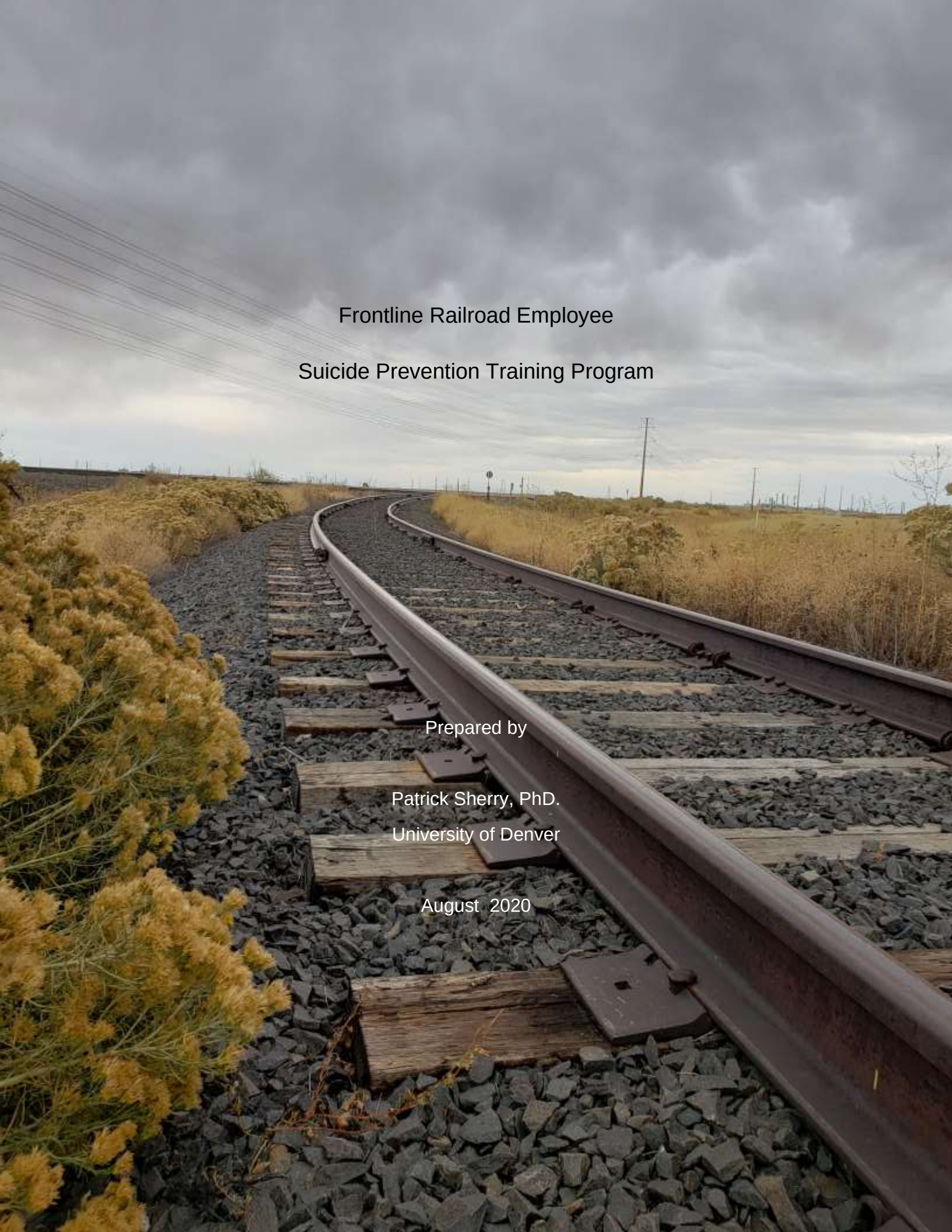

Frontline Railroad Employee

Suicide Prevention Training Program

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Introduction

Intentional self-harm and death on railroad right of way is a tragic occurrence event that affects many people. The individuals who commit death by suicide on the railroad als impact hundreds, if not thousands, of railroad employees who are impacted by these events. The purpose of this manual is to identify and prevent these tragic events from occurring on the railroad right of way. By providing additional knowledge and training to frontline railroad personnel who might come into contact with persons at risk for intentional self-harm it is hoped that the number of fatalities can be reduced and those in distress can obtain needed assistance.

This contents of this training guide are designed to serve as an rough outline of the content that should be included in training programs for frontline railroad personnel, and others who may have the opportunity to identify and intervene with individuals who may be at risk for self-harm or intentional death on railroad right of way. The content is distilled from many different sources that have been used in training efforts with other groups, occupations and locations.

