

Applied suicide intervention skills training – an evaluation

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Summary

Background. *The Department of Psychiatry at the University Hospital of North Norway in Tromsø sought to improve suicide prevention skills among medical students through a workshop on applied suicide intervention skills training (ASIST).*

Materials and methods. *Over the course of the 1998/99 academic year, 76 medical students attended workshops. Results were assessed through focus-group interviews.*

Findings. *By the end of the workshop, students reported more professional confidence and better skills in suicide intervention. They found it very useful to have been given this opportunity to role-play situations and receive feedback on their own behaviour. Working with suicidal patients is a serious and challenging responsibility, and the students were well aware of the importance of paying attention to the boundaries between one's professional and one's private life. They reported that they saw the benefits of working with caregivers from other professions.*

Conclusion. *The workshop appears to enhance suicide intervention skills and will continue to be incorporated in the psychiatry clerkship at the University of Tromsø.*

Newly trained physicians meet patients going through life crises (1 - 3). Potential suicides must be identified, the risk of suicide must be assessed and adequate intervention must be planned. Intervention is demanding because the physician's attitudes to suicide, his or her ability to provide help and the ability to cooperate may have an impact on the interaction with the patient. This situation may give rise to strong emotions that will dominate communication, risk assessment and the ability to act adequately. Few studies deal with the emotions of medical school students with respect to suicide. A qualitative study of physicians working in psychiatric hospitals shows that it is important to be aware of one's own emotions with respect to death and vulnerability and to recognize the possibility of assessing a situation incorrectly (4).

Prior to 1998, medical school students at the University of Tromsø were given two teaching hours of theory in suicide during their third year of study, and they also met suicidal patients in their practical training. In cooperation with the Suicide Prevention Centre in North Norway, the University Hospital of North Norway sought to expand the teaching in suicidology through the Applied Suicide Intervention Skills Training Workshop.

This workshop, developed during the 1980s in Canada by Living Works Education, was adopted in northern Norway in 1998 and in the whole country from 2000 (5, 6). The workshop is not primarily designed for medical students as it is designed as an interdisciplinary workshop for all caregivers. Important knowledge about suicide crises has been compiled into an intervention model that structures a crisis interview and deals with important aspects of the interaction between the caregiver and the person at risk. Based on the experiences the authors have gained with this workshop for other groups of professionals, it was believed that medical students might also benefit from it. The workshop is described in a separate article (6).

To examine more closely whether the workshop was suited to medical students, we decided to use an evaluation scheme comprising a questionnaire survey and qualitative interviews (7). This article presents the findings of the qualitative interviews.

Materials and methodology

The workshop had a trial run during the 1998/99 study year. The class of students (N = 76, 38 men, 38 women) was divided into groups of 10 to 12 participants. Each workshop had 24 participants, and each group of students was placed together with an equally large interdisciplinary group. The workshop was evaluated with seven focus group interviews that were conducted during the last week of the training period in the last year of studies. The focus groups consisted of two to twelve students, for a total of 47 of the 76 students (62%). The number of participants was greatest at the start. This may be due to the fact that our invitation to the interviews for the last groups was not made as actively as the earlier ones, but also to the fact that the final examinations were looming on the near horizon. As the first interviews made it clear that most students were very positive to the workshop, critical students were particularly encouraged to participate.

The interviews were conducted by two of the authors of this article, one of whom had been an instructor, or trainer as they are called, at the workshop. One of the interviewers was an experienced physician. The students were asked to talk freely about how they experienced the workshop, and the interviewer posed clarifying questions. The use of an interview guide made the interview semi-structured, which ensured that both suicidology and pedagogic aspects were illuminated. Each interview took around 90 minutes. The interviews were recorded on tape and transcribed verbatim (8). The texts were reviewed by the authors of the article. The interpretation process was reviewed separately by each interviewer and jointly. Selected topics from the material were qualitatively analyzed through an approach described by Malterud (9). Participation was voluntary for the students.

A workshop on suicide lasting two days may be emotionally draining for everyone involved. The trainers paid particular attention to how the workshop might become a burden to vulnerable individuals, and consultations were offered during the workshop to anyone who asked for them. The project was submitted to the regional committee for medical research ethics, northern Norway health district, which did not have any ethical concerns about the project.

