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Mental Health First Aid® Timing Guide – w/o Opioid Section – 8 Hours

The Mental Health First Aid Timing Guide is provided to support instructors with guidance on how to pace the delivery of the course. The Timing Guide provides the content divided into instructional segments along with duration, slide numbers, and activities for each segment. While instructors may choose the length of breaks, the course itself must include 8 hours of instruction.

Session	Topic	Duration	Slides	Exercises & Discussions
Session 1 Part 1	<i>Pre-Course Preparation</i>	-	-	<i>Print and post Ground Rules and Parking Lot prior to course; MH Opinions Quiz Prior to Course</i>
	Introductions Overview of MHFA Course & Manual	25 minutes	1–3	
	What is MHFA Why MHFA What is a Mental Disorder	20 minutes	4–6	Why MHFA Brainstorm Negative Terms Who Can Diagnose
	Prevalence of Mental Disorders Disability & Recovery MHFA Action Plan	25 minutes	7–10, 11	Prevalence Disability Weights
	Depression & Anxiety Signs & Symptoms of Depression	30 minutes	12–16	A-Z Depression & Anxiety DVD: Pain of Depression
	Anxiety Disorders Prevalence Signs & Symptoms	30 minutes	17–23	Illustrations of Anxiety Risk Factors for Depression & Anxiety
Break		15 minutes		
Session 1 Part 2	MHFA Action Plan Assess for Risk of Suicide Warning Signs of Suicide	50 minutes	24–30	Helpful Things to Say Myths & Fact About Suicide & NSSI Ask the Question
	Non-Suicidal Self Injury	20 minutes	31–33	Reasons for Non-Suicidal Self-Injury Medical Emergencies
	MHFA Action Plan—ALGEE	45 minutes	34–40	MHFA Action Plan
Lunch		30 minutes		
Session 2 Part 1	Panic Attack	20 minutes	41–45	Panic Attack Demonstration
	Traumatic Event	25 minutes	46–49	What is a Traumatic Event Impact of Trauma
	Psychosis	40 minutes	50–57	Myths & Misunderstandings Auditory Hallucination Exercise
	MHFA for Psychosis	45 minutes	58–68	DVD: MHFA for Psychosis Demonstrate Neutral Stance
Break		15 minutes		
Session 2 Part 2	Substance Use Disorders	30 minutes	69–75	FAQs About Alcohol Risk Factors
	MHFA for Substance Use	20 minutes	76–85	Stages of Change: <i>Brief Discussion</i>
	Concluding Activities	35 minutes	86–87	Scenario—Full Action Plan
	Evaluation & Wrap Up	20 minutes		MHFA Quiz <i>Online Evaluations</i> Graduation
	Total Active hours			

Raising Awareness of Behavioral Health & Community Treatment Resources: Mental Health First Aid Act (S. 711/H.R. 1877)

Mental Health First Aid is a public education program that helps parents, first responders, faith leaders, and other people identify, understand, and respond to signs of mental illnesses and substance use conditions. Participants learn a 5-step action plan to reach out to a person in crisis and connect them professional, peer, or other help.

The bipartisan Mental Health First Aid Act (S. 711/H.R. 1877) authorizes \$20 million in grants to fund Mental Health First Aid training programs around the country. Participants would be trained in:

Objectives

- Recognizing the signs and symptoms of common mental illnesses and substance use disorders
- De-escalating crisis situations safely
- Initiating timely referral to mental health and substance use treatment resources available in the community

Why do we need the Mental Health First Aid Act?

Each year, more than one in five Americans experiences a mental illness or substance use disorder. Yet, as a society, we remain largely ignorant about the signs and symptoms, and don't know how to help a person in need.

Our lack of awareness often prevents people who need treatment from getting appropriate care. While many Americans know how to administer First Aid and seek medical help should they come across a person having a heart attack, few are trained to provide similar help to someone experiencing a mental health or substance-use related crisis.

Mental Health First Aid has been shown to increase help-seeking and improve adherence to treatment. Studies have shown that Mental Health First Aid increases help provided to others, increases guidance to professional help, and improves concordance with health professionals about treatment.

We can all benefit. This bipartisan bill would offer training programs to emergency services personnel, police officers, teachers/school administrators, primary care professionals, and others – with the goal of improving Americans' mental health and helping people who may be at risk of suicide or self-harm.

How is this bill different from the \$15 million appropriation for MHFA in 2015?

The fiscal year 2015 budget included a \$15 million appropriation for Mental Health First Aid. The National Council is grateful to Congress for this support. The Mental Health First Aid Act will help solidify the future of this funding by providing statutory authorization clearly delineating Congressional intent regarding the scope of the program.

Cosponsors *Current as of 5/5/2015*

Mental Health First Aid Act (S. 711)

CO: Michael Bennet (D)
CT: Richard Blumenthal (D) (Lead Sponsor)
CT: Christopher Murphy (D)
DE: Christopher Coons (D)
FL: Marco Rubio (R)
IA: Chuck Grassley (R)
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ND: Heidi Heitkamp (D)
NH: Jeanne Shaheen (D)
NH: Kelly Ayotte (R) (Lead Sponsor)
NV: Dean Hellen (R)
OH: Rob Portman (R)
RI: Jack Reed (D)

Mental Health First Aid Act (H.R. 1877)

CA: Doris Matsui (D-6) (Lead Sponsor)
CA: Anna Eshoo (CA-18)
KS: Lynn Jenkins (R-2) (Lead Sponsor)

SESSION 1 (4 hours)

Objectives of Session 1

Part 1: Teaching Notes pp. 2–25 (120 minutes)

- ✱ To introduce Mental Health First Aid (MHFA), the 8–hour training, and the role of a Mental Health First Aider
- ✱ To give an overview of the prevalence and impact of mental health problems in the United States
- ✱ To introduce the Mental Health First Aid Action Plan and how it fits within the array of interventions available to address mental health problems
- ✱ To give an overview of the signs, symptoms, and possible risk factors and warning signs of depression and anxiety

Break

Part 2: Teaching Notes pp. 26–42 (120 minutes)

- ✱ To demonstrate the Mental Health First Aid Action Plan for someone who is experiencing depressive symptoms or anxiety and may be in a crisis such as suicide or self-injury
- ✱ To explore how to respond to someone who is not in crisis, but may benefit from the additional steps of LGEE

Preparation for Session 1










Organize your teaching venue to have the following equipment:

LCD projector and screen	Laptop computer with DVD slot	External sound speakers	TV and DVD player if no DVD slot in computer
Whiteboard, markers, and eraser	Flip chart and markers	Safe setup of electrical cords	Refreshments

Be sure to have the following teaching materials ready:

MHFA PowerPoint	Film clips DVD	Teaching notes	MHFA manual
MHFA manuals for participants	Handouts for exercises	Class list/sign-in sheet, name tags, pens	“Parking Lot” sheet
Index cards for disability ranking exercise	Agency card or local resources handout	Algee the Koala (optional)	

Symbols Used in Teaching Notes and on Slides

	Slide #		MHFA Manual page ##
	Group activity		Discussion
	Handout		DVD/video
	List continues onto next slide		List on slides is complete
	Background info for instructor		

SESSION 2 (4 hours)

Objectives of Session 2

Part 1: Teaching Notes pp. 44–73

- ✱ To briefly review content of Session 1
- ✱ To demonstrate the Mental Health First Aid Action Plan for people who are experiencing a panic attack and may be in crisis
- ✱ To demonstrate the MHFA Action Plan for people who are experiencing a traumatic event and may be in crisis
- ✱ To give an overview of the risk factors and warning signs of psychotic disorders
- ✱ To demonstrate the Mental Health First Aid Action Plan for people with symptoms of psychosis or in a related crisis

Break

Part 2: Teaching Notes pp. 74–96

- ✱ To give an overview of the risk factors and warning signs of substance use disorders
- ✱ To demonstrate the MHFA Action Plan for people with symptoms of a substance use disorder or a related crisis
- ✱ To synthesize everything that has been learned in a concluding activity
- ✱ Complete the First Aider Exam
- ✱ Complete the course evaluation

Preparation for Session 2










Organize your teaching venue to have the following equipment:

LCD projector and screen	Laptop computer with DVD slot	External sound speakers	TV and DVD player if no DVD slot in computer
Whiteboard, markers, and eraser	Flip chart and markers	Safe setup of electrical cords	Refreshments

Be sure to have the following teaching materials ready:

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Symbols Used in Teaching Notes and on Slides

	Slide #		MHFA Manual page ##
	Group activity		Discussion
	Handout		DVD/vídeo
	List continues onto next slide		List on slides is complete
	Background info for instructor		

ADULT MENTAL HEALTH FIRST AID PARTICIPANT EVALUATION



Location of the course: _____ Dates of the course: _____

Instructor(s): _____

I. Overall Course Evaluation

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. Course goals were clearly communicated.	1	2	3	4	5
2. Course goals and objectives were achieved.	1	2	3	4	5
3. Course content was practical and easy to understand.	1	2	3	4	5
4. There was adequate opportunity to practice the skills learned.	1	2	3	4	5

I received an official, soft cover-bound Mental Health First Aid USA manual to take home with me. Yes ____ No ____

If No, please explain (i.e. "I received a paper copy of the manual," "I returned my manual to my instructor after class," etc.):

II. A. Presenter Evaluation: Instructor #1 Name: _____

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5. The instructor's presentation skills were engaging and approachable.	1	2	3	4	5
6. The instructor demonstrated knowledge of the material presented.	1	2	3	4	5
7. The instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
8. Feedback for <u>this</u> instructor.					

