

Episode 188 - Dr. Rebecca Mirick: "I Think I Want to Die...": Training Practitioners to Work with People Considering Suicide

[00:00:08] Welcome to inSocialWork the podcast series of the University of Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice research. We educate we connect. We care. We are in social work. Welcome to social work. I'm your host for this podcast Charle Sims. The World Health Organization estimates that over 800000 people died due to suicide each year. That's about one person every 40 seconds. Social workers often find themselves working in settings where suicide and pair suicidal behavior are of ongoing and significant concern. But how ready are social workers especially those early in their careers to address these stressful situations. Did their social work education provide social workers with the resources needed to feel confident in addressing suicide and tension. Have the response protocols and agencies that train and employs social workers kept pace with advances in dealing with suicide behavior. Our guest for this podcast discusses her work in helping social workers address suicide prevention with their clients. Rebecca Mirick received her Ph.D. in social work from the Simmons School of Social Work. In 2011 and her MSW from Boston University in 2002 Dr. Mirick is currently an assistant professor at the Salem State College School of Social Work where she teaches clinical practice human behavior and research courses to undergraduate and graduate social work students. Additionally she is a research consultant for the Riverside Trauma Center in Needham Massachusetts.

[00:02:14] Dr. Mirick scholarship has focused on parents engagement and resistance with child welfare services and suicide prevention work including the development and evaluation of effective evidence based training for clinicians and suicide Assessment and Crisis Intervention as well as postvention work. A licensed independent clinical social worker Dr. Mirick has worked with children adolescents families and adults in a variety of settings including outpatient mental health settings preschools early intervention Headstart programs and the Massachusetts Department of Youth Services. In this podcast Dr. Mirick discusses her work in developing and delivering a training curriculum for suicide prevention. The curriculum covers material from assessment to intervention including safety planning. Additionally she includes a research component that adds a feedback process to assess the effectiveness of the training and increasing knowledge and confidence. Her research also explores were the skills that were caught incorporated into social worker practice. Dr. Mirick closes with her thoughts on what social work might do to increase the competence of social work practitioners in the area of suicide prevention. Dr. Mirick was interviewed in January of 2016 by Carissa Uschold a licensed clinical social worker and suicide prevention coordinator at the University of Buffalo counseling services Hi I'm Carissa Uschold. It's my pleasure today to welcome Dr. Mirick we're here to talk about her training with practitioners to work with suicidal clients. Dr. Mirick thank you so much for joining us today. Thank you for having me. First I'd like to start though having you tell us about your current research project. Sure. Well it started in 2012. The National Strategy for Suicide Prevention identified the need for more trainings on suicide for mental health providers.

[00:04:29] There was a need for more training that could increase mental health professionals confidence knowledge and feelings and empowerment they could do a suicide assessment and would understand some crisis intervention. So what happened is a local agency here in Massachusetts Riverside Trauma Center that I do some consulting with read about these identification of need and realized that in the area we needed more accessible affordable trainings on this topic for mental health providers. So the directors of the trauma center were designed to this training and asked me to help them assess the effectiveness of this training at increasing knowledge

which we want to do that put increasing needs of health professionals confidence in doing this work because that's really important for people to really feel like OK I know how to do this and I can do that I can ask these questions of clients about suicide which can be really hard to do. Absolutely. Had you found that people were having a difficult time asking the questions. You know every time we do one of these trainings we find that that something people really identify as something they've learned of how to ask directly about suicide how to ask more questions about suicide to do a more thorough assessment then to just ask are you thinking about hurting yourself. Absolutely. So what sparked your particular interest in this topic. Well I worked with Riverside Trauma Center for a long time actually working as first I ran some training some gatekeeper trainings around suicide prevention for elders and then as I was in my doctoral program I did a lot more sort of research support evaluation and projects like this. So this really seems like something I was interested in and I was really excited to be on board with them.

