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## SHIELD OF CARE™ EVALUATION and CONSENT



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**The following information is provided to inform you about this research project and your participation in it. Please read this form carefully and feel free to ask any questions you may have about this study and the information given below. Your participation is strictly voluntary and there is no penalty for refusing to complete this survey.**

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) is surveying adults trained as part of an evaluation of the Shield of Care™ Suicide Prevention Program. The Shield of Care™ Training was made possible by a GLSMA grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to TDMHSAS. The evaluation of this program uses a pre and post survey to learn how the training impacts suicide prevention knowledge and skills. Findings will help inform TDMHSAS and national organizations (e.g. SAMHSA) about effective methods in suicide prevention.

**Procedures:** We are conducting pre and post-training surveys with participants of the Shield of Care™ training. We are asking you to complete a 10-minute survey before the Shield of Care™ training and a 10 minute survey after the Shield of Care training.

**Privacy:** The Shield of Care™ pre and post surveys will be completed anonymously. No identifying information (e.g. name, birth-date) will be collected from you. TDMHSAS will keep your survey answers private. Paper survey forms will be kept in a locked file at TDMHSAS for three years after completion of the study. At that time, only your study data will be maintained indefinitely. The TDMHSAS Institutional Review Board may review your information to ensure quality assurance and participant rights.

**Risks:** This survey poses little (if any) risk to you. Should you experience any discomfort answering questions addressing issues of suicide, please talk with one of the trainers or a designated staff person in your Juvenile Justice. You may choose to stop the survey at any time or skip a question, for whatever reason at your discretion.

**Benefits:** Your participation in study will not directly benefit you. However, your input may help improve training in youth suicide prevention at the local, state, and national levels.

**Payment for Participation:** No payment or reimbursement will be given for participating in this study.

**Voluntary Nature of Participation:** Should you have any questions about the study, you may contact Lygia Williams, M.A. at TDMHSAS toll-free at (615) 253-5078. If you have any questions about your rights as a study participant, contact the TDMHSAS Institutional Review Board Office at (615) 460-6647.

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**Do you provide your consent to participate in this study? If so, please check "yes" below. Then, please continue on the next page.**

- YES
- NO

## Youth Suicide Prevention and Early Intervention Training Shield of Care™ Pre -Survey

Thank you for participating in this survey. Please answer all questions to the best of your ability and answer with the first thing you think of, even if it is not what you think others would answer. This survey will take approximately 10 minutes to complete.

### Section I: Your Background

1. Your age: \_\_\_\_\_
2. Gender:  Male  Female
3. Are you Hispanic or Latino?  Yes  No
  - 3a. If Yes, Which group represents you? (check all that apply)
 

<input type="checkbox"/> Mexican/ Mexican-American/ Chicano	<input type="checkbox"/> Dominican
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Central American
<input type="checkbox"/> Cuban	<input type="checkbox"/> South American
4. Please indicate your race/ethnic identity below (*check all that apply*):
 

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other (specify) _____
5. Highest level of education completed:
 

<input type="checkbox"/> 11 <sup>th</sup> grade or less	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> 12 <sup>th</sup> grade (high school diploma/GED)	<input type="checkbox"/> Master's degree or equivalent
<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Doctoral degree (PhD, MD, etc.)
<input type="checkbox"/> Associate's degree	

### Section II: Your Work Role with Youth

6. Please provide the name of your organization and the city and state where it is located (e.g. "Taft Youth Development Center, Nashville TN").

**Organization Name and Location:** \_\_\_\_\_

7. Please list your work title and describe your job responsibilities (e.g. Correctional Teacher; CaseManager).

**Work Title and Job Responsibilities:** \_\_\_\_\_

8. How many youth (ages 10-24) do you have direct contact with in an average month in your work role with?

Number of Youth: \_\_\_\_\_

### Section III: Suicide Prevention Training

9. How many hours of suicide prevention training had you participated in BEFORE the Shield of Care Training? (e.g. include in-service hours, graduate training courses, etc.)

