

# APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

TWENTY-ONE TRAININGS

JANUARY 14, 2013 – MARCH 10, 2014

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## EVALUATION REPORT

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- “I learned many things such as an invitation, the high risk concerns and tasks of caregivers. I did not know the signs of suicide when my son took his life. If I can help at least one person then it has been worth it.”
- “It helped me help a friend who actually attempted suicide this week. I applied everything that I learned and I appreciate how I actually was able to get through to her.”
- “ASIST did a very job in preparing me to handle a suicide specific encounter in which I may have not been adequately trained to prepare for. This training is definitely worthwhile and I’ve highly suggested to my command that my relief attend the workshop if/when it becomes available again. Thank you!”
- “I can safely say I know how, and have an idea, on what I can do if I find someone who is suicidal. I’m prepared for an event in which I find such a person.”
- “This course gave tangible tools and a model to follow which is helpful when in the high-stress/pressure situation of intervening with a person at-risk of suicide. Everything I’ve learned before has been more abstract and did not follow a model. This training gives you something to reference and tools to use.”
- “This course gave me the skill set and confidence to deal with those thinking of suicide. It provided a clear, concise model to follow to ensure I am on the right track when addressing suicidal behavior with someone. I now feel substantially more prepared to conduct a suicide intervention as compared to before this course.”
- “This course helped me to think through various different situations and opened up my skills and knowledge to help at risk individuals and helped raise my confidence.”
- “This course was very helpful. I now feel that I can assist somebody when they are showing signs of suicide.”

– ASIST participants, Tulare and Kings Counties, 2013-2014

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## I. Executive Summary

Applied Suicide Intervention Skills Training (ASIST) is a two-day workshop for individuals who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide. Participants are given an introduction to suicide, become familiar with a unique suicide intervention model, and learn how to implement the model in real-life situations, by connecting with the individual at risk of suicide, understanding his or her situation mindset, and assist him or her to get immediate help. The workshop includes videos as well as active roleplaying of scenarios for all participants.

Twenty-one ASIST trainings were offered from January 14, 2013 through March 10, 2014, attended by 421 individuals. While participants included residents from Kings, Tulare, and other counties, three workshops were offered in Kings County and the remaining 18 in Tulare County. One was specifically focused on veterans, one had personnel from Lemoore Naval Air Station as most of its participants, one was held at Tulare County Child Welfare Services, and three were held at a facility of the Tulare County Office of Education's (TCOE) Behavioral Health division and included only TCOE staff as participants.

There were statistically significant increases in the ASIST participants' mean self-ratings on indicators of their confidence, knowledge, and skills in intervening with someone at risk of suicide. The self-ratings increased from between "low" and "moderate" to just above "high." There were only very small decreases in each of these indicators six months following the training.

At the beginning and end of the training, the participants were asked to what degree they agreed with four statements pertaining to intervening with someone at risk of suicide. There were statistically significant increases in the participants' mean responses to all four statements: "If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking of suicide"; "If someone told me he or she were thinking of suicide, I would do a suicide intervention"; "I feel prepared to help a person at risk of suicide"; and "I feel confident I could help a person at risk of suicide."

Participants indicate, on average, that they agree or strongly agree that as a result of ASIST they feel more confident that they can recognize the risk signs of suicide; reach out to someone at risk of suicide; ask a person if she or he is considering killing himself or herself; explore with someone their reasons for wanting to live or die; review a person's risk of suicide; and make a "safeplan" with someone at risk.

The participants' mean responses regarding their likelihood to intervene with someone at risk of suicide in both their professional and personal lives fall just below "much more likely."

ASIST training appears to have reduced stereotypical and discriminatory thinking on the part of the participants about people with mental illness, at least in the short term. There was a moderate (9%), statistically significant improvement (decrease) in the partic-

ipants' mean mental health stigma attribution scores (that measure expression of stereotypical or discriminatory thinking) from the beginning to the end of the training. There were statistically significant decreases in stereotypical or discriminatory thinking in nine of the 12 indicators, including perceived dangerousness, fear, blame, and avoidance of people with mental illness.

We compared the stigma attribution scores, both before and after ASIST, of participants with previous mental health education or training to the scores of those who had no previous training. Both groups' scores declined (improved) significantly from before to after ASIST. While those with previous mental health education or training both started and ended with lower scores, compared to those without previous mental health education or training, the latter group's stigma attribution score decreased by 13%, compared to 7% for those with prior mental health education or training. This difference is statistically significant.

Participants' mean assessments of the ASIST training in general all fall close to "strongly agree." The statements include that the goals of the training were clearly communicated; that they were achieved; that the course content was practical and easy to understand; that there was adequate opportunity to practice the skills they learned; that they learned a lot they did not know before ASIST; that it was a good use of their time; that the quality of the training was high; and that they would recommend it to others.

The 98 participants who filled out an online follow-up survey approximately six months after they completed ASIST were asked, "If you intervened with someone at risk of suicide since training in ASIST, how many lives do you think you most likely saved by intervening?" Forty-seven (47) individuals answered the question. Collectively, they report that they most likely saved 134 lives, or 2.85 lives each, on average.

In addition, 58 of the respondents to the six-month follow-up survey agreed that they had one or more experiences using ASIST when it went well, and just 16 disagreed. Just one person agreed that they had at least one experience using ASIST when it did not go well, while 64 disagreed with this statement.

In open-ended responses, participants report having developed suicide prevention and intervention skills and increased their knowledge, felt greater confidence in helping people at risk of suicide, had a higher comfort level with the topic of suicide, and realized the importance of intervening with those at risk of suicide.

(The author wishes to thank Dawn Griesbach and the Scottish Government, who generously gave their permission to use questions from the participant survey employed in their evaluation of ASIST in Scotland published in 2008, titled "The Use and Impact of Applied Suicide Intervention Skills Training (ASIST) in Scotland: An Evaluation.")

(The author also wishes to thank Distinguished Professor Patrick W. Corrigan, Psy.D., Director of the National Consortium on Stigma and Empowerment and one of the foremost scholars of mental health stigma, for the development and offer of public use of

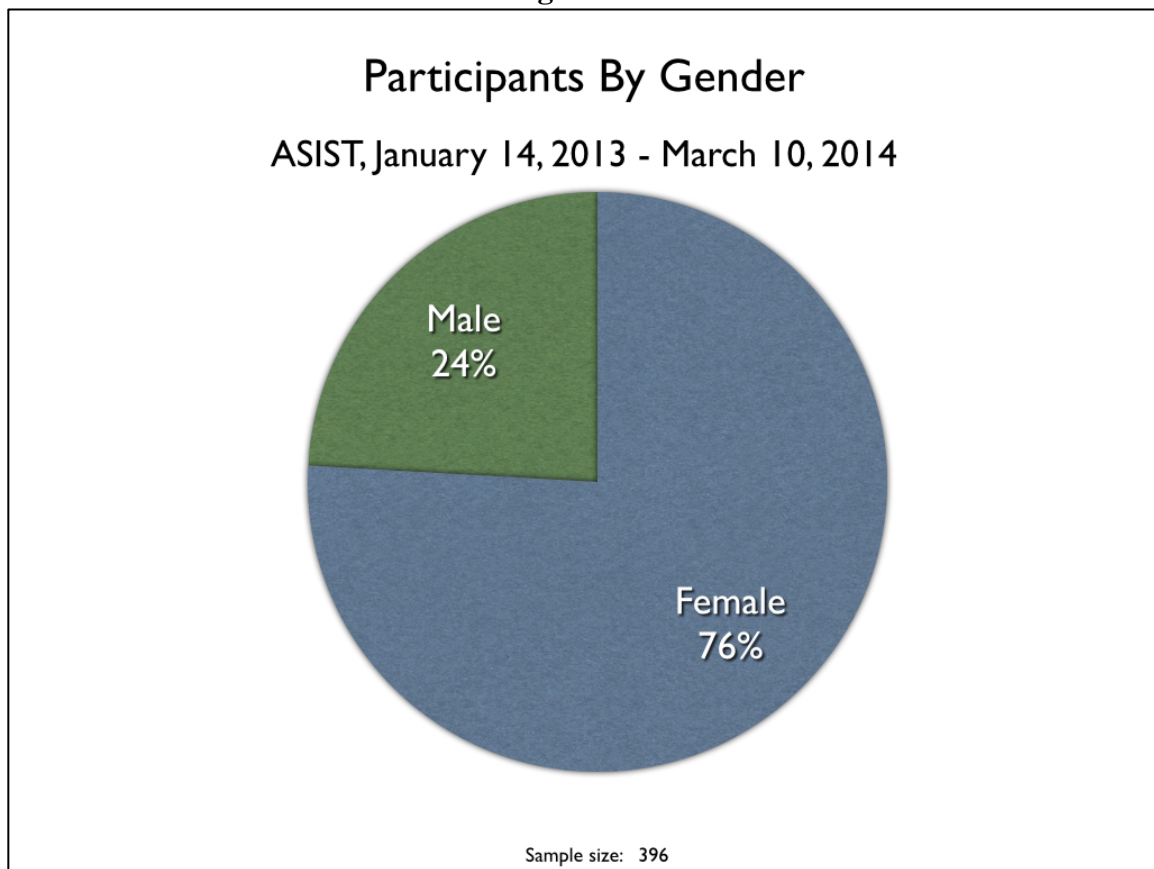
assessments pertaining to mental health stigma. The participant survey used in this evaluation includes one of these assessments (the AQ-9) along with several questions from another, longer assessment (the AQ-27) of mental health stigma attribution. These assessments are included in Prof. Corrigan's *A Toolkit for Evaluating Programs Meant to Erase the Stigma of Mental Illness* (2012), published on the website of the National Consortium on Stigma and Empowerment.)

## II. Participants

### A. Gender

Of the 396 participants in the ASIST trainings (who completed initial surveys and responded to the question), 296 (76%) were female and the remaining 94 (24%) were male.

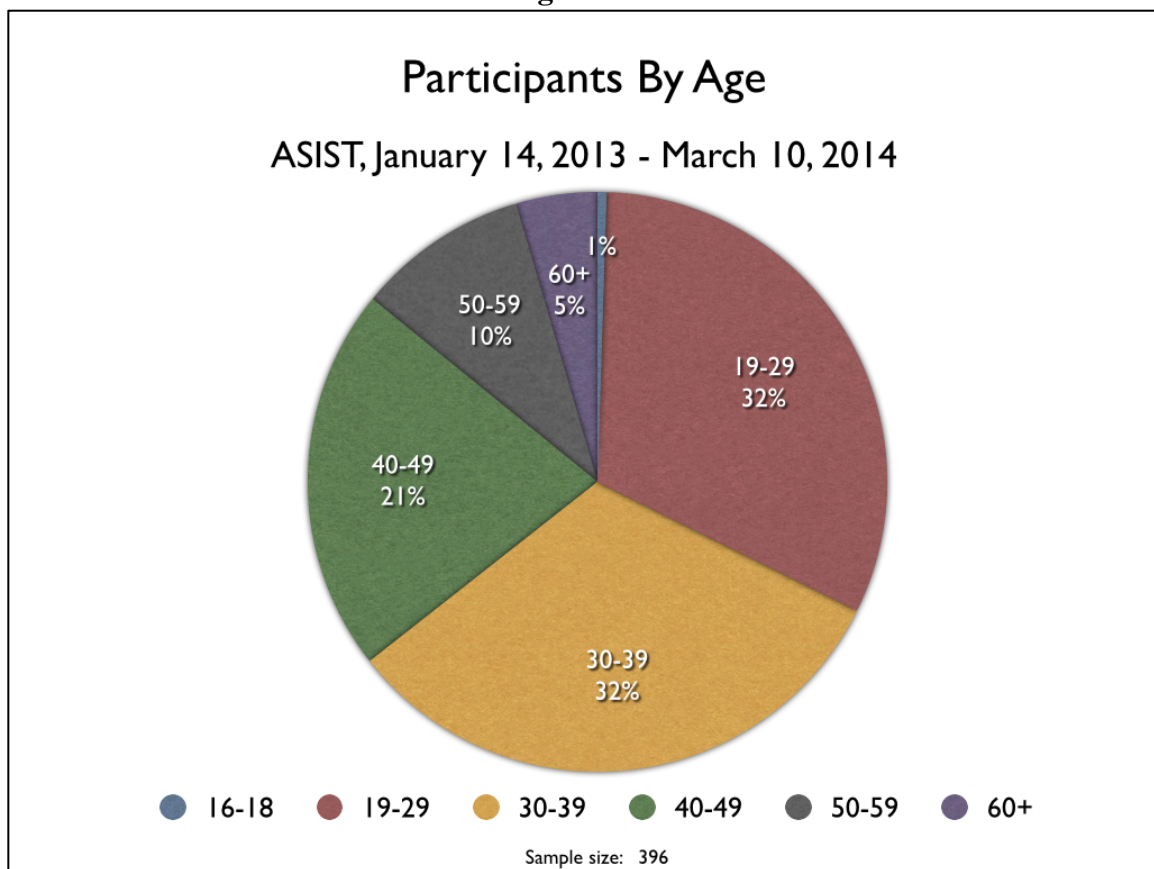
**Figure 2-1**



## B. Age

Two (1%) participants were 16-28 years old, 126 (32%) were 19-29 years of age, 127 (32%) were 30-39, 85 (21%) were 40-49, 38 (10%) were 50-59, and the remaining 18 (5%) were 60 years of age or older.

Figure 2-2

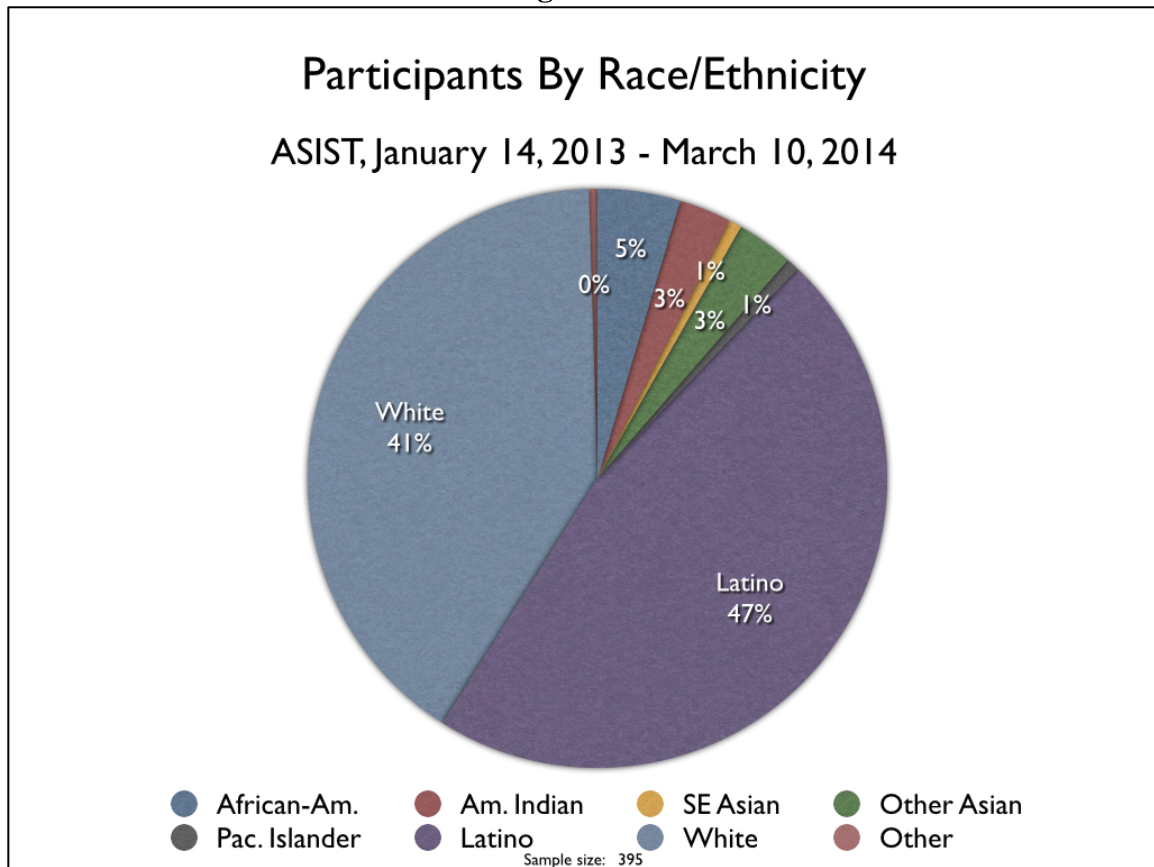




### C. Race/Ethnicity

Nearly half (47%, 193) of the participants indicated that they were Latinos while 41% (167) were White/Caucasian. There were attendees who identified with all of the other race/ethnicity categories, including “Other.” Five percent (5%, 19) of the participants were African-American, 3% (13) were Asian (other than Southeast Asian), and 3% (12) were American Indian or Alaskan Native, 1% (3) were Native Hawaiian / Pacific Islander, and 1% (3) were Southeast Asian. Two (2) participants specified that they were best placed in another racial/ethnic category.

