The Community Readiness Survey and the CONNECT Suicide Prevention, Intervention, and Post-Vention best Practice Model: Mobilizing Communities

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Disclaimer

- Jennifer Nanez has no financial relationship to this program

Suicide Prevention Webinar Series

The Suicide Prevention Webinar Series is presented through the National Strategy of Suicide Prevention in New Mexico grant

In collaboration with the University of New Mexico, State of New Mexico, Human Services Department, Behavioral Health Services Division and Indian Health Services

Suicide Prevention Webinars

- April 27, 2015, 12-1 pm (MST) Using Evidenced Based Practice: An Overview of Cognitive Behavioral Therapy for Suicide Prevention

- May 18, 2015, 12-1 pm (MST) Screening and Safety Planning for People at Risk of Suicide

Objectives

Educational Objectives

1. Differentiate the stages of community readiness through the Community Readiness Model
2. Examine community based prevention or intervention approaches based on community readiness stages.
3. Introduce the CONNECT Suicide Prevention, Intervention and Post-Vention Best Practice model to address suicides in communities.

Two Models

- This presentation focuses on **two very separate, yet complementary models** to address Suicide in communities.
- The Community Readiness Model
  - Used as a suicide prevention and intervention initiative development in communities
  - Also used in addressing other social or health related issues
- The CONNECT model is specific to use in addressing Suicide Prevention, and Intervention training, as well as Post-Vention Crisis Response Team building.

Community Readiness Model

Community Readiness Model

- Initially developed through the Tri-Ethnic Center in the College of Natural Sciences, Department of Psychology at Colorado State University as a method to “meet research needs, (e.g., matching treatment and control communities for an experimental intervention) as well as to provide a practical tool to help communities mobilize for change.”
- Was also initially developed for use with alcohol and drug abuse programs.
    - (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000)

Basis and Evolution of the Community Readiness Model

- Jumper-Thurman, Plested, Edwards et.al, cite Mary Ann Pentz as providing the first reference and concept of “Community Readiness”
- In addition in the early development of the Community Readiness Model, Prochaska and DiClemente had already been focusing on developing a model of personal readiness to change
  - Prochaska and DiClemente’s work showed that personal readiness was a key element in successful treatment engagement.
  - We now know this as the “Transtheoretical Model” or more commonly “Stages of Change.”

Community Readiness Model

- What is Community Readiness?
  - ***Readiness means the degree to which a community is ready to take action on an issue.***
    - (Plested, Jumper-Thurman, & Edwards, 2006)

- Communities are very fluid from one area to the next. What may be considered an issue in one community, may not be considered an area to address in another.
- Resources in communities also vary widely, including both tangible resources (funding, equipment, staffing) and non-tangible resources (commitment or positive political climate)

Community Readiness Model

- The community readiness theoretical model is based on several underlying premises:

1) that communities are at different stages of readiness for dealing with a specific problem,
2) that the stage of readiness can be accurately assessed,
3) that communities can be moved through a series of stages to develop, implement, maintain, and improve effective programs
4) that it is critical to identify the stage of readiness because interventions to move communities to the next stage differ for each stage of readiness.

- (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000)

Community Readiness Model

"Readiness stages dictate that, at each new stage, **prior ways of dealing with a problem or issue are superseded** by more effective ways of thinking about and dealing with the same problem. **As new competencies develop, the earlier stages disappear**."

- (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000)

Community Readiness Model

- Integrates a community's culture, resources, and level of readiness to more effectively address SUICIDE PREVENTION (or other identified issue such as alcohol abuse or substance abuse.)
- Allows communities to define issues and strategies in their own contexts.
- Builds cooperation among systems and individuals
- Increases capacity for SUICIDE PREVENTION and intervention
- Encourages community investment in SUICIDE PREVENTION and awareness
- Can be applied in any community (geographic, issue-based, organizational)
- Can be used to address a wide range of issues
- Is a guide to the complex process of community change
    - (Plested, Jumper-Thurman, & Edwards, 2006)