**Number of Hours:** \_\_\_\_\_

### Section IV: Your Suicide Prevention Knowledge and Opinions

10. How would you rate your knowledge of suicide in the following areas?

	None	Low	Medium	High	Very High
a) Facts concerning suicide prevention:	0	1	2	3	4
b) Warning signs of suicide:	0	1	2	3	4
c) How to ask someone about suicide:	0	1	2	3	4
d) Persuading someone to get help:	0	1	2	3	4
e) How to get help for someone:	0	1	2	3	4
f) Information about local resources for help with suicide:	0	1	2	3	4
g) Please rate your level of understanding about suicide and suicide prevention:	0	1	2	3	4

11. For each of the following statements, please indicate the extent to which you agree or disagree. Please complete these questions even if you do not work directly with young people.

	Strongly Disagree (SD)	Disagree (D)	No Opinion (NOP)	Agree (A)	Strongly Agree (SA)
a) Young people who talk about suicide just want attention.	SD	D	NOP	A	SA
b) People should not intervene unless they are sure a young person is serious about suicide.	SD	D	NOP	A	SA
c) People who start doing better after feeling really down or depressed are at a lesser risk for suicide.	SD	D	NOP	A	SA
d) I have sufficient training to assist young people who are contemplating suicide.	SD	D	NOP	A	SA
e) If a young person decides to kill him/herself, there really isn't much anyone can do to stop him/her.	SD	D	NOP	A	SA
f) I have the necessary skills to discuss suicide issues with young people.	SD	D	NOP	A	SA
g) Young people who are seriously planning to kill themselves don't want any help.	SD	D	NOP	A	SA

	Strongly Disagree (SD)	Disagree (D)	No Opinion (NOP)	Agree (A)	Strongly Agree (SA)
h) Asking young people if they are thinking about suicide may give them the idea to try it.	SD	D	NOP	A	SA
i) If a young person wants to kill him/herself, eventually he/she will do it.	SD	D	NOP	A	SA

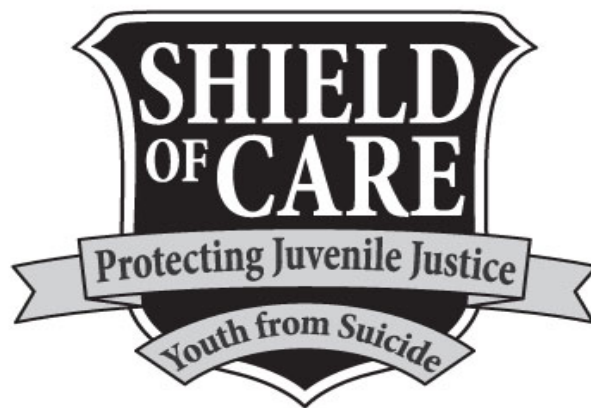
## Section V: Suicide Prevention Skills

12. For each of the following statements, please indicate your ability to complete the following tasks. Please complete these questions even if you do not work directly with young people.

	Non-Existent	Basic	Intermediate	Highly Skilled	Advanced	Expert
a) Recognize ("See") suicide risk in youth based on words or behavior	0	1	2	3	4	5
b) Protect the Physical safety of a youth who is at risk for suicide.	0	1	2	3	4	5
c) Protect the Emotional safety of a youth who is at risk for suicide.	0	1	2	3	4	5
d) Listen to the youth's suicide thoughts/ suicide plan	0	1	2	3	4	5
e) Assess youths' suicide risk using probing questions or assessment tools	0	1	2	3	4	5
f) Convince the youth to seek help from others in the facility.	0	1	2	3	4	5
g) Network with appropriate referral resources <b>within</b> my organization	0	1	2	3	4	5
h) Network with appropriate referral resources <b>outside</b> of my organization	0	1	2	3	4	5
i) Make sure the youth receives help for their suicidal thoughts/behavior	0	1	2	3	4	5

# STOP

**Please stop until the trainer  
tells you to proceed.**



## Youth Suicide Prevention and Early Intervention Training Shield of Care™ Post -Survey

Thank you for participating in this survey. Please answer all questions to the best of your ability and answer with the first thing you think of, even if it is not what you think others would answer. This survey will take approximately 10 minutes to complete.

