# Expanding Capacity for Suicide Prevention: The ALIVE @ Purdue Train-the-Trainers Program

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## Abstract:

Suicide is the second leading cause of death among college students (National Mental Health Association & The Jed Foundation, 2002), with 1 in 10 college students reported having seriously considered suicide in the previous 12 months (American College Health Association, 2007). Although there is a need for consistent suicide prevention programming and training on college campuses (Kisch, Leino, & Silverman, 2005), providing campus-wide outreach and training may strain overwhelmed college counseling centers (Gallagher, 2009).

One effective strategy for suicide prevention is gatekeeper training (Isaac et al., 2009; Tompkins & Witt, 2009). Gatekeeper training has been described as “a prevention strategy that improves detection and referral of at-risk individuals” (Tompkins & Witt, 2009, p. 134). A number of scholars (see, for example, Tompkins & Witt, 2009) have suggested that a particularly important group that should receive suicide prevention gatekeeper training in the college environment is resident assistants (RAs).

**Keywords:** suicide | suicide prevention program | suicide prevention | gatekeeper training | resident assistants

## Article:

*****Note: Full text of article below**

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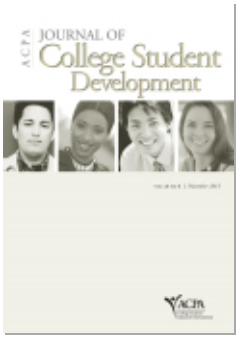


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Suicide is the second leading cause of death among college students (National Mental Health Association & The Jed Foundation, 2002), with 1 in 10 college students reported having seriously considered suicide in the previous 12 months (American College Health Association, 2007). Although there is a need for consistent suicide prevention programming and training on college campuses (Kisch, Leino, & Silverman, 2005), providing campus-wide outreach and training may strain overwhelmed college counseling centers (Gallagher, 2009).

One effective strategy for suicide prevention is gatekeeper training (Isaac et al., 2009; Tompkins & Witt, 2009). Gatekeeper training has been described as "a prevention strategy that improves detection and referral of at-risk individuals" (Tompkins & Witt, 2009, p. 134). A number of scholars (see, for example, Tompkins & Witt, 2009) have suggested that a particularly important group that should receive suicide prevention gatekeeper training in the college environment is resident assistants (RAs).

In a major review of the literature, Isaac et al. (2009) found gatekeeper training to have a positive effect on the knowledge, skills, and attitudes of trainees from a variety of populations. Gatekeeper training has been found to be effective specifically with university students, faculty, and staff (Cimini et al., 2014; Pasco, Wallack, Sartin, & Dayton, 2012; Tompkins & Witt, 2009).

At this university, providing systematic suicide gatekeeper training experience for over 300 RAs on campus within the short period of RA training was beyond the capacity of the university's counseling center. The result was that only some of the RAs received this important training, leaving a significant hole in the campus safety net. The capacity of the outreach arm of the campus counseling center needed to be expanded.

In partnership with the campus counseling center, we opted to use a "train the trainer" (TTT) model (Neef, 1995). This allowed

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faculty and clinical experts to train counseling graduate students to provide standardized suicide prevention and outreach on campus. TTT has been found to be as effective as having a professional conduct the training with those ultimately to be trained (Neef, 1995). In addition, those trained as trainers showed increased confidence in their ability to teach the content (Corelli, Fenlon, Kroon, Prokorov, & Hudmon, 2007) and have also been found to increase their own skills (Demchak & Browder, 1990).

In addition to providing a needed service to the campus in training RAs, counseling students could benefit from learning specific content about crisis and suicide prevention. For example, the Council for Accreditation of Counseling and Related Educational Programs (2009) includes core curricular content that contains "crisis intervention and suicide prevention models" (p. 12). This may be lacking in counselor preparation programs (e.g., Barrio Minton & Peace-Carter, 2011; Wachter Morris & Barrio Minton, 2012). For example, over one third of recent graduates from counseling programs reported zero hours of classroom attention to crisis (Wachter Morris & Barrio Minton, 2012).

The questions explored in this study were:

1. Do TTT participants increase in their knowledge of suicide, knowledge of places to refer, and crisis communication skills following training?
2. Does knowledge of suicide and knowledge of places to refer predict crisis communication skills of TTT participants following training?

