### Issue

Youth in the child welfare system are often at increased risk for suicide due to the numerous physical and psychological challenges they face. This study was a longitudinal assessment of the impact of suicide intervention training on staff’s abilities to identify, assess, and intervene when working with these youth in a child welfare setting.

Risk factors, such as maltreatment, type of placement, mental health status of the caregiver, and overall connection or lack of connection with one’s placement, coupled with the higher prevalence of psychiatric illness puts child welfare youth at an increased risk for suicide (Broner, Embry, Gremminger, Batts, & Ashley, 2013; He, Fulginiti, & Finno-Velasquez, 2015). It is estimated that 27 percent of youth involved in the child welfare system are at imminent risk for suicide—defined as having current suicidal thoughts and planned behaviors such as suicide preparation and means—compared to 16 percent of youth in the general population (He et al., 2015). Youth in care are also more likely to make suicide attempts compared to youth not in care (3.6% and 0.8% respectively) (Evans, et al., 2017).

### Findings

The intervention used in this project was an adapted version of the “Youth Depression and Suicide: Let’s Talk” (YDS) gatekeeper training. The YDS training was developed by the Massachusetts Society for the Prevention of Cruelty to Children (2010) in collaboration with the Massachusetts Department of Children and Families. The goal of the YDS training is to decrease suicide ideation and behavior with youth using evidence-based and sustainable suicide prevention practices.

The target population for this study was youth services staff working with youth in the child welfare system who are at risk for suicide ideation and behaviors. The sample consisted of staff at a youth service agency in northern Florida who had direct contact with youth (including clinical, non-clinical, and administration). The original goal was to train all agency employees; however some employees (n = 12, 22%) did not attend for a variety of reasons (e.g., scheduling conflict, administrative duties). Of the 43 employees who attended the training, 98 percent (N = 42) consented to be in the study.

The training was created using a federal grant from the Garret Lee Smith Foundation and is listed on the Suicide Prevention Resource Center (SPRC) Best Practices Registry (BPR) as adhering to BPR standards. Based on a review of literature this is believed to be the first empirical evaluation of the YDS training curriculum. The core curriculum of the YDS training focuses on three areas:

- **Part 1:** *Acknowledging the Problem* addresses myths, risk factors, protective factors, and warning signs.

- **Part 2:** *Caring for the Person* is skills oriented and focuses on active listening skills, assessing degree of risk, and skill practice using scenarios and role plays.

- **Part 3:** *Telling a Professional* finishes with additional skills for risk assessment and crisis management.
The goal of this study was to evaluate the impact of the YDS suicide intervention training for staff working with youth in the child welfare system. Increasing the knowledge, attitudes, self-efficacy, and skill set of child welfare professionals may lead to improved abilities to identify, assess, and intervene in a high suicide risk situation. Overall, improvements were observed with many outcomes of the YDS training.

Results from the project are consistent with previous work in suicide intervention training. Previous work has shown that integrating experiential learning and providing opportunities to practice new skills predicts future use of such skills (Jacobson et al., 2012a). Experiential activities such as role play used in this study have been linked to increases in efficacy, preparedness, and use of intervention behaviors (Osteen et al., 2016; Pasco, Wallack, Sartin, & Dayton, 2012). The strong improvement in this area observed over time is a significant outcome of the training.

Providers who received the training demonstrated positive changes in many of the training outcomes. Ideally, improving outcomes in assessment and intervention could be linked to improving and providing services to meet children and youths’ mental health needs, specifically as related to suicide thoughts and behaviors. Although there were different levels of success by outcome, it is clear that the training did not have any negative impact on participants, and alternatively was associated with positive results in this sample. Replication studies on the YDS curriculum are needed to assess the overall effectiveness and utility of the curriculum; suggestions include delivering the training to providers in different practice settings (e.g. outpatient clinics, residential treatment, community case management services, etc.), and with diverse client populations (e.g., justice-involved youth, survivors of abuse and neglect, gender-specific programs, etc.).


