

CREATING A SUICIDE-SAFER COMMUNITY WITHIN A BEHAVIORAL HEALTH HOSPITAL: An Update on ASIST

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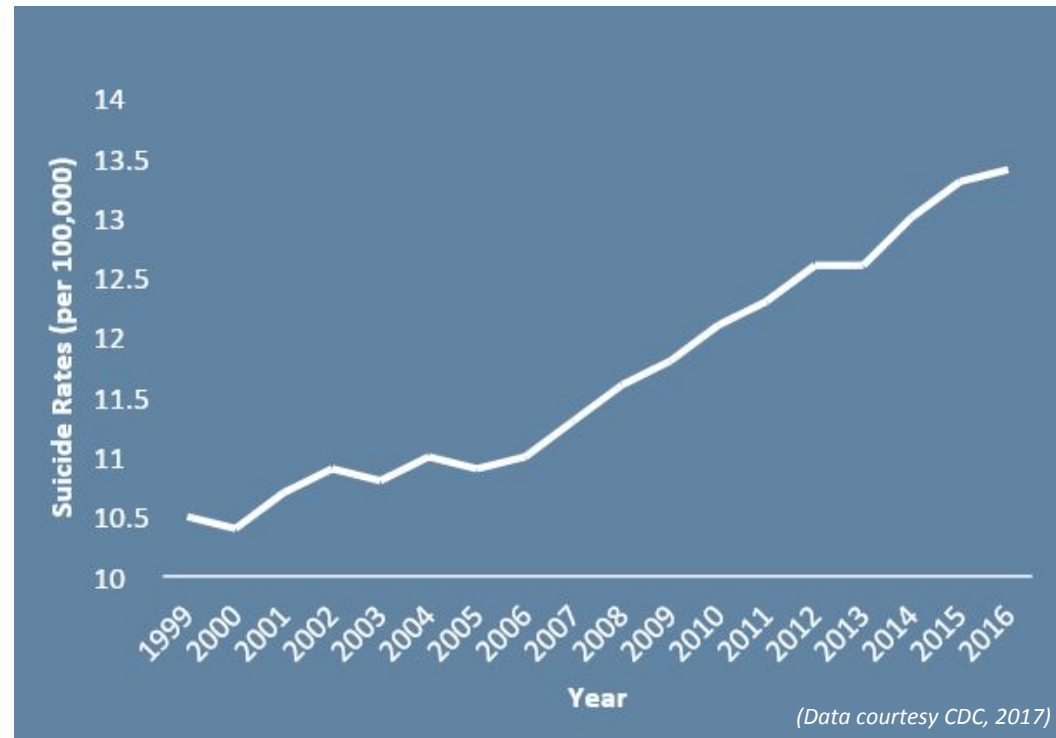
Member



New York-Presbyterian
Regional Hospital Network

Creating a Suicide-Safer Community

- US suicide rates have increased by 25% over the past 20 years
- Efficient, effective interventions are crucial
- Educating clinicians on how to discuss suicidal thoughts and behaviors may be key



Creating a Suicide-Safer Community

- Raise suicide-risk awareness throughout the hospital
- Provide treatment recipients with evidence-based, person-centered, recovery-oriented care
- Improve individuals' engagement with suicide prevention strategies



Training Model:

Applied
Suicide
Intervention
Skills
Training

- Two-day skills building course providing suicide first aid interventions
- Developed for interdisciplinary staff
- Empowers clinicians to understand their own beliefs about suicide
- Teaches collaboration between clinicians and patients to create crisis plans to reduce risk and increase utilization of safety measures
- Safety Plan training



safeTALK

Training Model:

- Four-hour skills building course teaching how to recognize and engage individuals who might be having thoughts of suicide
- Developed for lay people
- Empowers participants to understand their own beliefs about suicide
- Connects the individual with someone trained in suicide intervention

