Guidelines for Independent Review of Suicide Prevention Training Materials (HB 2186)

These guidelines may be used by school districts and open-enrollment charter schools to independently review online suicide prevention training materials to be used for suicide prevention training required by Texas Education Code §21.451. These guidelines are based on criteria developed by the Suicide Prevention Resource Center for applicants submitting suicide prevention programs and practices for possible inclusion in the Best Practices Registry. Programs that already meet these guidelines can be found at http://www.sprc.org/bpr.

1. **Program content should be accurate.**

Factual claims and statistics should be based upon research findings and should be current.

2. **Program objectives should be realistic and likely to be achieved.**

If the program is implemented as intended, it should be likely that the short-term program will be achieved. Objectives should be realistic given the content and intensity of the program.

3. **Program objectives should be conceptually and empirically grounded.**

Program goals and objectives should reflect relevant theory and/or research about suicide. Ideally, program developers will have created a clear program logic model that specifies how the program activities achieve program goals or outcomes. More information about program logic models can be found at http://training.sprc.org/files/InformationaboutLogicModels.pdf

4. **Program materials should be clearly articulated and packaged for dissemination to a K-12 audience.**

Program materials should be easy to understand and use. For example, education and training materials should include lesson outlines and plans, detailed instructor guidelines with talking points and common questions and answers, all handouts, and references for additional materials.

5. **The program should address all pertinent organizational levels.**

In many cases, programs will achieve better results when supported by complementary efforts across multiple organizational levels or among organizations. For example, a school-based training for faculty and staff may be more successful if it includes consultation and training for administrators and/or institutional supports such as formal policies and protocols. Likewise, programs that emphasize referrals to services will be more effective when they include service providers in planning so they can be prepared to respond to inquiries from the target audience.

6. **The program should provide or recommend linkages to help resources that are appropriate for a K-12 audience.**

Materials should provide information about how the targeted audience can readily access (or refer others) to sources of help. Examples might include providing contact information for the National Suicide Prevention Lifeline (1-800-273-TALK) or local agencies, identifying individuals in that setting who can be approached for help (professionals, trained gatekeepers, etc.), or providing contact information for a worksite Employee Assistance Program.

7. **The program should emphasize prevention.**

Programs are not required to include this recommended information, but should explain the rationale for its omission. Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.

8. **The program should emphasize help-seeking and provide information on finding help.**

Programs are not required to include this recommended information, but should explain the rationale for its omission. When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and through established local service providers and crisis centers.

9. The program should list the warning signs, as well as risk and protective factors for suicide.

Programs are not required to include this recommended information, but should explain the rationale for its omission. Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the American Association of Suicidology. Identify protective factors that reduce the likelihood of suicide and risk factors heighten risk of suicide. A summary of the consensus warning signs can be found at http://www.sprc.org/basics/warning-signs-suicide. A list of risk and protective factors for suicide can be found at http://www.sprc.org/library/srisk.pdf.

10. The program should highlight effective treatments for underlying mental health problems.

Programs are not required to include this recommended information, but should explain the rationale for its omission. 60 to 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death. The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in a community.

11. **The program should not glorify or romanticize suicide or people who have died by suicide.**

Programs generally should not include this information. If present, programs should explain the rationale for its inclusion. Vulnerable people, especially young people, may identify with the attention and sympathy garnered by individuals who have died by suicide. The decedents should not be held up as role models.

12. **The program should not normalize suicide by presenting it as a common event.**

Programs generally should not include this information. If present, programs should explain the rationale for its inclusion. Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as a common event may unintentionally remove a protective bias against suicide in a community.

13. **The program should not present suicide as an inexplicable act or explain it as a result of stress only.**

Programs generally should not include this information. If present, programs should explain the rationale for its inclusion. Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim. Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.

14. **The program should not focus on personal details of people who have died by suicide.**

Programs generally should not include this information. If present, programs should explain the rationale for its inclusion. Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.

15. **The program should not present overly detailed descriptions of a suicide victim or suicide methods.**

Programs generally should not include this information. If present, programs should explain the rationale for its inclusion. Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.