Training Skills Assessment- Follow-up

(TSA-F6/TSA-F12)

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 [6 months OR 12 months] after the initial training to assess long term changes. The survey will take approximately 20 minutes to complete.

**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.

**Compensation:** You will receive a $20 gift card for your participation in today’s survey.

**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
1. Can you confirm that you are over 18 years of age?
* YES
* NO

|  |  |
| --- | --- |
| **SC1. Please verify that you attended the following training** | * Yes, this is the training I attended.
* No, this is not the training I attended
 |

# Section 1: Training Utilization

|  |  |
| --- | --- |
| 1. **In the last 3 months, have you used your training to do any of the following?** *Select all that apply*
 | * Screen youth for suicidal behaviors (i.e., using a screening tool)
* Formally publicize information about suicide prevention or mental health resources
* Have informal conversations about suicide and suicide prevention with youth and others
* Identify youth who might be at risk for suicide
* Provide direct services to youth at risk for suicide and/or their families
* Train other staff members to intervene with youth at risk for suicide
* Make referrals to mental health services for at-risk youth
* Work with adult at-risk populations
* Other, please specify:
* None of the above
 |
| 1. **In the last 3 months, how many trainings or presentations about suicide or suicide prevention have you attended?** *Please do not include booster or refreshers of the training in which you consented to participate in this survey.*
 | * None *[Go to 3]*
* 1 *[Continue to 2a]*
* 2-5 *[Continue to 2a]*
* 6-10 *[Continue to 2a]*
* 10+ *[Continue to 2a]*
 |
|  | * 1. **Which training(s) about suicide or suicide prevention have you received?** *Select all that apply.*
 | Gatekeeper* American Indian Lifeskills
* ASIST
* Kognito
* Mental Health First Aid
* QPR
* safeTALK
* Signs of Suicide
* Another training, please specify:

Screening or suicide risk assessment* AMSR (Assessing and Managing Suicide Risk)
* CASE Approach (Chronological Assessment of Suicide Events)
* Commitment to Living
* Columbia Suicide Severity Rating Scale (C-SSRS)
* QPRT Suicide Risk Assessment and Management Training (not basic QPR training)
* RRSR (Recognizing and Responding to Suicide Risk)
* suicide to Hope
* An in-service or webinar training at my organization
* An in-service or webinar training at a former organization
* A different training on screening or suicide risk assessment, please specify:

Suicide-specific evidence-based treatment approaches* CAMS (Collaborative Assessment and Management of Suicide)
* CBT-SP (Cognitive Behavior Therapy for Suicide Prevention)
* DBT (Dialectical Behavior Therapy)
* Another training, please specify: \_\_\_\_\_\_\_\_\_\_
 |
| 1. **In the last 3 months, have you received any booster or refresher sessions directly related to the original training in which you consented to participate in this survey?**
 | * Yes
* No
* Don’t know
 |
| 1. **Since participating in the original training in which you consented to participate in this survey, have you used any online tools or applications (apps) to support what you learned from the training?**
 | * Yes *[Continue to 4a]*
* No *[Go to 5]*
* Don’t know *[Go to 5]*
 |
|  | 1. If yes, what tools or apps have you used:
 |  |

# Section 2: Knowledge About Suicide Prevention

Please read the following statements and use the rating scale to indicate your knowledge of the following items.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very High** | **High** | **Low** | **Very Low** | **Don’t Know** |
| 1. My organization’s policies and procedures that define each employee’s role in preventing suicide.
 |  |  |  |  |  |
| 1. Warning signs of suicide.
 |  |  |  |  |  |
| 1. How to ask someone about suicide.
 |  |  |  |  |  |
| 1. Persuading someone to get help.
 |  |  |  |  |  |
| 1. Local referral services.
 |  |  |  |  |  |

# Section 3: Confidence in Identifying and Managing Suicidal Thoughts and Behaviors

Please read the following statements and use the rating scale to indicate the degree to which you agree or disagree with each statement. It is important that you answer all statements according to your beliefs and not what you think others may want you to believe.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Don’t Know** |
| 1. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.
 |  |  |  |  |  |
| 1. 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.
 |  |  |  |  |  |
| 1. If someone told me they were thinking of suicide, I would intervene.
 |  |  |  |  |  |
| 1. I feel confident in my ability to help a suicidal person.
 |  |  |  |  |  |
| 1. I don’t think I can prevent someone from suicide.
 |  |  |  |  |  |
| 1. I don’t feel competent to help a person at risk of suicide.
 |  |  |  |  |  |