suicide
alertness
for
everyone
Tell
Ask
Listen
KeepSafe



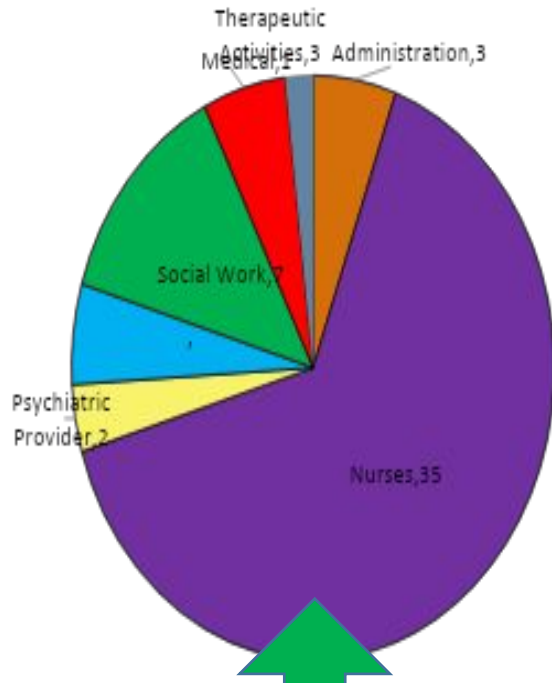
ASIST

Applied Suicide
Intervention Skills Training

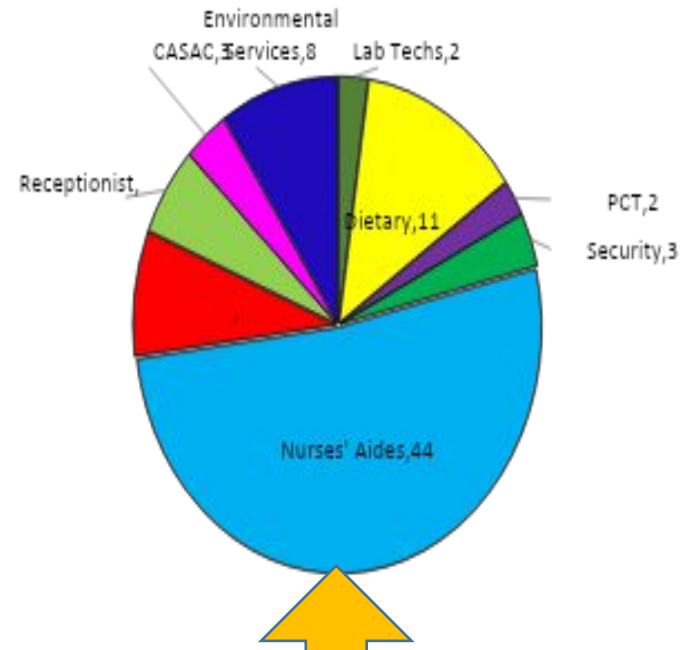


safeTALK

Suicide Alertness
for Everybody



A 2-day skills building course providing suicide first aid and Safety Plan intervention training
(n=54)



A half-day course teaching practical steps to help a person at risk of suicide to connect with specialized support
(n=85)



Implementation

~~Traditional Risk Assessment~~

- Are you feeling suicidal?
- Can you contract for safety?
- CO and/or medication

ASIST

- How are you feeling?
- Are you having thoughts of suicide?
- Tell me your story.
- How can we work together to help you stay safe?
- Let's create a Safety Plan together.



Implementation

- Asking about suicide
 - Direct, calm, non-judgmental asking about suicidal thoughts
- Eliciting the story
 - Understand factors contributing to suicidal thoughts
 - Provide empathy
 - Identify life connecting aspects of the person's story
- Turning to safety
 - Help define and build on life connections
 - Turning point of moving from weakness to empowerment
- Informs collaborative development of individualized Safety Plan
 - Prioritized written list of cognitive behavioral strategies and sources of support for managing suicide risk



Implementation

- Patients were assessed for suicide risk upon admission
- If identified as at-risk for suicide, pt and staff collaborated on a Safety Plan intervention
- Safety Plan continually updated during course of hospitalization

Design

- Intervention Unit
 - Staff trained in ASIST/safeTALK
- Control Unit
 - Treatment as usual
- Patients and staff on intervention and control units completed self-report evaluations of ASIST interventions

