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# Training Youth Services Workers to Identify, Assess, and Intervene when Working with Youth at High Risk for Suicide



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# Suicidality

- Suicide Thoughts
  - Ideation
- Suicide Behaviors
  - Preparatory acts
  - “Practicing”
  - Attempts





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# Youth Suicide

- National estimate that 27% of youth in foster care experience some type of suicide risk (ideation, attempt, or death)<sup>1</sup>
- Youth involved in child welfare or juvenile justice are 3-5 times more likely to die by suicide than other youth<sup>2</sup>
- Adolescents in foster care are 4 times more likely to attempt suicide than other youth<sup>1</sup>
- Approximately 2/3 of suicide attempts may be attributable to abusive or traumatic childhood experiences<sup>3</sup>



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# Suicide

- 10<sup>th</sup> leading cause of death for all Floridians<sup>4</sup>
- 3<sup>rd</sup> leading cause of death for FL youth ages 15-24<sup>4</sup>
- 312 suicides among youth < age 20 in past 3 years<sup>4</sup>





# Youth Suicide

- Significant gaps in available information
  - Non-treated, non-fatal attempts are not documented for anyone (including youth in the child welfare system)
  - Attempts and deaths not reported specifically for youth in the child welfare system





# Suicide Intervention Training

- Statewide Office of Suicide Prevention (SOSP)
  - Develop a network of community-based programs to prepare and implement statewide plan for reducing suicide
- Suicide Prevention Coordinating Council (SPCC)<sup>5</sup>
  - Prepare annual report identifying existing and planned initiatives as well as recommendations
  - Promote the implementation of suicide prevention programs in organizations and institutions that serve children and families
  - Training should address the recognition of at-risk behaviors and intervention skills





# Suicide Intervention Training

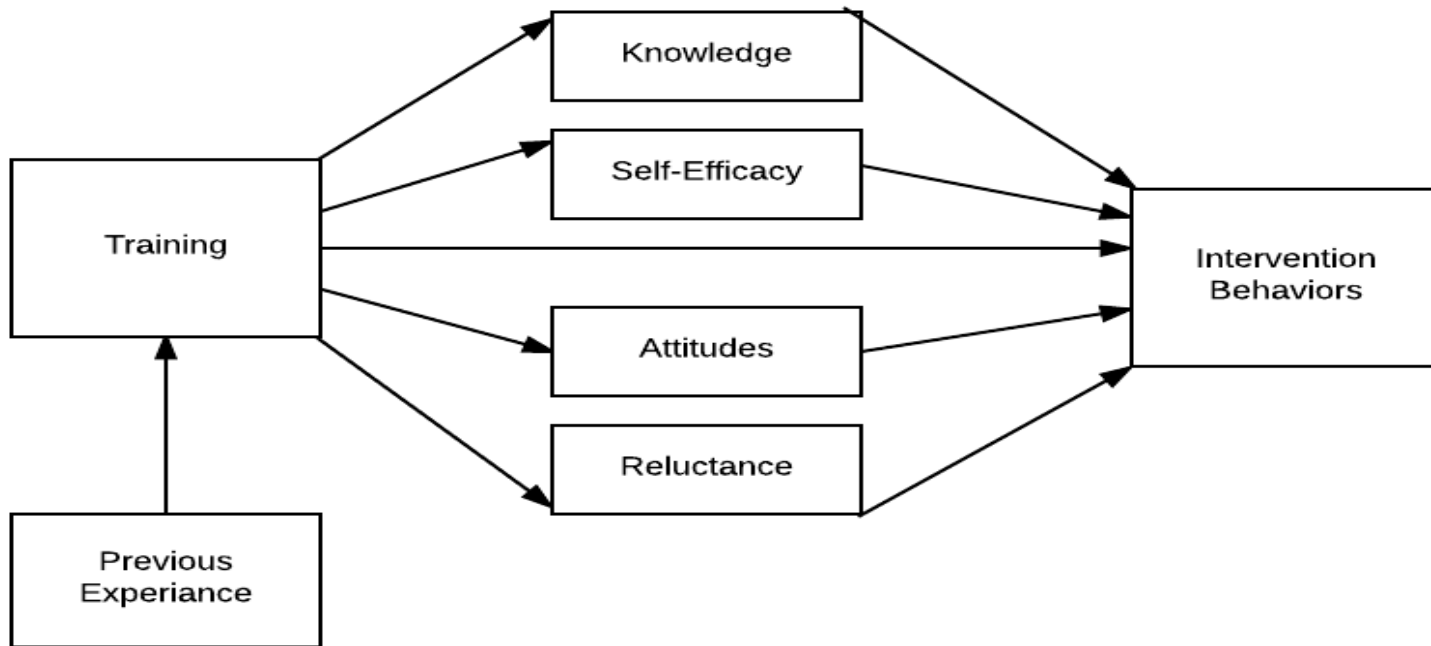
- Annual training in suicide intervention required for agencies providing services for youth in the child welfare system
- No standardized policies for this training requirement
  - Curriculum developed or chosen by trainers
    - May or may not be evidence-based
  - Modalities include face-to-face, webinars, online modules
  - No outcome evaluation







