

## suicide to Hope: A Recovery and Growth Workshop

*Clinicians and other professional helpers know that encountering suicide is an inevitable and significant part of their work. However, many lack confidence for this role and feel inadequately prepared. suicide to Hope offers a unique training opportunity to improve helpers' preparation to provide effective suicide care.*

- PURPOSE:** Strengthen hope by aiding recovery and growth in persons with previous suicide experiences who are currently safe.
- POSITIONING:** Provide a sequel to suicide first-aid training that complements and enhances management, treatment and therapy by framing them within a recovery and growth perspective.
- PARTICIPANTS:** Clinicians and other professionals helping people understand and work through their suicide experiences toward a better quality of life.
- FACILITATOR:** One specifically trained *suicide to Hope* facilitator for up to 24 participants.
- LANGUAGES:** English

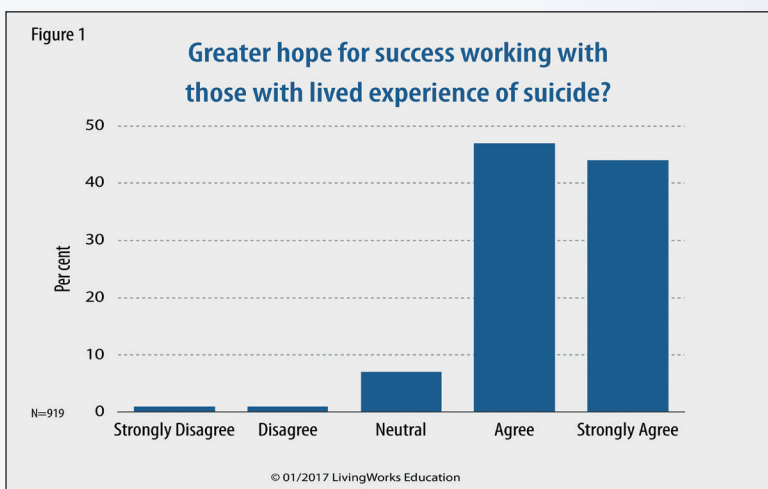
### Why recovery and growth?

Recovery and growth through painful experiences is a common goal in medicine. It has increasingly shaped expectations in mental health but has yet to be systematically applied to suicide care. *suicide to Hope* helps participants:

**Create hope** by affirming that suicide experiences can be life-changing if people keep safe and choose to live;

**Assist people** to work through suicide toward achievable recovery and growth goals; and

**Integrate suicide care** into recovery approaches to mental health and wellbeing.



*Feedback from over 900 participants showed the workshop improved their hope for success with those who have experience of suicide.*

## Workshop process and objectives

Through interactive learning and practice, participants will learn to:

- Reflect on their qualities as helpers—the beliefs, values and attitudes they bring to the helping relationship—and how these impact on the effectiveness of their work;
- Describe key features of a hope-oriented, recovery and growth approach to suicide;
- Understand a framework for finding and exploring recovery and growth opportunities in suicide experiences; and
- Apply a Pathway to Hope (PaTH) model for setting and working toward recovery and growth goals.

## Who should participate?

The workshop is for clinicians and other professional helpers who are, or would like to be, involved in ongoing suicide care for people, once they are safe. It assumes that participants are familiar with suicide intervention and can provide suicide first aid. While LivingWorks' *ASIST* is not a prerequisite, it is recommended as one way to learn suicide first aid and provides background for *suicide to Hope's* learning processes and tools.

## Workshop Rationale, Frameworks and Foundations

*suicide to Hope* responds to a known training need, offers a coherent conceptual framework and has empirical support for its working assumptions. Participant feedback has endorsed its practical value.

