REVIEW OF ASIST ROLLOUT IN NORTH INNER CITY 2006/2007
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Introduction

IN THE FIVE YEARS leading up to 2005, there were a large number of suicides in Dublin’s North Inner City, with one area (Sean McDermott Street/Summerhill) experiencing 6 suicides of individuals aged 30 or less in one six-week period. Local residents and representatives, deeply concerned by what seemed like an epidemic of suicide in the area and aware that a significant number of the suicides had been linked to drug use in some way, approached the North Inner City Drugs Task Force (NICDTF) to ask for help with addressing the issue. This action eventually led to the holding in 2006/2007, with the assistance of the SAOL Project, Dormant Accounts Fund and the HSE National Office for Suicide Prevention (NOSP), of a series of workshops in Applied Suicide Intervention Skills Training (ASIST), designed to prepare people in the area to provide suicide “first-aid” interventions.

This report examines the process which led to the provision of this training, the training experience itself and the subsequent impact of the training on the area. It also discusses future needs and next steps in the community in terms of suicide prevention.

Terms of Reference

The functions of this report are:

1. to review the ASIST Training Process in Dublin’s North Inner City community;
2. to examine the impact of the ASIST training on this community;
3. to discuss the future needs in the area in terms of suicide prevention and ASIST.
Methodology

Available data sources

The following data sources were available to the researcher:

- 229 anonymous Participant Feedback Forms, completed by participants at the end of ASIST Training Workshops, reporting on 13 of the 14 workshops conducted.
- 34 Trainer Report Forms, reporting on 13 of the 14 workshops conducted.
- Trainer Statement, agreed by all trainers following the Trainer Debriefing in June 2007.
- LivingWorks website at www.livingworks.net (for background information on the LivingWorks organisation and the ASIST programme).

Short interviews (20 – 50 minutes) were also conducted with:

<table>
<thead>
<tr>
<th>CODE</th>
<th>RELATIONSHIP WITH ASIST</th>
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<tr>
<td>PARTICIPANT 2</td>
<td>CO-ORDINATOR</td>
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<tr>
<td>PARTICIPANT 8 (INTERVIEW 1)</td>
<td>NICDTS BOARD MEMBER</td>
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<td>PARTICIPANT 4 (INTERVIEW 2)</td>
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<td>PARTICIPANT 5</td>
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<td>PARTICIPANT 6</td>
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<td>PARTICIPANT 7</td>
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<td>PARTICIPANT 4 (INTERVIEW 1)</td>
<td>PARTICIPANT</td>
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<tr>
<td>PARTICIPANT 8 (INTERVIEW 2)</td>
<td>PARTICIPANT</td>
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</table>
Review process

Data from participant feedback forms and trainer report forms were first analysed and compiled in a database. Responses to qualitative questions on forms were coded into a standardised format to allow statistical analysis.

From this data, and from comparisons with information from the trainer statement, a set of initial findings was then produced. These findings allowed themes to be identified for further discussion in individual interviews.

Individual interviews were then conducted over a number of months. Those interviewed included the project co-ordinator, the project promoters and a selection of trainers and participants. Participants were not selected completely at random, for two main reasons. First, it was important to talk to participants who came from a range of backgrounds within the community. Second, it was important to talk to some participants who had experience in dealing with suicidal people following participation in the workshops. No interviewees were compensated for their participation.

Responses from interviews were analysed and integrated with initial findings.

Draft of report was then prepared and presented for review.

ASIST and LivingWorks

LivingWorks

LivingWorks Education Inc is a public service corporation, established in 1991, which is “dedicated to enhancing suicide intervention skills at the community level”\(^2\). The corporation has roots in a partnership of four human service professionals, formed in the early 1980’s, which collaborated with various governmental and non-governmental agencies in Alberta and California to develop suicide intervention training programs for front-line caregivers.

LivingWorks aims to make its suicide prevention training programmes widely and readily available. These programmes are delivered to front-line caregivers through a network of community-based registered trainers in a number of different countries, including Canada, Australia, Norway and the United States. The LivingWorks objective is to “register qualified trainers in local communities, who in turn can prepare front-line gatekeepers with the confidence and competence to apply first aid suicide intervention in times of individual and family crises.”\(^3\)
The ASIST Programme

The ASIST programme is a two-day, skills-building workshop that prepares caregivers to provide suicide first aid interventions. ASIST skills are described as ‘first-aid’ skills because they make it possible to intervene and prevent an immediate risk of suicide, just as ‘CPR’ skills make physical first aid possible.