Outcomes

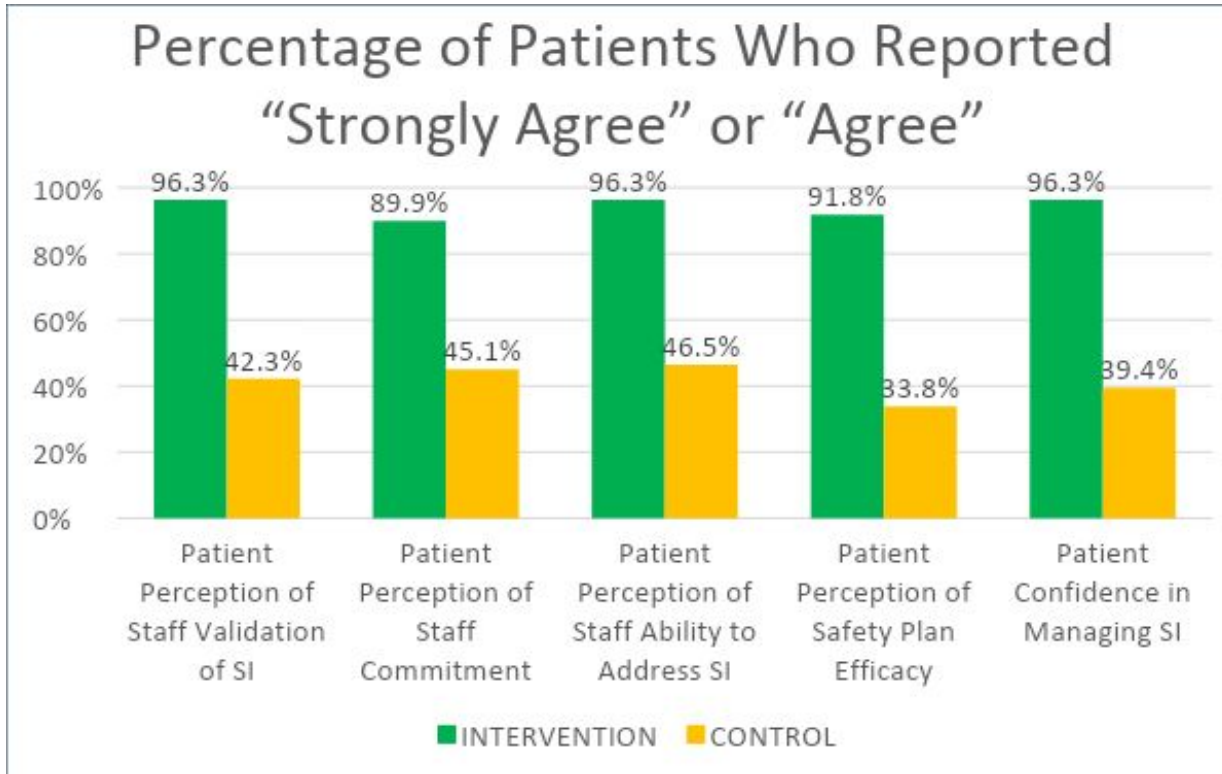
Survey Item	Intervention Unit N=109 M(SD)	Control Unit N=71 M(SD)	P Value	Cohen's d
Patient Perception of Staff Validation of SI	1.5046 (.7281)	2.8028 (1.4104)	$p \leq .000$	d=1.1571
Patient Perception of Staff Commitment	1.6789 (.8037)	2.8592 (1.3448)	$p \leq .000$	d=1.0655
Patient Perception of Staff Ability to Address SI	1.4954 (.5713)	2.7465 (1.2617)	$p \leq .000$	d=1.2775
Patient Perception of Safety Plan Efficacy	1.5872 (.6967)	4.0563 (2.2032)	$p \leq .000$	d=1.5111
Patient Confidence in Managing SI	1.4679 (.6020)	2.7887 (1.4134)	$p \leq .000$	d=1.2159

Differences between Intervention and Control groups were statistically significant at

$p \leq .000$.

Patients who received ASIST interventions were 100-150% times more likely to report favorable responses than patients receiving TAU.

Outcomes



No differences in staff evaluations between groups, indicating staff perception of interventions did not influence patient responses.

No differences between dually diagnosed patients, indicating minimal effects of diagnosis on patient responses.

Outcomes

The safety plan helps me understand how to cope with my thoughts and behaviors.



Safety plan is a great tool, it is realistic and I can actually see myself using it.



Being able to identify triggers and warning signs makes a huge difference. I can do something about it before it gets uncontrollable.



I've never had anyone sit down and take the time to understand me like the nurse did. The safety plan works!



Patient Feedback

Outcomes

[ASIST] opens up communication between staff and patients.

Completing interventions on admission makes the patient feel heard and understood...staff build strong rapport with the patient.

Everyone should be ASIST trained, not just for work but for use at home and in the community.

Knowing the reasoning behind the [suicidal thoughts] makes the plan more realistic.

Demonstrated clinician effectiveness and motivation to conduct suicide assessments and interventions

Clinician
Feedback

Future Directions

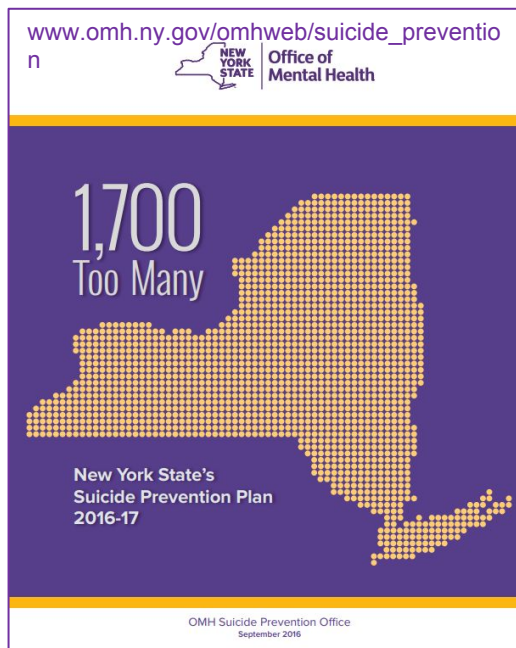
- Gracie Square Hospital is the first behavioral health facility in New York City to implement ASIST and safeTALK.
- As a result of the positive responses from both staff and patients who participated in the pilot program, we are continuing to raise suicide-risk awareness across the hospital.
- We have continued to train staff in ASIST and safeTALK on GSH's remaining inpatient units.
 - Currently trained 146 staff
 - Goal to have 80% of entire staff trained by November 30th
- Sustainability
 - Refresher courses
 - Periodic training for new staff

Resources

ZEROSuicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

www.zerosuicide.com



Special thanks to GSH staff and patients who participated and provided feedback on this project!

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