Figure 2-3



## D. Place of Residence

The table below displays the places of residence of the participants. A plurality (29.8%) lives in Visalia, followed distantly by Porterville (14.5%) and Fresno (10.4%). The next most common communities of residence are Tulare, Hanford, Lemoore (including Naval Air Station Lemoore), Dinuba, and Exeter.

**Table 2-1  
Participant Places of Residence**

Place of Residence	Number of Participants	Percentage*
Visalia	117	29.8%
Porterville	57	14.5%
Fresno	41	10.4%
Tulare	36	9.2%
Hanford	28	7.1%
Lemoore (including NAS)	22	5.6%
Dinuba	14	3.6%
Exeter	9	2.3%
Woodlake	6	1.5%
Farmersville	5	1.3%
Clovis	5	1.3%
Reedley	5	1.3%
Delano	4	1.0%
Lindsay	4	1.0%
Terra Bella	3	0.8%
Bakersfield	2	0.5%
Ducor	2	0.5%
Ivanhoe	2	0.5%
Kingsburg	2	0.5%
Madera	2	0.5%
Pixley	2	0.5%
Sanger	2	0.5%
Sonora	2	0.5%
Wasco	2	0.5%
Coarsegold	1	0.3%
Corcoran	1	0.3%
Cutler	1	0.3%
Lemon Cove	1	0.3%
Magalia	1	0.3%
Modesto	1	0.3%
Orange Cove	1	0.3%
Selma	1	0.3%
Strathmore	1	0.3%
Tulare County (unspecified)	1	0.3%
Willows	1	0.3%
<b>TOTAL</b>	<b>393</b>	<b>0.3%</b>
*Percentages may not total to 100%, due to rounding.		

## E. Place of Work

The table below displays the workplaces of the participants who report being employed. (Please note that survey respondents were able to indicate more than one place of work.) A plurality of participants (39.6%) works in Visalia. The next most common place of work is Porterville (12.8%). Other top places of work include Hanford, Lemoore (including Naval Air Station Lemoore), Fresno, Tulare County (unspecified), Farmersville, and Tulare.

**Table 2-2  
Participant Places of Work**

Workplace	Number of Participants	Percentage*
Visalia	148	39.6%
Porterville	48	12.8%
Hanford	29	7.8%
Lemoore (including NAS)	26	7.0%
Fresno	21	5.6%
Tulare County (unspecified)	17	4.5%
Farmersville	14	3.7%
Tulare	13	3.5%
Exeter	9	2.4%
Dinuba	8	2.1%
Woodlake	7	1.9%
Avenal	5	1.3%
Lindsay	4	1.1%
Orosi	3	0.8%
Bakersfield	2	0.5%
Delano	2	0.5%
Kings/Tulare Counties	2	0.5%
Sonora	2	0.5%
Springville	2	0.5%
Chico	1	0.3%
East side of Tulare County	1	0.3%
Heritage West CBAS	1	0.3%
Ivanhoe	1	0.3%
Kings County	1	0.3%
Madera	1	0.3%
NAS Lemoore / Kings View	1	0.3%
Oakhurst	1	0.3%
Porterville / Southern Tulare County	1	0.3%
Richgrove	1	0.3%
Southern Tulare County	1	0.3%
Willows	1	0.3%
<b>TOTAL</b>	<b>374</b>	
*Percentages may not total to 100%, due to rounding. Some respondents stated more than one place of work.		

## F. Previous Education or Training in Mental Health

Two hundred ninety-three (293, 74%) of the 395 participants who responded to the question say that they have previous education or training in mental health. Collectively, they have a wide variety of education and training, ranging from a couple of classes at a junior college and having taken a workshop to education at the doctoral level.

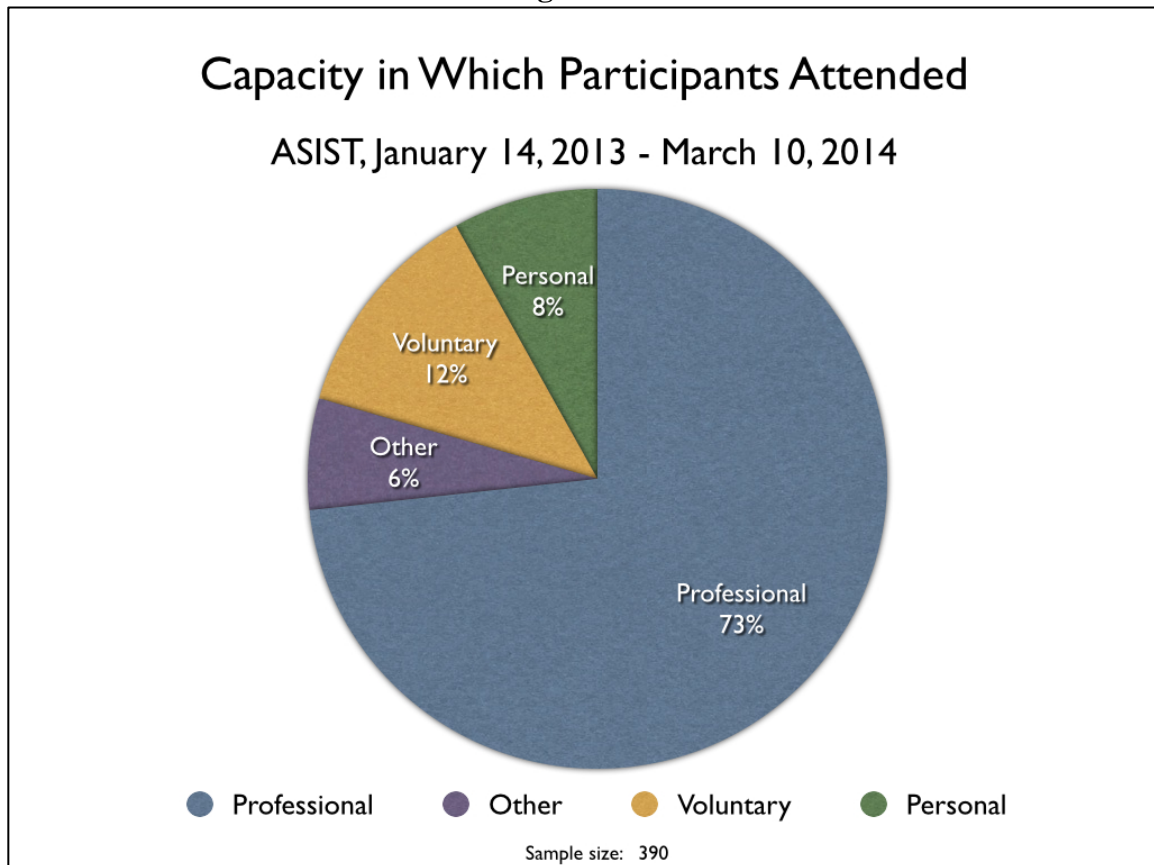
## G. Previous Education or Training in Suicide Prevention/Intervention

One hundred and eighty-five (185, 47%) of the 390 participants who responded to the question indicate that they have previous education or training in suicide prevention and/or intervention. Here again, there is a wide range in education from “self-education” and “psychology courses” to “professional training” and “worked at suicide prevention on the Central Coast.” Four of the participants mentioned that they had taken ASIST before.

## H. Capacity in Which the Participants Attended

Over seven in ten (73%) participants attended in a professional capacity while 12% attended in a voluntary capacity and 8% were attending in a personal capacity (i.e., as an informal caregiver). The remaining 6% indicated that they attended in another capacity. The most common other capacity was as a student, which 15 participants specified.

**Figure 2-4**



**Table 2-3**  
**Capacities in Which the Participants Attended**

Capacity	Number of Capacities	Percentage
Professional	307	73.3%
Other	26	6.2%
Voluntary	52	12.4%
Personal	34	8.1%
<b>TOTAL CAPACITIES</b>	<b>419</b>	<b>100%</b>
<i>Note:</i> Participants were able to select multiple capacities. Sample size: 390		

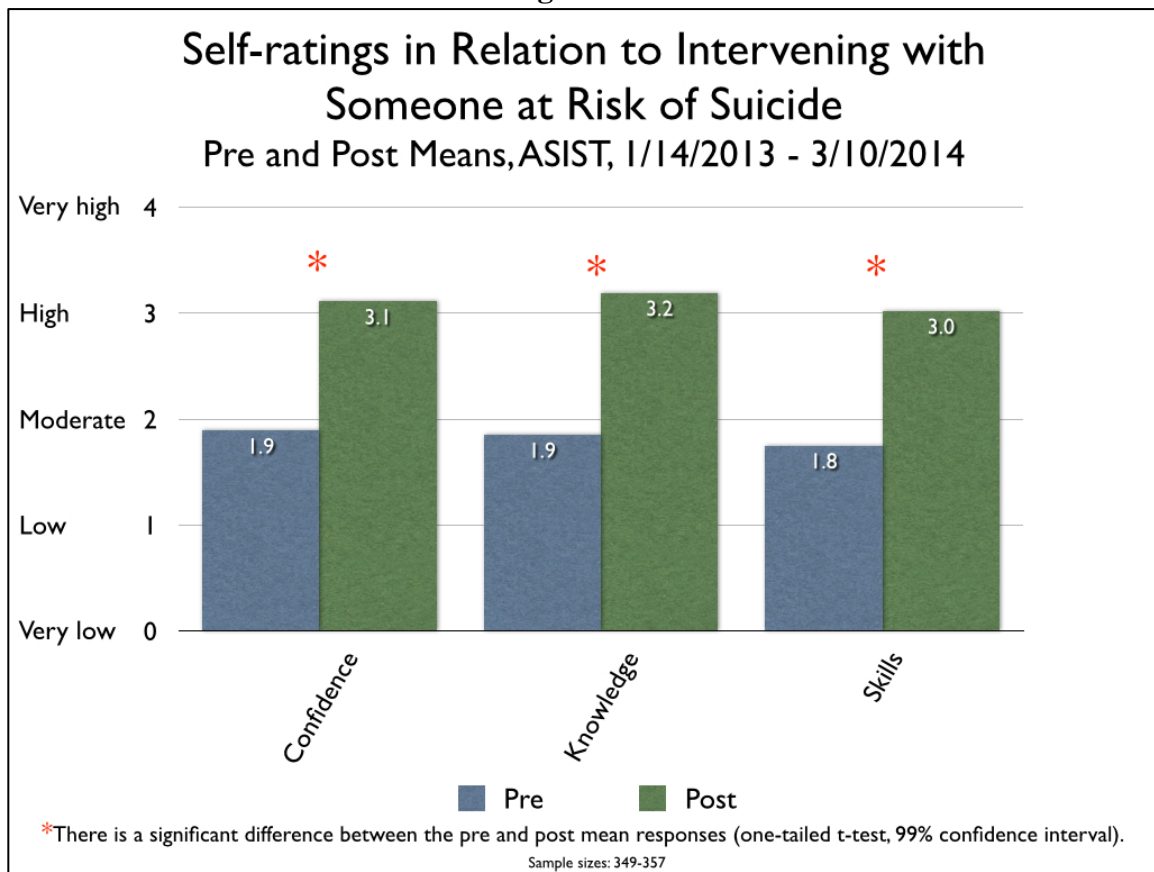
### III. Outcomes

#### A. Suicide Intervention Confidence, Knowledge, and Skills

##### 1. Immediately Before and After ASIST

Participants were asked at the beginning and end of the training to rate their levels of confidence, knowledge and skills in relation to intervening with someone at risk of suicide. As Figure 3-1 below shows, there were statistically significant increases in the participants' mean self-ratings on all three indicators: confidence, knowledge, and skills. The self-ratings increased from between "low" and "moderate" to just above "high." (The statistical difference in mean tests are one-tailed, paired sample t-tests with a 99% confidence interval.)

Figure 3-1



Comparing the participants who indicate that they had education or training in suicide prevention or intervention prior to ASIST to those who had none, I hypothesize that while both will benefit from ASIST, those without previous education or training in suicide prevention or intervention will benefit significantly more than those who have had it.

Figures 3-2 through 3-4 show that this is what, in fact, occurred. While those participants without previous education or training in suicide prevention or intervention gave themselves lower ratings (between “low” and “moderate”) prior to ASIST than those with previous education or training (“moderate”), at the end of ASIST both groups rated themselves virtually the same (“high”). This is the case in all three areas: confidence, knowledge, and skills. Both groups’ self-ratings increased significantly in all three areas.

In addition, the differences between the two groups’ increases in self-ratings were also statistically significant in all three areas. This demonstrates that those without previous education or training in suicide prevention or intervention benefitted significantly more from ASIST compared to those with previous education or training.

