HEA 1430 (IC 2028-3-6)
Guidance on 1-hour Practice Session

**Purpose of this document:** HEA 1430 mandates 2 hours of evidenced-based suicide prevention training for teachers every 3 years. Many schools have requested to break these 2 hours into two 1-hour sessions. This document helps those who choose to use the first hour for in-person curriculum (QPR) or on-line curriculum (Kognito) learn how to effectively use the second hour to do a practice session.

**Why practice is necessary:**

- Since the goal of youth suicide prevention training is to teach trainees how to identify and intervene with youth at-risk for attempting suicide, it is important that trainees have an opportunity to practice these skills before having to use them.
- Adult learning theories suggest a greater likelihood of skill development when using active learning strategies during trainings.
- Role-playing has been shown to improve suicide prevention gatekeeper skills.¹
- Stigma and shame surrounding suicide, and hesitation around talking about death in our society means most people without training may be uncomfortable talking directly about suicide. It is important to provide each person trained in suicide prevention with the opportunity to practice approaching someone at-risk, asking frankly yet compassionately if they are thinking about suicide, listening to them, and referring them to someone who can help them stay safe.
- Even though teachers and other staff members may not have the time and/or may not be required to ask students directly about suicide, it is still relevant for them to practice asking directly about suicide. For instance, there are times when school staff have extended interactions with students in situations where a school counselor may not be readily available (e.g., field trips, sports events, bus rides, phone/email interactions). The skill of asking directly about suicide will be needed in these moments if youth risk are identified. In addition, suicide risk is not limited to school settings – asking those in distress about suicide-related thoughts is an important life skill.
- In person practice sessions allows each school to review their own policy and procedures and address any questions or confusion about staff expectations.

**Basic Steps**

I. Have someone who is comfortable with the topic of suicide lead the practice session (e.g., school counselor, school psychologist, etc.). Schools could bring in a suicide prevention trainer to lead this session if a trainer is available (preferably a trainer certified in the training that your staff completed).

II. Have 2 pre-written scenarios where students in relevant grades are struggling with suicide-related thoughts (see example below).

III. Review the steps the staff have learned in their training (QPR, Kognito, ASIST, etc).

IV. Explain to the group that they will be practicing at their seats with a partner (not in front of a group).

V. Have people break into pairs – one person will play the student in distress. The other will play a staff person who will be helping the student. If there is an odd number of people, have the leader pair up with the extra person.

VI. Handout a printed scenario to the staff who are playing the student in distress to read prior to beginning the role-play. This details their current situation.

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VII. The leader should describe the basics of the scenario/student (gender, grade, a bit about why they are currently in distress, and how the staff person knows the student) but ideally would not reveal the entire scenario.

VIII. Set a time limit (approximately 5-7 minutes). Have the staff persons who are playing the helper begin a conversation with the student in distress.
   a. Encourage the pair to make it as real as possible.
      i. Consider discussing ways to “break the ice” before beginning the role-play.
      ii. Consider encouraging those playing the student in distress to base their level of difficulty on how well the helper builds rapport with them during the scenario (e.g., not giving much information if the helper seems judgmental).

IX. The trainer or person leading this practice session should walk around the room during the role-plays and monitor role-playing quality. Gently encourage trainees to stay on-topic if they begin discussing irrelevant topics or they are laughing and joking about the scenario. Look for opportunities to assist helpers who may be stuck or have questions.

X. The helpers should use the methods learned in their in-person/on-line training. For QPR, they will talk with the student until they hear a warning sign, then they will ask the student whether they are having suicide-related thoughts (Question), encourage them to talk a bit, express concern and the need to get help (Persuade), and then discuss connecting them to a school counselor (Refer).

XI. Have the group come back together and discuss any of the following (have at least two groups share a response before moving on to the next step):
   a. What did you become aware of during the course of this exercise?
   b. What did it feel like for you to ask about suicide?
   c. What were some of the circumstances that kept you from asking the question (if you were unable to)?
   d. Was it uncomfortable to ask these questions? What do you think was the source of this discomfort?
   e. What are some ways that you feel you can learn from this experience?

XII. Answer any questions that arise or offer to find an answer to share with the group later if you are unsure about how to answer (e.g., via email).

XIII. Have the group members switch roles and then handout a new scenario to the staff member playing the student in distress.

XIV. After 5-7 minutes of role-playing, debrief using the questions above.

XV. Following the debrief, discuss the specifics of your local school policy and procedures.

XVI. As a group, use your school’s policy to discuss less common situations (NOTE: the person leading this group should review the school suicide prevention model policy available online via the Indiana Department of Education):
   a. Students in distress (or parents) who phone, text, or email after hours.
   b. Students who joke about suicide or casually refer to suicide (e.g., via text KMS (kill myself)/KYS (kill yourself)).
   c. Students at after-school/off campus events.
   d. Staff members in distress.
   e. Situations where a student is found in the middle of a suicide attempt.

XVII. Discuss various mental health services in the local community so trainees are aware of what is available and how they can help a friend or family member thinking of suicide. Ensure that all staff have a list they can access of these resources.

XVIII. Ask if there are any questions/comments staff have about:
   a. School policy
   b. Helping students in distress
Example Scenario: You are a 17-years-old junior at [fill in the blank] high school. The past few months you have been falling asleep in class and withdrawing from your friends and family. You recently got in trouble for skipping classes and getting intoxicated while off-campus.

Things you could reveal during role-play:

- You have lost faith in your chances to get into a prestigious university after learning that you would get a C in trigonometry.
- Your parents recently separated and your father destroyed your favorite [fill in the blank] after one of your parent’s arguments.
- You have thought of using your mom’s prescription medication to kill yourself. The only thing stopping you from attempting is your fear of what death would do to you and your mom.

This document was written by the Indiana Suicide Prevention Network Advisory Council’s Education & Training Subcommittee. For questions, please contact Chris Drapeau at chris.drapeau@valpo.edu or 219.464.6172.