Dimensions of Community

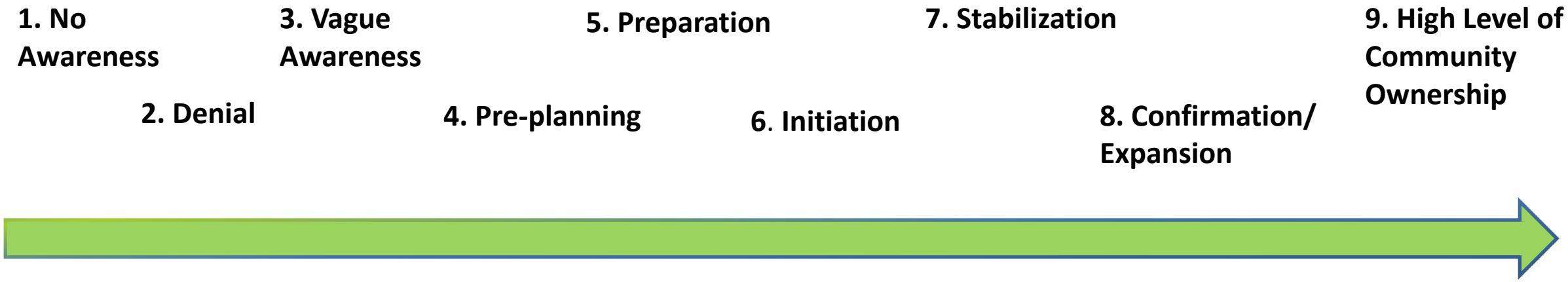
- The Community Readiness Model:
  - Examines the community to assess for levels of community awareness, engagement, attitude and behaviors towards an issue, and community climate for change.
    - This is organized into Six Dimensions:

Six Dimensions of Community

A. **Community efforts**: To what extent are there efforts, programs, and policies that address SUICIDE PREVENTION?
B. **Community knowledge of the efforts**: To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
C. **Leadership:** To what extent are appointed leaders and influential community members supportive of SUICIDE PREVENTION?
D. **Community climate**: What is the prevailing attitude of the community toward SUICIDE PREVENTION? Is it one of helplessness or one of responsibility and empowerment?
E. **Community knowledge about the issue**: To what extent do community members know about or have access to information on SUICIDE PREVENTION, consequences, and understand how it impacts your community?
F. **Resources related to the issue:** To what extent are local resources (people, time, money, space) available to support the prevention efforts?

Community Readiness Stages

- Based on this assessment, the results create a score that falls along one of nine stages of community readiness.



Community Readiness Stages:

- **1. No Awareness:** The ***community or the leaders do not generally recognize the issue as a problem.***
  - "It's just the way things are."
- **2. Denial:** ***If there is some idea that it is a local problem, there is a feeling that nothing needs to be done about it locally.***
  - ***"It's not our problem."*** "It's just those people who do that." "We can't do anything about it."
- **3. Vague Awareness:** There is a ***general feeling among some in the community that there is a local problem and that something ought to be done about it, but there is no immediate motivation to do anything*****.**
  - No identifiable leadership exists or leadership lacks energy or motivation for dealing with this problem. Community climate does not serve to motivate leaders.

Community Readiness Stages

- **4. Preplanning**: ***There is clear recognition on the part of at least some that there is a local problem and that something should be done about it***.
  - ***Efforts are not focused or detailed***. ***There is discussion but no real planning of actions to address the problem***.
- **5. Preparation**: ***Planning is going on and focuses on practical details***..
  - ***Decisions are being made about what will be done and who will do it. Resources (people, money, time, space, etc.) are being actively sought or have been committed***.

Community Readiness Stages

- **6. Initiation**: ***Enough information is available to justify efforts*** (activities, actions, or policies).
  - ***An activity or action has been started and is underway, but it is still viewed as a new effort***.
- **7. Stabilization:** ***One or two programs or activities are running, supported by administrators or community decision-makers***.
  - Programs, activities, or policies are viewed as stable. ***Staff are usually trained and experienced***.
  - Community climate generally supports what is occurring.

Community Readiness Stages

- **8. Confirmation/Expansion**: There are ***standard efforts (activities and policies) in place and authorities or community decision-makers support expanding or improving efforts***.
  - ***Original efforts have been evaluated and modified and new efforts are being planned or tried in order to reach more people; those more at risk or different demographic groups.***
  - Resources for new efforts are being sought or committed***.***
  - ***Data are regularly obtained on extent of local problems and efforts are made to assess risk factors and causes of the problem***.