**Figure 3-2**

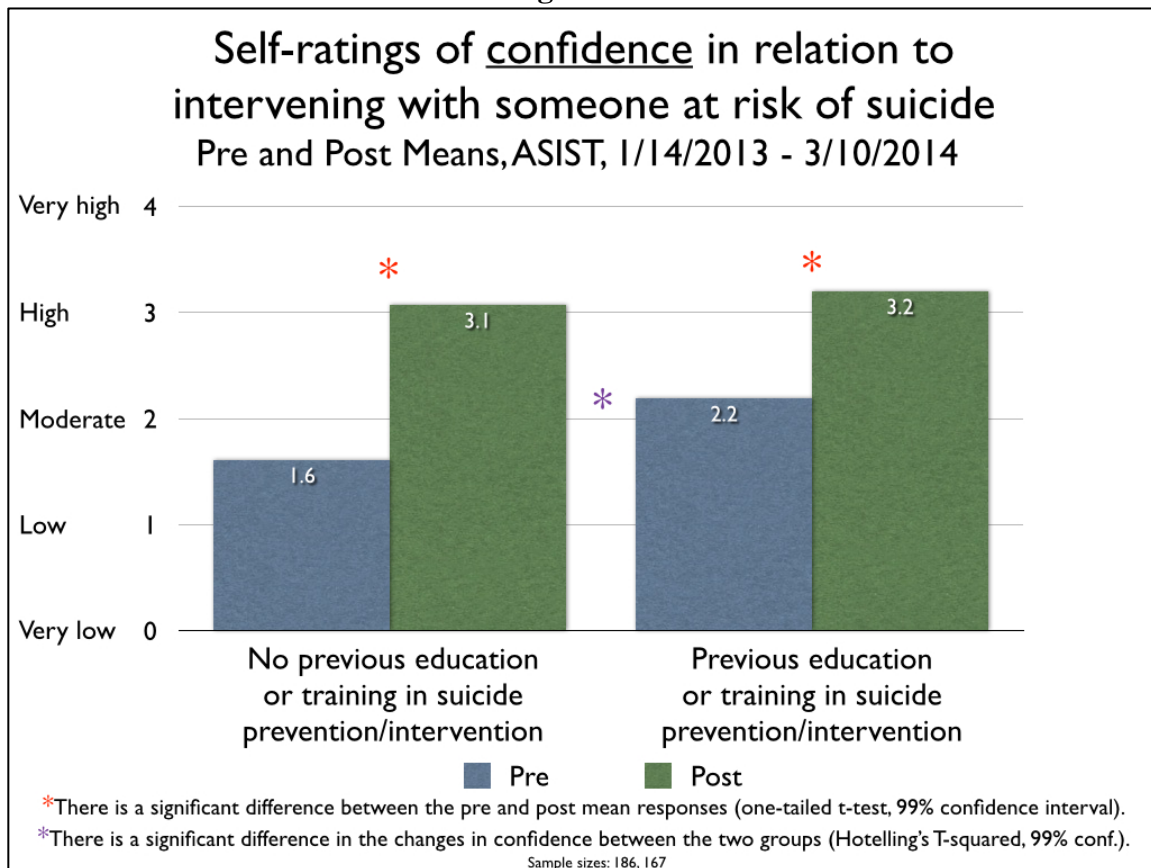


Figure 3-3

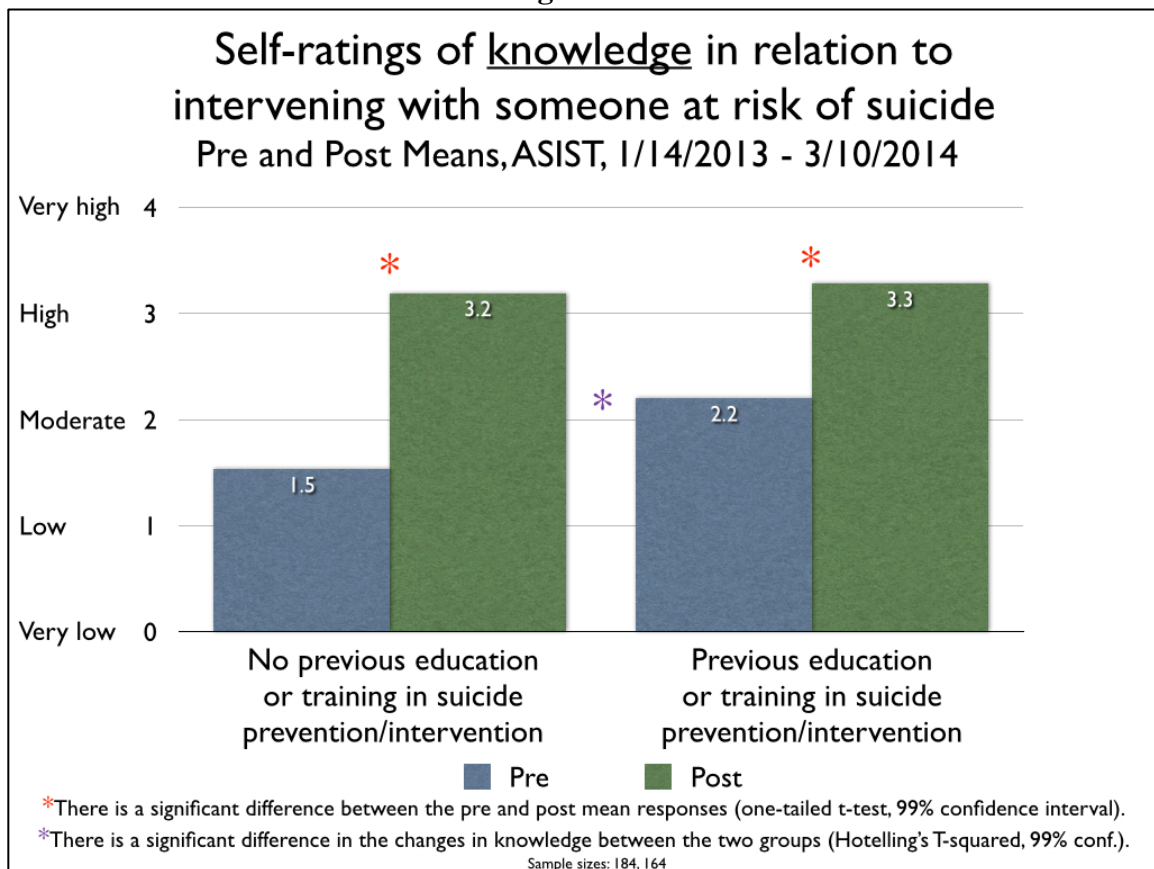
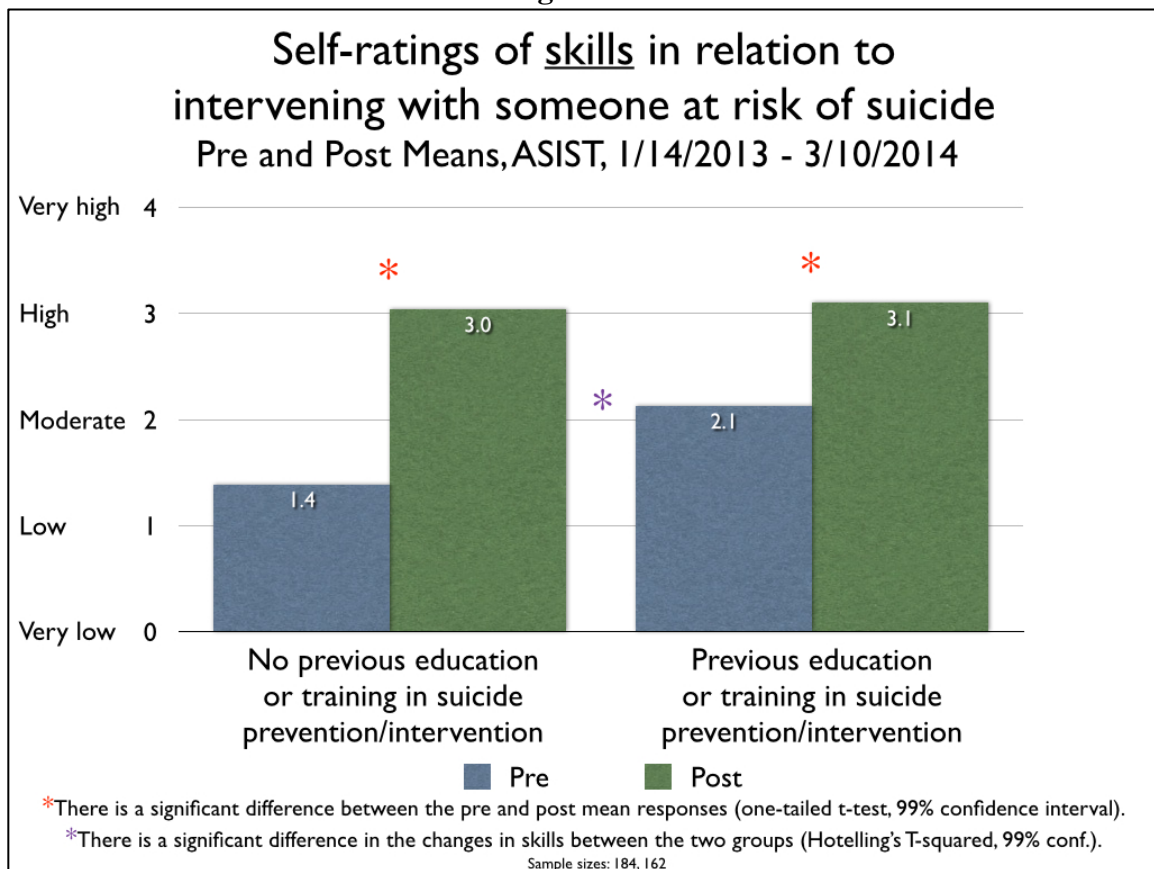




Figure 3-4

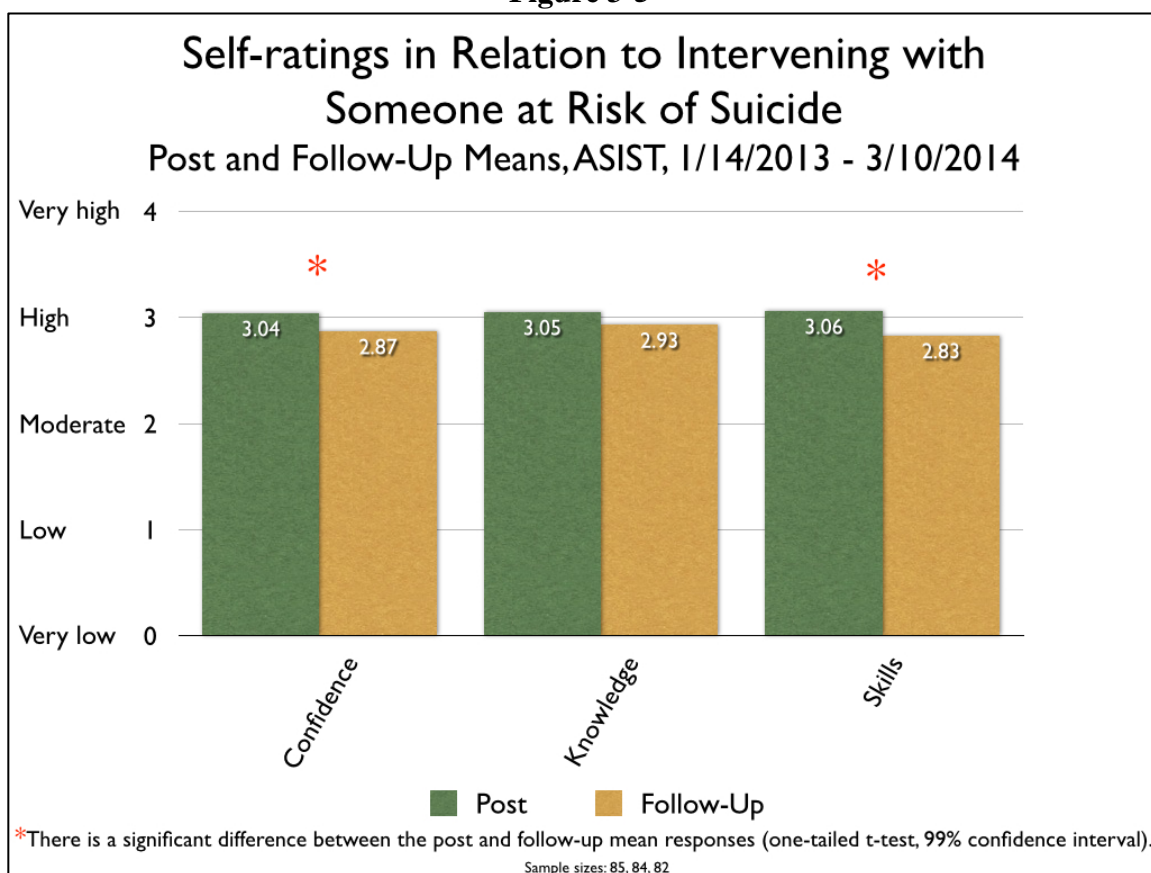


## 2. Immediately After ASIST and Six Months Later

Figure 3-5 shows the responses of participants who completed an online follow-up survey approximately six months following their ASIST training<sup>1</sup>, with their mean responses immediately after ASIST in green and their follow-up responses in gold.

There were very small decreases in the participants' self-reported confidence, knowledge, and skills in relation to intervening with someone at risk of suicide, statistically significant in the cases of confidence and knowledge, in the six months following ASIST. Some amount of decrease is expected, as memories naturally fade with time. The fact that the decreases were so modest after six months is a positive result.

**Figure 3-5**



<sup>1</sup>E-mail messages requesting that the recipients fill out an ASIST follow-up survey and providing a link to the online survey were sent to all individuals who completed ASIST a minimum of six months after the training they attended and no more than six months and two weeks after the training. Ninety-eight (98) people filled out a follow-up survey, for a completion rate of 25%.

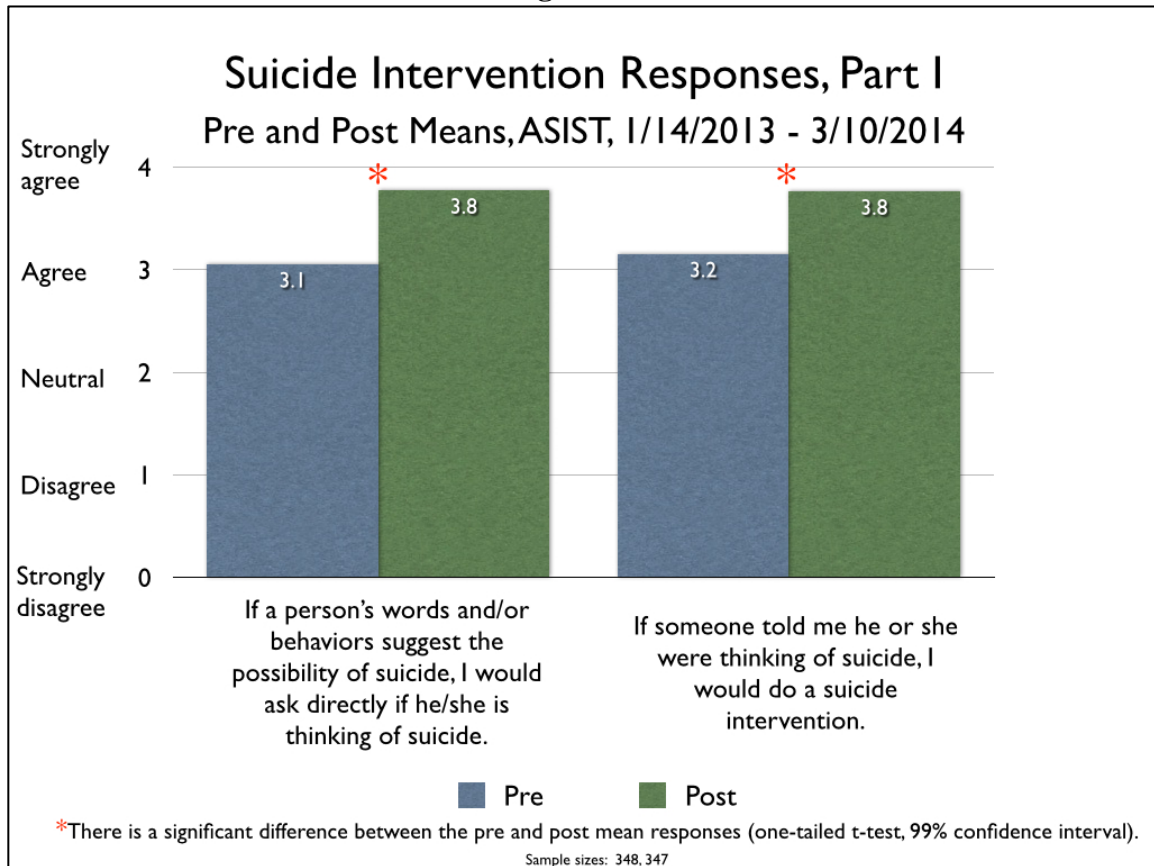
## B. Additional Suicide Intervention Measures

At the beginning and end of the training, the participants were asked to what degree they agree with four statements pertaining to intervening with someone at risk of suicide.