The programme aims to make caregivers better able to:

- identify people who have thoughts of suicide;
- understand how the caregiver’s beliefs and attitudes can affect suicide interventions;
- seek a shared understanding of the reasons for thoughts of suicide and the reasons for living;
- review current risk and develop a plan to increase safety from suicidal behaviour for an agreed amount of time;
- follow up on all safety commitments, accessing further help as needed.

The ASIST training programme has five learning sections:

- Preparing: sets tone, norms, and expectations of the learning experience.
- Connecting: sensitizes participants to their own attitudes towards suicide and the impact that these attitudes have on the intervention process.
- Understanding: focuses on providing participants with the knowledge and skills to recognize risk and develop safeplans to reduce the risk of suicide.
- Assisting: presents a model for effective suicide intervention, with skill-development for participants through observation and supervised simulation experiences.
- Networking: generates information about resources in the local community and promotes a commitment by participants to transform local resources into helping networks.

The programme emphasises structured small-group discussions and practice. It uses a 20-page workbook and two audiovisuals. Participants receive a 152-page Suicide Intervention Handbook and a pocket card featuring intervention, risk review and safeplan development principles. Participants also receive a certificate of completion on finishing the workshop.
ASIST Training for Trainers (T4T)

The ASIST Training for Trainers programme (or T4T) is a five-day course that prepares community-based persons to be trainers of the ASIST two-day workshop. The five-day T4T course is the first phase of becoming a registered trainer; the second phase involves delivering a minimum of three ASIST workshops in the twelve months following the T4T.

During the first two days of T4T, the participants experience the ASIST two-day programme as any other participant would. This is intended to give the prospective trainers an appreciation of the participant’s perspective and to provide a common experience as a base for the rest of the work in the course. At the end of these two days, a transition session is held, at which the schedule for the next three days is explained, Trainer’s Manuals are distributed and homework assignments for the coming evening are allocated.

The third and fourth days have morning, afternoon, and evening schedules. Part of the morning of the third day is used to debrief the ASIST portion of the course and to introduce participants to the other members of the T4T team. The afternoon and evening times are coaching sessions for the “dress rehearsal” presentations of ASIST components in the mornings of the fourth and fifth days. The last afternoon focuses on the expectations of a trainer and, the organizing, planning, preparation, and presentation aspects of conducting ASIST. For the last three days, there is a ratio of one Training Coach to each five candidates.

The second phase, which begins after the T4T is completed, requires that the participant invest considerable preparation time prior to each presentation in his/her first few workshops. A new trainer can expect to devote approximately 30 hours to reading and reviewing the manual and to meeting with other trainer team members prior to the workshop presentations. Telephone consultation with LivingWorks or with Consulting Trainers is available on a need-for-consultation basis. Having taken the T4T training and conducted a minimum of three ASIST workshops, a candidate can become an officially registered ASIST trainer. This official status can then be maintained by conducting at least one ASIST workshop every year.
**Other LivingWorks Programmes**

LivingWorks also offers other programmes relating to suicide prevention, including suicideTALK and safeTALK.

suicideTALK is a 90-minute to half-day session designed to make interested community members more aware of suicide prevention opportunities in their community. suicideTALK is essentially an awareness-raising exercise, designed to spark interest, open discussion and stimulate learning in the community.\(^8\) suicideTALK can be delivered by a registered ASIST trainer:

safeTALK is a two-and-a-half to three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and to connect them to suicide first aid resources. It prepares participants to be alert to the opportunities to help a person with thoughts of suicide to stay safe and teaches how to move beyond the tendency to miss, dismiss or avoid the possibility of suicide.\(^9\) safeTALK trained individuals will often have access to people who are trained in the full ASIST programme and will be able to connect a person with suicide thoughts to a caregiver with first aid intervention skills. safeTALK can only be delivered by a safeTALK trainer.

**Background of ASIST in Ireland**

ASIST has had a presence in Ireland since approximately 2003. It is a favoured training programme of the National Office for Suicide Prevention, which, having established in an ongoing evaluation that the course “significantly impacts on knowledge, attitudes and behaviour”, is committed to developing the ASIST workshop across the country.\(^10\) More than 80 active trainers nation-wide have already been trained to deliver the two-day workshop and more than 143 workshops have been delivered to over 8,300 participants in the 2005-2007 period.\(^11\)

In each of the twelve HSE local areas, there is a local Resource Co-ordinator tasked with the coordination of ASIST workshops in that area. There are also three designated “training sites”, where delivery of ASIST is supported in a particular area. These sites are:

- Aware, the national voluntary organisation with the aim of assisting those whose lives are affected by depression.
- National Youth Council, the representative body for national voluntary youth organisations in Ireland.
North Inner City Drugs Task Force, a body which develops community responses to the drug-related issues in Dublin’s North Inner City (ASIST Co-ordinator for this site: Marcus Keane)

The ASIST Experience in the North Inner City

Identifying a need in the community and selecting the best response

Following the distressing increase in suicides in the local area in the years leading up to 2005, talk began in the community of a need for a local suicide response. A group consisting of community members, and representatives from a number of community projects met to discuss the possible responses and, from these meetings, the idea of securing some kind of suicide prevention training in the community emerged.

