



# C-Care/CAST

## Program Description

C-Care/CAST is a school-based intervention for students at risk for suicide. It combines one-on-one counseling with a series of small-group training sessions.

C-Care (Counselors-Care) provides an interactive, personalized assessment and a brief motivational counseling intervention. It is delivered in 2 sessions: a 2-hour, one-to-one computer-assisted suicide assessment called the *Measure of Adolescent Potential for Suicide* (Eggert, Thompson, & Herting, 1994) and a 2-hour motivational counseling intervention designed to:

1. Deliver empathy and support;
2. Provide personal information;
3. Reinforce coping skills and help-seeking behaviors;
4. Increase access to help; and,
5. Enhance access to social support.

CAST (Coping and Support Training) is a small group skills training intervention. Twelve one-hour sessions incorporate key concepts, objectives, and skills that are outlined in a standardized implementation guide. Sessions target mood management (depression and anger management), drug use control, and school performance by helping youth apply newly acquired skills and gain support from family and other trusted adult leaders. The implementation guide also specifies the motivational preparation and coaching activities required of the CAST leader (generally a master's level high-school teacher, counselor, or nurse).

## Evaluation Design and Outcomes

An evaluation incorporating randomized design and multiple follow-ups (4 weeks, 10 weeks, and 9 months) examined the relative impact of three conditions (C-CARE alone, C-CARE plus CAST, and treatment as usual) upon suicide risk behaviors, and related risk and protective factors (Thompson, Eggert, Randell, & Pike, 2001). The evaluation found statistically significant declines in suicidal ideation and in favorable attitudes towards suicide for C-Care and CAST students compared to treatment-as-usual students. Greater reductions in anxiety and anger by C-Care and CAST students were also observed. Students participating in just the CAST program demonstrated enhanced and sustained personal control, problem-solving, and coping skills when compared with students from the other groups.

## SPRC Classification

**Effective**

<b>Program Characteristics</b>
Domain <b>School-Based</b>
Target Age <b>14-18</b>
Gender <b>Male &amp; Female*</b>
Ethnicity <b>Multiple</b>
IOM Category <b>Universal Selective Indicated</b>

\* More positive outcomes were observed for females in some conditions (see Generalizability).

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**Generalizability**

The C-Care/CAST interventions have been implemented in schools with diverse ethnic populations. Greater reductions in anxiety and anger were observed in females than males when C-Care and CAST students were compared to treatment-as-usual students. (Thompson, et al., [2001] speculated that small-group settings were more effective in reducing anxiety and anger in females at risk for suicide than males at risk for suicide.)

**Implementation Essentials**

- Identifying, recruiting and inviting at-risk students to participate
- CAST leader (high-school teacher, counselor, or nurse) recruitment, selection and supervision/support
- Training for C-CARE counselor and CAST leader

**Targeted Protective and Risk Factors**

The C-Care and CAST programs impacted the following risk and protective factors that have been targeted by the National Strategy for Suicide Prevention for the reduction of suicide in the United States.

**Increased Protective Factors**

Skills in problem solving, conflict resolution, and nonviolent handling of disputes

**Decreased Risk Factors**

Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders  
Hopelessness

**Program Costs**

C-CARE Protocols .....	Varies
CAST Protocols.....	Varies
Counselor Training.....	Varies
CAST Leader Training .....	Varies

**Program Contact Information**

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**References**

Eggert, L. L., Thompson, E. A., Herting, J. R. (1994). A measure of adolescent potential for suicide (MAPS): Development and preliminary findings. *Suicide and Life-Threatening Behavior*, 24, 359-381.

Thompson, E. A., Eggert, L. L., Randell, B. P., and 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.