How **confident** do you feel in your ability to…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Confident** | **Confident** | **Somewhat Confident** | **Not at all confident** |
| * + - 1. Recognize suicidality (including warning signs)
 |  |  |  |  |
| * + - 1. Conduct a suicide risk assessment
 |  |  |  |  |
| * + - 1. Engage and connect with the suicidal person
 |  |  |  |  |
| * + - 1. Identify appropriate response to the person in crisis
 |  |  |  |  |
| * + - 1. Make appropriate referrals and connections
 |  |  |  |  |
| * + - 1. Counsel on access to lethal means
 |  |  |  |  |
| * + - 1. Help someone to create a collaborative safety plan
 |  |  |  |  |

# Section 4: Behavior

The next set of questions asks about your experiences with youth at risk for suicide

|  |  |
| --- | --- |
| 1. Earlier, you selected that in the last 3 months you used your suicide prevention training to identify youths you thought might be at risk for suicide. **About how many youths have you identified in the last 3 months?**
 | * 1-2
* 3-5
* 6-10
* 11+
* I did not identify any youth in the last 3 months *[Skip to 32]*
 |
| 1. **Thinking about all the youths you identified, about how many did you refer for further assistance or support?**
 | * 1-2
* 3-5
* 6-10
* 11+
 |
| 1. **Thinking about the one youth you identified most recently, did you ask the youth whether they were considering suicide?**
 | * Yes
* No
* Don’t know
 |
| 1. **Thinking about the one youth you identified most recently, in what setting were they identified?**
 | * School or School Based Health Center
* Social Service Agency
* Juvenile Justice Agency
* Law Enforcement Agency (e.g., police, jail or detention center)
* Community based organization, recreation or after school activity
* Physical Health Agency (e.g., pediatrician, primary care, hospital)
* Mental Health Setting (e.g., private MH provider, psychiatric hospital, outpatient clinic)
* Home
* Emergency Response Unit or Emergency Department
* College or University (e.g., campus health center, classroom)
* Digital or social media (e.g., Snapchat, TikTok, Instagram, text message to a friend)
* Other, please specify:
 |
| 1. **Thinking about the one youth you identified most recently, did you refer the youth you identified to get further assistance or support?**
 | * Yes
* No
* Don’t know
 |
| 1. **To what services, resources, or individuals did you refer the youth?** *Select all that apply.*
 | * Public Mental Health Agency or Provider (e.g., tribal or state sponsored mental health agency)
* Private Mental Health Agency or Provider
* Psychiatric Hospital/ Unit
* Emergency department
* Substance abuse treatment center
* School counselor (e.g., K-12 or college or university staff)
* Mobile crisis unit
* School Based Health Clinic
* Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge)
* Youth was not referred to mental health services
* Non-hospital Crisis stabilization unit
* Don’t Know
* Other, please specify
 |
| 1. **Thinking about the one youth you identified most recently, did you take the youth to any of the services or resources you were recommending?**
 | * Yes
* No
* Don’t know
 |
| 1. **Thinking about the one youth you identified most recently, did the youth receive the services to which they were referred?**
 | * Yes
* No
* Don’t know
 |
| 1. **Thinking about the one youth you identified most recently, have you personally followed up with them to see how they are doing?**
 | * Yes
* No
* Don’t know
 |

