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Zero Suicide Evaluation

Training Utilization and Preservation Survey (TUP-S)

6/12 Month Follow Up

Description of Participation Thank you so much for taking the time to speak with me today. My name is [NAME] and I work for Aptive/ ICF. The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services is evaluating their Zero Suicide in Health Systems program. Aptive Resources along with its partner ICF (together as Team Aptive) are contracted by SAMHSA to conduct this evaluation. We are asking you to complete this that survey that will assess your knowledge, attitudes, and behaviors related to suicide prevention at the initial training. The survey will take approximately 30 minutes to complete.

Rights Regarding Participation

- Your participation in this survey is completely voluntary.
- There are no penalties or consequences to you if you do not participate.
- You may stop the survey or skip a question at any time for any reason.
- You may contact the evaluation principal investigator with any questions you have before, during, or after completion.

The survey must be completed to receive compensation.

Privacy

We will take every precaution to protect your privacy.

All survey responses will be confidential. Your name will never appear in any report. 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, but —your name and responses will not be linked. Your individual responses will not be shared with anyone, including your employer or other grantee-funded staff.

Contact information will be entered into a password-protected database which can only be accessed by a limited number of individuals (selected Team Aptive staff) who require access.

Benefits

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

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.-

Incentive

You will receive a \$10 gift card for your completion of 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.

For any questions related to your rights as they related to this research, please contact the ICF IRB at IRB@icf.com.

☐ PROCEED

Training Verification

Please verify that you attended the following training: [auto populated with name and date of training]

- ☐ Yes, this is the training I attended.
- ☐ No, this is not the training I attended [END SURVEY]

Section 1. Training Utilization within Healthcare Settings

For these questions in this section, please think about the [name of training] that you took on [date of training].

1. Have you used your training to do any of the following?

	Yes	No	Not Applicable	Don't know
a. Screen patients for suicidal behaviors (i.e., using a screening tool)				
b. Formally publicize information about suicide prevention or mental health resources at your healthcare organization				
c. Have informal conversations about suicide and suicide prevention with patients				
d. Have informal conversations about suicide and suicide prevention with other staff members				
e. Identify patients who might be at risk for suicide				
f. Provide direct services to patients at risk for suicide				
g. Provide direct services to the families of patients at risk for suicide				
h. Train other staff members to intervene with patients at risk for suicide				
i. Make referrals to mental health services for at-risk patients				

2. Have you used the suicide prevention training to do anything not previously mentioned?

- ☐ Yes [Continue to 2a]

- ☐ No [Continue to 3]

2a. Please describe what you did. [Note to Survey Developer: Limit characters to 2,000]

3. In the last 6 months, how many trainings or presentations about suicide or suicide prevention have you attended? [Please do not include booster or refreshers of the training during which you consented to participate in this survey.]

- ☐ None [Skip to 4]
- ☐ 1 [Continue to 3a]
- ☐ 2-5 [Continue to 3a]
- ☐ 6-10 [Continue to 3a]
- ☐ 10+ [Continue to 3a]

3a. Which training(s) about suicide or suicide prevention have you received? Select all that apply.

[Display each type of training (the trainings in BOLD) per screen along with the question 3a].

Training for All Individuals

- ☐ Assessing and Managing Suicide Risk (AMSR)
- ☐ Applied Suicide Intervention Skills Training (ASIST)
- ☐ Connect Suicide Prevention/Intervention Training
- ☐ Connect Postvention Training
- ☐ Question, Persuade, Refer (QPR): Gatekeeper Training for Suicide Prevention
- ☐ Suicide Alertness for Everyone: Tell, Ask, Listen, and Keep Safe (safeTALK)

Training on Screening Practices

- ☐ Patient Health Questionnaire 9 (PHQ-9)
- ☐ PHQ-3
- ☐ Columbia Suicide Severity Rating Scale (CSSR-S)
- ☐ Behavioral Health Screen (BHS)
- ☐ Ask Suicide Screening Questions (asQ)
- ☐ Beck Depression Inventory (BDI)
- ☐ Suicidal Behaviors Questionnaire (SBQ-R)
- ☐ Behavioral Health Measure-10 (BHM-10)
- ☐ Brief Symptom Inventory 18 (BSI 18)
- ☐ Outcome Questionnaire 45.2 (OQ 45.2)