III. B. Presenter Evaluation: Instructor #2 Name: _____

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9. The instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10. The instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11. The instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
12. Feedback for <u>this</u> instructor.					

IV. Practical Application

As a result of this training, I feel more confident that I can...	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13. Recognize the signs that someone may be dealing with a mental health problem, substance use challenge or crisis.	1	2	3	4	5
14. Reach out to someone who may be dealing with a mental health problem, substance use challenge or crisis.	1	2	3	4	5
15. Ask a person whether they're considering killing themselves.	1	2	3	4	5
16. Actively and compassionately listen to someone in distress.	1	2	3	4	5
17. Offer a distressed person basic "first aid" level information and reassurance about mental health and substance use challenges.	1	2	3	4	5
18. Assist a person who may be dealing with a mental health problem, substance use challenge or crisis in seeking professional help.	1	2	3	4	5
19. Assist a person who may be dealing with a mental health problem, substance use challenge or crisis to connect with appropriate community, peer and personal supports.	1	2	3	4	5
20. Be aware of my own views and feelings about mental health problems, substance use challenges and disorders.	1	2	3	4	5
21. Recognize and correct misconceptions about mental health, substance use and mental illness as I encounter them.	1	2	3	4	5

What is your overall response to this course? (Please check all that apply)

- This course was helpful and informative
- This course has better prepared me for the work that I do professionally
- This course did not have a sufficient amount of activities and information to prepare me to be a first aider
- I did not feel that I benefited from this course
- Other
- I choose not to respond

What do you consider to be the strengths of the course? (Please check all that apply)

- ALGEE and the hands-on practice in class
- The instructor's presentation style and engagement
- The length of the course
- Other
- I choose not to respond

What do you consider to be the weaknesses of the course? (Please check all that apply)

- The course was too short and I need more time to practice what I learned
- The course was too long
- There were not enough hands-on exercises
- Other
- I choose not to respond

Was there any issue or topic you expected this course to cover that it did not address?

Any other comments?

26. Why did you attend this course? (circle all that apply)

- | | |
|------------------------------------|--|
| a. My employer asked / assigned me | d. Other professional development (specify profession) |
| b. Personal interest | e. Community or volunteer interest (please specify) |
| c. Other: | |

In what role do you see your Mental Health First Aid training being of use? (Check all that apply)

- At work (please describe your work position): _____
- As a parent / guardian
- As a family member
- As a peer / friend
- As a volunteer / mentor
- Other (please describe): _____

Would you recommend this course to others?

Yes If no, **why not?**

How do you describe your race / ethnicity? (Please circle all that apply)

- | | |
|--------------------------------------|--|
| a. American Indian or Alaskan Native | e. Native Hawaiian or other Pacific Islander |
| b. Asian | f. Caucasian / White |
| c. Black or African American | g. I choose not to respond |
| d. Hispanic or Latino origin | h. Other: |

What is your age?

- 18-24 years
- 25-44 years
- 45-60 years
- 61-80 years
- 81 years or older

What is your gender?

- Male
- Female
- I identify as neither male nor female.

I identify as a person with lived experience or a person in long-term recovery.

- Yes
- No

I support a family member with serious mental illness.

- Yes
- No

27. How did you hear about this course? (circle all that apply)

- | | |
|--|--|
| a. My employer asked / assigned me | f. Newsletter or bulletin (Which one?) |
| b. Word of mouth, not employer (Who?) | g. Radio (Which station?) |
| c. Website (Which one?) | h. Newspaper (Which paper?) |
| d. Email notice (From whom?) | i. TV (Which station?) |
| e. Flier or brochure (Obtained where?) | j. Other: |



Mental Health First Aid USA



**MENTAL
HEALTH
FIRST AID™**

Certificate

has completed the 8 hour course and is now certified in

Mental Health First Aid USA

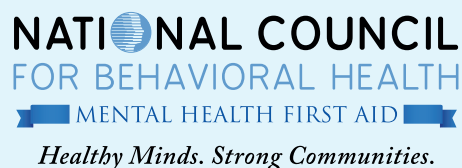
And has been trained to provide initial help to people experiencing mental health problems such as depression, anxiety disorders, psychosis, and substance use disorders.

This certification became effective on: _____
Date

This certification expires on: _____
Date

Instructor

Instructor



Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



LISA SHERYCH
Interim Administrator, DPBH

IHSAN AZZAM, Ph.D., M.D.
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Bureau of Child, Family and Community Wellness

Office of Suicide Prevention

4600 Kietzke Lane, B-114

Reno, NV 89502

Telephone: (775) 684-2240 · Fax: (775) 689-0565

May 21, 2019

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: Continuing Education Units for Applied Suicide Intervention Skills Training (ASIST)

To Whom It May Concern:

Please find attached the Continuing Education Checklist Form and back up documents supporting Applied Suicide Intervention Skills Training (ASIST). We request approval to allow your licensees to earn continuing education units for attending ASIST.

The following trainers' resumes have been included in the packet for your review:

Allen, Misty
Desroche, Kimberly
Dough, RJ
Egan, Richard
Gibson, Daela
Holybee, Stacy

Jenkins, Henry
Leath, Angela
Massolo, Janett
Nye, Alaine
Ostaszewski, Bryan
Smyth, Jessica

- Please do not hesitate to contact me if you need further information.
Thank you for your consideration.

Sincerely,

Angela Friedman
Administrative Assistant IV

CONTINUING EDUCATION CHECKLIST

Program Name: Applied Suicide Intervention Skills Training (ASIST)

Date of Program: Various dates and times throughout the year

Number of CE hours being requested 15.0 accredited/acceptable(circle one)

Name of Person Requesting Approval: Angela Friedman, Admin. Asst. IV

Contact Address: 4600 Kietzke Lane, Building B, Suite 114

Reno, NV 89502

Contact Phone#: 775-684-2240

Before the Continuing Education Committee for the Nevada State Board of Pharmacy gives approval, the board office must receive the following materials at least sixty (60) days before the program is presented.

- * Copy of materials to be distributed to participants
- * LivingWorks Education developed the evidence based material for ASIST which is copyrighted
- CV or equivalent information on presenter(s)
- Program syllabus or specifications/objectives of the program
- Statement certificate will be provided to participants
- or-**
- Copy of certificate presented to participants
- Statement evaluation form will be provided to participants for the purpose of evaluating program materials
- or-**
- Copy of evaluation form

If any information is missing everything will be returned.

FOLLOW-UP: Within 60 days after the program, a list of pharmacist participants must be received at the board office. This list of pharmacists can be mailed prior to receiving notification of approval.

FOR OFFICE USE ONLY

_____ Date Received by Board Office

Applied Suicide Intervention Skills Training (ASIST)

ASIST is a two-day interactive workshop in suicide first-aid. ASIST teaches participants to recognize when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop—ASIST can be learned and used by anyone.

ASIST makes a difference

As the world's leading suicide intervention workshop, LivingWorks' ASIST program is supported by numerous evaluations including independent and peer-reviewed studies. Results demonstrate that ASIST helps participants become more willing, ready, and able to intervene with someone at risk of suicide.

ASIST is also proven to reduce suicidality for those at risk. A 2013 study that monitored over 1,500 suicidal callers to crisis lines found that callers who spoke with ASIST-trained counselors were 74% less likely to be suicidal after the call, compared to callers who spoke with counselors trained in methods other than ASIST. Callers were also less overwhelmed, less depressed, and more hopeful after speaking with ASIST-trained counselors.

