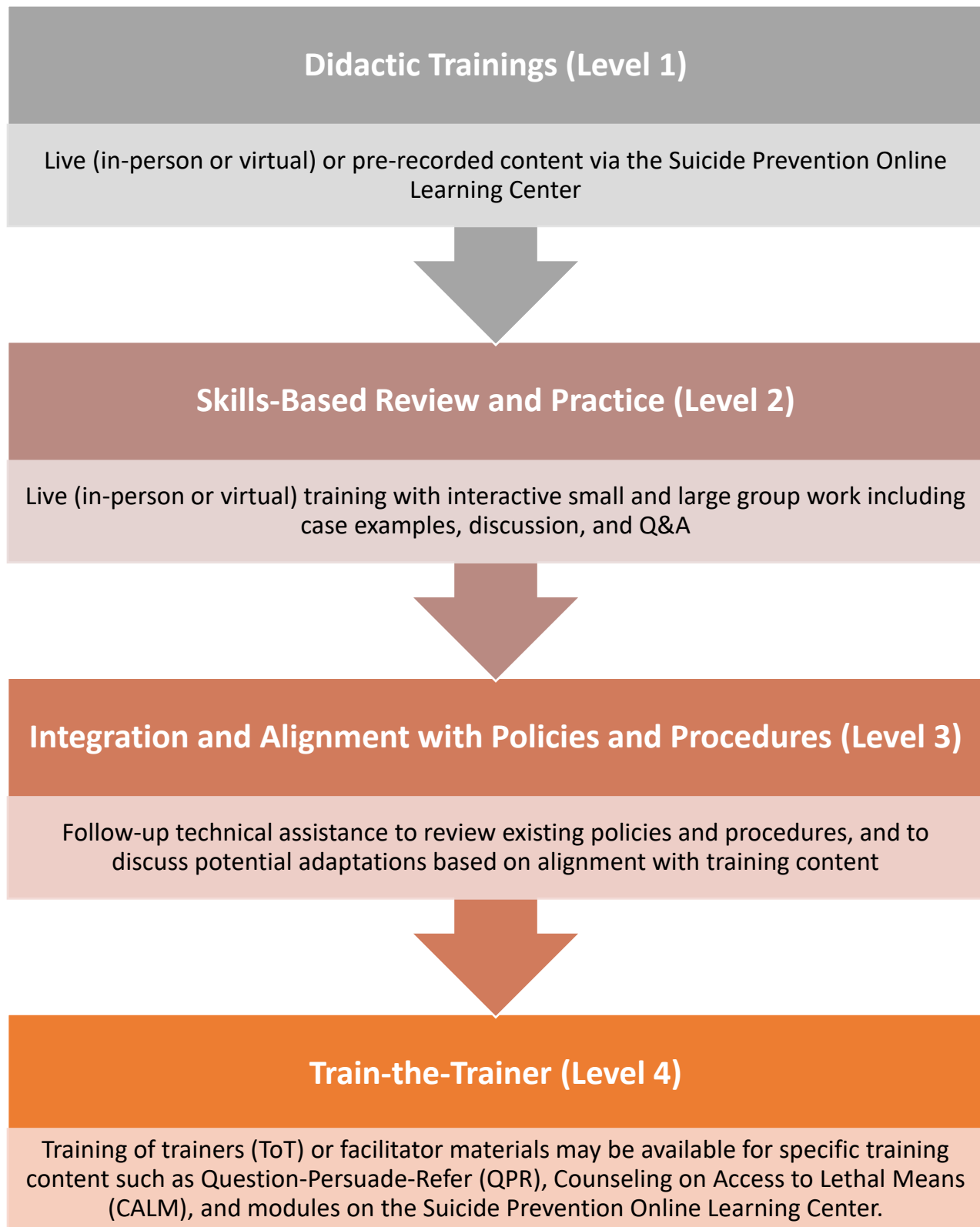


## Garrett Lee Smith Youth Suicide Prevention Grant Training Model



## **SUICIDE PREVENTION TRAINING TOPICS**

### Suicide Risk Assessment

In this training, attendees learn how to identify youth that may be at risk for suicide. Content includes how to conduct a suicide risk assessment and tips for collecting valid data as part of this process. The rationale for the questions that comprise this assessment will be reviewed, and language that can be used to elicit valid responses from a youth at risk of suicide will be modeled. Additional recommendations for how to respond to or engage with youth that may be at risk for suicide are provided.

