

PACIFIC NORTHWEST SOCIAL SCIENTISTS, LLC

Continuing Education Provider
Suicide Prevention Specialists
www.pnwsocialscientists.com

+LGBTQIA SUICIDE PREVENTION

SYLLABUS

ADVANCED 6-hour training
5 sessions Online
\$59.99

www.pnwsocialscientists.com

Target Audience: Licensed mental health and health professionals

Sessions	6 hours	Presenter	Prerequisites
1) +LGBTQIA Psychology of Gender for Suicide Prevention	150 minutes	Vanessa McNeill, MS Psychology	None
2) Suicide Assessment	90 minutes	Kathleen Little Leaf, MSW, LAC, and SWLC	None
3) Suicide Treatment & Management	60 minutes	Kathleen Little Leaf, MSW, LAC, and SWLC	Session 2
4) Veterans Population	30 minutes	Vanessa McNeill, MS Psychology	None
5) Risk of Imminent Harm	30 minutes	Kathleen Little Leaf, MSW, LAC, and SWLC	Session 2 and 3
Total training time	360 minutes		

Goals & Objectives

The overall goal of this training is to demonstrate how screening for and restricting access to lethal means effectively prevents suicides. By the end of these sessions:

Session 1: Participants should feel more comfortable with gender-affirming terminology, gain a deeper comprehension, appreciation, and humility for the complexities of the LGBTQIA+ umbrella (Helgeson, 2020), learn how to create an LGBTQ Affirming Clinic, and to identify suicide risks associated with gender identity and being a member of a marginalized community.

Session 2: Participants should have a working knowledge of the **Columbia Suicide Severity Rating Scale (C-SSRS)** and how to use it with a client or patient to assess risk of imminent harm, suicide risk (Brown et al., 2020).

Session 3: Participants should know how to establish appropriate linkages to systems of care for suicidal clients' (patients') specific needs based on the level of suicide risk determined using the **C-SSRS**.

Session 4: Participants should comprehend military culture, effective means restriction, and why restricting access to lethal means prevents suicides.

Session 5: Participants will be able to use the **SOARS** questionnaire to identify non-suicidal self-injury (NSSI), and other self-injurious behaviors (Westers et al., 2023).

Curriculum Plan

Upon purchase of the curriculum, participants will obtain access to Pacific Northwest Social Scientists (PNWSS) online Learning Management Software system (LMS) uniquely developed and designed for this training.

The participant will work through 5 learning sessions in sequential order. Each session begins with a video-recorded presentation (Closed Captioning available). After the presentation, the participant is directed to True/False and Multiple-Choice quizzes designed to reinforce knowledges and skills acquired during the session. Some of the sessions include self-guided exercises for the participant to complete prior to moving on to the next section.

An 80% will be required to pass the quizzes and self-guided exercises, which can be repeated until a passing grade is achieved. Upon passing the quiz or exercise, the next session will be accessible until all 5 sessions are completed. After the entire course is completed, the participant will receive the option to download a PDF version of their CEU *Certificate of Completion*. A copy will also be retained by PNWSS for four years in the event of auditing.

Note: The user will have the ability to leave in the middle of a session and return later. The user will also have multiple chances to achieve a passing grade within each session.

SESSION DESCRIPTIONS

Session 1: +LGBTQIA Psychology of Gender for Suicide Prevention (150 minutes)

This session provides a psychology perspective: biology+psychology+social (bio/psycho/social) to contemporary LGBTQIA+ issues, including gender identity, terminology (including how to avoid unintended microaggressions), societal expectations, and stigma leading to suicidal ideation. The following topics are included in this presentation:

1. Gender from a social perspective (masculinity v femininity) (Helgeson, 2020),
2. Suicide risk and protective factors among +LGBTQIA communities (<https://www.thetrevorproject.org/>),
3. Suicide prevention from a research perspective (intersectionality) (Helgeson, 2020),
4. Human biology from 3-weeks en utero (in uterus) – through adolescence, including hormones, ambiguous genitalia, sexual transitioning, and Intersex (Kalat, 2023), and

5. Resources on how to be a good ally and how to create an LGBTQ-welcoming office space for clients or patients <https://www.hrc.org/>.

By the end of this session, participants should have a basic comprehension of the five layers of biological sex (DNA, chromosomes, hormones, internal genitalia, and external genitalia) and what common human sex variations exist (hint: there are more than two) (Kalat, 2023).