FOCUS: Suicide intervention training

DURATION: Two days (15 hours)

PARTICIPANTS: Anyone 16 or older

TRAINERS: Two registered trainers per 15–30 participants

LANGUAGES: English, French, Spanish, Inuktitut, and Norwegian; Large print and Braille also available

Goals and objectives

In the course of the two-day workshop, ASIST participants learn to:

- Understand the ways personal and societal attitudes affect views on suicide and interventions
- Provide guidance and suicide first-aid to a person at risk in ways that meet their individual safety needs
- Identify the key elements of an effective suicide safety plan and the actions required to implement it
- Appreciate the value of improving and integrating suicide prevention resources in the community at large
- Recognize other important aspects of suicide prevention including life-promotion and self-care

ASIST trainers

ASIST workshops are facilitated by a minimum of two registered trainers who have completed a five-day *Training for Trainers (T4T)* course. ASIST trainers come from diverse backgrounds, but they must all deliver regular workshops and participate in a rigorous quality control program to remain registered. For information about trainers in your area, email info@livingworks.net. A listing of upcoming workshops is available at www.livingworks.net under "Find a Training."

ASIST participants

ASIST is a resource for the whole community. It helps people apply suicide first-aid in many settings: with family, friends, co-workers, and teammates, as well as formal caregiving roles. Many organizations have incorporated ASIST into professional development for their employees. Its widespread use in various communities creates a common language to understand suicide safety issues and communicate across different organizational backgrounds.



Workshop Process

ASIST is based on adult learning principles. Valuing participants' contributions and experiences, it encourages them to take an active role in the learning process. ASIST's key features include:

Small-group learning	To facilitate involvement, participants spend over half the workshop in a small group with one of the trainers.
Audiovisual aid	High-quality slides, diagrams, and videos help participants understand and memorize concepts.
Training focus	Some participants may have previous personal or professional experience with suicide or intervention. ASIST builds on these experiences to contribute to the overall learning goal—providing suicide first-aid.
Reliable, proven model	Workshop activities are structured around the ASIST intervention model and provide applicable, hands-on skills practice.
Emphasis on individual needs	Participants learn to adapt to the specific circumstances of a person at risk and work collaboratively to help them stay safe.
Perspective matters	Participants are encouraged to reflect on and share their own attitudes about suicide and suicide intervention. This helps them understand how their perspectives may affect their role in providing help to a person at risk.
Direct approach	By encouraging honest, open, and direct talk about suicide, ASIST helps prepare to discuss the topic with a person at risk.
Adaptable components	ASIST trainers can tailor certain features of the program, such as role-playing activities, to meet participants' professional or cultural needs.



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Updated editions since 1983 for continued growth and improvement



6,300+

ASIST trainers offer workshops in over 30 countries

1,000,000+

people have taken ASIST worldwide

I use ASIST in virtually every crisis situation, volunteer and work... Thank you for this *life-changing program.*

—ASIST participant

About LivingWorks: LivingWorks is dedicated to saving lives through the creation, development, and delivery of innovative training experiences that empower individuals, organizations, and communities to be safer from suicide. To learn more, visit www.livingworks.net.



LivingWorks





ASIST 11 Trainer Tasks

DATE	WORKSHOP LOCATION	TRAINERS

Day 1

WHO	TIME	DURATION	PREPARING TASK/ACTIVITY (DAY 1)	NOTES
	0830	15 min.	1.1 Registration	Whole Group
	0845	15 min.	1.2 Why First Aid?	Whole Group
	0900	5 min.	1.3 Why ASIST Training is Needed	Whole Group
	0905	15 min.	1.4 About the Participants	Whole Group
	0920	10 min.	1.5 About the Workshop	Whole Group

0930: 10-MINUTE REFRESHMENT BREAK

	0940	20 min.	1.6 About Connecting and show <i>Cause of Death?</i>	Whole Group
	1000	10 min.	Move to workgroups	Workgroup

WHO	TIME	DURATION	CONNECTING TASK/ACTIVITY (DAY 1)	NOTES
			2.1 Evening Before, Review the Goals of this Section	Workgroup
	1010	50 min.	2.2 Connecting Feelings and Experiences with Suicide and Helping	Workgroup
	1100	30 min.	2.3 Introductions	Workgroup
	1130	60 min.	2.4 Connecting Attitudes with Suicide and Helping	Workgroup

1230: 1-HOUR MEAL BREAK; RETURN TO WORKGROUPS AFTER BREAK FOR THE UNDERSTANDING SECTION.

WHO	TIME	DURATION	UNDERSTANDING TASK/ACTIVITY (DAY 1)	NOTES
	13:30	10 min.	3.1 Introduction to Understanding	Workgroup
	13:40	15 min.	3.2 Explore Invitations	Workgroup
	13:55	15 min.	3.3 Ask about Thoughts of Suicide	Workgroup
	14:10	10 min.	3.4 Understanding Choices Phase	Workgroup

1420: POSSIBLE BREAK POINT (10 MINUTES)

	14:30	20 min.	3.5 Hearing their Story	Workgroup
	14:50	20 min.	3.6 Supporting Turning to Safety.	Workgroup
	15:10	10 min.	3.7 Assisting Life Phase	Workgroup
	1530	30 min.	3.8 Develop a Safe Plan	Workgroup
	1600	10 min.	3.9 Confirm Actions.	Workgroup
	1610	20 min.	3.10 Concluding Understanding	Workgroup

1630: END OF DAY 1; OFFER TO COLLECT PARTICIPANT WORKBOOKS, ENSURE THAT THEIR NAME IS ON FRONT

CONTINUED ON REVERSE SIDE

Day 2

WHO	TIME	DURATION	ASSISTING TASK/ACTIVITY (DAY 2)	NOTES
	8:30	15 min.	4.1 Starting the Assisting section.	Whole Group
	8:45	50 min.	4.2 PAL in Action and show It Begins with you	Whole Group
0935: 15-MINUTE REFRESHMENT BREAK				
	9:50	10 min.	4.3 Transition to practice	Whole Group
	1000	10 min.	4.4 Connecting simulation.	Whole Group
	1010	15 min.	4.5 Support Turning to Safety simulation.	Whole Group
	1025	40 min.	4.6 PAL simulation.	Whole Group
	1105	15 min.	4.7 Safety Framework Simulation	Whole Group
	1120	15 min.	4.8 Whole group closing; workgroup introduction.	Whole Group
1135: MOVE TO WORKGROUP WITH 10-MINUTE TRANSITION BREAK				
	1145	45 min.	4.9 Complete at least one practice situations.	Whole Group

1230: 1-HOUR LUNCH BREAK

	1330	115 min.	4.9 Continuation of practice and conclusion of workgroup activities.	Whole Group
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15 MIN: REFRESHMENT BREAK(S) DURING AFTERNOON

1540: MOVE TO LARGE GROUP FOR WORKING TOGETHER SECTION WITH 5-MINUTE TRANSITION BREAK

WHO	TIME	DURATION	WORKING TOGETHER/ACTIVITY (DAY 2)	NOTES
			5.1 Organizing and Starting	Whole Group
	1545	20 min.	5.2 Relationships with Persons at Risk discussion.	Whole Group
	1605	15 min.	5.3 Community Relationships discussion.	Whole Group
	1620	10 min.	5.4 Closing and feedback; distribution of certificates, participant list and life assisting sticker	Whole Group

1630: FORMAL END OF WORKSHOP

* Refer to Table 4.1 and Table 4.2 in the ASIST Trainer Manual for options for whole group activities for two- and three-trainer workshops

Notes/Comments

Applied Suicide Intervention Skills Training (ASIST)

Course Description—

The Applied Suicide Intervention Skills Training (ASIST) workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over 950,000 caregivers have received this training. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills needed for suicide first aid. ASIST is a two-day (15 hours) intensive, interactive and practice-dominated course designed to help caregivers recognize risk and learn how to intervene to prevent the immediate risk of suicide.