This identified need was then followed up by the NICDTF. The Health Service Executive was already engaged in ASIST Training and, having researched the field, the NICDTF was satisfied that the ASIST programme was the best option for the North Inner City community. When Dormant Accounts Funding became available for...
projects related to suicide an avenue opened up for the community and the NICDTF, with the SAOL project as promoter, successfully applied for funding from the Dormant Accounts Fund to bring ASIST directly into the community.

Following further meetings with the National Office for Suicide Prevention, it was decided that the Training for Trainers (T4T) part of the rollout would happen in partnership with the Health Service Executive, who would part fund the training in exchange for access to a number of T4T places. The Dormant Accounts Fund then funded the remainder of the T4T costs and the entire ASIST Training Workshop rollout.

Rolling out ASIST

THE TRAINING FOR TRAINERS (T4T)
The Training for Trainers (T4T) took place between 8th and 12th of May 2006. Twenty-four people took part: fourteen selected by the Health Service Executive and ten by North Inner City Drugs Task Force. Training was provided to individuals at no cost but a commitment was required from NICDTF participants to deliver at least three of the ASIST Training workshops which had already been planned for 2006/2007. Delivering three workshops would also qualify an individual who had completed T4T as a fully registered trainer.

T4T involves five days of intensive residential training, more specific details of which can be found at page 8. In interviews conducted for the evaluation, T4T participants described the experience as “tough and challenging but very enjoyable”, as “terrifying and daunting” and as “the best training we ever did”. Support from the experienced North American coaching trainers was very valuable to the T4T participants interviewed. One interviewee described the experience, specifically the discussions of how to engage in effective self-care, as “life-changing”.

Of the ten NICDTF candidates who signed up for T4T, one was unable to complete the training for personal reasons. Of the remaining nine candidates, four were unable to deliver the required three ASIST workshops in the following year and so did not qualify as fully registered trainers. This leaves five candidates who emerged at the end of the process as fully registered trainers. In fact, three of these trainers will, by the time of publication, be classed as Master Trainers, having delivered at least 10 workshops each.
THE ASIST TRAINING
The ASIST Training Workshops were rolled out over a 12 month period from June 2006 to May 2007. Fourteen workshops were delivered to over two hundred and forty people and all workshops were held in a hotel in a central Dublin location. In total, over 60 different agencies benefited from having staff trained under this initiative. All training was provided at no cost to individuals or groups.

The bulk of the organisation was carried out by Marcus Keane, then with the NICDTF, who had also completed T4T and would be delivering a number of the ASIST Training Workshops. He was supported in this task by Paula Johnston, NICDTF Administrator. A steering group, representing the project promoters and co-ordinators as well as trainers and community representatives, was set up to support the rollout of the project.

The group wanted to ensure as wide participation as possible in the workshops, and identified a broad range of individuals and organisations who would be invited. Everybody from the local NIC community was welcome to attend. A variety of community, voluntary and statutory agencies were also invited to apply for places. Lists of people to contact were drawn up and the process of invitations then began, focussing first on the North Inner City and then on a wider area for surplus places. People selected a number of workshop dates for which they were available and NICDTF then allocated places, primarily on a first-come, first-served basis but also with an eye to ensuring a gender balance and a good mix of the people from different backgrounds in each of the workshops. Six weeks before each workshop, participants were asked to confirm attendance and any free places were then allocated by ringing around projects to check availability.

Before each workshop, the NICDTF undertook the organisation of the hotel, the participant materials and the audiovisual set-up. During workshops, Marcus was available onsite and by phone to support the trainers with any issues that arose. Between them, Marcus and Paula took responsibility for the creation of the participant certificates, the organisation of the trainer debriefing after each workshop and the circulation of contact details of everyone who had participated in the workshop.