### Section I: Your Suicide Prevention Knowledge and Opinions

1. How would you rate your knowledge of suicide in the following areas?

	None	Low	Medium	High	Very High
a) Facts concerning suicide prevention:	0	1	2	3	4
b) Warning signs of suicide:	0	1	2	3	4
c) How to ask someone about suicide:	0	1	2	3	4
d) Persuading someone to get help:	0	1	2	3	4
e) How to get help for someone:	0	1	2	3	4
f) Information about local resources for help with suicide:	0	1	2	3	4
g) Please rate your level of understanding about suicide and suicide prevention:	0	1	2	3	4

2. For each of the following statements, please indicate the extent to which you agree or disagree. Please complete these questions even if you do not work directly with young people.

	Strongly Disagree (SD)	Disagree (D)	No Opinion (NOP)	Agree (A)	Strongly Agree (SA)
a) Young people who talk about suicide just want attention.	SD	D	NOP	A	SA
b) People should not intervene unless they are sure a young person is serious about suicide.	SD	D	NOP	A	SA
c) People who start doing better after feeling really down or depressed are at a lesser risk for suicide.	SD	D	NOP	A	SA
d) I have sufficient training to assist young people who are contemplating suicide.	SD	D	NOP	A	SA
e) If a young person decides to kill him/herself, there really isn't much anyone can do to stop him/her.	SD	D	NOP	A	SA
f) I have the necessary skills to discuss suicide issues with young people.	SD	D	NOP	A	SA

	Strongly Disagree (SD)	Disagree (D)	No Opinion (NOP)	Agree (A)	Strongly Agree (SA)
g) Young people who are seriously planning to kill themselves don't want any help.	SD	D	NOP	A	SA
h) Asking young people if they are thinking about suicide may give them the idea to try it.	SD	D	NOP	A	SA
i) If a young person wants to kill him/herself, eventually he/she will do it.	SD	D	NOP	A	SA

## Section II: Suicide Prevention Skills

3. . For each of the following statements, please indicate your ability to complete the following tasks. Please complete these questions even if you do not work directly with young people.

	Non-Existent	Basic	Intermediate	Highly Skilled	Advanced	Expert
a) Recognize ("See") suicide risk in youth based on words or behavior	0	1	2	3	4	5
b) Protect the Physical safety of a youth who is at risk for suicide.	0	1	2	3	4	5
c) Protect the Emotional safety of a youth who is at risk for suicide.	0	1	2	3	4	5
d) Listen to the youth's suicide thoughts/ suicide plan	0	1	2	3	4	5
e) Assess youths' suicide risk using probing questions or assessment tools	0	1	2	3	4	5
f) Convince the youth to seek help from others in the facility.	0	1	2	3	4	5
g) Network with appropriate referral resources <b>within</b> my organization	0	1	2	3	4	5
h) Network with appropriate referral resources <b>outside</b> of my organization	0	1	2	3	4	5
i) Make sure the youth receives help for their suicidal thoughts/behavior	0	1	2	3	4	5

### Section III: Training Experience

4. Please indicate your agreement with the following statements about the training:

	Strongly disagree	Disagree	Agree	Strongly agree
a. This training increased my knowledge about suicide prevention.	SD	D	A	SA
b. This training met my suicide prevention needs.	SD	D	A	SA
d. This training was practical to my work and/or my daily life.	SD	D	A	SA
e. The Shield of Care model can be used with the Juvenile Justice youth I work with				
f. The Shield of Care model can be used with my organization's policy/protocol for helping suicidal youth	SD	D	A	SA
g. The training materials I received (i.e., workbooks, wallet cards) will be very useful for my suicide prevention efforts.	SD	D	A	SA

5. In your own words, please tell us what you liked **most** about the Shield of Care Training.

6. In your own words, please tell us what you liked **least** about the Shield of Care Training, and how it could be improved.



**Thank you for completing this survey. Give your completed survey to the trainer.**