[00:06:17] Great. So you said gate keeper training is in a specific form was it question persuade referrer QPR or another type of training. It wasn't. No we had designed one of training to specifically address suicide for elders and went out and went to senior centers and medical providers offices and did that training. Excellent. At this time what makes this topic particularly relevant. Well you know historically education programs including social work haven't really covered this topic in data or in-depth enough so often. Graduates of these programs just think that they don't know enough about how to assess for suicidality and how to do crisis intervention. So since often people aren't getting a lot of exposure to this material in their education programs it's really important that we provide continuing ed programs on this topic. Those are people who might want more than they got in their in their professional education but also for people who might be supervisors of current students and able to teach current students in the field. And I think that's absolutely necessary. That's wonderful. So what makes this training on suicide assessment and crisis intervention different for other trainings that might exist. Well in many ways it's similar to some that are currently out there. I think one piece that distinguishes that is that it really sprang from this desire to give back to the community to really provide trainings that are accessible and affordable. And the directors of the trauma center have really tried to do that. We also try to keep it always up to date so we really work at incorporating the most recent research in updating our statistics updating evidence based practices.

[00:08:03] So we've really sort of see it as a fluid training that's continually being updated versus you know being designed and staying that way for five years. So if someone were to partake in the training with things always changing may they take it again. Absolutely. You know I actually I can think of one person at a training either at who works for the larger umbrella agency that the trauma centers under so she could attend for free and she said you know I'm just coming back. I got some stuff out of it. The first time I wanted to get more out of it. I'm great. She may continue to come back. Exactly. Maybe she'll come back again. So what type of material is covered in the training. We have 12 modules which really start at understanding suicide risk factors warning signs protective factors. Some of the basic knowledge to have about suicide. We also talk about the reactions so often mental health Professor unless will have some really strong reactions to working with clients with suicidal ideation and behavior. So we really try to focus on some reflection around that. What kinds of feelings can occur and how to manage those. We talk more about assessment in depth to really eliciting an in-depth history of suicidality with formulation crisis intervention. And then we also talk about postvention as well sometimes I think that's not included in training like this. So we really see it as a piece of prevention. That's excellent. What are some of the things you look at with postvention. So sometimes it's really just talking about what is it's right.

[00:09:37] I think that the idea of I've actually had a defined postvention for a lot of people but this idea that suicide particularly among youth can have a contagion effect. So it's really important to go into schools where there's been two or three suicides and do some work with the school with the

students to really help them figure out how to support their students and to support each other. Absolutely. I'm part of a walk for the suicide prevention through out of the darkness and I know that postvention is something that we've been trying to work with within this community and really try to focus moving certainly continuing prevention but also moving toward postvention. Yeah the trauma center does a lot of that response work. So they'll go into a school or community and really support the professionals there so often if one of the clinicians is getting the training I think they give some examples of what this work can look like which I think can be useful. Absolutely. So regarding your research who is in your sample and where did you run the trainings. So we ran 14 of these training from April 2013 to December 2014. We had five hundred and ninety eight participants who attended the training. And so what we wanted to do is we really wanted to look at knowledge and confidence both after the training. But I mean we assume that if you sit through a full day of training you're going to remember more at the end of it. We also wanted to see three months later did people retain that knowledge and increase confidence or did it dissipate.

[00:11:07] So we did a pre-test before the training started if people were getting their coffee and sort of getting settled we did a post test right after the training had been completed and then we did a three month follow up. We did an online survey of our survey monkey and did a follow up of these participants so the participants you know we had originally designed this training for mental health professionals. We were thinking about license social workers license but health counselors psychologists nurses and we got many of those. We also found that all of our training. We also had people who weren't mental health professionals which were interesting people who were just really wanted to find out more about the topic something that wasn't quite expected. But if all of our training. I mean trying to think of who we got some people who were campus police officers at a local university. People who worked for the Department of Public Health people who were in turns or are college graduates working in residential programs who really just wanted to know more about the topics what was really interesting for us. That is interesting it makes me think about sort of looking at first responders or people who are kind of first line when there might be a suicidal crisis. So it's great that they were interested in learning as well. Absolutely. That's what we thought. The other thing that I think was really interesting about who we tended was only 55 percent had attended a training on suicide before. So for many people this was really their first continuing education program on this topic. So what kind of change are you looking at from pretest to post-test and then post-test to follow up.

