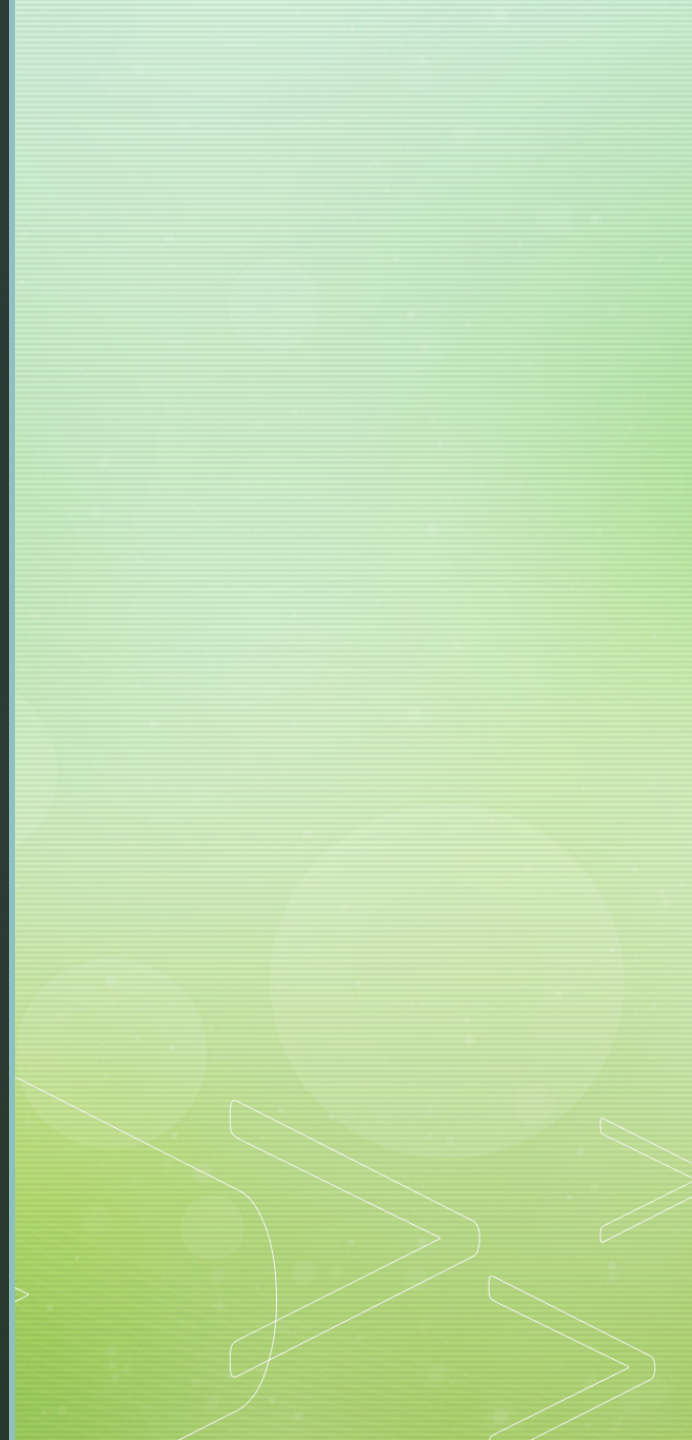


# The Alliance Project: Gatekeeping Redefined



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## Disclaimer

- *The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).*



## Audience Participation Portion

- Why do we do gatekeeper training?

## Goals of MSU's gatekeeper training

1

Identify students  
at risk of suicidal  
behavior

2

Make a  
connection with  
those students –  
increase  
belongingness

3

Connect the  
student with  
mental health  
services

## Barriers to our gatekeeper efforts

- Unwillingness to ask about suicide
  - Lack of skills/competence
  - Not comfortable with providing a response
  - Outside of one's job description – this matters

## ▶ Broadening the net: focus on distress

- My belief: If you are worried enough about someone that you think you need to ask them about suicide, their response to the question does not matter, they should be referred for mental health treatment.



## Alliance Project

- Facilitating help—seeking through social support
  - Teaches how to identify students at risk, breaking the ice, building rapport, finding common ground/connecting, sharing resource information and making the referral
  - Role plays throughout including what to do when you make a mistake



Sample Slides



# Stress and the Need for (Social) Support

- A common (bodily) reaction to any demand placed upon the body (including *anticipated* demands)
- Examples of events that can introduce stress:
  - Not enough time to get everything done
  - Classes all day, studying late into the evening
  - The “dream” of self-care
  - Short lunch breaks prior to surgery
- Decreased stress response when socially supported (Sapolsky, 1998)
  - Support can include (Feng & Astell-Burt, 2016)
    - Being able to depend on multiple people living nearby
    - Telephone calls with friends or family
    - Interactions with family and friends

| Common Themes in Elevated Stress Response            |
|--|
| Threat of Social Evaluation (e.g., public speaking)  |
| Lack of Control over Outcomes (e.g., harassment)     |
| Unpredictability                                     |
| Perception of Things Getting Worse                   |
| No Frustration Outlets (e.g., hobby, exercise, etc.) |
| <b>Low Social Support</b> (e.g., rejection)          |

# Rapport Building

- Uncommonly Attentive
  - Going above and beyond
  - Remembering details
  - Entirely present
- Speed Role Play
  - **30 seconds** to practice with group
  - Group member not involved should include the following distractors:
    - Sigh or cough
    - Tap gatekeeper on shoulder
    - Clap hands and say “all righty!”

Uncommonly  
Attentive

Common  
Grounding

Courteous  
Behavior

Connecting

Information  
Sharing

# Collaborative Approach to Help-Seeking

1. Identify Distress/Break the Ice
2. Build Rapport
3. Learn (Perceived) Needs
4. Make a Plan
  1. **Where to go and when**
  2. Go together as allies
  3. How will you follow up?
    - Show you care rather than just saying you do

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# Oh, Snap!

- What if I mess things up? Say something judgmental or dismissive?
  - Seriously, you're upset about that??
  - Oh come on ... it's not that bad!
  - Don't do anything crazy, okay?
- What can I do if I am short on time? Can I be genuine if I'm in a hurry?
- **Would any of the rapport building skills help here?**

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## Want to learn more?

- Our training is open-source, we provide it free of charge. Website in the works, but happy to send you the materials.
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