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**The Impact of Experiential Exercises on Communication
and Relational Skills in a Suicide Prevention Gatekeeper Training
Program for College Resident Advisors**

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Abstract

Objective: In an effort to identify students at risk for suicide many colleges are implementing suicide prevention training for campus gatekeepers. This study evaluated the efficacy of a three-hour, experiential-based gatekeeper training which included an emphasis on enhancing communication skills and relational connection in addition to the didactic foci of standard gatekeeper training. **Participants:** Sixty-five college student resident advisors (RAs) were trained with Campus Connect. **Methods:** The training was dismantled to examine the specific contribution of experiential exercises on training outcomes. **Results:** Compared to didactic training alone, following participation in experiential exercises RAs' training outcome scores exhibited additional improvement on the SIRI-2 and a 14-item self-report measure of self-efficacy for specific suicide and crisis-related knowledge and skills. **Conclusions:** In gatekeeper training, experiential exercises emphasizing awareness and empathic responding and practice of these skills contribute to an improvement in crisis response skills above and beyond that of didactic training alone.

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The prevalence rates of suicide attempts and suicidal ideation among college students have been well documented.¹⁻⁴ Moreover, research has demonstrated that many of the college students most in need of mental health services may not be engaged in, or seeking out such services. For example, approximately 80% of those college students who die by suicide are unknown to campus mental health professionals⁵ and the vast majority (85%) of moderately severe to severely depressed students or students currently thinking about suicide (84%) do not receive treatment.⁶ Consistent with this data, The Jed Foundation and Suicide Prevention Resource Center recommend that campuses should enhance the identification of students who

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may be at risk for suicide as one of seven primary strategic interventions towards a broad-based campus suicide prevention program.⁷ This Jed Foundation/Suicide Prevention Resource Center recommendation is consistent with the Surgeon General's National Strategy for Suicide Prevention⁸ which specifically called for the implementation and evaluation of programs to train college resident advisors in the principles of suicide risk identification, crisis intervention, and referral.

The most commonly employed program for enhancing the identification and referral of at-risk students is gatekeeper training. Although training programs vary in length and focus, the core aspect of gatekeeper training is enhancing participants' knowledge, attitude, and skills in identifying individuals at risk and referring them to appropriate services.⁹ In this regard, gatekeeper training is an integral part of a public health approach to suicide prevention, as the likelihood of identification and access to mental health services increases when there are trained gatekeepers in the community who have knowledge regarding how to identify and respond to at-risk individuals.¹⁰

While the need for gatekeeper training programs seems apparent and gatekeeper training programs have been employed for decades, it is only in recent years that systematic evaluations of gatekeeper training programs have been conducted.¹¹ The findings obtained in these evaluations have demonstrated positive outcomes and provided support for incorporating gatekeeper training into broad-based suicide prevention efforts.¹¹ For example, gatekeeper training has been demonstrated to result in enhanced knowledge about suicide warning signs, enhanced knowledge regarding how to intervene with someone thinking about suicide, and enhanced self-efficacy for responding to individuals in crisis among non-clinical department of

70 psychiatry employees.¹² Additional studies have demonstrated the positive impact of gatekeeper training among secondary school staff,^{13,14} secondary school students,¹⁵ and veterans.¹⁶

Recent research has additionally demonstrated the effectiveness of gatekeeper training among college and university staff. For example, Cross and her colleagues⁹ demonstrated enhanced knowledge and self-efficacy among a sample of university employees from a variety of
75 positions following participation in a brief standardized community gatekeeper suicide prevention training¹⁷ (QPR Institute: Question, Persuade, Refer). Similarly, Tompkins and Witt¹⁸ demonstrated increases in residence life staff members' self-appraisals of preparation, knowledge, self-efficacy, and intention to perform in a gatekeeper role following participation in QPR training.