Where data was available (from Trainer Report Forms for all but one of the workshops), completion rates for the ASIST training stood at 100%.
Evaluation of the ASIST Training by participants

The following findings were extrapolated after analysis of the data from the participant feedback forms and have been supplemented in certain places by information from the Trainer Debriefing Statement and from interviews conducted in the course of the evaluation.

Numerical responses were recorded and averaged. Text responses were coded into suitable categories which emerged during the data entry process.

**IN RESPONSE TO THE QUESTION:**
“ON A SCALE OF 1 TO 10, HOW WOULD YOU RATE ASIST?”
(WHERE 1 = DID NOT LIKE AT ALL AND 10 = LIKED A LOT)

Participants rated ASIST very highly on the feedback forms, giving it an average rating of 9.3 out of 10. This was reflected in the Trainer Debriefing Statement, where it was noted that “feedback from participants was almost universally excellent, both in terms of formal feedback, and in informal feedback given at breaks, etc.” In interviews, participants described ASIST as “different to most other training courses”, as a “great confidence-builder” and as a “very positive experience”.

**AVERAGE**

9.3

**IN RESPONSE TO THE QUESTION:**
“ON A SCALE OF 1 TO 10, DO YOU FEEL BETTER PREPARED TO HELP A PERSON AT RISK AS A RESULT OF COMPLETING ASIST?”
(WHERE 1 = NOT AT ALL AND 10 = A LOT)

Participants felt significantly better prepared to help a person at risk as a result of completing ASIST, rating their ‘better-preparedness’ at 8.9 out of 10 on feedback forms. In interviews, all
participants said they felt more able to help someone at risk as a result of their ASIST training. One interviewee had found the training relevant to both work and personal life and noted one particular situation in which she was able to be “calm and comfortable” and to “diffuse the situation” without feeling the panic that had once overwhelmed her when the issue of suicide arose.

**IN RESPONSE TO THE QUESTION:** “ON A SCALE OF 1 TO 10, WOULD YOU RECOMMEND THAT OTHERS TAKE THE ASIST WORKSHOP?”

*WHERE 1 = DEFINITELY NO AND 10 = DEFINITELY YES*

Participants overwhelmingly agreed that they would recommend others take the ASIST workshop, rating the extent of their recommendation as 9.8 out of 10 on feedback forms. One interviewee strongly recommended the training for teachers and guidance counsellors so they could have a set of skills to draw on when encountering young people with thoughts of suicide.

**AVERAGE 9.8**

**IN RESPONSE TO THE QUESTION:** “WHAT PARTS OF THE WORKSHOP MADE YOU FEEL BETTER PREPARED?”

The most common answers to this question on feedback forms related to discrete elements of the ASIST model, such as the SIM model, role playing and videos. However, participants also placed a high value on the discussions and on the support of the facilitators. Being able to ask a person at risk about suicide and learning how to best approach the issue also emerged as significant in the data from the forms.

A number of interviewees said that learning that it was OK to ask someone if they were having suicidal thoughts was one of the most helpful parts of the ASIST training. It was also mentioned in a few interviews that the assurance that there “is only so much one person can do” was very comforting. Most interviewees felt that the role plays, while somewhat awkward and difficult, were very useful and made the situations “very real”. Specific comments were made often about the “bridge” role play (a suicidal person is about to jump from a bridge participants intervene); many of the interviewees felt that this was a very charged and revealing exercise. Interviewees also said that having information and the pocket
card to take away made them feel more able to use the skills at a later time. A number of interviewees also said the organisation and the facilitation of the workshops had a very positive effect on their training experience.

### MOST COMMON RESPONSES FROM FEEDBACK FORMS

<table>
<thead>
<tr>
<th>Element</th>
<th>No of Participants</th>
<th>Percentage of Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role Plays/Simulations</td>
<td>137</td>
<td>59.8%</td>
</tr>
<tr>
<td>Sim Model</td>
<td>96</td>
<td>41.9%</td>
</tr>
<tr>
<td>Discussions/Group Work</td>
<td>31</td>
<td>13.5%</td>
</tr>
<tr>
<td>Videos</td>
<td>23</td>
<td>10.0%</td>
</tr>
<tr>
<td>Facilitator Explanations/SUPPORT</td>
<td>23</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

### OTHER COMMON RESPONSES FROM FEEDBACK FORMS

<table>
<thead>
<tr>
<th>Response</th>
<th>No of Participants</th>
<th>Percentage of Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being able to “ask the question” (about thoughts of suicide)</td>
<td>14</td>
<td>6.1%</td>
</tr>
<tr>
<td>Learning about strategies and how to phrase things</td>
<td>12</td>
<td>5.2%</td>
</tr>
</tbody>
</table>
IN RESPONSE TO THE QUESTION: “WHAT PARTS OF THE WORKSHOP NEED TO BE IMPROVED?”

