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

following training	O No, this is not the training I attended
<u> </u>	

Section 1: Training Utilization

1.	1. In the last 3 months, have you used			Screen youth for suicidal behaviors (i.e., using a				
	you	r training to do any of the		screening tool)				
	foll	owing? Select all that apply		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				
			Ш	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				
			П	Make referrals to mental health services for at-risk				
				youth				
				Work with adult at-risk populations				
				Other, please specify:				
				None of the above				
2.	In t	he last 3 months, how many	0	None [Go to 3]				
		nings or presentations about	0	1 [Continue to 2a]				
		cide or suicide prevention have you	0	2-5 [Continue to 2a]				
		ended? Please do not include	0	6-10 [Continue to 2a]				
		ester or refreshers of the training in	0	10+ [Continue to 2a]				
		ch you consented to participate in						
	tnis	survey.	Car	tokoonor				
		a. Which training(s) about suicide or suicide prevention	<u>Ga</u>	tekeeper				
		have you received? Select all		☐ ASIST				
		that apply.		☐ Kognito				
				☐ Mental Health First Aid				
				□ QPR				
				□ safeTALK				
				☐ Signs of Suicide				
				☐ Another training, please specify:				
			<u>Scr</u>	eening 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:
			c	icide-specific evidence-based treatment approaches
				CAMS (Collaborative Assessment and Management
				of Suicide)
			П	CBT-SP (Cognitive Behavior Therapy for Suicide
			╽╵	Prevention)
				DBT (Dialectical Behavior Therapy)
				Another training, please specify:
3.	In th	ne last 3 months, have you received	0	Yes
••		booster or refresher sessions	0	No
	-	ectly related to the original training	0	Don't know
		hich you consented to participate	0	DOIT CKNOW
		nis survey?		
4.	Sinc	e participating in the original	0	Yes [Continue to 4a]
	traiı	ning in which you consented to	О	No [Go to 5]
	-	ticipate in this survey, have you	0	Don't know [Go to 5]
used any online tools or applications				
	(apps) to support what you learned			
from the training?				
		a. 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	Low	Very Low	Don't
		High				Know
5.	My organization's policies and					
	procedures that define each					
	employee's role in preventing suicide.					
6.	Warning signs of suicide.					
7.	How to ask someone about suicide.					
8.	Persuading someone to get help.					
9.	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
10. If someone I knew was showing signs of					
suicide, I would directly raise the					
question of suicide with them.					
11. 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.					
12. If someone told me they were thinking					
of suicide, I would intervene.					
13. I feel confident in my ability to help a					
suicidal person.					
14. I don't think I can prevent someone					
from suicide.					
15. I don't feel competent to help a person					
at risk of suicide.					

How confident do you feel in your ability to...

	Very	Confident	Somewhat	Not at all
	Confident		Confident	confident
16. Recognize suicidality (including warning				
signs)				
17. Conduct a suicide risk assessment				
18. Engage and connect with the suicidal				
person				
19. Identify appropriate response to the				
person in crisis				
20. Make appropriate referrals and				
connections				
21. Counsel on access to lethal means				
22. 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

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? 24. Thinking about all the youths you identified, about how many did you refer for further assistance or support? 25. Thinking about the one youth you identified most recently, did you ask the youth whether they were considering suicide? 26. Thinking about the one youth you identified most recently, in what setting were they identified? 27. Thinking about the one youth you identified most recently, in what setting were they identified? 28. Thinking about the one youth you identified most recently, in what setting were they identified? 29. Thinking about the one youth you identified most recently, in what setting were they identified? 20. Thinking about the one youth you identified most recently, in what setting were they identified? 20. Thinking about the one youth you identified most recently, in what setting were they identified most recently, in the last 3 months [Skip to 32] 20. 1-2 21. Thinking about the one youth you identified most recently, in the last 3 months [Skip to 32] 21. Thinking about the one youth you identified most recently, in the last 3 months [Skip to 32] 22. Thinking about the one youth you identified most recently, in the last 3 months [Skip to 32] 23. 5 24. Thinking about the one youth you identified most recently, in the last 3 months [Skip to 32] 25. Thinking about the one youth you identified most recently, in the last 3 months [Skip to 32] 26. 1-10 27. Thinking about the one youth you identified most recentl			
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27. Thinking about the one youth you identified most recently, 0 Yes			
		0	Other, please specify:
did you refer the youth you identified to get further	27. Thinking about the one youth you identified most recently.		
• •		0	
assistance or support? O Don't know	did you refer the youth you identified to get further	0	No

20 To what comices recovered on individuals did you refer	_	Dublic Montal Health Assum
28. To what services, resources, or individuals did you refer	€	Public Mental Health Agency
the youth? Select all that apply.		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
29. Thinking about the one youth you identified most recently,	0	Yes
did you take the youth to any of the services or resources	0	No
you were recommending?	0	Don't know
30. Thinking about the one youth you identified most recently,	0	Yes
did the youth receive the services to which they were	0	No
referred?	О	Don't know
31. Thinking about the one youth you identified most recently,	0	Yes
have you personally followed up with them to see how	0	No
they are doing?	0	Don't know
	U	DOLL CKITOM

