

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	☐ Yes, this is the training I attended. ☐ 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? 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
6. Did the training meet the needs of your community?	☐ Yes [Continue to 6a] ☐ No [Go to 7] ☐ Don't know [Go to 7]
a. If yes, how did the training meet the needs of your community? Select all that apply.	☐ Training was practical ☐ Training provided new skills to intervene with youth at risk for suicide ☐ Training was tailored to my community's culture with relatable language, photos, or images ☐ The training used examples that applied to my community ☐ The presenter was engaging ☐ 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?	☐ None [Go to 8] ☐ 1 [Continue to 7a] ☐ 2-5 [Continue to 7a]

Please do not include in-person or online conference or meeting presentations.		☐ 6-10 [Continue to 7a] ☐ 10+ [Continue to 7a]
	a. If one or more trainings, which training(s) about suicide or suicide prevention have you received?	<u>Gatekeeper</u> ☐ American Indian Lifeskills ☐ ASIST ☐ Kognito ☐ Mental Health First Aid ☐ QPR ☐ safeTALK ☐ Signs of Suicide ☐ Another training, please specify:
		<u>Screening or suicide risk assessment</u> ☐ 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:
		<u>Suicide-specific evidence-based treatment approaches</u> ☐ CAMS (Collaborative Assessment and Management of Suicide) ☐ CBT-SP (Cognitive Behavior Therapy for Suicide Prevention) ☐ DBT (Dialectical Behavior Therapy) ☐ Another training, please specify:
8. Why did you participate in today's training? Select all that apply		☐ Job requirement ☐ Credential or certification requirement ☐ Personal interest ☐ 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?		☐ Yes [Continue to 21a and 21b] ☐ No [Go to 22] ☐ 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.	☐ 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, specify: ☐ Don't know
Please select the ONE ROLE that you feel best describes you.	
<i>If education (K-12)</i> ☐ 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 ☐ Other, please specify: ☐ Don't Know <i>If substance abuse</i> ☐ Program/System administrator ☐ Mental health clinician/Counselor/Psychologist ☐ Social worker/Case worker/Care coordinator ☐ Emergency/Crisis care worker ☐ Program evaluator ☐ Administrative assistant/Clerical	<i>If tribal services/tribal government</i> ☐ 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 ☐ Other, please specify ☐ Don't Know <i>If child welfare</i> ☐ Program/System administrator ☐ Mental health clinician/Counselor/Psychologist ☐ Social worker/Case worker/Care coordinator ☐ Emergency/Crisis care worker ☐ Program evaluator

	support personnel ☐ Other, please specify ☐ Don't Know <i>If juvenile justice/probation</i> ☐ Program/System administrator ☐ Probation officer ☐ Social worker/Case worker/Care coordinator ☐ Detention facility guard ☐ Program evaluator ☐ Administrative assistant/Clerical support personnel ☐ Other, please specify ☐ Don't Know <i>If law enforcement</i> ☐ Police officer ☐ School resource officer ☐ Judge ☐ Other, please specify ☐ Don't Know <i>If emergency response</i> ☐ Police officer or other law enforcement staff ☐ Program/Systems administrator ☐ Emergency medical technician ☐ Fire fighter ☐ Program evaluator ☐ Administrative assistant/Clerical support personnel ☐ Other, please specify ☐ Don't Know <i>If higher education (college/university)</i> ☐ 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	☐ Administrative assistant/Clerical support personnel ☐ Other, please specify ☐ Don't Know <i>If mental health</i> ☐ 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 ☐ Other, please specify ☐ Don't Know <i>If primary health care (other than mental health)</i> ☐ Program/System administrator ☐ Physician ☐ Nurse ☐ Nursing assistant/Health technician ☐ Program evaluator ☐ Administrative assistant/Clerical support personnel ☐ Other, please specify ☐ Don't Know <i>If other community settings</i> ☐ 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 ☐ Don't know
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	☐ Emergency/Crisis care worker ☐ Program evaluator ☐ Administrative assistant/Clerical support personnel ☐ Student ☐ Other, please specify ☐ 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?	☐ All ☐ Most ☐ Some ☐ None ☐ Don't know
26. What is your sex?		☐ Female ☐ Male ☐
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		☐ Yes ☐ No ☐ Don't Know ☐ Refused
32. Are you Hispanic or Latino		☐ Yes [Go to 16a] ☐ No [Go to 17] ☐ Don't Know [Go to 17] ☐ Refused [Go to 17]
	a. If yes, which group represents you? Select all that apply	☐ Mexican, Mexican American, or Chicano ☐ Puerto Rican ☐ Cuban ☐ Dominican ☐ Central American ☐ South American ☐ Other Hispanic or Latino ☐ Don't know
33. What is your race? Select all that apply		☐ American Indian or Alaska Native

	☐ Asian ☐ Black or African American ☐ Guamanian or Chamorro ☐ Samoan ☐ Native Hawaiian ☐ Other Pacific Islander ☐ White ☐ Other race ☐ Don't know
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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	