RAND's Fidelity Monitoring Protocol for Suicide Prevention Workshops in California

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One of the California Mental Health Services Authority's (CalMHSA's) statewide Prevention and Early Intervention (PEI) activities funded under Proposition 63 disseminated suicide intervention training to individuals in the community. In one component, CalMHSA contracted with the organization LivingWorks Education to provide Training for Trainers (T4T) trainings in an evidence-based training called Applied Suicide Intervention Skills Training (ASIST), version 10.[1] ASIST workshops span two days and teach participants "suicide first aid" so they can recognize those at risk of suicide and intervene. As part of an evaluation of CalMHSA's statewide PEI activities, RAND conducted live observations of five ASIST workshops delivered by trainers who had recently attended one of the T4Ts. As part of this effort, RAND worked with LivingWorks to develop a fidelity monitoring protocol composed of adherence and competence measures based on the ASIST training manual and prior research on trainer competencies. The protocol was designed with the following features:

- assesses domains relevant to adherence to the training manual and competence in delivery
- builds on prior work for potential comparability to similar studies
- allows for rapid coding and reliability across raters
- promotes quality improvement beyond this study.

Although the protocol was designed for a diverse set of ASIST trainings in California, other organizations that deliver ASIST may use the protocol to evaluate their own trainings or to conduct continuous quality improvement. Specifically, prevention programs that already deliver ASIST trainings may find the protocol useful for providing standardized and concrete feedback to trainers to alert them to omissions from the protocol and to improve specific skills. Such tailored feedback would guide trainers to ensure comprehensive coverage of prescribed program elements and to improve their presentation styles to be more consistent with other ASIST trainers. In addition, feedback can be prioritized and tailored to what content may be most important to convey and to enhance how the content is delivered; future research could systematically identify which of these items may be associated with outcomes for training participants.

In the remainder of this document, we describe our methods for developing and testing the protocol. Then, we describe our rationale for each of the items included in the protocol. The protocol itself can be found at the end of this document.

Methods of Protocol Development and Testing

To develop this protocol, we first reviewed the ASIST trainer workbook and created *adherence* items (i.e., related to delivery of all aspects of the manual-based training) for each program section of the workbook. During this process, we worked closely with LivingWorks to ensure that these adherence items were comprehensive and appropriate. We then adapted *competence* items (i.e., related to delivery in the recommended style of presenting) that measured trainer competencies. These items were adapted from the ASIST trainer competencies in the trainer workbook and additional general trainer competencies from other research (Cross et al., 2014; Gould et al., 2013; Howard, 1980). We then evaluated this protocol during live observation of full, two-day ASIST workshops and revised the protocol accordingly. This protocol is intended to be used by individuals who have completed at least the full, two-day ASIST workshop to ensure familiarity with the ASIST concepts and processes; who are interested in improving the quality of ASIST training delivery (e.g., co-trainers, supervisors, evaluators); and who are interested in using the tool for experiential-based instruction (e.g., role-play and practice).

[1] For the ASIST's evidence base, see Gould et al., 2013; Burnette, Ramchand, and Ayer, 2015; Carroll et al., 2007; Clark et al., 2013.

Two coders with backgrounds in social work and no experience in ASIST received ten hours of instruction that included attending a training on the fidelity monitoring observational protocol, discussing questions about the rating scales, and reaching consensus on the scoring criteria. The coders also attended a two-day ASIST workshop and practiced coding using examples from the workshop to increase interrater reliability (IRR).[2] Initially, the coders met regularly to discuss their ratings and review their codes with a third RAND research staff member trained in ASIST. The protocol was refined and improved during this review process. After the first observational training, the coders independently coded the trainings for the current study.

Protocol Description

The fidelity monitoring protocol contains two sets of measures: adherence and competence.

