The graphic features a dark purple background with a close-up of several hands stacked on top of each other, symbolizing support and teamwork. The title 'LEARN Saves Lives: Suicide Prevention Training' is written in white, bold, sans-serif font. Below the title is a horizontal teal line. At the bottom left is the Forefront Suicide Prevention logo, which consists of a large white 'W' followed by the text 'FOREFRONT SUICIDE PREVENTION' in white, all-caps, sans-serif font.

LEARN Saves Lives: Suicide Prevention Training

W FOREFRONT
SUICIDE PREVENTION

*Please complete the
pre-training survey here:*

https://redcap.link/fis_learn_pre



*Please download the
participant packet here:*

https://redcap.link/staff_docs



60min Educator/Staff Training
Presenter Name
Date

Welcome to today's "LEARN Saves Lives Suicide Prevention Training."

This training was developed by Forefront Suicide Prevention, a Center of Excellence at the University of Washington's School of Social Work.

As we get settled, please complete the pre-training survey if you haven't already.

You can access the survey by using the link or scanning the QR code with your phone/device.

- *Pre-training survey link:* https://redcap.link/fis_learn_pre

Please download the participant packet as well as we'll refer to it throughout this training.

- *Participant packet link:* https://redcap.link/staff_docs

LEARN TRAINING IMPLEMENTATION TIPS

- **FACILITATOR NOTES:** *Italicized information includes tips for the instructor. (e.g., reminders to keep the audience moving, animated slide, timing of activities etc.)*
- **ACTIVITY:** These sections include additional audience engagement.



FACILITATOR NOTE

It's helpful to share a little bit about your background and why this work is important to you. You can include credentials, personal experience, education, etc. but remember to keep this slide brief.

My name is_____, my pronouns are _____. This topic is important to me because...
[Share one sentence about your personal tie to this work. Keep introductions brief.]

Our School is a Forefront School.

- We are thankful for the dedication of our Forefront team here at _____, including our parent/caregiver volunteers.
- Thanks to our FIS team, our families, staff, and students all receive this peer-led training on a regular basis.

Before we begin, we want you to know that...

- We are here as trained peer educators who are passionate about this topic.
- We all play an important role in helping to prevent suicide.
- You being here today can potentially save a life.

Forefront's Mission

Forefront Suicide Prevention is
a Center of Excellence at the
University of Washington.

Our mission is to help people
take action to prevent suicide
in their communities.



LEARN

This training was developed by Forefront Suicide Prevention at the University of Washington.

Forefront's mission is to help people take action to prevent suicide in their communities.

Today's in-person training



This training will take approximately 60 minutes.



There will be one small group activity.



Questions? Let us know!

W

LEARN

FOR IN-PERSON TRAINING ONLY - OTHERWISE SKIP

Let's go through a bit of housekeeping before we begin the training today.

1. This training will take approximately 60 minutes
2. There will be one activity for you to practice the skills you'll learn later.
3. If you have any additional questions, please don't hesitate to ask.

Today's virtual training



This training will take approximately 60 minutes.



There will be one breakout room activity.



Participants are muted but can unmute themselves to speak.



Questions? Let us know in the chat!

W

LEARN

FOR VIRTUAL TRAINING ONLY - OTHERWISE SKIP

Let's go through a bit of housekeeping before we begin the training today.

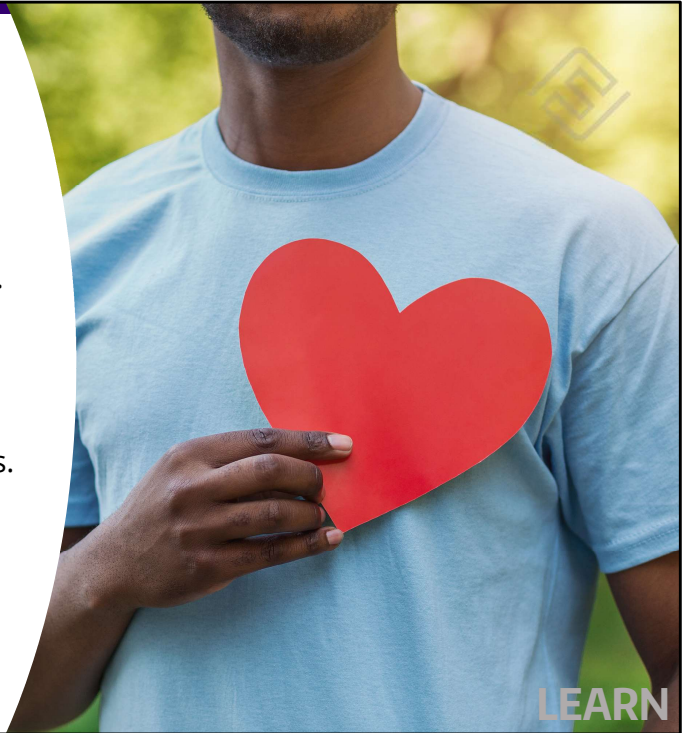
1. This training will take approximately 60 minutes.
2. There will be one breakout room activity for you to practice the skills you'll learn later.
3. Participants are muted as they enter the room. You are welcome to unmute yourself to participate in any activities or ask a question, but please stay on mute otherwise.
4. If you have any additional questions, please don't hesitate to ask using the chat feature.

Take care

This training covers a topic that can be emotionally challenging for many people. Feel free to step out for a moment if you need to take a break.

We encourage you to:

- Respect other views, beliefs, and stories.
- Keep any personal information shared today to yourself.
- Take care of yourself after this training.



FACILITATOR NOTE

[If your school building has meeting norms, this may be a place to remind your audience of them]

We know that this training covers a topic that can be emotionally challenging for many people.

