

Document B.2

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Cross-site Evaluation of the Garrett Lee Smith Memorial (GLS) Campus Suicide Prevention Program

Training Exit Survey

Thank you for participating in this survey about the training you just attended as part of the Garrett Lee Smith Campus Suicide Prevention Cross-site Evaluation. This survey asks questions about the training you just completed, what you plan to do with what you learned, and your satisfaction with the training. Findings from this survey will help inform the Substance Abuse and Mental Health Services Administration (SAMHSA) about suicide prevention activities.

Before you complete this survey, please read this consent form. The survey will take approximately 10 minutes. By completing and returning this survey, you are consenting to participate. Your participation in this survey is completely voluntary; there are no right or wrong answers; and you may ask any questions that you have before, during or after you complete the survey.

Privacy: Your answers to the survey questions will be kept private except as otherwise required by law. Your name will not be linked with the information on your survey. The information that we report to SAMSHA will not contain your name. Your name will not be used in any reports about this evaluation.

Procedures: All participants in training activities funded as part of your Campus Suicide Prevention Program are being asked to complete this survey. Therefore, your participation is very important. The survey questions will ask you about your participation in [INSERT TRAINING NAME].

Risks: There are few, if any, risks to you by completing this survey. You may stop the survey at any time or not answer a question. You will not be penalized for stopping. If you stop the survey, at your request, we will destroy your survey. Any questions that you have about this survey will be answered before you start the survey.

TRAINING ID: □□□□□□ PARTICIPANT ID: □□□

Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact Christine Walrath, Principal Investigator, at 212-941-5555 or CWalrath@macrointernational.com.

In order to provide you with a copy of this consent form to take with you, please tear off and keep the [color] copy, which is a copy of this consent form.

Thank you in advance for your willingness to participate.

Thank you for your willingness to complete this survey. Your answers will help us understand how trainings like the one you just completed can contribute to preventing suicide among youth. Your answers are very important to us.

1. **Instructions:** The main categories below represent different campus roles that you may identify with. Within each primary role, is a list of secondary roles. Please **FIRST** select the primary role that best describes you, then **SECOND**, within the primary role, please select the **ONE ROLE** best describes your role or affiliation at the training.

For example, if you are a graduate student attending a training as part of your teaching assistant responsibilities, then select “Student” as your primary role and within that role, you would select “Graduate teaching assistant”. If you graduate student attending a training activity as a residential life advisor then select “Student” as your primary role and within that role, you would select “Residential Life Advisor”.

- | | |
|---|--|
| <p><input type="checkbox"/> <u>Student</u></p> <ul style="list-style-type: none"> <input type="radio"/> Disabled Student <input type="radio"/> Graduate teaching or research assistant <input type="radio"/> Intercollegiate Athlete <input type="radio"/> Mental Health/Psychology/Health Education Concentration/Affiliation <input type="radio"/> Peer Counselor/Student Health worker <input type="radio"/> Researcher or program evaluator <input type="radio"/> Residential life advisor <input type="radio"/> Sorority/Fraternity Member <input type="radio"/> Student government/Organizations/Clubs <input type="radio"/> Teacher <input type="radio"/> Tutor/Learning Specialist <input type="radio"/> Veteran <p><input type="checkbox"/> <u>Faculty/Instructor/Lecturer</u></p> <ul style="list-style-type: none"> <input type="radio"/> Academic advisor <input type="radio"/> Administrative <input type="radio"/> Researcher or program evaluator <input type="radio"/> Researcher or program evaluator <input type="radio"/> Teaching <input type="radio"/> Tutor/Learning Specialist <p><input type="checkbox"/> <u>Health Care Provider</u></p> <ul style="list-style-type: none"> <input type="radio"/> Mental health or psychological counseling counselor <input type="radio"/> Other health professional <input type="radio"/> Primary care (e.g. physical/student health) provider <p><input type="checkbox"/> <u>Staff</u></p> <ul style="list-style-type: none"> <input type="radio"/> Administrative and Faculty Support Staff (e.g., academic affairs, finance, etc.) <input type="radio"/> Administrator (e.g., academic affairs, finance, etc.) <input type="radio"/> Athletic coach or trainer <input type="radio"/> Campus safety or other emergency response staff <input type="radio"/> Clergy/religious educator <input type="radio"/> Clerical/administrative support <input type="radio"/> Dean Provost <input type="radio"/> Facilities maintenance | <p><input type="checkbox"/> <u>Other Community Member</u></p> <ul style="list-style-type: none"> <input type="radio"/> Community Group Member <input type="radio"/> Family Member/Caregiver <input type="radio"/> Relative <input type="radio"/> Volunteer (i.e. Big Brother/Big Sister, CASA, etc.) <input type="radio"/> Other - _____ |
|---|--|

- General Campus Support Staff (e.g., security, nutrition, library)
- Other Student Support Staff (e.g., registrar, admissions, student life, etc.)
- Residential life staff or advisor
- Student Affairs
- Tutor/Learning Specialist?

