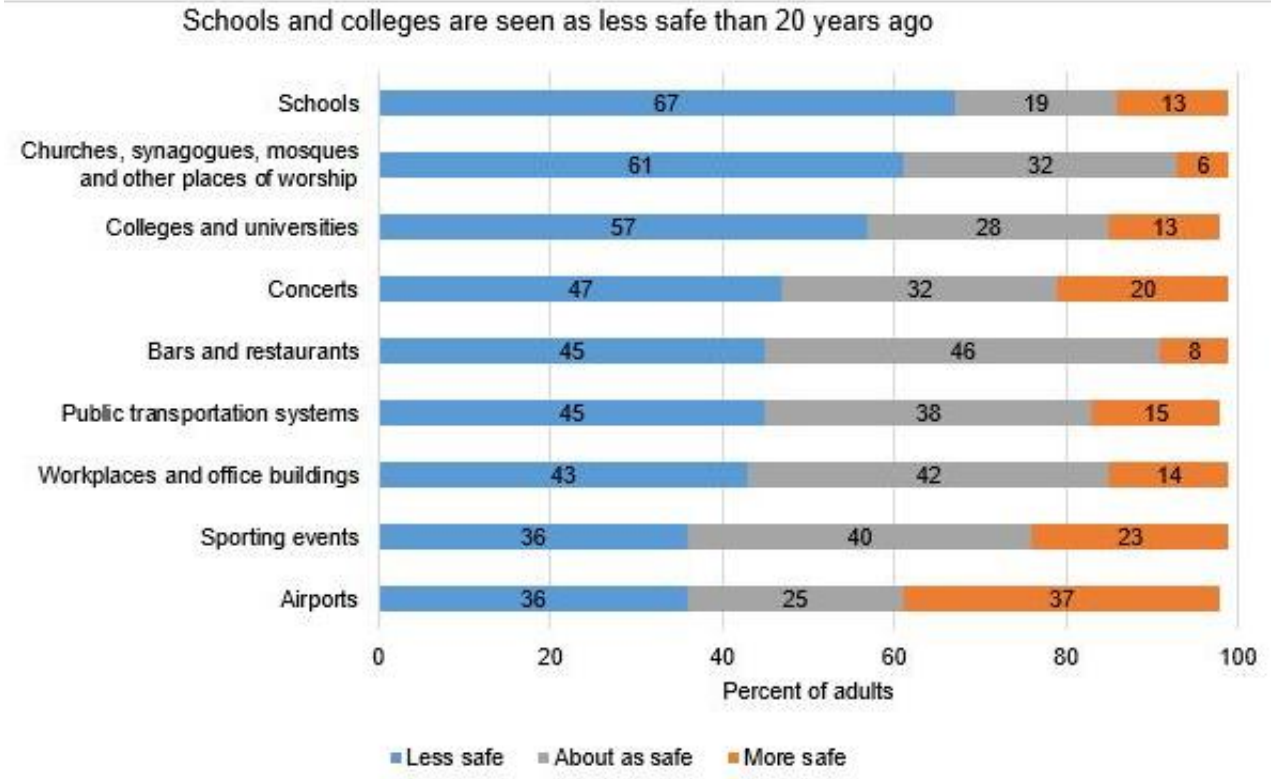
Why the Disparity?

Reason	Impact	Solution
Negative Messages about being LGBTQ in environment	Internalized Negative Feelings About Self	-Staff Training on importance of language & support -Climate Work
No Explicit Support for Nondiscrimination (discrimination/harassment in environment)	Environment Creates Stress	-Policy *Explicitly* Mentions LGBTQ Students & Students know of policy language -Consulting, coaching, training - Office of Inclusive Excellence -Climate Work & Bullying/Harassment Prevention
Lack of Social Networks/Social Support	-Creates Stress -Lack of Buffer against (1) & (2)	-GSAs -Parent Outreach (parents as supports)
Stigma about Help Seeking + LGBTQ Stigma	Less Likely to Seek Help	-General + promotion of MH services -Outreach to LGBTQ students - how are we doing?

Model guided by Hammack et al., 2016; Reasons for disparity adapted from Saenz et al., 2016

Organizational/School Factors

- Safety and Bullying
  - ***parents*** perceive schools as less safe; not found in student level data (though did see a small increase from 2015 to 2017)
  - Bullying = an important risk factor
    - most youth who are involved in bullying do NOT engage in suicide-related behavior, but is definitely a risk factor to be aware of
  - Bullying – no evidence that bullying (electronic or in person) has increased

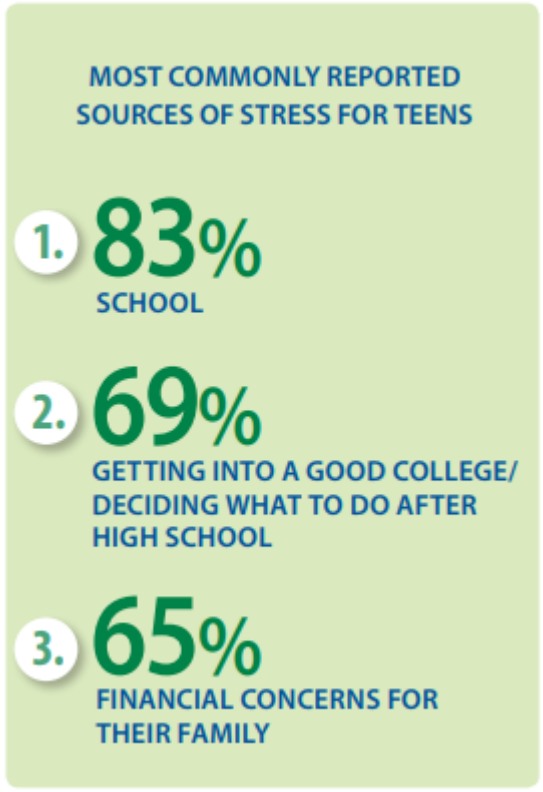


Question: Compared to 20 years ago, do you think each of the following places have become more safe, less safe, or are they about as safe as they were?
Source: AP-NORC poll conducted March 14-18, 2019, with 1,063 adults.

