

Model List of Suicide Care Workforce Training for Behavioral Health Providers

*In SPRC/AFSP Best Practices Registry Section III at <http://www.sprc.org/bpr/section-iii-adherence-standards>

Training Name (Organization/Person) Website	Length & Format	Program Highlights
*Assessing & Managing Suicide Risk (Suicide Prevention Resource Center) http://www.sprc.org/training-institute/amsr	1-day in person.	One-day, research-based workshop focusing on 24 core competencies required for clinicians to be successful in working with suicidal clients. A mix of lecture, video demonstrations, and interactive exercises.
Cognitive Behavior Therapy for Depression and Suicidality (Aaron Beck, M.D., Greg Brown, Ph.D. and Amy Wenzel, Ph.D.) http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888910/	3-days	CBT-Suicide Prevention is a psychotherapy developed using a risk-reduction, relapse-prevention approach and is theoretically grounded in principles of cognitive behavior therapy; dialectical behavioral therapy; and targeted therapies for suicidal, depressed youth.
Collaborative Assessment and Management of Suicidality (David Jobes, Ph.D.) https://sites.google.com/site/cuajsp/ab/home	Can occur in multiple formats, from 6 hours to 2.5 days, currently in person, but e-learning is in development.	A therapeutic framework emphasizing a collaborative assessment and treatment planning process between the suicidal patient and clinician. To date, CAMS has been supported by six published correlational studies and one randomized clinical trial.
*Experiential Training in the Chronological Assessment of Suicide Events (CASE) (Sean Shea, Ph.D.) http://www.sprc.org/bpr/section-III/experiential-training-chronological-assessment-suicide-events-case-approach	6.5 hours in person.	Full-day experiential workshop using Scripted Group Role-Playing to teach the CASE Approach. Limited to 28 participants who practice a specific interviewing strategy in groups of 4 to uncover suicidal ideation, behaviors, planning, and intent. Unlocking Suicidal Secrets is not a prerequisite.
*QPRT Suicide Risk Assessment and Management Training Program (QPR Institute) http://www.sprc.org/bpr/section-III/qprt-suicide-risk-assessment-and-management-training	7-12 hours; in-person, online, and blended options available.	Foundational lectures and practice conducting standardized seven-step suicide risk assessment interview to allow for development and implementation of crisis/safety/treatment plan.
*Recognizing & Responding to Suicide Risk (American Association of Suicidology) http://www.sprc.org/bpr/section-III/recognizing-and-responding-suicide-risk-essential-skills-clinicians	2-day in person plus online pre-test.	Advanced two-day interactive training for mental health clinicians who want to acquire skills in 24 core clinical competencies for working with suicidal clients. Maximum # participants = 50.
*SuicideCare (LivingWorks) https://www.livingworks.net/programs/suicidecare/	1-day in person; the 2-day ASIST training is prerequisite.	One-day, practice-oriented seminar for mental health clinicians and other helping professionals that introduces advanced clinical competencies. Structured handouts and case studies guide work.
*Unlocking Suicidal Secrets: New Thoughts on Old Problems in Suicide Prevention (Sean Shea, PhD) http://www.suicideassessment.com/pdfs/SheaDay1FlyerMatrix_Risk_Validity_CASE2011.pdf	6.5 hours in person.	Full-day didactic workshop using lecture, video demonstrations, and Q&A. Covers suicide assessment, including the CASE Approach, and prevention; documentation of risk; treatment planning; and building resiliency.

Adapted from the Zero Suicide in Health and Behavioral Health Care Behavioral Health Provider Training Matrix
<http://zerosuicide.actionallianceforsuicideprevention.org/developing-competent-workforce>

**Note: Individual licensing boards determine acceptable criteria for CEs.