There were statistically significant increases in the participants' mean responses to all four statements. As shown in Figure 3-6, the mean response to "If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking of suicide" increased significantly from "agree" to nearly "strongly agree."

Likewise, the participants' mean response to "If someone told me he or she were thinking of suicide, I would do a suicide intervention" increased significantly from "agree" to close to "strongly agree."

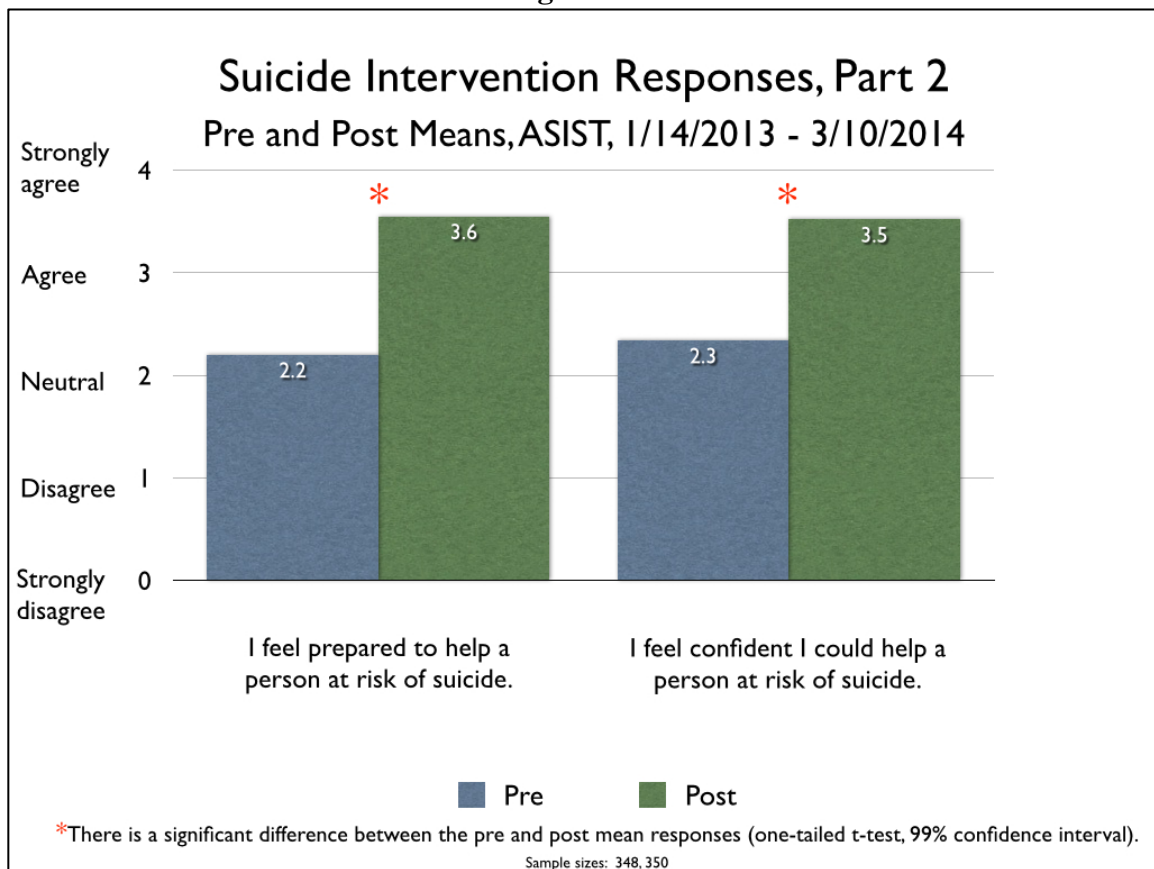
Figure 3-6



As displayed below in Figure 3-7, the participants' mean response to "I feel prepared to help a person at risk of suicide" increased significantly from "neutral" to between "agree" and "strongly agree."

Similarly, the participants' mean response to "I feel confident I could help a person at risk of suicide" increased significantly from between "neutral" and "agree" to between "agree" and "strongly agree."

**Figure 3-7**



Figures 3-8 and 3-9 display the participants' mean responses following the training to statements regarding their confidence to take actions involved in suicide intervention. Their mean responses to all six statements fall between "agree" and "strongly agree."

**Figure 3-8**

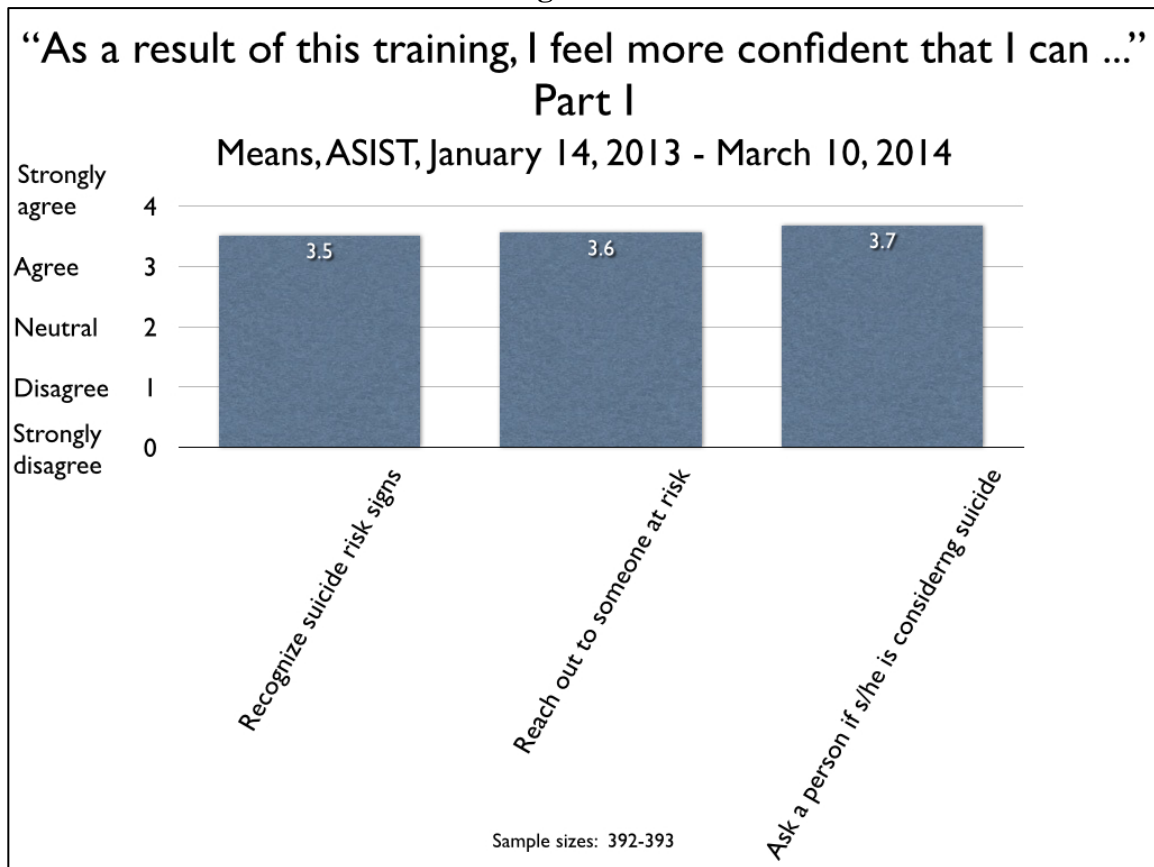
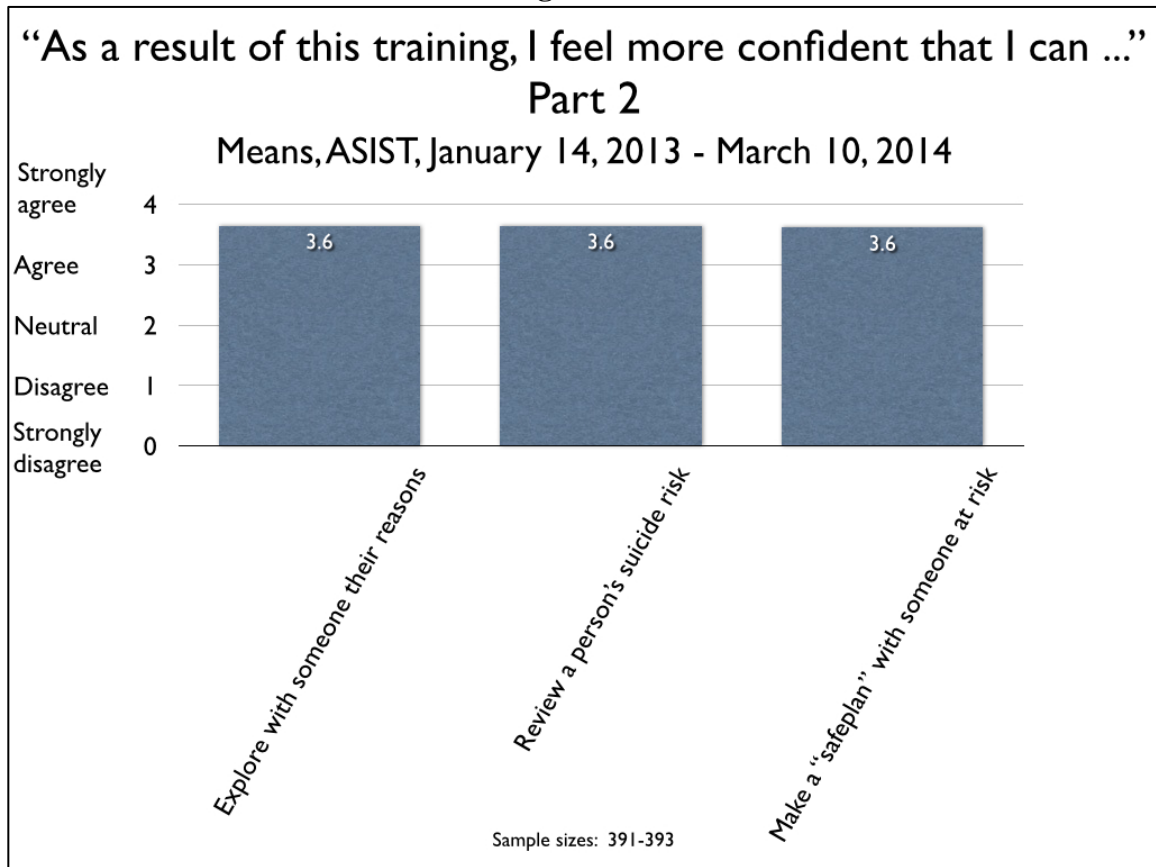


Figure 3-9

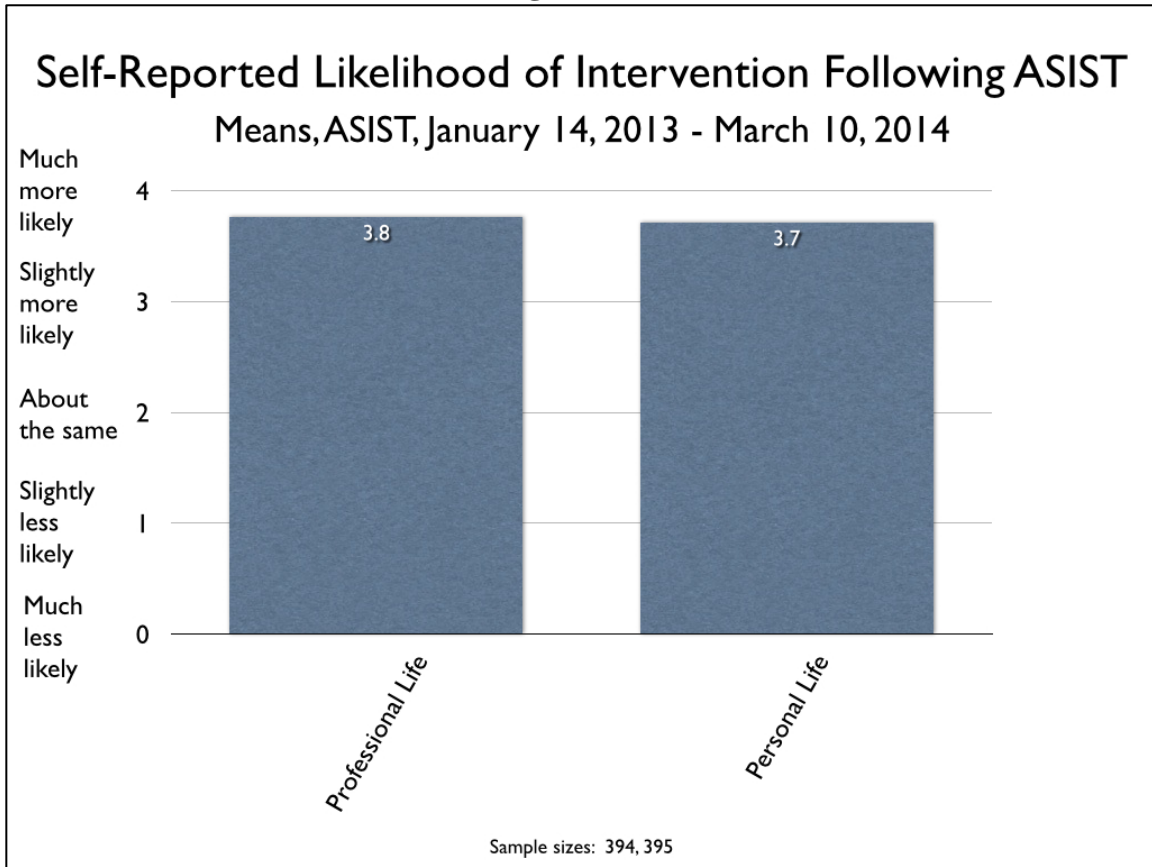


### C. Self-Reported Likelihood of Suicide Intervention

Following the training, the participants were asked, “Do you feel that, in your [professional/personal] life, ASIST training has made you more or less likely to intervene with someone at risk of suicide than before you did the training?”

The participants’ mean responses regarding their likelihood to intervene with someone at risk of suicide in both their professional and personal lives fall close to “much more likely.”

**Figure 3-10**



## D. Interventions with Someone at Risk of Suicide

### 1. Before ASIST

Of the 378 participants who responded to the question, before the ASIST training 233 (62%) indicate that they intervened at some time in their lives when they were concerned that someone was at risk of suicide.

We asked the participants who say they intervened in the past to specify how they intervened. Table 3-1 presents their responses.

