

Using Evaluation Findings from the Tennessee's State-Wide Gatekeeper Training Program

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**Centerstone Community Mental Health Centers, Inc.**

- 1. (SAMHSA) Center for Mental Health Services Cooperative Agreement for State-Sponsored Youth Suicide Prevention and Early Intervention (SM 57400-01), Lygia Williams, Principal Investigator, Tennessee Department of Mental Health and Developmental Disabilities (Nashville, TN)**
- 2. (Centers for Disease Control and SAMHSA) Enhanced Evaluation Award, Thomas W. Doub, Principal Investigator, Centerstone Community Mental Health Centers, Inc. (Nashville, TN)**

# TLC Youth Suicide Prevention and Early Intervention Training

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- **90 to 120 minutes**
- **Question, Persuade, Refer (QPR, Quinnett) method**
- **Current national and state statistics**
- **Review of gatekeeper attitudes**
- **Interactive role play**
- **Lethality assessment**
- **Referral and resource information**
- **Objectives: increase awareness of personal attitudes and their potential impact on helping behavior, develop skills for identifying those at risk, assessing lethality, and making referrals, enhance self-efficacy to intervene with at-risk youth, and learn about local resources**

# Target Populations

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- **Education (6,000 school personnel, mostly teachers)**
- **Child welfare (2,500 staff)**
- **Foster care (1,500 foster care parents)**
- **Juvenile justice (1,200 staff in juvenile corrections)**
- **Health department (900 nurses and nurse practitioners)**
- **1,000 undergraduate and graduate students** enrolled in social and health science programs
- **200 college/university faculty**
- **50 adults who work with gay, lesbian, and bisexual youth**

# Evaluation Dashboard

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- **Penetration (number, percent) by region or locale**
- **Match to target (intended participants reached)**
- **Training locations, dates, and attendance**
- **Program and research participation indicators**
- **Participant characteristics**

