

## Evidence-Based Practices and Training

**Trainings Offered by Prevent Suicide WV:** <http://preventsuicidewv.org/>

### **Question, Persuade, Refer (QPR)**

**Setting:** Communities; Schools

**Type of Program:** Education & Training

**Ages:** 18 and older

**Implementation Essentials:** 1.5- or 2-hour multimedia format by certified QPR gatekeeper

QPR is a gatekeeper training intervention that teaches lay and professional gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors. Specifically, it is an approach that intends to teach individuals to learn to recognize early warning signs, question their meaning to determine suicide intent or desire, persuade the person to accept or seek help, and refer the person to appropriate resources and services. Upon completion of the training, the gatekeeper should be able to: a) recognize someone at risk for suicide; b) intervene in a caring manner; and c) refer the identified individual to an appropriate resource. QPR gatekeepers receive a QPR booklet and wallet card as a review and resource tool that includes local referral resources. QPR does not include suicide risk assessment training.

### **Applied Suicide Skills Intervention Training (ASIST)**

**Setting:** Communities

**Type of Program:** Education and Training

**Ages:** 18 and older

**Implementation Essentials:** 2-day training by 2 certified ASIST trainers

ASIST is a workshop designed to accommodate a range of individuals. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safeplan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks. This training is excellent for community individuals and infrastructures that are connected to respond, but not trained in formalized suicide intervention skills, as well as to enhance the intervention skills of professionals. It allows first aid intervention to help a person stay safe until they can access additional needed care if necessary. ASIST strengthens the preparedness of individuals that encounter suicidal individuals but feel poorly equipped to assist. Graduated skills development is achieved through mini-lectures, facilitated discussions, group simulations, and role plays. After training, ASIST participants should be able to: a) recognize that caregivers and persons at risk are affected by personal and societal attitudes about suicide; b) discuss suicide in a direct manner with someone at risk; c) identify risk alerts and develop related safeplans; d) demonstrate the skills required to intervene with a person at risk of suicide; e) list the types of resources available to a person at risk, including themselves; f) make a commitment to improving community resources; and g) recognize that suicide prevention is broader than suicide first-aid and includes life promotion and self-care for caregivers.

### **SafeTALK**

**Setting:** Communities

**Type of Program:** Education & Training

**Ages:** 15 and older

**Implementation Essentials:** 2.5- or 3.5-hour training by a certified SafeTALK trainer

SafeTALK is a training program that teaches participants to recognize and engage persons who may be having thoughts of suicide and subsequently, connecting them with community resources trained in suicide intervention. The

'safe' of SafeTALK stands for 'suicide alertness for everyone'. The 'TALK' letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and KeepSafe. WV has chosen this program as it challenges the attitudes that might inhibit talk about suicide widely prevalent in the WV culture. There is significant stigma associated with talk of suicide that often prohibits individuals from seeking help as well as prohibits otherwise caring individuals from being able to assist an individual in need. This training is recommended in hopes of removing some of these barriers and ensure there is an increased capacity for help-seekers to have appropriately trained respondents. It is important to recognize the signs, and essential to be comfortable in engaging the individual in talking about the issue and spending the time to listen and show that there is concern, so they can be connected with someone more formally trained. Finally, SafeTALK fits well with the community model of prevention and intervention as it is a complementary component to Applied Suicide Intervention Skills Training (ASIST).

**Objectives:** After training, participants in the SafeTALK program should be able to: a) challenge attitudes that inhibit open talk about suicide; b) recognize a person who might be having thoughts of suicide; c) engage them in direct and open talk about suicide; d) listen to the person's feelings about suicide to show that they are taken seriously; and e) move quickly to connect them with someone trained in suicide intervention.

**Curricula Offered by Prevent Suicide WV:** <http://preventsuicidewv.org/>

### **More Than Sad: Teen Depression**

**Setting:** Secondary Schools

**Type of Program:** Education & Training

Developed by the American Foundation for Suicide Prevention (AFSP), "More Than Sad: Teen Depression" is an original 26-minute film developed for high school-aged audiences. The film features vignettes of four teen characters whose depression manifests in different ways and is referred to treatment in different manners. Scenes portraying interactions with mental health professionals are included to demystify treatment. The film DVD is packaged with a Facilitator's Guide, which provides educators with: recommendations for showing the film in classrooms or other small group settings; information on teen depression and its treatment; frequently asked questions; and a suggested lesson plan with discussion questions and a short quiz (for evaluating students' knowledge before and after the presentation). After viewing the film, teens should: a) be able to recognize the signs and symptoms of depression in themselves or their friends; b) understand that depression is a medical illness for which effective treatment exists; and c) be more willing to seek help if depressed and encourage depressed friends to seek help.

**Implementation considerations:** Teachers and others who show "More Than Sad: Teen Depression" should first carefully review the Facilitator's Guide and follow recommendations for preparation. In particular, teachers should become familiar with their school's crisis management plan and procedures for referring students for mental health evaluation.