**Table 3-1**  
**How the Participants Intervened Before ASIST with Someone at Risk of Suicide**

Type of Intervention	Number of Participants
Asked someone if they were having thoughts of suicide	211
Explored with someone their reasons for wanting to live and/or die	195
Reviewed the person's risk (e.g. asked if they have a current suicide plan, if they have ever attempted suicide before, etc.)	165
Made a safeplan with someone (e.g. to keep them safe, to disable their suicide plan, to link to sources of support, etc.)	153

We asked the participants who say they intervened in the past with someone at risk of suicide to specify with whom they intervened and how often. Table 3-2 below presents the results. Overall, the participants intervened most in their personal lives, followed by with clients or patients in their professional lives.

**Table 3-2**  
**With Whom the Participants Intervened Before ASIST and How Often**

Type of Individual Intervened With	Once or Twice	Three or More Times
Male client(s)/patient(s) in my professional life	77	57
Female client(s)/patient(s) in my professional life	81	75
Male colleague(s) in my professional life	22	5
Female colleague(s) in my professional life	21	3
Male(s) in my personal life	102	12
Female(s) in my personal life	94	11
TOTALS	397	163



## 2. Six Months After ASIST

Ninety-eight (98) participants filled out an online follow-up survey approximately six months after they completed ASIST training. They were asked, “If you intervened with someone at risk of suicide since training in ASIST, how many lives do you think you most likely saved by intervening?”

Forty-seven (47) individuals answered the question. Collectively they report that they most likely saved 134 lives, or 2.85 lives each, on average. Although these individuals cannot, of course, know for certain how many lives they saved, if this figure reported by the 25% of ASIST participants who completed a follow-up survey comes anywhere close to reflecting reality, it represents an immense positive impact that ASIST has been making in Kings and Tulare Counties and beyond.

On the follow-up survey, the participants were asked in what ways they intervened with an individual or individuals who were at risk of suicide. Table 3-3 presents the responses of the 98 individuals who responded to the survey.

**Table 3-3**  
**How the Participants Intervened in the Six Months After ASIST with Someone at Risk of Suicide**

Type of Intervention	Number of Participants
Asked someone if they were having thoughts of suicide	68
Explored with someone their reasons for wanting to live and/or die	52
Reviewed the person's risk (e.g. asked if they have a current suicide plan, if they have ever attempted suicide before, etc.)	49
Made a safeplan with someone (e.g. to keep them safe, to disable their suicide plan, to link to sources of support, etc.)	38

The 98 participants who filled out the follow-up survey were asked to specify with whom they intervened and how often since they took ASIST about six months before. Table 3-4 presents the results. Overall, the participants intervened most with clients or patients in their professional lives, followed by in their personal lives.

**Table 3-4**  
**With Whom the Participants Intervened in the**  
**Six Months After ASIST and How Often**

Type of Individual Intervened With	Once or Twice	Three or More Times
Male client(s)/patient(s) in my professional life	23	6
Female client(s)/patient(s) in my professional life	31	5
Male colleague(s) in my professional life	7	1
Female colleague(s) in my professional life	8	1
Male(s) in my personal life	27	2
Female(s) in my personal life	24	3
<b>TOTALS</b>	<b>120</b>	<b>18</b>

On the follow-up survey, the 98 individuals who filled it out were asked about their most recent intervention with someone at risk of suicide and whether, and to what extent, they used all or part of the ASIST model or another model in that intervention. They were able to select only one option. Eighty-three (83) individuals responded. The results are shown in Table 3-5.

**Table 3-5**  
**“If you intervened since training in ASIST, in relation to**  
**your most recent intervention, did you ... ?”**

Suicide Prevention Model(s) Employed	Number of Participants
Use parts of the ASIST suicide intervention model.	36
Use all of the ASIST suicide intervention model (asking directly about suicidal thoughts, developing a safe plan and onward referral).	16
Use all/parts of ASIST and another model combined.	7
Use a different suicide intervention model.	1
Not use any suicide intervention model.	0
I did not intervene since training in ASIST.	20
Not sure	0
Do not wish to answer	3
<b>TOTAL:</b>	<b>83</b>

On the follow-up survey, the 98 individuals who filled it out were asked, if they have not intervened since training in ASIST, why they have not. They were able to select multiple options. The results are presented in Table 3-6.

**Table 3-6**  
**“If you have NOT intervened since training in ASIST, why have you not intervened?”**

Reason for Not Intervening	Number of Participants
Situation not arisen	30
ASIST not appropriate	1
Don't feel confident	0
I felt my skills were too rusty.	0
Other	4
Not sure	1
Do not wish to answer	1

The four responses of “Other” are as follows:

- “Haven't had anyone to work my ASIST skills.”
- “Clients answered ‘No’ to having thoughts of suicide.”
- “I have supervised others in their interventions.”
- “In my profession my intervention is based on answers by incarcerated juveniles. If needed I place them in a safety cell and notify Psych and do 15 minute checks until their arrival.”

The 98 participants who filled out a follow-up survey were asked to agree or disagree with three statements about the application of ASIST training. Their responses are displayed in Table 3-7.

While 28 participants indicated that their ASIST skills need to be updated or refreshed, the results are highly positive, because 58 of the respondents agreed that they had one or more experiences using ASIST when it went well, and just 16 disagreed. In addition, only one (1) person agreed that they had at least one experience using ASIST when it did not go well, while 64 disagreed with this statement.

**Table 3-7**  
**“Please say whether you agree or disagree with the following statements about the application of ASIST training.”**

Statement	Agree	Not Sure	Disagree
My ASIST skills need to be updated/refreshed.	28	27	37
I have had one or more experiences using ASIST when it went well.	58	15	16
I have had one or more experiences using ASIST when it did not go well.	1	16	64

## E. The Stigma of Mental Illness

An assessment of mental health stigma attribution was included in the pre, post, and six-month follow-up surveys. The nine-question assessment, called the AQ-9, was developed and made publicly available by one of the foremost scholars of the stigma of mental illness, Distinguished Professor Patrick W. Corrigan, Psy.D., who serves as the Director of the National Consortium on Stigma and Empowerment. Added to this assessment were three questions from Dr. Corrigan's 27-question AQ-27 survey that address specific types of discrimination against people with mental illness.

I chose to include these three additional indicators of discrimination that fall into the category of "avoidance" in the participant survey. They are notable because they address some of the most flagrant forms of discrimination against people who suffer from mental illness. The statements refer to a man named Harry who has schizophrenia and are worded thus: "If I were an employer, I would interview Harry for a job."; "I would share a car pool with Harry every day."; and "If I were a landlord, I probably would rent an apartment to Harry." (Note: The means of these final three indicators shown in Figure 3-12 are reversed for comparison to the other indicators because the wording of these three indicators is positive, whereas the wording of the other indicators is negative. This "reverse scoring" is specified by the assessment's author.)

The following are the nine questions in the AQ-9 assessment and the three additional questions from the AQ-27 assessment that ASIST participants responded to on a nine-point Likert scale, before and after the workshop and six months later. The section begins with an introductory paragraph about a man with mental illness named Harry:

"Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He has been hospitalized six times because of his illness. CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION."

1. "I would feel pity for Harry."
2. "How dangerous would you feel Harry is?"
3. "How scared of Harry would you feel?"
4. "I would think that it was Harry's own fault that he is in the present condition."
5. "I think it would be best for Harry's community if he were put away in a psychiatric hospital."
6. "How angry would you feel at Harry?"
7. "How likely is it that you would help Harry?"
8. "I would try to stay away from Harry."
9. "How much do you agree that Harry should be forced into treatment with his doctor even if he does not want to?"

10. “If I were an employer, I would interview Harry for a job.”
11. “I would share a car pool with Harry every day.”
12. “If I were a landlord, I probably would rent an apartment to Harry.”

I hypothesize that while ASIST is focused on suicide intervention rather than mental illness in general, participation in ASIST training will make at least some of the participants more sensitive to the plight and needs of people with mental illness and, thus, be less likely to hold stereotypical or discriminatory opinions about them.

The mean mental health stigma attribution score<sup>2</sup> of the participants decreased from 28.5 before ASIST to 25.9 after ASIST (a 9% decrease), a moderate, statistically significant improvement. This indicates support for the hypothesis that ASIST reduces stereotypical and discriminatory thinking regarding people with mental illness in ASIST participants, at least in the short term.

Figures 3-11 and 3-12 display the mean responses on the individual indicators included in the mental health stigma attribution assessment. (The final three indicators in Figure 3-12 are not included in the AQ-9 assessment and are, thus, not included in the stigma attribution score.) In Figure 3-11 there were three statistically significant changes in these indicators: a decrease in the perceived dangerousness of people with mental illness and decreases in fear and blame of them. In Figure 3-12 there are five statistically significant decreases in stigma measures: coercion, avoidance in general, and three specific kinds of discriminatory behavior categorized as types of avoidance. There is also one significant increase, in the desire to help people with mental illness.

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<sup>2</sup>The mental health stigma attribution score is calculated by summing the responses to the nine statements on Dr. Patrick W. Corrigan’s AQ-9 assessment, the first nine stigma-related statements out of the 12 used on the surveys for this program. They are listed on the previous page. Higher stigma attribution scores indicate higher levels of stereotypical and discriminatory thinking about people with mental illness.

Figure 3-11

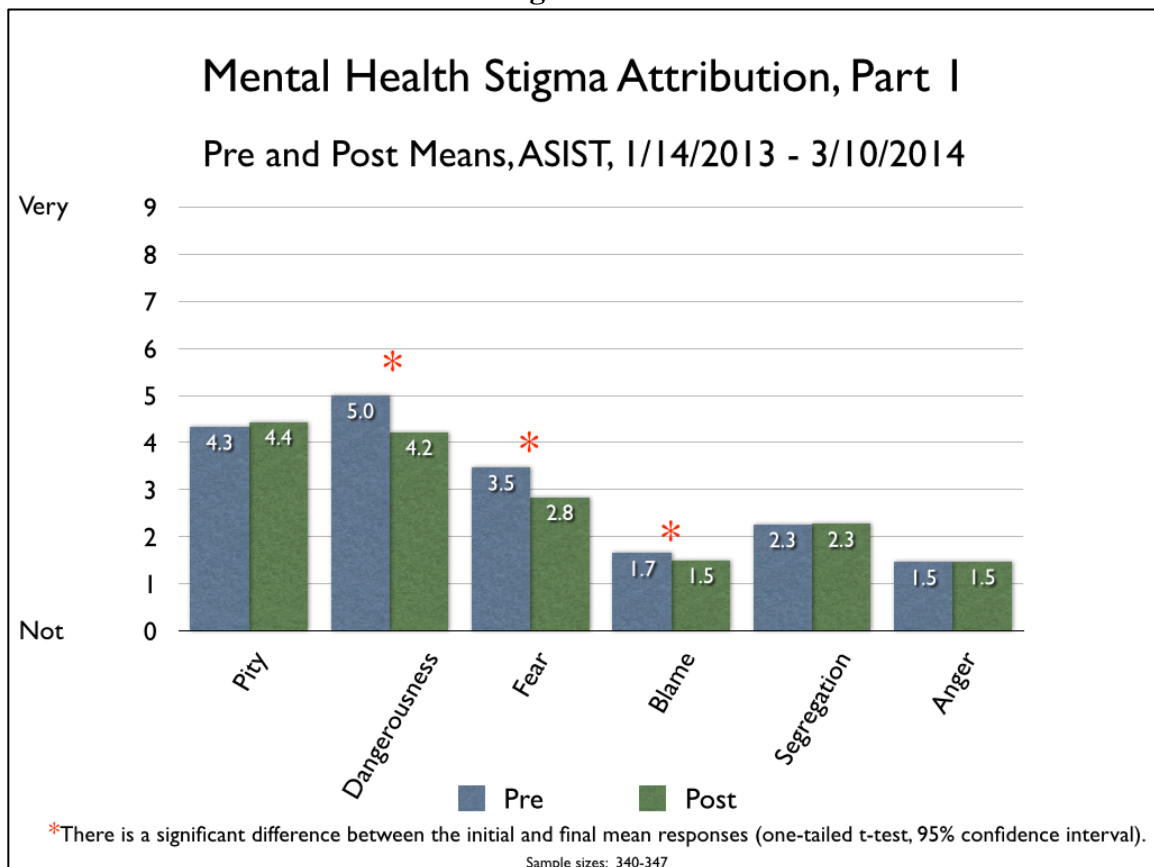
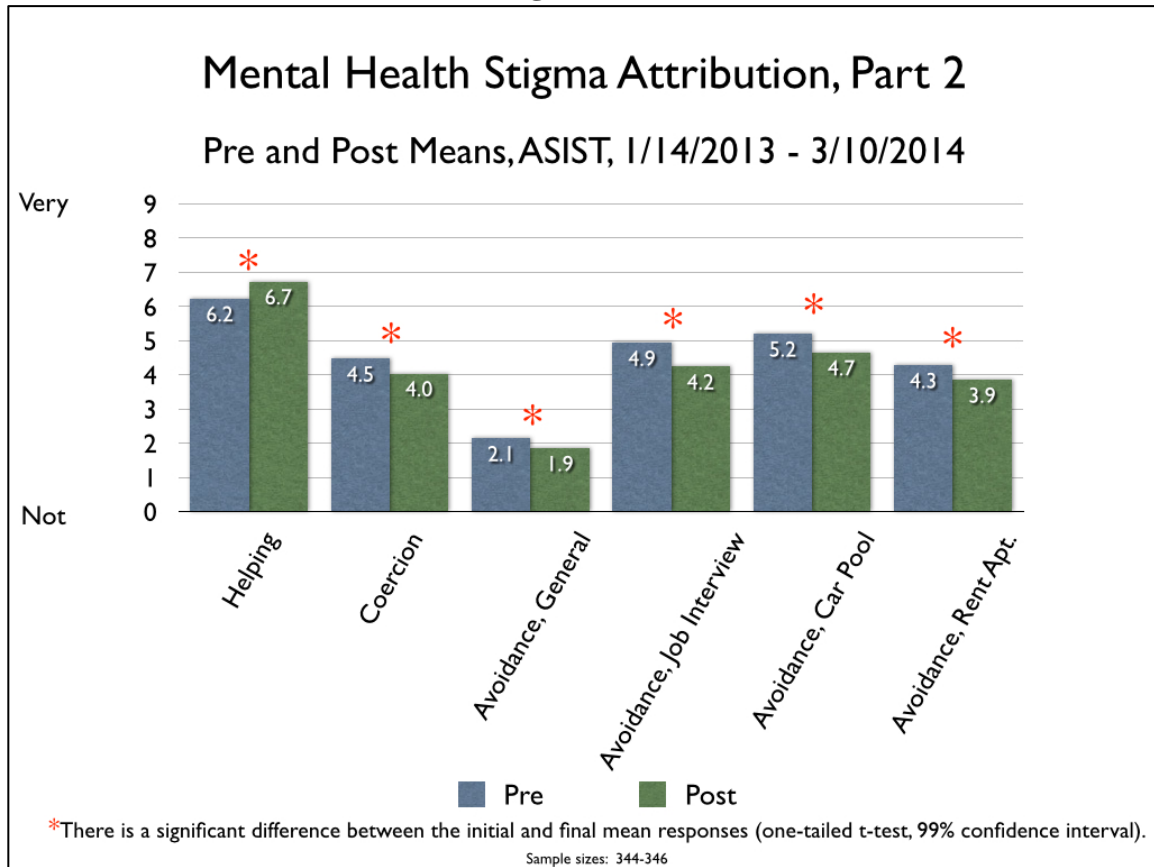


Figure 3-12



I further hypothesize that any decrease in stereotypical or discriminatory thinking will be greater for those without any previous education or training in mental health than for those with it. It is possible to test this hypothesis because members of both groups attended ASIST trainings. Nearly three-quarters (74%) of the participants indicate that they had previous education or training in mental health.