Findings

The students stated that the workshop had helped them feel more secure about this subject. Important knowledge that was tested through role play increased mastery of the subject. The students were focused on becoming competent. The main topics that were identified through the analysis of the material are presented as quotations that summarize the content.

"Before the workshop I was anxious and uncertain, now I feel much more confident."

The students felt relieved at having acquired an approach, a tool, for working with a difficult topic. The tool was easy to understand and remember. They knew the questions that needed to be asked to identify suicidal thoughts and pinpoint risk factors, and also knew what information is relevant for assessing the danger of suicide. The students had a sense of confidence that had not been there before, and they believed it would be easier to ask whether a patient was considering suicide. They knew more about how to continue a conversation if a patient expressed suicidal thoughts. A number of students spoke of experiencing "great fear", "helplessness", "lack of confidence" and "uncertainty" before the workshop, and one student spoke of the "blank feeling" expressing the unease at not being able to do anything, of not knowing what to do or say.

These emotions grew out of the fact that they had little experience or knowledge about suicide and that suicide is a difficult topic. The workshop increased their awareness about their own emotions on the topic. The need for more specific training regarding a physician's tasks in the event of a suicide crisis was mentioned, such as preparing a diagnosis and hospitalization in psychiatric hospitals. "Newly trained physicians know what to do in the event of a heart attack, but a patient in a suicidal crisis is at risk of not receiving help."

"If I were to choose what I liked best about the workshop it is undoubtedly that role play was the most important aspect"

Practising specific situations through role play was deemed useful by the students. "It is only through practise that you become confident in a real situation," was an opinion expressed by many. Being forced to ask questions using your own words about suicidal thoughts was found necessary and challenging. The roles of patient and helper were both important, even if the students appeared most concerned with the role of helper. A number of them stated how being in the role of somebody seeking assistance gave them emotions they believed a person considering suicide might have. When role-playing they were allowed to ask for help, and the students received direct feedback on their approaches and actions. They found this constructive. For some students it was the first time they had received feedback on their practical handling of a situation. "I found it a really great advantage to play a role and receive feedback from professionals on how I acted, so I can become what I should be when I start working." A few students were unable to utilize role play for their own learning.

"I believe that we will be assuming responsibility, but for further follow-up it is important that there should be more people"

The workshop examines the issue of a patient's ambivalence to life and death. It also invites the participants to examine their own ambivalence in the helping situation. A number of students expressed conflicting emotions when they spoke of responsibilities for patients that are in a suicidal crisis. On the one hand, they were worried about how they would dare to take responsibility and make choices in difficult situations. "I feel that I don't want this responsibility, I don't want to be left alone with this responsibility, but eventually I'll have to dare to." On the other hand, the students know that they have a responsibility for patients in crises, saying among other things: "We must dare to do something and be held responsible for

the problem whether it ends well or not." The students wanted to assume responsibility and to do a good job, even if they knew they would often be uncertain as to whether the outcome would be what they would like it to be.

Learning was enriched by the interdisciplinary approach. "It is beneficial that as many professional groups as possible take part in this workshop, that will result in cooperation partners who are thinking in the same way," it was claimed. A number of the students stated that after the workshop it would be easier contact other professional groups in a crisis situation.

"The encounter with suicidal persons is demanding, and it is important to take care of oneself professionally and personally"

The students found it natural and necessary that suicide activated their own emotions. "It is clear that a person with suicide plans touches you emotionally. It would really be absolutely unimaginable to attend a seminar on suicide without feeling involved." Some students had personal experience with suicide in their own families or among friends, and used this as examples in the discussions. Such narratives were experienced as "really rewarding" by others. The students felt that their own reactions generally were handled well, and they did not feel that emotional reactions got in the way of their learning.

They were focused on the need to distinguish between their professional and private lives. They reflected upon how easy it might be to take difficult situations home with them, and they worried about how to protect themselves so they would not get burnout. They referred to how their training teaches them how a physician should help others, while there was little focus on how to help oneself and draw the line. The students added in the discussion that physicians may also land in personal difficulties and commit suicide. "It is very hard to go to medical school, we are in a way taught the fact that we must help others, but we might also need help."

