PURPOSE
The purpose of this study was to evaluate changes in a attitude, confidence, skills, & knowledge pre, post, and at 6 weeks after an educational intervention on suicide risk assessment with professional staff and licensed addiction counselors in a substance abuse treatment center.

BACKGROUND
• Suicide is the 10th leading cause of death in individuals 10 & > (Center for Disease Control, 2010).
• 14-18% who commit suicide have an associated substance abuse problem. Suicide is one of the leading causes of death for people who abuse alcohol and drugs & clients in chemical dependency treatment often have lives that are “out of control” putting them at an increased risk for suicide. (Goldsmith et al, 2002; Wilcox, Conner, & Caine, 2004).
• Much of the training for mental health professionals is lacking in graduate school for suicide assessment of clients (Schimitz et al., 2012).
• National Strategy for Suicide Prevention (2001) addresses the deficiencies in training & promotes training that identifies and promotes protective factors that prevent suicide.
• An evidence based suicide educational program was selected as it was specific for professional staff working in substance abuse treatment centers who address individuals who have a substance use disorders and suicide risk factors.
• A review of the literature identified very few suicide risk education programs specific to individuals with substance use disorders.
• In order to bridge the gap between a lack of educational opportunities offered in graduate school with the need to address suicide risk in a vulnerable population, a suicide risk education program was selected for an intervention.

METHODS
A pre and post intervention design was utilized to establish baseline knowledge and change in attitude, confidence, skills, and knowledge of suicide risk assessment and prevention.
• A pre-intervention survey was offered online prior to the intervention & a post-intervention surveys was administered within 1 week and 6 weeks post intervention. A descriptive online follow up survey for satisfaction was collected 6 weeks post intervention.
• Online survey tools were administered together & consisted of:
  • A 14 item tool called Suicide Intervention Response Inventory (SIRI 1) using a 7 point Likert scale was used to measure facilitative suicide counseling management skills.
  • A 25 item tool called Suicide Intervention Response Inventory (SIRI 2) using a 7 point Likert scale was used to measure facilitative suicide skill management with an effect size of 0.64. This intervention had a significant clinical relevance despite its lack of statistical significance due to lack of power.
  • 64% of the professional staff & counselors participating reported having prior training. This may have put the baseline knowledge as higher than expected for the participants and altered the ability to show significant improvement with this intervention.

PARTICIPANTS/SETTING
• 11 professional staff and licensed addiction counselors agreed to participate in the suicide risk assessment education program at a substance abuse treatment center.

RESULTS
• A paired sample t-test did not show a significant change in post-intervention scores when compared to pre-intervention scores for the outcomes of attitude t 1.15 (p<0.275), confidence t 1.54 (p<0.154), or skills t 1.94 (p<0.08).
• Post intervention scores had a significant increase in knowledge of t -2.68 (p<0.023).
• After post-hoc analysis, the actual power was 48% for SIRI 2 facilitative suicide skill management with an effect side of 0.64. This intervention had a significant clinical relevance despite its lack of statistical significance due to lack of power.

IMPLICATIONS FOR PRACTICE AND RESEARCH
• Suicide risk assessment education should continue to be offered in substance abuse treatment centers to licensed addiction counselors and professional staff.
• If this study is repeated in the future, a minimum of 22 participants would be required to have a power of 80% to reach statistical significance.
• Psychiatric advanced practice nurses would be in a unique position to provide suicide prevention education using evidence based research.

REFERENCES
• References available upon request.

Special Thanks to capstone committee: Laanne Richardson, PhD., RN; Kris Stellon, DNP, RN; Darlene Hanson, PhD., RN; Maher El-Masri, PhD, RN