In addition to articles published the scientific literature, reports from government sponsored studies and guidelines published by several professional organization, individuals with who routinely conduct training with professionals in the mental health profession were consulted for their input and insight into the content of suicide prevention training. Dr. Andi Pusavat, Director of the D.U. Community Clinic and Clinical Associate Professor in the Counseling Psychology program at the University of Denver. Dr. Pusavat has trained hundreds of professionals in suicide assessment and intervention annually in her role as Director of the Training Clinic at the University of Denver. Based on her extensive experience Pusavat noted that it is essential for mental health professionals and other counselors to assess the types of methods and lethal means that are being considered by persons contemplating suicide. Asking questions, observing an individual and comparing information to statistics of those who have completed acts of suicide are an important first step in determine the kind of response and intervention that might be needed to offer assistance and possible referral. Determining the degree of risk that a person has for harming themselves is essential to crafting an appropriate response.

Typical protocols for lethality assessment include asking the persons questions about means of methods of self-harm. For example, one of the key questions often asked when conducting a suicide risk assessment is to determine what method will be used. Most of the time the questions deal with firearms and pills. Rarely are mental health professionals taught to ask about the use of public transportation or freight trains as a means. Usually, the person is asked if they have access to a gun or drugs. However, mental health

professionals don't often think of a person killing themself by using a railroad or other means of transportation. Rail related suicide accounts for about 1.5% of all suicides in the US. Thus, this present proposal seeks to provide training to key persons who will encounter trespassers. It is important to make sure that the mental health treatment sites near rail operations and right of way are asking questions about the role of nearby rail. Key individuals would be railroad personnel and other first responders as well as community mental health professionals.

Another common approach taken in training programs is to start with a list of common myths and assumptions about acts of suicide and characteristics of persons who die by suicide. The common myths have been identified and used in various public awareness campaigns. The most common myth is that by asking a person if they are suicidal that you will somehow increase the likelihood of the act occurring. As if you put the idea into their mind. Mental health professionals are train to know that most suicides are not impulsive acts, but rather the culmination of deliberations and an intense feeling of hopelessness.

Training for gatekeeps and other frontline personnel, not associated with the railroad industry, were summarized by the Suicide Prevention Resource Center (SPRC). Over 40 different programs ranging from military, law enforcement, middle, junior and high school personnel, nurses and others were identified. The programs that were listed include a similar range of activities include identification of warning signs, risk factors, protective factors, interactive role plays for making contact and referrals, simulations, and case studies that can be used with a person at risk for death by suicide. Asking questions, gathering data relevant to the degree of risk and potential for self-harm, identifying sources of assistance, making a plan and making a referral all covered to some degree. Once the determination is made that an individual is at risk then comes the need to identify positive methods of coping and managing the impulses or decision to move forward with self harm. Lastly, it is most useful to get a person who is suicidal into contact with a trained professional who can be of assistance.

Techniques of engagement and interaction with a person considering self-harm have a generally positive outcome. The simple act of getting the person talking and keeping them taking is in itself preventative. As long as the person is talking, they are not harming themselves. The longer the person talks, the greater the likelihood that additional assistance can be provided, and that the person will consider other options. A popular method known as QPR – Question Persuade, and Refer. In this document we have summarized and modified the question persuade and refer method. We have added some additional suggestions based on the unique situation of the railroad environment. However, we have remained tru to the basic processes of inquiry, challenging faulty assumptions, and engaging with other surces of support as the main components of engagement.

Once the person is engaged in talking the goal of getting the person in touch with additional helpful resources is planned. Developing a Suicide Plan or more specifically a Suicide Prevention Plan is standard practice for all psychological counselors and psychotherapists. Barbara Stanley and her colleagues have written about a standard approach to the steps in the plan. However, the approach has ben around for decades. In Part D of this document we summarize Stanley & Brown's (2012) approach and offer additional guidance relative to developing plans for trespassers on the railroad right of way.

Part A. Suicide Warning Signs & Risk Factors

Table 1. Risk of Intentional Death by Rail Warning Signs.

Gender	• 84% male, 16% female
Age	• 33% 30 years old or younger • 40% between 31 and 50 years old • 27% older than 50 years • Median age 40 years
Race	• 96% white, 4% nonwhite
Sexual Orientation	• >90% identified as straight • <10% identified as gay, lesbian, bisexual, or transgender
Marital Status and Offspring	• 56% single and never married • 20% divorced or separated • 15% married at the time of death • 9% widowed or cohabitating (IRB restrictions limit the ability to discern quantities smaller than 5)
Family History	• 64% had a family member with a mental disorder. • 31% had at least one parent had a mental disorder, • 25% had at least one sibling with a history of mental illness • 35% had a family history of suicide
Employment Status	• 43% full- or part-time employment • 19% professional jobs • 27% service industry • 25% laborers • 13% temporary jobs
Government System Involvement	• 47% involved in nonmedical social system • 15% involved with legal system at time of death • 47% were involved nonmedical social system such as welfare or legal
Mental Disorder	• 96% reported to have had a mental disorder • 47% prescribed medications & 40% taking medications • 73% reported to have had two or more co-occurring mental disorders • 25% of those with mental disorders were in therapy • 64% had a family member with a mental disorder • 31% had parents with a mental disorder • 25% had one sibling with a mental disorder
Physical Disorder	• 51% at least one chronic physical illness