The workshop is for all caregivers (any person in a position of trust). This includes professionals, paraprofessionals and lay people. It is suitable for mental health professionals, nurses, physicians, pharmacists, teachers, counselors, youth workers, police and correctional staff, school support staff, clergy, and community volunteers. In ASIST, sophisticated helping concepts are translated into generic language so that different types of caregivers can learn together. Emphasizing structured small-group discussions and practice, the course uses a 20-page workbook and two award-winning audiovisuals. Participants receive a 152-page Suicide Intervention Handbook and a full color, tear-resistant pocket card featuring intervention, and risk review and safeplan development principles. They serve as living refreshers of the workshop learning. ASIST is the most widely used suicide intervention-training program in the world. (Additional information is available as a video clip online at <http://www.livingworks.net/flash/asist.html>)

Course Content---

The ASIST workshop is divided into five sections, each with defined goals that, in combination, produce individuals who are ready, willing and able to provide suicide "first aid".

- 1. Introduction – Preparing:** The goals of this section are as follows: (1) understand that the focus of this workshop is suicide first aid; (2) describe the need for caregivers to be able to do suicide first aid interventions; (3) describe why ASIST is a good way for caregivers to learn suicide first aid; (4) describe the goals and objectives of the workshop; (5) create awareness of the group's experiences with suicidal behaviors; (6) know that group/individual participation are needed to make the workshop succeed.
- 2. Attitudes – Connecting:** The goals of this section are for participants to: (1) talk more openly about individual attitudes toward suicide and suicide first aid; (2) recognize how feelings about personal experiences with suicide might affect suicide first aid interventions; (3) identify beliefs that might make it difficult to be direct and comfortable in suicide situations. Identify beliefs that might be helpful in suicide first aid interventions.
- 3. Knowledge – Understanding:** The goal of this section is to begin preparing participants to use the Suicide Intervention Model (SIM) by understanding how SIM meets the intervention needs of persons at risk. By completing this section, participants will be able to: (1) recognize SIM as a tool for meeting the intervention needs of the person at risk; (2) name the six basic caregiver tasks of SIM and explain how these tasks address the concerns of a person at risk; (3) understand how to use the Risk Review and Safeplan Guide.
- 4. Intervention Skills – Assisting:** The goal of this section is to help participants feel more ready, willing, and able to assist a person at risk. By completing this section, participants will be able to: (1) recognize SIM as a tool that helps participants combine attitudes, knowledge and intervention skills in order to provide suicide first aid; (2) understand SIM; (3) use SIM to help a person at risk of suicide.
- 5. Resources – Networking:** The goal of this section is to have participants commit to help with the networking of their community. By completing this section, participants will be able to: (1) complete the identification of existing community resources; (2) be optimistic about the possibility of building resource networks for persons at risk of suicide; (3) understand how ASIST supports the development of resource networks; (4) recognize the value of personal resource networks and other self-care ideas for caregivers.

Course Activities—the ASIST workshop has been developed using the principles of adult-learning. The following are the core training processes and activities used in ASIST.

- 1. Lectures:** There are only two places in the workshop in which the lecture format is used for any long period of time.
- 2. Mini-lectures:** Mini-lectures are information pieces that take only a few minutes to present. They are used in the Understanding section, in presenting the summaries of the whole group simulations, and for the ending of the workshop in the Networking section.

3. **Open-ended questioning:** Open-ended questions are used to start discussions. They are used in the Connecting section.
4. **Socratic questioning:** Socratic questions are used to help the participants appreciate the value of their individual and collective understanding of suicide.
5. **Simulation experiences:** There are a number of simulation experiences in ASIST, both in whole group and work group settings. Throughout these simulations, participants have the opportunity to intervene with a trainers and participants role-playing persons at risk for suicide by practicing the SIM in various ways.
6. **Running simulations:** A running simulation is a special type of simulation that is regularly stopped to give time for questions, comments, and discussions. The two simulations in the Understanding section are of this type.
7. **Commenting through restatements and summaries:** Comments can be helpful to add to the learning process. The purpose of the restatements and summaries is to help participants integrate learning.

Required Texts, Readings, and Instructional Resources.

ASIST Workbook.

Intervention model wallet cards.

Audiovisual demonstrations of Suicide First Aid Intervention

Suicide Intervention Handbook.

Implementation of Skills:

By utilizing the above training processes throughout the ASIST workshop, participants are able to see, hear, and learn the information and skills needed to provide suicide first aid. They have the opportunity to practice these skills in both large group and small workgroup formats by the end of the course.

Evaluation of ASIST:

The Applied Suicide Intervention Skills Training workshop has undergone extensive evaluation in Canada, United States, Scotland, Ireland, Northern Ireland, Australia and Norway. ASIST is regarded as evidenced based (Macro International (2008) *Cross-site Evaluation of the Garratt Lee Smith Suicide Prevention and Early Intervention Program, Training Utilization and Penetration Interviews (TUP): Applied Suicide Intervention Skills Training (ASIST), January 29-30, 2008.* Salem: Oregon Department of Human Services) and as reflecting best practices (Best Practices for the Suicide Prevention Resource Center in the United States). Further evaluation information can be obtained on the LivingWorks website at www.livingworks.net.

Acknowledgements

This training is offered through a partnership between the Nevada Coalition for Suicide Prevention and the State of Nevada's Office of Suicide Prevention.



ASIST

Applied Suicide Intervention Skills Training

ASIST participant feedback:

"I use ASIST in virtually every crisis situation, volunteer and work. Thank you for this life-changing program."

"My overall level of confidence in dealing with this type of situation increased 100% both in knowledge and skills."

"Workshop was great. High participation and involvement. The most practical counseling training."

Questions? Call!

Janett Massolo
Office of Suicide Prevention
445 Apple St. # 104
Reno, NV 89502

Phone 775-688-2964x261
Fax 775-689-2067
Email = jmassolo@dhs.nv.gov

Nevada Coalition for Suicide Prevention & Office of Suicide Prevention

ASIST Workshop

Registration Information

March 25 & 26, 2014
8:00-5:00

Willow Springs Outpatient Services
650 Edison Way
Reno, Nevada 89502

ASIST Workshop Information

Thank you for your interest in attending this special presentation of Applied Suicide Intervention Skills Training (ASIST). ASIST is designed for caregivers seeking to prevent the immediate risk of suicide. The emphasis of the ASIST workshop is on suicide first aid. The workshop is 2 full days, 8 hours each day; please consider this when registering for the workshop. No partial credit will be given; you must fully attend and participate in order to receive a certificate and/or CE credits.

At the end of the workshop, participants will be able to:

- Recognize invitations for help
- Reach out and offer support
- Review the risk of suicide
- Apply a suicide intervention model
- Link persons at risk with community resources

Training Schedule

Registration Begins at 8:00 a.m. both days
Program Begins at 8:30 a.m. and ends at 4:30 p.m. on both days.
Breakfast/Lunch and refreshments will be provided.

CE Credit

Continuing Education credits (12 -13.5 hrs) are available for the following Nevada boards: Alcohol, Drug & Gambling Counselors, Marriage & Family Therapists and Clinical Professional Counselors, Psychologists, and Social Work Board. Board of Education approves 1 credit.

Meet Your Trainers....

Misty Allen, MA

Misty is the Suicide Prevention Coordinator for the State of Nevada's Office of Suicide Prevention. She has more than 15 years of experience in suicide prevention, intervention and postvention. Misty has been a registered trainer of ASIST since 2006

Janett Massolo

Janett is the Youth Suicide Prevention Program Assistant for the State of Nevada's Office of Suicide Prevention. She has more than 15 years of experience in crisis intervention and Suicide intervention, prevention and postvention efforts for the suicide prevention hotline. Janett has been a registered trainer of ASIST since 2009.

On Training Day...

- ◆ ASIST is an intervention skills training; please be prepared to practice.
- ◆ The subject of suicide may elicit certain reactions; the safety and confidentiality of all participants is maintained throughout the workshop.
- ◆ Dress comfortably, as the workshop is interactive; you will be working in small and large group settings.
- ◆ All training materials are provided; you may want to bring a pen, pencil and/or highlighter for note-taking.
- ◆ At the conclusion of the training, you will complete a lengthy evaluation; this is a requirement of our federal grant and of the LivingWorks program.
- ◆ In order to receive CEUs and/or a certificate of completion, you must attend both, full days of training and complete the evaluation. No credit is given for partial attendance.
- ◆ If you wish to network with other participants, you may bring business cards or other contact information.

Your cooperation in these matters will help ensure an effective and efficient training experience for everyone - thank you!

Registration Form

ASIST - March 25 & 26, 2014- Reno, Nevada

Please Print Legibly

Name: _____

Address: _____

Phone: _____

E-mail: _____

Employer: _____

Profession: _____

License Type & #: _____

REGISTRATION & PAYMENT DEADLINE= Monday—3/17/2014

Due to class size we urge you to get your registration done as soon as possible.
Thank you!!

