

CMHAM

State Training Guidelines Workgroup Training/Curriculum Recommendations

This Training Guideline is intended for the development and presentation of training content. Curricula based on this guideline will contribute to statewide training quality, uniformity, and reciprocity.

Topic: *Suicide Risk Assessment and Intervention*

Defining Paragraph (Vision, Boundaries, and Overall Outcome Statement):

Direct care staff may encounter an individual who is experiencing suicidal ideations or thoughts. In addition to intentional suicides, many completed suicides are unintentional. Using Evidence-Based Practices, this course will dispel myths of suicide, identify warning signs (verbal, behavioral, and situational), teach safety responses, and will educate about local resources.

Definitions:

Content – A listing of the areas covered in the subject.

Outcomes/Competencies – Statements about what participants will be able to do having participated in the course.

Outline – Suggested approach to meeting Outcomes/Competencies.

Content:

1. Signs of suicide risk
 - a. Indicators and risk factors
 - b. Questions to ask
 - c. Safe responses
2. Myths about suicidal behavior
3. Ensure immediate assistance
4. Provide safety until further assistance is secured
5. Local resources to address ongoing needs
6. Agency procedure (if available) for contacting appropriate clinical personnel

Outcomes/Competencies:

1. Identify warning signs of suicide risk
2. Recognize that suicidal behaviors may result in accidental fatalities
3. Recognize that verbal suicidal threats must be taken seriously
4. Learn to ask direct questions that will help identify the level of suicide risk
5. Demonstrate safety responses
6. Know agency protocols for suicide intervention
7. Know community resources for suicide prevention

Outline/Recommendations:

1. RECOGNIZING the signs of suicide risk
[Note: The examples below are not exhaustive. See "References" for additional examples of risk factors, signs and symptoms, myths, and intervention.]
 - a. Risk factors/indirect signs
 - i. Major life changes/loss (i.e., divorce, job-loss, death of a significant other, sudden rejection, etc.)
 - ii. Legal issues (i.e., an arrest, imprisonment, DUI, etc.)
 - iii. Physical changes (i.e., lack of interest/pleasure in things, low energy, euphoria, decline in physical health, etc.)
 - iv. Emotional/behavioral factors (i.e., mental health diagnosis of Depression, Bi-polar Disorder, or Schizophrenia, drug/alcohol misuse, withdrawal, etc.)
 - v. History of suicidal thoughts or behaviors and/or suicide of a family member or other close relationship(s).
 - vi. Trauma (i.e., abuse/neglect, violence, natural disaster, military experience, bullying, etc.)
 - b. Indicators/direct signs
 - i. Giving away personal possessions
 - ii. Expressing feelings of despair and/or hopelessness
 - v. Seeking out a means to complete suicide (i.e., buying a gun, hoarding/collecting pills, etc.)
 - vi. Doing research on how to die by suicide
 - vii. Threatening to die by suicide

2. INTERVENING with an individual who exhibits warning signs of suicide

a. Questions to ask

- i. "Are you thinking of killing yourself?"
- ii. If affirmative, "Do you have a plan?" and "Do you have access to the resources needed to carry out your plan?"
- iii. If not affirmative, "How can I help or get you the help you need?" or something similar.

b. Safe Responses

- i. Remain calm
- ii. Stay with the person or have someone stay with the person until appropriate help is secured
- iii. Offer reassurance, "Is it OK if we keep talking?" or "Can I stay with you?"
- iv. Ask "Do you have a safety plan?"
- v. Do not say "Everything will be OK".
- vi. Implement safety/crisis plan
- vii. Remove any means of self-harm
- viii. Discourage alcohol and/or substance use

3. RESOURCES for immediate assistance

- i. 911 if there is imminent risk to self
- ii. Local CMH crisis line
- iii. Local Provider on-call line
- iv. National Suicide Prevention Lifeline 1-800-273-talk (8255)
- v. CMH or local social service agency contact person (i.e., Case Manager, Supports Coordinator, Therapist, etc.)
- vi. Poison Control 1-800-222-1222
- vii. Ask "Who else would you like me to call?"