Adherence

The adherence checklist consists of a total of 74 items, with 41 items corresponding to the manual-based training activities on day one and 33 items with the activities on day two of the workshop. Of the 74 items, five are logistical (e.g., introduce self), 42 refer to specific training content, 24 refer to role-plays that trainers are supposed to conduct or facilitate, and three refer to open-ended discussions to be held throughout the training. For each item, coders should check off "yes," "only in part," or "no" based on whether the activity was presented. To measure adherence to the training manual, observers should count the number of sections the trainer covered in the ASIST training. Each training receives an adherence score based on the percentage of items covered during the workshop.

Competence

The competence-rating guide consists of 12 items to measure trainer presentation style, corresponding with trainer competencies specific to ASIST and other general trainer proficiencies. General proficiencies include whether the trainer was collaborative, engaging, organized, and able to manage the group, and two items assess whether the trainer demonstrated cultural sensitivity. Competence items also assess the overall participation level of the group and whether the trainer conveyed empathy. Trainers learn a series of four competencies specific to ASIST in the ASIST T4T. These ASIST trainer competencies include whether trainers explicitly talk about suicide (i.e., rather than making vague references to suicide), provide positive feedback to participants, provide no negative feedback to participants, and tailor concepts to the target population. Ratings are on a scale of 0–3 ("not at all competent" to "fully competent") on nine items, 0–2 on two items, and 0–4 on one item. If there is more than one trainer, ratings should be averaged across trainers on each of the competence items to assess areas in which trainers are more or less competent. It should be noted that when interpreting competence scores, one should consider group dynamics (e.g., some participants may naturally be reticent despite trainer efforts to be collaborative).

Summary

This fidelity protocol contains questions about adherence (i.e., covering all aspects of the manual-based workshop) and competence (i.e., whether the trainer followed the recommended style of presenting) to the ASIST version 10. The monitoring of trainings across these domains was used to evaluate whether ASIST workshops were implemented as intended and with high quality. Developed for use in a specific study of suicide prevention trainings, the protocol may be useful for future evaluation efforts or for ongoing quality-monitoring and -improvement purposes and could be adapted to the current version of ASIST (e.g., LivingWorks is currently disseminating ASIST version 11.1 trainings).

[2] Agreement between the two coders was 98 percent for the 59 adherence items and 87 percent for the 16 competence items. However, these ratings are based on the preliminary version of the monitoring tool. The version included in this tool kit has not been tested for interrater reliability.

Fidelity Monitoring Protocol for Applied Suicide Intervention Skills Training (ASIST)

Date: _____

Rater: _____

Location: _____

Adherence Checklist

Adherence checklist instructions:

- Below are elements of the ASIST two-day training curriculum. This training is conducted by two trainers who alternate. A checklist can be completed for each trainer or can be done for both trainers collectively, depending on the level of feedback a trainer might need. For example, a trainer who is just starting may need more feedback than a more senior trainer.
- Put an *X* next to each section to indicate the degree to which you observe the trainer(s) completing the activity during the training. If the activity was fully completed, mark "yes"; partially completed, mark "only in part"; or not completed, mark "no."
- The trainers are not required to say verbatim the statements and questions below; however, the trainers must adequately convey the same message to receive a "yes."
- When there are examples in parentheses, all the elements in the parentheses should be reviewed to receive a "yes."
- List comments to explain special circumstances (e.g., video not working) or questions about ratings (e.g., was on the fence).