(Associated Press, 2019; CDC, 2014, 2018; Musu et al., 2019; NCES, 2011, 2016)

Organizational/School Factors

- Worries about doing well in school and seeing school as a waste of time have increased and been found to be connected to mental health

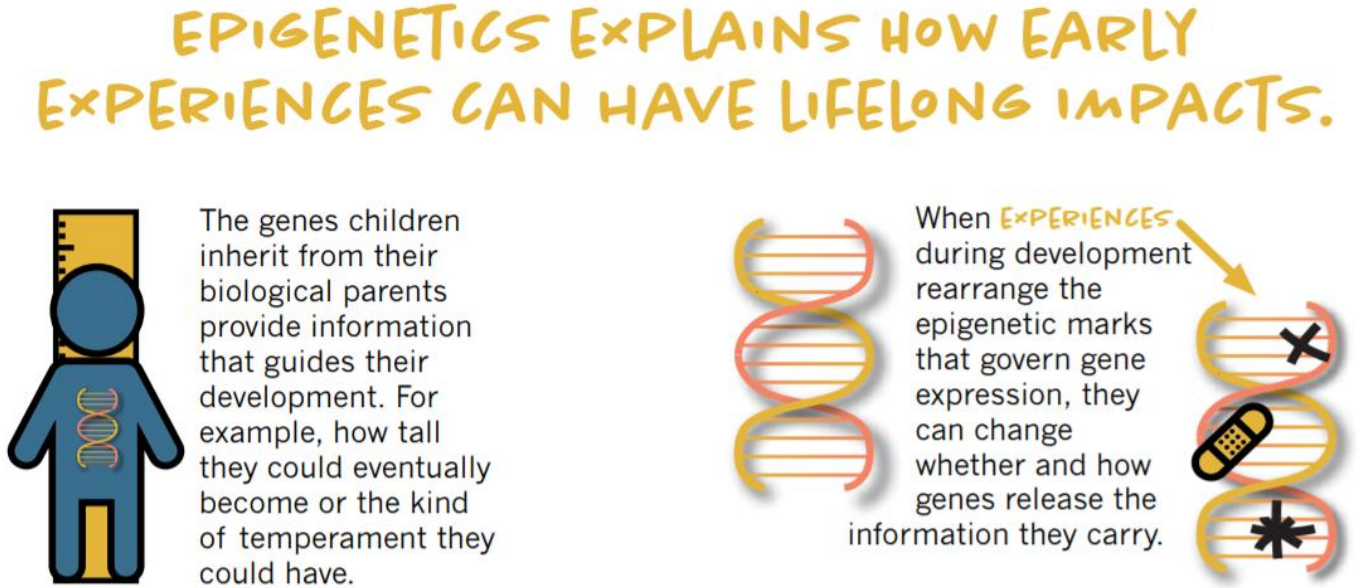


- Sources of stress and pressure:
  - 61% of teens feel 'a lot' of pressure to get ***good grades***
  - Increased frequency of and stress around ***standardized testing***
  - Expectations of going to ***college*** paired with increasing difficulty getting in – applications increasing, acceptance rates decreasing
- Perfectionism has ↑ – young people today :
  - perceive that others are more demanding of them
  - are more demanding of others, and
  - are more demanding of themselves

(APA, 2014; Bor et al., 2014; Curran & Hill, 2019; Heissel et al., 2018; Jump, 2019; Nuffield Foundation, 2009; Pew Research Center, 2019; Sweeting et al., 2010)

Interpersonal/Individual Factors

- Epigenetics
  - Prenatal (both mother and father) and early postnatal experiences can impact genetic expression (an alteration of software versus hardware)
    - Exposure to toxic stress as well as toxic substances in utero and during infancy and childhood - can increase risk of long-term physical and mental health problems
  - Transgenerational inheritance
    - Speculation, debatable evidence in humans



(Babenkoa et al., 2015; Heard & Martienssen, 2014; Nestler et al., 2016; NSCDC, 2010; Pembrey et al., 2014; Skinner, 2014)

Interpersonal/Individual Factors

Coping Skills

- Popular media discussions of ↑ in 'emotionally fragile' students (lacking in maturity & resilience) seen by college counseling centers
- Didn't find empirical research tracking coping skills over time
  - Relatively new area (started in the 80s)
  - Largely concerned with describing typical development of coping skills
    - Role of parents: provide warmth, structure, support for autonomy; protect from rejection, chaos, and coercion
    - What is talked more about in popular press: trophies, helicopter parents, and lack of unsupervised time/play

(Compas et al., 2001; Gray, 2015; Rostain & Hibbs, 2019; Zimmer-Gembeck & Skinner, 2011, 2016)