Almost half of the respondents to the feedback forms felt that there was nothing to improve in the workshop. Some felt that certain individual presentations could be improved but the responses were either not specific or had no common thread. Many asked for more role play and interaction, as well as for localised content to suit an Irish context. Participants also wanted more time on the course (to digest it properly) and to have follow-up or “tune-up” sessions at some stage after the training. Other responses related mainly to timing and venue issues.

### MOST COMMON RESPONSES FROM FEEDBACK FORMS

<table>
<thead>
<tr>
<th>Element</th>
<th>No of Participants</th>
<th>Number expressed as Percentage of Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>94</td>
<td>41.0%</td>
</tr>
<tr>
<td>Some Individual Presentations/Explanations</td>
<td>27</td>
<td>11.8%</td>
</tr>
<tr>
<td>Have More Role Play/Interaction/Discussion</td>
<td>22</td>
<td>9.6%</td>
</tr>
<tr>
<td>Localise Content for an Irish Context</td>
<td>18</td>
<td>7.9%</td>
</tr>
<tr>
<td>Have the Course over a Longer Time Period</td>
<td>18</td>
<td>7.9%</td>
</tr>
<tr>
<td>Improve the Role Play (by giving each participant a chance to play both roles, for example)</td>
<td>14</td>
<td>6.1%</td>
</tr>
<tr>
<td>Have a Follow Up or “Tune-Up” Session</td>
<td>14</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

### OTHER COMMON RESPONSES FROM FEEDBACK FORMS

<table>
<thead>
<tr>
<th>Element</th>
<th>No of Participants</th>
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<tr>
<td>Being able to “Ask the Question” (about thoughts of suicide)</td>
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<tr>
<td>Learning about strategies and how to phrase things</td>
<td>12</td>
<td>5.2%</td>
</tr>
</tbody>
</table>
Interviews reflected these responses. There were a few individual comments about bad food and expensive parking at the venue and the need for localisation of the content but the single biggest demand was for tune-up sessions, where participants could discuss experiences in using their ASIST training and refresh their skills.

**Evaluation of the ASIST Training by trainers**

The following findings were extrapolated after analysis of the data from the trainer report forms and have been supplemented by information from the Trainer Debriefing Statement.

**HELPFUL ELEMENTS FOR TRAINERS**

According to the Trainer Report Forms, the support of the training team and extensive preparation were significantly helpful elements for trainers, as were the trainer debriefing sessions after each workshop. This is reflected in the Trainer Debriefing Statement, in which trainers speak of “feeling very well supported by their fellow trainers, and by the co-ordinator”.[13] The Statement further notes the help of the “excellent content of ASIST” and the “huge support from the manual”. It also describes the personal impact of the training process on those who participated. Trainers reported being more able and confident in dealing with suicide issues in work, as well as with personal experiences of suicide and bereavement.

In individual interviews with trainers, these responses were reflected. Interviewees talked of great “rapport and chemistry” with their training partners which helped them immensely in delivering the workshops. The luxury of having all the resources of the hotel available and of having logistical organisation completed by the co-ordinator was also mentioned as a huge helping factor. Interviewees said that preparation with the Consulting Trainer was very important as was debriefing, not least because it led to greater consistency between trainers when the main body of participants was split into smaller discussion groups.

**ELEMENTS WHICH TRAINERS FELT COULD BE IMPROVED**

According to the Trainer Report Forms, elements that needed to be improved were mainly to do with timing and occasional lapses of communications between trainers. The Trainer Debriefing Statement also notes
some practical issues, chiefly related to how
tiring ASIST was for participants and trainers.
It was highlighted that having time to debrief
and to fully engage in self-care was extremely
important and that this needed to be
respected by employers and by
participants/trainers themselves. The trainers
also noted in the Statement that greeting
participants correctly on Day 1 was crucial to
“set the tone” for the entire workshop.14
One interviewee mentioned that, at the early
stages, trainers would find themselves
overlapping with each other and repeating
material but that this changed as they became
more confident and began to trust their own
delivery. Another pointed out that the fall-off
in available trainers after T4T meant that a lot
of responsibility was placed on the remaining
set of trainers to complete the scheduled
workshops.

Assessing the impact on the
community

POST-TRAINING FEEDBACK
The Participant Feedback Forms asked partici-
pants to explain why they would recommend
ASIST. Some of the data from these responses
have been used to assess the possible impact
which participants believed ASIST could have
on the community (at the end of the two-day
workshop).