Day One

Section[a]	Did the Trainer Conduct Each of the Following Activities as Described in the Manual?	Yes	Only in Part	No	Comments
	Whole Group Activities				
2.1	Review Group Rules				
2.2	"Cause of death" video (play video)				
2.2a	Discuss groups' feelings and experiences (reactions) to video				
2.3	Introduce self and have participants introduce themselves (items may be presented while meeting with the entire group or in breakout groups in larger trainings)				
2.4	Emphasize how experiences have made participants more optimistic or pessimistic about helping				
2.5	Introduce River of Suicide (page 4 of workbook)				
	Work Group Activities				
2.6	Review attitudes from page 3 of workbook				
2.6a	Ask participants to record their attitudes on poster				
2.6b	Review reactions to at least two attitudes				
2.6c	Ask the advantages/disadvantages of the attitude if the person at risk discovered these beliefs (e.g., if they wore their attitudes on their name tags)				
3.1	Introduce Suicide Intervention Model				
3.1a	Review River of Suicide (slide 12.1, page 5 of workbook)				
3.1b	Review order and pairing of "connecting-understanding-assisting" triangles (slides 12.2–12.5)				
3.2	Review the connecting phase				
3.2a	Explore invitations of person at risk; ask directly about suicide				
3.2b	Conduct exercise (participants write on three charts, labeled "groups," "events," and "reactions," corresponding to people at risk)				
3.2c	Conclude from exercise that anyone can be at risk, not just those listed from exercise				
3.2d	Review slide 13 (workbook page 7), reviewing invitations that a person at risk might provide to a caregiver to help				
3.2e	Role-play Jack and ask participants to explore invitations with Jack				
3.3	Asking about thoughts of suicide				
3.3a	Review page 5 of the workbook: understanding phase				
3.3b	Role-play Jack and ask participants to ask about suicide thoughts				
3.4	Review the understanding phase				
3.4a	Listen for reasons for dying and living; review risk				
3.4b	Explore why it is important to know reasons for dying/living				
3.4c	Role-play Jack and brainstorm reasons for dying and living				

Section[a]	Did the Trainer Conduct Each of the Following Activities as Described in the Manual?	Yes	Only in Part	No	Comments
3.5	Review risk review (slides 14–15.6)				
3.5a	State that current suicide plan is an alert				
3.5b	State that being in unbearable pain is an alert				
3.5c	State that being alone or without resources is an alert				
3.5d	State that prior suicidal behavior is an alert				
3.5e	State that current or past mental health history is an alert				
3.5f	Role-play Jack either after each alert or altogether at end and ask participants to practice CPR++				
3.6	Review the assisting phase				
3.6a	Contract a safe plan and follow up on commitments; slides 16.1–16.14				
3.6b	Keep safe				
3.6c	Safety contact(s) (i.e., individuals who are supportive and accessible)				
3.6d	Safe/no use of alcohol/drugs				
3.6e	Link resources				
3.6f	Disable the suicide plan				
3.6g	Ease the pain				
3.6h	Link to resources				
3.6i	Protect against the danger; support survival skills				
3.6j	Link to health care worker				
3.6k	Role-play Jack using safe plan				
3.7	Describe that follow-up covers the safety steps immediately following the intervention				
3.8	Summarize the Suicide Intervention Model on page 5				
3.9	Introduction of checkpoints				

[a] Numbers correspond to sections in the ASIST trainer manual.

Day Two

Section	Did the Trainer Cover Each of the Following Sections as Described In the Manual?	Yes	Only In Part	No	Comments
	Whole Group Activities				
4.1	Aunt/nephew segment				
4.1a	Audio/video activity (play both portions of the recording)				
4.1b	Discuss reactions to both				
4.2	Structure of the Suicide Intervention Model				
4.2a	Describe that the journey of the person at risk is longer than the caregiver's (slides 18–19)				
4.2b	Describe how flags go up and down and signal the next step in the intervention (slides 20.1–20.6)				
4.3	Process of an intervention (slides 21.1–21.3)				
4.3a	Themes are connected and unpredictable; process is fluid or moving, depending on the two parties				
4.3b	Themes represent different points in the intervention (slides 23.1–23.4)				
4.3c	State that by listening to reasons for dying, reasons for living often emerge (slides 24.1–24.2)				
4.3d	State that a perfect intervention is not possible and may go in sync and out of sync (use examples from "cause of death" video)				
4.3e	State that checkpoints (slide 26) determine if parties are in sync				
4.4	Hand out wallet card				
4.5	Conduct "shotgun" role-play (say "scene"; ask "what would you say?")				
4.5a	One trainer plays the role of person at risk				
4.5b	The second trainer asks participants what they would do				
4.6	Conduct "ambivalence" role-play				
4.6a	One trainer plays the role of person at risk				
4.6b	The second trainer facilitates the role-play				
4.6c	The second trainer asks participants to reflect on the death part of the statement				
4.6d	The second trainer asks participants to reflect the life part of the statement				
4.6e	The second trainer asks participants to reflect the death and life parts of the statement together				
4.7	Conduct "bridge" role-play				
4.7a	Trainer asks participants to close their eyes				
4.7b	One trainer, on chair, asks the participants, "what would you say?"				
4.7c	The second trainer invites participants to intervene with the person on the chair				
4.7d	Trainers help participants work through the Suicide Intervention Model				