- The skills we'll cover today may bring up a range of emotions.
- We encourage you to lean into these feelings in order to learn and practice these skills.
- We also ask that you hold each other's beliefs, views and stories with respect.
- If you need to step away, please give us a thumbs up to let us know you're OK.

Learning objectives



1

Explain the public health issue of youth suicide and why young people may consider suicide

2

Identify, understand, and be ready to support someone who may be at risk for suicide

3

Apply the LEARN steps in a practice scenario

W

LEARN

By the end of today's training, you will be able to:

1. Explain the public health issue of suicide and why people, including youth, may consider suicide.
2. Identify, understand, and be ready to support someone who may be at risk for suicide.
3. Apply the LEARN steps in a practice scenario.

We will hold questions for the end of our training today. Please note your questions as we go along.



Learning objective 1:

Explain the public health issue of suicide and why young people may consider suicide.

W

LEARN

We'll start with Learning Objective 1:

Explain the public health issue of suicide and why young people may consider suicide.

We'll cover some basic facts and statistics, and then begin discussing a theory for why people consider and die by suicide.



There are lots of myths about suicide, and many things we still don't know.
Let's start with what we do know.

Suicide affects all communities:

- People of any background can be at risk for suicide, no matter their identity.
- Members of marginalized groups may experience higher levels of risk due to discrimination, inequity, etc.
 - Marginalization can have damaging effects on individuals' mental, emotional, and physical wellbeing.

Asking about suicide doesn't cause suicide:

- We know that asking about suicide does NOT cause suicide.
- In fact, asking can actually reduce the amount of distress that someone is experiencing.

Suicide is the result of multiple complex factors:

- Many stories of suicide tend to focus on one cause.
- But, the majority of suicides are due to multiple factors, sometimes going back many years.
- We also know that a death by suicide impacts entire communities.

What protects against suicide?

- Connections to friends, family, culture, and community
- Limited access to lethal means (e.g., firearms, medications)
- Coping and problem-solving skills
- Access to physical and mental health care

W



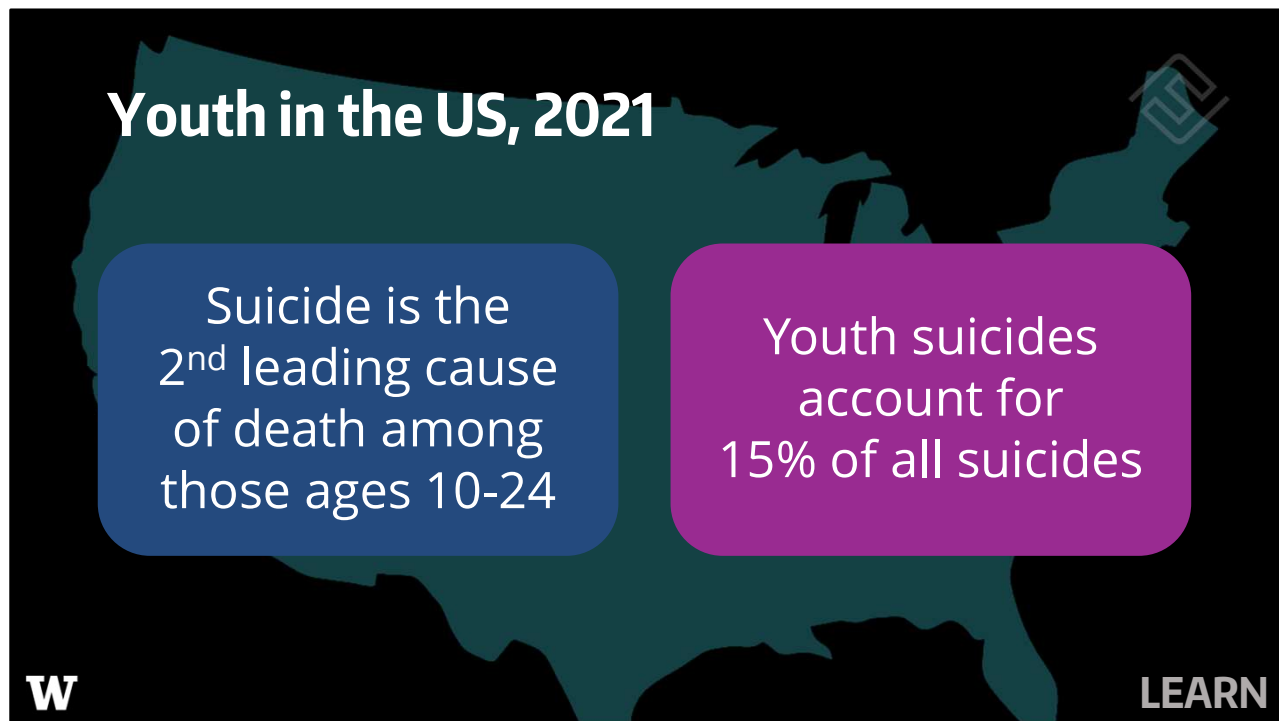
Suicide can be a complex topic.

- Experts are still learning more about what contributes to suicide risk.
- We also are learning a bit more about what protects against suicide.

We know that each of the following are protective factors against suicide:

- Connections to friends, family, culture, and community.
- Limited access to lethal means (e.g., firearms, medications).
- Coping and problem-solving skills.
- Access to physical and mental health care.