### Safety Planning

This training provides an overview of safety planning, a brief clinical intervention that empowers youth to recognize and utilize their own strengths and resources to manage periods of rumination and contemplation of suicide behavior. The approach was originally developed within the Veterans Administration system and has since been adapted for work outside of the VA and with youth and families. This intervention is based on a cognitive-behavioral approach and can be implemented by mental health providers across a range of settings. Attendees will learn the components of a safety plan, how to develop the plan, and how to include parents in the process.

### Family Engagement

This training is designed to help attendees appreciate the important role that parents and families can play in accessing mental health services and fostering healthy development. Specifically, the training will discuss the importance of engaging families when working with depressed and/or suicidal adolescents, as well as methods to do so. Barriers to engaging families in treatment will be discussed, as well as ways to help motivate parents to get their adolescents into treatment. Specific clinical strategies are provided for activating parental caregiving instincts that will help overcome these barriers.

### School-Based Postvention: After a Suicide

This training provides an overview of the rationale and recommendations for conducting postvention in schools after a tragic loss, underscoring how postvention planning is a key component of comprehensive school-based suicide prevention efforts. Attendees will learn the essential components of a postvention response and the various responsibilities of postvention team members. The training will highlight tools, templates, and resources available through the STAR-Center's *Postvention Standards Manual: A Guide for a School's Response in the Aftermath of a Sudden Death (Fifth Edition)*.

### Attachment-Based Family Therapy

Attachment-based family therapy is an empirically-supported, trauma-informed, emotion-focused intervention for youth with suicide, depression, anxiety, and trauma. Treatment strengthens secure parent-child relationships that can reduce family conflict and buffer against stress. The model is structured, yet flexible, requiring therapists to be focused but emotionally attuned. Treatment builds around five tasks. The Relational Reframe task helps families focus

on relationship repair as the initial goal of therapy. The Adolescent Alliance task helps link current distress to attachment ruptures and prepares the adolescent to talk about this with caregivers. The Parent Alliance task focuses on reducing caregiver distress, increasing empathy, and improving parenting skills. The Reattachment task brings the family members back together to discuss these attachment ruptures. This helps families resolve problems and practice new interpersonal and affect regulation skills. As trust reemerges, therapy focuses on task five, Promoting Adolescent Competency outside the home. ABFT is generally delivered in weekly sessions for 12-16 weeks.

*Note: This training usually starts with a one-day introduction for a larger audience, then is followed by a two-day more hands-on intensive program for up to 30 people. These 30 attendees often join a bi-weekly online supervision group for 22 sessions. Advanced training is also available.*

## **Train-the-Trainer Opportunities**

### Question-Persuade-Refer (QPR)

QPR is an evidence-based “gatekeeper” training on suicide prevention. Gatekeepers can be anyone, including parents, friends, neighbors, teachers, nurses, etc. in a position to recognize a crisis and/or warning signs in someone that may be thinking about suicide. The gatekeeper learns to recognize early suicide warning signs, question their meaning to determine suicide intent or desire, persuade the person to accept or seek help, and refer the person to appropriate resources. Please visit the [QPR Institute](#) for additional information.

### Counseling on Access to Lethal Means (CALM)

Reducing access to lethal means, such as firearms and medication, is a key component of suicide prevention efforts. CALM teaches how to identify individuals who could benefit from lethal means counseling, ask about their access to lethal methods, and work with the individual and their family to reduce access to keep the individual safe. There are three versions of CALM – one for the general population, one for mental health professionals, and one for first responders. More information about CALM, including the free online course, is available on the [Suicide Prevention Resource Center](#) website.

*While the GLS grant may be able to cover or subsidize costs associated with the above trainings, there may be limitations on availability, particularly for Attachment-Based Family Therapy and the train-the-trainer options. This will be discussed between the GLS team and county contacts in advance of any trainings.*