Tennessee's State-Wide Gatekeeper Training: Preliminary Outcomes and Lessons Learned

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Tennessee Lives Count (TLC) Youth Suicide Prevention Gatekeeper Training

- **Targets adults who work with at-risk youth**
- **Brief intervention (90 to 120 minutes)**
- **Used Question, Persuade, Refer (QPR, Quinnett) method**
- **Provides national, state, and population-specific statistics**
- **Interactive discussion of attitudes and beliefs ***
- **Interactive role play**
- **Basic lethality assessment and crisis response overview ***
- **Referral and resource information**

*Unique to TLC

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Training Objectives

- **Increase awareness of the problem and motivate trainees to engage in identification and helping behaviors**

- **Increase awareness of personal attitudes and their potential impact on identification and helping behaviors**

- **Develop confidence and skills for noticing warning signs, persuading someone to stay alive, and getting help**

- **Develop ability to detect warning signs and gather information (basic lethality assessment)**

- **Enhance overall self-efficacy**

- **Learn about help lines and other state and local resources**

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Target Populations

- **Education (7,000 school personnel, mostly teachers)**
- **Child welfare (2,500 foster care staff)**
- **Foster parents (1,500)**
- **Juvenile justice (1,200 staff in juvenile court or corrections)**
- **Health department (900 nurses and nurse practitioners)**
- **1,000 undergraduate and graduate students** enrolled in social science programs
- **200 college/university faculty**
- **50 adults who work with gay, lesbian, and bisexual youth**

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Long-term Outcomes

Suicide Prevention Knowledge

Self-efficacy

Suicide Inevitability Attitudes

Identification and Helping Behaviors

Perceived Knowledge of Suicide Prevention

How would you rate your knowledge of suicide in the following areas?*

- Facts concerning suicide prevention
- Warning signs of suicide* (M = 1.91, SD = .75)
- How to ask someone about suicide
- Persuading someone to get help
- How to get help for someone
- Information about local resources for help with suicide** (M = 1.54, SD = .87)
- Please rate your level of understanding about suicide and suicide prevention

*Survey questions from the QPR Institute

Internal consistency: Pre (.92), Post (.93), 6-Mo (.86)
1=Low, 2=Medium, 3=High

*Lowest pre-test score
**Highest pre-test score

(Note: all statistics are based on a preliminary sample of follow-up participants)

Self-Efficacy

Measures self-efficacy to discuss suicide with young people*

- I feel comfortable discussing suicide issues with young people. (M = 3.30, SD = 1.07)
- People with my role or job description are responsible for discussing suicide with young people. (M = 3.45, SD = .98)
- I have sufficient training to assist young people who are contemplating suicide. (M = 2.12, SD = .98)
- I have the necessary skills to discuss suicide issues with young people. (M = 2.43, SD = 1.04)

*Pre-test means are displayed

Internal consistency: Pre (.73), Post (.77), 6-Mo (.69)
1=Strongly disagree, 2=Disagree, 3=No opinion, 4=Agree, 5=Strongly agree

(Note: all statistics are based on a preliminary sample of follow-up participants)

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Suicide Inevitability Attitudes

Taps respondent's sense of whether suicide is preventable

- Young people who talk about suicide just want attention. (M/A)
- Most young people who try to kill themselves really want to die. (M/A)
- People should not intervene unless they are sure a young person is serious about suicide. (PR)
- People who start doing better after feeling really down or depressed are at lesser risk for suicide. (M/A)
- If a young person decides to kill him/herself, there really isn't much anyone can do to stop him/her. (PR)
- Young people who are seriously planning to kill themselves don't want any help. (PR)
- Asking young people if they are thinking about suicide may give them the idea to try it. (M/A)
- If a young person wants to kill him/herself, eventually he/she will do it. (PR)