[00:12:41] Sure. We did find a quantitative measure looking at sort of basic knowledge risk factors information on risk formulation postvention and then also ask him questions about confidence. You know I feel confident that I know how to do a risk assessment. I feel confident asking somebody about their suicidality. Those sorts of things. So it was a 25 Lightford scale questionnaire pretty quick because we wanted something that people could do pretty quickly that wouldn't be too disruptive. So we wanted definitely people to leave the training at the end of the day more confident more knowledgeable. But we also wanted to see three months later if they remained that way. Now we also added a couple of qualitative questions just open ended questions because we really there's a lot that's known about this process of learning about suicide assessment and crisis intervention and what impact whether people who are more knowledgeable and confident actually incorporate these skills into their practice because at the end of the day that's what really matters right is whether they're using what they've learned. So at the Post has we asked them to please identify three skills or pieces of knowledge that they learned that were new to them and they thought will be useful in their practice. So we were trying to figure out OK what was the most helpful and what was new to you in this training. As a follow up we wanted to get a self report on whether they were using this information. So we asked them if they thought they were were they using the knowledge and skills they learned in the training. If not why not.

[00:14:14] We wanted to know you know are you you know in an administrative role. Are you

retired. We did have some people who weren't actively practicing. What if they said yes we wanted. We asked for an example. What is the and how are you using us in your practice. Really trying to figure out OK what keeps you from sitting in this room learning this material to actually using it in practice there's not a lot of research that that was there any differences between. I'm sure with the measurements if you were able to tell maybe practitioners that were participating as opposed to someone like a campus police officer or someone else that might take the training in regard to how they used it or impact. Yeah I mean we definitely found that people who weren't licensed mental health practice or a mental health practitioner practitioners I would ask that they were licensed came in with a lower level of knowledge and confidence and tended to lead with a lower level of knowledge and confidence which we would expect. We couldn't look with the numbers. We didn't have enough follow up to do those kinds of analyses. We got about a 40 percent response for follow up which looks pretty good but the way the numbers broke down we just didn't have enough nonprofessionals to look at that. We did find that which was interesting that people who had attended a previous training came in with more knowledge and confidence which means that left with more knowledge and confidence and also had higher follow up scores than those who hadn't attended a previous training three months out. Well it was pretty interesting. Yeah.

[00:15:43] What were some of the challenges that you experienced. Well I mean I think one of the challenge is that we were trying to evaluate a program that community based. I mean at the end of the day what the trauma center really cares about is getting these trainings out there and working with community members and providing community mental health practitioners with the resources that they need. So you know evaluation it's not research first rate. It's research community practice which you know can be challenging you know getting participants to sort of buy into. Yeah this is really important. A lot of them were really there because they believe it's important. So that was definitely useful. Can you talk a little bit more about your findings. One of the things that I think is really interesting is what the qualitative. Are their open ended responses told us. So when we asked them at the end of the training what was new material that they thought was going to be really useful in their practice with clients with suicidal ideation and behaviors. A lot of that 50 percent of the respondents talked about assessment and of those almost half said identified the specific assessment that we use in the training we pass out the CFSRF asked and then they role play they watch their training leaders do a role play around that they have it in front of down and then they can take it with around 50 percent talk about assessment and half of them really like that particular assessment tool which is an evidence based tool. Another almost half really appreciated safety planning.