80 While the aforementioned studies provide promising findings regarding the impact of gatekeeper training among college campus personnel, there is a noteworthy limitation. In the two campus-specific gatekeeper training evaluations,^{9,18} although gatekeepers demonstrated enhanced self-efficacy, knowledge, and intentions, they did not demonstrate positive changes in terms of actual gatekeeper skills. For example, among resident advisors, Tompkins and Witt¹⁸ found that
85 training did not impact participants' self-reported enactment of gatekeeper behaviors such as asking about suicidal thoughts or attempting to convince peers to seek help. Likewise, Cross et al.¹² concluded that while gatekeeper training enhanced participants' ability to ask directly about suicide and provide referrals, the training did not change general communication skills such as active listening.

90 In each of the aforementioned campus based studies the authors concluded that one possible reason for the limited change in gatekeepers skills may be a function of the training

itself. The training employed in each of these studies was primarily a didactic training based on knowledge transfer. The finding that skill transfer is limited, led these researchers to conclude that gatekeeper training models may need to include active skill practice such as role playing “as well as other active learning strategies to increase the likelihood of gatekeeper skill development and use.”^{9(p157)} This conclusion is consistent with other researchers who have suggested there is a need for gatekeeper training programs to place greater emphasis on developing gatekeepers’ active listening and communication skills through role playing and other active learning techniques.^{12,13,18}

100 The lack of gatekeeper training programs (and corresponding research) that include an emphasis on opening communication and enhancing the relational connection between gatekeeper and student is noteworthy given that research examining what constitutes effective training to enhance suicide intervention skills for mental health counselors and crisis center staff indicates the importance of relationship skills, collaborative engagement, and empathic listening skills.^{19-21,23} For example, Jobes et al¹⁹ in studying the responses of 119 suicidal college students who presented at college counseling centers noted that the most common response students gave to a psychological pain prompt in assessment measures pertained to relational issues (38%). In another discussion of the need for collaboratively-based treatment approaches to suicide intervention, Jobes and his colleagues maintain that suicidality is essentially a relational phenomenon indicating that the “presence or absence of certain key relationships paradoxically can be both suicide causing and suicide preventive.”^{19(p.8)} Similarly, Paulson and Worth²² in their study of what suicidal clients felt was helpful regarding counseling responses to suicidal behavior identified that interpersonal connections and supportive relationships played a crucial role in helping clients overcome their suicidal thoughts.

115 Other studies have supported the need for enhancing relationship skills, empathic
responding, and collaborative engagement in suicide prevention training not just for helping
professionals, but for gatekeepers such as peers and family.^{20,21} Knott and Range²⁰ conducted
content analysis on previously suicidal college students' reported experiences with family,
friends, and professionals to ascertain actual helpful and unhelpful remarks received from others.
120 Their results show that only 12.5 % of the students found professionals to be helpful in keeping
them alive, with the majority of respondents recounting that empathic and thoughtful responses
from family and friends were the most helpful in keeping them alive, providing further support
for training peers and other non- professionals to be effective gatekeepers.²⁰ Additionally a study
of the role of empathy in college students' perceptions of and responsiveness toward a
125 hypothetical friend exhibiting symptoms of suicidal risk provides further evidence that
prevention programs may be more effective if they incorporate activities and information
designed to increase empathic listening skills.¹⁹⁻²²

Given the above demonstrated need, this study seeks to empirically evaluate the
efficacy of Campus Connect, an experiential gatekeeper training program focused on enhancing
130 gatekeepers' knowledge, awareness, and skills concerning college student suicide. Developed by
mental health professionals at the Syracuse University Counseling Center, Campus Connect is
one of the few nationally recognized gatekeeper training programs exclusively designed for
gatekeepers in a college/university community. This three-hour gatekeeper training incorporates
active and experiential based learning exercises, such as role plays to enhance gatekeepers active
135 listening skills and communication skills, as well as knowledge and awareness regarding suicide
warning signs, referral sources, and guidance for directly asking about suicidal thoughts. The
training is based on adult learning principles that promote active and participatory learning

strategies with its central philosophy being that in order to function effectively as gatekeepers, trainees must be cognitively and experientially engaged in understanding their own emotional reactions to suicide before they have contact with a suicidal student.