The mean stigma attribution score for participants without previous mental health education or training decreased by 4.0 points (12.6%), from the beginning to the end of ASIST. (See Figure 3-13.) However, the mean score for participants with previous mental health education or training decreased by just 2.1 points (7.8%). These changes are statistically significant at the 99% confidence level.

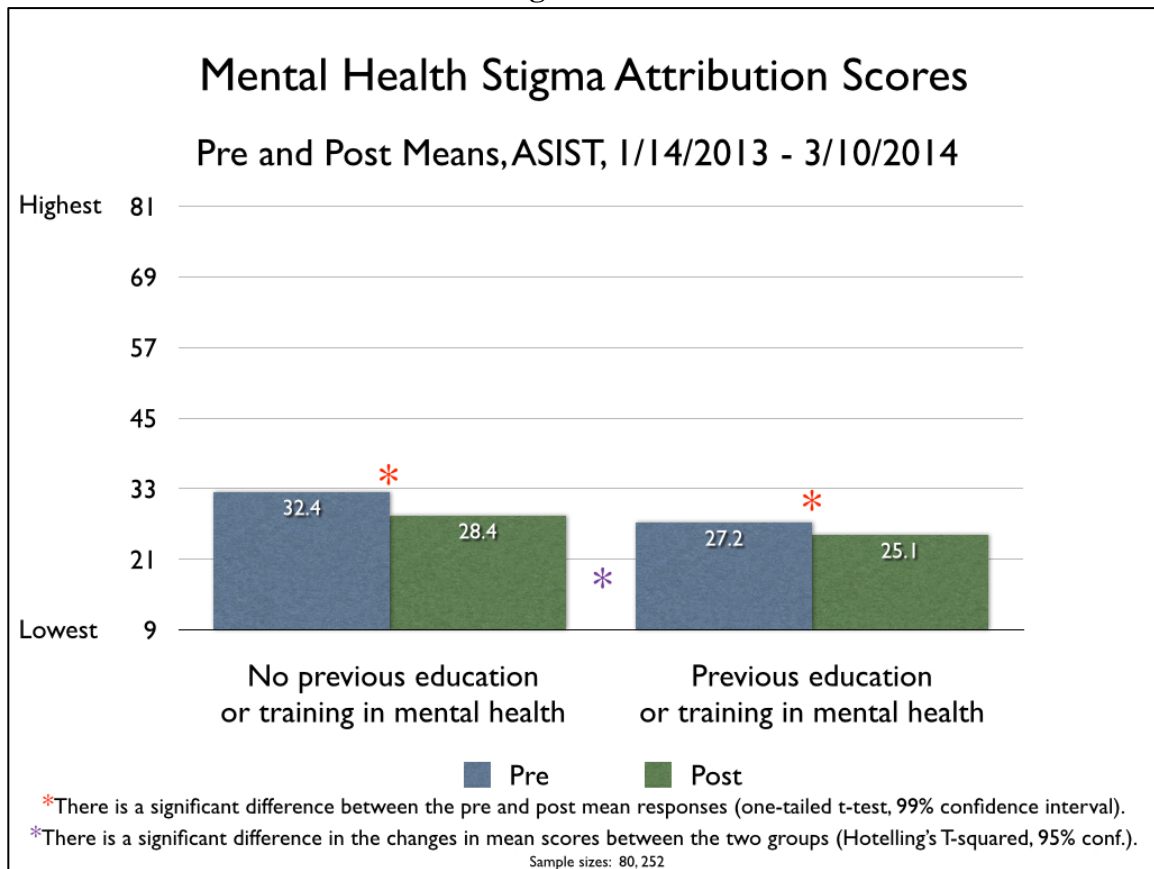
Also statistically significant, at the 95% confidence level, is the difference in changes in scores between the two groups. That is, the change in mean stigma attribution score from immediately before to immediately after ASIST is not only larger for those without any previous education or training in mental health compared to those who had it, it is significantly larger.

As might be expected, both the initial and final mean stigma attribution scores for participants with mental health education or training were lower than those for partici-



pants without it. Those with previous mental health education or training simply came to ASIST with lower levels of stereotypical and discriminatory thinking, on average, than those without such education or training. However, for both groups, the level of expressed stereotypical or discriminatory thinking declined significantly from the beginning to the end of ASIST.

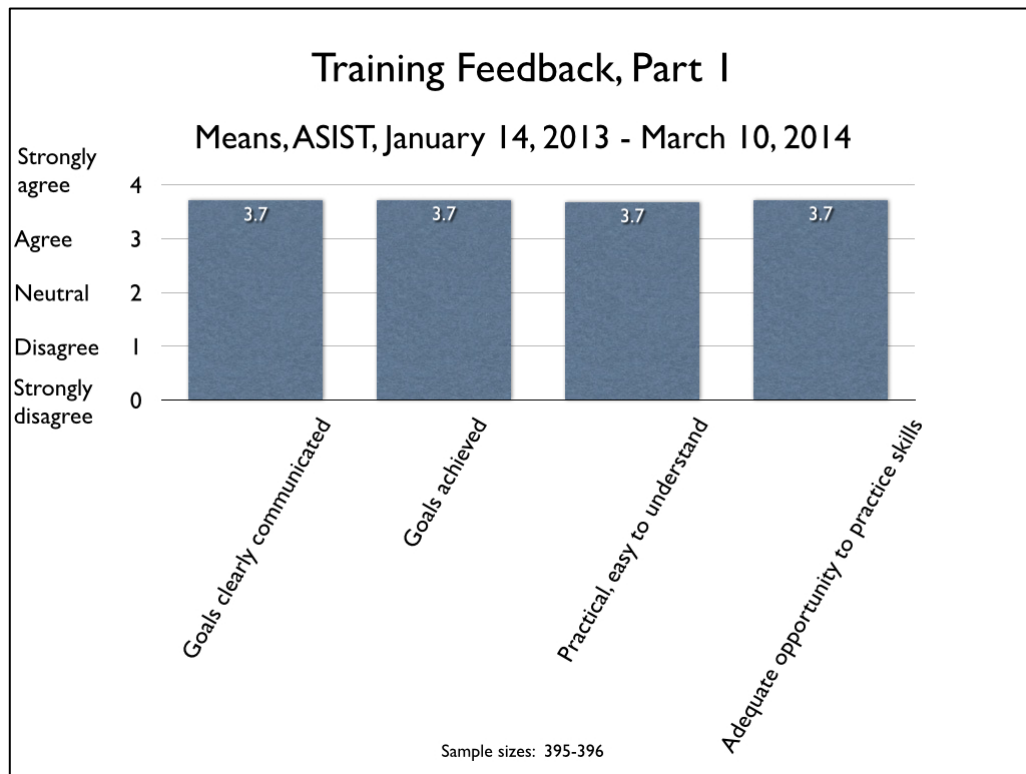
**Figure 3-13**



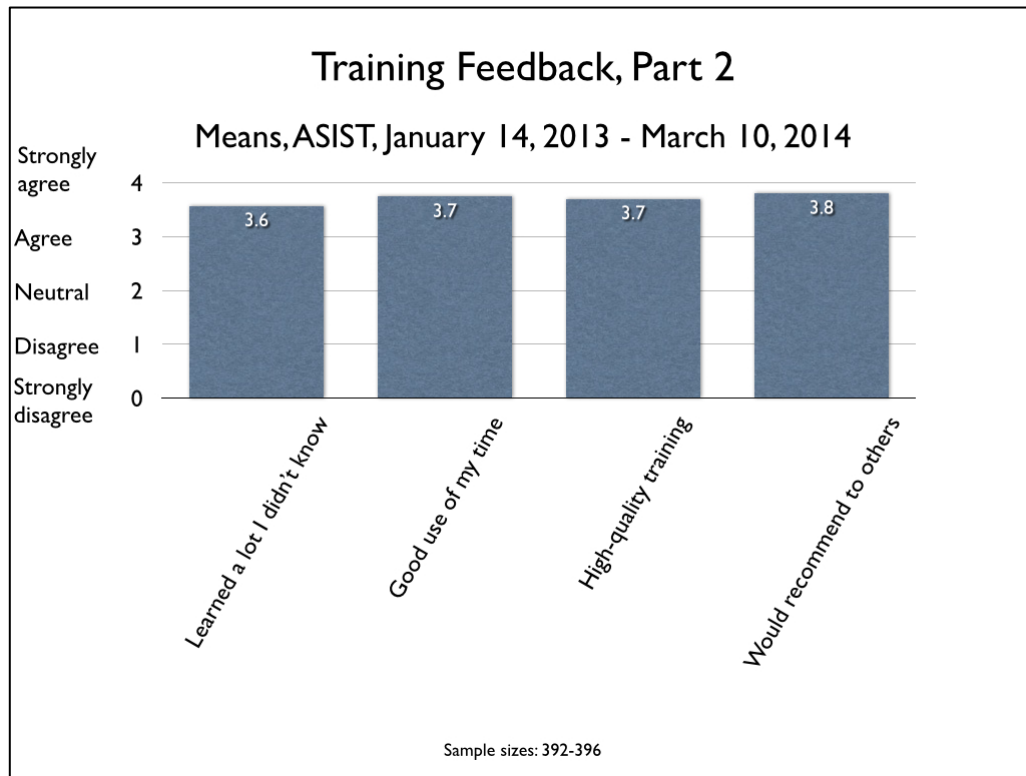
## F. Training Feedback

Figures 3-14 and 3-15 present participants' mean responses after ASIST regarding the training in general. All of the participants' responses, on average, fall close to "strongly agree." The statements include that the goals of the training were clearly communicated; that they were achieved; that the course content was practical and easy to understand; that there was adequate opportunity to practice the skills they learned; that they learned a lot they did not know before ASIST; that it was a good use of their time; that the quality of the training was high; and that they would recommend it to others.

**Figure 3-14**



**Figure 3-15**



## G. Open-Ended Responses

We asked the participants two open-ended questions on the post survey:

- “How did this course help you?”
- “How, if at all, could this course be improved?”

The responses to each question are listed below, sorted by category.

### 1. How ASIST Helped the Participants

#### Skill Development and Increase in Knowledge and Awareness (200 responses)

“I learned many things such as an invitation, the high risk concerns and tasks of caregivers. I did not know the signs of suicide when my son took his life. If I can help at least one person then it has been worth it.”

“It helped me help a friend who actually attempted suicide this week. I applied everything that I learned and I appreciate how I actually was able to get through to her.”

“This course gave me the skill set and confidence to deal with those thinking of suicide. It provided a clear, concise model to follow to ensure I am on the right track when addressing suicidal behavior with someone. I now feel substantially more prepared to conduct a suicide intervention as compared to before this course.”

“This course gave tangible tools and a model to follow which is helpful when in the high-stress/pressure situation of intervening with a person at-risk of suicide. Everything I’ve learned before has been more abstract and did not follow a model. This training gives you something to reference and tools to use.”

“This course was very helpful in helping me identify the steps of how to deal with someone who is considering suicide. Before the training, I felt as if I need no direction as to help someone at risk of suicide. I have always relied on other professionals whom I know with to help me help the person at risk. I also like the SIM card, because that gives me concrete reminders as to what steps to take in order to help someone at risk of suicide.”

“I feel I can use the SIM to safely and effectively intervene in a suicide attempt. I now understand the importance of being able to address death with someone who is at risk of committing suicide. Being able to carry the model around in my wallet at all times makes me feel I will always be prepared if intervention is needed.”

“Taught clear and simple model.”

“It made me more comfortable having a step-by-step plan to follow.”

“Concise framework for suicide assessment. Be more direct in asking if thinking of killing self.”

“It provided a clear laid-out plan. It is a great resource to refer to.”

“Learned a structured detailed way to explore the topic of suicide with an at risk individual.”

“The framework would help me to keep on track during an intervention and hit necessary points to assist an individual and SI.”

“Gave me template on what to say/do.”

“Gave me a model/process to utilize in the future”

“Have a step by step plan to assist in the intervention of someone who is suicidal.”

“Helped me gain insight on how to effectively connect with those at risk. I liked the PAL model. I also liked having a card for reference.”

“I now can see a system in how to ask someone about suicide.”

“Provided me with a clear step by step guide of what to say, ask someone who wants to commit suicide”

“Great process, a very concrete way to provide suicide intervention.”

“Gave me a guide to assist someone who has suicidal thoughts”

“I was able to get better clarification on the SIM.”

“Provided tools + knowledge of SIM”

“How to ask proper questions and use the SIM model to better assist people who are going through a crisis situation. Learned not to be afraid to ask a person about whether they are contemplating to kill themselves.”

“This course better prepared me to intervene in a crisis situation and to recognize the signs that someone may be considering suicide (the invitations).”

“I was able to use the word suicide and able to know the steps and take [them] once they do open up and help them explore and finish to the last step to keep them safe.”

“It provided me with the resources/tools to approach a person who is thinking about committing suicide. As well as developing a plan and agreement. And also knowing that

talking about death and dying is very important - versus skirting around the issue. I feel much more confident in my abilities to deal with a crisis situation.”

“Helped me understand why intervention is so important. Saw a method to empower me with the ability to help someone at risk. Heard ways to ask that I never would have thought of before. Prepared me as well.”

“ASIST has given me the opportunity to learn another skill I can use in my marriage and also family environment due to being a caregiver for a service-connected veteran with disabilities like PTSD, TBI, Major Depressive Disorder and homicidal tendencies. I will also use these skills to help other veterans and families going through similar situations.”

“Provided us with tools that can be implemented when risks of suicide are identified. To provide caregivers with specific information and several methods/approaches of how to handle a situation dealing with a person at risk.”

“It helped me to realize the whole process of helping a person to overcome a suicidal thought/plan. Made me realize that it's important to connect and understand where a person is coming from and show them that you care.”

“Eye opening. Know more now about suicide and understanding why it happens. Learned skills to stay neutral and not judge.”

“Steps, structure, and guidance in addressing suicide issues”

“Helped me understand a formal process to help someone who needs intervention for suicide ideation.”

“Learned how to apply a new model for suicide intervention. I think it is a very practical and direct model to follow.”

“It helped me develop a safety plan and be able to identify the symptoms of someone who is suicidal.”

“This course helped me to think through various different situations and opened up my skills and knowledge to help at risk individuals and helped raise my confidence.”

“More able to recognize signs and pull from person reason to live”

“This course helped me with recognizing some warning signs and ways people might show invitations into asking them about how their feeling and if they're suicidal. It gave me confidence to help those in need.”

“The different scenarios that can occur and different ways to respond and approach. The model is a great resource.”

“Helped me [learn] how to deal with others who are suicidal. Also allowed me to hear others’ stories on how they have dealt with suicide and suicide prevention.”

“It gave me the knowledge I need to intervene when someone is at risk for suicide.”

“It helped me be more prepared to intervene in a suicide.”

“To better understand others when at risk”

“I can safely say I know how, and have an idea, on what I can do if I find someone who is suicidal. I’m prepared for an event in which I find such a person.”

“Easy language terms. Easy to understand. Process flows.”

“This course gave me a better understanding of signs and resources to assist a person in crisis.”

“This training helped prepare me to work with suicide, better than I could have imagined. It forced me to take time to think and reflect both subjectively and objectively. It was paced well and I love and will definitely use the model - as well as have more confidence going forward.”

“Now better prepared to ask the question, explore the reasons and make a safety plan.”

“It helped recognize signs of suicidal ideations, intervene with the person, stay present and talk about death and living with them.”