### **Signs of Suicide (SOS)**

**Setting:** Secondary schools and alternative settings for Middle and High School youth

**Type of Program:** Education & Training

Developed by Screening for Mental Health®, SOS Middle and High School Programs use a universal prevention approach to assist in identification of at-risk youth by addressing depression, suicide, and self-injury through both showing of a video and a guided classroom discussion. It not only increases knowledge about suicidal behavior and associated risk factors but also encourages help-seeking behavior by using an action-oriented approach, instructing students how to ACT® (Acknowledge, Care and Tell) in the face of a mental health emergency. The program includes an optional student screening that assesses for depression and suicide risk and identifies students to refer for professional help as indicated, lending to an increased identification and referral for at-risk youth that may not otherwise be identified. This is applicable in a variety of youth-serving settings and is simple to implement. The discussion component of the program allows for consideration of cultural beliefs, thus building in cultural competency as the dialogue develops. Upon completion of the program, students will have: a) increased knowledge of how to

identify signs of depression and suicide; b) how to and seek help for themselves and peers; c) decreased stigma related to mental illness; and d) increased identification of at-risk students (if screening option is used).

**Implementation considerations:** All recommendations and the curricula contents should be reviewed prior to implementing and there should be an established crisis management plan and procedure for referring students for mental health evaluation prior to conducting the screening.

### **Lifelines**

**Setting:** Secondary schools

**Type of Program:** Education & Training

**Ages: 13-17**

**Implementation Essentials:** four 45-minute or two 90-minute lessons that incorporate elements of the social development model and employ interactive teaching techniques, including role-play.

Lifelines is a comprehensive, school-wide suicide prevention program for middle and high school students. The trilogy of programs is based on more than 20 years of suicide in youth research and includes: Lifelines: A Suicide Prevention Program, Lifelines Intervention: Helping Students at Risk for Suicide, and Lifelines Postvention: Responding to Suicide and Other Traumatic Death. Essentially, the goal of Lifelines is to promote a caring, competent school community in which help seeking is encouraged and modeled and suicidal behavior is recognized as an issue that cannot be kept secret. Lifelines seeks to increase the likelihood that school staff and students will know how to identify at-risk youth when they encounter them, provide an appropriate initial response and obtain help, as well as be inclined to take such action. Lifelines targets the whole school community including: administrators, faculty, parents and students.

### **Good Behavior Game (GBG)**

**Setting:** Classroom

**Type of Program:** Behavior Management Strategy

**Ages:** Elementary

GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. GBG is structured around four core elements: classroom rules, team membership, self- and team-behavior monitoring, and positive reinforcement of individual team members and the team as a whole. Over time, GBG is played at different times of the day and during different classroom tasks, so the game evolves from being highly predictable in timing and occurrence with immediate reinforcement to being unpredictable with delayed reinforcement. The children continue to participate in GBG through 2nd grade, where they are assigned to new classrooms and new teams. Training is required for the teachers who implement the intervention as well as for their coaches who work with, support and supervise them.

### **Recommended Practices: Suicide Prevention Resource Center:**

<http://www.sprc.org/bpr/section-i-evidence-based-programs>

#### **Recognizing and Responding to Suicide Risk in Primary Care (RRSR—PC)**

**Setting:** Primary Care

**Type of Program:** Education & Training

**Program Description:** *Recognizing and Responding to Suicide Risk in Primary Care (RRSR—PC)* is a one-hour facilitated training for primary care physicians, physician assistants, and others who work in primary care settings. The training will help them better identify, manage, and treat adult patients who are at risk for suicide. Training is deliverable face-to-face or by webinar.

Features of RRSR—PC training include:

One-hour PowerPoint presentation

Video vignettes demonstrating suicide risk assessment and management skills

Suicide Risk Assessment & Triage Pocket Card

Seven resource sheet handouts

RRSR—PC training was developed by a collaborative task force composed of suicidologists and primary care practitioners. Suicidologists and primary care professionals crafted the presentation content and created the pocket card and resource sheets. Focus groups with primary care physicians, physician assistants, and nurses informed the training structure. The training was pilot tested and corresponding improvements made.

An adolescent version featuring video vignettes of teens in primary care settings is also available.

Implementation Essentials:

Training must be conducted by an authorized RRSR—PC trainer.

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## After a Suicide: A Toolkit for Schools

Setting: Middle & High Schools

Program Description: Developed by the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), in consultation with a diverse group of national experts, including school-based personnel, clinicians, researchers, and crisis response professionals, *After a Suicide: A Toolkit for Schools* is an online resource for schools facing the suicide death of a student or other member of the school community. The Toolkit incorporates relevant existing material and research findings as well as references, templates, and links to additional information and assistance. It is organized into the following brief chapters:

Introduction and Executive Summary

Get the Facts First

Crisis Response

Tools for Crisis Response

Helping Students Cope

Working with the Community

Memorialization

Social Media

Suicide Contagion

Bringing in Outside Help

Going Forward

*After a Suicide: A Toolkit for Schools* is intended for use in a crisis. It is not intended to be a comprehensive curriculum on school-based postvention. While designed specifically to address the aftermath of suicide, schools may find the Toolkit useful following other deaths as well.

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After a Suicide: A Toolkit for Schools is available at no charge. It can be downloaded from the AFSP website: <http://www.afsp.org/files/Surviving/toolkit.pdf> or from the SPRC website: [http://www.sprc.org/library\\_resources/items/after-suicide-toolkit-schools](http://www.sprc.org/library_resources/items/after-suicide-toolkit-schools)