1. Please select the **one** primary role with which you most closely identify. For example, if you are a faculty member who is also an administrator, choose the position that best matches your primary role on campus. Were you required to participate in this training?

- Yes
- No
- Don't know

2. How do you intend to use what you learned during this training (select all that apply)?

- Screen students for suicide behaviors (i.e., using a screening tool)
- Publicize information about suicide prevention and mental health resources
- Identify students who might be at risk for suicide
- Provide direct services to students at risk for suicide and/or their families
- Train others
- Link students at risk of suicide with appropriate services or supports
- Other (please describe: _____)
- Don't intend to use what I learned

CURRENT CAMPUS...How do you intend to use what you learned during this training (select all that apply)?

- Screen youth for suicide behaviors (i.e., using a screening tool) (FROM S/T)
- Formally publicize information about suicide prevention or mental health resources
- Have informal conversations about suicide and suicide prevention with students and others
- Identify students who might be at risk for suicide
- Provide direct services to youth at risk for suicide and/or their families (FROM S/T)
- Train other staff members
- Make referrals to mental health services for at-risk students
- Work with adult at-risk populations
- Other (please describe: _____)
- Don't intend to use what I learned

Please indicate your agreement with the following statements about the training.

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree	5 N/A
3. The training increased my knowledge about suicide prevention.					
4. The training materials I received (i.e. brochures, wallet cards, etc.) will be very useful for my suicide prevention efforts.					
5. The training met my needs.					
6. The training addressed cultural differences in the students I intend to serve (i.e., provided different cultural examples, identified different cultures, etc.).					
7. The training was practical to my life on campus.					
8. I fully understand why I attended the training.					

9. I am now more ready to help with suicide prevention on my campus.					
10. The things I learned will help prevent suicide or reduce the problems that might lead to suicide (i.e., depression, substance use, etc.).					

On a typical day, about how much time do you spend interacting or talking directly with students?

- 0-15 minutes
- 15-30 minutes
- 30 minutes – 1 hour
- 1-2 hours
- More than 2 hours

11. How would you rate the training? (select one)

- Below my skill level
- At my skill level
- Above my skill level
- Don't know

12. With whom do you expect to directly apply what you have learned during this training? (select all that apply)

- Students
- Co-workers
- Campus community members
- Parents/foster parents/caregivers
- Family/friends
- Other (please describe: _____)

****Participants will be asked to complete one of three training modules based on the type of training they participated in (QPR/other brief gatekeeper training, AMSR/RRSR or Campus Connect).***

1. QPR AND OTHER BRIEF GATEKEEPER TRAININGS MODULE (also default module for locally developed gatekeeper training if no local exit survey)

Now that you have received the QPR Gatekeeper training, please indicate how you would rate your knowledge of suicide in the following areas?

16. Facts concerning Suicide Prevention:

- Very Low
- Low
- Medium
- High
- Very High

17. Warning signs of suicide:

Very Low
Low
Medium
High
Very High

18. How to ask someone about suicide:

Very Low
Low
Medium
High
Very High

19. Persuading someone to get help:

Very Low
Low
Medium
High
Very High

20. How to get help for someone:

Very Low
Low
Medium
High
Very High

21. Information about resources for help with suicide:

Very Low
Low
Medium
High
Very High

22. Please rate what you feel is the appropriateness of asking someone who may be at risk about suicide.

Very Low
Low
Medium
High
Very High

23. What is the likelihood you will ask someone who appears to be at risk if they are thinking of suicide?

Very Low
Low
Medium

High
Very High

24. Please rate your level of understanding about suicide and suicide prevention.

Very Low
Low
Medium
High
Very High

This section contains a list of statements of what you may think or believe about suicide prevention. Please read each statement and use the rating scale to indicate the degree to which you agree or disagree with it. There are no right or wrong answers. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.

25. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

26. If a person's words and/or behavior suggest the possibility of suicide, I would ask the person directly if he/she is thinking about suicide

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

27. If someone told me they were thinking of suicide, I would intervene

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

28. I feel confident in my ability to help a suicidal person

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

29. I don't think I can prevent someone from suicide

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

30. I don't feel competent to help a person at risk of suicide

Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree

2. AMSR AND RRSR MODULE (also default module for other clinical training if no locally-developed exit survey)

Please rate the extent to which the workshop increased your **knowledge** in the following areas:

1. Managing one's own reactions to suicide.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

2. Reconciling the difference (and potential conflict) between the clinician's goal to prevent suicide and the client's goal to eliminate psychological pain via suicidal behavior.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

 - e.