# Section 5: Personal Background

|  |  |
| --- | --- |
| 1. **Has the primary setting in which you interact with youth changed in the last 6 months?**
 | * Yes *[Go to 32a]*
* No *[Go to 33]*
* Don’t know *[Go to 33]*
 |
|  | * + - 1. Please indicate the primary setting in which you now interact with youth…
 | * Child welfare
* Education (K-12)
* Emergency response
* Higher education (college/university)
* Juvenile justice/Probation
* Law enforcement
* Mental Health
* Primary health care (other than mental health)
* Substance abuse treatment
* Tribal services/Tribal government
* Other community settings
* Don’t know
 |
| 1. **You previously indicated that the role that best describes you is [pipe from TSA-P/TSA-F6]. Has your role changed?**
 | * Yes *[Go to 33a]*
* No *[Go to 34]*
* Don’t know *[Go to 34]*
 |
|  | * + - 1. If yes, **please select the ONE ROLE that you feel best describes you**.
 |
|  | *If child welfare* * Program/System administrator
* Mental health clinician/Counselor/ Psychologist
* Social worker/Case worker/Care coordinator
* Emergency/Crisis care worker
* Program evaluator
* Administrative assistant/Clerical support personnel

*If education (K–12)** Teacher
* School administrator
* Mental health clinician/Counselor/ Psychologist
* Social worker/Case worker/Care coordinator
* Emergency/Crisis care worker
* Program evaluator
* Administrative assistant/Clerical support personnel
* Academic advisor
* Tutor

*If emergency response** Emergency medical technician
* Fire fighter
* Program evaluator
* Administrative assistant/Clerical support personnel

*If higher education (college/university)** Faculty/Professor/ Researcher
* Administrator (e.g., dean’s office, vice president, provost)
* Residential life staff
* Mental health clinician/Counselor/ Psychologist
* Social worker/Case worker/Care coordinator
* Emergency/Crisis care worker
* Program evaluator
* Administrative assistant/Clerical support personnel
* Student

*If juvenile justice/probation** Program/System administrator
* Probation officer
* Social worker/Case worker/Care coordinator
* Detention facility guard
* Program evaluator
* Administrative assistant/Clerical support personnel
 | *If law enforcement** Police officer or other law enforcement staff
* Program/System administrator
* Program evaluator
* Administrative assistant/Clerical support personnel

*If mental health** Program/System administrator
* Mental health clinician/Counselor/ Psychologist
* Social worker/Case worker/Care coordinator
* Emergency/Crisis care worker
* Program evaluator
* Administrative assistant/Clerical support personnel

*If primary health care (other than mental health)** Program/System administrator
* Physician
* Nurse
* Nursing assistant/Health technician
* Program evaluator
* Administrative assistant/Clerical support personnel

*If substance abuse** Program/System administrator
* Mental health clinician/Counselor/ Psychologist
* Social worker/Case worker/Care coordinator
* Emergency/Crisis care worker
* Program evaluator
* Administrative assistant/Clerical support personnel

*If tribal services/tribal government** Traditional tribal healer
* Tribal elder
* Elected tribal official
* Program/System administrator
* Mental health clinician/Counselor/ Psychologist
* Social worker/Case worker/Care coordinator
* Community outreach worker
* Emergency/Crisis care worker
* Program evaluator
* Administrative assistant/Clerical support personnel

*If other community settings** Parent or foster/Resource parent
* Other caregiver
* Relative
* Youth mentor
* Volunteer (i.e., Big Brother Big Sister, CASA)
* Youth advocate
* Clergy/Religious educator
* Other, please specify:
 |
| 1. **What is the nature of your interactions or work with youth**?
 | * Teaching
* Counseling/Advising
* Providing mental health services
* Case management (e.g., child welfare, juvenile justice)
* Volunteer/Mentoring (e.g., big brother/big sister, volunteer)
* No formal work; interactions with youth are intermittent within the community setting
* Church/Spiritual advisor
* Neighbor
* Other, please specify:
 |

# Section 6: Organizational Policies

|  |  |
| --- | --- |
| 1. **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?**
 | * All
* Most
* Some
* None
* Don’t know
 |
| 1. **In the setting where you interact with youth,** **is there an established, shared protocol regarding steps that should be followed after a youth is identified as at risk for suicide?**
 | * Yes
* No
* Don’t know
 |
| 1. **In the setting where you interact with youth, are there clear, widely used steps that should be followed after a referral is made to make sure the youth received the services?**
 | * Yes
* No
* Don’t know
 |

# Section 7: Re-contact Consent *(only for 6 month FU)*

|  |  |
| --- | --- |
| 1. **Are you still willing to be contacted again in 6 months to answer some further follow-up questions about how you’ve used the information and skills you learned in the training?**
 | * Yes
* No
 |