### Helps implement *Zero Suicide* strategies

*suicide to Hope* makes a specific contribution to the provision and continuity of suicide care. It directly addresses two of the essential elements in the *Zero Suicide* framework proposed by the National Action Alliance for Suicide Prevention (NAASP)<sup>1</sup>—**training** to develop a competent, confident and caring workforce and **engagement** that helps people find safety-oriented pathways to care aligned with their needs. It also contributes to advancing other framework elements—providing **leadership** in building a safety-oriented culture and facilitating **treatment** that directly targets suicidality. You can learn more about how the workshop addresses these elements at [www.livingworks.net/s2h](http://www.livingworks.net/s2h)

### Complements other training programs

While suicide awareness and first-aid training is widely available, fewer professional development options are offered for those in health and human services providing follow-up care. The documented need for improved training in the clinical workforce prompted the NAASP to scope training requirements and propose training guidelines to address them.<sup>2</sup>

### Consistent with clinical workforce training guidelines

A document mapping *suicide to Hope* to the NAASP guidelines, and a literature review discussing the conceptual and research foundations of the workshop, are accessible on LivingWorks' website. Workshop features include:

**Coherent training philosophy**—based on principles of adult learning and clear articulation of the meaning and application of the core concepts of recovery, growth and hope to suicide care.

**Consumer focused**—the lived experience of suicide is integral to the workshop's model and design.

**Two-year R&D process**—using Rothman's<sup>3</sup> model translated core concepts and research into a learning program that was piloted and further refined through field trials and stakeholder engagement.

**Quality processes**—facilitators receive a three-day preparation and ongoing support for providing *suicide to Hope* using a Facilitator Manual, learning aids and participant materials.

## Evidence-informed foundations

Research<sup>4</sup> documented in the program's literature review found that:

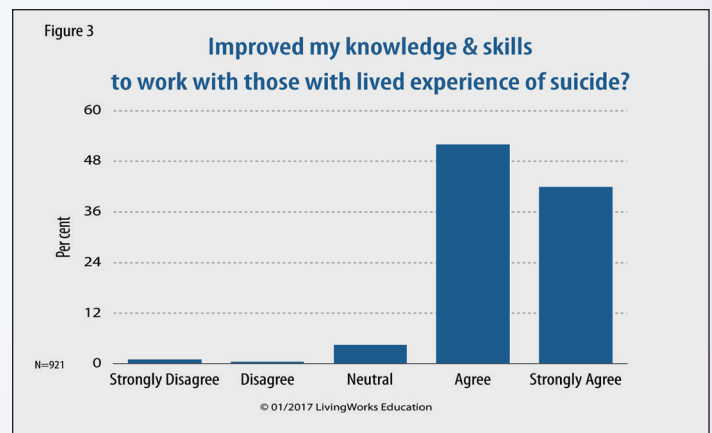
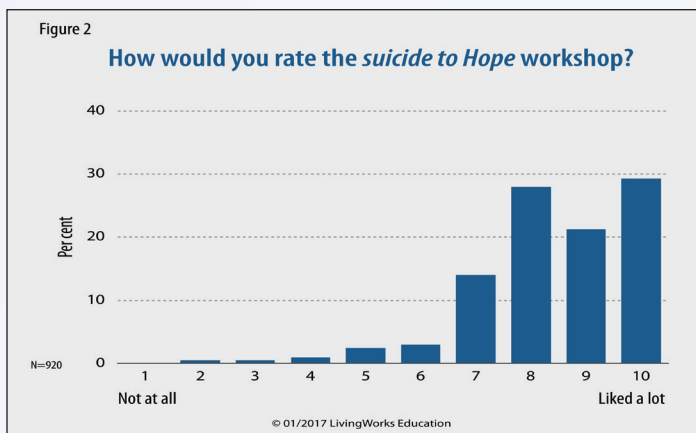
Recovery and growth approaches have been effective in mental health and post-trauma care and successfully incorporated into practice models and standards in many countries.

The common factors that have been empirically shown to facilitate therapeutic change support the prospective effectiveness of the workshop's *PaTH* model. These factors feature a collaborative approach based on real relationships, the creation of positive expectations through the proposed intervention and active engagement in setting and working toward specific, desired outcomes.