Community Readiness Stages

- **9. High Level of Community Ownership**: ***Detailed and sophisticated knowledge of prevalence, risk factors, and causes of the problem exists***.
  - Some efforts may be aimed at the general population while others are targeted at specific risk factors and/or high-risk groups.
  - Highly trained staff are running programs or activities, leaders are supportive, and community involvement is high.
  - Effective evaluation is used to test and modify programs, policies, and/or activities.

Implementing the Community Readiness Model

- **Identify the issue:** What is the issue you want to address. It may be suicide or other areas; substance abuse, domestic violence, health related issues. Focus on ONE.
  - Some issues such as suicide may be taboo and difficult to address as a “starter issue”. Consider identifying a safer issue--
- **Define “Community”:** While this may seem obvious, you may want to target certain groups within a community…service providers, youth, adults, elders, school systems, etc.
- **Conduct a Community Readiness ASSESSMENT**

Community Readiness ASSESSMENT

- Conducting a Community Readiness ASSESSMENT (CRA)
  - As in strategic planning, assessment of the information and need is key in targeting efforts.
  - **CRA consists of implementation of a brief survey with a minimum of eight" key informants"** in your identified community.
  - These **"key informants" should be from a cross section of your community** including Providers, Leadership, Youth, Adults, Spiritual leaders. In tribal communities consider service providers, tribal administrators, youth, parents, elders and traditional cultural leaders…
  - The SAMHSA TTAC developed Community Readiness Manual on Suicide Prevention in Native Communities created by Plested, Jumper-Thurman & Edwards, provides the direct survey for use in tribal communities.
    - (Plested, Jumper-Thurman, & Edwards, 2006)

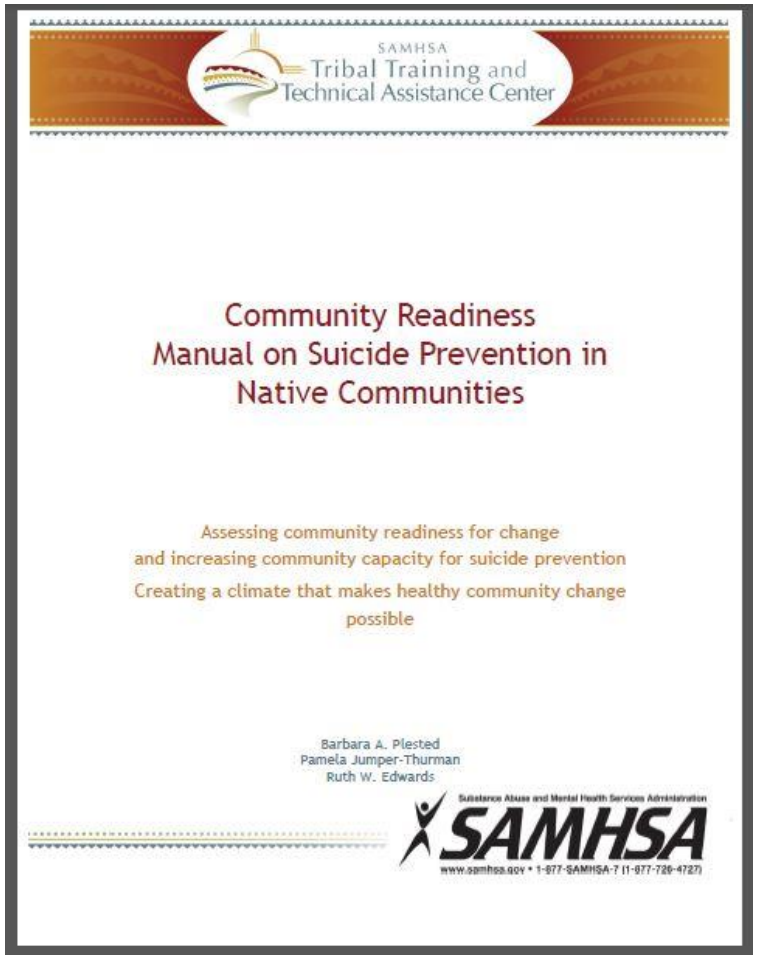
Community Readiness Assessment

- Scoring the CRA
  - Methodology for scoring the CRA is also provided in the SAMHSA TTAC developed Community Readiness Manual on Suicide Prevention in Native Communities created by Plested, Jumper-Thurman & Edwards
  - Results from the CRA can help programs guide their prevention efforts in the identified issue to address.