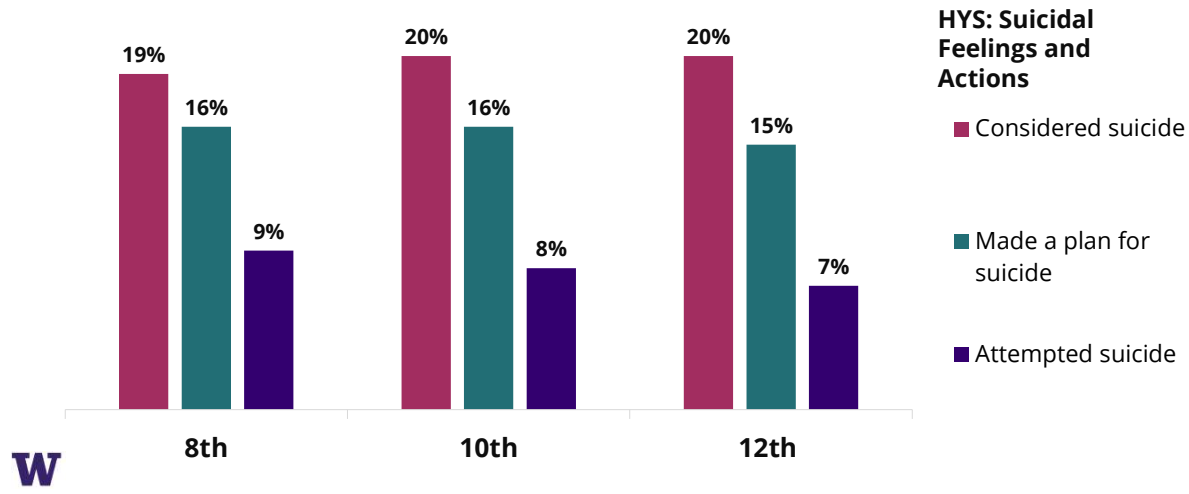
Educators play a unique and important role in creating protective environments for our youth.
Thank you for being here today.



Let's review some basic statistics about youth in the United States.

- Suicide is the 2nd leading cause of death among young people ages 10-24.
- Youth suicides account for 15% of all suicides (as of 2021).

What Washington youth are saying



Now let's see what Washington State youth are saying.

The Washington State Healthy Youth Survey (also known as HYS) is a collaborative effort between statewide agencies to measure different health behaviors among youth.

Across grades 8, 10 and 12:

- Approximately 1 in 5 Washington State students reported considering suicide in the last year.
- 15-16% of our youth reported making a plan to end their life.
- 7-9% of our teens made a suicide attempt.

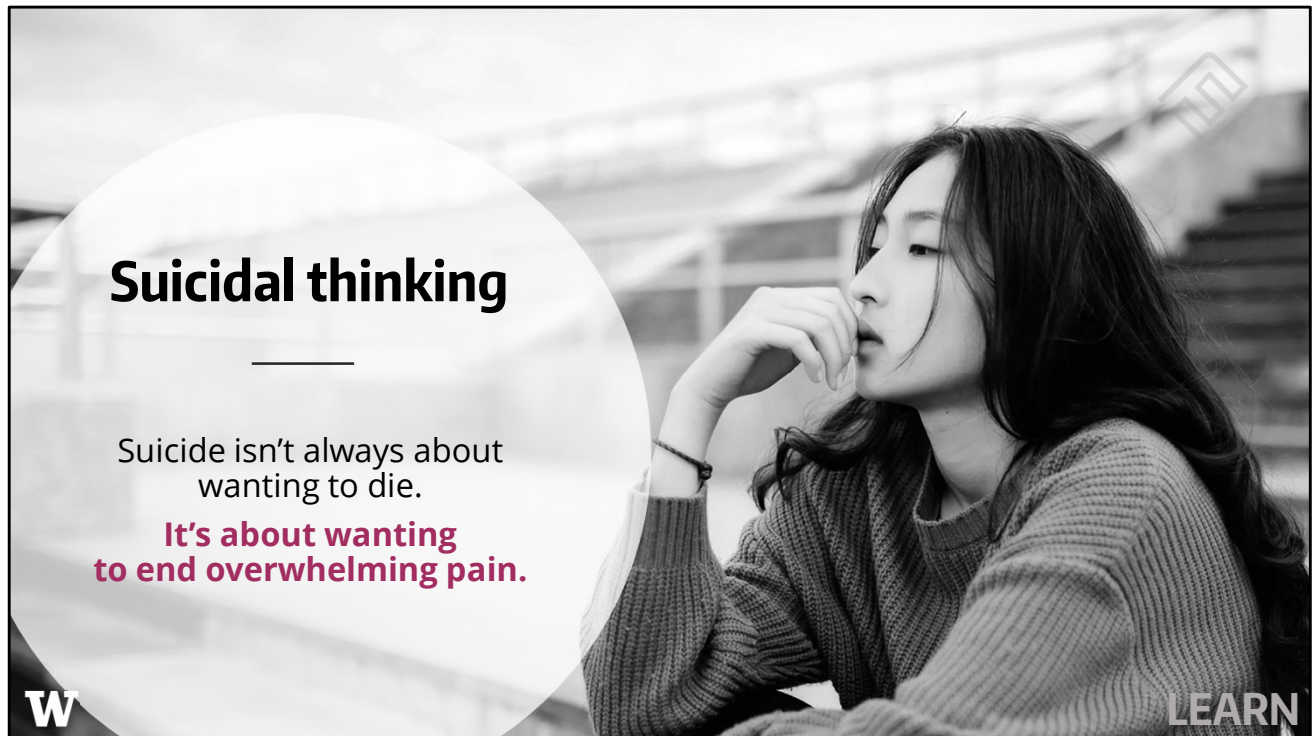
FACILITATOR NOTE

Data from HYS 2021 - Washington: Suicidal Feelings and Actions: **Students who report considering suicide, making a suicide plan, and attempting suicide in the past year**

Participants can explore the healthy youth survey data on their own here: <https://www.askhys.net/>

Audiences can sometimes have many questions about the statistics. Encourage data enthusiasts to go to these websites:

- <https://suicidology.org/facts-and-statistics>
- <https://save.org/about-suicide/suicide-statistics/>



Suicidal thinking

Suicide isn't always about
wanting to die.

**It's about wanting
to end overwhelming pain.**

People who are considering suicide often feel deeply alone and like a burden to those around them.