Payment Information

Early-Bird \$75 (March 7, 2014)

Regular \$85

No refunds if cancelled after March 14, 2014

Make checks payable to:
Nevada Coalition for Suicide Prevention

To register: Submit a completed registration form and payment to:

Nevada Coalition for Suicide Prevention
445 Apple St. # 104
Reno, Nevada 89502

Special Accommodations

Please contact OSP if you have any need for special accommodations.



Your Feedback

WORKSHOP DATE	WORKSHOP LOCATION	NAME OF WORKGROUP TRAINER			
Please circle the letter next to your primary role/job (please select only one).					
a. Administrator	b. Firefighter	c. Volunteer	d. Police/Corrections		
e. Clergy/Pastoral	f. Youth Worker	g. Psychologist	h. Military Branch: _____		
i. Counselor	j. Nurse	k. Social Worker	l. Chaplain/Assistant Military Branch: _____		
m. Educator	n. Physician	o. Transit Worker	p. Other (specify): _____		
Have you attended an ASIST workshop before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
On a scale of 1 to 10, please write the rating number that best describes your response to the questions.					Rating
1. How would you rate ASIST? (1 = did not like at all...10 = liked a lot)					
2. Would you recommend ASIST to others? (1 = definitely no...10 = definitely yes)					
3. This workshop has practical use in my personal life. (1=definitely no...10=definitely yes)					
4. This workshop has practical use in my work life. (1=definitely no...10=definitely yes)					
Please circle the number that describes your response.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. If a person's words and/or behaviors suggest the possibility of suicide, I would ask directly if he/she is thinking about suicide.	1	2	3	4	5
6. Before taking the ASIST training, my answer to #5 would have been:	1	2	3	4	5
7. If someone told me he or she were thinking of suicide, I would do a suicide intervention.	1	2	3	4	5
8. Before taking the ASIST training, my answer to #7 would have been:	1	2	3	4	5
9. I feel prepared to help a person at risk of suicide.	1	2	3	4	5
10. Before taking the ASIST training, my answer to #9 would have been:	1	2	3	4	5
11. I feel confident I could help a person at-risk of suicide.	1	2	3	4	5
12. Before taking the ASIST training, my answer to #11 would have been:	1	2	3	4	5
Please place a check mark in the appropriate box.					
13. I attended two consecutive 8-hour days of training. (Including lunch hour)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. All trainers were present at the workshop for the full 2 days.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. The "Jack" exercise was done on the afternoon of day 1.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please write any additional comments you may have about the ASIST workshop or clarify any of your responses.					



ASIST

Applied Suicide Intervention Skills Training

[Participant Name]

has completed the ASIST workshop in suicide first aid

Date: [Date]
Location: [Location]
Duration: 15 hours



SIGNATURE



LivingWorks

suicide-safer communities • saving lives for tomorrow
www.livingworks.net

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



LISA SHERYCH
Interim Administrator, DPBH

JOHN DIMURO, D.O., MBA
Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Bureau of Child, Family and Community Wellness
Office of Suicide Prevention
4600 Kietzke Lane, B-114
Reno, NV 89502

Telephone: (775) 684-2240 · Fax: (775) 689-0565

May 21, 2019

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: Continuing Education Units for Youth Mental Health First Aid (YMHFA) training

To Whom It May Concern:

Please find attached the Continuing Education Checklist Form and back up documents supporting Youth Mental Health First Aid (YMHFA) training. We request approval to allow your licensees to earn continuing education units for attending YMHFA.

The following trainers' resumes have been included in the packet for your review:

Allen, Misty	Lewis, Alicia
Delap, Trey	Mack, Novlette
Dennis, Mike	Martinez, Mary Ann
Egan, Richard	Massolo, Janett
Fortson-Cox, KimTari	Pietershanski, Linda
Johnson, Kim	Ostaszewski, Bryan
Junior, Esther	Ripsom, Susan
Knuppe, Dana	Shelly, Edward

Please do not hesitate to contact me if you need further information.
Thank you for your consideration.

Sincerely,

Angela Friedman
Administrative Assistant IV

CONTINUING EDUCATION CHECKLIST

Program Name: _____

Date of Program: Various times and dates throughout the year

Number of CE hours being requested 8.0 *accredited/acceptable* (circle one)

Name of Person Requesting Approval: Angela Friedman, Admin. Asst. IV

Contact Address: 4150 Technology Way, Suite 101
Carson City, NV 89706

Contact Phone#: 775-684-2240

Before the Continuing Education Committee for the Nevada State Board of Pharmacy gives approval, the board office must receive the following materials at least sixty (60) days before the program is presented.

- * _____ Copy of materials to be distributed to participants
 - * _____ National Council on Behavioral Health developed this copyrighted evidence based material
 - _____ CV or equivalent information on presenter(s)
 - _____ Program syllabus or specifications/objectives of the program
 - _____ Statement certificate will be provided to participants
 - or-**
 - _____ Copy of certificate presented to participants
 - _____ Statement evaluation form will be provided to participants for the purpose of evaluating program materials
 - or-**
 - _____ Copy of evaluation form

If any information is missing everything will be returned.

FOLLOW-UP: Within 60 days after the program, a list of pharmacist participants must be received at the board office. This list of pharmacists can be mailed prior to receiving notification of approval.

FOR OFFICE USE ONLY

_____ Date Received by Board Office

Youth Mental Health First Aid® Timing Guide

The Youth Mental Health First Aid Timing Guide is provided to support instructors with guidance on how to pace the delivery of the Youth course. The Timing Guide provides the content divided into instructional segments along with duration, slide numbers, and activities for each segment. While instructors may choose the length of breaks, the course itself must include 8 hours of instruction.

DURATION	TOPIC	SLIDE(S)	EXERCISES & DISCUSSIONS
20 Mins	Welcome	1	Ice Breaker Ground Rules Parking Lot
20 Mins	Overview of the Youth MHFA Course Overview of the Youth MHFA Manual Overview of Youth Mental Health First Aid What is Your Role?	2 to 6	Mental Health Opinions Quiz How can MHFA Help Our Communities? Why Youth Mental Health First Aid?
60 Mins	Youth Mental Health Problems in the United States Prevalence of Mental Disorders Adolescent Development Resiliency Youth MHFA and the Spectrum of Interventions Youth MHFA Action Plan	7 to 17	What are Mental Health Problems/illnesses/ Disorders? Find Your Match Age of Onset: Get Up & Go Typical Adolescent Development Range of Interventions
75 Mins	Signs and Symptoms Nonsuicidal Self-Injury	18 to 23	Mental or Physical A-Z Film: Kevin Hines – Signs and Symptoms Auditory Hallucinations
Suggested Stop for Break (Duration to be added to Schedule)			
40 Mins	Risk Factors for Developing a Mental Health Disorder Protective Factors	24 to 25	Resilience Q&A
25 Mins	Youth MHFA Action Plan Action 'A' – Assess for Risk of Suicide or Harm	26 to 29	Reviewing ALGEE
End Session 1 – Suggested Stop for Lunch (Duration to be added to Schedule)			
25 Mins	What Do You Do? Using the ALGEE Action Plan Approaching the Youth Action 'L' – Listen Nonjudgmentally	30 to 31	Scenario Scene One Listening/Not Listening
25 Mins	Action 'G' – Give Reassurance and Information	32 to 33	Helpful and Unhelpful Reassurance and Information Scenario Scene Two
25 Mins	Action 'E' – Encourage Appropriate Professional Help	34 to 38	Types of Professionals or Treatment
25 Mins	Action 'E' – Encourage Self-Help and Other Support Strategies	39 to 41	Useful Supports for Youth With Symptoms of a Mental Health Disorder Film: Kevin Hines – The ALGEE Action Plan Scenario Scene Three
Suggested Stop for Break (Duration to be added to Schedule)			
80 Mins	Youth Mental Health First Aid for Crisis Situations Action 'A' – Assess for Risk of Suicide or Harm	42 to 51	Types of Crises Fact, Fiction or Somewhere in Between: Youth Suicide & Self-Injury Suicide Warning Signs Film: Kevin Hines – The Day of the Attempt Asking the Question
35 Mins	Other Crises Taking Care of the First Aider	52 to 53	Panic Attack Role Play Crisis Scenario Taking Care of the First Aider
25 Mins	Wrapping Up the Youth MHFA Course	54 to 55	Revisit the Mental Health Opinions Quiz Youth Mental Health First Aid Exam Evaluations and Certificates



**YOUTH
MENTAL
HEALTH
FIRST AID**



What Is Youth Mental Health First Aid?