Collectively, these elements ground the workshop in sound practice that hold promise for good outcomes.

## Evaluation Feedback

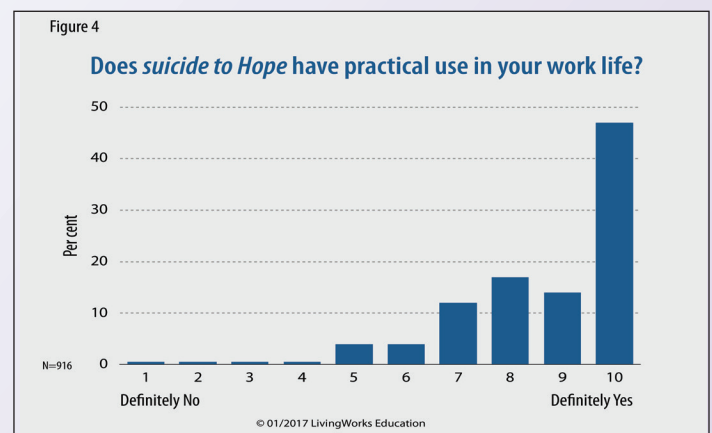
Consistent with the NAASP's training guidelines, *suicide to Hope* includes an evaluative component to inform program improvements and assess its ability to meet objectives. Feedback from over 900 participants in 69 consecutive workshops showed a positive response to their learning experience (Figure 2). Most said they would definitely recommend it to others. They clearly felt that the workshop increased their confidence, knowledge and skills to help persons seeking to work through and beyond their suicide experiences (Figure 3).



There was strong endorsement of the practical usefulness of *suicide to Hope* in their work (Figure 4), particularly the *PaTH* model. The model was described as well conceived, user-friendly and hope-centered, helping focus the intervention on recovery and growth goals. Participants were well placed to assess this, with many working with suicide daily (30%) or almost daily (24%) while others had frequent exposure to suicide.

Facilitator competency and qualities were often mentioned positively in feedback. This helps build trust conducive to a safe and productive learning environment and supports the value of facilitator training and a comprehensive Facilitator Manual.

The importance of opportunities to discuss application of their learning within their organizations and in their personal practice was recognized.