These thoughts can cause deep psychological and emotional pain, leading people to conclude that the way to end that pain is to die.

Suicide isn't always about wanting to die. It is about wanting to end overwhelming pain.



As educators, we are uniquely positioned to strengthen protective factors for our students. We can do this by building relationships, making connections, and contributing to a positive social and emotional climate.

Today, we'll also learn how to recognize and respond to someone who may be considering suicide. This information can and should be used for anyone in crisis.

Raise your hand if you've been trained in CPR.
What is the goal of CPR?

[take a few responses]

Thank you for your responses!

SUMMARIZE

- Just like CPR, learning how you can help may save someone's life.
- Our goal is to support someone through the immediate crisis, then let professionals take over to continue with the care that this person needs.

Language matters



Instead of saying
“committed suicide”,
Let’s say **“died by suicide”**
or **“took their own life”**



FACILITATOR NOTE

[For audience engagement using the Chat feature, give at least 20 seconds so audience can see responses]

One way we can care for our community is to change our language. When suicide loss happens, we often hear, read, or say that someone ‘committed’ suicide. Today I encourage you to say “died by suicide” or “took their own life” instead.

ACTIVITY

Why do you think this change might be important? *[pause for responses]*

Thanks for sharing your answers!

[Example: ‘Committed’ can sound positive, like being committed to a relationship or exercise program]

SUMMARIZE

- We want to stay factual and neutral.
- The word ‘committed’ associates suicide with being a crime or a sin. It can be hurtful to those who have lost loved ones to suicide to think that their loved one did something wrong.

This might take time, but if we start doing this today and together, we can remove judgement from our language. This shift helps to reduce the stigma around suicide and mental health.



Learning objective 2:

Identify, understand, and be ready to support someone who may be at risk for suicide

W

LEARN

We have completed our first learning objective!

Now we will move on to Learning Objective 2:

How to identify someone who may be at risk for suicide and understand the next steps to take.

Our model:

Look for signs
Empathize & listen
Ask about suicide
Reduce the danger
Next steps

W

LEARN

LEARN is the acronym we use to help remember these potentially life-saving skills.

- L stands for **Look for signs**.
- E stands for **Empathize and listen**.
- A stands for **Ask about suicide**.
- R stands for **Reduce the danger**.
- N stands for **Next steps**.



Look for signs

Empathize & listen

Ask about suicide

Reduce the danger

Next steps

W

Look for signs



LEARN

We start with the L step, which stands for “Look for signs.”

Many people who are considering suicide will show warning signs.
In the next slides, we’ll go through a few common warning signs for suicide.

Signs can indicate a risk for suicide.

- They help us know what actions to take with an individual.
- They can and should be used to start a conversation.

Look for warning signs



**Emotions,
Feelings**

**Actions,
Behaviors**

Experiences

W



FACILITATOR NOTE

*This is a 2-part slide. You will advance to the next slide before you are finished discussing this concept.
Short on time? Simply walk the audience through these warning signs without their participation.*

Warning signs are clues or signals that someone may be at risk for suicide.

One way to think about warning signs is to think about them in 3 categories:

1. Emotions and feelings
2. Actions and behaviors
3. Experiences

ACTIVITY

Many people already have some idea of what they should keep an eye out for.

We would like to hear from you – what do you think are common warning signs for suicide?

[Wait for audience response]

Thank you for sharing!

We will look at additional warning signs on the next slide, many of which you already identified.

Keep in mind that...Not all warning signs are listed on these slides and, not all signs are a cause for concern by themselves.

We do want to be concerned when signs:

- Are a change from someone's usual personality
- Have increased
- Seem related to a painful event, loss, or change

Look for warning signs



Emotions, Feelings

- Depression, anxiety
- Anger, irritability, agitation
- Unusual mood swings
- Feeling hopeless/helpless
- Loneliness
- Shame, humiliation
- Emotional/physical pain
- Sudden unexplainable joy after a period of depression

Actions, Behaviors

- Withdrawing
- Isolating
- Substance use
- Giving away prized possessions
- Acquiring lethal means
- Risky/reckless behavior
- Joking/frequent statements about death
- Self-injury
- Threats against self or others

Experiences

- Significant life changes or loss
- Bullying, harassment
- Discrimination linked to sexual orientation, gender identity, and/or race/ethnicity
- Personal and/or historical trauma
- Previous suicide attempts or family history of suicide
- Access to lethal means

W

LEARN

This is a list of common warning signs. Take a minute to glance through each section.

Why do you think sudden, unexplainable joy after a period of depression could be a warning sign for suicide?
[rhetorical question, pause, let audience consider, then call on a few participants]

Thank you for your answers!

- It might come from relief in knowing their pain will soon be ending because they have a plan to die.
- This relief can be mistaken for a sign that their depression has lifted.

Let's look at a few actions and behaviors.

- Alcohol decreases inhibitions. It also increases impulsivity, depressive or negative feelings and all-or-none thinking.
- Self-injury can be a warning sign for suicide BUT, it can also occur without suicidal intent.
 - It is most often used to regulate emotional pain vs ending one's life.
 - Never ignore self-injury - it indicates a need for care whether the person has suicidal intent or not.

Finally, we'll look at a few experiences that may increase someone's risk for suicide.

- Discrimination, racism, personal and/or historical trauma, and violence linked to identity significantly contribute to suicide risk.



Empathize & Listen

Look for signs

Empathize & listen

Ask about suicide

Reduce the danger

Next steps

W



LEARN

The next step is Empathize and listen.

Empathy and listening play important roles in deepening everyday relationships and in suicide prevention.

Brené Brown on empathy



W

LEARN

FACILITATOR NOTE

The video will start on click. If the embedded video does not work, you can click on this link to view the streaming version. <https://vimeo.com/850974044/fc617ab57d?share=copy>

Next, let's watch a video on this by researcher Brené Brown.