Youth Mental Health First Aid is a public education program focused on equipping adults who work with youth (ages 12-18) who may be experiencing a mental health challenge or in a crisis



You will learn.....

- The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder.
- Participants do not learn to diagnose, nor how to provide any therapy or counseling.
- Participants learn a core five-step action plan to support an adolescent developing signs and symptoms of mental illness or in an emotional crisis:
- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

Teaching Methodology

- Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis, select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care

Who Developed Youth Mental Health First Aid

- Mental Health First Aid USA worked with experts at the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development to adapt the Australian youth manual for US audiences.
- The curriculum was developed by the three partners that manage the Mental Health First Aid USA which include National Council for Behavioral Health, Missouri Department of Mental Health and Maryland Department of Mental Health & Hygiene.

This training is for:

The course is designed for adults whom regularly interact with adolescents, but may also be appropriate for older adolescents (16 and older) so as to encourage youth peer to peer interaction. Anyone who regularly works or interacts with youth – teachers, athletic coaches, mentors, juvenile justice professionals – may find the course content useful. The core Mental Health First Aid course has been successfully offered to a variety of audiences including hospital staff, employers and business leaders, faith communities, law enforcement, and the general public.

Note: Youth Mental Health First Aid is not specifically designed for parents of youth with mental health challenges. Although parents & families may find the course content useful, the course provides a basic level of information and guidance, rather than more in-depth information on navigating the healthcare system, which parents may wish to explore.

If you are interested in increasing your skills to better serve people you care for...

Similar to traditional first aid and CPR, Mental Health First Aid is providing help to a person with a mental health problem or someone experiencing a crisis until professional treatment is obtained or until the crisis is resolved.

YMHEA Training

(This is an 8 hour training taking place on)

January 22 (Wednesday) from 8:00 am to 5:00 pm

Willow Springs Outpatient Services
650 Edison Way, Reno, NV 89501

This is a free training sponsored by the Washoe County Children's Health Consortium. We have room for 25 but it will fill up fast so please get your registration in as soon as possible.

Please complete this registration form and fax or email to the contact listed below.

You will receive confirmation of your registration by email.

Registration

Name _____

Email Address _____

Phone Number _____

Agency _____

Please scan/email this registration form no later than January 15th to lmassolo@health.nv.gov or fax it to 775-689-2067. If you have any questions please feel free to contact Janett Massolo at the Office of Suicide Prevention 775-688-2964 x 261



Youth Mental Health First Aid

Youth Mental Health First Aid USA is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

Mental Health First Aid is included on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP).

WHAT WILL PARTICIPANTS LEARN?

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants **do not** learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies



The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18.

WHO SHOULD TAKE THE COURSE?

The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.), but is being tested for appropriateness within older adolescent groups (16 and older) so as to encourage youth peer to peer interaction. In January 2013, President Obama recommended training for teachers in Mental Health First Aid. The core Mental Health First Aid course has been successfully offered to more than 100,000 people across the USA, including hospital staff, employers and business leaders, faith communities, law enforcement, and the general public.

WHO CREATED THE COURSE?

Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Since 2008, more than 100,000 individuals have taken the core Mental Health First Aid USA course, which is intended for all adult audiences. Mental Health First Aid USA worked with experts at the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development to develop the youth program.

WHERE CAN I LEARN MORE?

To learn more about the Mental Health First Aid USA, or to find a course or contact an instructor in your area, visit www.MentalHealthFirstAid.org.

Youth MENTAL HEALTH FIRST AID Course Evaluation Form

Location of the MHFA course: _____
 Dates of MHFA course: _____
 MHFA Instructor(s): _____

I. Overall Course Evaluation

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. Course goals were clearly communicated.	1	2	3	4	5
2. Course goals & objectives were achieved.	1	2	3	4	5
3. Course content was practical and easy to understand.	1	2	3	4	5
4. There was adequate opportunity to practice the skills learned.	1	2	3	4	5

II. A. Presenter Evaluation: Instructor _____

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
5. The instructor's presentation skills were engaging and approachable.	1	2	3	4	5
6. The instructor demonstrated knowledge of the material presented.	1	2	3	4	5
7. The instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
8. Feedback for <u>this</u> instructor?					

III. B. Presenter Evaluation: Instructor _____ (Leave blank if only one instructor)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
9. The instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10. The instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11. The instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
12. Feedback for <u>this</u> instructor?					

IV. Practical Application

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
As a result of this training, I feel more confident that I can...					
13. Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1	2	3	4	5
14. Reach out to a young person who may be dealing with a mental health challenge.	1	2	3	4	5

15.	Ask a young person whether s/he is considering killing her/himself.	1	2	3	4	5
16.	Actively and compassionately listen to a young person in distress.	1	2	3	4	5
17.	Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1	2	3	4	5
18.	Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	1	2	3	4	5
19.	Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.	1	2	3	4	5
20.	Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	4	5

21. What is your overall response to this course?

22. What do you consider to be the strengths of the course?

23. What do you consider to be the weaknesses of the course?

24. Was there any issue/topic you expected this course to cover which it did not address?

25. Why did you attend this course? (circle all that apply)	
a. My employer asked/assigned me	f. Other professional development (<i>specify profession</i>)
b. Personal Interest	g. Community or volunteer interest (<i>please specify</i>)
e. Other:	

26. In what role do you see your Mental Health First Aid training being of use? (check all that apply):

At work (please describe your work position): _____

As a peer/friend

As a parent/guardian

As a volunteer/mentor

As a family member

Other (please describe): _____

27. Would you recommend this course to others? ___Yes ___No

28. What is your gender? ___ Male ___ Female

29. How do you describe your race / ethnicity? (Please circle all that apply)	
a. American Indian or Alaskan Native	e. Native Hawaiian or other Pacific Islander
b. Asian	f. Caucasian / White
c. Black or African American	g. Other:
d. Hispanic or Latino origin	

30. What is your age?

a. 16-24 years	b. 25-44 years	c. 45-60 years	d. 61-80 years	e. 81 years or older
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Youth Mental Health First Aid USA



**YOUTH
MENTAL
HEALTH
FIRST AID™**

Certificate

has completed the 8 hour course and is now certified in

Mental Health First Aid USA

And has been trained to provide initial help to young people experiencing mental health problems such as depression, anxiety disorders, psychosis, and substance use disorders.

This certification became effective on:

Date

This certification expires on:

Date

Instructor

Instructor



**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.



Youth Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



LISA SHERYCH
Interim Administrator, DPBH

IHSAN AZZAM, Ph.D., M.D.
Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Bureau of Child, Family and Community Wellness

Office of Suicide Prevention

4600 Kietzke Lane, B-114

Reno, Nevada 89502

Telephone: (775) 684-2240 · Fax: (775) 689-0565

May 22, 2019

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: Continuing Education Units for safeTALK suicide prevention training

To Whom It May Concern:

Please find attached the Continuing Education Checklist Form and back up documents supporting safeTALK suicide prevention training. We request approval to allow your licensees to earn continuing education units for attending safeTALK.

The following trainers' resumes have been included in the packet for your review:

Allen, Misty	Lewis, Alicia
Basanez, Skyler	Martinez, Mary Ann
Carlson, Eric	Massolo, Janett
Carlson, Jessica	Mendenhall, Thomas
Decola, Tina	Mony, Chelsey
Desroche, Kimberly	Ostaszewski, Bryan
Dough, RJ	Pritchard, Trina
Egan, Richard	Sanchez, Julian
Gibson, Daela	Scholl, Marlyn
Holybee, Stacy	Shoop, Heather
Johnson, Kim	Washabaugh, Melissa
Leath, Angela	

Please do not hesitate to contact me if you need further information. Thank you for your consideration.

Sincerely,

Angela Friedman
Administrative Assistant IV

CONTINUING EDUCATION CHECKLIST

Program Name: safeTALK(suicide awareness for everyone Tell, Ask, Listen, Keep safe)

Date of Program: Various dates and times throughout the year

Number of CE hours being requested 4.0 *accredited/acceptable(circle one)*

Name of Person Requesting Approval: Angela Friedman, Admin. Asst. IV

Contact Address: 4600 Kietzke Lane, B-114

Reno, NV 89502

Contact Phone#: 775-684-2237

Before the Continuing Education Committee for the Nevada State Board of Pharmacy gives approval, the board office must receive the following materials at least sixty (60) days before the program is presented.