Evidence for Trophies, Helicopter Parents, and Unsupervised Time

- **Not much** empirical research – though based on ideas with some merit
  - Participation Trophies – extrinsic rewards have been shown to decrease performance; *speculation* trophies lead to unrealistic expectations and buffering from failure (kids know the difference)
  - Over-controlling parenting – has been connected to poor self-regulation and negative mental health outcomes + some evidence that parental monitoring has increased over time
  - Unsupervised time/play – thought that building resilience requires some exposure to risk
- Probably more complex:
  - Important to promote cooperation, not just competition
  - Learning does not only happen through failure + interpretation of failure is important
  - Parenting is complex – hard to study 'over controlling' tendencies in isolation
  - Coping can vary based on context
- Balance – supportive, developmentally appropriate exposure to risk and 'failure' with up front skills teaching and messaging that it's ok to make mistakes
  - Warmth, structure, support for autonomy – protection from rejection, chaos, and coercion

(Compas et al, 2001; Gardner et al., 2009; Kohn, 2014; Kvalnes, 2017; LeMoyne & Buchanan, 2011; Levy, 2010; Perry et al., 2018; Ungar, 2009)

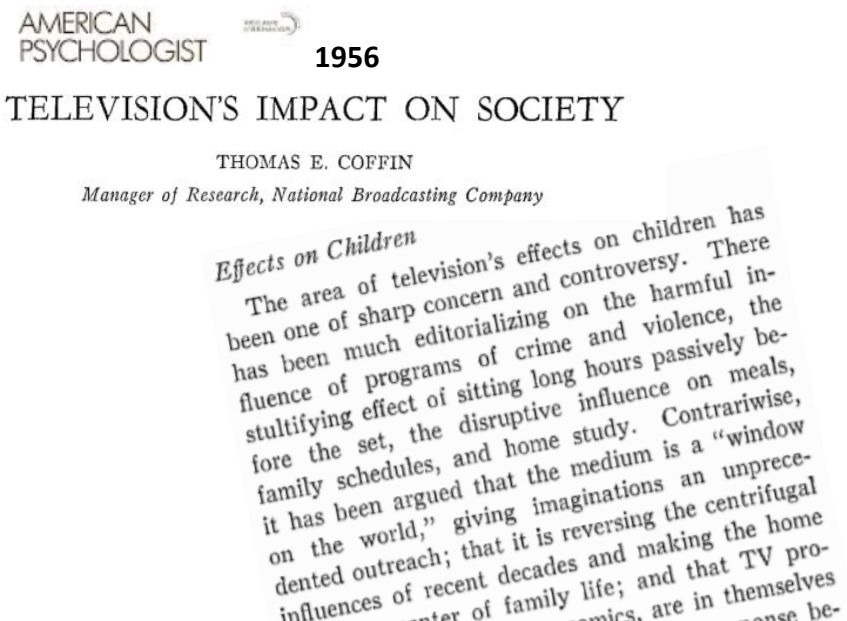
Interpersonal/Individual Factors

Technology

- ✓ Early studies looked for negative impact on school attendance, academics, leisure activities, family life/family cohesion, behavior at home, physical activity, and time outdoors

- ✓ The early studies generally did not find a negative impact of technology, with one stating that technology is:

"… the focal point rather than the origin, of the psychological problems involving it;" (Coffin, p.635)


AMERICAN PSYCHOLOGIST 1956

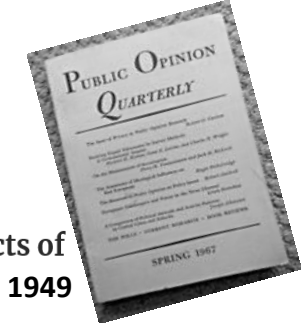
TELEVISION'S IMPACT ON SOCIETY

THOMAS E. COFFIN

Manager of Research, National Broadcasting Company

Effects on Children

The area of television's effects on children has been one of sharp concern and controversy. There has been much editorializing on the harmful influence of programs of crime and violence, the stultifying effect of sitting long hours passively before the set, the disruptive influence on meals, family schedules, and home study. Contrariwise, it has been argued that the medium is a "window on the world," giving imaginations an unprecedented outreach; that it is reversing the centrifugal influences of recent decades and making the home

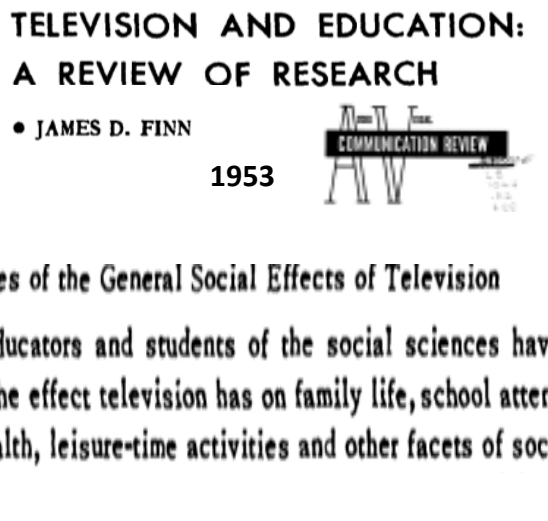

PUBLIC OPINION QUARTERLY

SPRING 1967

Some Observations on the Social Effects of Television 1949

JOHN W. RILEY, FRANK V. CANTWELL, KATHERINE F. RUTTIGER

DURING the summer of 1948, the Columbia Broadcasting System and Rutgers University entered into a joint continuing project to study and document the social consequences of television ownership in a middle-sized Eastern city. This paper reports some of the findings from the first phase of the project. The most recent additions to the TV audience are being contributed by the lower socio-economic level; TV in exerting an apparent over-all effect on other leisure time activities, although this result may be misleading since the impact is not uniform for various segments of the audience; to young children television is not a substitue activity but something over and above the regular activity patterns. Finally, there is evidence that television is responsible for new family interests and widened circles of friends. The authors are members of the Department of Sociology at Rutgers, Chairman and Research Associates, respectively.