Internal consistency: Pre (.68), Post (.81), 6-Mo (.71)
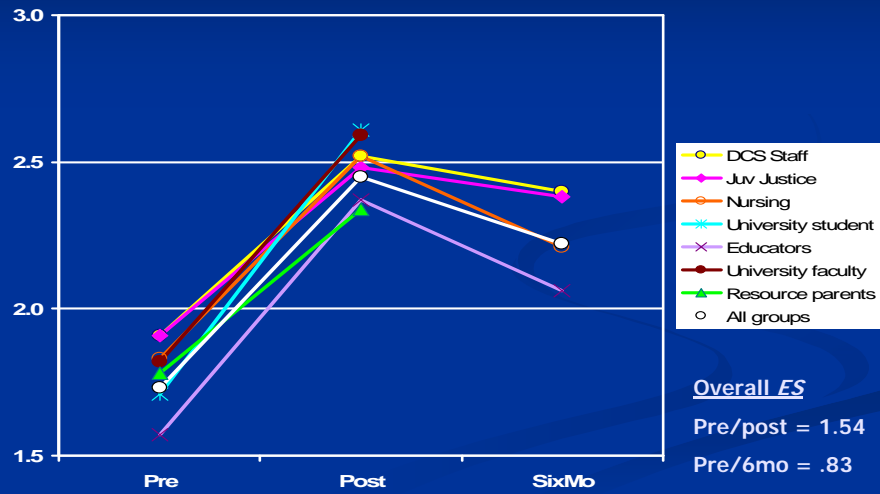1=Strongly disagree, 2=Disagree, 3=No opinion, 4=Agree, 5=Strongly agree
*PR = preventability item   *M/A = myth or attitude

(Note: all statistics are based on a preliminary sample of follow-up participants)

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Perceived Knowledge

Legend: DCS Staff, Juv Justice, Nursing, University student, Educators, University faculty, Resource parents, All groups

Overall *ES*
Pre/post = 1.54
Pre/6mo = .83

(Note: graph based on a preliminary sample of follow-up participants)

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Self-efficacy
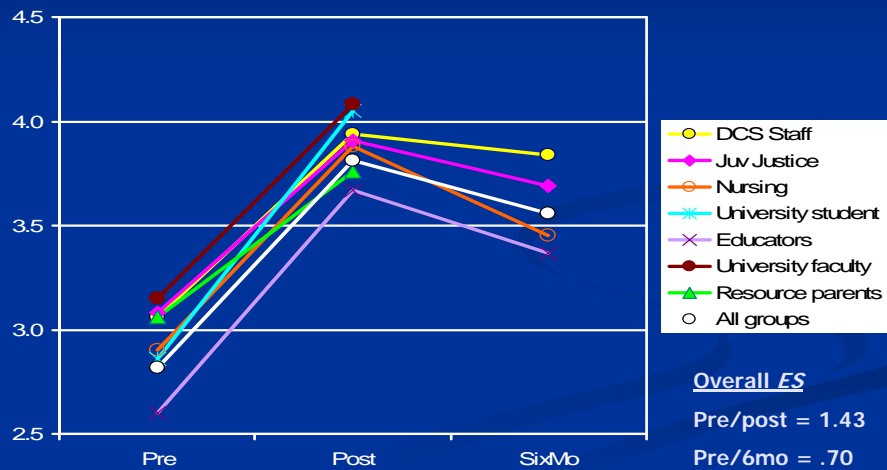
Legend: DCS Staff, Juv Justice, Nursing, University student, Educators, University faculty, Resource parents, All groups

Overall *ES*
Pre/post = 1.43
Pre/6mo = .70

(Note: graph based on a preliminary sample of follow-up participants)

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Suicide Inevitability

Lower scores indicate attitudes that suicide is NOT inevitable.

- Child welfare
- Juvenile justice
- Nurses
- University student
- Educators
- University faculty
- Resource parents
- All groups