# Training Model<sup>6</sup>





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# Training

- Youth Depression and Suicide: Let's Talk (YDS)<sup>5</sup>
  - Developed by MA Society for the Prevention of Cruelty to Children in collaboration with MA Department of Children and Families
  - Gatekeeper Training
    - Goal is to link suicidal youth with appropriate care
    - Not a clinical intervention



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# YDS Training

- Goal
  - decrease suicide and suicidal behavior with youth through the use of evidence-based and sustainable suicide intervention practices
- Objectives
  - Increased worker understanding of the nature and signs of depression and suicidal behavior
  - Increased worker sense of competence and confidence in identifying youth at risk
  - Increased worker capability to respond effectively to a youth in crisis



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# YDS Curriculum

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 crisis management and risk assessment.



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# YDS Training Implementation

- Original training
  - Designed to be a 2-hour training
  - Primarily uses Power Point presentation with handouts and some role-play activities
- Modifications for current project
  - Extended to 4 hours
  - Added FL specific information
  - Added additional interactive components
  - Expanded role-play
  - Added component on akathesia



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## Study Participants

- All participants ( $n=44$ ) came from a single agency
- All employees were required to take the training but no one was required to participate in the research part of the study



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## Encounters with Youth at Risk for Suicide

- 80% indicated that it was “likely” or “very likely” they would encounter a youth at risk for suicide as part of their job
- 86% indicated they had encountered a suicidal individual at some point in the past
- 67% indicated they had encountered a suicidal individual in the past 3 months
  - On average, 6 suicidal individuals in the past 3 months





# Preparation

- 79% of participants were aware of an agency protocol for intervening with suicidal youth.
  - 85% reported reading the protocol
- Of those without a protocol, 100% felt that a protocol would be helpful.
- 76% reported previous on the job training (average of 10 hours total).
- 98% felt suicidal intervention training would be helpful.







# Training Outcomes

- Knowledge
  - 17% increase in scores from 71% to 88%
  - Notable items
    - Asking about suicide doesn't increase risk; it actually lowers risk (19% increase)
    - Substance abuse is a major risk factor for suicide (14% increase)





# Training Outcomes

- Preparedness
  - “Neutral” -> “Moderately Agree”
  - Participants felt more prepared to carry out their role as a gatekeeper
- Self-Efficacy
  - “Neutral” -> “Moderately Agree”
  - Participants expressed an increase in the self-efficacy for carrying out their role as a gatekeeper





# Training Outcomes

- Attitudes
  - Increase in positive attitudes toward suicide intervention and individuals at risk for suicide
- Reluctance
  - No change in reluctance but very low to begin with





# Intervention Behaviors

- In the past 3 months how often have you asked a youth about suicidal thoughts when he or she:
  - Said something about ending their life (61% “Always”)
  - Seemed depressed (48% “Always”)
  - Had a traumatic experience (42% “Always”)





# Intervention Behaviors

- In the past 3 months how often did you do the following when you thought a youth might be suicidal:
  - Asked the youth about suicidal thoughts (57% “Always”)
  - Spent time listening to the youth (80% “Always”)
  - Convinced the youth to seek help (66% “Always”)
  - Accessed appropriate resources (55% “Always”)