A quarter of respondents described ASIST as
an effective/practical/useful tool, with a fifth
believing it would remove the fear of helping a
person at risk and a fifth believing it would
make someone better prepared to help
someone at risk. Many respondents said that
they would like to see more people trained in
ASIST so that more interventions would
happen. Respondents also recommended the
course as a way of promoting understanding
and awareness of suicide and suicide inter-
vention. It was further described as an
evaluated model which would allow everyone
in the field to deliver a consistent response.
## Most Common Responses from Feedback Forms

<table>
<thead>
<tr>
<th>Reason</th>
<th>No of Participants</th>
<th>Number Expressed as Percentage of Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because it is an effective/practical/useful tool</td>
<td>55</td>
<td>24.0%</td>
</tr>
<tr>
<td>Because more people should be trained so that more interventions will happen</td>
<td>52</td>
<td>22.7%</td>
</tr>
<tr>
<td>Because it gives confidence and removes fears in relation to helping someone at risk</td>
<td>48</td>
<td>21.0%</td>
</tr>
<tr>
<td>Because it makes people better prepared to help someone at risk</td>
<td>47</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

## Other Common Responses from Feedback Forms

<table>
<thead>
<tr>
<th>Reason</th>
<th>No of Participants</th>
<th>Number Expressed as Percentage of Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because it gives an understanding of suicide and of suicide intervention strategies</td>
<td>39</td>
<td>17.0%</td>
</tr>
<tr>
<td>Because it increases awareness/discussion of suicide and suicide intervention strategies (and removes taboos)</td>
<td>29</td>
<td>12.7%</td>
</tr>
<tr>
<td>Because it is an evaluated model providing a consistent response</td>
<td>8</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
SUBSEQUENT FEEDBACK
Every person interviewed for this evaluation had found their work or personal life to be affected in some positive way by involvement in the ASIST Training programme. Interviewees who regularly intervene with people in a distressed state spoke of how much more comfortable they felt “asking the question” in relation to suicidal thoughts. Another explained how she had used her training in a number of interactions in her work and personal life and now had no fear in directly approaching the issue of suicide with a client, friend or family member. One interviewee had had no need to make a specific intervention since completing the workshop but found the training had strongly influenced her subsequent interactions with young people. Another, who had also not had an opportunity for a specific intervention, said she felt “great knowing I have it” and would never now be afraid to bring the issue up with a client. Another spoke of the “release of guilt” and the relief of knowing that he had followed a best practice model for suicide intervention.

One of the trainers interviewed explained how much ASIST had enhanced his own project; the project now has a reputation for experience in suicide intervention and is a contact point for the community. The project now also goes out to other projects who have been bereaved by suicide and explains what to look for. Psychotherapists and counsellors involved with this service had told the interviewee that they had “never done training as good” and that they had missed suicide in the past because they didn’t know what to look for. ASIST Training has also been recommended by one of the interviewees to all the secondary schools which come under her remit.

The Trainer Debriefing Statement further describes impacts of ASIST:

“Trainers also discussed how they felt their involvement in ASIST had impacted upon them personally. All trainers indicated that they were much more confident in talking about suicide with friends / work colleagues / family than had previously been the case. All indicated that they had had conversations about suicide with those close to them as a result of their involvement in ASIST. Involvement at a training level in the ASIST workshops had effectively ‘dispersed the fear of suicide’ among trainers. Many of the trainers work in caring professions, and found that their experience of being an ASIST trainer
had really added to their skills - they reported that their ‘confidence was through the roof’ (in terms of being able to deal with suicide arising as an issue in work) and that they had ‘no problem in doing the work’ (dealing appropriately with suicidal clients). 15

The trainers all agreed in the same statement that they felt the training had had a positive impact on the local community. This was important, because the majority of trainers were still working ‘on the ground’ in the North Inner City area.

The future of ASIST and suicide intervention in the North Inner City

Over the course of the evaluation, a number of future directions for ASIST and suicide intervention in the North Inner City emerged. These directions are discussed below.

