ICRC-S Injury Control Research Center for Suicide Prevention

Training Healthcare Providers and Social Workers in Suicide Prevention: A Tale of Three Universities

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Trainees in health and human service fields encounter patients that are at risk for suicide in a wide range of settings from the community to primary care medicine to mental health specialty care. Yet they often lack the knowledge and skills necessary to effectively manage these complex situations. With training, however, they are well positioned to play a role in screening, assessment, safety planning and obtaining additional care for people who are at risk for suicide, many of whom receive medical care or social services, but are not actively receiving mental health services.

The 2012 National Strategy for Suicide Prevention makes the case that all healthcare professionals need to be educated specifically about suicide prevention. However, despite that call to action, healthcare providers typically receive minimal education or training on suicide prevention, intervention, and postvention. Most Masters of Social Work (MSW) programs provide minimal education or training on suicide, and a small body of literature has examined healthcare providers' preparation for working with patients at risk for suicide, generally concluding that training is inadequate (Schmitz, 2012; Sudak, 2007; Sher, 2012).

Recognizing this gap in knowledge, three teams that participated in the Injury Control Research Center for Suicide Prevention's Research Training Institutes (ICRC-S RTI) are working to train future practitioners on suicide and its prevention.

Drs. Kim O'Brien and Joanna Almeida of Simmons College in Boston, Massachusetts developed, implemented, and evaluated a course on suicide in the MSW program. Changes in student suicide-related knowledge, confidence, and preparedness were evaluated using a pre-post design. They found statistically significant increases in knowledge ($t_{(df=21)}$= 4.79; p<0.001), confidence ($t_{(df=17)}$= 8.55; p<0.001), and preparedness ($t_{(df=20)}$= 7.28; p<0.001), from pre to post-test (Almeida, in press). Knowledge, confidence, and preparedness were significantly positively correlated indicating that confidence and preparedness did not increase without a corresponding increase in knowledge. The course recently receved regional recognition from Boston's National Public Radio (NPR) News Station, and national recognition on NPR's Here & Now.

At Mississippi State University, Dr. Michael Nadorff and his colleages chose to offer a moderately-sized (N =40) upper-level undergraduate course rather than a small suicide course within the clinical psychology graduate program. Dr. Nadorff recognized that this may be the only training that the furture clinicians receive in suicide assessment. His course provided training in advanced skills, including conducting suicide assessments and safety planing, and all students were required to complete an applied clinical checkout with the instructor in which the students participated in a role-play with the instructor on conducting a suicide assessment, making an appropriate risk determination, and responding to the suicide risk including completing a safety plan. Despite the advanced nature of this task, the undergraduates performed very well, and all were able to competently assess suicide risk and create a safety plan at the conclusion of the course.

A team of educators, led by Dr. Thomas Delaney, at the University of Vermont Larner College of Medicine has initiated a multi-phase project aimed at increasing physician trainees' competence on core aspects of caring for patients at risk for suicide. In the first step, the team conducted a detailed scan of the existing curriculum for all contents relating to suicide and found sporadic and incomplete coverage of topics such as screening, assessing, safety planning and making referrals for patients at risk for suicide. In the second (current) phase, they are conducting a series of interviews and focus groups with psychiatrists, primary care providers, and medical students to elicit and then refine specific medical education competencies that can be integrated into the existing curriculum (Carracchio, in press). Finally, they will assess the effectiveness of different teaching approaches for the identified suicide competencies, including the use of brief video modules and interactions with standardized patients.

Given the prevalence of suicide and the frequency with which social workers, psychologists, and physicians serve populations affected by suicide, it is critical that their educational and certification programs provide effective training on understanding and addressing suicide. The teams at these three universities expect that integrating carefully developed and delivered education materials on suicide prevention will lead to a more competent and confident provider workforce and improved care for patients at risk for suicide.

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2. Schmitz, W.M., Allen, M.H., Feldman, B.N., Gutin, N.J., Jahn, D.R., Kleespies, P.M., et al. (2012). Preventing suicide through improved training in suicide risk assessment and care: an American Association of Suicidology task force report addressing serious gaps in U.S. mental health training, *Suicide and Life-Threatening Behavior, 42(3)*, 292-304.

3. US Department of Health and Human Services (HHS) Office of the Surgeon General and the National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

4. Sudak, D, Roy A, Sudak H, Lipschitz A, Maltsberger J, Hendin, H. (2007). Deficiencies in suicide training in primary care specialties: A survey of training directors. *Academic Psychiatry*, Sept/Oct 2007; 31, 5: 345-349.

5. Sher, L. (2012). Teaching medical professionals and trainees about adolescent suicide prevention: Five key problems. *International Journal of Adolescent Medicine and Health*; 24(2): 121-123.

6. Carracchio M, et al (in press). Building a framework of entrustable professional activities, supported by competencies and milestones, to bridge the educational continuum. *Academic Medicine*.

The views and analyses reported in this blog are those of the writer, and do not reflect the views and analyses of the ICRC-S or CDC.