TELEVISION AND EDUCATION: A REVIEW OF RESEARCH

• JAMES D. FINN

1953

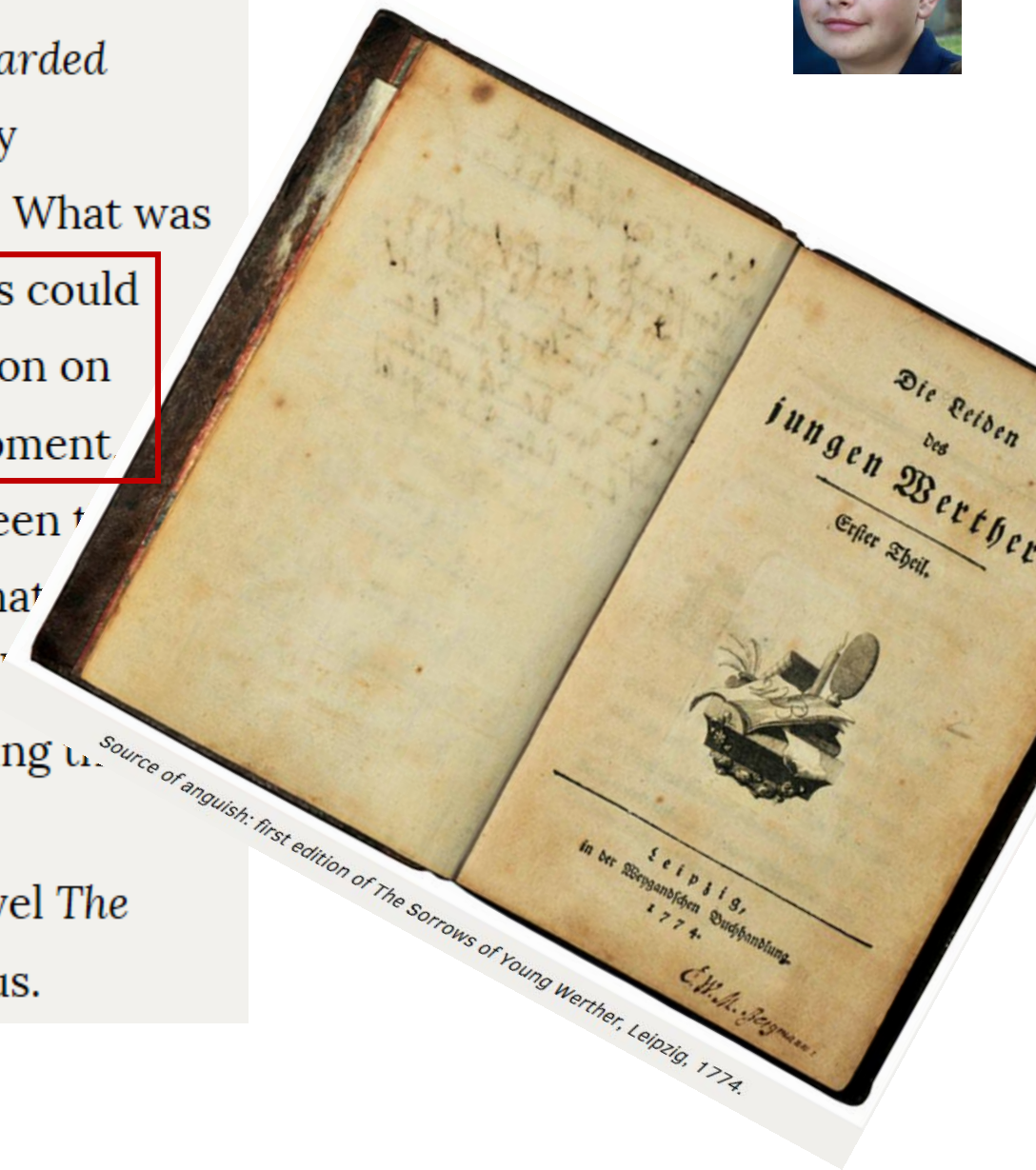
COMMUNICATION REVIEW

Studies of the General Social Effects of Television

Parents, educators and students of the social sciences have been concerned with the effect television has on family life, school attendance, study habits, health, leisure-time activities and other facets of social living.

With the growing popularity of novel reading, the age of the mass media had arrived. Novels such as Samuel Richardson's *Pamela, or Virtue Rewarded* (1740) and Rousseau's *Julie, or the New Heloise* (1761) became literary sensations that gripped the imagination of their European readers. What was described as '*Pamela*-fever' indicated the powerful influence novels could exercise on the imagination of the reading public. Public deliberation on these 'fevers' focused on what was a potentially dangerous development which was the forging of an intense and intimate interaction between t reader and literary characters. The consensus that emerged was tha unrestrained exposure to fiction led readers to lose touch with rea identify with the novel's romantic characters to the point of adopting u behaviour. The passionate enthusiasm with which European youth responded to the publication of Johann Wolfgang von Goethe's novel *The Sorrows of Young Werther* (1774) appeared to confirm this consensus.

(Furedi, 2015; )



Source of anguish: first edition of The Sorrows of Young Werther, Leipzig, 1774.