Trainings for Clinical Assessment and Management of Suicide Risk

- ☐ Assessing and Managing Suicide Risk (AMSR)

- ☐ Chronological Assessment of Suicide Events (CASE)
- ☐ Collaborative Assessment and Management of Suicidality (CAMS)
- ☐ Recognizing and Responding to Suicide Risk (RRSR)
- ☐ QPR-T (suicide risk assessment and training course)

Clinical Trainings for the Treatment of Suicidal Ideation and Behaviors

- ☐ Attachment-Based Family Therapy (ABFT)
- ☐ Cognitive Therapy – Suicide Prevention (CT-SP)
- ☐ Collaborative Assessment and Management of Suicidality (CAMS)
- ☐ Dialectical Behavior Therapy (DBT)
- ☐ Teachable Moment Brief Intervention
- ☐ Attempted Suicide Short Intervention Program
- ☐ Brief Mindfulness-Based Intervention for Suicidal Ideation
- ☐ Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT)
- ☐ Acceptance and Commitment Therapy (ACT)

**Training in Safety Planning and Lethal Means
Safety Practices**

- ☐ CALM (Counseling on Access to Lethal Means)
- ☐ Safety Planning for Youth Suicide Prevention

**Trainings for All Clinical Staff (Specific Settings
or Populations)**

- ☐ Suicide in the Military (Psych/Armor)
- ☐ SafeSide Behavioral Health

- ☐ SafeSide Youth Services

**Trainings Specific to Emergency Department
and Primary Care Settings**

- ☐ Preventing Suicide in Emergency Department Patients
- ☐ Recognizing & Responding to Suicide Risk in Primary Care
- ☐ SafeSide Primary Care
- ☐ **Not Sure**

4. In the last 6 months, have you received any booster or refresher sessions directly related to the training?

- ☐ Yes
- ☐ No
- ☐ Not Sure

5. In the last 6 months, have you used any online tools or applications (apps) to support what you learned from the training?

- ☐ Yes [Continue to 5a]
- ☐ No [Skip to 5b]
- ☐ Don't know [Skip to 6]

5a. [If yes in 5], what tools or apps have you used? *[Note to Survey Developer: Limit characters to 2,000]*

5b. [If no in 5], can you describe why? *[Note to Survey Developer: Limit characters to 2,000]*

6. In the last 6 months, have you experienced any challenges with participating in additional training sessions such as booster or refresher trainings?

- ☐ Yes [Continue to 6a]
- ☐ No [Skip to 7]
- ☐ Don't know

6a. [If yes in 6], can you describe these challenges? *[Note to Survey Developer: Limit characters to 2,000]*

7. In the last 6 months, have you shared information from the training with any others at your healthcare organization?

- ☐ Yes
- ☐ No

8. In the last 6 months, have you shared information from the training with anyone outside of your healthcare organization? This may include your friends and/or family.

- ☐ Yes [Continue to 8a]

o No [Skip to 9]

8a. [If yes in 8], How did you share the information? Select all that apply.

- ☐ Shared printed materials
- ☐ Shared information verbally
- ☐ Shared information via training or presentation
- ☐ Don't know

Section 2. Impact of Zero Suicide Training

Please read the following statements and use the rating scale to indicate how much you agree or disagree with each statement. **This section pertains to the [name of training] that you took on [date of training].** 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	Neutral	Disagree	Strongly Disagree
9. The training increased my knowledge about suicide prevention					
10. The training resources I received (e.g., brochures, wallet cards) have been very useful for my suicide prevention efforts					
11. The training promotes understanding the community that I serve					
12. The training has proven practical to my work and/or my daily life					

Section 3. 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	N/A or No Opinion
13. My organization's policies and procedures that define each employee's role in preventing suicide					
14. Warning signs of suicide					
15. How to ask someone about suicidality					
16. Persuading someone to get help					
17. Risk factors for suicide					
18. Local referral services					
19. Treatment and therapies					