Participants will also learn that gender is not something an individual wakes up and one day decides to change; as early as toddlerhood, individuals know their gender <https://isna.org/>. Finally, participants will gain a deeper comprehension, appreciation, and humility for the complexities of each subgroup underneath the LGBTQIA+ umbrella. Mental Health resources (suicide prevention, book recommendations, websites, state and federal laws, and clinic posters) will be provided.

Session 2: Suicide Risk Assessment (90 minutes)

In this session, participants will learn how to conduct a suicide assessment of a client's (or patient's) risk of suicide. Clinical recommendations will be made on suicide risk assessment and therapist self-care.

The presenter will guide participants through the suicide risk assessment process using the **Columbia-Suicide Severity Rating Scale (C-SSRS)** (See the *Resources* section for details). Topics to be covered comprise information-gathering from a client or patient actively at risk of suicide. Clinical recommendations will be made on how to develop a therapeutic rapport and alliance, as well as how to document a suicide risk using the C-SSRS. The suicide risk assessment process will be presented, along with various risk components:

1. How to identify risks, warning signs, and protective factors in suicide.
 - a. Factors contributing to risk.
 - b. Correlations between mental health issues and suicide that may need identification during the suicide risk assessment:
 - i. Substance use disorders and suicide,
 - ii. Anxiety disorders and suicide,
 - iii. Trauma and suicide,
 - iv. Traumatic brain injury and suicide, and
 - v. Cognitive processing and suicide
 - c. Mood disorders and their role in suicide.
 - d. At-risk/vulnerable populations (e.g., low socio-economic class, lack of education, lack of access to resources, job loss, social isolation) and resources for will be provided.
 - e. How to recognize risk and protective factors among various ethnic and racial groups (e.g. Caucasians, African Americans, Native Americans, Hispanic/Latinos).
 - f. Protective factors.
2. Therapist self-care while working with survivors in the aftermath of a completed suicide.

Session 3: Suicide Treatment & Management (60 minutes)

During this session **linkage of systems** will be covered for the treatment and management of clients or patients once their suicide risk level is identified. Based off the **C-SSRS** results, the trainer will explain policies and procedures regarding appropriate actions and referrals, detailing how to put people in place for the client or patient.

The therapeutic alliance will be highlighted, along with how to resolve suicide risk through collaboration with the client's (or patient's) health management team. Participants will learn how to effectively maintain monitoring, adjust treatments as necessary, and enact safety protocols. Ethical and legal considerations will be briefed, regarding documentation, HIPAA Compliance, and sharing allowable information with health teams. The trainer will present the following:

1. Appropriate actions and referrals for various levels of risk (results from C-SSRS).
2. Available evidence-based treatments for clients or patients at risk of suicide, including counseling and medical interventions such as psychiatric medication and substance abuse care.
3. Safety planning strategies and monitoring use of the safety plan.
4. Engagement of supportive third parties in maintaining client or patient safety.
5. Reducing access to lethal means for clients or patients in crisis.
6. Continuity of care through care transitions such as discharge and referral.

Session 4: Veterans Populations (30 minutes)

This session is specific to +LGBTQIA Veterans and suicide. The following content includes population-specific data, risk and protective factors and intervention strategies. The following learning objectives will be covered:

1. Cultural Considerations—Brief Overview of Military Culture
2. Suicide Data (3 minutes)
3. VA Operation S.A.V.E. & Means Reduction (12-minutes)
4. Resources (5 minutes)
 - a. Mental Health Services, i.e.
 - b. Veterans Crisis Line/Chat/Text a clinician can immediately access
5. Summary handouts provided

Self-guided exercises using the S.A.V.E. materials will be included in this section.

Session 5: Risk of Imminent Harm through Self-Injurious Behaviors or Lethal Means (30 minutes)

In this session, participants will learn how to recognize and assess non-suicidal self-injury and other self-injurious behaviors, as well as assess intent using the **SOARS** model. (SOARS: Suicidal Ideation; Onset, frequency, and methods; Aftercare; Reasons; and Stages of change) (Westers et al., 2023).

The trainer will demonstrate communication strategies to use with clients or patients:

1. Common means, including lethality and impulsivity;
2. Objects, substances, and actions commonly used in suicide attempts;
3. Impulsivity and lethality of means;
4. Communication strategies for talking with patients and their support people about lethal means restriction; and

The session will finish by underscoring how screening for and limiting access to lethal means prevents suicide.

