



Suicide Prevention Training in the Workplace

Interview with Don Erickson, Chief Administrative Officer Oregon Department of Human Services

Introduction

The Oregon Alliance to Prevent Suicide is part of a movement galvanized to help all young people embrace life. Our vision is to connect efforts across Oregon to:

- Promote a sense of **hope** and highlight resilience
- Make it safe to ask for **help** and to ensure that the right help is available at the right time
- Engage communities in the **healing** process after an attempt or suicide loss in order to prevent contagion

This paper, one in a series on suicide prevention training related to the workplace, is part of the ongoing work of the Alliance Workforce Development Committee. The Alliance wishes to express its appreciation to Don Erickson for sharing his experiences and lessons learned about implementing suicide prevention training within the Oregon Department of Human Services.

Don Erickson, Chief Administrative Officer Oregon Department of Human Services

The Department of Human Services (DHS) is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves.

Don Erickson, Chief Administrative Officer for the Oregon Department of Human Services, oversees 12 programs which help support the work of the department. In 2012 Don was awarded the National Council of State Governments annual award for Innovation, Excellence and Ingenuity for his role in creating and implementing a statewide suicide prevention program in Arizona where he was the state executive sponsor of Arizona's Zero Suicide Initiative. He is currently the chair of the Oregon Alliance to Prevent Suicide Workforce Development Committee.

Thanks, Don, for talking with us about the suicide prevention training initiative the Oregon Department of Human Services (DHS) is rolling out. Let's start with an overview of the department.

DHS has approximately 9,000 employees state statewide and is comprised of five primary agencies: Self Sufficiency, Children and Youth (child welfare services), Intellectual and Developmental Disabilities, Seniors and People with Physical Disabilities, and Vocational Rehabilitation. These agencies are semi-autonomous with more than 160 offices around the state providing direct services to more than 1 million Oregonians a year. The services are a key safety net for our most vulnerable.

What we're looking at DHS is working to conceive the agency as one system of care to better meet the needs of individuals and families.



Tell us a about the DHS suicide prevention training program – give us a brief run down on how you selected curriculum and what staff participates in which training, how long it will take to train all employees, etc.

Our goal was to find curriculum that is evidenced-based or at a minimum, evidenced-informed. We knew the type of training we would need would likely vary across the five agencies within DHS and would need to be a good fit for staff with different job responsibilities. We explored a variety of training options before deciding what would work best for us. I also drew on my experience as executive sponsor for Arizona's Driving Suicide to Zero program and working with LivingWorks, an internationally known suicide prevention training organization.

We decided on three types of training: ASIST, safeTALK, and QPR [see end notes for description of these training programs]. We use ASIST to train clinical staff. It is a two-day interactive training where staff learn how to recognize someone who is thinking about suicide and help them with a safety plan. We're also using safeTALK. It is a four-hour training geared for line staff who might come in contact with anyone contemplating killing themselves. Another option for line staff is QPR. It stands for Question, Persuade, and Refer. This training teaches skills on recognizing the warning signs of suicide and helping someone find help. We wanted to have a multiple training options to best meet the needs of staff who have different types of responsibilities and different levels of contact with people.

We're also working with LivingWorks on a web-based training similar to QPR. It is deigned to be a very interactive web-based program. The participant will actually have voice responses from the program as they work through the training. We're excited about adding this to our training array.

How have you managed to find the number of trainers needed?

We were pleasantly surprised by the number of employees who wanted to become trainers. These are individuals who are not part of our training department. Staff have come forward because they recognize how important suicide prevention is in their everyday work. Our training department is onboard and supportive of having trainers throughout the agency. So far we have six staff trained in ASIST and 130 staff trainers for QPR. Our ASIST trainers will be able to conduct a training of trainers for SafeTALK and we actually use an online training similar to SafeTALK as another option.

How is rollout going?

We're just now starting to schedule training statewide. It is a very big process – the first step is to meet with project directors statewide to begin the process. Their options are to use ASSIST or QPR – they have to decide which one to use, when to schedule and who to train. No small task.

Our first ASIST trainings were held November and December 2018 and 30 employees, selected from all areas within DHS, participated. QPR has started to roll out and because of the acute urgency within this department, child welfare workers were the first group trained in QPR. Within the first month following our training we had approximately 20 encounters with individuals who were thinking about suicide. Of those 20 encounters, 10 were staff.

We're partnering with the Oregon Health Authority (OHA) and through their Zero Suicide grant, DHS will be able to cover cost for all training. The grant was awarded July 2019, it's very new.