Section	Did the Trainer Cover Each of the Following Sections as Described In the Manual?	Yes	Only In Part	No	Comments
4.8	Conduct "Nick" exercise (trainer says, "but Nick says . . ."; conclude that intervention doesn't always work and authorities need to be involved)				
4.8a	Tell participants that they are giving Nick a call back and asks participants what they would say to Nick				
4.8b	Affirm after each response and why it would be helpful, but say after each response that Nick would say no to help				
4.8c	After participants say that they need to call 911, discuss what the safety-first protocol would be in their area				
Work Group Activities					
4.9	Conduct work group simulations				
4.9a	Put participants in pairs				
4.9b	Assign one participant to be the person at risk				
4.9c	Assign the other participant to be the caregiver				
4.9d	Debrief after each simulation				
4.9e	Provide feedback on each simulation				
5.0	Review self-care ideas				
Whole Group Activities					
5.1	Instruct participants to review their hopes on page 3 and to network with participants with the same hope and discuss their hope in small groups				
5.2	Brainstorm lists of resources				
5.3	Conclude the workshop: new community (describe slide 28)				

Competence Ratings

Trainer (circle one): 1 2

Competence ratings instructions:

- Below are examples of high-quality training behaviors that indicate trainer competency and proficiency (e.g., provide constructive feedback and be collaborative, engaging, organized, able to manage the group, and culturally sensitive).
- In some cases, comments can be listed in the margins if more context is needed for scoring (e.g., was collaborative for most of the session and said only one thing that didn't convey empathy)
- Please rate on a scale of 0 (none) to 3 (high) how **each** trainer did on each of the following dimensions. Complete these ratings for each trainer. These ratings should be overall ratings across the two-day training.
- You may find it helpful to rate each trainer after each day and note examples in the left margin.

ASIST Trainer Competencies

1. Was the trainer comfortable explicitly talking about suicide (i.e., rather than making vague references to suicide)?

0: Not at all. Trainer avoids the word *suicide* and has a difficult time talking about suicide directly.

1: Trainer references suicide very occasionally, but timidly and not specifically (e.g., *hurting self* vs. *suicide*).

2: Trainer makes direct reference to suicide most of the time.

3: Trainer specifically talks about suicide and models direct communication about suicide for participants.

2. Did the trainer provide positive feedback to participants (e.g., telling the participants about the good things they did on the role-play)?

0: Trainer does not provide positive feedback to participants.

1: Trainer provides positive feedback very occasionally.

2: Trainer provides positive feedback most of the time.

3: Trainer provides positive feedback throughout the training.

3. Did the trainer provide negative (vs. constructive and helpful) feedback to participants (e.g., tells participants what they did wrong during simulations)?

0: Trainer does not provide negative feedback to participants.

1: Trainer provides some negative feedback.

2: Trainer provides a lot of negative feedback (e.g., lecturing the participants on what they did wrong).

4. Did the trainer tailor concepts, when appropriate, to the target population/setting so that they were meaningful to participants?[3] Provide examples below.

0: Not at all, even though tailoring would enhance participants' learning and improve applying the training to the target population/setting.

1: Trainer provides some examples of tailoring but is not sufficiently attuned to the needs of the target population/setting.

2: Trainer tailors concepts by providing examples and referring back to the population/unique setting needs throughout the training.

