

# suicide to Hope and the National Action Alliance for Suicide Prevention Clinical Workforce Guidelines for Training

Clinicians and other professional helpers know the importance of being adequately prepared to respond competently to people with lived experience of suicide. To aid this preparation, the National Action Alliance for Suicide Prevention (NAASP) formed the Clinical Workforce Preparedness Task Force<sup>1</sup> to articulate guidelines that provide a framework for the development and selection of suicide prevention training. This document demonstrates how LivingWorks' *suicide to Hope* workshop aligns with the Task Force's *Guidelines for Training*.

## The suicide to Hope workshop

The *suicide to Hope* one-day workshop is for clinicians and other professional helpers who are, or would like to be, involved in ongoing suicide care for people, once they are safe. Participants learn how to work collaboratively with people to apply a Pathway to Hope (PaTH) model for setting and working toward recovery and growth goals based on understanding where they are stuck in their suicide experiences. A more detailed description of this training (*suicide to Hope: A Recovery and Growth Workshop*), incorporating feedback supporting its value, is available on LivingWorks' website [www.livingworks.net](http://www.livingworks.net)

## How the guidelines are structured

The NAASP's Guidelines for Training are presented in two parts—structure and content. Structure relates to the training program's documentation, administration and personnel, while content outlines the material and methods for participants' learning. Each part contains several sub-sections describing several essential components of an effective training program. Here is a closer look at how *suicide to Hope* maps to these guidelines, recognizing that no one program is designed to cover all content areas they address.

## Part 1: Structure of Training

### **Section 1: The training has a written plan outlining its philosophy, supporting literature, audience, training goals, content, evaluation methods and other considerations.**

The *suicide to Hope Facilitator Manual* features a clear written plan that articulates the program's purpose, conceptual framework, content, goals and objectives, complemented by detailed standard procedures that describe a step by step process for facilitating the workshop. The scope and length of this workshop are clearly described. The manual includes a literature review which introduces the key concepts of recovery, growth and hope, reviews their role to mental health care and provides a rationale for their application to suicide prevention. It also documents evidence informing the program's intervention model. This literature review is accessible on LivingWorks' website [www.livingworks.net](http://www.livingworks.net). Standardized participant feedback forms elicit their responses to the workshop experience, and its perceived utility, with scope to provide additional written comments. Facilitator report forms completed after every

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<sup>1</sup> National Action Alliance for Suicide Prevention: Clinical Workforce Preparedness Task Force. (2014). *Suicide prevention and the clinical workforce: Guidelines for training*. Washington DC: Author.

workshop invite reflection on their performance and aid progressive improvement in facilitator competencies. The workshop overview on LivingWorks' website invites evaluation partnerships and proposes a Program Logic framework for evaluations based on workshop processes, outcomes and impact.

**Section 2: There are identified personnel to coordinate and deliver training and to advise the host organisation on any follow-up needs or supports.**

Designated people within the LivingWorks team coordinate dissemination of training materials, reviewing feedback and providing facilitator support as needed. Resources providing background about the the nature and purpose of the workshop are available on LivingWorks' website. Regional or local coordination is provided by trained *suicide to Hope* facilitators who liaise with host organizations before, during and after the workshop. Quality assurance is supported by an identified support person within the LivingWorks international team and standardized materials which feature guidance about responding to potential issues that may arise during training.

**Section 3: Training is conducted by individuals with appropriate experience and qualifications and these can be verified if necessary.**

All *suicide to Hope* facilitators have successfully completed the 3-day Training for Facilitators (T4F) program designed specifically to prepare people to provide this workshop. The LivingWorks office has a register of these facilitators. Pre-reading and post training support further enhances each facilitator's preparation, readiness and development. Coaches leading the T4F program are specifically equipped for this role and work with a standardized handbook that provides background information and detailed guidance regarding the standard procedures for conducting the T4F. Within the T4F, facilitators experience the workshop and then learn core concepts as background to coaching that culminates in presentation practice.

**Section 4: Teaching methods align with the expected level of skills development and diverse learning approaches.**

The workshop is positioned as a sequel to suicide first-aid training and participants are expected to already know how to provide this foundational level of response. Accordingly, promotional and training materials advise participants that *suicide to Hope* will improve their ability to help people with previous suicide experiences, once they are safe.

Teaching methods and skills are aligned with the workshop's goal of helping participants learn and apply a recovery and growth approach to their work, using a three-phase, six-task Pathway to Hope (PaTH) model. The scope of workshop learning is focused on and limited to helper qualities, knowledge and skills relevant to learning and applying this model. The workshop process is grounded in the principles of adult learning and aims to increase conceptual understanding of key principles through facilitator input and a strong focus on participants' engagement and discussion. Proficiency in understanding and applying the PaTH model is facilitated through multi-media illustrations, case examples and skills practice.

**Section 5: The training considers how to address accessibility issues and barriers.**

The prospect of finding hope in suicide experiences, through recovery and growth, is intended to stimulate curiosity and arouse interest in the training by introducing possibilities that practitioners may not have considered or would like to learn. Promotional material clearly describes the workshop's scope and who may benefit along with summaries of participant feedback. In this material, and the workshop itself, care has been taken to use accessible, everyday, language.

LivingWorks’ facilitators, along with host organizations, are expected to address the physical accessibility of training venues in advance. The LivingWorks website member area also provides specific guidance in adopting an inclusive approach to blind, partially sighted, deaf and hard of hearing participants before, during and after the workshop and videos are subtitled. Facilitators are supported by a dedicated team of LivingWorks staff and program quality assurance leaders who can make recommendations on accessibility as well as any other potential access barriers to that arise.