Our goal is to train all DHS staff within 3 years. Our hope is that we reach all 9000+ current staff and onboard all new staff. The goal is 3 years, however, we are hopeful that we might be able to have all staff trained within 2 years. The aim is to have a sustainable suicide prevention training program and that includes new employee as they come onboard.

What was the impetus for launching a suicide prevention training program?

A couple of things. Before coming to Oregon, I was bureau chief in the Adult and Children System of Care in the Division of Behavioral Health in Arizona. I worked on suicide prevention efforts Driving Suicide to Zero program which was the outcome of bringing lots of people together concerned about suicide. We compared notes and researched the problem. As suspected, we found that generally people didn't feel comfortable talking about suicide particularly with those who may be expressing suicidal thoughts. After surveying hundreds of our behavioral health staff, we found this was true even for practitioners. Very few licensed staff had ever received training in suicide prevention or counseling. So, this research was our first step. We found evidence that we were losing both licensed and non-licensed staff within our behavioral health system because they did not feel prepared for this type of encounter.

The second step was measuring how effective training was in helping counselors feel more at ease in engaging someone who is feeling suicidal. A post training survey in Arizona found that 98 percent of the counselors who completed the training felt they had supports, training and skills to work with a suicidal individual. As noted above, there is a strong correlation between training and staff retention.

When I started my job here in Oregon, I found that like Arizona, Oregon social services had not prioritized suicide prevention training for their staff. With approximately 9,000 staff statewide, we know that we were missing opportunities to provide gate-keeping interventions to both the people we serve as well as with our own colleagues. I shared my experience and findings from my work in Arizona with DHS administration and fortunately found strong support to move forward with a suicide prevention training.

How was the idea of suicide prevention training received across the agency - by administration, managers, supervisors, staff? Any resistance or opposition to the idea of training or concerns about how it would be received?

Administration embraced it right away, they were 100% behind it. Field staff expressed gratitude for acknowledgment that this is what they face in the field. Managers and supervisors were also positive. The only challenge was, and is, is that until staff are trained myths about suicide persist – myths like if you talk about it encourages suicide or suicide only affects individuals with a mental health condition.

Some staff worried that if they engaged in a conversation about suicide risk and a suicide occurred, there would be a liability issue. The risk of doing nothing is heavily outweighed by the risk of not doing anything. We want staff to understand training is effective for those who are not therapist, anyone can help someone who is at risk of suicide – that is one of the messages we promote.

Has implementing suicide prevention training changed organizational policy and practices?

Yes, there has been a shift in policy. Going forward, any new policy will address workforce and clientele with equal emphasis in terms of suicide prevention as well as in other areas. Trauma informed practice is changing how the agency forms policy and practice. DHS will also look at existing policy and during the



periodic updating process, policies will be reviewed through a trauma informed care lens. Revisions are coming. We are working in step with OHA on policy development and services provided in the field.

In terms of lessons learned – what would you like to share with leadership in large agencies who are considering suicide prevention training?

Investment in terms of money and time isn't as significant as may be imagined. There are grants and community support is a help. Suicide prevention training prepares someone to have a meaningful conversation about suicide and can be done in 4 hours or less. When you consider the benefits, that's very little time.

The other lesson learned is it changes how staff come together and support one another. Suicide prevention training helps staff check their own beliefs and dispel myths. Myths like if you talk about suicide you might cause someone to take their life. We learned that cohorts that go through trainings together create a very visible staff cohesion. It brings them together in a way that they don't often get to do – it is a real morale booster.

Resources

Please note, as mentioned in the interview, the links below are for the training curriculum's DHS is using as of August 2019. You may want to explore training curriculums developed for specialized occupations such as law enforcement, education and health care.

Applied Suicide Intervention Skills Training (ASIST)

ASIST curriculum teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

<https://www.livingworks.net/programs/asist>

safeTALK

This is a half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.

<https://www.livingworks.net/programs/safetalk/>

Question, Persuade, Refer (QPR)

QPR training focuses on how to question, persuade and refer someone who may be suicidal; it also covers common causes of suicidal behavior, warning signs and how to get help for someone in crisis.



<https://qprinstitute.com>

For information about suicide prevention training in the workplace:

Suicide Prevention Resource Center (SPRC)

SPRC is the federally supported resource that offers an array of information on topics such as the role of managers and co-workers in suicide prevention and a manager's guide to suicide postvention in the workplace. Resources cover a wide range of occupations.

<https://www.sprc.org/settings/workplaces>

Suicide Prevention Training for the Oregon Workforce

The Alliance produced this general guide on how to plan, develop and implement a suicide prevention training program at larger service-oriented organizations. It may be found at

<https://oregonalliancetopreventsuicide.org>