Technology

- What does research look like?
  - Does not provide a definitive answer about the impact
  - Wide variability in methodology – populations studied, definition of use, outcomes assessed
  - Findings can apply for one group, but not others (girls v boys), for one type of technology, but not others (TV & Social Media, but not Computer or Gaming), or appear for students with pre-existing concerns, but not those without
  - We need to get better at assessing ***how technology is being used***

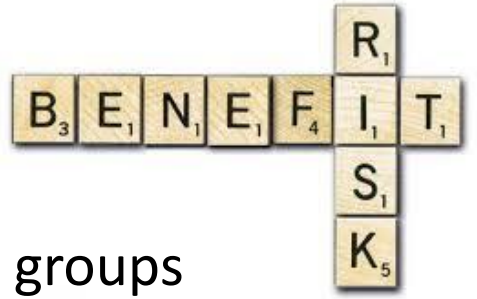
(Barth, 2015; Hayes et al., 2016; The Lancet, 2019; McRae et al., 2017; Moreno et al., 2012; Orben et al., 2019; Underwood & Ehrenreich, 2017; Whitlock & Masur, 2019)

Risks

- Physical health – obesity, sleep, less physical activity, could be an addictive behavior
- Interference with learning
- Exposure to: advertising, inaccurate information, self-harm 'how-to' information, normalization of self-harm or suicide, cyberaggression
- Changes the nature of friendships/in-person relationships – more quantity, less quality; lowered empathy or other social skills; increased family conflict
- Changes the nature of identity formation: social comparison, body image, harsh environment in which social norms are introduced
- Negatively impacts mental health: stress, anxiety, depression, suicidal thoughts

Benefits

- Exposure to: new ideas and information, awareness of current events, opportunities for community participation, knowledge of other people's (mental) health experiences and interventions
- Connections with others – those who are separated geographically, support networks, groups with shared interests
- New format for self-expression and identity formation
- Has been described by some adolescents as a positive influence/something that makes them feel good
- Could be used as a means of identifying those at risk or providing supports/therapy, particularly for hard-to-reach groups



Technology

Has been found to impact (negatively unless otherwise indicated):

- Mental health/mental health issues/psychological distress/psychological difficulties/ psychological well-being Internalizing problems
  - Depressive symptoms/depression, Suicidal thoughts, Anxiety, ADHD and conduct symptoms
- Well-being/unhappiness
- Ill-being (physical, behavior, attention, & psychological)
- Life satisfaction
- Lower self esteem
- BMI
- Physical self-concept
- Lower brain connectivity
- Parent/child interaction when reading
- **Less** anxiety and depression
- **Increased** cognitive and affective empathy

(Babic et al., 2017; Carli et al., 2014; Child Mind Institute, 2017; George et al., 2017; Horowitz-Kraus & Hutton, 2017; Jago et al., 2005; Jensen et al., 2019; Lin et al., 2016; Munzer et al., 2019; Ostergaard, 2017; Paige et al., 2010; Pearson et al., 2019; Riehm et al., 2019; Rosen et al., 2014; Twenge et al., 2018a, 2018b; Viner et al., 2019; Vossen & Valkenburg, 2017)

Small or inconsistent findings noted for:

- Well-being
- Loneliness
- Depression
- Life satisfaction
- Aggression
- Prosocial behavior
- Academics/grades
- Cardiovascular risk
- Sleep duration or quality

(Ferguson, 2015; Marker et al., 2018; Orben & Przybylski, 2019; Orben et al., 2019; Whitlock & Masur, 2019)

Has been found to **not** be connected to:

- Mental well-being
- Social anxiety
- Suicidal ideation
- Loneliness
- Empathy
- Academic performance

(Adelantadao-Reneau et al., 2019; Berryman et al., 2017; Przybylski & Weinstein, 2017, 2019)

Possible Mechanisms

- Impact on physical health:
  - Disruption of sleep
  - Decreased physical activity
  - Intermittent reinforcement/fires reward centers in brain/addiction
- Impact on personal development
  - The tasks of adolescence – separation and individuation, identity development played out in a new venue
  - Social comparison/unrealistic expectations/body image
- Impact on social development:
  - Modified meaning of friendships (quantity over quality); poorer quality of social interactions
  - Negative impact on empathy/social skills/identity development
- Exposure to:
  - cyberaggression/cyberbullying/negativity
  - negative content (aggression, how-to information on self harm)
- Parents – poor modeling, unavailability
- Variables studied in relation to media/technology for many years:
  - violence and aggression, portrayal of romantic and sexual relationships, body image and eating disorders, food marketing and obesity, substance use

(AAP, 2016; Babic et al., 2017; Barth, 2015; Boers et al., 2019; Brown & Bobkowski, 2011; Child Mind Institute, 2017; Jago et al., 2014; Kelly et al., 2018; McRae et al., 2019; Ostergaard, 2017; Psychcritic, 2017; Riehm et al., 2019; Twenge et al., 2018a; Underwood & Ehrenreich, 2017; Viner et al., 2019; Vogel et al., 2014)

Recommendations

- **Encourage healthful behaviors**
  - proper nutrition, physical activity, time outdoors, face-to-face interactions, sleep
- **Increase media/technology literacy**
  - How social media is reinforcing, information may not be accurate, importance of self-assessment of how it impacts you/your relationships; best practice strategies for how to deal with ethical dilemmas (complete restriction does not allow for practice)
- **Advocate for change in design of social media platforms**
  - remove # of likes, create pop-ups to tell you when you have been online too long, watermarks for photos that have been altered, develop technology to identify mental health concerns
- **Model appropriate technology use**
  - Phones out of rooms and away at mealtimes; assess: Is family screen time under control?; Does it interfere with what your family wants to do?
- **Pay attention to those who are at risk**
  - ask about technology/social media use; mental health professionals need to be trained in social media
- **Actively join with teens in their use**, follow or friend them on social media
  - how parents engage with their children in use > important than # of hours of use; ask general questions about where they go and what they do online ***before*** problems arise
- **Work Toward supportive parent/adult relationships** – encourage disclosure and involvement in child's activities
- **One size does not fit all**