[00:17:14] And we also gave out safety planning templates so a lot of people said yes they really liked they had a safety plan in front of them that they could then refer back to what was really interesting to me was that of the 46 percent that said safety planning absolutely new useful 21 percent of those said that the recommendation from the training to avoid contracting for safety which isn't recommended anymore and instead use safety planning was new to them. So they identified this change in practice is something that they were going to then take back to their practice and use their clients. For me that's a big deal of saying OK we've really showed you some of the newer approaches. And now you can take those back to your agencies. That is really interesting because I think a lot of places may even still have old forms or things around that are standard contracts and we have moved away from that but not having the knowledge of that. And this was really provided something new to them. Absolutely. And you know it was really interesting. I presented on this research at the SWG in Denver and I had some students in my audience and a lot of their questions. They were NSW students was around. We love this material and we know that these are current best practices. But in our field site they don't use these how do we take this material respectfully to our site supervisors and say we want to use this new material.

[00:18:40] So you know even when you're learning it in school it's hard if you site your supervisor

who's really doing so much of that hands on teaching of how to be a social worker isn't necessarily up to date on current practices. Absolutely. And we have a lot of trainees at our site and one of the things we sort of look at is they are really on the forefront of new education and research so we try to take a lot of what they're giving us. You know as new changes can be implemented and this would be a good case for that. Absolutely. Other things people really liked were validity techniques that had asked these questions and get accurate answers and just that thing that we talked about earlier. I just asked him directly about suicide and having it be a continual conversation of some really simple pieces people thought were new and really useful. Within the training or some of the feedback that they gave did they begin to feel more comfortable with asking direct questions as opposed to maybe indirect and that can be one of the biggest things or one of the fears that people have is certainly asking the direct question and having to manage what comes with the answer. So I think having the confidence and strength can really build on them. Yeah. And I know you know that's something I talk about with my own practice students like both BMW and MSW as you need to be able to ask this question and then you need to be able to manage the anxiety that might come with whatever answer you're going to get.

[00:20:03] So yeah that's part of why we talk about managing reactions is just thinking about OK well what what message you my giving to a client if I'm so anxious that I'm now going to skip over your answer because I don't know what to say and sort of how important that is. Absolutely. And I think you know so you're training them to be confident but also really looking at some of their own vulnerabilities or the şafak but they're experiencing and experiencing it while also trying to ask the questions. Absolutely. I mean it's hard stuff. It's not easy. Absolutely. So in looking at the safety planning with the safety plans that you offer some of the things that people wanted to take back to their practices was the template different than any others that might be out there. I think it was a pretty standard one that sort of walk you through the escalation of feelings of suicidality. You know I have. It's the one that I use in my class but it's pretty standard for safety planning. What was interesting to me I think was that so many people didn't have one. You know this is it is pretty standard and you can Google you know safety plans and see any number of variations come up. So in thinking about this research what are some of the implications for social work practice and education. I mean I think as a social work educator I'm always thinking about sort of what does this mean for us and how we're preparing students. And I think we need to think about how we're teaching practice and even this piece about how important these sort of hardcopy forms were to have something in front of you to be able to refer back to you know when we're teaching practice. Are we carrying those sorts of safety simple safety plans or examples assessments with our students.

[00:21:44] And you know the other thing I always think about is that there are a lot of agencies who do a lot of suicide prevention. They feel passionately about this work. They're very up to date on current research and that social work education doesn't have to reinvent the wheel. Right. And if we can do robotic collaboration with local agencies many of whom I think will be really happy to provide that kind of education and support for us. I guess I keep coming back to this concern of you know our field instructors. Up to date on this you know are there ways that we can offer a continuing education credits to field instructors affordable or free around this topic so that we know that our field instructors who are wonderful but are also up to date on this specific area of practice because it's so important. Absolutely and I think that if field and structures are receiving this type of education it's not necessarily the student or the temp trainee having to bring these forms back to the agencies that the instructors who may be senior staff level people and it kind of sets a standard of what's used the centers or the agencies. Exactly and when we talk to them on the follow up about how they were using this material some people say you know well I'm supporting staff at my agencies. I'm using it to change some agency protocols or programs around how we respond to suicidal ideation and behavior. I mean I think nobody wants to be using outdated materials or intervention. You know we have mental health professionals who really want help their clients.

