

Training Skills Assessment- Post Training (TSA-P)

As part of the Evaluation of GLS suicide prevention programs across the country, we are inviting participants of GLS funded training activities to complete the following brief survey. This survey will assess your knowledge, attitudes and behaviors related to youth suicide prevention. The survey will take approximately 20 minutes to complete.

A sample of participants who complete today's survey will be eligible to participate in two follow-up surveys and a phone simulation (a simulated conversation with an 'at-risk youth'). If you are selected to participate in these additional data collection activities, you will receive \$20 per survey and \$50 for the phone simulation. There will be more information at the end of the survey about both of these data collection efforts.

Rights Regarding Participation: Your input is important; however, your participation in this survey is completely voluntary. There are no penalties or consequences for not participating. You can choose to stop the survey at any time, or not answer a question for whatever reason.

Privacy: Your name will never appear in any report that summarizes the findings of the National Outcomes Evaluation. All findings will be reported in aggregate; that is, they will be combined with responses from other individuals. If you are selected to participate in follow-up surveys your responses across administration will be linked with a unique identifier—your name and responses will not be linked. Your individual responses will not be shared with the trainer or other grantee-funded staff.

Risks: Completing this survey poses few, if any, risks to you. Some questions may make you feel uncomfortable. You can choose not to answer any question for any reason. You may choose to stop the survey at any time, or not answer a question for whatever reason. You will not be penalized for stopping. You can contact the principal investigator of the project at any time.

Benefits: Your participation will not result in any direct benefits to you. However, your input will contribute to a national effort to prevent suicide.

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 (646) 695-8154 or christine.walrath@icf.com

- 1) Do you agree to participate in this survey?
 YES
 NO

- 2) Can you confirm that you are over 18 years of age?
 YES
 NO

1. Please verify that you attended the following training	<input type="radio"/> Yes, this is the training I attended. <input type="radio"/> No, this is not the training I attended
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Overall did the training help to advance:

	Not at all	Somewhat	A great deal
2. Your knowledge about suicide prevention?			
3. Your confidence in identifying individuals with suicidal thoughts and behaviors?			
4. Your confidence in managing individuals with suicidal thoughts and behaviors?			

5. Do you expect to use your training to do any of the following? <i>Select all that apply.</i>	<input type="checkbox"/> Screen youth for suicidal behaviors (i.e., using a screening tool) <input type="checkbox"/> Formally publicize information about suicide prevention or mental health resources <input type="checkbox"/> Have informal conversations about suicide and suicide prevention with youth and others <input type="checkbox"/> Identify youth who might be at risk for suicide <input type="checkbox"/> Provide direct services to youth at risk for suicide and/or their families <input type="checkbox"/> Train other staff members to intervene with youth at risk for suicide <input type="checkbox"/> Make referrals to mental health services for at-risk youth <input type="checkbox"/> Work with adult at-risk populations <input type="checkbox"/> Other, please specify: <input type="checkbox"/> None of the above
6. Did the training meet the needs of your community?	<input type="radio"/> Yes [Continue to 6a] <input type="radio"/> No [Go to 7] <input type="radio"/> Don't know [Go to 7]
a. If yes, how did the training meet the needs of your community? <i>Select all that apply.</i>	<input type="checkbox"/> Training was practical <input type="checkbox"/> Training provided new skills to intervene with youth at risk for suicide <input type="checkbox"/> Training was tailored to my community's culture with relatable language, photos, or images <input type="checkbox"/> The training used examples that applied to my community <input type="checkbox"/> The presenter was engaging <input type="checkbox"/> Other, please specify:
b. If no, why not?	
7. In the last 12 months, how many trainings about suicide or suicide prevention have you attended?	<input type="radio"/> None [Go to 8] <input type="radio"/> 1 [Continue to 7a] <input type="radio"/> 2-5 [Continue to 7a]

<p>Please do not include in-person or online conference or meeting presentations.</p>	<p>o 6-10 [Continue to 7a] o 10+ [Continue to 7a]</p>
	<p>a. If one or more trainings, which training(s) about suicide or suicide prevention have you received?</p> <p><u>Gatekeeper</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian Lifeskills <input type="checkbox"/> ASIST <input type="checkbox"/> Kognito <input type="checkbox"/> Mental Health First Aid <input type="checkbox"/> QPR <input type="checkbox"/> safeTALK <input type="checkbox"/> Signs of Suicide <input type="checkbox"/> Another training, please specify: <p><u>Screening or suicide risk assessment</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> AMSR (Assessing and Managing Suicide Risk) <input type="checkbox"/> CASE Approach (Chronological Assessment of Suicide Events) <input type="checkbox"/> Commitment to Living <input type="checkbox"/> Columbia Suicide Severity Rating Scale (C-SSRS) <input type="checkbox"/> QPRT Suicide Risk Assessment and Management Training (not basic QPR training) <input type="checkbox"/> RRSR (Recognizing and Responding to Suicide Risk) <input type="checkbox"/> suicide to Hope <input type="checkbox"/> An in-service or webinar training at my organization <input type="checkbox"/> An in-service or webinar training at a former organization <input type="checkbox"/> A different training on screening or suicide risk assessment, please specify: <p><u>Suicide-specific evidence-based treatment approaches</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> CAMS (Collaborative Assessment and Management of Suicide) <input type="checkbox"/> CBT-SP (Cognitive Behavior Therapy for Suicide Prevention) <input type="checkbox"/> DBT (Dialectical Behavior Therapy) <input type="checkbox"/> Another training, please specify:
<p>8. Why did you participate in today's training? Select all that apply</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Job requirement <input type="checkbox"/> Credential or certification requirement <input type="checkbox"/> Personal interest <input type="checkbox"/> Other, please specify:

How would you rate your knowledge of the following items:

	Very High	High	Low	Very Low	Don't Know
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9. Procedures that define each employee's role in preventing suicide					
10. Warning signs of suicide					
11. How to ask someone about suicide					
12. Persuading someone to get help					
13. Local referral sources					

How confident do you feel in your ability to:

	Very Confident	Confident	Somewhat confident	Not at all confident
14. Recognize suicidality (including warning signs)				
15. Conduct a suicide risk assessment				
16. Engage and connect with the suicidal person				
17. Identify appropriate response to the person in crisis				
18. Make appropriate referrals and connections				
19. Counsel on access to lethal means				
20. Help someone to create a collaborative safety plan				

21. In the last 6 months, have you identified youth you thought might be at risk for suicide?		<input type="radio"/> Yes [Continue to 21a and 21b] <input type="radio"/> No [Go to 22] <input type="radio"/> Don't know [Go to 22]			
	a. If yes, about how many youths have you identified in the last 12 months?				
	b. Thinking about the one youth you identified most recently, did you...	Yes	No	Don't Know	
	i. ask the youth whether she/he was considering suicide?				
	ii. refer the youth to get further assistance or support?				
	iii. notify that referral resource about the referral?				
	iv. take the youth to the service or resources you were recommending?				
	v. receive a formal confirmation that the youth received the service?				

Rate your agreement with the following statements

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
22. My organization provides me access to ongoing support and resources to further my understanding of suicide prevention.					

23. I believe suicide prevention is an important part of my professional role.					
24. The leadership at this organization has explicitly indicated that suicide prevention is a priority.					

25. Please indicate the primary setting in which you interact with youth.	<input type="radio"/> Child welfare <input type="radio"/> Education (K-12) <input type="radio"/> Emergency response <input type="radio"/> Higher education (college/university) <input type="radio"/> Juvenile justice/Probation <input type="radio"/> Law enforcement <input type="radio"/> Mental Health <input type="radio"/> Primary health care (other than mental health) <input type="radio"/> Substance abuse treatment <input type="radio"/> Tribal services/Tribal government <input type="radio"/> Other community settings, specify: <input type="radio"/> Don't know
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Please select the ONE ROLE that you feel best describes you.