 * Copy of materials to be distributed to participants
* LivingWorks Education developed the evidence based material for safeTALK which is copyrighted

 X CV or equivalent information on presenter(s)

 X Program syllabus or specifications/objectives of the program

 Statement certificate will be provided to participants

-or-

 X Copy of certificate presented to participants

 Statement evaluation form will be provided to participants for the purpose of evaluating program materials

-or-

 X Copy of evaluation form

If any information is missing everything will be returned.

FOLLOW-UP: Within 60 days after the program, a list of pharmacist participants must be received at the board office. This list of pharmacists can be mailed prior to receiving notification of approval.

FOR OFFICE USE ONLY

 Date Received by Board Office

safeTALK: suicide alertness for everyone

safeTALK is a half-day training in suicide alertness. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live. Participants don't need any formal preparation to attend the training—anyone age 15 or older who wants to make a difference can learn the safeTALK steps.

FOCUS: Suicide alertness training for the community

DURATION: 3 hours–4 hours (half a day)

LANGUAGES: English and French

PARTICIPANTS: Anyone 15 or older

TRAINERS: One trainer and one community resource person per 15–30 participants

How safeTALK works

Most people with thoughts of suicide don't want to die—instead, they are looking for a way to work through the pain in their lives. Through their words and actions, they usually invite others to help them in making a choice for life. safeTALK teaches participants to recognize these invitations, engage with the person with thoughts of suicide, and connect them with resources to help them be safer from suicide. These resources could include health care professionals, first responders, or crisis line workers—among many others who have suicide intervention training.

Training process

safeTALK features both presentations and interactive elements. Trainers will facilitate participants' involvement through:

- Trainer presentations
- Diverse selection of audiovisuals
- Interactive discussion and questions
- TALK steps practice
- TALK wallet card
- “You can TALK to Me” stickers

Goals and objectives

safeTALK helps participants become alert to suicide. Suicide-alert people are better prepared to connect persons with thoughts of suicide with life-affirming help. Over the course of their training, safeTALK participants will learn to:

- Notice and respond to situations where suicide thoughts may be present,
- Recognize that invitations for help are often overlooked,
- Move beyond the common tendency to miss, dismiss, and avoid suicide,
- Apply the TALK steps: Tell, Ask, Listen, KeepSafe, and
- Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

“As a taxi driver, I speak to a surprising number of people who have thoughts of suicide. **safeTALK has given me and other drivers in Kilkenny a way to help them stay safe.**”

—Derek Devoy, Taxi Driver, Kilkenny, Ireland

Who should take safeTALK?

safeTALK is designed for anyone age 15 or older, including many in more formal helping roles. The steps learned in safeTALK have helped participants from all walks of life be alert to situations where suicide thoughts may be present.

Who provides safeTALK?

safeTALK is a training developed by LivingWorks Education, a leading world provider of suicide intervention training. Each safeTALK is facilitated by a trainer who has completed the two-day safeTALK *Training for Trainers (T4T)* course. Trainers use internationally standardized learning materials, including a diverse selection of paired alert and non-alert vignettes.

A listing of registered trainers can be found at www.livingworks.net under **Find a Trainer**. In order to maintain registered status, trainers must deliver the workshop at least three times a year and submit quality control reports to LivingWorks.

safeTALK and ASIST

safeTALK is designed to complement *ASIST (Applied Suicide Intervention Skills Training)*, LivingWorks' two-day suicide intervention skills workshop. safeTALK is consistent with LivingWorks' view that the training needs of a suicide-safer community require a comprehensive approach. Both safeTALK and ASIST participants have an important role to play in helping to achieve this goal.

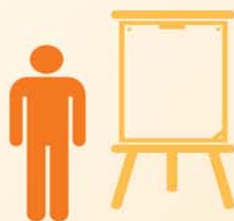
safeTALK training focuses on using the *TALK* steps—*Tell, Ask, Listen, KeepSafe*—to engage persons with thoughts of suicide and help to connect them with life-affirming resources, while using ASIST skills helps these resources provide safety from suicide for now. In effect, safeTALK and ASIST-trained helpers work together with individuals to help them keep safe from suicide.

ASIST's intervention model involves establishing a collaborative relationship to work through suicide to a place of safety. Many training participants include safeTALK and ASIST in their suicide prevention toolkit.



11

countries have onsite Trainers



3,100+

safeTALK Trainers worldwide



490,000+

safeTALK participants trained since 2006

*Statistics current as of March, 2018

About LivingWorks: LivingWorks is dedicated to saving lives through the creation, development, and delivery of innovative training experiences that empower individuals, organizations, and communities to be safer from suicide. To learn more, visit www.livingworks.net.



LivingWorks



esucideTALK



suicideTALK



safeTALK



ASIST



suicide to Hope

TITLE OF TRAINING

safeTALK (suicide alertness for everyone – Tell, Ask, Listen, Keepsafe)

PROPOSED SCHEDULE

Please include dates, times and training session duration

safeTALK takes approximately 3.0 hours.

GEARED TO AND CAPACITY OF CLASS

Anyone within a community can take safeTALK. safeTALK is limited to 30 participants (with 1 trainer and 1 assistant).

TRAINING LEADER(S)

Please include title, credentials and affiliation

Each safeTALK Trainer has to be trained in suicide intervention and has attended a two day or a one day with extensive pre-study on-site safeTALK Training for Trainer class conducted by one of our LivingWorks certified instructors.

TRAINING DESCRIPTION

Summarize training objectives (what will participants be able to do upon completion) and methodology.

safeTALK teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. safeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The safeTALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK step actions to move past these three barriers. Six 60-90 second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants.

Program Goals include:

1. Challenge attitudes that inhibit open talk about suicide.
2. Recognize a person who might be having thoughts of suicide.
3. Engage them in direct and open talk about suicide
4. Listen to the person's feelings about suicide and show that they are taken seriously.
5. Move quickly to connect them with someone trained in suicide intervention.

TRAINING AGENDA

List or attach the agenda for the training.

safeTALK is divided into two main sections, each with numerous sub-sections:

Time schedule for first section = 1.5 hours (ie: 9:00 am to 10:30 am)

- 1.1 Community Reasons for safeTALK
- 1.2 Personal Reasons for safeTALK
- 1.3 Introduction of safeTALK
- 1.4 Tell step
- 1.5 Ask step
- 1.6 Listen step
- 1.7 KeepSafe step
- 1.8 Conclusion/Summary of Part 1

Break (15 minutes) (ie: 10:30 am to 10:45 am)

Time schedule for second section = 1.5 hours (ie: 10:45 am to 12:15 pm)

- 2.1 Introduction of Part 2
- 2.2 Activate Your Willingness
- 2.3 The Importance of Being Nosey and Limits to the Suicide Alert Role
- 2.4 Preparing for Practice
- 2.5 Creating the Practice Scene
- 2.6 Practice
- 2.7 Close

AUDIO/VISUAL EQUIPMENT AND/OR SUPPLIES NEEDED

safeTALK incorporates training slides and videos which can be presented via PowerPoint using a computer and LCD projector, or using a DVD player and TV. The presentation can be customized for groups utilizing video clips from an extensive library.

Each safeTALK participant receives a 24-page Resource Book, a small prompter card, two safeTALK Stickers and a certificate. These participant kits are ordered by the safeTALK Trainer and distributed during the training.



safeTALK

suicide alertness for everyone

DATE

LOCATION

TRAINER(S)

Your feedback is important—thank you. Please use the back of this form to note any additional comments.

- 1. My trainer was prepared and familiar with the material: Strongly agree Agree Partly agree Disagree
- 2. My trainer encouraged participation and respected all responses: Strongly agree Agree Partly agree Disagree
- 3. I intend to tell others that they will benefit from this training: Yes No

My trainer can contact me for information about who to speak with to provide this training to others in my organization or community. My contact information is:

- 4. How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?
 Well prepared Mostly prepared Partly prepared Not prepared

- 5. On a scale of 1 (very bad) to 10 (very good), how would you rate this training?
Comments:

RATING

- 6. How could this training be improved to make it more effective in preparing suicide alert helpers?