“I feel that I was given great tools to recognize suicidal behaviors. I also think the role plays and scenarios helped me build confidence in asking someone if they are suicidal. The model gave a road map to guide and use in the future.”

“It helped me tune in on some red flags to look for when talking to someone who is possibly suicidal, feel more confident in helping out and learning more of what I can do.”

“This course expanded the knowledge I have about suicide intervention. I really benefited from the role playing. It gave me the opportunity to practice and become more comfortable. It was very practical.”

“Provided me with tools needed to help those who may be thinking of suicide; Individuals I may encounter in my profession or out in my community.”

“This course helped me to learn skills about how to respond into suicidal situation, not only solving (or contributing) to keep the victim alive but to make a safe plan.”

“I believe this course was extremely helpful in helping me identify the signs of suicide and the process of intervention.”

“It helped me identify the signs and flags to initiate an intervention when needed.”

“This course and material was significantly helpful as the model ASIST outlines a simple and effective way for anyone with crisis or mental health experience or NOT the ability to help someone and prevent a death that otherwise would occur.”

“Helped very much for both professional and personal life. Now feel that I have more of a guide by using the model to complete a risk assessment.”

“This course was very helpful. I now feel that I can assist somebody when they are showing signs of suicide.”

“It provided a better understanding of suicide and ways to help prevent it.”

“Gave me great insight into the thought process of an at-risk person. Provided the how-to to connect, understand and assist a person in crisis.”

“Education or rates/statistics, knowledge. The model - of what to do, not going directly asking about plan, taking it serious, getting resources, etc. The signals of wanting to seek help.”

“It helped me recognize more of the signs of a person with suicidal thoughts.”

“I learned more about the process and the flow. Learning not to jump to fixing the problem is important. Very well done!”

“It helped me understand that you can't just jump and try to solve the problem right away.”

“You must have lots of time and patience and take it one step at a time.”

“Gave me awareness of growing problem”

“This course helped me more fully understand the signs of suicide and the way to approach someone I feel is at risk. I know this will help me in my future career as well as possibly in my personal life.”

“I was completely unprepared to help a person contemplating suicide. I feel better prepared to intervene. I also feel that I have a better understanding of how to better my skills and knowledge on how to get better at intervening (gathering resources, etc.)”

“It helped me increase my knowledge, skills, and confidence in assisting individuals who struggle with suicidal thoughts.”

“I have learned a lot of great tools and I feel more confident that [I] will ask the right questions to help someone seek help. I am no expert but definitely more informed.”



“It helped create a visual and game plan for situations involving suicide. I also have more confidence in working with people who are suicidal.”

“This course was very informative and helpful. It addressed a topic that is often taboo and gave specific strategies if a person encounters a suicidal person.”

“Gave me the confidence and skills to assist someone in a crisis situation. Also gave me resources to share with those I work with.”

“It helped me out so much that now I have the skills to help out someone.”

“Makes me more prepared if I come across a suicidal person”

“Teach how [to] implement [a] risk plan.”

“The suicide intervention model was very helpful and useful. The course helped me understand what suicide is.”

“Opened my eyes to various states of mind that may lead to suicidal ideation. Opportunity to practice suicide intervention skills.”

“Learned how to speak to someone thinking about suicide as well as active listening.”

“It made me aware of the risks and to be bold in asking the question, "Are you thinking of committing suicide?"”

“Very informative”

“Made me understand more about suicide.”

“It gave me the skills I need to help someone.”

“To better assist any person in a crisis situation”

“Added more tools/skills to my current skill set.”

“Reinforced present knowledge”

“It helped with finding why they want to live out of why they want to die. [sic]”

“It made me more aware of what I need to do in a suicide intervention.”

“It helped me understand the importance of suicide prevention and it helped me establish a direction to approach a suicidal situation and individual.”

“It helped me recognize the invitation to the signs of suicide and also how to be a good listener and not just into the rescue stage.”

“Know the signs and recognize and be more aware.”

“Clearly assisted with my understanding of intervention piece.”

“Opened my awareness to suicide. I had no idea how this training would change my idea.”

“It better prepared me and gave me confidence in dealing with people at risk for suicide. Gave me understanding on what I can do to help someone.”

“I helped me understand suicide a little better, and how to deal with that type of situation.”

“More aware of suicide ideation and how to recognize the signs”

“Practice the skill of directly addressing suicide. Practice being in the role of feeling suicidal and how important it is to hear the actual word ‘suicide’ when being assessed.”

“Gave me helpful tools to take back with me. I have more confidence in my ability to help others that may have thoughts of suicide.”

“This course helped give me: language, tools, model, practice to help someone thinking of suicide.”

“Understand more about suicide prevention”

“I am better prepared to provide suicide prevention intervention in my community. I was able to explore my attitudes and beliefs about suicide.”

“It helped me be more aware of what people mean when they say certain things.”

“It helped enlighten me on approaching & dealing with a suicidal individual.”

“Helped me to feel more prepared to intervene with a person at risk of suicide. Helped me to practice situations.”

“Recognize my own fears and gain skills & knowledge on how to deal with suicide.”

“Gained a lot of knowledge and skills in regards to suicide”

“More aware, more confidence to ASIST someone in need”

“To understand what they're going through. Available resources. How to approach them.”

“It gives a lot of information on how to respond, intervene at crisis.”

“It sharpened skills already in use.”

“Made me more aware”

“It helped me to find ways to prevent suicide with someone who might be at risk.”

“It helped me gain skills to help someone.”

“Helped me to take the appropriate steps to aid in ASIST Training to prevent a suicide.”

“It taught me how to intervene with someone who has suicidal thoughts.”

“It helped me to be able to recognize the signs of someone who may be at risk of suicide. It also helped me be able and confident to help someone who is at risk.”

“It gave me the skills to help someone in crisis.”

“It helped, was not familiar with topic.”

“Gave me knowledge about the issue that I didn't previously have.”

“It helped me be able to assist someone who may be having suicidal thoughts.”

“Helped a lot feel more prepared to intervene”

“The course gave me a few more tools I could implement in suicide intervention.”

“It helped me to better understand the mindsets of people who are suicidal. I now have a blueprint on how to deal with the conditions of suicide and how to try and disarm them.”

“To be more understanding of emotions other people have that I could be uncertainty [sic] about life, at any point of their life.”

“Built understanding”

“Knowledge”

“Increase my knowledge base”

“Read cues or invitations”

“It helped me understand what to say to someone who is thinking of hurting themselves.”

“It have me more tools, and answered the questions of why.”

“Better understanding of suicide and how to assist someone at risk.”

“Specific intervention skills”

“How to go about dealing with it”

“Working with veterans, it has helped me to, if the occasion would arise, to approach him or her.”

“To be better prepared to help a person at risk as a result of completing ASIST”

“Helped me catch red flags to possible suicidal thoughts and steps to take in keeping that person safe.”

“Gave me the strength and tools to feel confident enough to help.”

“I feel more prepared to help the individual I work with.”

“Help me understand suicide signs and how to intervene in a safe way.”

“A lot, I feel they give you enough information to approach the situation. I no longer feel blindsided.”

“Learned about warning signs. Steps to take to help. If needed I would intervene in a suicidal situation.”

“Provided a structural path to navigate during crisis intervention. Provided practical skills and practice. Provided insightful discussion and support from others.”

“Gave me the framework to deal with anyone who might want or have thoughts of suicide. It gave me a step by step process to follow when dealing with a crisis that might be difficult to step forward and knowing what to do.”

“Gave a visual model to use and teach/encourage others to use.”

“This course gave me an outline to guide from. Steps to follow.”

“Great information. Very useful.”

“This course helped me gain skills on how to intervene in crisis situations. Prior to this training it would be much more difficult for me to intervene.”

“Help recognize the signs of someone contemplating suicide and how to appreciate them.”

“Prepare to provide first aid suicide intervention”

“Very good information on intervening with someone who is contemplating suicide. Good information. I want to share with others to take this course!”

“This course matured me as well as opened by eyes to the people in my life and community.”

“This course brought more awareness to my views on suicide, as well as the views of what the individual at risk may have and how and when to engage - in interventions.”

“It provided understanding to a topic I was limited in. It provided the tools to provide help to others.”

“I have gained so much knowledge on suicide awareness, prevention, and intervention. The role playing really impacts the knowledge and different scenarios.”

“It gave me more options for dealing with a crisis besides hospitalization/5150. In a previous job if a client was suicidal and had a plan we would not try to talk them out of it. We would write a 5150 and the crisis unit would pick them up and take them to a hospital or crisis stabilization unit.”

“It gave me the knowledge and skills necessary to be able to intervene with someone thinking about / in process of committing suicide.”

“This course provided me with useful information to intervene with a person in crisis.”

“This course definitely helped me understand and develop the tools I need to help an individual who may be suicidal.”

“Have a better understanding of the interventions and red flags about suicide. The importance of connecting with the person at risk and finding a turning point.”

“Recognize signs of someone at risk and know the structure and process of how to help that person.”

“This course provided the overview of the signs and invitations for suicide and helped me understand the process of the intervention. It had allowed me to practice addressing the suicide issue directly and how to develop a safety plan.”

“This course really helps me as I personally have not had the experience in suicide or have come across any situations. After today I feel prepared to intervene and help.”

“I learned to slow the process and really connect and hear the story instead of just to fix the problem.”

“This course helped me understand many of the signs of suicide.”

“The most useful aspect was attending to a safeplan, creating a support plan, etc. I'm already comfortable talking about suicide issues, but this training helped me learn what else to do. That is, I already have empathy; now I have some techniques to use.”

“By being comfortable asking someone if they are thinking about suicide.”

“Gave me another way to look at crisis intervention.”

“I feel better prepared to intervene with suicidal plans.”

“More comfortable with creating safety plans”

“Better understanding of what I can do to help and what signs I should/could look for.”

“Material I was unfamiliar with was made clear to me.”

“Provided me with various skills and knowledge.”

“Learned a lot of informative things, signs, both verbal and non-verbal.”

“To learn what to ask to help someone reach [a] turning point. Also to help develop a plan.”

“It helped me understand the steps that need to be taken in order to help a person struggling with suicide.”

“I learned many interventions to assist suicide.”

“Helped me feel better prepared to help someone at risk of suicide.”

“It helped me very very much. It was good.”

“Helped me understand the signs about suicided people. Helped with practicing the real-life situations.”

“It educated me and also brought up emotions that I would have never thought about.”

“It helped with learning how to assist with people at risk for suicide and what steps to take when intervening.”

“Gave me valuable skills to use.”

“Obtain skills to help prevent suicide.”

“Helped to put suicide intervention into a usable format.”

“To understand some about suicide”

“Made suicide intervention simple and easy to use.”

“Help to recognize the little clues of suicide. And how to ask directly.”

“Helped me understand what I can or can't do!”

“Helped me feel prepared to help someone feeling suicidal.”

“How to obtain information and how to develop a safety plan”

“Built personal skills”

“Communication skills”

“In many ways”

“Deal with suicide.”

“It helped me in many ways. Example: how to approach a suicide attempt.”

“Good to review intervention skills”

“Gave me some great ideas to share with my squadron's sailors about recognizing people in crisis and the first steps of treatment.”

“The tools given will help me at work because we do encounter clients with mental health issues, who also have some sort of suicidal tendencies.”

“I serve as a chaplain so I do intervention on a regular basis. But this course still helps sharpen skills.”

“Helped prepare me for my job.”

### Increased Confidence (75 responses)

“Increase knowledge base and confidence. I rated my skills as moderate because of lack of practice due to recent learning. The excellence of the [illegible] has armed with skills that I feel will constantly improve as I'm exposed to more opportunities.”

“It gave me a clear understanding of steps necessary to assist someone at risk of committing suicide. The course also gave me more confidence in regards to assisting and appropriately communicating with someone in serious crisis.”

“I learned to probe further when the person says they are suicidal. I was also able to become more confident in asking what lead client into suicide. I really liked how the diagrams helped bridge the steps in dealing with a crisis because it helps me have a reference / visual guide.”

“It gave me confidence that I did not have before in being able to help someone who was suicidal. It is relevant to my job and my education. It made me taking action in a crisis more of a reality.”

“I feel confident during a crisis call. I can better identify turning points -- possible triggers, and when to call for help.”

“I feel more confident on steps to take to assist someone that is thinking of committing suicide.”

“Gave me more knowledge and confidence to deal [with] suicidal / at risk situations.”

“Gave me a model to follow and confidence to try to help people at risk”

“Skills and confidence to intervene. Practice was great to harden skills learned over the 2 days.”

“I like the fact that ASIST is an easy model to help people at risk of suicide, it's very practical and easy to remember, especially with role plays.”

“I learned a lot and feel much more confident that I have the skills to provide suicide intervention.”

“Gain confidence in myself by learning the appropriate steps and models to apply to a suicide prevention strategy. I'm able to follow a plan.”

“I feel more confident about my skills in regard to assisting and saying the words needed to help individuals that are not feeling safe.”

“Made me feel more confident about how I assess my students' suicide risk”

“I learned that I can note when a person is having issues and feel confident helping.”

“This course helped me to feel okay with assisting someone that is thinking about suicide. I had thoughts about how to do this, but wasn't confident. I am now.”

“Much more confidence in discussing and addressing suicidality and have a great tool with the suicidal intervention model”



“Gained great confidence in engaging someone in a conversation. Now have a process to follow.”

“It helped me gain confidence in myself in terms of helping someone who is thinking or planning on committing suicide.”

“It helped me greatly. Much more confident in my skills, to assist someone thinking of suicide.”

“I feel much more prepared to help troubled individuals that may be or are contemplating suicide. I have confidence in my skills to help.”

“More confident and informed of suicide prevention. Great to practice!”

“Gave us information, confidence, compassion”

“Gave me more knowledge and confidence to deal with suicide prevention.”

“It gave me more knowledge and confidence to assist people in crisis.”

“Helped me gain confidence in my intuition, previously learned skills, and those presented via this training. It also brought about recognition of my own biases, values, and beliefs about suicide.”

“The material presented was educational and easily applicable. The models of suicide prevention were clear in detail and informative with basic comprehensible levels. The role playing increased my level of confidence when engaging with at risk individuals.”

“Helped me understand better the signs of someone considering suicide. Made me feel more confident about helping, maybe getting through a crisis.”

“It really helped my confidence in preparing for the suicide hotline. I am much more aware and feel more knowledgeable about suicide prevention.”

“It helped my confidence a lot. I would feel comfortable doing a suicide intervention. It also helped me realize how many people are affected by suicide.”

“Great tools were learned in order to feel more confident in assisting someone who is considering suicide.”

“To be more confident and to get through the process of an intervention”

“It helped to be more confident in assisting someone else's need of help.”

“I feel confident approaching and help someone I think might be at risk of suiciding.”

“Feel confident to ask directly about suicide. Have great information that I can share with my workplace and community”

“The role play and the feedback help to build my confidence. More knowledge about suicide”

“Immensely - More confident about working with at-risk clients”

“Gave me more confidence to assist somebody that is inviting me for help.”

“To be more confident and prepared”

“Has made more confident to help at risk people”

“I feel more confident helping someone.”

“It gave me confidence and gave me a better understanding PAL.”

“More confidence when a situation may present itself. Asking the subject ‘directly’ and not be unsure.”

“This course gave me the tools and confidence to use these tools to assist someone having thoughts of suicide.”

“It gave me the tools and therefore confidence to help others. It took away the fear to ask, “Do you want to commit suicide?” It's all about them and hearing the story.”