**Section 6: The training environment is safe, confidential and conducive to learning.**

LivingWorks programs recognize that creating a safe, trusting environment promotes participants’ wellbeing during training and optimizes participation and learning. Facilitators are trained to be inclusive, attentive to participants’ needs and respectful of their contributions. The program design encourages participants to feel safe in responding to the challenges of new learning. The workshop’s standard procedures prompt facilitators to advise participants about the location of emergency exits and restrooms and to ‘catch’ their attention if they need to use these facilities between scheduled breaks.

The Facilitator Manual acknowledges that people bring their own experiences of suicide to training which can enhance their understanding of the value of recovery but sometimes also stir painful recollections of suicide experiences in themselves or others. Such thoughts can be intrusive and distracting when they arise during training or a helping relationship. The workshop’s standard procedures remind facilitators to explicitly acknowledge this at the the beginning of training and communicate their openness to being approached by participants during the day. Since such thoughts and feelings can also arise when helping others, the importance of having and seeking appropriate supports is emphasized.

**Section 7: An evaluation component is included to ensure continuous improvement.**

All LivingWorks training programs are created using a research and development process informed by Rothman’s R&D methodology.<sup>2</sup> For *suicide to Hope* this featured an iterative process of improvement informed by feedback from facilitators and participants over a two-year period. Ongoing feedback contributes to continuous program improvement. Designated support personnel within the LivingWorks team are available to help facilitators reflect on their experience of workshop facilitation, address specific issues arising and identify ways to improve their performance. A tool helping facilitators set and work toward learning goals during T4F also aids their ongoing development in the facilitator role.

Participant feedback is reported in the document *suicide to Hope: A Recovery and Growth Workshop* on LivingWorks’ website. It describes the program, invites evaluation partnerships with stakeholders and features a Program Logic framework, outlining potential domains for evaluation inquiry. LivingWorks actively encourages research and evaluation partnerships.

**Part 2: Training Content**

**Section 1: The training emphasizes a therapeutic relationship with the person at risk and addresses suicide concepts and facts, cultural and organizational factors, and other considerations aligned with its purpose.**

The Pathway to Hope (PaTH) model in *suicide to Hope* guides a collaborative therapeutic relationship that actively engages people in identifying and working toward recovery and growth goals. The literature review supporting the

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2. Rothman, J. (1980). *Social R&D: Research and development in the human services*. Englewood Cliffs, NJ: Prentice Hall.

workshop notes that the PaTH model is consistent with research evidence on “common factors” in therapeutic change reported by Wampold and Imel<sup>3</sup> which feature key elements such as the importance of the therapeutic alliance, based on real relationships and the creation of positive expectations through the proposed approach and skills that support the intervention.

Foundational workshop concepts focus on understanding and working through the “lived experience of suicide” by employing the key constructs of recovery, growth and hope. Recovery and growth work is grounded in a schematic of common issues that lie at the heart of suicide experiences, enabling people to identify and describe where they are currently stuck and identify a recovery and growth agenda that meets their needs. A LivingWorks document, *Developing Culturally Competent Facilitators* aims to enhance cultural awareness and responsiveness in training. The participatory nature of the workshop provides opportunities for organizational considerations to feature in the discussion and simulations while embedding workshop learning in organizational practice is encouraged.

## **Section 2: The training synthesizes assessment of risk and protective factors.**

Workshop learning is designed to complement other interventions such as suicide first aid, management, treatment and therapy and does not attempt to replicate traditional approaches to risk and protective factor assessments that are widely available elsewhere. In complementing these approaches, the working assumption of *suicide to Hope* is that if people can identify, describe and address where they are stuck, and work toward recovery and growth goals that help them move through and beyond this stuckness, they will fortify their strengths, diminish the factors making them vulnerable to self-injury and suicide, enhance the sustainability of their safety and ultimately improve the quality of their life.

## **Section 3: Intervention training includes developing a safety plan that takes into account risk levels and the possibility of imminent harm and / or ongoing management of safety needs.**

*suicide to Hope* is positioned as a sequel to first responder programs and interventions that address immediate threats to suicide safety and explicitly states that it is designed for people with suicide experiences, once they are safe. Accordingly, a working knowledge of suicide first aid is a pre-requisite. In this workshop, participants learn how to assess readiness for recovery and growth work by determining whether people they are helping are currently safe and ensuring that a safety plan is in place, should thoughts of suicide reoccur. A safety checklist provides a collaborative tool for helpers and those they are helping to verify whether they are ready for recovery and growth work and that they know how to keep themselves safe during this work should thoughts of suicide reoccur.

## **Section 4: The training includes planning for longer-term continuity of care.**

The implementation phase of the *suicide to Hope's PaTH* model emphasises the importance of collaborative work. Participants are encouraged to consider the nature and range of collaborative networks that may be appropriate and to anticipate common collaboration challenges and how these might be addressed. One of the overall workshop messages is that while persons receiving care are responsible for their recovery and growth goals, decisions and actions, they do not make this journey alone. The therapeutic relationship is one of many catalysts to widening the network of supports to make their safety and wellbeing more sustainable in the longer term.

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3. Wampold, B. E. & Imel, Z.E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. (2nd Ed.), New York: Routledge.

**About LivingWorks:** LivingWorks Education has been a leading global provider of suicide intervention training for over three decades. To learn more about *suicide to Hope*, *ASIST*, *safeTALK* and other LivingWorks programs, visit [www.livingworks.net](http://www.livingworks.net) or email [info@livingworks.net](mailto:info@livingworks.net)