Substance Abuse and Toxicology Reports	• 62% reported to have been heavy consumers of alcohol • 58% reported to have been abusing drugs • 51% positive toxicology report readings • 37% positive for alcohol • 16% positive for illicit drugs or prescription drugs • 96% were substance abusers and a diagnosed mental illness
Precipitating Factors	• 94% reported to have a recent stressful and/or adverse event • 35% upcoming negative or humiliating event • 15% dissolution of relationship
Past Attempts	• 44% had attempted suicide at least once in the past • 79% had used at least one low lethality method • 46% had used at least one high lethality method • 9% had attempted on the right-of-way in the past
Witnesses	• 96% occurred on open track (away from a station) • 42% had been observed by community members in the vicinity of the tracks prior to the incident • 11% were witnessed directly by bystanders
Time of Day	• Most frequent in afternoon and early evenings
Behavior on Tracks	• 36% were lying on the tracks • 27% jumped onto the tracks • 27% were wandering along the tracks facing the train
Personal Possessions	• 4% of these cases had no possessions • 31% of these cases had a wallet or purse with ID • <17% had a cell phone (IRB restrictions limit the ability to discern quantities smaller than 5)
Availability of Firearms	• 22% reported to have had access to a firearm
Left a note	• In this sample, 16 (29 percent) left a suicide note

Part B. Common Myths & Misconceptions

Common Myths

1. If someone is talking about suicide and self-harm, it should be taken seriously.
2. Talking about suicide is a bad idea and might be interpreted as encouragement.
3. Once someone is suicidal, they will stay suicidal?
4. Someone who is suicidal is determined to die?
5. People who talk about suicide are not always intending to take their own life?
6. Most suicides happen without warning?
7. Only people with mental health conditions are suicidal?
8. People who want to die always find a way.

(a) The content in this section was sourced from the World Health Organization's Preventing suicide: a global imperative, myths.

Part C. Detailed Content of Training Programs

QPR Training

Question, Persuade, and Refer (QPR) - Metrolink employees and other key personnel and community members identified will be invited to participate in a modification of QPR training. QPR is a brief educational program designed to teach "gatekeepers"--those who are strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers) – of the warning signs of a suicide crisis and how to respond by following three steps:

- **Question** the individual's desire or intent regarding suicide
- **Persuade** the person to seek and accept help
- **Refer** the person to appropriate resources

The 1- to 2-hour training is delivered by certified instructors in person or online, and it covers (1) the epidemiology of suicide and current statistics, as well as myths and misconceptions about suicide and suicide prevention; (2) general warning signs of suicide; and (3) the three target gatekeeper skills (i.e., question, persuade, refer).

In QPR, the general public is educated about the known warning signs of a suicide crisis: expressions of hopelessness, depression, giving away prized possessions, talking of suicide, securing lethal means, and then taught how to respond. The QPR approach has also been used with the employees at Chicago Metra helping them to be on the look-out for suicide clues and warning signs. For example, being aware of individuals on train platforms who appear nervous, anxious, agitated or angry. They also say to take notice of people waiting on the platform without ever boarding a train; or who are observed crying or yelling. Metra employees are encouraged to ask those who appear to be in danger, "Will you let me help you get some help?" They then call Metra police if the threat appears imminent. "We are always saying, 'if you see something, say something,' and we just need to get people out of their phones, and observing those around them," Hilary Konczal said. (Kulata, 2019).

The training approach begins with a review of myths and warning signs, but adds some additional role play and simulation training to increase confidence and skill. The training is designed to provide preparation to persons who may come into contact with those at-risk for intentional harm. There have been some tests of the efficacy of QPR: that have been promising. However, one study found that only one in five suicidal youth would approach an adult for help.

Consequently, the need for railroad employees and others to “reach out” and question, persuade, and refer” persons at-risk for intentional self-harm is necessary (Brent, 2019).