“Confidence building in working with those considering suicide.”

“It gave me more knowledge and confidence.”

“Feel more confident in intervening.”

“Reaffirmed my confidence in this subject”

“Gave me more suicide prevention tools and confidence.”

“It helped me be more confident.”

“It helped me by building my confidence.”

“Gave me more confidence and skills in helping someone thinking of suicide.”

“Helped me with questioning techniques and getting over the fear of helping someone.”

“I have the confidence to help others! I was unsure about the role playing but it really helped!”

“It helped me face my own personal experiences and also allowed me to put myself in others' situations and become more confident in addressing a suicidal situation.”

“Improve confidence in talking to a suicidal person. Makes me feel more like I could teach suicide prevention to others”

“It helped me face my fear of actually opening up and helping someone.”

“I feel prepared to handle a crisis situation.”

“Made me feel much more confident to help someone.”

“This course gave me the skills to do an intervention for suicide with confidence.”

“This course gave me confidence to approach an at-risk person.”

“Helped me be more confident that I can help somebody who is at risk”

“Built my confidence with suicide intervention/prevention”

“More confident. Better knowledge. Improved skills.”

“It helped me to feel more comfortable to intervene with a person at risk.”

“Less fear of failure with intervention”

“Empowered my confidence level”

“Helped build my confidence”

“Helped to develop my skills and confidence.”

“Increase confidence”

“More confidence” (2)

“Built confidence”

“Confidence”

Increased Comfort with the Topic of Suicide, Asking Direct Questions  
(21 responses)

“This course helped me become more confident in talking about suicide by asking direct questions, knowing appropriate responses, and creating a plan to keep person safe. I learned that suicide intervention is CPR or a band aid for that person. It is not long-term healing or treatment.”

“By removing the taboo from discussing the concept of suicide, it became much easier and more comfortable for me to offer help and support to an individual dealing with suicidal ideation.”

“It helped me to feel more comfortable with the topic of suicide and more prepared to help someone prevent the act of completing suicide.”

“The topic of suicide is no longer uncomfortable to me and I now feel more willing and able to help someone at risk of suicide.”

“It will help me to be more direct in asking if someone is serious about committing suicide. Especially if it's a close friend or relative.”

“This course helped me with understanding how to even say the word suicide. The importance of actually asking directly if they were suicidal helped myself have a format to help more easily approach the issue and become successful.”

“Helped me see that it's not that hard to ask the hard question, ‘Are you thinking about killing yourself?’ It helped me make the process easier and not so jumbled - gave me a road map.”

“This course helped me to learn to ask direct questions and not feel afraid to follow the steps to be a first aid for a suicidal person.”

“Helped me to identify and be more sensitive to at risk person's invitations. Help me to become more comfortable with asking difficult questions about suicide and exploring death.”

“Took me out of my comfort zone and forced me to face fears I didn't realize I had. I'm more comfortable having the conversation about suicide with someone.”

“That it's ok to ask someone whether it be a loved one or a complete stranger if they have suicidal thoughts and/or have a plan.”

“It helped a lot asking the question, ‘Are you thinking about killing yourself?’ directly. I thought the trainers were great and the food was delicious!”

“Make me feel more comfortable discussing and assessing suicidal ideations.”

“To understand it is okay to ask straight and directly ask someone if they have or are thinking about suicide.”

“Helped give me a better understanding of why people would want/feel the need to commit suicide”

“To ask the questions directly. Gather information - 'story.'”

“To be more direct when intervening”

“Made me more comfortable with subject”

“First, it helped with any stigmas regarding suicide. It helped me recognize signs of suicide. How to assist someone with at-risk suicidal behaviors.”

“Made suicide less taboo. Gave an outline of how to help in crisis.”

“Awareness”

### Role Play (7 responses)

“I loved/hated the role plays. They were very useful and helpful. I feel it will help me as I work with the mental health community and others in general to be more aware and understanding.”

“This course expanded the knowledge I have about suicide intervention. I really benefited from the role playing. It gave me the opportunity to practice and become more comfortable. It was very practical.”

“This was a great hands-on course that differed from other courses because of the fact that there was actual hands-on participation. Day one was a great introduction and it helped ease the students into such a serious subject.”

“Scenarios and role playing are great learning tools. I learned a lot.”-

“Role play. Group confidence. Great instructors.”

“Practice techniques.”

“Practicing role play”

### Realizing the Importance of Intervention (1 response)

“It helped me realize that [it] is very important to intervene when someone is thinking about suicide.”

### Miscellaneous (11 responses)

“To see the reasons I thought of suicide more clearly and the bright spots that brought me back”

“I admire this course and everyone in it. This course helped me remember what I am capable of doing to help others.”

“Affirmed the work I’ve been doing. Provided an increased network of professional colleagues.”

“It has been an amazing experience. Very clear and interactive with all the activities for a better explanation. I highly recommend the training. The trainers were awesome and had the personality to connect with them and feel comfortable at all times.”

“It helped understand my new job a little better.”

“It helped me face fears of role playing and speaking out loud in front of people. I learned a great deal.”

“Increased my ability to connect with people I don't know personally”

“The course content was easy to understand and very well planned out.”

“It helped me a bunch!!”

“I shared #1 solution/suicide: teach transcendental meditation and take it as it comes. Enjoyed learning to help!”

“Great tool for intervention”

### Negative Comment (1 response)

“It did not help at all. I was upset with the training and felt it was a waste of my time.”

## 2. How ASIST Could Be Improved

### No Improvement Needed (54 responses)

“No improvement needed. All staff did a fantastic job. Very knowledgeable.”

“I cannot think of how this course could be improved. It seems excellent.”

“Everything was good. Really liked it.”

“Well done.”

“I was satisfied with the course as is.”

“Needs no improvements”

“It is good as is. No changes recommended.”

“It was excellent!”

“None - I feel this course presents the information in a clear and understandable format that is practical for anyone to use.”

“The program was perfect.”

“Good just as it is.”

“It was very thorough.”

“N/A. It was great. No changes need to be made.”

“N/A. Great job on part of instructors!”

“I don't think it needs improvement, I really enjoyed it.”

“It was all good information”

“I feel the course is well structured and holds much information.”

“NA. The trainers were very informative and engaged with the group. Great as is.”

“I don't know, I felt it was pretty comprehensive as is.”

“N/A. Good course all around.”

“Nothing, trainers did great!”

“Course was great.”

“Everything was great.”

“It couldn’t.”

“It's a great program.”

“It’s just right the way it is.”

“It was great.”

“Nothing needs to change.”

“I believe it’s good as is.”

“No. This course was amazing.”

“No ways everything is great!”

“It was good in all ways.”

“Great course!”

“It was good enough.”

“It is very adequate.”

“It was awesome.”

“Doesn’t need to be.”

“It was great!”

“I enjoyed it fully.”

“I feel [the] course met all expectations.”

“Good job - no improvements needed”

“N/A” / “No” / “None” (13)



### Role Play (11 responses)

“As much as I HATE the role-plays, they were probably the most helpful. Maybe more than one opportunity to practice would be beneficial.”

“More role playing?”

“More role play / modeling, faster pace through workbook.”

“Role play more roles such as angry, scared, schizophrenic roles. To help us prepare more for those people”

“More time for simulations to be able to work through all steps of the model.”

“N/A. All the material and presentations were awesome. (The only thing would be doing only one role play)”

“Everything was great but may provide more scenario examples instead of having to come up with our own (just as a guidance).”

“More videos and examples during role play.”

“More time practicing”

“It was great in all areas however I had a difficult time with role playing due to issue I found with myself. But I'm glad they came up.”

“Explain more by giving an example with the facilitators. Facilitators role play more.”

### General Curriculum Comments (7 responses)

“Maybe [have us] produce our safety plan.”

“Maybe go into what to do if person is not willing or able to commit to a safe plan”

“Maybe showing more videos on how to interact with a client at risk.”

“It was a very good training. Maybe emphasize that due to the unpredictability of situations it's ok to get stuck on real life and ask for assistance or that sometimes you can't get them to change their minds and what to do then.”

“Maybe sharing real life experiences or encounters.”

“Ice Breakers / Team builders”

“Have group do an activity to know each other some before going into exercises”

#### Facility / Seating (7 responses)

“Location was not optimal. Facility not equipped to handle group. Ran out of food, tea, napkins, plates, salad. Spoiled OJ.”

“Better acoustics for the room - The ventilation system noise made it difficult to hear the people during role playing”

“Tables to work at, makes not talking easier”

“Chairs and tables (not just for lunch)”

“Tables for seating?”

“Better seating. Chairs uncomfortable”

“Everything was great and informational. The chairs in the big conference room were a bit uncomfortable.”

#### Length of Training (5 responses)

“Additional day?”

“An extra day”

“1 more day”

“Make to 3 days”

“More time.”

#### Participant Grouping (3 responses)

“Smaller groups so that it would be easier to hear during the workgroups.”

“Smaller groups make help to give more time in role playing. Most pairs were not able to go through the complete SIM.”

“Smaller groups”

### Publicity (1 response)

“Maybe it can be more publicized so more of the community will partake. I will definitely spread the good word. Thank you all! Much needed work to be done.”

### Miscellaneous (21 responses)

“Cultural competence, linguistic differences and acknowledge other communities' needs.”

“Use resources to help [the] minority community.”

“You can ask more direct questions to the participants. Eventually when people are moved or displaced from their comfort zone, they become more able to learn new things.”

“I feel connected with the workgroup but would have liked the opportunity to interact more with other participants and instructors.”

“Follow through with time to network.”

“The slideshows could be more interactive.”

“Some stuff was a little redundant but I really liked the video & role play.”

“I think a better method of facilitating group conversations would help to improve this course (e.g., Mutual Invitations).”

“I liked watching and discussing the video examples.”

“Stay on track. Redirect people who get off topic.”

“Offer CEU's!”

“This course was fun.”

“Have a refresher course.”

“Overall, I believe the course is well thought out and presented. If anything, I think that some concepts that were purely spoken should be written and visibly viewed to help students better comprehend concepts.”

“I liked the small group 10-12 people. I understand it's usually 30 people, but small group was good.”

“Only problem was some initial technical difficulties; they were readily resolved. Great training! I really gained a lot from this experience. You two rock! :-)”

“Make the training more available.”

“Keep the great trainers!”

“There was some lag time, very minor.”

“Different food. Maybe more movies.”

“Electronic preparation”

### 3. Comments about ASIST from Follow-Up Survey Respondents

On the six-month follow-up survey the participants were asked, “Please add any other comments you wish to make on ASIST or suicide prevention training generally.” The following are their responses.

#### Praise for ASIST (23 responses)

“ASIST did a very job in preparing me to handle a suicide specific encounter in which I may have not been adequately trained to prepare for. This training is definitely worthwhile and I’ve highly suggested to my command that my relief attend the workshop if/when it becomes available again. Thank you!”

“I am very thankful for the training. Without it I do not know what I would have done.”

“I am very happy this training is available, if it helps 1 person, it’s worth it! I wish I had the training before the suicide of my son. Very good training, informative!!! THANK YOU.”

“The training was comprehensive and we have used it in the treatment of the TBS population as the matter came up...all with satisfactory results. Sometimes hospitalized, but usually not.”

“I believe that the ASIST training is a wonderful thing to have, how ever it should be updated like a CPR card would there fore it does not get forgotten. We need suicide prevention just as much as we need CPR. Thank you.”

“One of the best trainings I have been to!”

“The ASIST training is an amazing opportunity for anybody to attend. Highly recommend.”

“It was a great program.”

“Very helpful”

“Excellent; useful training”

“Great training. I will continue to refer other individuals to it.”

“I believe this training is necessary for all and encourage everyone to take the training.”

“I am grateful for the program, for the training, and for the fact that it is so readily available to our community.”

“Everyone needs this training, from homemakers to professionals.”

“The training allowed me to refresh my skills and feel more confident with interventions.”

“The suicide prevention training was a great tool which helped me out significantly, even though the individual did not wish to commit suicide.”

“I really liked the training and it was very informative. Since taking this training, I feel more comfortable with the knowledge that I have learned.”

“I have referred many in my profession (nursing) to find and attend an ASIST Training Program. It helps me to help others and provides a model of where to start the dialogue in suicide prevention. I'm surprised that by sharing the fact that I've attended the training has made others open up to me about their experience with suicide and even that they are or have been suicidal. I'm not sure that I need an update now but may in the future so please keep me posted if updates/refreshers are available. Thanks.”

“I was enriched by the seminar and would welcome additional training as opportunity arises.”

“As a first responder the training is a good tool. For my position it is sufficient but needs to be refreshed as to stay confident. I feel all my coworkers should attend this training.”

“I have had no occasion arise that required my intervention, but the training was still very beneficial and I feel that I could handle the situation if it did present itself.”

“It is amazing! Thanks to ASIST I see the world differently and take a different approach towards others in the sense of looking for signs. I have a club in after school here in Visalia and our challenge project that we decided to do is suicide prevention. The students want to make a difference in others and I feel that it is making a difference in them also. Some kids have shared their stories in the past about having suicidal thoughts and now they are starting to come out of their shell because they are, what I believe, helping themselves by being a part of this. A girl that did not believe in herself is starting to believe that she is amazing the way that she is and that she is capable of much much more. The kids have really bought into suicide prevention and want to help others as much as they can. We want to do a walk, skits, videos, promote trainings, anything to reach others. I thank the trainers in ASIST that showed me how to approach others and tackle this without fear. My trainers were Marshall and Tim. I would like to know how can my 7th-8th grade suicide prevention team be trained or something so they can look out and recognize signs with their peers, set up trainings for parents so they can see the signs in their own children and more. If you could contact me to see how your agency can help us and what we can do to help you out and the community, that would be amazing. On Christmas Day, I personally called the suicide hotline and thanked the first responder for what she does, for being there for others while on the holidays and letting her know what she does is important and a blessing. It was, an emotional moment and conversation and I will

have my students call and thank the men and women who are on the same mission and most of the time hear the bad days or rough time people are having. We want to sprinkle a little joy and hope in them because it is a stressful job that they do, as well as all of you, but very valuable. Not only does it change the life of the person who is facing suicidal thoughts, but it prevents the family members, friends and loved ones from losing a special and dear person. Sorry for the essay but I just wanted to share. God bless you and never give up, like Nick Vujicic says.”

### Good Instructors (3 responses)

“The instructors were fantastic!”

“The trainers were fantastic.”

“I think the ASIST curriculum is extremely thorough and well done, very useful for practical purposes. I appreciated the trainers of Theb, Esmeralda, and Marshall from TCOE.”

### Need for Refresher Trainings (3 responses)

“This is a very good training and should be completed once a year.”

“I think it would be beneficial to repeat the training or have a ‘refresher course’ at least every two years.”

“Updating the ASIST skills would be beneficial to me.”

### Hold ASIST Over a Longer Time Period (1 response)

“Good training but I would prefer it to be one day a week for four weeks rather than a cram session all within two days. I would prefer 4 hours a week for four weeks.”

### Miscellaneous (2 responses)

“I disagree with the underlying assumption that suicidal people are unduly focused on the past and that they need encouragement to focus on the future. I believe suicidal people think a lot about the future and how horrible they believe it will be. Thus, I disagree with the tactic we were taught of trying to get people look toward the future (because they already don't like what they see there). That's the only part about ASIST that stands out in my memory as problematic. I believe the rest of the program was helpful.”

“The staff was a little hard on one of the youth in the class.”