Strategy Goals based on Stage of Readiness

- No Awareness: Goal: Raise awareness of the issue.
- Denial/Resistance: Goal: Raise awareness that the problem or issue exists in this community.
- Vague Awareness: Goal: Raise awareness that the community can do something.
- Preplanning: Goal: Raise awareness with concrete ideas.
- Preparation: Goal: Gather existing information with which to plan more specific strategies.
- Initiation Goal: Provide community-specific information.
- Stabilization Goal: Stabilize efforts and programs.
- Confirmation/Expansion Goal: Enhance and expand services.
- High Level of Community Ownership Goal: Maintain momentum and continue growth.

Resource



SAMHSA
Tribal Training and Technical Assistance Center

Community Readiness Manual on Suicide Prevention in Native Communities

Assessing community readiness for change and increasing community capacity for suicide prevention

Creating a climate that makes healthy community change possible

Barbara A. Plested
Pamela Jumper-Thurman
Ruth W. Edwards

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

CONNECT MODEL: Suicide Prevention, Intervention and PostVention Crisis Response

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Training in Suicide Prevention, Intervention and Postvention

Much more than an off-the-shelf manual, on-line seminar or toolkit, Connect provides customized training and interaction with experts in the field of suicide prevention and postvention.

Benefits of Connect

- Nationally Designated Best Practice Program
- Public health approach
- Best practice protocols
- Can be customized to meet training needs of audience
- Culturally competent
- Cross-training that includes collaboration between service providers

Training by Audience

American Indian / Alaska Native
Education
Law Enforcement
Military
Mental Health / Substance Abuse
Social Services
Suicide Prevention Coalitions
Youth

> View More Audiences

Connect Training

Prevention/Intervention

Postvention (promoting healing and reducing risk after a suicide)

Specialized Training/Consultation

SurvivorVoices: Sharing the Story of Suicide Loss

Train-the-Trainer

Safe from Suicide — Best-Practice News for Saving Lives from Suicide

Connect News

Connect Training Takes Off in Guam

Exeter, NH - The story of how one community responded to youth suicide

View All

NATIONAL SUICIDE | RED NACIONAL de PREVENCIÓN

CONNECT MODEL

- Developed out of National Alliance on Mental Illness-New Hampshire
- Nationally designated Best Practice program through the Suicide Prevention Resource Center
- Is a community centered approach to suicide prevention, and assists in the development of community based approaches to intervention as well as postvention and crisis response.
- Includes an Evaluation component with both pre and post tests for both basic community training efforts as well as Train the Trainer components.

CONNECT MODEL

CONNECT: and the Socio-Ecological Approach

- CONNECT: Recognizes Suicide as a public health issue, one that is preventable.
- CONNECT: Suicide prevention is not limited just to a single system, such as a Behavioral Health program, Prevention Program, Law Enforcement or Social Services.
- Acknowledges that **Suicide occurs within the context of an individual's relationships, family, community, society and culture**.
- CONNECT strives to **work within the multiple systems simultaneously through community based implementation efforts**
  - Again Community Readiness is a helpful and natural lead in to the training and focus areas of CONNECT

Suicide Prevention/Intervention

Suicide Postvention

SurvivorVoices: Sharing the Story of Suicide Loss

Specialized Training/Consultation

Connect Train-the-Trainer: Suicide Prevention/Intervention and Postvention

Evaluation

Click Here to Sign Up for our eNewsletter

It takes a community to prevent suicide

Suicide Response, Prevention, Intervention and Postvention Training

Connect is designated as a ***National Best Practice Program**** that trains professionals and community members to prevent and respond effectively to suicide across the lifespan. Our public health, socio-ecological model emphasizes collaboration between service providers. Best practice protocols are provided for each service provider discipline. The training can be customized to meet the needs of a community or organization.

We offer the following training programs:

SUICIDE PREVENTION/INTERVENTION - education about early recognition and skills for responding to attempts thoughts or threats of suicide. Read more.

SurvivorVoices: Sharing Stories of Suicide Loss
Survivors of suicide loss play an important role in reducing the shame, isolation and guilt felt by loved ones after a suicide death. Speaking privately and publicly about one's own loss provides insight that goes beyond traditional suicide prevention training. Read more.