There are several other commonly used gatekeeper training programs (ASIST, SafeTALK, and QPR); however this study examined Campus Connect for a variety of reasons. The ASIST training²³ also includes an experiential component, but its two-day training schedule can be unwieldy for campus personnel whose work schedules cannot accommodate lengthy training commitments. QPR and SafeTALK (LivingWorks, Inc.) do allow for briefer training sessions, but the focus of these programs is general knowledge and awareness regarding suicide with no emphasis of an active experiential learning component. Moreover, neither of these programs offer training specific to the experiences of college and university students; this is an important consideration with college resident advisors. Finally, despite being included on the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry, Campus Connect has yet to be validated in the literature.

Based on the findings of the previous research reviewed above, it was hypothesized that Campus Connect training would lead to increases in gatekeepers' skills in responding to individuals experiencing an emotional/mental health crisis. In addition, it was predicted that gatekeepers would report increased self-efficacy related to crisis intervention and suicide prevention. Finally, it was hypothesized that the use of experiential activities would lead to an additional improvement above and beyond that obtained through didactic gatekeeper training.

METHOD

Approval

160 This study was conducted with the approval of the Syracuse University Institutional Review Board. The Campus Connect Gatekeeper Training is part of the standard orientation for residence advisors at Syracuse University. Prior to the training, the residence advisors were apprised that they could choose not to participate in the study. Individuals then read through the informed consent form and signed if they chose to participate.

165 **Participants**

 Study participants were Syracuse University students who were beginning their first year as residence advisors (RAs). The mean age of the participants was 19; the majority of the RAs (approximately 75 percent) were beginning their sophomore year of college.

Study Overview

170 At the beginning of each academic year, all new resident advisors at Syracuse University participate in Campus Connect Gatekeeper Training as part of the standard orientation process for the Office of Residence Life. All Campus Connect training sessions are conducted by Counseling Center staff in groups of approximately 20 RAs. To insure consistency across trainings, trainers are provided Campus Connect training manuals and provided instruction by
175 the research team. During Campus Connect training, participants are provided information regarding college student suicide prevalence rates, warning signs of suicide, strategies for asking students if they are thinking about suicide, and strategies for making referrals to appropriate resources. Additionally, participants are instructed in active listening skills and are guided through multiple experiential-based exercises designed to provide practice in asking about
180 suicide and practicing active listening skills. All Campus Connect trainings conclude with a role play.

For the purposes of the present study, RAs were assigned to one of two treatment groups. In each treatment group all participants who agreed to participate in the study completed a baseline evaluation of skills (Suicide Intervention Response Inventory; SIRI-2)²⁴ and self-
185 efficacy (Suicide Intervention Training Assessment; SITA) immediately prior to participating in the training. In the first treatment group, participants completed Campus Connect in its standard three-hour format which included a didactic informational presentation with accompanying experiential exercises. Immediately following the training, participants completed the two evaluation instruments. In the second treatment group, participants initially completed a 1.5-hour
190 adapted format of Campus Connect, in which all experiential exercises and role plays were removed from the training and only the didactic informational material was presented. The information presented in this 1.5 hour didactic-only training was equivalent in content to the first treatment group's training with regard to knowledge and awareness about suicide, referral information and information regarding questions to ask about suicide. Following this 1.5-hour
195 didactic-only training, participants completed the two research evaluations. Immediately after completing the second set of research evaluations, participants in the second treatment group completed another 1.5-hour training session which contained the previously withheld experiential exercises and role plays. Those exercises and role plays were the same as those presented to the first treatment group within the standard three-hour training format of Campus
200 Connect. Following this, participants again completed the two research evaluations. Thus, the present research design is consistent with research recommendations put forth by Cross et al⁹ who suggested that research is needed that employs a methodology whereby participants are assigned into either didactic or experiential plus didactic trainings to better understand the impact of participating in experiential exercises at it relates to skill development.