ASIST Tune-up Sessions

DISCUSSION

The need for tune-up sessions was highlighted in all forms of feedback that were analysed for this evaluation. Participants in ASIST Training Workshops strongly desired the opportunity to meet up with other participants and trainers, to discuss how the training had worked in practice and to refresh their suicide intervention skills. The running of ASIST tune-ups was also one of the main suggestions proposed by the trainers in their Debriefing Statement.
Experienced ASIST trainers can run Tune Up courses for ASIST participants and; a course structure and content is provided by LivingWorks for this purpose. In the north inner city, it is intended to run 3 parallel Tune Up sessions (catering for 60 participants) in 2008. Funding for these sessions has already been organised through a number of sources. Pobal (through the Dormant Accounts Fund) and the Electric Aid project of the ESB have been financially supportive. Additional funding has also been made available as a result of a collaborative process between the Deora Project, NICDTF, HSE, the Northside Partnership (NSP) and the Dublin North East Drugs Task Force (DNEDTF). These organisations collaborated to run ASIST workshops, using a community-based approach, in the Dublin North East area. Gerry Cunningham (Deora Project) and Marcus Keane (NICDTF) ran the workshops in the Dublin North East local area, on behalf of NSP and DNEDTF, and the HSE provided participant materials free-of-charge. In return for the trainers’ expertise and time, DNEDTF and NSP made an ex-gratia payment to the Deora Project, which is being part-used to fund ASIST Tune-Up sessions in the NICDTF area (for participants who took part in the initial roll-out of training).

This follow-up exercise has a number of functions. First, it gives an opportunity for ASIST participants to discuss their experiences of using ASIST to date and to refresh their skills to where they were at the end of the 2 day workshop. Second, it gives people a chance to give feedback on ASIST to national bodies (such as the National Office for Suicide Prevention) and international bodies (such as LivingWorks). Third, it gives both trainers and participants a chance to network, and to (re)establish links with others working and living in the local community. Finally, running Tune-Up workshops is a good way of identifying individuals who are suited to being ASIST trained contact people at safeTALK courses, should this be introduced to the local area (see page 24 for further information).

**RECOMMENDATIONS**

The tune-up sessions are a cost-effective way of maximising the return on investment in suicide prevention in the area. They will keep skills fresh and will maintain the topic of suicide prevention in the mind of the community. It is a recommendation of this report that NICDTF/Deora Project be supported to run Tune-Up sessions on a one (preferably) or two year basis and that all ASIST trained individuals have the opportunity to access this service.
Further ASIST Training

DISCUSSION

Participants in the ASIST Training workshops overwhelmingly agreed that they would recommend ASIST training to another person. In their Debriefing Statement, the Trainers explained that they felt “ASIST and other initiatives should continue to be developed and delivered in the local area”.

In interviews, many individuals spoke of the need for further training in the community and for continued funding for the community to provide this training.

The Treatment and Rehabilitation Network of the NICDTF are running a major training project in 2008/2009, which includes 2 additional ASIST workshops in the area. However, attendance at these workshops will be limited to staff of organisations who are members of the Network. Trainers at these workshops are able to provide their skills free of charge as part of their jobs.

A significant issue that arose in interviews was that of payment for trainers. All training in the first rollout of ASIST was delivered free-of-charge by trainers and projects, as a ‘pay-back’ for the chance to take part in T4T and become a fully registered ASIST trainer. Some trainers had to deliver more workshops than they had originally committed to (due to fall-off of trainers after T4T) but this was negotiated with their individual employing projects and the situation was managed for the 2006/2007 period. There were concerns in interviews, however, about how trainers would be compensated for delivering workshops in the future. One trainer had already had to take annual leave days in order to deliver a workshop and felt that there was an expectation in some places that the community trainers would be “ready and would do it for nothing”. This trainer felt that that payment needed to be made to give community trainers “respect and validation”, to “reward them for effort” and to “treat them as professionals”. The trainer also felt that the training was “too important to deliver voluntarily”. This was echoed by another interviewee who felt that paying trainers was “the only way to keep expertise in the area” and that local communities should be given suicide budgets and then be allowed to choose where to spend those budgets. This interviewee felt strongly that this was not about “making a profit” but was about being “paid for your time”.
Another interviewee took an alternative view, believing that payment “doesn’t guarantee anyone staying in the community and doesn’t keep the expertise here”. This interviewee believed that for those still in employment, the ideal solution was to negotiate support from their projects with time and that commercial payment directly to trainers would not make sense unless there were some kind of national body for community-based trainers that could regulate quality and fees. The network of local coordinators supported by the National Office for Suicide Prevention national coordinator should be asked to consider the recommendations arising from this research.

RECOMMENDATIONS
This topic raised some strong feelings with interviewees and it would certainly seem to need addressing before any further major community rollout of ASIST. The pool of available trainers in the community is small and it will be important to ensure that they are supported in the most appropriate manner to continue delivering training as needed in the area.

dateTALK

DISCUSSION
dateTALK is a two-and-a-half to three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and to connect them to suicide first aid resources (see page 9 for further details). It trains people to a level where they can identify that someone is at risk, ask directly about suicide, listen to the person at risk and who can then connect that at-risk person with a caregiver in the community. A key resource for dateTALK is a number of people who are ASIST trained and who are willing to act as contact points. The National Office for Suicide Prevention is examining the role of dateTALK and its potential use in communities.