Section 5: Personal Background

32. Has	32. Has the primary setting in which you interact		0 Yes [Go to 32a]		
with	with youth changed in the last 6 months?		0	No [Go to 33]	
			0	Don't know [Go to 33]	
a	а.	Please indicate the primary setting in	0	Child welfare	
		which you now interact with youth	0	Education (K-12)	
			0	Emergency response	
			0	Higher education (college/university)	
			0	Juvenile justice/Probation	
			0	Law enforcement	
			0	Mental Health	

		o Primary health care (other than mental
		health)
		O Substance abuse treatment
		O Tribal services/Tribal government
		O Other community settings
		o Don't know
1	previously indicated that the role that	0 Yes [Go to 33a]
	describes you is [pipe from TSA-P/TSA-	0 No [Go to 34]
F6].	Has your role changed?	0 Don't know [Go to 34]
a	a. If yes, please select the ONE ROLE tha	t you feel best describes you.
b	. If child welfare	If law enforcement
	o Program/System administrator	O Police officer or other law enforcement
	0 Mental health clinician/Counselor/	staff
	Psychologist	O Program/System administrator
	o Social worker/Case worker/Care	O Program evaluator
	coordinator	O Administrative assistant/Clerical support
	0 Emergency/Crisis care worker	personnel
	o Program evaluator	
	O Administrative assistant/Clerical	If mental health
	support personnel	o Program/System administrator
		0 Mental health clinician/Counselor/
	If education (K-12)	Psychologist
	0 Teacher	o Social worker/Case worker/Care
	o School administrator	coordinator
	0 Mental health clinician/Counselor/	o Emergency/Crisis care worker
	Psychologist	O Program evaluator
	O Social worker/Case worker/Care	O Administrative assistant/Clerical support
	coordinator	personnel
	0 Emergency/Crisis care worker	
	O Program evaluator	If primary health care (other than mental
	O Administrative assistant/Clerical	health)
	support personnel	O Program/System administrator
	O Academic advisor	o Physician
	0 Tutor	O Nurse
	16	O Nursing assistant/Health technician
	If emergency response	O Program evaluator
	O Emergency medical technician	O Administrative assistant/Clerical support
	O Fire fighter	personnel
	O Program evaluator	If substance abuse
	O Administrative assistant/Clerical	
	support personnel	
	If higher education (selless (university)	O Mental health clinician/Counselor/ Psychologist
	If higher education (college/university) O Faculty/Professor/ Researcher	Social worker/Case worker/Care
		coordinator
	O Administrator (e.g., dean's office,	_ /
	vice president, provost)	Emergency/Crisis care worker

	0 Residential life staff	o Program evaluator
	0 Mental health clinician/Counselor/	O Administrative assistant/Clerical support
	Psychologist	personnel
	O Social worker/Case worker/Care	porsonner
	coordinator	If tribal services/tribal government
	O Emergency/Crisis care worker	O Traditional tribal healer
	O Program evaluator	O Tribal elder
	O Administrative assistant/Clerical	O Elected tribal official
	support personnel	O Program/System administrator
	O Student	Mental health clinician/Counselor/
		Psychologist
	If juvenile justice/probation	0 Social worker/Case worker/Care
	O Program/System administrator	coordinator
	O Probation officer	Community outreach worker
	o Social worker/Case worker/Care	0 Emergency/Crisis care worker
	coordinator	o Program evaluator
	0 Detention facility guard	o Administrative assistant/Clerical support
	0 Program evaluator	personnel
	O Administrative assistant/Clerical	
	support personnel	If other community settings
		O Parent or foster/Resource parent
		o Other caregiver
		o Relative
		O Youth mentor
		o Volunteer (i.e., Big Brother Big Sister,
		CASA)
		o Youth advocate
		o Clergy/Religious educator
_		O Other, please specify:
	t is the nature of your interactions or	O Teaching
work	c with youth?	O Counseling/Advising
		O Providing mental health services
		O Case management (e.g., child welfare,
		juvenile justice)
		O Volunteer/Mentoring (e.g., big brother/big
		sister, volunteer)
		O No formal work; interactions with youth
		are intermittent within the community setting
		O Church/Spiritual advisor O Neighbor
		O Other, please specify:
		o other, picase specify.

Section 6: Organizational Policies

35. Thinking about the primary setting in which you interact with youth,	0	All
about how many other peers/colleagues in that setting have received	0	Most
training in suicide prevention?	0	Some
	0	None
	0	Don't know
36. In the setting where you interact with youth, is there an established,	0	Yes
shared protocol regarding steps that should be followed after a youth	0	No
is identified as at risk for suicide?	0	Don't know
37. In the setting where you interact with youth, are there clear, widely	0	Yes
used steps that should be followed <u>after a referral</u> is made to make	0	No
sure the youth received the services?	0	Don't know

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

38. Are you still willing to be contacted again in 6 months to answer some	0	Yes
further follow-up questions about how you've used the information	О	No
and skills you learned in the training?		