# Domains

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**Perceived Effectiveness**

**Satisfaction with Training**

**Suicide Prevention Knowledge**

**Self-efficacy**

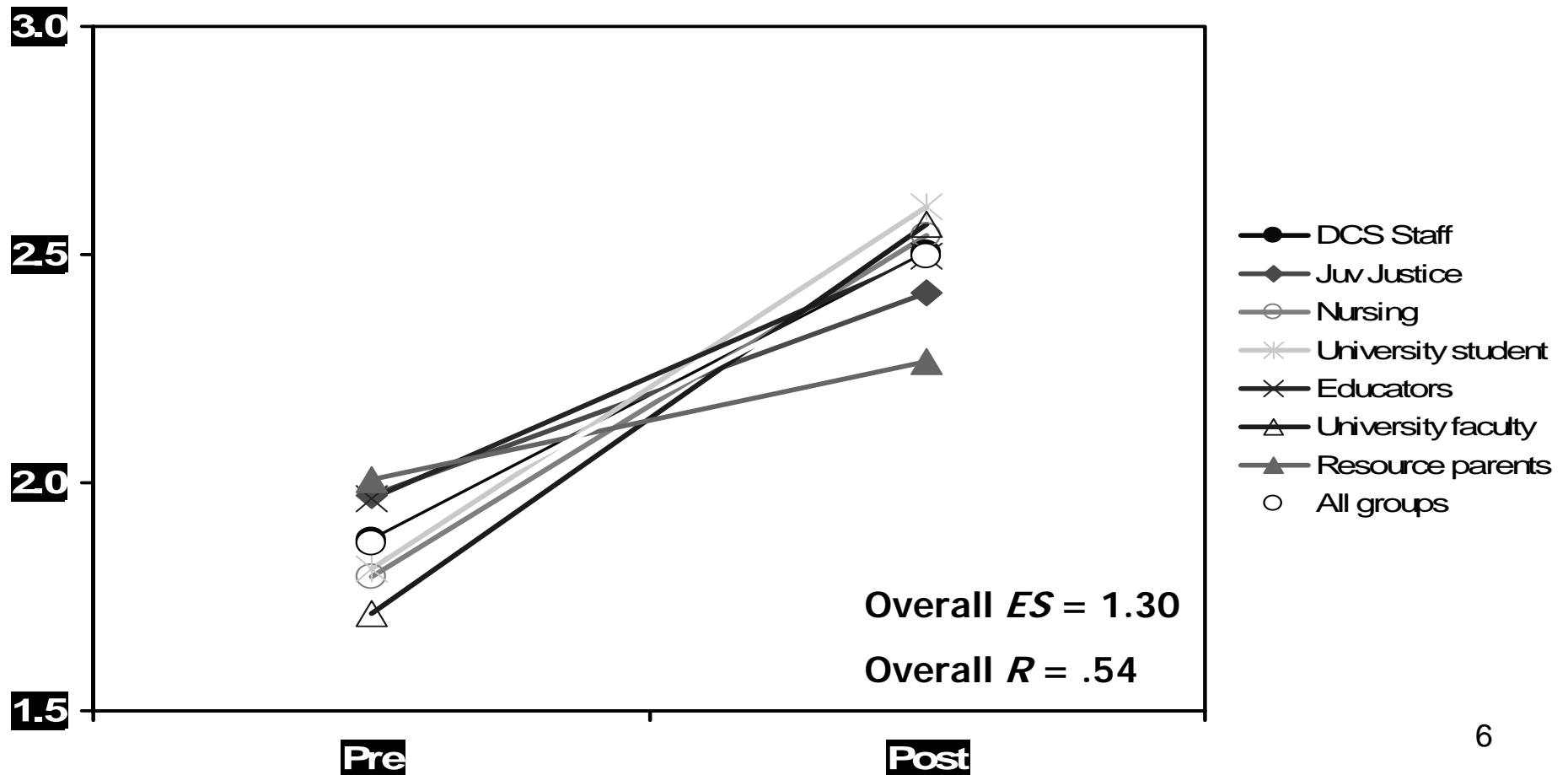
**Suicide Preventability**

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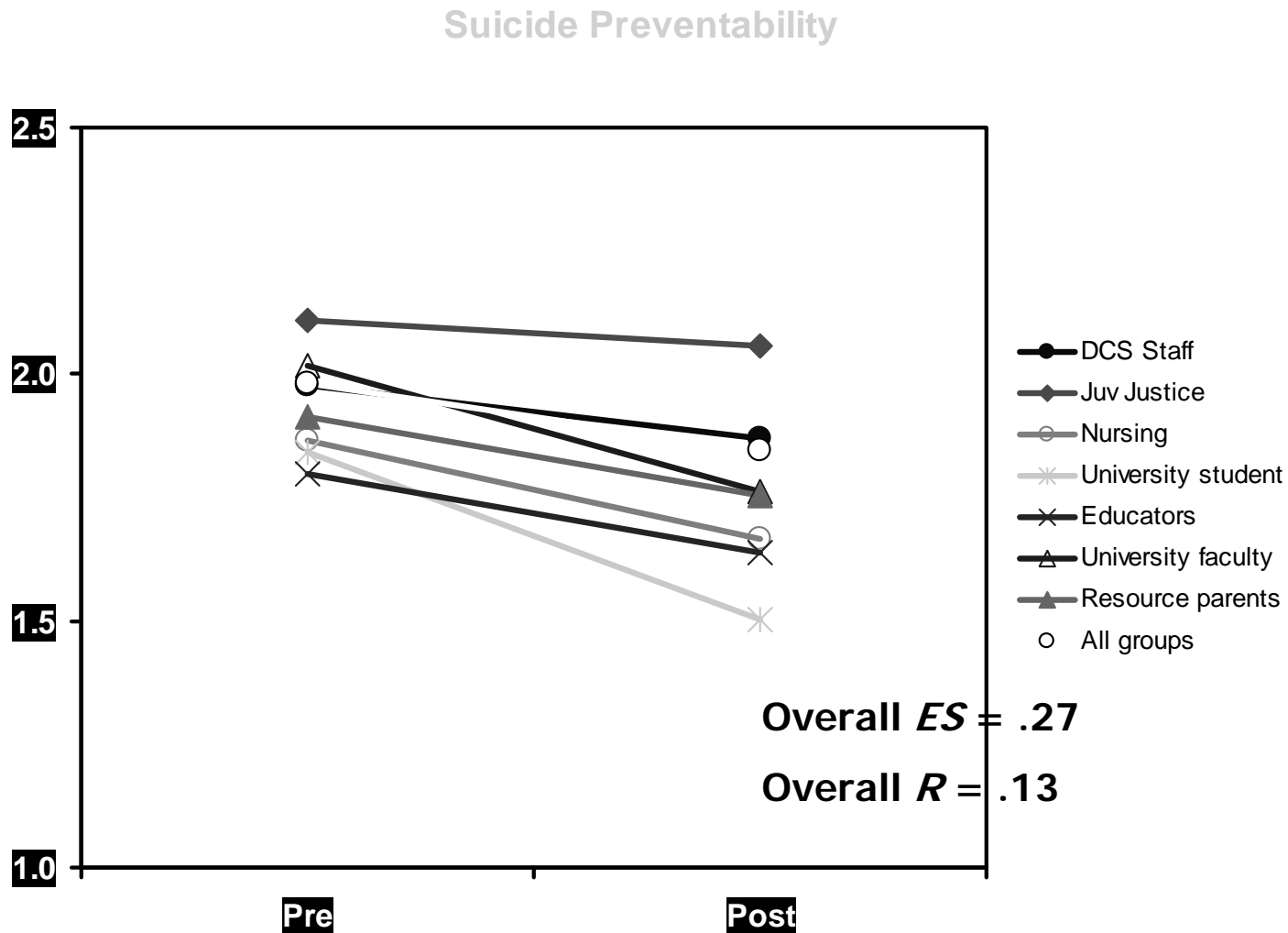
**Perceived knowledge of suicide prevention increased from medium (2.0) or less to medium-high (2.5) for most groups; effect sizes ranged from .43 (resource parents) to 1.78 (university faculty)**