Discussion

The medical students believed that after the workshop they were better prepared to encounter people who were close to suicide. They had been given a tool that could be used in their clinical work. The feelings of fear, helplessness, lack of confidence and uncertainty prior to the workshop had been supplanted by greater clinical competence (10).

The evaluation showed that the students also need knowledge about what a physician's duties are during acute crises and during the follow-up after the acute phase. After this emerged from the first focus group interview, a seminar was organized where the theme was physicians' duties. The students need skills to be able to diagnose a suicidal patient and to intervene in psychological and social-crisis situations (11). Other studies also show that student skills increase after having gone through the training programme (12, 13). The study of conditions for physicians shows that greater professional confidence protects against stress and burnout (14).

Role play

The use of role play is a demanding method of instruction. The students were in a training situation, and for some of them it was the first time they received direct feedback. It is important that the feedback has specific and positive aspects. If training in skills is followed up with continuous feedback, it increases the ability to learn, while pointing out flaws and inadequacies may inhibit further development (12, 13). The students found that important learning occurred both when they practised intervention and when they played the role as a suicidal person. The ability to empathize with the patient in his or her situation and to feel their emotional reactions appeared to be useful for further work (12).

A few students were unable to benefit from the role play. Which methods work best for learning may vary, but even if students have reservations against role play, they should be encouraged to receive feedback on their own consultations with patients.

Demanding task and heavy responsibility

It is a demanding task and a heavy responsibility to encounter a patient in danger of committing suicide. In general the students accepted a responsibility both in the eyes of the law and from an ethical standpoint (15, 16), but they also expressed the wish that they would not be left alone holding the responsibility. During the workshop the students worked in interdisciplinary groups, and other professional groups were considered important cooperation partners in critical situations.

The students wondered how they could protect themselves as private individuals in difficult situations. They were quite familiar with the fact that the rate of suicide among physicians is higher than for other professional groups (17). They considered it important to tackle their own reactions and to draw their own borders.

Focus group interview

The students who participated in the interviews generally found the workshop to be a positive experience. There were few negative comments, even if those who were critical had been urged to participate in the interviews. It cannot be excluded that statements made by students who did not take part in the interviews might have yielded other perceptions of the workshop. One of the advantages of group interviews with homogenous groups is that it promotes conversation between equal partners more than an individual interview. The students are about the same age and have the same status, and hence may be considered a homogenous group. Interaction in a group opens for new thoughts and opinions that may yield comprehensive information and broader findings (18). However, the validity of focus group interviews may be called into question, as the group process may restrict or reinforce individual group participants (19). Another methodological problem is when the workshop trainers undertake interviews themselves. The wish to obtain a positive assessment by the students and proximity to the workshop may render it difficult to have the distance to the workshop material that is necessary for a critical assessment (7). It may here be mentioned that the material was analyzed by all four authors independently and together. Independent analyses were undertaken, which only showed minor differences that supplemented each other.

Workshop or course for medical school students?

It is food for thought the students find this workshop so useful. One might ask whether it is a sign that practical communication training is in short supply during medical school, and whether the first-aid aspect in the teaching of suicidology is adequately clear. The limitation of the workshop is that it does not touch on specific issues for doctors. On the other hand, the interdisciplinary approach is important as this prepares students for the realities of working life. If one does not expect more from the workshop than it is able to yield, its place as a supplement to other teaching is probably justified by the fact that it provides knowledge and skills in applied suicide intervention training.

Simplifying a complex situation by preparing procedures for approaches may give a false sense of security. This is a risk with this programme but it might be expected that medical school students should have the ability to see the nuances of the situation and they have been taught to deviate from procedures when necessary.

Providing a programme to the entire class of medical students means arranging seven workshops each year. This costs NOK 20 000, which was covered by student teaching funds.

The workshop was scheduled together with practical training in psychiatry during the final year of study. This point in time was selected due to the fact that by that time the students would have some experience with clinical situations and would soon be practising their roles as physicians. The probability of the students encountering suicidal situations during their internship is large, which appears to be a motivating factor for participation. When choosing the point in time for the workshop, it was also emphasized that the students should have acquired basic knowledge about mental afflictions before the workshop.

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Main message

- Since 1998 medical students in Tromsø have been offered the workshop Applied Suicide Intervention Skills Training
- The workshop is part of the practical training in psychiatry during the sixth year of study
- The students' experiences with the workshop are generally positive

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