Section 4. Confidence in Identifying and Managing Suicidal Thoughts and Behaviors

Please read the following statements and use the rating scale to indicate how much you agree or disagree with each statement. Think about the [name of training] that you took on [date of training] when you are answering these statements. 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	Neutral	Disagree	Strongly Disagree
20. If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them					
21. 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					
22. If someone told me they were thinking of suicide, I would intervene					
23. I don't think I can prevent someone from suicide					
24. I don't feel competent to help a person at risk of suicide					

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

	Very Confident	Confident	Somewhat Confident	Not at all Confident	N/A or No Opinion
a. Recognize suicidality, including warning signs					
b. Conduct a suicide risk assessment					
c. Engage and connect with a person who is suicidal					
d. Identify appropriate response to the person in crisis					
e. Make appropriate referrals and connections					
f. Counsel on access to lethal means					
g. Help someone to create a collaborative safety plan					

Section 5. Social Connections Related to Suicide Prevention

Please read the following statements and use the rating scale to indicate how much you agree or disagree the degree to which you agree or disagree with each statement. Think about the [name of training] that you took on [date of training] when you are answering these statements. 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	N/A or No Opinion
26. Since the training, I have developed stronger relationships which helped me feel confident in suicide prevention skills and knowledge.					
27. The training has helped me feel confident in connecting with individuals in my healthcare organization to address suicide prevention.					
28. The training has increased my awareness about the importance of communication and its role in suicide prevention at my workplace.					
29. As a result of the training, I have a greater sense of competence to address suicide prevention at my workplace.					

Section 6. Skills and Experience with Individuals at Risk for Suicide

The next set of questions asks about your experiences with individuals at risk for suicide since when you participated in [name of training] on [date of training].

[Only individuals who answer Yes to Q1E or Q1F will answer questions in this section]

30. [If Yes to Q1E or Q1F] ,You selected that in the last 6 months you used your suicide prevention training to identify individuals you thought might be at risk for suicide. About how many individuals have you identified in the last 6 months?

- ☐ 1-2
- ☐ 3-5
- ☐ 6-10
- ☐ 11+
- ☐ I did not identify any individuals in the last 6 months [Skip to 46]

31. Thinking about all the individuals you identified, about how many did you refer for further assistance or support?

- ☐ 1-2
- ☐ 3-5
- ☐ 6-10
- ☐ 11+

32. Thinking about the one individual you identified most recently, did you ask the individual whether they were considering suicide?

- ☐ Yes
- ☐ No
- ☐ Don't know

33. Thinking about the one individual you identified most recently, in what setting were they identified?

- ☐ Pediatric clinic
- ☐ Primary care clinic
- ☐ General Hospital
- ☐ Private behavioral health clinic
- ☐ Psychiatric hospital
- ☐ Behavioral health outpatient clinic
- ☐ Emergency Response Unit or Emergency Department
- ☐ Other, please specify: _____

34. Thinking about the one individual you identified most recently, did you connect the individual you identified to get further assistance or support?

- ☐ Yes [Continue to 34a and 34b]
- ☐ No [Skip to 35]
- ☐ Don't know [Skip to 35]

34a. To what extent were you able to connect the individual that you identified to these services, resources, or individuals for further assistance or support?

- ☐ Internal (Within the healthcare organization where you work)
- ☐ External (Outside of the healthcare organization where you work)

34b. Please briefly describe these identified services, resources, or individuals. [Note to Survey Developer: Limit characters to 2,000]

35. Thinking about the one individual you identified most recently, did you take the individual to any of the services or resources you were recommending?

- ☐ Yes
- ☐ No
- ☐ Don't know

36. Thinking about the individual you identified most recently, did you notify that referral resource about the referral?

- ☐ Yes
- ☐ No
- ☐ Don't know

37. Thinking about the one individual you identified most recently, did the individual receive the services to which they were referred?

- ☐ Yes
- ☐ No
- ☐ Don't know

38. Thinking about the individual you identified most recently, did you receive a formal confirmation that the individual received the service?