RESEARCH AND DATA COMPILATION

We will track all aspects of this program through an online Learning Management Software (LMS) that has been added onto the business website. A detailed registration form is required upon purchase. The LMS database tracking software will enable us to collect the following data:

Participant Demographics

- Name [fill-in-the-blank]
- Email Address [fill-in-the-blank]

Participant Activity

- Date of Completion
- No. of Times to Complete Quizzes
- Scores for each quiz
- Cumulative scores

Privacy Policy

PNWSS is a Continuing Education Provider. We've integrated a new powerful learning management system (LMS) into our Wordpress website—[LearnDash LMS](#). When you purchase a class through our website, all of the activity is managed through this LMS add-on.

[LearnDash Privacy Policy](#)

Pacific Northwest Social Scientists and the associated Learning Management System software, LearnDash privacy policies can be found by clicking [here](#).

BY USING OUR LEARNING MANAGEMENT SYSTEM TO COMPLETE COURSES, YOU AGREE TO BE BOUND BY THIS PRIVACY POLICY. IF YOU DO NOT AGREE WITH ANY OF THE TERMS OF THIS POLICY, PLEASE DO NOT USE OUR SERVICES OR PROVIDE US WITH YOUR INFORMATION.

SCOPE OF POLICY

This privacy policy applies to how we collect, use, and disclose information from the following individuals:

- Customers – individuals who purchase or otherwise use our Services.
- Event/Marketing Participants – individuals who provide their information to us when they register for our webinars, subscribe to marketing material, participate in surveys or contests, or attend our other events.

INFORMATION WE COLLECT

Customers. We ask for your information, which may include your name, email address, physical address, and credit card information, to enable us to create an account for you and provide you our Services. By providing us with this information, you represent that you own and consent to our use of such personal information. When you use our Services, we may automatically collect information about how and where the Services are used, including but not limited to geolocation data, versioning, site health information, configuration settings, and reporting (collectively, “Usage Data”). You understand that this Usage Data may include limited personal information, and therefore you represent and warrant that if you opt in to the collection of this Usage Data, you have made all necessary disclosures for the collection of Usage Data.

Event/Marketing Participants. We may ask for your name, email address, physical address, and phone number to enable you to participate in events, surveys, contests, or to subscribe to marketing materials. Such participation is voluntary and you may choose whether or not to participate and therefore disclose this personal information.

HOW WE USE YOUR INFORMATION

We use the information we collect about you in the following ways:

- To respond to any requests from you, including those regarding sales and support.
- To contact you regarding any agreements or accepted terms that you may have with us for the Services.
- To provide you with marketing emails, special offers, advertising campaigns, or newsletters.
- To understand how our Services and Website are used.
- To provide you with information logs associated with the use of our Services.
- To contact you regarding functionality changes to our Services or Website.
- To improve our offerings, including developing new features and functionality for our Services and Website.
- To collect payment and bill for our Services.
- To help personalize searches.
- To diagnose and troubleshoot problems.
- To find and prevent fraud.
- To carry out other purposes as disclosed to you through the Website, or found in terms or an agreement between us and you.
- To process the information for other purposes for which we obtain your consent.

HOW WE SHARE INFORMATION

We commit to protecting your privacy and will not share your information with any third-parties. The personal information we collect from you will remain unreported with the exception of any requirements determined by your licensing agency that are necessary for continued licensing. Your personal information will be retained for four years in the event you are ever audited and need certificate copies. After four years, all personal identifiable information will be permanently destroyed.

Reports will be provided to licensing agencies aggregating number of attendees, types of licenses, and numbers of attendees passing. No personal, identifiable information will be provided in these reports.

DATA RETENTION AND SECURITY

When we no longer have a legitimate business need (e.g. termination of a Customer agreement) to process your personal information, we will either delete or de-identify it.

We take all reasonable steps to protect information we receive from you from loss, misuse or unauthorized access, disclosure, alteration, and/or destruction. We maintain technical, physical, and administrative safeguards to secure your information, and we use industry standard encryption for your data that is transferred over the internet. Despite our use of encryption, we cannot guarantee any method of transmission of information over the internet is 100% secure.

A copy of your Certificate of Completion will be kept on file for four years. In the event you are ever audited, a copy will be made available to you.

FINANCIAL INFORMATION

Pacific Northwest Social Scientists does not retain any financial account or credit card information. A third-party financial institution, PayPal, collects this information.

Reports & Records

Pacific Northwest Social Scientists will develop reports and analyzing metrics regarding numbers of participants, and how many users accessed, attempted, and completed the training.