205 Measures

The SIRI-2 is a standardized 25-item self-report questionnaire designed to assess the ability of paraprofessional counselors and trainees to recognize appropriate responses to suicidal individuals. Each item presents a brief client comment and two possible helper responses. Participants are asked to rate each helper response for appropriateness to the client comment on a 210 7-point scale (from +3 = highly appropriate to -3 = highly inappropriate). SIRI-2 scores are calculated based on how close a respondent's ratings are to the mean expert score for each item; thus, lower scores are considered indicative of better responsiveness to crisis situations. The SIRI-2 has been shown to exhibit good reliability ($r = .92$) over a 2-week interval and high internal consistency with alphas of .90 and .93 for the two administrations.²⁴ It has been 215 demonstrated to be effective in assessing both adult and adolescent peer-helpers involved in suicide risk assessment.^{15,24}

The Suicide Intervention Training Assessment (SITA) is a 14-item self-report measure created by the investigators in this study for the purpose of measuring participants' self-efficacy for specific suicide and crisis-related knowledge and skills. Using a 10-point Likert scale (1 = 220 Not at all true, 10 = Very true), participants indicated the extent to which each of the items applies to them (e.g., "I feel comfortable asking someone if they are thinking about suicide"). As found in this study, internal consistency for the measure is high with alphas of .86, .90, and .94 across the three administrations in the study.

RESULTS

225 There were 85 RAs who participated in the training and contributed data to the study; however, only 65 RAs completed enough of the measures to allow for evaluation of the

intervention. The demographics of the reduced sample appear in Table 1. There was no difference in gender between those in the reduced sample and those who did not complete the requisite measures ($\chi^2(1) = .714, p = .398$). Further, using an independent samples t-test, there was no significant difference between the dropouts ($M = 80.36, SD = 23.01$) and reduced sample ($M = 82.09, SD = 20.59$) on pre-training SIRI-2 scores, $t(77) = -.279, p = .781$. Thus, there is no reason to assume that the findings with the reduced sample would not generalize to the larger population.

Interestingly, using a mixed groups factorial ANOVA, there is a significant difference between men and women on SIRI-2 scores before and after the training, $F(1, 61) = 5.87, p = .02$. Prior to training the SIRI-2 scores for males ($M = 88.55, SD = 21.91$) were higher than those for females ($M = 76.91, SD = 18.51$); males' scores on the SIRI-2 after the training ($M = 63.50, SD = 19.58$) remained higher than those for females ($M = 55.08, SD = 13.20$) indicating that females in the training exhibited better crisis response skills. There was no interaction between gender and training effect, $F(1, 61) = .586, p = .447$. In previous studies with the original SIRI, females had been found to have slightly better SIRI scores.²⁴

It was hypothesized that SIRI-2 scores would decrease after training; because no significant difference was found between the two training groups when utilizing a mixed groups factorial ANOVA, $F(1, 63) = 1.35, p = .25$, the data was combined for this analysis. Consistent with the research hypothesis, participants' SIRI-2 scores after completing the training ($M = 58.96, SD = 16.71$) were significantly lower than their initial scores ($M = 82.09, SD = 20.59$); thus, participants evidenced a significant increase in their crisis intervention skills as measured by the SIRI-2 (using a within group ANOVA), $F(1, 64) = 131.16, p < .01$. More than three quarters of the participants experienced at least a ten-point decrease in their SIRI-2 scores. At

250 least a third of the remaining participants began with relatively lower SIRI-2 scores and finished with SIRI-2 scores below that of the mean.

As expected, the SIRI-2 scores of participants upon completion of the didactic gatekeeper training modules ($M = 68.64$, $SD = 19.13$) were significantly lower than their pre-training scores ($M = 77.71$, $SD = 18.19$) indicating that participants experienced an improvement in their crisis
255 response skills (using within group ANOVA), $F(1, 21) = 24.00$, $p < .01$. After adding the experiential component of the training, the participants' SIRI-2 scores exhibited an additional significant decrease from ($M = 68.64$, $SD = 19.13$) to ($M = 56.55$, $SD = 14.13$) demonstrating that the experiential activities added an additional significant benefit (using within group ANOVA), $F(1, 21) = 20.49$, $p < .01$.