- 7. My comments may be quoted anonymously to promote safeTALK: Yes No

If you would like to talk to your trainer further about your own or another's thoughts of suicide, please indicate your name and contact information:



safeTALK

suicide alertness for everyone

[Participant Name]

has completed training in suicide alertness

Date: [Date]

Location: [Location]

Hours: [Hours]

SIGNATURE _____



LivingWorks

suicide-safer communities - saving lives for tomorrow

www.livingworks.net

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



AMY ROUKIE, MBA
Administrator, DPBH

JOHN DIMURO, D.O., MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Bureau of Child, Family and Community Wellness
Office of Suicide Prevention
4150 Technology Way, Suite 101
Carson City, Nevada 89706
Telephone: (775) 684-2240 · Fax: (775) 684-8048

October 20, 2017

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: Continuing Education Units for Gatekeeper 2 hour suicide prevention training

To Whom It May Concern:

Please find attached the Continuing Education Checklist Form and back up documents supporting Gatekeeper 2 hour suicide prevention training. Please note this training is modifiable to reflect updated data and supplemented to meet specific needs of various agencies. We request approval to allow your licensees to earn continuing education units for attending Gatekeeper 2.

The following trainers' resumes have been included in the packet for your review:

Allen, Misty
Egan, Richard
Massolo, Janett

Please do not hesitate to contact me if you need further information.
Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Angela Friedman".

Angela Friedman
Administrative Assistant IV

CONTINUING EDUCATION CHECKLIST

Program Name: Gatekeeper 2 hour Training

Date of Program: Various dates and times throughout the year

Number of CE hours being requested 2.0 accredited/acceptable(circle one)

Name of Person Requesting Approval: Angela Friedman, Admin. Asst. IV

Contact Address: 4600 Kietzke Lane, B-114
Reno, NV 89502

Contact Phone#: 775-684-2240

Before the Continuing Education Committee for the Nevada State Board of Pharmacy gives approval, the board office must receive the following materials at least sixty (60) days before the program is presented.

X Copy of materials to be distributed to participants

X CV or equivalent information on presenter(s)

Program syllabus or specifications/objectives of the program
Statement certificate will be provided to participants

-or-

X Copy of certificate presented to participants

Statement evaluation form will be provided to participants for the purpose of evaluating program materials

-or-

X Copy of evaluation form

If any information is missing everything will be returned.

FOLLOW-UP: Within 60 days after the program, a list of pharmacist participants must be received at the board office. This list of pharmacists can be mailed prior to receiving notification of approval.

FOR OFFICE USE ONLY

Date Received by Board Office

Course Content Outline

Title:	Nevada Suicide Prevention Gatekeeper Training Workshop
Purpose:	Enhance understanding of suicide prevention and increase tools and resources for assistance to persons at risk for suicide
Date:	Various dates throughout 2017-2018
Time:	2 hours in length offered at various times

Behavioral Objectives	Content Outline	Time Allotted	Instructor	Method of Presentation	Evaluation Method
At the conclusion of this session, the participant will be able to:				PowerPoint Presentation	
	Pre training survey Welcome and Introduction	10 minutes	Misty Allen Janett Massolo Rick Egan	Individual activity, lecture	Post test
A. Distinguish suicide myths from suicide facts.	Attitudes and beliefs	20 minutes	Misty Allen Janett Massolo Rick Egan	Small group activity, handout	Satisfaction evaluation
A. Identify suicide as a major public health problem that is preventable. B. Recognize that the incidence of non-fatal suicide attempts far outnumber incidence of completed suicides.	Overview of suicide prevalence in the U.S. and Nevada	10 minutes	Misty Allen Janett Massolo Rick Egan	Lecture	Post test

<p>A. Identify signs and clues that increase risk of suicidal ideation and behaviors.</p> <p>B. Identify long-term risk factors and conditions that increase a person's risk of suicide.</p> <p>C. Describe internal and external factors to a person at risk that serve as protections against suicidal behaviors and help seeking attitudes.</p>	<p>Understanding persons in crisis</p> <ul style="list-style-type: none"> ➤ Warning signs ➤ Risk factors ➤ Protective factors 	25 minutes	Misty Allen Janett Massolo Rick Egan	Lecture, discussion	Satisfaction evaluation
<p>A. Increase gatekeeper's confidence through simulated role play scenarios to directly ask about suicide ideation and behaviors.</p> <p>B. Demonstrate appropriate listening techniques.</p> <p>C. Briefly describe the phases and goal of a structured intervention: show you care, ask the question, connect to help.</p>	<p>Responding to suicidal ideation and behavior</p> <ul style="list-style-type: none"> ➤ Asking about suicide ideation ➤ Goals of a suicide intervention ➤ Aspects of a structured intervention 	25 minutes	Misty Allen Janett Massolo Rick Egan	Lecture, discussion, group activity	Post test
<p>A. Identify local, state and national sources of information and appropriate professionals available as resources and referrals.</p>	<p>Community resources and case follow up post referral</p>	5 minutes	Misty Allen Janett Massolo Rick Egan	Lecture and group discussion	Satisfaction evaluation

<p>A. Define postvention activities. B. Clarify that postvention activities help to serve as support and prevention for bereaved survivors who are now at increased risk themselves.</p>	<p>Postvention Survivor support</p>	<p>5 minutes</p>	<p>Misty Allen Janett Massolo Rick Egan</p>	<p>Lecture and group discussion</p>	<p>Satisfaction evaluation</p>
<p>A. Share SPRC media guidelines for appropriate coverage of suicide in print, radio and television communication/ broadcasts.</p>	<p>Media guidelines</p>	<p>5 minutes</p>	<p>Misty Allen Janett Massolo Rick Egan</p>	<p>Lecture and handout</p>	<p>Satisfaction evaluation</p>
<p>A. Identify educational resources and training opportunities offered by the Nevada Office of Suicide Prevention</p>	<p>OSP resources and contact information</p>	<p>5 minutes</p>	<p>Misty Allen Janett Massolo Rick Egan</p>	<p>Lecture</p>	<p>Satisfaction evaluation</p>
	<p>Questions and closing</p>	<p>5 minutes</p>	<p>Misty Allen Janett Massolo Rick Egan</p>	<p>Question and answer</p>	<p>Satisfaction evaluation</p>
	<p>Post test/satisfaction evaluation</p>	<p>5 minutes</p>		<p>Individual activity</p>	<p>Post test</p>
	<p>Total Credit Hours</p>	<p>2.0 hours</p>			

Certificate of Completion

**Nevada Office of Suicide Prevention
Recognizes**

Name

**as having successfully completed the
Nevada Suicide Prevention Gatekeeper Training**

This training program was presented by the staff of the Nevada Office of Suicide Prevention in conjunction with the Nevada Division for Child and Family Services in Las Vegas, NV.

**Date: January 20th, 2011
2 hour Suicide Prevention Gatekeeper Program
License Number: #**



Misty Vaughan Allen

Trainer's Signature

Nevada Suicide Prevention Gatekeeper Training POST TRAINING SURVEY

Today's Date ____ / ____ / ____ Trainers: _____

Training was: Less than an hour 1 1/4 hours 2 hours 4 hours 8 hours
(Circle one)

After completing the Nevada Suicide Prevention Gatekeeper Training, what is your current knowledge about suicide prevention? (Circle one response per question.)

Please use the scale below to answer the following questions:

1. Not at all 2. Somewhat 3. To an average degree 4. Very 5. Extremely

1	What is your ability to recognize the clues (risk factors, warning signs, etc.) that may indicate a person is considering suicide?	1	2	3	4	5
2	How would you rate your level of knowledge about suicide intervention strategies?	1	2	3	4	5
3	How confident are you (at this moment) with your <i>ability</i> to intervene with a suicidal person?	1	2	3	4	5
4	How confident are you (at this moment) with your <i>willingness</i> to intervene with a suicidal person?	1	2	3	4	5
5	If you were concerned that a person was considering suicide, how likely would you be to ask that person directly if he/she were considering suicide?	1	2	3	4	5
6	To what degree do you think a family history of suicide is associated with a higher risk of suicide for the family?	1	2	3	4	5
7	How well informed are you with school, community, or professional resources to which individuals at risk of suicide can be referred for help?	1	2	3	4	5
8	Do you think suicide is attributable to one single cause?	1	2	3	4	5
9	How knowledgeable are you about the myths and facts regarding suicide?	1	2	3	4	5
10	How comfortable would you be talking to a family member of a recent suicide loss?	1	2	3	4	5
11	In general, how likely do you think an individual who has attempted suicide once would try again?	1	2	3	4	5
12	Has this entry level training increased your interest in attending more advanced suicide prevention training?	1	2	3	4	5

Please provide any suggestions or comments on today's training: _____
