

# 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](mailto: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

<b>SC1. Please verify that you attended the</b>	<input type="radio"/> Yes, this is the training I attended.
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following training	<input type="radio"/> No, this is not the training I attended
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## Section 1: Training Utilization

<p>1. In the last 3 months, have you used your training to do any of the following? <i>Select all that apply</i></p>	<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
<p>2. In the last 3 months, how many trainings or presentations about suicide or suicide prevention have you attended? <i>Please do not include booster or refreshers of the training in which you consented to participate in this survey.</i></p>	<input type="radio"/> None [Go to 3] <input type="radio"/> 1 [Continue to 2a] <input type="radio"/> 2-5 [Continue to 2a] <input type="radio"/> 6-10 [Continue to 2a] <input type="radio"/> 10+ [Continue to 2a]
<p>a. Which training(s) about suicide or suicide prevention have you received? <i>Select all that apply.</i></p>	<p><u>Gatekeeper</u></p> <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> <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:  <u>Suicide-specific evidence-based treatment approaches</u> <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: _____
	<b>3. In the last 3 months, have you received any booster or refresher sessions <u>directly related to the original training</u> in which you consented to participate in this survey?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
	<b>4. 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?</b>	<input type="radio"/> Yes [Continue to 4a] <input type="radio"/> No [Go to 5] <input type="radio"/> Don't know [Go to 5]
	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	High	Low	Very Low	Don't 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	Confident	Somewhat Confident	Not at all 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

<p>23. 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. <b>About how many youths have you identified in the last 3 months?</b></p>	<p><input type="radio"/> 1-2  <input type="radio"/> 3-5  <input type="radio"/> 6-10  <input type="radio"/> 11+  <input type="radio"/> I did not identify any youth in the last 3 months <i>[Skip to 32]</i></p>
<p>24. <b>Thinking about all the youths you identified, about how many did you refer for further assistance or support?</b></p>	<p><input type="radio"/> 1-2  <input type="radio"/> 3-5  <input type="radio"/> 6-10  <input type="radio"/> 11+</p>
<p>25. <b>Thinking about the one youth you identified most recently, did you ask the youth whether they were considering suicide?</b></p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Don't know</p>
<p>26. <b>Thinking about the one youth you identified most recently, in what setting were they identified?</b></p>	<p><input type="radio"/> School or School Based Health Center  <input type="radio"/> Social Service Agency  <input type="radio"/> Juvenile Justice Agency  <input type="radio"/> Law Enforcement Agency (e.g., police, jail or detention center)  <input type="radio"/> Community based organization, recreation or after school activity  <input type="radio"/> Physical Health Agency (e.g., pediatrician, primary care, hospital)  <input type="radio"/> Mental Health Setting (e.g., private MH provider, psychiatric hospital, outpatient clinic)  <input type="radio"/> Home  <input type="radio"/> Emergency Response Unit or Emergency Department  <input type="radio"/> College or University (e.g., campus health center, classroom)  <input type="radio"/> Digital or social media (e.g., Snapchat, TikTok, Instagram, text message to a friend)  <input type="radio"/> Other, please specify:</p>
<p>27. <b>Thinking about the one youth you identified most recently, did you refer the youth you identified to get further assistance or support?</b></p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Don't know</p>

<p>28. To what services, resources, or individuals did you refer the youth? <i>Select all that apply.</i></p>	<p><input type="checkbox"/> Public Mental Health Agency or Provider (e.g., tribal or state sponsored mental health agency)</p> <p><input type="checkbox"/> Private Mental Health Agency or Provider</p> <p><input type="checkbox"/> Psychiatric Hospital/ Unit</p> <p><input type="checkbox"/> Emergency department</p> <p><input type="checkbox"/> Substance abuse treatment center</p> <p><input type="checkbox"/> School counselor (e.g., K-12 or college or university staff)</p> <p><input type="checkbox"/> Mobile crisis unit</p> <p><input type="checkbox"/> School Based Health Clinic</p> <p><input type="checkbox"/> Tribal or cultural services (e.g., traditional healing practices, talking circles, sweat lodge)</p> <p><input type="checkbox"/> Youth was not referred to mental health services</p> <p><input type="checkbox"/> Non-hospital Crisis stabilization unit</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Other, please specify</p>
<p>29. Thinking about the one youth you identified most recently, did you take the youth to any of the services or resources you were recommending?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>
<p>30. Thinking about the one youth you identified most recently, did the youth receive the services to which they were referred?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>
<p>31. Thinking about the one youth you identified most recently, have you personally followed up with them to see how they are doing?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>