- ☐ Yes
- ☐ No
- ☐ Don't know

39 . Thinking about the one individual you identified most recently, have you personally followed up with them to see how they are doing?

- ☐ Yes
- ☐ No
- ☐ Don't know

40 . Thinking about the one individual you identified most recently, , about how many days did it take from the time you made the referral to when the individual received his or her first service?

- ☐ Less than 1 day
- ☐ Less than 1 week
- ☐ Between 1 and 2 weeks
- ☐ More than 2 weeks and up to 4 weeks
- ☐ More than 1 month
- ☐ Don't know

41. Thinking about the one individual you identified most recently, what was the first service he or she received?

- ☐ Mental health assessment
- ☐ Substance use assessment
- ☐ Mental health counseling
- ☐ Substance abuse counseling
- ☐ Inpatient or residential psychological services
- ☐ Psychiatric services or medication management without therapy
- ☐ Some other service not mentioned, please describe: _____
- ☐ Don't know

42. Did he or she receive any additional behavioral health services since that first appointment?

- ☐ Yes [Continue to 42a]
- ☐ No [Skip to 43]
- ☐ Don't know [Skip to 43]

42a. [If Yes in 42], What additional mental health and/or substance use services did he or she receive?

- ☐ Mental health assessment
- ☐ Substance use assessment
- ☐ Mental health counseling
- ☐ Substance abuse counseling
- ☐ Inpatient or residential psychological services
- ☐ Psychiatric services or medication management without therapy

- ☐ Some other service not mentioned, please describe: _____
- ☐ Don't know

43. Thinking back to the most recent individual you identified who actually received services, how satisfied are you that your training prepared you to take actions that were appropriate and effective?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

44. Have you received recognition from your organization for your use of knowledge and skills learned at this training?

- ☐ Yes
- ☐ No
- ☐ Don't know

45. Have you received any training to support your ability to track or monitor individuals that you identified as at risk for suicide?

- ☐ Yes
- ☐ No
- ☐ Don't know

Section 8. Additional Training Questions

The next set of questions will ask about your current role at your work organization to help better understand the national profile of workers involved in suicide prevention.

46. Are you currently employed at the same organization where you initially took the training [PIPE]

- ☐ Yes
- ☐ No
- ☐ Don't know

47. Please indicate the primary setting in which you currently interact with individuals at risk for suicide.

- ☐ Pediatric Clinic
- ☐ Primary care clinic
- ☐ General Hospital
- ☐ Private behavioral health clinic
- ☐ Psychiatric hospital
- ☐ Behavioral health outpatient clinic
- ☐ Emergency Response Unit or Emergency Department
- ☐ Other, please describe: _____

48. You previously indicated that the role that best describes you is [pipe from TUP-B/TUP-6]. Has your role changed?

- ☐ Yes [Go to 48a]
- ☐ No [Skip to 49]
- ☐ Don't know [Skip to 49]

48a. [If yes in 48], please select the ONE ROLE below that you feel best describes you.

- | | |
|---|---|
| <input type="radio"/> Management (Administrators, Supervisors, Managers, Coordinators) | <input type="radio"/> Case Management |
| <input type="radio"/> Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology) | <input type="radio"/> Crisis Services |
| <input type="radio"/> Facility Operations (Dietary, Housekeeping, Maintenance, Security, Transportation) | <input type="radio"/> Physical Health Care/Medication Management (Physician, Nurse Practitioner, Physician's Assistant) |
| <input type="radio"/> Behavioral Health Clinician (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist) | <input type="radio"/> Nursing (Nurse, Registered Nurse) |
| <input type="radio"/> Adjunct Therapist (Activity, Occupational, Physical, Rehabilitation) | <input type="radio"/> Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner) |
| | <input type="radio"/> Technician (Mental Health Technician, Behavioral Technician, Patient Care Assistance, Residential Technician) |
| | <input type="radio"/> Patient Observer |
| | <input type="radio"/> Support and Outreach (Outreach, Faith, Family Support, Peer Support) |
| | <input type="radio"/> Education (Teacher, Health Educator) |

49. In the last 6/12 months, have you used the skill you learned during this training in any setting other than your workplace?

