

# ASIST and the National Action Alliance for Suicide Prevention Clinical Workforce Preparedness Training Guidelines: a natural fit

Founded in 2010, the National Action Alliance for Suicide Prevention (Action Alliance) is a public/private partnership that supports, develops, and advocates for the United States national suicide prevention strategy. The 2012 National Strategy for Suicide Prevention recognizes that one of the key steps to prevent and intervene competently with persons at risk of suicide is to ensure that a broad clinical workforce is prepared to assess and intervene when necessary. The Action Alliance's Clinical Workforce Preparedness Task Force has developed a core set of minimum training guidelines to be used as a framework in the development, adoption, and adaptation of training efforts for the clinical workforce in serving persons at risk for suicide. These guidelines are detailed in the 2014 document called *Suicide Prevention and the Clinical Workforce: Guidelines for Training*.

LivingWorks Education's *ASIST (Applied Suicide Intervention Skills Training)* program is the world's leading suicide intervention skills workshop and is strongly aligned with the clinical workforce preparedness suicide prevention guidelines. *ASIST* is designed to be broadly accessible to general public caregivers as well as the clinical workforce. Studies have shown that *ASIST* complements existing professional skills and improves clinical preparedness to help a person stay safe from suicide.<sup>1,2,3,4</sup>

## How the guidelines are structured

The clinical workforce preparedness suicide prevention guidelines are divided into two parts—the structure of the training, and the training content. Structure relates to the program's documentation, administration, and personnel, while content outlines the material and methods for participants' learning. Each of these parts contains several subsections describing essential components for an effective training program.

Here is an in-depth look at how *ASIST* aligns with the guidelines. The parenthetical references indicate specific components and requirements within each section.

## Part 1: Structure of Training

### Section 1: The training should have a written plan outlining its philosophy, supporting literature, audience, training goals, content, evaluation methods, and other considerations.<sup>5</sup>

*ASIST* is firmly grounded in detailed, comprehensive documentation. The *ASIST Trainer Manual*, a key curriculum and presentation resource used by all *ASIST* trainers, describes the program's philosophy and approach to suicide intervention, lists supporting literature, explores its suitability to various audiences, explains training goals, and outlines content and length (1.a–1.d, 1.f, 1.g). Although the training is broadly applicable for anyone in a helping situation, its limitations are also discussed, including minimum age restrictions, language availability, and a primary focus on suicide intervention as opposed to pre- or postvention situations (1.e). Evaluation of the training is achieved through a goal checklist and through participant feedback forms that monitor the trainer's performance and adherence to workshop standards (1.h). These are closely tied to the workshop's quality control process as described below in Part 1, Section 7.

1 ICF Macro. (2010). *Applied Suicide Intervention Skills Training: Trainee experiences, recommendations, and post-training behavior [Cross-site evaluation of the Garrett Lee Smith Suicide Prevention and Early Intervention Program]*. Calverton, MD: ICF Macro, & Rockville, MD: SAMHSA.

2 McAuliffe, N., & Perry, L. (2007). *Making it safer: A health centre's strategy for suicide prevention*. *Psychiatric Quarterly*, 78, 295-307.

3 Lander, H., & Tallaksen, D. W. (2007). *Long-term efforts yield results: Positive evaluation of the Vivat education programme*. *Suicidologi*, 12(2).

4 Tallaksen, D. W., Bråten, K., & Tveiten, S. (2013). "You are not particularly helpful as a helper when you are helpless". *A qualitative study of public health nurses and their professional competence related to suicidal adolescents*. *Vård i Norden*, 33(1), 46-50.

5 Section headings summarized from *Suicide Prevention and the Clinical Workforce: Guidelines for Training*, 14-23. Clinical Workforce Preparedness Task Force of the National Action Alliance for Suicide Prevention 2014. <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Guidelines.pdf>

*ASIST* also has extensive supporting documentation in the *ASIST Organizers' Guide*, another key resource, on providing a safe and optimal learning environment for all participants, while the Trainer Manual notes how the workshop simulations can be adapted for different audience requirements (1.j).

## **Section 2: There should be designated personnel to coordinate and deliver the training, and to advise the host organization on any follow-up needs or supports.**

Training coordination is handled by *ASIST* trainers and organizers, who schedule and arrange workshops, and by LivingWorks personnel, who coordinate the Training for Trainers course where trainers learn to present the workshop (2.a). The Organizers' Guide and Trainer Manual explain how to ensure the training is delivered in an appropriate space and learning environment (2.b), while LivingWorks' pre-workshop coordination and post-workshop quality assurance processes ensure that necessary needs and supports can be addressed (2.c).