[00:23:14] And once we can get this information out there then they're very willing to use it. I think it's also helpful for new professionals or students who are placed there to have forms in front of them that are sort of scripted that allow them to begin to kind of move toward being a professional social worker. I think in speaking with some trainees recently you sort of look at with experience it becomes a little bit easier to assess and feel comfortable assessing suicide when you're new. It's very difficult to do that. So some of these tools can be really beneficial. Yes I think you're right to really give you something to look at and use as the foundation of your questions and your assessment as you develop that experience to do it you know off the cuff right where you don't need anything in front of you. Absolutely. If social work as a field is interested in increasing practitioners competence in the area of suicide prevention what would you recommend based on the findings of the study and your knowledge of the literature. Well I mean I think we can't assume that all practicing social workers are up to date on current best practices were that assumption before from people Oh you know there you know they have a lot of experience. I'm sure they know and I think some people really do it people need some more exposure to the Mecurio. Some states are talking about or have already enacted a requirement to take certain number of continuing education credits on the topic of suicide in an effort to really to get everybody to attend some of these training. Even people who might not see their own need and doing it I think just making more training accessible.

[00:24:52] You know when programs do continue in education training always trying to have one on suicide assessment and crisis intervention having a program go out to agencies and do that and that's what the trauma center does is they often go out to local agencies and they'll do it one day continuing education training for the people who work there and I think just the easier you can make it devote at least trainings and get this material. The more people are going to be up to date on it and I think clients are going to benefit more people who take those skills back to their practice. And I do think sometimes people come to it because of the requirement and I think with that interest is piqued as well. Absolutely yeah. I mean we have so many people who come because they're interested. Right. Not because it's required but because this is really something that they want to learn more about. So what do you think are some of the challenges of implementing these ideas. Well I mean if you think about social work education I mean I think there's often a pushback. There's so much material that programs need to cover that sometimes it can be a hard sell to say what we have to talk about. That was ICTU and we have to talk about suicide not just in half an hour in one practice class but across curricula. Sometimes it's this assumption there's an assumption that it's the job of the field placement to teach those clinical skills. But again you know we've talked about sometimes some field supervisors are fabulous at doing it at other times. They're not.

[00:26:18] I think there's also just one of the biggest challenges I think is the amount of anxiety and fear around this topic. Providers are worried that they're not going to respond correctly or respond safely. I think sometimes instructors are worried that they don't know how to teach this material very well. So they'll leave the field supervisors you know students are anxious. There's liability piece there's a harm to your client piece. And I really think that sometimes this intense emotion gets in the way of us talking about it as much as we should. I think there's also the assumption that when students are working in a placement are there new professionals that we might be assuming they are coming in with these clinical skills that their program has trained them that they maybe did take a training and that's not always the case. So them certainly it does fall on the field educator enough the confidence isn't there that makes it difficult as well. Yeah and I mean it's I think back to my MSW program you know I don't think we covered this a lot. So you know I think I was a fabulous clinician when I was working in the field but I don't know that I had the training to then supervise a student on this topic. Right. I mean it's just sometimes it's about the choices that the program made and really think about how to get this information out there in a way that's not the leaning of anybody but just saying OK we need to talk about this more and we need to because the more we talk about it the less anxious we feel about it.