Part D. Railroad Suicide Safety Prevention Plans (SSPP)

Safety Prevention Plan (**SSPP**) –The proposed project would identify and develop a **Suicide Safety Prevention Plan** checklist that could be used by railroad staff and other professionals when interacting with trespassers or potential high-risk individuals by first responders and those more comfortable making an intervention. For example, Dispatchers could reference a copy of the SSPP as a checklist to assist field personnel who call in a possible incident involving a person at risk. The SSPP was first developed by Stanley (2012) consists of six main steps that a helper, seeking to make an intervention would go thought. The Safety Plan is very similar to the QPR approach, but it goes into more depth and has specific action steps. The proposed project would tailor these intervention suggestions and guidelines into railroad appropriate language and terminology with suggestions tailored to the needs and comfort level of the training participants. Safety Prevention Plans have been successfully used by the Department of Veterans Affairs (V.A.) that has mandated that mental health professionals working with veterans at risk for suicide administer or implement a suicide Safety Prevention Plans (SSPP) (Green, et. al. , (2018).

Stanley (2018) reported that one Veteran who used this intervention reported, when asked about the usefulness of safety planning reported, "How has the safety plan helped me? It has saved my life more than once." This Veteran's reaction has been echoed by many others who have used safety planning. While this intervention is used in the V.A., the quality of its delivery is variable and needs to be improved. Furthermore, while we have established effectiveness of the safety planning intervention with phone follow-up for at risk Veterans discharged from the emergency room, large scale implementation in the V.A. with adequate resources for training to ensure high quality health care delivery has not been done. (U.S. House Committee Testimony, 2018)

a) AN SSPP consists of <u>six steps</u> that are out lined as follows:
    (i) Step 1 – Identify Warning Signs
    (ii) Step 2 – Identification of Coping Strategies
    (iii) Step 3 – Identification of Interpersonal Resources available
    (iv) Step 4 – Identification of helping resources
    (v) Step 5 – Contacting Professionals and Agencies
    (vi) Step 6 – Identification of Reducing use of lethal means

b) An SSPP is a prioritized list of six hierarchical steps that can be employed prior to or during a suicidal crisis to mitigate suicide risk. It is developed collaboratively between a clinician and patient (Stanley & Brown, 2012).

- Step 1 – **Identification of Warning Signs.** A review of the thoughts, images, cognitions, moods, or behaviors that indicate an impending suicidal crisis. After identifying warning signs, individuals may use. The training program will include the list of warning signs listed in Appendix I-A which has been developed based on FRA published reports on identifying characteristics of persons involved in fatal trespass and suicide incidents.
- Step 2 – **Identification of Internal Coping Strategies** skills or behaviors that the individual can employ on their own (e.g., meditation, relaxation techniques, pleasant activities). These coping strategies can range from very simple instructions such as “get something to eat” or more elaborate suggestions based on the capability of the at-risk individual and the resources available. At any rate, the person using the SSPP checklist is instructed to attempt to identify coping strategies that the individual can employ on their own to mitigate self-destructive feelings of intentional harm.
- Step 3 - **Identification of Social Contacts Who May Distract from the Crisis.** In this step the at-risk individual is assisted with the identification of social contacts and locations that can serve as distractions from suicidal thoughts. This may include individuals that the at-risk person can talk to about neutral topics to provide distraction. It may also include the identification of places the at-risk individual might like to visit may that might serve as a distraction, particularly in the absence of social contacts.
- Step 4- **Identification of and Contact Family Members or Friends** that may be available to offer help to resolve the suicidal crisis. In this step the checklist assists the helping person to assist the at-risk individual with the identification of those persons who might be available to be contacted during the crisis. Ideas, suggestions and encouragement for contacting those persons is considered and discussed. (Step 4)
- Step 5 - **Contacting Professionals and Agencies** that may be available to provide assistance. (Step 5). In this step the checklist prompts the helping person to assist the at-risk individual with the identification of those professionals and agencies that might be available to be contacted during the crisis. The helping person might provide 1-800 phone numbers, do a role-play of what to say when making contact, and other encouraging or otherwise preparatory behaviors.
- Step 6 - **Reducing Access to Lethal Means.** This may be one of the most important SSPP steps. In this step, the checklist will provide prompts for reviewing and identifying ways to restrict access to methods or means of self-harm. For example, instructing the person to avoid being in the proximity of firearms, medications, or railroad right of way might be undertaken. Step 6 might also include safe storage of medications, gun safety procedures, or restriction of other lethal means. Evidence suggests that restriction of access to lethal methods - means restriction - can have a significant impact on future suicidal behavior (Hawton, Saunders, & O'Connor, 2012; Yip et al., 2012).

Previous research has shown that the successfully managing each step in the SSPP was related to decreasing “a veteran's likelihood of engaging in future suicide related events by more than 10%" (Green, et al., 2018, p. 935). These procedures will be based on the Suicide Safety Prevention Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008) but tailored in training sessions to the skill and comfort level of the participants railroad employees and others.

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