Reminders

- Most young people are doing well in the digital age
  - graduation rates up, sexual activity/pregnancy, violence, alcohol and illicit drug use, car accidents are down
- Some of the current mental health concerns pre-date smartphone technology; other countries with just as much technology use are not seeing the increase in mental health concerns we are
- Danger if we focus too much on technology – ignore the potential for good + fail to recognize another important factor
  - Other factors such as sleep, exercise, and substance use have demonstrated a bigger impact on mental health outcome

- Even though we don't have specific, empirically guided recommendations, we can still be cautious

(Child Mind Institute, 2017; Hayes et al., 2016; Odgers, 2018; Orben & Przybylski, 2019; Psychcritic, 2017; Kamenetz, 2019)

Timeline

2001
NCLB (expansion of mandated testing)

2005
YouTube

2006
Facebook opens to public

2005
Hottest year on record

2007
Global recession starts
iPhone introduced

2009
Recession ‘ends’ in US

2010
Marijuana dispensaries open
Instagram
Hottest year on record

2011
Snapchat

2012
Dow Jones reaches new high
Aurora Theater Shooting
Retail marijuana legalized
Sandy Hook Shooting

2013
Arapahoe High School shooting

2014
Average of 112 mandated standardized tests K-12
Retail marijuana sales begin
Hate crimes at all-time low
Hottest year on record

2015
Filters added to Snapchat
ESSA replaces NCLB
Hottest year on record

2016
Unprecedented increase in hate crimes
Hottest year on record

2017
Parkland shooting

Parker
@panoparker

Follow

Parents: Kids are more depressed these days, I wonder why?

Kids: You destroyed the economy for us, the earth is literally dying, we are going to work until we die and on top of that the Nazis are back.