It is hoped that, with appropriate protocols in place, dateTALK can be developed in the NICDTF area, using ASIST trained individuals as locally based caregivers. Some people in the area who are using their ASIST training quite regularly have already been identified as possible ASIST trained contacts for dateTALK. It is planned to use the ASIST tune-up sessions in 2008 to explore the possibility of involvement in dateTALK with these individuals.
RECOMMENDATION
safeTALK seems to be a very effective way of saturating the community with basic suicide intervention information and a good way to link together networks of people willing to act as resources for suicide intervention. It would certainly be vital, however, to ensure that the safeTALK contact points are not overwhelmed by the number of safeTALK trained individuals feeding into them and that individuals’ personal resources are not overstretched. It was suggested in interviews that the National Office for Suicide Prevention may have a role in providing ‘backup’ to the community if they choose this type of model, to make sure that resources are not completely drained. It was suggested in interviews that the National Office for Suicide Prevention may have a role in providing ‘backup’ to the community if they choose this type of model, through the coordinators network.

Non-ASIST based approaches

DISCUSSION
One interviewee suggested that the future of suicide intervention in the North Inner City did not necessarily need to rely on ASIST and on LivingWorks programmes and that the community could maybe now, with the experience gained from ASIST, put together their own approaches for suicide intervention. However, as pointed out in the Trainers Debriefing Statement, it is also desirable to ensure that “local strategies continue to be aligned with national strategy” and the ASIST Training programme is clearly one of the preferred national strategies at the present time. ASIST has also been positively evaluated recently in Scotland. ASIST programmes in the Republic of Ireland and Northern Ireland are about to be evaluated and this will indicate whether ASIST should continue to be the preferred model.

RECOMMENDATION
While it is certain that there are skills in the community that could be put to use to design custom suicide intervention approaches, it would seem a shame to spend energy on reinventing approaches that have already been tried and tested, particular after saturating the community with ASIST training already. Having said this, with such a small number of trainers available to the community, it is important to ensure that a dependency is not developed on a particular training programme which ultimately can not be delivered due to lack of resources.
Partnership with the National Office for Suicide Prevention

DISCUSSION
This roll-out of ASIST Training in partnership with the National Office for Suicide Prevention (NOSP) has been very successful. There has not, however, been discussion about the future of this partnership or about how the community might access NOSP resources in the future. In its 2006 Annual Report, NOSP lays out a 10 point development plan for 2007 which includes a section on Training and Education. This document references a planned further T4T, bringing the total number of ASIST trainers to almost 100 nationally, and the making available of a further training officer post to “develop local training initiatives”.18

RECOMMENDATION
It seems crucial for the community to engage with NOSP in relation to further development plans and to link in with the NOSP training officers for support and resources. ASIST in the North Inner City is at present somewhat vulnerable due to lack of adequate funding and the small amount of available community-based trainers. If this trainer pool can be supplemented by HSE trainers, provided through NOSP, and if further training can be organised in partnership with NOSP, the community can confidently move forward with the ASIST programme and maximise the investment which has already been made.

Concluding remarks
All the indicators consulted in the course of this research suggest that the ASIST training rollout in the North Inner City has been a great success. With appropriate follow-up, this success can be maintained and furthered, allowing the community to actively deal with the issue of suicide in the local area and to feel confident in its ability to intervene and help at the most crucial times. This follow-up must, however, be adequately planned and resourced and the community now needs to have internal discussions about the directions it wants to take with ASIST and to have external discussions with NOSP and other agencies about partnership arrangements which will open up funding and resources for these directions.
References


Trainer Debriefing Statement 14th June 2007 (Compiled by Marcus Keane, NICDTF, and Karl O’Reilly, Consulting Trainer)


Footnotes

1 Feedback from the 1st workshop was returned to LivingWorks without copies being held.
11 2007 NOSP Annual Report
12 Trainer Debriefing Statement 14th June 2007
13 Trainer Debriefing Statement 14th June 2007
14 Trainer Debriefing Statement 14th June 2007
15 Trainer Debriefing Statement 14th June 2007
16 Trainer Debriefing Statement 14th June 2007
17 This could be a GP, a local mental health service, or an ASIST-trained person in the local community