## METHODOLOGY

### Participants

The ALIVE @ Purdue team trained a total of 12 graduate students to serve as ALIVE @ Purdue Educators. Ten were graduate students in the Ph.D. counseling psychology program, and two were master's students in school counseling. The group consisted of eight women and four men; nine were White, two African American, and one Hispanic. Eight educators (six women and two men, six White and two African American) participated in both the pre- and posttest assessments.

### Instrumentation

The evaluation packet included a demographic form, the Suicide Intervention Response Inventory–2 (SIRI–2; Neimeyer & Bonnelle, 1997), a knowledge of suicide scale, and a single question measuring knowledge of referral resources for emotionally overwhelmed students.

*Suicide Intervention Response Inventory–2.* Participants' crisis-related communication skills were measured using the SIRI–2 (Neimeyer & Bonnelle, 1997). The 24-item SIRI–2 comprises a series of hypothetical client statements followed by two "helper" replies. One response is considered facilitative for suicide prevention, and the other is considered inappropriate.

The SIRI–2 directs respondents to rate each of the helper responses using a 7-point Likert-type scale to indicate the appropriateness of each. Each item is scored ranging from +3 (*highly appropriate response strongly disagree*) to –3 (*highly inappropriate response strongly agree*). This allows more subtle judgments about each potential helper response. Scoring is done by calculating the discrepancy between respondents' ratings of each item and the mean item ratings endorsed by a panel of experts (see Neimeyer & Bonnelle, 1997) and then summing the absolute values of these discrepancy scores. *Lower* scores indicate greater response skills in the SIRI–2.

The SIRI–2 exhibits encouraging psychometric properties. The SIRI–2 discriminated between the crisis communication skills of

introductory psychology students and master's level counseling psychology trainees (Neimeyer & Bonnelle, 1997). To measure sensitivity, master's level counseling students' scores on the SIRI–2 were compared before and after they received suicide intervention training; scores improved significantly (Neimeyer & Bonnelle, 1997). The SIRI–2 has shown high internal consistency, with Cronbach's alphas ranging from .90 to .93, and a high test–retest reliability over a 2-week period ($r$ = .92; Neimeyer & Bonnelle, 1997). For the present sample, Cronbach's alphas for the SIRI–2 were .81 and .72 for pre- and posttest, respectively.

*Knowledge of Suicide.* Knowledge of suicide was measured using a 5-item true/false (T/F) scale developed by selecting a subset of items (selected by the ALIVE @ Purdue Team) from Fremouw, Perczel, and Ellis's (1990) list of suicide myths and risk factors. The following is a sample item: "People who talk about suicide won't really do it." We also added an open-ended item directing educators to list as many warning signs of suicide as they could recall. The 5-item true/false scale and the list of warning signs were used as separate indicators of the knowledge of suicide.

*Knowledge of Places to Refer.* Knowledge of places to refer was assessed through use of a single question directing educators to list as many places they could recall where they could refer students to speak with a mental health professional. We summed the number of places educators listed to see how many places they were aware of for referring students.

### Procedure

An online procedure was used for pretest data collection, and a pen-and-paper approach was used for collecting posttest data. For the pretest, a web-based survey was designed to collect data anonymously. Educators were contacted via direct e-mail, 1 week prior to educator training. The e-mail explained the nature of this study and provided a link to the survey. Immediately following the training, a paper-and-pencil version of the research packet was distributed to educators, and they were asked to fill out the evaluation form if they were willing to participate. Educators were informed at both data collection points that participation was voluntary and not required to be involved in the ALIVE @ Purdue program. An incentive of a $20 Amazon.com gift certificate was offered to all participants at both pre- and posttest points.

## RESULTS (PRE/POST FINDINGS)

The pretest and posttest means and standard deviations for each variable are presented in Table 1. Two one-way multivariate analyses of variance indicated there were no significant differences on variables (i.e., crisis communication skills, suicide knowledge, suicide warning signs, and places to refer)

TABLE 1.
Means and Standard Deviations of All Variables ($N$ = 8)

| | Pretest | | Posttest | |
|---|---|---|---|---|
| **Variable** | ***M*** | ***SD*** | ***M*** | ***SD*** |
| SIRI–2 | 78.94 | 7.98 | 42.22 | 7.31 |
| Suicide T/F Knowledge | 4.88 | 0.35 | 5.50 | 0.93 |
| Suicide Warning Signs | 6.75 | 4.06 | 7.38 | 1.92 |
| Places To Refer | 4.50 | 1.60 | 4.50 | 1.69 |