[00:27:43] And then our clients aren't going to hear that from us. Right our clients aren't going to hear oh she gets really anxious and worried when I talk about suicidality. I don't think this is a safe place to have this conversation because that's the exact message that we want to send to our clients. Right you want to set the stage of comfort and confidence and empathy. Sure. Well I also think that sometimes one of the problems is that when practitioners are really anxious that then when they hear talk about suicide they're very quick to refer out to crisis services or an emergency room for an evaluation and that can disrupt the relationship too. You know I mean sometimes that's absolutely the right response but sometimes it's it comes from anxiety versus a real understanding of assessment and risk. So the more I think that we can address that and help practitioners feel comfortable doing a good suicide assessment then we can have those referrals be about high risk clients versus any mention of suicidality. Sure I think it does decrease maybe the need for potential hospitalization or movement to a higher level of treatment it really can give the practitioner a way to maybe safety plan more efficiently and reduce the client's risk of imminent risk in the moment. Absolutely. If they have the skills if they don't then referral. The only thing that they can do. I think the skills are key when it makes me think I spoke with an intern recently about you know how I've gained my own skills in assessing suicide and I thought oh it's all experience.

[00:29:17] And then I realized I've been to multiple trainings that have really assisted me in gaining this confidence. Sure it has a lot to do with continuing to ask the questions and they experience that I've gained over time. But I think it has also a lot to do with trainings that I've received and certainly new and current research. Yeah this is the field where I think there's a lot of new research coming out. Right. And the willingness to be open to that and know that it's ever changing. Absolutely. Sounds wonderful. So what's next for you and your work. Well our next step in evaluation is we're thinking well we'd like to do is do a qualitative follow up of some of the training participants and really ask them some more detailed questions about their experience particularly around taking these skills. If they did back to their practice they got such interesting information from just a couple of open ended questions on the follow up that we'd like to do some phone interviews you know 15 minutes and just ask more about. OK. Are you using these skills. Which ones. Why those. What do you think are some of the barriers. What would be more helpful. You know explore the idea of you know with like a booster or a short training on this topic. A year later be helpful for people to help them remember some of this information and keep that confidence up. You know what we talk about more what we do to help facilitate practitioners being able to actually use these skills because it's a real gap and their research is really understanding what gets people from learning the material to actually changing their practice.

[00:30:56] I like the idea of boosters because sometimes people will you know you mentioned some folks are returning and doing your whole training again and boosters can be helpful. So it's a little bit shorter. They're focusing on some specific areas and you maybe aren't going through a full training. Exactly. We've talked about sort of who we use the Web site and just put some more material out this sort of another way to access. So just a booster of knowledge and confidence you know a couple of people in their responses to the follow up said you know what a lot of information I really need to go back. I need to read it again. I need to look at it again. Well I think it's just acknowledging how much we try to put into six hours that sometimes you can't absorb it all the first time. Yeah you need a second training or a third to really get so in the future. How often will you continue to offer these trainings do you have others coming up that are scheduled. I know there are some coming up. I don't know when we are actually going to go through the APA annual conference in Denver in August and offer it as a continuing education program. They are they do one day continuing education programs as well as sort of a shorter conference presentation so we are heading there in August. What we're trying to do it as often as possible and really think about sort of how to train more people to do the training so we can disseminate it more broadly. Excellent.

[00:32:16] So anything else that you can think of that you'd like to tell us about yourself your work or anything coming up. I think APA is the biggest one with the swine. I guess I just hope that this kind of research really encourages people to think about this topic. I feel so passionately about it that I would love to see more talk about it in within social work education within psychology education is sort of how we can support students. Our field instructors you know practitioners out in the field. Absolutely. Those are good things to continue on an excellent goals. Well it has been such a pleasure talking with you today. I'm really excited to learn more. Well it was a pleasure to be here. Thank you so much for giving me this opportunity. You have been listening to Dr. Rebecca Mirick talking about her work developing a suicide prevention training and researching its impact on social worker practice. We hope you found it enlightening. Please join us again. In social work. Hi I'm Nancy Smith Professor Endean of the University of Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school or our history our online and on ground degree and continuing education programs we invite you to visit our Web site at www.socialwork.buffalo.edu and while you're there check out our technology and social work research center you'll find that under the Community Resources menu.