

MACMHB

State Training Guidelines Workgroup

Training/Curriculum Recommendations

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

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Topic: *Suicide Risk Assessment and Intervention*

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

Support 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 - These are a listing of the areas covered in the subject.

Outcomes/Competencies - These are statements about what participants will be able to DO as a result of having participated in the course. Please indicate expectations and minimum competency criteria.

Content:

1. Suicide myths
2. Warning signs of suicide risk
 - a. Indicators and risk factors
 - b. Questions to ask
 - c. Safe responses
3. Working with the person for immediate assistance
4. Provide a safe environment for the individual until further assistance is provided
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 suicide threats may be cries for help that without intervention may result in accidental fatalities
3. Ask questions that will identify warning signs and level of suicide risk
4. Demonstrate safety responses

5. Exhibit knowledge of agency notification process
6. Support the use of community resources

Outline/Recommendations:

1. Recognizing the signs of suicide risk
 - a. Risk factors/indirect signs (risk increases with the number that apply) [see references for additional risk factors]
 - i. Major life changes (divorce, job-loss, sudden rejection by a loved one, etc.)
 - ii. Trouble with the law (about to be arrested or imprisoned, recent arrest, etc.)
 - iii. Physical changes (lack of interest/pleasure in things, lack of energy, decline in physical health, etc.)
 - iv. Emotional/behavioral changes (crying, outbursts, drug/alcohol misuse, withdrawal, etc.)
 - v. Death of friend or relative (especially if by suicide)
 - b. Indicators/direct signs (risk increases with the number that apply) [see references for additional indicators]
 - i. Taking out or increasing life insurance
 - ii. End of life planning
 - iii. Giving away personal possessions
 - iv. Expressing feelings of despair, hopelessness, no way out
 - v. Collecting items to take their life (buying a gun, collecting pills, etc)
 - vi. Researching methods to take their life
 - vii. Threatening to commit suicide
 - viii. Sudden intense argument with friend or relative for no apparent reason
 - c. Questions to ask to identify risk factors
 - i. See National Suicide Prevention Lifeline website
www.suicidepreventionlifeline.org/riskQuestions
2. How to intervene with an individual who is exhibiting warning signs of suicide
 - a. Questions to ask while responding
 - i. See National Suicide Prevention Lifeline website
www.suicidepreventionlifeline.org/riskQuestions
 - b. Safe Responses
 - i. Act
 - ii. Stay with the person, never leave them alone
 - iii. Say something like "Let's get you some help" or "I'm going to get you some help" (if another staff is available to stay with the person).
 - iv. If applicable, implement safety/crisis plan

- v. Remove any means that someone could use to harm themselves
 - vi. Medications (only prescribed, no illegal, outdate, or discontinued)
 - vii. Discourage alcohol and/or substance use
3. Resources for immediate assistance
 - a. Local CMH crisis line
 - b. National Suicide Prevention Hotline 1-800-273-talk (8255) will connect you to the nearest available crisis center
 - c. CMH contact person (Support Coordinator, Therapist, etc.)
 - d. Local social service agencies
 - e. "Who else would you like me to call?"
 4. Identify local resources to address ongoing needs
 5. Discussing/overcoming myths about suicide (See Additional Comments section and References for myths)
 6. Local agency procedure (if applicable)

Trainer Qualifications:

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

- College Degree: Minimum Bachelors in Social Work or Psychology preferred
- License:
- Years Experience (please specify below):
- Documented Skill Set:
- Training Experience:
- Trainer in Adult Learning Styles/Methods:
- Other: Must have content expertise

Specified experience:

Training in Suicide Prevention (i.e. ASIST from Living Works Education, QPR Gatekeeper training from QPR Institute, or other evidence-based practice) is essential.

Length of Training:

Minimum 4 hours of training including analysis of case study and role play.

Format:

The acceptable format(s) for the class:

- Traditional "live" class.
- Online Class
- Self-study Unit
- Video Class
- 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
- Return demonstrations
- Activities
- Videos
- Online Activities
- Individual Assignments
- Homework assignments
- Other (specify):
- Other (specify):

Method of Assessment:

How to measure entry level competency in this course:

- | | | |
|-------------------------------------|---------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Written Test | Performance Indicator: 80 % |
| <input checked="" type="checkbox"/> | Return Demonstration | Performance Indicator: Pass/Fail |
| <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: | |

Scope of Implementation:

Training recommended for:

- Specialized Residential direct care staff
- Specialized Residential Administrators
- Supported Living staff
- Adult Foster Care staff
- Respite Service staff
- Self-Determination staff

- Home-based services staff
- Foster Family Group Home staff
- Child-caring Institutions (Children's Group Home) staff
- Other employee group (specify): MI Specialized Residential
- Other employee group (specify): As indicated by the needs of the individual being served and/or the plan of service

Frequency:

It is recommended the content be reviewed/retaken:

- Initial
- Annual
- Every two years
- As needed:
- Other:

Additional Comments:

Some of the myths and facts about suicide include:

Myth: If people talk about killing themselves they won't really do it

Fact: Talking about suicide is often a clue or warning of a person's intentions. Always take any mention of suicide seriously.

Myth: Suicidal people want to die, and they feel there is no turning back

Fact: Suicidal people want to get rid of their problems, more than they do their lives.

Myth: There is a low correlation between alcoholism and suicide

Fact: Alcohol can have a trigger effect on suicidal people and is often ingested before the suicide by alcoholics and nondrinkers alike.

Myth: Asking people if they are suicidal might plant the idea in their heads

Fact: Asking people about suicidal intent will often lower the anxiety level and act as a deterrent to suicidal behavior by encouraging the ventilation of pent-up emotion.

Myth: Professional people do not kill themselves

Fact: Physicians, lawyers, dentists, police, and pharmacists appear to have high suicide rates.

Myth: When depression lifts, there is no longer any danger of suicide

Fact: The greatest danger of suicide exists during the first three months after a person recovers from a deep depression.

Myth: If the person I am trying to help refuses my help, there is nothing I can do.

Fact: Michigan law allows for involuntary treatment for people at risk of hurting themselves. You still need to get help.

[see references for additional myths]

References/Legal Authority:

- 1) R 330.1801 et. seq.
- 2) MCL 400.710(3)
- 3) Prevailing State Guidelines and Practice Protocols including 'Suicide Prevention Plan for Michigan' developed by the Michigan Suicide Prevention Coalition, approved 7/19/2011
www.michigan.gov/documents/Michigan_Suicide_Prevention_Directory_final_165276_7.pdf
- 4) The Michigan Association for Suicide Prevention <http://mas-masp.org/>
- 5) Suicide Prevention Resource Center
www.sprc.org/stateinformation/statepages/showstate.asp?stateID=22
- 6) National Suicide Prevention Lifeline www.suicidepreventionlifeline.org
- 7) SAMHSA www.samhsa.gov
- 8) Applied Suicide Intervention Skills Training (ASIST) Living Works Education, Inc. [www.livingworks.net/page/Applied_Suicide_Interventions_Skills_Training_\(ASIST\)](http://www.livingworks.net/page/Applied_Suicide_Interventions_Skills_Training_(ASIST))
- 9) QPR Institute Gatekeeper Training www.qprinstitute.com
- 10) American Foundation for Suicide Prevention www.afsp.org

Note: If training is for an adult foster care facility/home adult foster care staff must also 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.