4. Discuss MYTHS about suicide (see "References")

5. Know agency POLICY and PROCEDURES (as applicable)

Trainer Qualifications:

Check all that apply, be specific (years, degree, skills, etc.):

- College Degree:
- License:
- Years' Experience (please specify below)
- Documented Skill Set: Certificate of Completion in an EBP as a trainer
- Training Experience
- Trainer in Adult Learning Styles/Methods:
- Other: Must have content expertise and a certificate of completion as a trainer in one of the nationally recognized suicide prevention curricula and/or access to a certified trainer in the same.

Specified Experience:

Training in Suicide Prevention:

1. Applied Suicide Intervention and Skills Training (ASIST), LivingWorks
2. Question, Persuade, Refer, Gatekeeper training (QPR), QPR Institute
3. Mental Health First Aid (MHFA)/Youth Mental Health First Aid (YMHFA), National Council of Behavioral Health
4. Assessing and Managing Suicide Risk (AMSR), Education Development Center
5. SafeTalk, LivingWorks
6. Other evidence-based practice, as appropriate

Length of Training:

Minimum 60-90 minutes of training

Format:

The suggested format(s) for the class:

- Blended Learning (Online + Instructor-Led)
- Instructor-Led Class
- Instructor-Led Webinar
- Online Course
- Other (specify):

Teaching Methods:

These are the best teaching methods for teaching course content. Additional methods may also enhance learning.

- Individual
- Classroom/Group
- Lecture
- Discussion
- Skills Practice
- Skills Practice
- Return demonstrations
- Activities
- Videos
- Online Activities
- Individual Assignments
- Homework Assignments
- Other (specify):

Method of Assessment:

How to measure entry level competency in this course:

- | | | |
|-------------------------------------|---------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | Written Test | Performance Indicator: 80 % |
| <input type="checkbox"/> | Return Demonstration | Performance Indicator: |
| <input type="checkbox"/> | Online Test | Performance Indicator: |
| <input type="checkbox"/> | Skill Sheet | Performance Indicator: |
| <input type="checkbox"/> | Homework Assignment(s) | |
| <input type="checkbox"/> | Observation with sign-off sheet | |
| <input type="checkbox"/> | Other (specify): | |

Scope of Implementation:

Training recommended for:

- Specialized Residential direct care staff/home managers
- Specialized Residential Administrators
- Community Living Supports (CLS)
- Pre-Voc Skill Building / Supported Employment (i.e. Competitive Employment, volunteer)
- Non-Voc Skill Building
- Supported Living staff
- Adult Foster Care staff

Suicide Risk Assessment and Intervention

Scope of Implementation, continued:

- Respite Service staff
- Self-Determination staff
- In-Home service staff (children’s program)
- Foster Family Group Home staff
- Child-caring Institutions (Children’s Group Home) staff
- As identified in the Individual’s Person Centered Plan
- Other (specify):

Frequency:

It is recommended the content be reviewed/retaken.

- As directed by the Individual Plan of Service
- Initial & Annual
- Initial & As Needed (Person Served Driven Need)
- Initial & Every two (2) years
- Initial & Every three (3) years
- Other (specify):

Additional Comments:

References/Legal Authority:

1. R 330.1801 et. seq.
2. MCL 400.710(3)
3. Michigan Department of Health and Human Services, Suicide Prevention https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54879-358892--,00.html
4. Michigan Association for Suicide Prevention <https://www.mymasp.org/>
5. Suicide Prevention Resource Center <http://www.sprc.org/>
6. SAMHSA <https://www.samhsa.gov/>
7. Applied Suicide Intervention Skills Training (ASIST, SelfTalk) LivingWorks Education, Inc. <https://www.livingworks.net/programs/asist/>
8. QPR Institute Gatekeeper Training www.qprinstitute.com
9. American Foundation for Suicide Prevention <https://afsp.org/>
10. Mental Health First Aid USA, National Council of Behavioral Health <https://www.mentalhealthfirstaid.org/>

NOTE: When training is for an adult foster care facility/home, adult foster care staff must comply with the adult foster care administrative rules. In addition, in those situations where the contents of the training conflict with an administrative rule, the rule prevails.