260 The effect of the training on participants' self-efficacy scores for specific suicide and crisis-related knowledge and skills was measured with the Suicide Intervention Training Assessment (SITA). Training resulted in a significant increase in self-efficacy across all of the 14 items between pre-test and the post-test when analyzed with dependent samples t-tests (see Table 2). For the participants who received the training with the non-experiential and
265 experiential tasks divided into two modules, analyses were conducted to determine how the different modules impacted specific aspects of gatekeeper self-efficacy. As assessed by the mid-test, participants did experience increases in self-efficacy for some of the crisis-related knowledge and behavior items as a result of the didactic training module. The gains in self-efficacy were primarily in knowledge-related items (e.g., "I am familiar with the prevalence rates
270 of suicidal ideation and suicide attempts among college students"), but there was also an increase in self-reported comfort in asking about suicide. As expected, didactic training did not result in changes in the self-efficacy items related to communication skills and connection with the

individual in crisis. After the experiential exercises, participants reported significantly increased self-efficacy on items related to communication skills and connection. Moreover, there were
275 additional gains in self-efficacy for items such as knowing how to ask about suicide, comfort asking about suicide, and ability to assist students in accessing resources. The experiential module, which included emphasis on communication skills and opportunity for practice, appears to lead to substantial additional benefits.

COMMENTS

280 The present study was conducted to evaluate the impact of Campus Connect, a three-hour gatekeeper training program which emphasizes enhanced communication skills and relational connection between campus gatekeepers and students. This study had two primary objectives. The first objective was to evaluate whether participating in Campus Connect positively impacted participants' skills and self-efficacy in regards to responding to individuals in crisis. The second
285 objective was to evaluate the extent to which participating in Campus Connect's experiential exercises contributed to increased participant skill and self-efficacy. It was anticipated that following participation in the Campus Connect training, participants would demonstrate increases in self-efficacy as well as skill in responding to individuals in crisis. Additionally, it was anticipated that participation in experiential exercise and role play practice would contribute
290 to significant improvements in self-efficacy and skills that were not obtained following participation in didactic training alone.

Consistent with expectations, participating in the three-hour experiential training resulted in improved crisis response skills and self-efficacy. The finding that gatekeeper training enhanced participant self-efficacy is consistent with previous research examining the
295 effectiveness of other gatekeeper training programs.^{9,12,13} The finding from the present study,

taken along with previous research, provides a growing evidence base that gatekeeper training can positively enhance gatekeeper self-efficacy. However, whereas previous evaluations of gatekeeper training with college personnel have generally not demonstrated positive skill gains,^{9,18} in the present study, significant gains were found in crisis response skills as measured by the SIRI-2. Previous research that failed to demonstrate significant gains in skill suggested that this finding may have been a function of the training program being evaluated, as the training that was evaluated was primarily didactic and lacked experiential exercises, including role play practices.

Given that the gatekeeper training program employed in this study consisted of both didactic and experiential learning, the second objective of the present study was to examine the extent to which participation in the experiential exercises contributed to the participants' enhanced skills and self-efficacy. To evaluate the impact of the experiential exercises, participants in the second training group initially participated in a didactic version of the Campus Connect training in which all experiential exercises were removed. Following participation in the didactic training, participants in this treatment group did evidence significant improvement in both self-efficacy and skills. However, it is noteworthy that improvements of self-efficacy were not evidenced across all items. Rather, self-efficacy improvements were evidenced on items regarding participant's perception of their own knowledge. Self-efficacy items that assessed comfort in communication and relationship building skills did not evidence significant improvement as a result of participating in the didactic training. Similarly, it is important to note the skill improvement achieved after receiving only didactic training was significantly less than the improvement demonstrated by those RAs who participated in the full three-hour experiential

training. These findings provide evidence as to the unique contribution of the experiential exercises in enhancing participants' skills and self-efficacy.