[3] Cross and West, 2011.

General Trainer Proficiencies

5. Was the trainer collaborative with the training participants (e.g., encourages them to share the talking)?

0: Not at all. Trainer actively assumes the expert role for the majority of the interaction with the participants.

1: Trainer responds to opportunities to collaborate occasionally but misses important opportunities.

2: Trainer fosters collaboration and power sharing most of the time.

3: Trainer actively fosters and encourages sharing throughout the training in such a way that participants' ideas are incorporated into the session.

6. Did the trainer engage in open-ended questioning (i.e., questions that require more than one-word responses and/or not answered with YES/NO responses) to help participants explore their learning?

0: Trainer does not ask open-ended questions.

1: Trainer asks open-ended questions very occasionally.

2: Trainer asks open-ended questions most of the time or about half of the time.

3: Trainer asks open-ended questions almost all of the time.

7. How often were the simulations well organized for participants (e.g., separating trainer and role-player, managing time, encouraging participation)?

0: Not at all

1: Sometimes

2: About half of the time

3: Most of the time

4: Almost all of the time

8. Did the trainer convey empathy to the participants? For example, "I hear you saying that it is hard for you to share your emotions" or "I understand that you feel sad when you think about your friend who died by suicide."

0: Either major failure to convey empathy or consistent lack of empathy such that the trainer makes little or no effort to understand the participants and is unresponsive to participants' comments or feelings.

1: Although there may be moments of empathetic connection, session as a whole is marked by absence of empathy; trainer is impatient or intolerant of participants.

2: Trainer makes consistent effort to understand participants and responds with empathy to the emotions of the participants most of the time.

3: Trainer meets criteria for response option number 2 almost all of the time.

9. Was the trainer able to facilitate the group's learning throughout the training (e.g., role-plays and work-group discussions)?

0: Not at all: the trainer made multiple attempts to facilitate the group in order to cover material and engage participants, but was unsuccessful.

1: Some facilitation of the group, although there was still a good deal of distractions among participants, such as laptop/phone use or side discussions.

2: Moderate facilitation of the group, despite some participant distractions.

3: Trainer is able to facilitate the group sufficiently to convey the material and engage participants, with little to no participant distractions.

10. How well did the trainer manage the time in order to sufficiently cover the required material?

0: Not well—was consistently late or ran over time, or ended significantly early and was unable to adequately cover the material.

1: A little—was on time for some sections and adequately covered the materials for these sections, but not on time for the majority of the other sections.

2: Moderately—was on time for most sections and adequately covered the materials for these sections.

3: Very good—was on time for all sections and adequately covered the materials for these sections.

11. Was the trainer accepting and inclusive of diverse cultural beliefs and values among trainees (e.g., discussed different verbiage for suicide or cultural meanings of suicide)?[4]

0: Not at all

1: A little

2: Some

3: A lot

Not applicable (NA): If the trainees do not bring up different cultural beliefs or values, do not rate this item.

Examples:

12. Did the trainer acknowledge and reflect on the importance of the participants' suicide-related experience and/or cultural beliefs?

0: Not at all: Every time a participant shared a suicide-related experience and/or cultural belief, the trainer ignored it and moved on.

1: A little: A few of the times when a participant shared a suicide-related experience and/or cultural belief, the trainer acknowledged the comment and discussed its importance and value. Some participant comments were unaddressed.

2: Some: Most of the time when a participant shared a suicide-related experience and/or cultural belief, the trainer acknowledged the comment and discussed its importance and value. Few participant comments were unaddressed.

3: A lot: Every time a participant shared a suicide-related experience and/or cultural belief, the trainer acknowledged the comment and discussed its importance and value.

Not applicable (NA): If the participants do not share suicide-related experiences and/or cultural beliefs, do not rate this item.

Examples:

[4] Suicide Prevention Resource Center, undated.

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RAND Health

This research was conducted in RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at www.rand.org/health.

CalMHSA

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