<u>Overall *ES*</u>
Pre/post = .50
Pre/6mo = .18

Pre ... Post ... SixMo
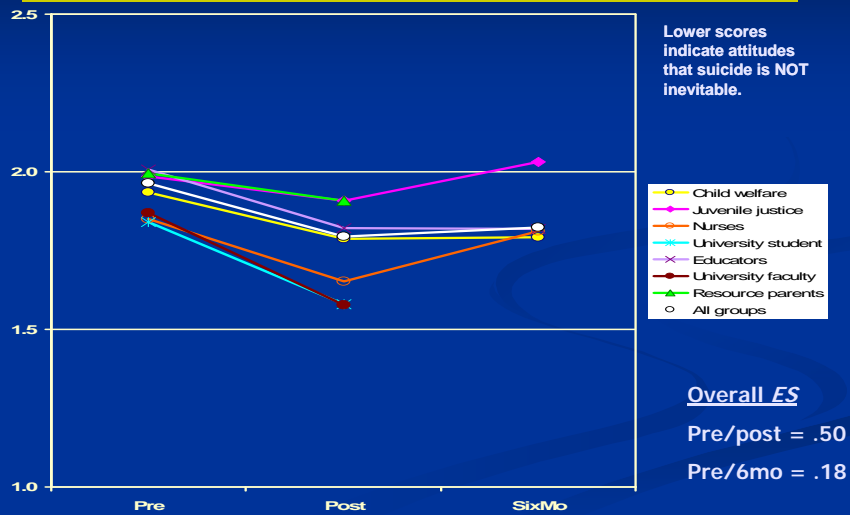
(Note: graph based on a preliminary sample of follow-up participants)

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Identifications

42% identified at least one youth at-risk for suicide in the 6-month period after training

- **15% (1 youth)**
- **10% (2 youth)**
- **6% (3 youth)**
- **4% (4-5 youth)**
- **2% (6-8 youth)**
- **4% (10-15 youth)**
- **1% (>15 youth)**

(N = 432 of 574)

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Helping Behaviors

Of those who identified youth:

84% asked if youth was considering suicide
82% spent time listening to youth
80% tried to convince youth to seek help
80% notified appropriate referral sources
79% made sure the youth received help
65% asked about suicide plan

Caveats:
(1) Multiple gatekeepers often involved
(2) Respondent may be a secondary "identifier"
(3) The appropriate helping behavior depends on the circumstances

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Limitations

- **Level of contact with youth, connectedness with youth, and identification and helping behaviors were not measured at baseline**

- **Measures of perceived knowledge, self-efficacy, and suicide inevitability are based on previous research but have not been subjected to rigorous validation testing**

- **No control group: pretest/posttest effects could be attributable, in part, to testing or social desirability**

- **While gatekeeper identification and helping behaviors can be measured, the hypothesis that QPR training leads to increased gatekeeper behaviors cannot be addressed adequately in a one-group longitudinal design**

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Implications

- Statewide gatekeeper training of thousands can be done with a staff of 3

- Collaborative relationships with state & community agencies are critical

- QPR has an immediate impact on participant's self-reports of knowledge, self-efficacy, and inevitability attitudes. The impact is less pronounced for attitudes.

- Levels of knowledge, self-efficacy, and inevitability attitudes differ among gatekeepers from various child-serving systems. They start in different places, they learn and gain from the training at different rates, and their level of retention differs over 6 months.

- While all groups showed decreases in knowledge and self-efficacy, they did not return to the levels they were at before the training. This leaves us with the question of how often booster trainings should be offered and how they should be conducted.

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Future Directions

In the 6 months after training, a large percentage of gatekeepers (42%) identified at-risk youth and intervened on their behalf. The degree to which this is attributable to QPR training is unknown. To gain preliminary insight into this question, we plan to examine whether outcomes such as knowledge, self-efficacy, and inevitability attitudes are related to identification and helping behaviors. We will also examine differences across child-serving systems. In future research, it will be critically important to collect baseline measures of helping behavior so we can assess change.

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Other notes…

Based on our six month interviews and Serious Incident Reports we collected from the TN Dept of Children's Services, some important observations and themes have emerged:

- **Gatekeeper helping is complex, and therefore difficult to measure, especially with self-report or interviews with closed response choices**

- **Helping is further complicated in a systems context such as foster care or juvenile justice. Gatekeepers work within the system structure, which includes following agency policies and protocols. These may vary from agency to agency, or even facility to facility**

- **Two or more gatekeepers may play a shared role in identification, initial helping, referral, or follow-up phases of helping**

- **An individual does not necessarily participate in every phase of helping**

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