## **Section 3: Training should be provided by individuals with appropriate experience and qualifications, and these can be verified if necessary.**

LivingWorks aims to make training as broadly accessible as possible while also ensuring that trainers with scope of practice qualifications meet the standard procedures and requirements of the program. LivingWorks *ASIST* trainers receive practical experience with the subject matter and its presentation to the target audience during their five-day Training for Trainers course (3.a.1–2). LivingWorks' internal data system can help verify trainers' qualifications and active status when necessary (3.c). Active status is maintained by presenting the *ASIST* workshop regularly to practice and retain skills. If a trainer with specific qualifications—such as a certain degree or professional designation—is needed to meet the training needs of a certain group, LivingWorks can assist in finding a match through the credentials field of its trainer database (3.b).

## **Section 4: Teaching methods should align with the expected level of skills development.**

Because the *ASIST* program teaches practical intervention skills to participants with a diverse range of experience with suicide, it employs a comprehensive blend of methodologies including interactive audiovisuals, mini-presentations, Socratic discussion questions, small- and large-group learning, and no-fault practice simulations (4.a, b, and e). These multi-model learning processes help prepare participants, regardless of background, to collaboratively intervene with someone at risk of suicide. Trainer learning through the Training for Trainers course also uses these methodologies and includes a take-home reinforcement learning aid (4.c) to help trainers sustain compliance with the latest version. Mentorship options are also available to help trainers improve their skills (4.f).

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

*ASIST* pioneered examination and self-reflection in terms of attitudinal barriers and influences in suicide intervention training. The program explicitly explores participant roles and organizational culture in terms of how these may impact (positively or negatively) their ability to carry out a suicide intervention (5.a). Architectural accessibility is addressed through a combination of requirements in the Organizer's Guide along with program resources that can support the visually and hearing-impaired (5.b). LivingWorks also has a dedicated team of staff and program quality assurance leaders who can make recommendations on accessibility as well as any other potential barriers to accessibility on an ad hoc basis (5.c).

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

Ensuring that training is provided in a safe and comfortable environment is one of *ASIST*'s top priorities. This stems from the core belief that comfort facilitates learning, and that a safe space is necessary in order to explore the often-challenging subject of suicide (6.b). Participants are informed of exit procedures and washroom locations at the start of the training (6.a.1). The course is carefully structured so that one of the two trainers will always be available to respond in the event that a participant is experiencing emotional distress (6.a.2). In keeping with a blend of safety and challenge, the course provides a small-group environment for confidential discussion and practice as well as a number of full-group components to address challenging situations (6.3).

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

Evaluation and improvement are two core parts of *ASIST*. Evaluation is conducted on an ongoing basis through participant feedback forms, trainer reports, and current literature reviews. Improvements are reflected in the form of new editions—

the program is currently in its 11th edition since its development in 1983. Participant feedback has contributed to these improvements alongside peer-reviewed and independent studies. The ongoing development process includes an assessment of training goals, potential shortfalls, and opportunities for improvement (7.a.) as well as the relevance of the training, the depth and value of the content, and the trainer's performance (7.b). In the event that a need for individual trainer improvement is identified, a LivingWorks quality control team member will contact the trainer in question, assist them with access to additional resources and mentorship to ensure that quality standards are met.

Because the quality assurance process is ongoing, there is no annual review; instead feedback is gathered and distributed to the appropriate LivingWorks teams as it is received (7.c). These include the quality assurance team, the trainer liaison team, and the design and development teams who are responsible for updating the program and its materials as needed (7.c.5). LivingWorks is also highly supportive of independent evaluations, such as those contained in the 2010 *ASIST* program review by Rodgers<sup>6</sup> and the 2013 evaluation study by Gould et al.<sup>7</sup> Such evaluations, along with studies from other disciplines applicable to suicide prevention (e.g. counseling, social work, suicidology, and behavioral health) help establish when updates are necessary (7.c.4).

## 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 more.

The Pathway for Assisting Life (PAL) intervention model is at the heart of *ASIST* and centers on creating a collaborative relationship with the person at risk. It includes respect for the rights and dignity of that individual as well as recognition of their specific needs and first-aid tasks of the caregiver (1.a.1–3). *ASIST* also explores language and concepts with the intent of creating universalized terminology for the discussion of suicide, looks at the magnitude of suicide data, and explores participants' attitudes and beliefs (1.b.1, 3, and 4). Facts and myths of suicide (1.b.2) are not covered explicitly but do find expression in discussion of common notions and workshop messages and in some of the other sections such as the language and demographic discussions. Common risk factors (1.b.5) are covered under the safety assessment component of the PAL model, which is strongly focused on identifying protective factors and safeplan actions (1.b.6).

Through a simulation exercise, *ASIST* illuminates legal and regulatory information as these relate to emergency intervention and mental health apprehension laws (1.c). Documentation requirements are not covered explicitly, although many caregiving organizations incorporate the *ASIST* safety framework into their charting and records management systems. Although laws and documentation are not among *ASIST*'s primary focus areas, trainers possessing the necessary professional qualifications and expertise can be found to support participants requiring additional guidance in these areas. *ASIST* addresses follow-up and transition matters as part of its focus on "safety-for-now," and also addresses cultural and organizational factors through attitudinal exploration, customizable simulations, and culture-specific adaptations (1.e–g).