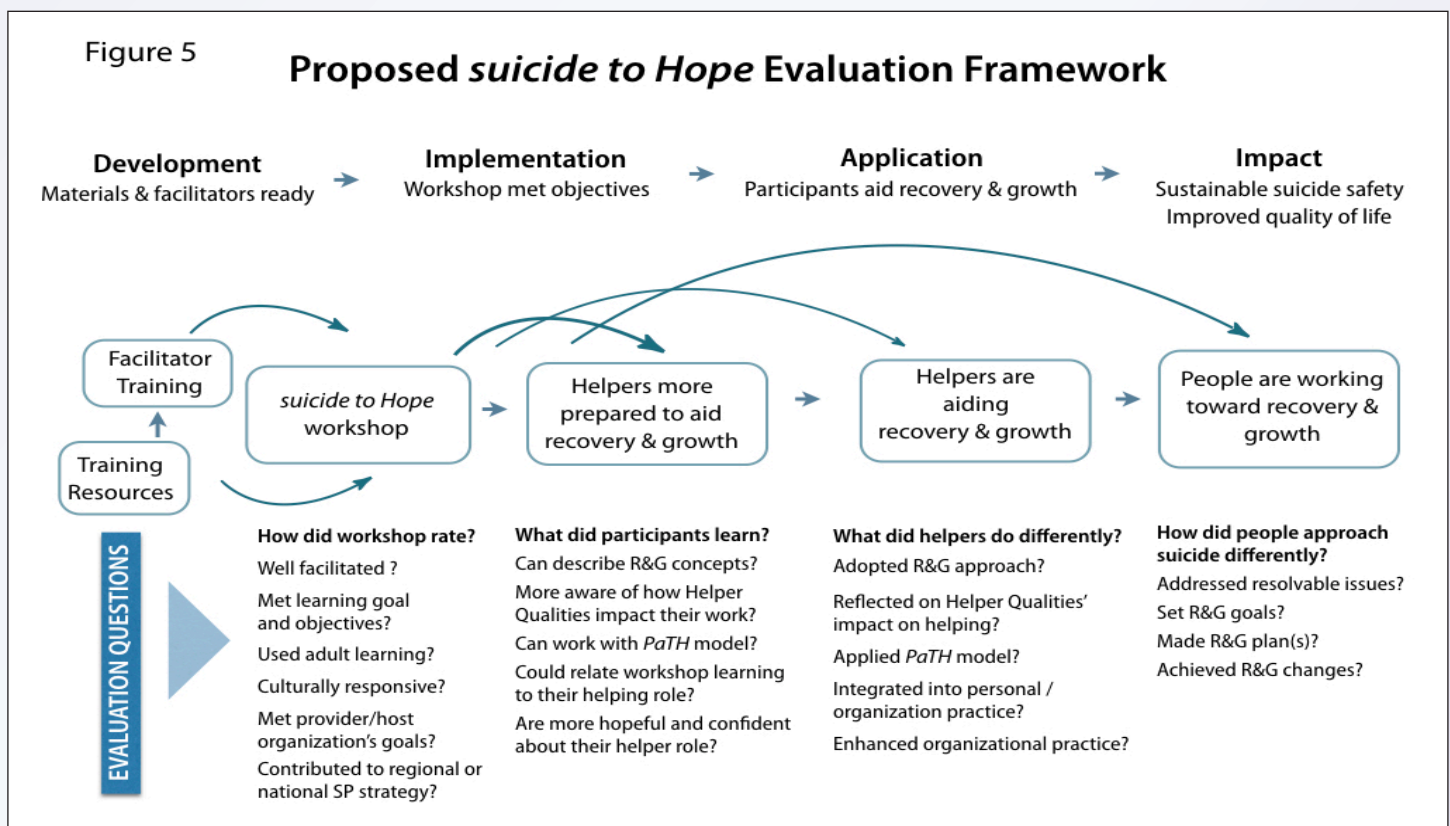


# Invitation for Evaluation Partnerships

LivingWorks is seeking to partner with stakeholders to conduct evaluations that build on the R&D process and early implementation feedback. Evaluations will seek to determine how, and how effectively, workshop learning prepares helpers and their organizations to provide recovery and growth oriented suicide interventions. Potential areas of interest include:

- The nature and quality of the learning experience in relation to participants' needs and expectations;
- What participants learned and whether this learning was consistent with program objectives;
- How participants applied their learning within their organizations and helping roles;
- The impact of the training on organizations' suicide intervention practices; and
- The impact on people dealing with suicide experiences.

Figure 5 illustrates how these domains of interest may be mapped in a Program Logic<sup>5</sup> framework. For inquiries about evaluation partnerships, please email [s2h@livingworks.net](mailto:s2h@livingworks.net).



## References

1. Seven elements were identified by the NAASP's Clinical Care and Intervention Task Force—see <http://zerosuicide.sprc.org/about>
2. National Action Alliance for Suicide Prevention. Clinical workforce preparedness task force, (2014). Suicide prevention and the clinical workforce: Guidelines for training. Washington DC: Author.
3. Rothman, J. (1980). Social R&D: Research and development in the human services. Englewood Cliffs, NJ: Prentice Hall.
4. Research is cited and discussed in the *suicide to Hope* literature review, accessible on LivingWorks' website.
5. For details of Program Logic principles and frameworks, see W.K. Kellogg Foundation (2004). Logic model development guide. Battle Creek, MI. Author. See also [www.wkkf.org](http://www.wkkf.org).