TABLE 2.
Simultaneous Regression Analysis Predicting Crisis-Related Communication Skills ($N$ = 8)

| Variable (Posttest) | *B* | *SE B* | β |
|---|---|---|---|
| Suicide T/F Knowledge | 5.09 | 4.58 | 0.65 |
| Suicide Warning Signs | 4.41 | 2.06 | 1.16 |
| Places to Refer | –2.12 | 2.22 | –0.49 |

based on sex, $F(6, 1) = 9.35$, $p > .05$, or ethnicity, $F(6, 1) = 1.78$, $p > .05$).

A series of four repeated-measures analyses of variance were performed on the four primary variables. Although results indicated no training effects for suicide T/F knowledge $F(1, 7) = 3.72$, $p > .05$; suicide warning signs, $F(1, 7) = 0.14$, $p > .05$; or places to refer, $F(1, 7) = 0.00$, $p > .05$, a significant change from pre- to posttest emerged for crisis-related communication skills scores, $F(1, 7) = 138.20$, $p < .01$; hp2 = .95. As indicated in Table 1, the mean scores of the SIRI–2 significantly decreased from time 1 to time 2, indicating a meaningful increase in crisis-related communication skills.

A simultaneous regression was performed to determine which, if any, posttest variables (i.e., suicide T/F knowledge, suicide warning signs, and places to refer) contributed to the prediction of the posttest crisis-related communication skills of educators (see Table 2). With all variables added into the model, $R = .74$; $R^2 = .55$ (adjusted $R^2 = .21$), $F(3, 7) = 1.61$, p > .05. Therefore, the results indicated that none of the variables included contributed to the prediction of crisis-related communication skills.

The results suggest that crisis-related communication skills, in contrast to knowledge-related assessments, were significantly affected by training. In addition, knowledge variables did not predict skills at posttest.

## DISCUSSION

The purpose of this study was to evaluate an innovative method of training counseling students in suicide prevention and outreach programming. Although we anticipated pre-/posttest effects in all areas assessed (i.e., crisis-related communication skills, suicide knowledge, suicide warning signs, and places to refer), the results indicated significant change only in pre- and posttest scores for crisis-related communication skills. This finding may suggest that the ALIVE @ Purdue program was more effective at enhancing graduate students' skills than it was in increasing their knowledge. This outcome is aligned with the amount of time spent on these issues in the training program, as more time was spent focused on skill development than on didactic information related to suicide. In addition, graduate students also significantly improved in their outreach skills, reinforcing the focus of ALIVE @ Purdue on skill development (Taub, Servaty-Seib, Wachter Morris, Prieto-Welch, & Werden, 2011).

The lack of knowledge-related effects, however, may have been associated with a ceiling effect. For example, the T/F suicide knowledge measure had only five items, and at pretest the mean on this measure was 4.88, indicating a high level of existing knowledge about suicide myths and risk factors. Therefore, participants had little room to improve in this area.

Although participants received high scores on knowledge-related variables, it is important to note that none of the knowledge variables predicted crisis-related communication skills. This underscores the importance of providing both skill training and content knowledge to individuals who are learning about crisis and

suicide prevention and perhaps other skill-based competencies as well (Wachter Morris & Barrio Minton, 2012). Additionally, because crisis communication skills were not predicted by any of the content-based knowledge measured, it is vital for skills to be assessed separately, rather than assuming that skill will follow from an increase in knowledge.

## Limitations

Although we took care to minimize threats to validity and reliability, there are several limitations that should be noted. Primary among these is the small sample size, drawn from students in only two program areas at one university. Thus, results from this study are not generalizable to other students, programs, or universities. In addition, participants in both the ALIVE @ Purdue program and this research were volunteers and may differ from nonparticipants in ways that cannot be anticipated.

This TTT framework not only helped faculty meet training needs but also addressed a need of the university and created a working relationship with related programs on campus, benefiting the RAs who were trained (Servaty-Seib et al., 2013) and providing needed support to university residence staff and the campus counseling center. Programs can use this framework to identify some of the gaps that are challenging to address in the current curriculum and work creatively to integrate them into projects that build student skills and provide needed services to the community.

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