<p><i>If education (K-12)</i></p> <ul style="list-style-type: none"> <input type="radio"/> Teacher <input type="radio"/> School administrator <input type="radio"/> Mental health clinician/Counselor/Psychologist <input type="radio"/> Social worker/Case worker/Care coordinator <input type="radio"/> Emergency/Crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel <input type="radio"/> Academic advisor <input type="radio"/> Tutor <input type="radio"/> Other, please specify: <input type="radio"/> Don't Know <p><i>If substance abuse</i></p> <ul style="list-style-type: none"> <input type="radio"/> Program/System administrator <input type="radio"/> Mental health clinician/Counselor/Psychologist <input type="radio"/> Social worker/Case worker/Care coordinator <input type="radio"/> Emergency/Crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical 	<p><i>If tribal services/tribal government</i></p> <ul style="list-style-type: none"> <input type="radio"/> Traditional tribal healer <input type="radio"/> Tribal elder <input type="radio"/> Elected tribal official <input type="radio"/> Program/System administrator <input type="radio"/> Mental health clinician/Counselor/Psychologist <input type="radio"/> Social worker/Case worker/Care coordinator <input type="radio"/> Community outreach worker <input type="radio"/> Emergency/Crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel <input type="radio"/> Other, please specify <input type="radio"/> Don't Know <p><i>If child welfare</i></p> <ul style="list-style-type: none"> <input type="radio"/> Program/System administrator <input type="radio"/> Mental health clinician/Counselor/Psychologist <input type="radio"/> Social worker/Case worker/Care coordinator <input type="radio"/> Emergency/Crisis care worker <input type="radio"/> Program evaluator
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	<p>support personnel</p> <ul style="list-style-type: none"> <input type="radio"/> Other, please specify <input type="radio"/> Don't Know <p><i>If juvenile justice/probation</i></p> <ul style="list-style-type: none"> <input type="radio"/> Program/System administrator <input type="radio"/> Probation officer <input type="radio"/> Social worker/Case worker/Care coordinator <input type="radio"/> Detention facility guard <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel <input type="radio"/> Other, please specify <input type="radio"/> Don't Know <p><i>If law enforcement</i></p> <ul style="list-style-type: none"> <input type="radio"/> Police officer <input type="radio"/> School resource officer <input type="radio"/> Judge <input type="radio"/> Other, please specify <input type="radio"/> Don't Know <p><i>If emergency response</i></p> <ul style="list-style-type: none"> <input type="radio"/> Police officer or other law enforcement staff <input type="radio"/> Program/Systems administrator <input type="radio"/> Emergency medical technician <input type="radio"/> Fire fighter <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel <input type="radio"/> Other, please specify <input type="radio"/> Don't Know <p><i>If higher education (college/university)</i></p> <ul style="list-style-type: none"> <input type="radio"/> Faculty/Professor/Researcher <input type="radio"/> Administrator (e.g., dean's office, vice president, provost) <input type="radio"/> Residential life staff <input type="radio"/> Mental health clinician/Counselor/Psychologist <input type="radio"/> Social worker/Case worker/Care coordinator 	<ul style="list-style-type: none"> <input type="radio"/> Administrative assistant/Clerical support personnel <input type="radio"/> Other, please specify <input type="radio"/> Don't Know <p><i>If mental health</i></p> <ul style="list-style-type: none"> <input type="radio"/> Program/System administrator <input type="radio"/> Mental health clinician/Counselor/Psychologist <input type="radio"/> Social worker/Case worker/Care coordinator <input type="radio"/> Emergency/Crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel <input type="radio"/> Other, please specify <input type="radio"/> Don't Know <p><i>If primary health care (other than mental health)</i></p> <ul style="list-style-type: none"> <input type="radio"/> Program/System administrator <input type="radio"/> Physician <input type="radio"/> Nurse <input type="radio"/> Nursing assistant/Health technician <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel <input type="radio"/> Other, please specify <input type="radio"/> Don't Know <p><i>If other community settings</i></p> <ul style="list-style-type: none"> <input type="radio"/> Parent or foster/Resource parent <input type="radio"/> Other caregiver <input type="radio"/> Relative <input type="radio"/> Youth mentor <input type="radio"/> Volunteer (i.e., Big Brother Big Sister, CASA) <input type="radio"/> Youth advocate <input type="radio"/> Clergy/Religious educator <input type="radio"/> Other, please specify <input type="radio"/> Don't know
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	<input type="radio"/> Emergency/Crisis care worker <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel <input type="radio"/> Student <input type="radio"/> Other, please specify <input type="radio"/> Don't Know	
	a. Thinking about the primary setting in which you interact with youth, about how many other peers/colleagues in that setting have received training in suicide prevention?	<input type="radio"/> All <input type="radio"/> Most <input type="radio"/> Some <input type="radio"/> None <input type="radio"/> Don't know
26. What is your gender?		<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender (Male to Female) <input type="radio"/> Transgender (Female to Male) <input type="radio"/> Gender nonconforming <input type="radio"/> Other <input type="radio"/> Don't Know
27. What is your age?		

How many years of experience do you have:

28. Working with youth	
29. Working in suicide prevention	
30. In your current field or role	

31. Are you a veteran	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
32. Are you Hispanic or Latino	<input type="radio"/> Yes <i>[Go to 16a]</i> <input type="radio"/> No <i>[Go to 17]</i> <input type="radio"/> Don't Know <i>[Go to 17]</i> <input type="radio"/> Refused <i>[Go to 17]</i>
a. If yes, which group represents you? Select all that apply	<input type="checkbox"/> Mexican, Mexican American, or Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Central American <input type="checkbox"/> South American

	<input type="checkbox"/> Other Hispanic or Latino <input type="checkbox"/> Don't know
33. What is your race? <i>Select all that apply</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other race <input type="checkbox"/> Don't know

What is your service area? (Where you work)

34. County 1	
35. County 2 (if needed)	
36. County 3 (if needed)	

37. If your service area/area of the youth you serve can be defined at a zip code level, please include the zip code where you are employed/office location.	
38. Telehealth services/ no defined service area Please include your home zip code	

POST SURVEY CONSENT TO CONTACT

A sample of participants who complete today's survey will be eligible to participate in up to three additional data collection efforts.

- A sample of participants will be recontacted in 6 and 12 months to complete a web-based follow-up survey. These surveys will assess long term behavior change. These surveys will take approximately 20 minutes to complete.
- A sample of participants will be contacted in approximately 3 months to participate in a phone simulation with an at-risk youth. During this phone simulation, we will assess relevant suicide prevention skills. The phone simulation will take approximately 30 minutes and may be scheduled at your convenience.
- If you are selected to participate in these additional data collection activities, you will receive \$20 per survey and \$50 for the phone simulation.

Please note, indicating your willingness to participate does not mean that you will be contacted for additional survey opportunities. You may not be asked to participate in these activities.

Do you agree to participate in a follow-up survey at 6 and 12 months?

€ YES

€ NO

Do you agree to be contacted for a phone simulation?

€ YES

€ NO

Name	
Work email	
Personal email	
Work phone number	
Cell phone number	