

ASIST Makes a Difference for Persons at Risk of Suicide



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A groundbreaking study has shown that LivingWorks' ASIST (Applied Suicide Intervention Skills Training) program is in a class of its own when it comes to immediate, "suicide first aid" situations. Conducted by a team of leading suicide researchers at Columbia and Rochester Universities, the study evaluated over 1,500 calls made to the National Suicide Prevention Lifeline and showed that callers working with ASIST-trained counselors were significantly less depressed and suicidal—and significantly more hopeful about living.

Developed three decades ago, ASIST is the world's leading suicide intervention training program and has seen continuous iterations to reflect the latest advances in counseling theory and adult learning. Although previous studies have validated ASIST's ability to increase helper competence in carrying out interventions (Rodgers, 2010), it is only now that ASIST has been shown to help improve outcomes for people at risk of suicide as well.

A clear choice

All crisis line counselors receive training before they work with callers. As such, the study compared ASIST-trained counselors with those trained in other ways. The National Suicide Prevention Lifeline also provides similar training, explaining why the study found no significant differences between counselors on a number of variables. The differences that significantly benefitted persons at risk included longer calls, exploring invitations, connecting invitations to thoughts of suicide, exploring reasons for living, exploring ambivalence about dying, and exploring informal support contacts. Almost all of these variables are unique and central to ASIST theory, and are emphasized in the program (Rodgers, 2010; Rodgers, 2013). **Simply put, the unique features of the ASIST program have been proven effective in helping crisis line workers help those at risk.** Counselors were monitored over a two-year period from 2008 to 2009, and it is also encouraging that time did not diminish the effectiveness or impact of their training.

Transferrable skills

Lifeline workers have varying levels of overall training and experience. Some are volunteers; others are social workers and psychologists. As such, the study reflects directly on the value of ASIST training for all types of helpers. All helpers working with persons at risk of suicide face similar challenges: the people at risk present the same varied issues, the goal of safety-for-now is the same, and the processes to achieve that goal are the same. There are many reasons to assume that these results are generalizable to all helpers, both formal and informal—and even more so for helpers who have no suicide intervention training. **This suggests ASIST training would be effective in empowering all kinds of caregivers to help people at risk.**

Improvements are already here

ASIST 11, the latest edition of ASIST, anticipated the results of this study. Created before the results were known, ASIST 11 strengthens the processes most related to the positive outcomes among callers. It also offers innovative solutions to problems that all suicide intervention caregivers face in terms of assessing risks and developing safety plans. All of the results from the study—whether positive, neutral, or cause for concern for the previous version of ASIST—in effect support the improvements in ASIST 11. What was good or neutral has been strengthened; what was a cause for concern has become a cause for change. **ASIST 11 will now be even more effective in empowering all kinds of caregivers to help people at risk.**

"The differences observed in this study were in those behaviors that are specifically and distinctly emphasized in the ASIST model: exploring callers' reasons for living, highlighting ambivalence between living and dying, and having callers identify informal sources of support." (Gould et al., 2013)

Questions about the study

Q: How rigorous is the study by Gould et al.?

A: Published in the world's leading suicidology journal, the study meets the highest standards of peer review and scientific methodology. See the sidebar overleaf for more specific details. In effect, this study is not just important for ASIST, but for suicidology itself—it clearly implies that people at risk of suicide can be helped.

Q: Are the results transferable or generalizable?

A: Effective science allows us to generalize beyond the initial data sample. Because there are so many other pieces of converging evidence (Rodgers, 2010), and because the results of the study fit the theory upon which ASIST was built so well, there are many reasons to assume that these results apply to other kinds of helpers, such as those working in other intervention situations and different countries or cultural contexts.

Q: Should these findings affect practice and policy?

A: Yes. This study indicates that there is very high probability that people at risk will be helped by ASIST-trained caregivers. The best practices principle is that practices and policies should be determined on the best available evidence, and the data now shows—more compellingly than ever—that ASIST is the clear choice for suicide intervention skills training.

Q: Are the results transferable to the new ASIST 11?

A: Yes. As Rodgers (2013) has shown, ASIST 11 is fundamentally the same as previous versions of ASIST, whereas all versions of ASIST are fundamentally different from any other training program. ASIST 11 is designed to be significantly better than the previous version in exactly the ways that this study suggests it needed to be better. There is every reason to believe that the results of another study on ASIST 11 would be even more compelling.

Q: The study noted that several differences between ASIST-trained and non-ASIST-trained counselors were not significant. What about these?

A: The most straightforward answer comes from the study itself: “...ASIST-trained counselors were not observed to engage in more positive behaviors or fewer negative behaviors and were no more likely to explore different dimensions of suicide risk (e.g., asking about/exploring plans, preparatory behaviors, intent, prior attempts). These findings may be explained by the considerable overlap in the content of the Lifeline centers’ routine trainings and the ASIST training, particularly with regard to risk assessments” (Gould et al., 2013). In effect, some aspects of the Lifeline centers’ basic training correspond to elements of ASIST—and likely to other suicide intervention skills models as well. This also suggests that despite common elements, the key to successful interventions lies in the unique qualities of ASIST.

Q: What about risk assessment?

A: The study noted that ASIST-trained counselors were no more likely than any other counselors to ask about or explore risk assessment information. It should be noted that aspects of risk assessment were not conspicuous for any workers and that even when they were, they did not correlate significantly with outcome measures. There are messages here for the whole suicide prevention field. ASIST 11 now provides workers with unique tools to develop SafePlans that are more tailored to the

preferences and needs of the person at risk, more compatible with a respectful relationship, and more realistic about risks (Lang, 2013a; Lang 2013b). LivingWorks believes those characteristics will ultimately result in SafePlans that will be more effective for at-risk persons, regardless of initial risk assessments.

Q: Does ASIST training reduce rates of suicide?

A: Requiring evidence of rate change almost always means that nothing is done about suicide prevention. Suicide is complex. A number of individual and societal factors are known to be associated with suicide behavior. For various reasons, demonstrating a change in a population’s rate of suicidal behavior is very challenging. What we should do is pick efforts that show promise in reducing the suicidality of individuals. A valuable goal in its own right, the combination of individual reductions should ultimately benefit population rates—and the study by Gould et al. shows ASIST can reduce individual suicidality.

Rigorous Methodology

Conducted by Madelyn Gould, PhD, and colleagues, the study is forthcoming in the journal of the American Association of Suicidology (09:2013). The study was conducted using rigorous scientific methods:

Large sample size: 1,507 calls were analyzed and the reliability of the analysis procedures was high.

Blind Monitoring: The call monitors did not know what kind of training the counselors had (or what centre they worked at) and the counselors didn’t know they were being monitored.

Random controlled, dynamic waitlisted design: 17 Lifeline centers were randomly assigned to training conditions.

Independent: Conducted with government funding, the study was a scientific assessment of ASIST training for public benefit and did not rely on the support of any individual or group.

References

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