In this video, she'll talk about the definition of empathy, the difference between empathy and sympathy, and how empathy can create meaningful connections.



A student tells you they are struggling. Which is the best way to demonstrate empathy?

1. Offer solutions to fix the problem – after all, you don't want to see them hurting.
2. Share a story about a time that something similar happened to you.
3. Sit with them and say, "It sounds like you're going through a lot right now."
4. Pull up a funny video on your phone to help cheer them up.

W



In the video, Brown says that the best way to demonstrate empathy is just to listen. Now let's imagine that your student tells you that they are struggling.

Which of these is the best example of demonstrating empathy?

1. You offer many solutions to fix the problem – after all, you don't want to see them hurting.
2. You share a story about a time that something similar happened to you.
3. You sit beside them and say, "It sounds like you're going through a lot right now."
4. You pull up a funny video on your phone to help cheer them up.

If you're not sure, it may help to think about a time when you were having a painful experience and needed to be seen and validated, or you can ask the person sharing what would be most helpful.

Does anyone want to volunteer an answer?
Thanks for your answers!

[Click on the slide to highlight the best response of demonstrating empathy]

The correct answer is number 3. While options 1, 2, and 4 can be helpful, they are not examples of empathy.

Components of empathy

Helpful things to say:
I'm so glad you told me.
Tell me more, I'm listening.



**Try to see the
world as others
see it**



**Be non-
judgmental**



**Validate
another's
feelings**



**Communicate
understanding**

W

LEARN

Even if we know what empathy is, sometimes it can still be hard to demonstrate it in the moment.

Here are 4 components of empathy:

1. See the world as others see it.
2. Be nonjudgmental.
3. Validate another's feelings.
4. Communicate that understanding.

You don't need to agree with someone's feelings or fully understand why they feel the way they do, but you do need to understand HOW they feel and share that back with them.

People who've survived suicide attempts say listening is what they needed most.

What are one or two other ways we could show empathy?

Thanks for sharing!

Look for signs

Empathize & listen

Ask about suicide

Reduce the danger

Next steps

W

Ask about suicide



LEARN

Now that we've learned how to identify someone in distress and how to build an empathetic connection, we're ready to move on to the A step, "Ask about suicide."

Remember, asking about suicide does not make it more likely that a person will consider suicide.

Asking compassionately can relieve some of the pain and distress that a person is feeling. This step can be difficult for both the person asking the question and the person answering.

When do I ask?

- Multiple signs
- Big changes in a person's life or behavior
- When your gut tells you to

**Concerned?
JUST ASK**

W



When do I ask about suicide?

- When you see multiple signs.
- Big changes in a person's life or behavior.
- Or, simply when your gut is telling you something isn't right.

Know that asking:

- Can be a protective factor against suicide, and...
- Helps to reduce stigma because it shows it's okay to not be okay.

SUMMARIZE

- There is never harm in asking about suicide.
- If you're concerned - even if what you're seeing isn't as clear or lined up like it is here, JUST ASK.

Ask directly

- Be courageous and direct
- Avoid vague language

Are you thinking
about suicide?

Are you thinking
about killing
yourself?

W

LEARN

When asking about suicide, it's important to be direct and avoid vague language.

This can be a hard step for both the person asking the question AND answering! Prepare yourself to hear a "Yes."

These are two examples for how to ask directly

- Are you thinking about suicide?
- Are you thinking about killing yourself?

If these still feel too difficult to say, you can also try "are you thinking of ending your life on purpose?"

It is important to be clear and direct here, no matter what words you choose, because we want to connect this person to the best options for help.

When you ask directly about suicide, you are:

- Demonstrating you are willing and able to discuss a complicated topic.
- Giving someone the chance to share painful feelings that they may not have been able to share previously.
- Showing someone that you care about them and what happens to them.

How do I ask about suicide?



Sometimes when people are...

_____,
_____,

they're thinking about suicide.

Are you thinking about
suicide?

Insert any warning signs
you see here!

Example:

*"Sometimes when people feel like things
don't matter anymore and they're
isolating from friends, they're thinking
about suicide. Are you thinking about
suicide?"*

W



Next, we'll learn a phrase to use when asking about suicide. We recommend using this method.

- "Sometimes when people are _____, they're thinking about suicide. Are you thinking of suicide?"

Here are a few examples of using this phrase with warning signs:

- "Sometimes when people are feeling anxious about school and are totally overwhelmed by small daily tasks, they're thinking about suicide. Are you thinking about suicide?"
- "Sometimes when people feel like things don't matter anymore and they are isolating from friends, they are thinking about suicide. Are you thinking about suicide?"

Asking like this is helpful because...

- Saying "people" and "they" helps to normalize their experiences and thoughts.
- Including the warning signs you've observed shows you are really listening to what they are going through.

Suicide is less common in younger children, but it does occur.

Here are two ways to ask a younger child about suicide.

1. "Have you ever wanted to die on purpose?"
2. "Have you ever wished you never had to wake up anymore – that you could be dead?"

Now you're going to practice the prompt with a partner." - [In-person event]

Now you're going to practice saying the prompt out loud." - [Virtual event - mute all participants]

ACTIVITY


[Limit this activity to 1 minute or less]


Remember, when you ask, be prepared to hear a 'Yes.'

Not everyone will say 'yes', but it's helpful to be ready and prepared for that answer.

Let's debrief

How did it feel to say the word "suicide?"





So, how did it feel to use this phrase?
How did it feel to say the word suicide?

Saying and practicing these words now may feel awkward but... with time and practice we'll be more prepared for real life situations.

What if they say **no**?

- Stay neutral and non-judgmental
- Let them know you care
- If you are still concerned, gather more information and ask again. If they still say no, ask:
 "If you were thinking about suicide, who would you talk to?"
- Move on to the R and N steps

W



What should we do if they say no?