## Section 5: Personal Background

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

		<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 <input type="radio"/> Don't know
33. You previously indicated that the role that best describes you is [pipe from TSA-P/TSA-F6]. Has your role changed?		<input type="radio"/> Yes [Go to 33a] <input type="radio"/> No [Go to 34] <input type="radio"/> Don't know [Go to 34]
a.	a. If yes, please select the ONE ROLE that you feel best describes you.	
b.	<i>If child welfare</i> <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  <i>If education (K-12)</i> <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  <i>If emergency response</i> <input type="radio"/> Emergency medical technician <input type="radio"/> Fire fighter <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel  <i>If higher education (college/university)</i> <input type="radio"/> Faculty/Professor/ Researcher <input type="radio"/> Administrator (e.g., dean's office, vice president, provost)	<i>If law enforcement</i> <input type="radio"/> Police officer or other law enforcement staff <input type="radio"/> Program/System administrator <input type="radio"/> Program evaluator <input type="radio"/> Administrative assistant/Clerical support personnel  <i>If mental health</i> <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  <i>If primary health care (other than mental  health)</i> <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  <i>If substance abuse</i> <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

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Residential life staff</li> <li><input type="checkbox"/> Mental health clinician/Counselor/ Psychologist</li> <li><input type="checkbox"/> Social worker/Case worker/Care coordinator</li> <li><input type="checkbox"/> Emergency/Crisis care worker</li> <li><input type="checkbox"/> Program evaluator</li> <li><input type="checkbox"/> Administrative assistant/Clerical support personnel</li> <li><input type="checkbox"/> Student</li>   <li><i>If juvenile justice/probation</i></li> <li><input type="checkbox"/> Program/System administrator</li> <li><input type="checkbox"/> Probation officer</li> <li><input type="checkbox"/> Social worker/Case worker/Care coordinator</li> <li><input type="checkbox"/> Detention facility guard</li> <li><input type="checkbox"/> Program evaluator</li> <li><input type="checkbox"/> Administrative assistant/Clerical support personnel</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Program evaluator</li> <li><input type="checkbox"/> Administrative assistant/Clerical support personnel</li>   <li><i>If tribal services/tribal government</i></li> <li><input type="checkbox"/> Traditional tribal healer</li> <li><input type="checkbox"/> Tribal elder</li> <li><input type="checkbox"/> Elected tribal official</li> <li><input type="checkbox"/> Program/System administrator</li> <li><input type="checkbox"/> Mental health clinician/Counselor/ Psychologist</li> <li><input type="checkbox"/> Social worker/Case worker/Care coordinator</li> <li><input type="checkbox"/> Community outreach worker</li> <li><input type="checkbox"/> Emergency/Crisis care worker</li> <li><input type="checkbox"/> Program evaluator</li> <li><input type="checkbox"/> Administrative assistant/Clerical support personnel</li>   <li><i>If other community settings</i></li> <li><input type="checkbox"/> Parent or foster/Resource parent</li> <li><input type="checkbox"/> Other caregiver</li> <li><input type="checkbox"/> Relative</li> <li><input type="checkbox"/> Youth mentor</li> <li><input type="checkbox"/> Volunteer (i.e., Big Brother Big Sister, CASA)</li> <li><input type="checkbox"/> Youth advocate</li> <li><input type="checkbox"/> Clergy/Religious educator</li> <li><input type="checkbox"/> Other, please specify:</li> </ul>
<p><b>34. What is the nature of your interactions or work with youth?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Teaching</li> <li><input type="checkbox"/> Counseling/Advising</li> <li><input type="checkbox"/> Providing mental health services</li> <li><input type="checkbox"/> Case management (e.g., child welfare, juvenile justice)</li> <li><input type="checkbox"/> Volunteer/Mentoring (e.g., big brother/big sister, volunteer)</li> <li><input type="checkbox"/> No formal work; interactions with youth are intermittent within the community setting</li> <li><input type="checkbox"/> Church/Spiritual advisor</li> <li><input type="checkbox"/> Neighbor</li> <li><input type="checkbox"/> Other, please specify:</li> </ul>	



## Section 6: Organizational Policies

35. 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
36. 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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
37. In the setting where you interact with youth, are there clear, widely used steps that should be followed <u>after a referral</u> is made to make sure the youth received the services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 further follow-up questions about how you've used the information and skills you learned in the training?	<input type="radio"/> Yes <input type="radio"/> No
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