Parents: It's those pesky iPhones

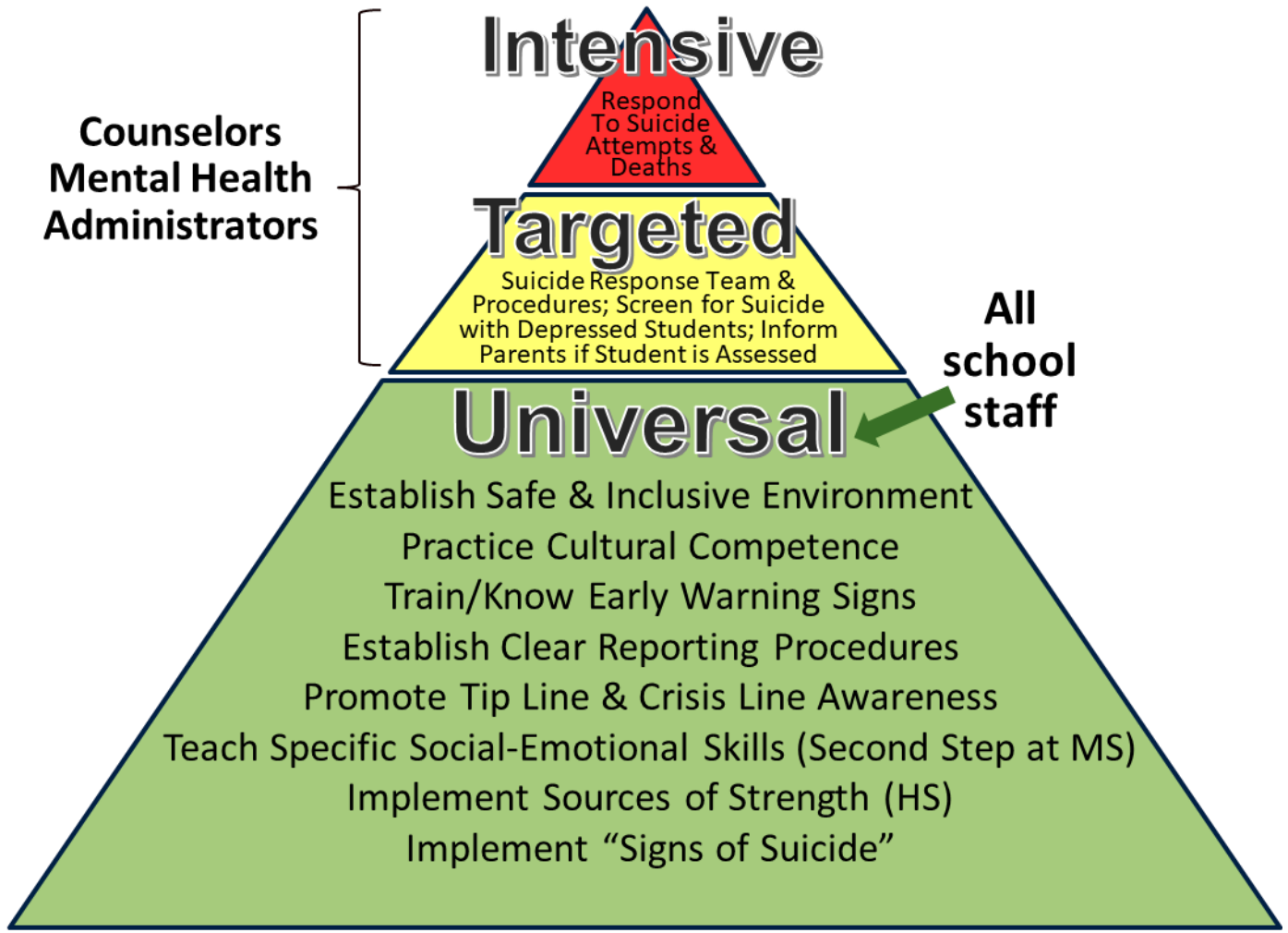
1:15 PM - 28 Nov 2017

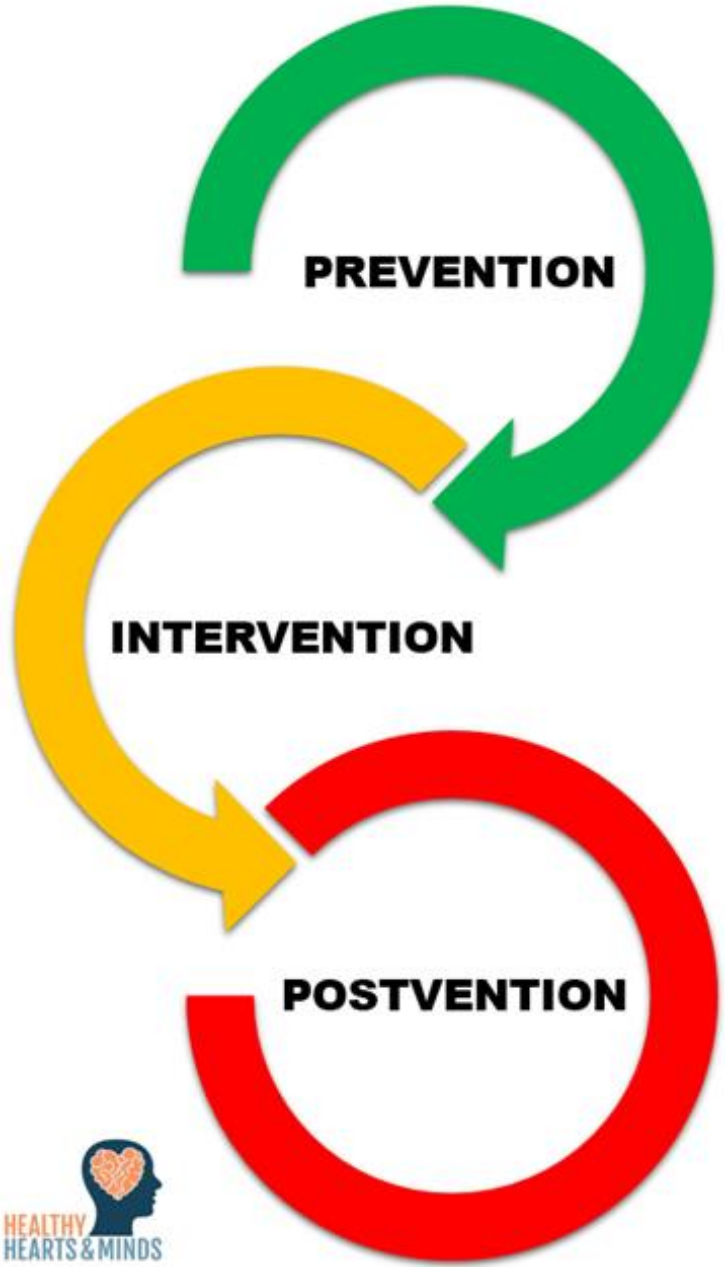
Discussion

Integrating Research & Practice: Implications for Schools

(Source: Suicide Prevention Resource Center: A Comprehensive Approach to Suicide Prevention)