Pay attention to your body language. Remember to stay relaxed, neutral and non-judgmental.

This is especially important for two reasons:

- If you make a big show of relief, this person may not want to share how they are really feeling.
- They might not answer honestly the first time you ask.

Let them know that you care – even if they aren't thinking about suicide in this moment, they're having a tough enough time that you thought to ask. They still need your care and support.

If they've said "no" and you are still concerned:

- It's ok to ask again.
- If you still get a no response, you can always ask, "If you were thinking about suicide, who would you talk to?"
- This is a great question because it gives the person an opportunity to think about other supportive people in their life.
- You can also share some of the resources that we'll give you later in the training.

You can still move on to the R and the N steps – this can help reduce the dangers in someone's life and make sure they have the support they need going forward.

What if they say **yes**?

- Stay neutral and non-judgmental
- Take it seriously
- Thank them for their honesty
- Acknowledge the pain they are in
- Move on to the R and N steps
- Get support for yourself next



They ask you not to tell anyone. How can you respond?

W

LEARN

What if they say yes?

- If they say yes, remember to stay neutral and non-judgmental.
- This can be tough – after all, someone you care about just told you they are thinking about ending their own life.
- Even if you have many emotions about this, it's important to focus on the person in front of you and the pain that they are in.
- Thank this person for sharing something difficult by acknowledging and validating their pain.

Move on to the R and N steps – this will give you helpful information for connecting this person to the best support possible.

Here's a common question to think about. They say "yes," but ask you not to tell anyone. How could we respond?

Who would like to offer suggestions?

Thank you for your ideas of how to respond!

[Offer this example to close the activity]

"I understand you wanting to keep this private, but..."

- "We'll only tell the people who need to know."
- "Your safety is the most important thing right now."



FACILITATOR NOTE

[Video will play on click]

Meet Ella. Ella was a local high school student who was very involved in her school's Forefront in Schools program.

In this video she talks about her own struggles with suicide, and what was helpful from the people who supported her.

PLAY VIDEO - 1 minute

Forefront gets a lot of questions about Ella today. She is a healthy and thriving college student and we are grateful that she was willing to share her story.



Reduce the danger



Look for signs

Empathize & listen

Ask about suicide

Reduce the danger

Next steps

W

LEARN

Next is the “R” step: Reduce the danger.

This step is about taking practical action to keep someone safe.

This means reducing or removing access to things someone could use to end their life.

Important follow up questions



Have you
thought about
how you might
end your life?

Do you have
access to those
methods?

Have you
thought about
when you
might do this?

Remember: Putting time and distance between a suicidal person and the methods they may use can save their life!

W

LEARN

If someone is considering suicide, this is a crucial time to ask more specific questions.

Here are a few you can start with:

- Have you thought about how you might end your life?
- Do you have access to those methods?
- Have you thought about when you might do this?

These questions will help you understand what information to pass on to helpful resources or what steps you might need to take yourself.

Asking follow-up questions can help us:

- Understand the level of risk this person may be posing.
 - Example - No plan vs an active plan with access to lethal means.
- Gather necessary information that you would pass on to crisis team members at your school.
- Help determine whether or not emergency services are needed.

Continue to show compassion and care, even if what you are hearing is difficult or scary.

Asking these questions now can help with a warm handoff later.

Remember, putting time and distance between a suicidal person and the methods they may use can save their life!

Locking and limiting access



Firearms	Medications	In your own home
<ul style="list-style-type: none">• Lock up all firearms, including those used for home defense• Limit Access:<ul style="list-style-type: none">• Youth should not have unsupervised access to firearms	<ul style="list-style-type: none">• Lock up most medications – prescription and over-the-counter• Limit Access:<ul style="list-style-type: none">• Keep a week's supply available• Keep only 1-day dose unlocked during mental health crisis	<ul style="list-style-type: none">• Lock up today:<ul style="list-style-type: none">• Firearms• Prescription medications• Over-the-counter medications• Also lock up in a crisis:<ul style="list-style-type: none">• Alcohol and drugs• Belts, ropes, plastic bags• Knives, sharps, car keys• Chemicals, pesticides

Visit saferhomescoalition.org

W **LEARN**

Lethal means safety can have an immense impact in preventing suicides and suicide attempts.

We don't expect to get into a car accident every time we drive but we always wear a seat belt in case there is an accident. It's the same thing with suicide. We don't always know when suicidality will occur so having consistent lethal means safety in place can keep people alive.

This graphic shows information about what you can lock up and limit access to starting today; including extra precautions you can take in a crisis in the red column.

[Allow think time for this activity]

Take a minute to think about spaces at school and in your home – what could you do today to limit access?

If you want to learn more about this, we encourage you to visit the Safer Homes website.

The **R** step at school

Creating a safe learning environment includes:

- Reduce dangers in the school environment – lock up and monitor
- Follow school crisis plans and protocols
- Report safety concerns immediately
- Include lethal means in safety planning process

W



Your role in reducing the danger may vary with your personal or professional relationship. If you are concerned about a student, remember to follow school/district protocols.

Reducing the danger in a school building includes:

- Keep your classroom safer - lock up/monitor items like knives, chemicals, etc.
- Follow school crisis plans and protocols.
- Make sure information is passed on to the right supports.
 - This includes access to lethal means, concerning online content, or after-hours concerns.
- Caregivers should always be notified AND encouraged to remove lethal means when risk is present.

When it comes to reducing lethal means, you can:

- Identify other people who can help remove or reduce the danger.
- Proactively reduce the danger in your own home.



Next steps

Look for signs

Empathize & listen

Ask about suicide

Reduce the danger

Next steps



W

LEARN

The final step in our model is the N step, or “Next steps,” which is about connecting a person in crisis to resources that can help.