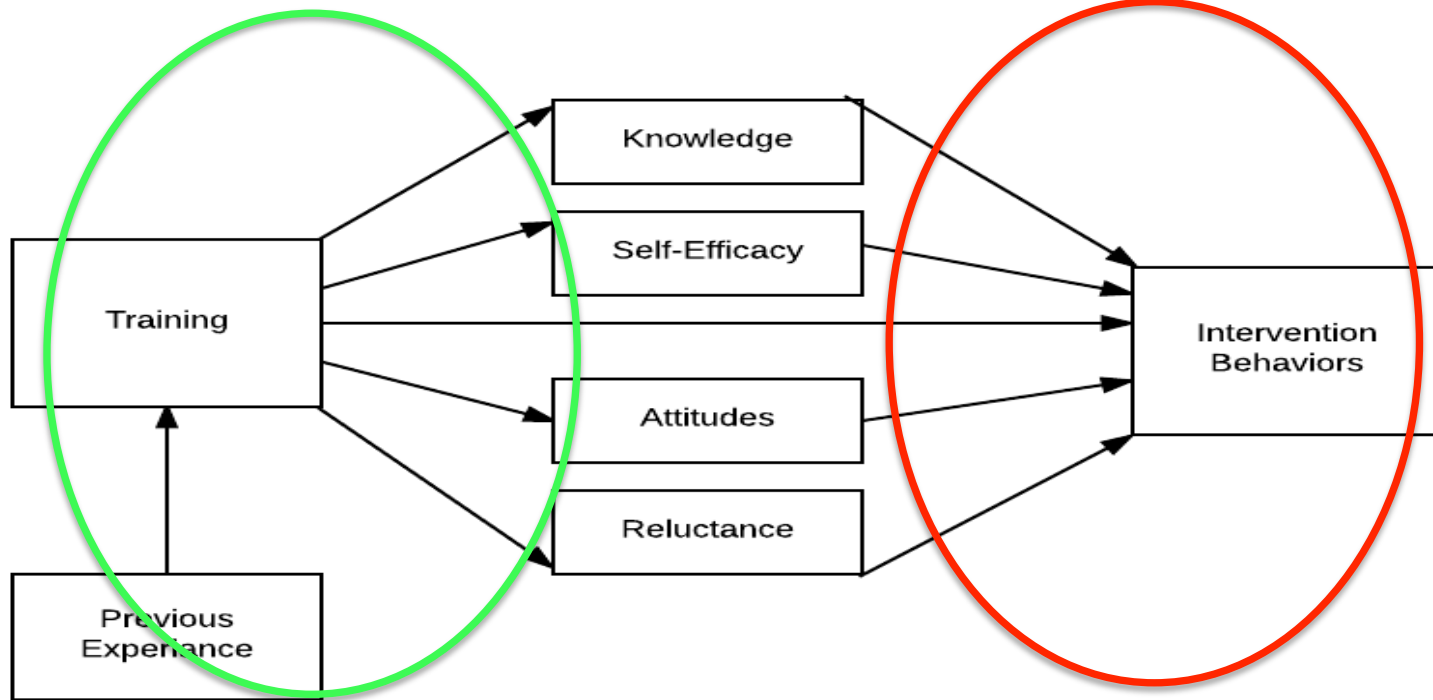




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## Conclusions





# Conclusions

- Encountering suicidal youth or youth at elevated risk for suicide is occurring frequently at this child welfare agency
- The majority of staff are consistently using appropriate and effective gatekeeper behaviors, but there is room for improvement
- Positive outcomes for knowledge, preparedness, self-efficacy, and attitudes after the training





## Next Steps

- Evaluate if training leads to increased use of gatekeeper behaviors over time
- Determine if gatekeeper behaviors lead to increased identification, assessment, and intervention with suicidal youth and youth at risk for suicide
- Replicate study with potential for wider scale implementation







# Accessing the YDS Training

- Cost of materials: **FREE**
  - PowerPoint slides
  - Trainer's manual
  - Handouts
- May be staffing costs (e.g., trainers, time away from work, overtime)
- Contacts
  - Alan Holmlund ([alan.holmlund@state.ma.us](mailto:alan.holmlund@state.ma.us))
    - Access to original training materials
  - Philip Osteen ([posteen@fsu.edu](mailto:posteen@fsu.edu))
    - Outcome evaluation
    - Collaboration
    - Training





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