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Suicide Prevention Knowledge



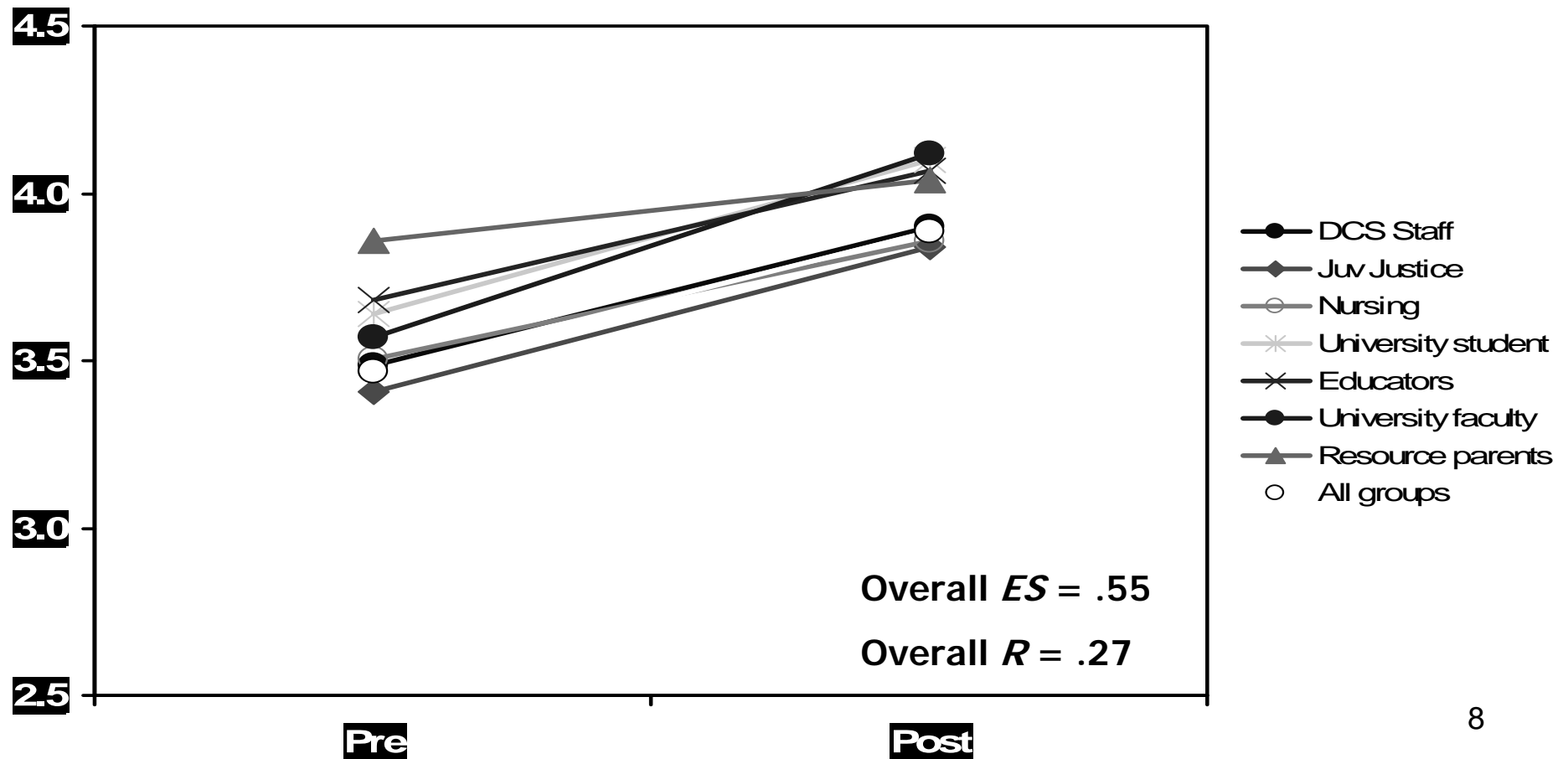
# Suicide preventability attitudes changed most among university students (ES = .89) and faculty (ES = .63), but remained static among juvenile justice staff