Next steps to take

Use a warm handoff immediately

- **Never leave a student in crisis alone**
- Relay as much information as possible
- Personally connect them to a counselor/crisis team member
 - If possible, explain the situation with the student present
- Follow crisis plan protocols



When responding to a crisis at school:

- Never leave a student in crisis alone.
- Always use a warm handoff immediately and personally connect a student at risk to appropriate supports.

A warm handoff helps ensure the counselor or crisis team member has as much information as possible about your concern and helps build a relationship in a challenging moment.

ROLE MODEL THIS SAMPLE SCRIPT

- This is _____ (student). I wanted to make sure to connect them to more support here at school.
- _____ has been struggling lately and when we spoke today, they shared that they are thinking about suicide.

[Provide some details about the issues this student is dealing with, including access to lethal means]

- _____, is there anything I missed?
- Remember to follow all protocols in your school building crisis plan.

Once you've completed your next steps, know that you can always continue to check in with the student.

The empathetic connection you built earlier in the steps remains important even when the crisis has passed. If you aren't sure how to do this, consult with your school's support team.

[If there is time ask...]

What could you say to encourage help-seeking to someone who might be reluctant?

Helpful resources in a crisis



Suicide & Crisis Lifeline:

- Press 1 for veteran services
- Oprima 2 para español
- Press 3 for the Trevor Project
- Press 4 for Native and Strong in Washington



Crisis Text Line: Text "HEAL" to 741741

- Mande AYUDA para español

Trans Lifeline: 1-877-565-8860

The Trevor Project: 1-866-488-7386

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LEARN

Part of the N step is getting the person you are concerned about to professionals who can assist. Collaboration, monitoring and linking to crisis resources are all key to helping people stay safe. Every situation will be different, but keep in mind...seeking care in an emergency room is not always necessary.

Here are a few resources for crisis support.

- **988** is a national initiative that can answer questions and connect you with a trained counselor to discuss suicide or other crises related to mental health, substance use, and any other emotional challenges. They also provide steps on how to connect someone online who may be in crisis to a safety team.
- **Crisis Text Line** has trained volunteer Crisis Counselors who can respond to anyone on a secure online platform that won't show up on a phone bill. Washington residents can text using the keyword 'HEAL.'
- **The Trevor Project and Trans Lifeline** are great resources for our trans/nonbinary and LGBTQ+ youth.
- **911** is an option if someone is in imminent danger. Please be aware that not every community is comfortable or safe with law enforcement present. In most cases, we would recommend trying the following resources first and using this as a last resort.

It's OK to test these crisis lines just to practice. Non-emergency calls are always welcome.

- All of these resources have access to language interpretation and services specific to special populations (like veterans, LGBTQ+ youth, AI/AN communities).
- Remember to stay with the person while they are in crisis.
- If you decide to choose any of these listed resources, contact the resource together.

There are more resources provided in your participant packet and on Forefront's website.



Learning objective 3:

Apply the LEARN steps in a practice scenario.

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LEARN

We're onto the last module, which is practicing all the steps we've been working on.
We'll apply the LEARN steps in a practice scenario.

Participant feedback and research reminds us that practice is a valuable component of this training.
The more you practice, the more confident you'll feel if you ever have to use these steps in real life.

The LEARN Conversation



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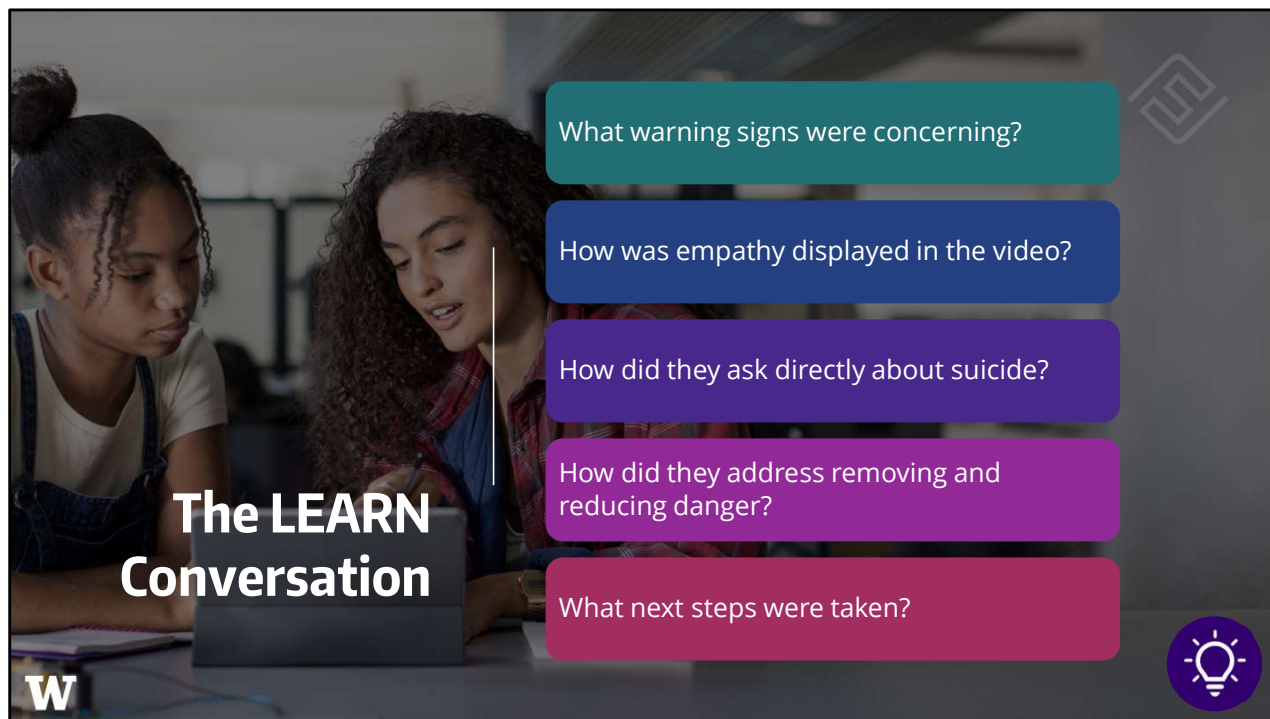
VIRTUAL DELIVERY CONSIDERATIONS:

For schools with flexible training schedules:

- *Schedule remaining slides (including video) as a separate session.*
- *This allows more time for staff to absorb, process and discuss content and the skills practice.*

Let's watch this simulated interaction between a teacher and student.