### Section 2: The training includes an assessment of risk and protective factors.

*ASIST* provides extensive training and practice to emphasize the importance of synthesizing risk and protective factors to create an individualized safeplan (2.a). This includes a process of collaborative engagement, active exploration of a diverse range of invitations that might suggest a person is at risk of suicide (2.b.1.a–m), and the ability to explore these invitations with emphasis on open and direct dialogue about the possibility of suicide (2.b.2.a–h). The program includes an explicit focus on hearing the story of suicide and turning points for life, as well as connection with supports including individual caregivers, health institutions, and professionals (2.b.3.a–d).

### Section 3: Intervention training includes developing a safety plan that takes into account risk levels and the possibility of imminent harm to the person at risk.

*ASIST*'s training on intervention is an integrative process that takes up a significant portion of the workshop and includes guidelines and methodologies for guiding short- and longer-term safety from suicide. These guidelines have been successfully

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6 Rodgers, P. (2010). Review of the Applied Suicide Intervention Skills Training Program (ASIST): Rationale, evaluation results, and directions for future research. Calgary, AB: LivingWorks Education.

7 Gould, M. S., Cross, W., Pisani, A. R., Munfakh, J. L., & Kleinman, M. (2013). Impact of Applied Suicide Intervention Skills Training (ASIST) on National Suicide Prevention Lifeline counselor interventions and suicidal caller outcomes. *Suicide and Life-Threatening Behavior*, 43(6), 676-691.

incorporated into the clinical frameworks of various organizations—for example, the Central Arizona Programmatic Suicide Deterrent System Project, Alberta Health Services Addictions and Mental Health, and the Trillium Health Centre in Toronto (3.a.1–2). ASIST also encourages the development of safety plans in collaboration with those at risk to address their acute and continuing suicide ideation and behavior (3.a.3). If necessary, a referral for clinical or institutional treatment can be a part of this safeplan (3.a.4). The safeplan includes an open and honest discussion of issues relating to imminent danger as well as guidance on how to neutralize them through options including agreements of safety, removing or disabling harmful means, connecting with emergency resources, establishing frequency of contact, increasing connectedness, and other commitments to protective activities (3.b and c).

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

Because ASIST is an intervention-focused training, its primary goal is to attain a state of “safety-for-now” and help the individual in question stay alive. Although the safeplan developed in ASIST can account for some of the provisions mentioned in this section, such as continuous assessment of suicide safety (4.a.2), individualization to reflect unique needs (4.b), and plans for follow-up commitments (4.e), ongoing care is not addressed in ASIST. To build on its previous work in this important area, LivingWorks has developed a program called suicide to Hope: a Recovery and Growth Workshop. suicide to Hope is intended for clinicians and other professional caregivers who are working with people recently at risk of, and currently safe from, suicide. In effect, when ASIST’s intervention process comes to an end, suicide to Hope’s recovery and growth process begins.

suicide to Hope addresses all of the elements relating to developing a plan for continuity of care, including ongoing clinical care management, continuous assessment, and linkages with community resources that can support the individual formerly at risk (4.a.1–3). The suicide to Hope model also includes individualization to match unique needs and settings, incorporates the knowledge and participation of the person formerly at risk and his or her support system, and sets out goals and expectations for further development and follow-up (4.b–e).

#### 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)

#### suicideTALK

*suicideTALK* is a 90-minute to half-day session that invites participants to reduce the stigma surrounding suicide and become more aware of suicide prevention opportunities in their communities.

#### esuicideTALK

*esuicideTALK* is a 1–2 hour online program designed to help build awareness and reduce stigma around the open, honest, and potentially life-saving discussion of suicide. To learn more, visit [www.esuicideTALK.net](http://www.esuicideTALK.net).

#### safeTALK

*safeTALK* is a half-day workshop that increases awareness about suicide risks, prepares participants to identify persons with thoughts of suicide, and shows how to connect them with life-saving first aid resources.

#### ASIST

*Applied Suicide Intervention Skills Training (ASIST)* is a two-day interactive workshop for people who want to be more willing, ready, and able to help prevent the immediate risk of suicide. Over a million people worldwide have taken the workshop, and studies have found that *ASIST* both increases caregiver competencies in suicide intervention and reduces suicidality for people with thoughts of suicide.

#### suicide to Hope

*suicide to Hope* is a one-day workshop that provides a sequel to suicide first-aid training. It teaches skills to strengthen hope by aiding recovery and growth in persons with previous suicide experience who are currently safe. *suicide to Hope* is designed for clinicians and other professionals helping people understand and work through their suicide experiences toward a better quality of life.