320 Following participation in the experiential exercises and role plays, participants in the second training group demonstrated significant increases in both skill and self-efficacy. At the final evaluation, these participants achieved improvements in self-efficacy across the items that evaluated comfort in communication and relationship building skills. This finding demonstrates that engaged practice of these skills may enhance gatekeepers comfort and self-efficacy beyond
325 those gains which are achieved with didactic training alone. Likewise, at the final evaluation these participants demonstrated crisis response skills that were the same as the participants who initially completed the three-hour training. The finding that participation in the experiential exercises and role play significantly contributed to enhanced skills is consistent with anticipated findings based on previous evaluations of gatekeeper training programs.^{9,13,18}

330 Given existing research on effective response to individuals in crisis, the findings of the present study have significant implications for gatekeeper training programs. Previous researchers have demonstrated that individuals in crisis identify empathic and thoughtful responses as being the most effective response offered by crisis responders.^{21,23} While the primary objective of gatekeeper training is the enhanced identification of potentially at-risk
335 individuals, more effective gatekeeper responses may include expressions of empathy and understanding. Gatekeeper training programs that target the acquisition and enhancement of these relational communication skills may result in more effective and impactful gatekeeper interventions. The results from the present study provide initial evidence that gatekeeper training programs that emphasize active listening skills and relationship building skills can positively
340 impact the skill and self-efficacy of participants.

Limitations

While the present findings provide support for the effectiveness of gatekeeper training which includes active skill practice through the specific contribution of experiential exercises, there are several limitations that need to be noted. The most noteworthy limitation of the present study involves the reliance on pen and paper measures of participant change in skill. The ultimate objective of gatekeeper training is to demonstrate change in gatekeepers' behaviors. Methodologies that include monitored role plays⁹ and tracking of gatekeeper referrals¹⁸ may provide more reliable and accurate measures of actual skill change. Future studies would benefit from employing a methodology similar to that employed by Cross and colleagues⁹ in which all participants completed a video-taped role play both at baseline and following participating in a gatekeeper training program.

A second limitation of the present study involves the timing of the administered assessments. Baseline evaluations were conducted immediately prior to participating in training and follow-up assessments were conducted immediately after the training. While the results immediately following the training demonstrate the potential positive impact of the training, the lasting effects of the training were not assessed as additional follow-up assessments were not conducted with the present sample. Future replication studies should be conducted in which participants complete evaluations at time periods such as three, six, and twelve months later to determine the lasting impact on skills and self-efficacy.

Finally, given that this study was conducted at one institution and only with RAs, the ability to generalize these results to other samples is limited. It is possible that the impact of this training will be limited to resident life staff, as there may be professional and personality factors among resident life staff that result in these staff members being more receptive to the

principles and skills conducted in the training program. Future research is needed to demonstrate
365 the effectiveness of this training program with participants from other university departments and
backgrounds.

Conclusions

Given the breadth of existing research that demonstrates the prevalence of suicidal
thoughts and behaviors among students, college and university administrators face increasing
370 pressure to demonstrate that their campuses are implementing comprehensive suicide prevention
strategies and programs. This study joins a series of recent studies that demonstrate the potential
positive impact of gatekeeper training as one aspect of a comprehensive campus suicide
prevention program. This study adds to the existing literature by having demonstrated the
positive impact that participation in experiential exercises and role play practices brings to
375 gatekeeper training. A challenge faced by many individuals responsible for implementing
gatekeeper training is the limited time generally allotted for training gatekeepers. As a result of
time limitations, presentations are often shortened and do not include practice of the skills that
are being taught. As the present study demonstrates, this decision while economical in terms of
time may result in lost opportunity to more deeply and positively impact the skill and self-
380 efficacy of those participating in the training.

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