**Participants reported feeling fairly comfortable and responsible for discussing suicide with young people at the outset: university faculty reported the most change (ES = .88) whereas resource parents reported the least (ES = .22)**

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Self Efficacy (Confidence)

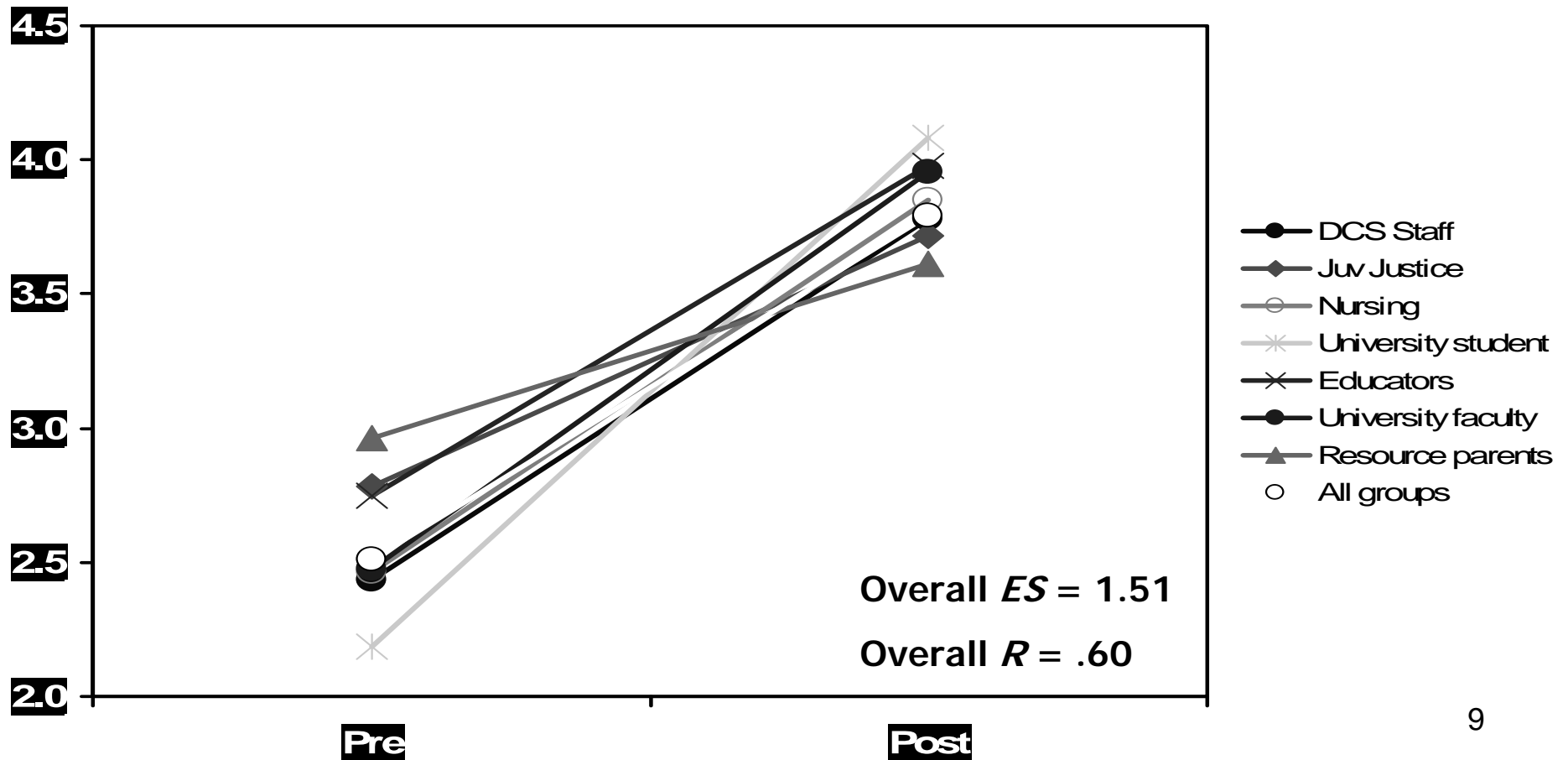




**All but one participant group indicated strong gains in the development of skills and training, especially university students and faculty (ES = 2.43, 1.73). Resource parents reported moderate gains (ES = .68)**

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Self Efficacy (Sufficient Skills/Training)



# Evaluation Informing School Legislation

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**Public schools required to provide yearly suicide prevention in-service training**

**2 hours out of the standard 40 hours of in-service training**

**Regions, districts, urban vs. rural**

**Large vs. small group trainings**

**Standard delivery vs. technology-enhanced training (via television monitors)**