Watch video demonstrating the LEARN steps – see participant practice directions on the next slide.



FACILITATOR NOTE

- *For audience engagement using the Chat, give at least 20 seconds to see the responses.*
- *Always include in VIRTUAL presentations. This can be skipped if low on time for IN-PERSON.*

Now that you've seen the LEARN steps in action, let's review each step of the model.

- What warning signs were concerning?
- How was empathy displayed in the video?
- How did they ask directly about suicide?
- How did they address removing and reducing danger?
- What next steps were taken?

Thank you for sharing!

Practicing the LEARN steps



Meet Alex



Alex is withdrawing and isolating from friends and family, including increased absences at school.
Alex is struggling with the increased demands of school.
Alex also has easy access to large quantities of medication.



Look at the full exercise in your packet



Partner up & choose roles



Practice the LEARN steps



Change roles after 4 minutes

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LEARN

FACILITATOR NOTE

- Virtual trainings will use breakout rooms. Assign participants into groups of 2. 3 is also OK.
- Allow 8 minutes for this activity. We recommend more time if possible.
- Running short on time? At minimum, practice the A step.
- Remind participants to switch roles after 4 minutes.
- Find related documents in your Participant Packet: https://redcap.link/staff_docs

Now it's time for you to practice putting together the LEARN steps in a practice scenario.

- You'll be in small groups of 2-3 for this activity.
- It's tempting to discuss the activity rather than practice, but we highly encourage you to go through these steps.
- We'll be using Alex's story to shape our LEARN conversation.
- Some of Alex's warning signs will be visible at school and some will not.
- **More information about this activity is included in your participant packet.**

In your groups:

- One person will support Alex. (this person will be asking the question about suicide)
- The other person will be playing Alex. For this activity, say "YES" during the A-step.
- Practice having the LEARN conversation through at least the A-step.
- Bonus points for R and N steps that include a warm handoff!
- After a few minutes, I will ask you to switch roles.

The more you practice asking "are you thinking about suicide?" the more confident you will be if or when you need to use that phrase with a student or someone in your personal life.

How did it go?

1. What did you notice or experience as you practiced each role?
2. How did it feel to say the word suicide?

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So, how did that go for everyone?

- What did you notice or experience as you practiced each role?
- How did it feel to say the word suicide?

Thanks so much for sharing how this experience went for you!

For many of us, this conversation will be difficult at first, but it gets easier with practice. Your interaction does not need to be perfect. What matters most is our sincerity and compassion.

[Additional question if there is time]

What stood out for you?

Review: Learning objectives



1

Explain the public health issue of youth suicide and why young people may consider suicide

2

Identify, understand, and be ready to support someone who may be at risk for suicide

3

Apply the LEARN steps in a practice scenario

W

LEARN

We've come to the closing section of our training and have now successfully met today's learning objectives.

Action steps you can take today



**Use what
you've learned
to reach out to
someone in
distress**



**Say "died by
suicide"**



**Add 24-hour
crisis resources
into your
phone**



**Make your
community
safer to help
prevent suicide**

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LEARN

We appreciate your participation in today's training and encourage you all to...

- Use the skills you learned to reach out to someone you are concerned about as soon as possible.
- Say 'died by suicide.'
- Add 24-hour crisis response resources into your phone.
- Make your home & school safer by limiting access to lethal means to help prevent suicide.
- And finally, don't forget about your own support systems. You may need to debrief with someone you trust.

School and community resources



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[Please add your building-level and community resources here]

- HB 1373 - Promoting student access to information about behavioral health resources.
- HB 2589 - Suicide prevention & crisis intervention organizations on student & staff ID cards.

[The Crisis Team member or Administrator attending this presentation should remind audience about school protocols to help keep students safe]

- Refer ALL students of concern to counseling staff. (e.g., using a Referral Form)
- Inform counseling center staff immediately of any students who may be suicidal.

We also have partnerships with _____ [Community Resources] and can refer students to _____.



Thank you!

W FOREFRONT
SUICIDE PREVENTION

Please complete the post-training survey:
https://redcap.link/fis_learn_post



Visit us at: inthe forefront.org
inthe forefrontwa

Questions? Concerns?
Email ffront@uw.edu

FACILITATOR NOTE

[Allow 5 minutes to complete the survey] https://redcap.link/fis_learn_post

Thank you!

Now we'd like you to please complete our post training survey.

You can access the survey by using the link or scanning the QR code on the slide.

Your feedback matters!

- Forefront uses this data for program improvement - including making sure that we are teaching you effectively.
- This information also helps to inform state leaders, funders and school administrators.
- Forefront values anything that you can share.

To learn more about Forefront:

- Visit their website: inthe forefront.org
- Connect on social media: Facebook, Twitter, and Instagram.
- Email: ffront@uw.edu

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Suicidal Thinking

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Look for Warning Signs

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- Centers for Disease Control and Prevention (CDC). Risk and Protective Factors, Violence Prevention. Published September 6, 2018. <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>
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- <https://www.cdc.gov/mmhealth/stigma-and-discrimination.htm>
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- <https://hiiprc.org/3interventiontoolkit/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3553495/>
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