Continuum of Services

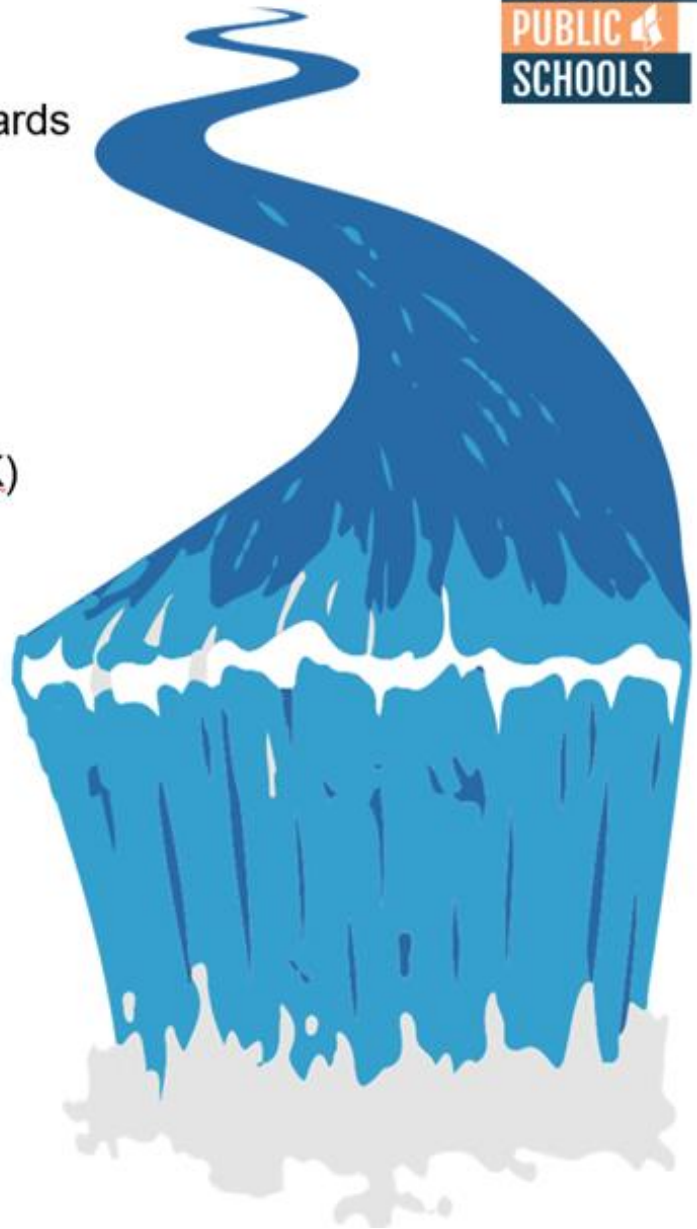

Counselors
Mental Health
Administrators
Intensive
Respond To Suicide Attempts & Deaths
Targeted
Suicide Response Team & Procedures; Screen for Suicide with Depressed Students; Inform Parents if Student is Assessed
All school staff
Universal
Establish Safe & Inclusive Environment
Practice Cultural Competence
Train/Know Early Warning Signs
Establish Clear Reporting Procedures
Promote Tip Line & Crisis Line Awareness
Teach Specific Social-Emotional Skills (Second Step at MS)
Implement Sources of Strength (HS)
Implement "Signs of Suicide"



- Health/Social Emotional Learning Standards
- Sources of Strength
- Suicide Prevention Design Network
- Research Project – Indiana University

- Living Works Trainings (ASIST, safeTALK)
- Safe2Tell
- Colorado Crisis Services
- Substance Abuse Interventions
- Suicide Risk Review Protocol

- Crisis Response
- SAMSHA – After a Suicide Toolkit
- PREPaRE Training
- Suicide Messaging Protocols
- Small Group Follow-Up

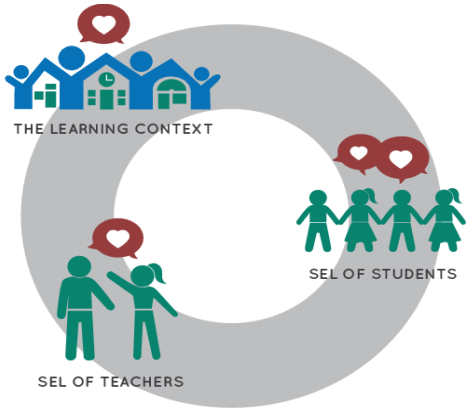


LITTLETON PUBLIC SCHOOLS

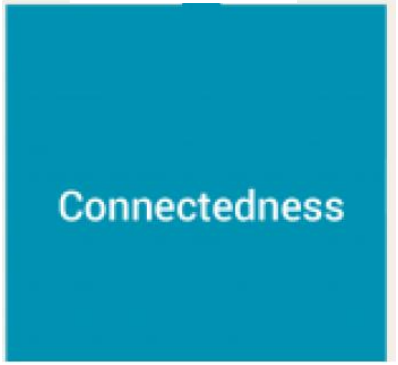
HEALTHY HEARTS & MINDS

Strategies: Life Skills & Resilience

- Social/emotional teaching in preschools
- Second Step implementation (K-8th)
- Sources of Strength – all high schools
- Change in school start times
- Other systemic practices:
  - Parent education opportunities
  - Mindfulness in the classroom
  - Identifying environmental factors



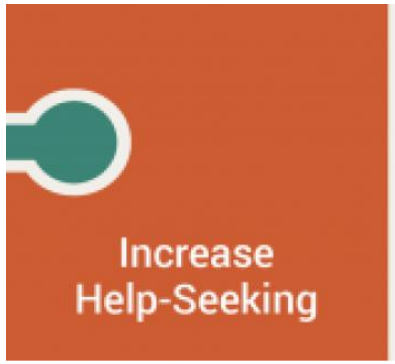
Strategies: Increase Connectedness



- Second Step implementation (K-8th) – teaching conflict-resolution, empathy skills
- Sources of Strength – all high schools; importance of youth leadership
- Restorative practices:
  - Community circles
  - Restorative discipline practices

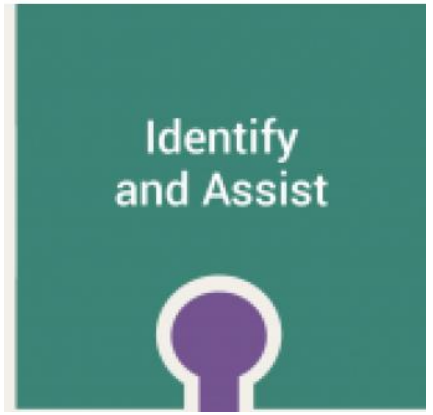
- PBIS – Safe, welcoming school environment
- Equity practices – inclusive excellence
- Power of relationships; trusted adults
- Community partners

Strategies: Increase Help-Seeking



- Second Step implementation (K-8th) – explicitly teach students help-seeking skills
- Sources of Strength – all high schools
- Signs of Suicide
- Power of relationships; trusted adults
- Safe 2 Tell, community crisis resources

Strategies: Identify & Assist



- Gatekeeper Training:
  - Signs of Suicide (Trusted Adults training, classroom lessons - ACT)
  - QPR
  - ASIST
  - Safe 2 Tell

- Family Involvement
  - Suicide prevention student video
  - Involving cultural liaisons
  - “Does Your Child Need Help” booklet

Discussion

To access this presentation:

https://bit.ly/33SC8na

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