- ☐ Yes [Complete 49a]
- ☐ No [Skip to 50]
- ☐ Don't know [Skip to 50]

49a. [if YES in 49] Please describe where and how you used the skills you learned from this training.

Section 9. Organizational Policies

The next set of questions will ask for some information about your current organization.

50. Thinking about the primary setting in which you interact with individuals, about how many other colleagues in that setting have received training in suicide prevention?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ None
- ☐ Don't Know

51. To your knowledge, do new staff members from your organization receive this training?

- ☐ Yes
- ☐ No
- ☐ Don't know

52. Is there someone at your agency who serves as a champion for staff attending this training?

note: A champion is a person who supports suicide prevention training. Another name for champion is advocate, promoter, supporter.

- ☐ Yes [Continue to 52a]
- ☐ No [Skip to 53]
- ☐ Don't know [Skip to 53]

52a. [IF Yes in 52], how often do you interact with this person?

- ☐ Daily
- ☐ Once a week
- ☐ Once a month
- ☐ Rarely
- ☐ Never
- ☐ Don't know

53. In the setting where you interact with individuals, is there an established, shared protocol regarding steps that should be followed after an individual is identified as at risk for suicide?

- ☐ Yes
- ☐ No
- ☐ Don't know

54. In the setting where you interact with individuals, are there clear, widely used steps that should be followed after a referral is made to make sure the individual received the services?

- ☐ Yes
- ☐ No
- ☐ Don't know

55. How important do you think this training is to the mission of your community or workplace?

- ☐ Very important
- ☐ Important
- ☐ Neither important nor unimportant
- ☐ Unimportant
- ☐ Very unimportant
- ☐ Don't know

56. What are the facilitators to implementing suicide prevention activities in the setting in which you interact with individuals at risk for suicide? Note: A facilitator may be something that aids or makes it easier to implement suicide prevention activities. Select all that apply.

- ☐ Training/professional development opportunities
- ☐ Increased community awareness

- ☐ Community resources
- ☐ Community collaboration
- ☐ State, tribe, or agency prioritization of suicide prevention
- ☐ Something else, please describe: _____
- ☐ Don't know

57. What are the barriers to implementing suicide prevention activities in the setting in which you interact with individuals at risk for suicide? Select all that apply.

- ☐ Access to appropriate services
- ☐ Lack of awareness about the problem of suicide
- ☐ Time constraints
- ☐ Workplace characteristics
- ☐ Lack of funding
- ☐ Something else, please describe: _____
- ☐ Don't know

58. Based on your experience after the training event that you attended 6 months ago, are there any additional areas that you are interested in learning to support your training in suicide prevention

- ☐ Yes [Continue to 58a]
- ☐ No [END SURVEY]

58a. [If yes in 58] What areas related to suicide prevention would you be interested in training, learning, or need more resources? Select all that apply.

- ☐ General suicide prevention and awareness
- ☐ Identification of risk factors and warning signs
- ☐ Screening and Assessment practices
- ☐ Treatment practices and approaches
- ☐ Safety planning
- ☐ Crisis communication
- ☐ Transition of care practices
- ☐ Staff roles and responsibility within your work environment
- ☐ Policies and procedures within your work environment
- ☐ Ethical and legal considerations
- ☐ Epidemiology and latest research findings

This is the end of the survey. [IF Respondent is taking this survey at 6 month mark] Thank you for completing this survey. As a friendly reminder, we need your help in participating in this survey again at the 12-month mark after the date that you completed the [Prepopulate name of Zero Suicide training. Since this is your first time taking this survey, you will be invited to participate again in 6 months. We appreciate your time in taking this survey. Your participation is critical to the success of the Zero Suicide Evaluation. You will receive a \$10 as an incentive for completing this survey.

[If respondent is taking this survey at the 12-month mark] Congratulations! You have completed both follow-up surveys. Since this is your 12-month survey, we will not contact you again to complete this survey. We appreciate your time in taking this survey. Your participation is critical to the success of the Zero Suicide Evaluation. You will receive a \$10 as an incentive for completing this survey.