3. Eliciting suicide ideation, behavior, plans and intent.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

4. Collaboratively developing a crisis response plan.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

5. Developing a written treatment and services plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behaviors
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

6. Developing policies and procedures for following clients closely, including taking reasonable steps to be proactive.
 - a. Increased knowledge very much
 - b. Increased knowledge somewhat
 - c. Knowledge remained the same
 - d. Not sure

Section II: Suicide Prevention Self-Efficacy

1) I am able to maintain a collaborative, non-adversarial stance by creating an atmosphere in which the client feels safe in sharing information about suicidal thoughts, behaviors and plans

Expert 10 9 8 7 6 5 4 3 2 1 Novice

2) I am able to demonstrate an understanding of suicide-related risk and protective factors by asking questions about suicide-related risk and protective factors during assessment.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

3) I am able to collect accurate assessment information about suicide-related risk by eliciting risk and protective factors during the clinical interview and obtaining records and information from collateral sources as appropriate.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

4) I am able to identify warning signs of acute risk of suicide.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

5) I am able to integrate a risk assessment for suicidality into a clinical interview

Expert 10 9 8 7 6 5 4 3 2 1 Novice

6) I am able to document assessment information from a bio-psycho-social and cultural perspective

Expert 10 9 8 7 6 5 4 3 2 1 Novice

7) I am able to demonstrate an understanding of suicide-related risk and protective factors by considering all relevant factors when formulating risk

Expert 10 9 8 7 6 5 4 3 2 1 Novice

8) I am able to collect accurate assessment information about suicide-related risk by eliciting suicide ideation, behavior and plans and warning signs of acute risk

Expert 10 9 8 7 6 5 4 3 2 1 Novice

9) I am able to make a clinical judgment of risk that a client will attempt or complete suicide in the short and long term by working collaboratively with other professionals in an interdisciplinary team approach to integrate and prioritize all the information that has been collected, including a consideration of developmental, cultural and gender-related issues related to suicidality.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

10) I am able to document formulation of risk, including interaction with professional colleagues, and write a sound rationale for clinical judgment.

Expert 10 9 8 7 6 5 4 3 2 1 Novice

3. Campus Connect Module

Section I: Suicide Prevention Knowledge and Self-Efficacy

	Not at all True			Somewhat True				Very True		
	1	2	3	4	5	6	7	8	9	10
1. I understand the meaning of various suicide terms (i.e., threat, attempt, survivor of suicide).	1	2	3	4	5	6	7	8	9	10
2. I am familiar with the prevalence rates of suicidal ideation and suicide attempts among college students.	1	2	3	4	5	6	7	8	9	10
3. I am aware of the various risk factors related to suicide.	1	2	3	4	5	6	7	8	9	10
4. I know how to ask someone if they are thinking about suicide.	1	2	3	4	5	6	7	8	9	10
5. I understand the potential impact of paraphrasing emotions.	1	2	3	4	5	6	7	8	9	10
6. I am familiar with the available referral resources for emotionally distressed students.	1	2	3	4	5	6	7	8	9	10
7. I feel comfortable asking someone if they are thinking about suicide.	1	2	3	4	5	6	7	8	9	10
8. I feel comfortable paraphrasing emotions..	1	2	3	4	5	6	7	8	9	10
9. I believe I am able to emotionally connect with students in crisis.	1	2	3	4	5	6	7	8	9	10
10. I feel comfortable attempting to emotionally connect with students in crisis.	1	2	3	4	5	6	7	8	9	10
11. I feel capable of helping students in	1	2	3	4	5	6	7	8	9	10

crisis feel understood.

12. I feel able to assist emotionally distressed students in accessing available referral resources. 1 2 3 4 5 6 7 8 9 10

13. I believe that distressed students will follow through with referrals I provide to them. 1 2 3 4 5 6 7 8 9 10

Background Information

13. What is your gender?

- Female
- Male
- Transgender
- Other

14. What is your age? years

15. Are you Hispanic or Latino (select one)?

- Yes
- No

17a. If Yes, Which group represents you? Are you... (select one or more)

- Mexican, Mexican-American, or Chicano
- Puerto Rican
- Cuban
- Dominican
- Central American
- South American

16. What is your race (select one or more)?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

This is the end of the survey.

Thank you for taking the time to complete this survey. Your participation is critical to the success of the Garrett Lee Smith Memorial Suicide Prevention Cross-Site Evaluation.