CONSULTATION
Consultation can be provided in the following areas:

- assessing community readiness for suicide prevention programming
- identifying and strengthening community risk and protective factors
- bringing community members and resources together to build a safety net and promote healing
- implementation of program activities and best practices in prevention and postvention
- sustainability of suicide prevention efforts

POSTVENTION -a proactive planning tool to help service providers promote healing and reduce risk after a suicide. Read more.

SPECIALIZED TRAINING
Specialized training in the following areas:

- Clinicians as Survivors
- Cultural Factors
- Developing a Community Suicide Postvention Plan
- Ethical Concerns: Working with At-Risk Individuals
- Healing Words: speaking safely about suicide
- Media, Safe Messaging and Suicide Prevention
- Social Media
- Reporters/Journalism Students

CONNECT: TRAIN THE TRAINER MODULES

Prevention/Intervention Protocols

Gatekeeper
Education
Emergency Medical Services
Faith Leaders
Hospital Emergency Departments
Law Enforcement
Mental Health Providers
Primary Care Providers
Social Service Providers
Substance Abuse Providers

Postvention Protocols

Coroners/Medical Examiners
Education
Emergency Medical Services
Faith Leaders
Funeral Directors
Hospital Emergency Departments
Law Enforcement
Mental Health/Substance Abuse
Social Service Providers

CONNECT IN TRIBAL COMMUNITIES

- Training that can be customized to meet the needs of your community or organization.
  - For tribal communities this is key in that creating programming to address issues such as suicide, we need to always consider our cultural context.
  - CONNECT allows communities to work from a cultural perspective and base while integrating model approaches.
  - Recognizes that the strengths and answers lie within the community itself.
  - CONNECT helps in providing a framework and language for use to begin to incorporate those into prevention and intervention efforts.

CONNECT IN TRIBAL COMMUNITIES

- Allows tribal communities the ability to map steps, protocols and linkages with all relevant systems:
  - Including traditional cultural systems where appropriate, spiritual leadership where appropriate, tribal administrators, direct service providers, elders, youth, etc.
- Helps COMMUNITIES TO CREATE AND LINK PROTOCOLS/POLICY from system to system and acknowledges there are ways to interface and ways to work through challenges
  - Examples: I.H.S. to tribal programs
  - Educational programs (FERPA) to Healthcare programs (HIPAA)

Ties in well with the Zero Suicide Model: Creating a Zero Suicide Culture

Core values

- Leadership leading to cultural transformation
- Continuity of care and service responsibility
- Immediate access to care for all persons in suicidal crisis
- Productive interactions between Persons at risk and persons providing care
- Evaluate performance and use for quality improvement

Systems management

- Written policies and procedures
- Collaboration and communication
- Trained and skilled workforce

Evidence-based Clinical Care Practice

- Screening
- Assessment for suicide risk
- Engagement and empowerment of persons at risk
- Intervention
- Treatment responses
- Follow-up process

Tying the Models Together

- Jumper-Thurman, Plested, Edwards, Foley & Burnside (2003) state ***"successful local prevention and intervention efforts must be conceived from models that are community specific, culturally relevant and consistent with the level of readiness of the community to implement an intervention."***

Connect Model

Link to video:
https://www.youtube.com/watch?v=FrwXhpN2Drc&feature=player_detailpage

Resources

- Suicide Prevention Resource Center - **http://www.sprc.org/**
  - American Indian and Alaska Native Suicide Prevention Programs
  - Garrett Lee Smith State/Tribal Suicide Prevention Program
- Action Alliance for Suicide Prevention- **http://zerosuicide.actionallianceforsuicideprevention.org/**
- Suicide Prevention Life Line 1-800-273-TALK (8255)
- SAMHSA – Substance Abuse and Mental Health Services Administration
- Military One Source http://www.militaryonesource.mil/
- Columbia-Suicide Severity Rating Scale Training **http://www.cssrs.columbia.edu/**
- CALM-Counseling on Access to Lethal Means **http://www.sprc.org/library_resources/items/calm-counseling-access-lethal-means**
- CONNECT: www.theconnectprogram.org
- Community Readiness: http://triethniccenter.colostate.edu/communityReadiness_home.htm

Resources

- Edwards, R.W.; Jumper-Thurman, P.; Plested, B.A.; Oetting, E.R; & Swanson, L. (2000) Community Readiness: Research to Practice. Journal of Community Psychology; 28 (3) 291-307.

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