Policies and procedures are in place for maintaining training and testing records through the LMS. Pacific Northwest Social Scientists will generate reports on a monthly, quarterly, and annual basis to monitor activity, scores, and feedback.

LMS Monitoring

The key feature of the LMS will be enabling us to scrutinize the session quizzes. Updates, modifications, and design changes will be based off what we learn from participants responses to survey questionnaires and testing results. Some queries we are interested in include ensuring the word choices and questions are reinforcing the knowledges and skills presented within the sessions. Section quiz questions will provide opportunity for skill building by basing questions

off previous answers. Key questions may be reworded and reused in other sessions. Questions and the potential answers will reiterate key concepts. Using principles from Psychology, we will pay attention to primacy and recency of information (which we can observe using the LMS). For example, “How many times does the average user take to get the right answer(s)?” If it is a lot and the information was delivered early (primacy) in the presentation, perhaps a review at the end (recency) in order for participants to better retain key objectives or concepts. Each question will be tied to a learning objective. This will enable us to determine whether there are areas within the training that are not sufficiently covering the objective(s).

We can also generate reports that look at problem learning areas. Perhaps we find a correlation where a high percentage of participants are repeatedly missing questions on the SOARS. We can use this information to update the video and any corresponding quiz questions. We can also email previous participants the updated information (for participants who take the training within the same calendar year a major training modification is made).

Refund Policy

Refunds are taken on a case-by-case basis. With virtual classes, the customer may access the class at any time within the year of purchase, and therefore are rarely occasions where a refund would be issued after-the-fact, as the customer will receive the training and subsequent certification.

With in-person trainings, payment is made in advance, if the customer cancels within:

- 30 days prior to the event, the entire amount will be refunded minus a \$15 handling fee.
- 14 days prior to the event, 50% will be refunded.
- No refunds will be issued for cancellations less than 14 days in advance.

Exchanges can be made and will also be taken on a case-by-case basis. Typically, any class paid for by the customer may be exchanged for another class of equal value (i.e. the same number of CEUs).

ADDITIONAL INFORMATION

A description of the method of selecting future instructors.

As a Continuing Education Provider, Pacific Northwest Social Scientists collaborates often with clinically licensed training professionals and can provide alternate instructors in the event one of the original instructors is unavailable to update a recording segment.

RESOURCES

Columbia-Suicide Severity Rating Scale (C-SSRS)

This scale was originally developed at Columbia University in 2011 (Salvi, 2021). The C-SSRS has been adopted by the Centers for Disease Control and Prevention, as well as many other National Suicide Prevention entities (Brown et al., 2020) to define and stratify suicidal ideation and behavior (Posner et al., 2011). It is widely used today in a multitude of community and healthcare settings, including but not limited to: First response agencies (e.g., police and fire departments), healthcare facilities, military installations, colleges and schools, correction facilities, hospital emergency rooms, in-take clinics, and outpatient settings (Posner et al., 2011).

Clinicians can assess whether a client's or patient's suicide risk is low, moderate, or high. The scale is designed to sort ideation and behaviors into four key constructs: severity of ideation, intensity of ideation, behavior, and lethality). These factors are well identified in the literature as predictive of suicide attempts and completions (Brown et al., 2020; Salvi, 2021).

One of the benefits of the C-SSRS is that it has been validated in multiple subpopulations (including children as young as 5, military veterans, and in multi-racial and multi-gender-oriented outpatient clinics) and translated into more than 30 languages.

Suicidal Ideation; Onset, frequency, and methods; Aftercare; Reasons; and Stages of change (SOARS)

SOARS is a brief questionnaire developed to identify nonsuicidal self-injury (NSSI). SOARS is effective in pediatric settings, as well as with adults (Westers et al., 2023).

“The aim of the SOARS curriculum is to provide guidance on (1) what questions to ask (based on research showing associations between NSSI and suicide); (2) why to ask these specific questions (based on theoretical frameworks such as the Interpersonal Theory of Suicide (Joiner, 2007)); (3) how to ask each question (based on counseling skills); and (4) how residents can remember each question (i.e., the acronym SOARS: Suicidality; Onset, frequency, methods; Aftercare; Reasons; Stage of change) . The model also recognizes the fast-paced nature of many clinics and the possibility of only having time to ask three questions, thereby highlighting the importance of asking about Suicide, Aftercare, and Reasons. The curriculum is grounded in contemporary research on NSSI” (Westers et al., 2023).

Materials

C-SSRC – questionnaire

Policies & Procedures for linkages of systems

Safety Planning

SOARS – questionnaire

SPEAKERS

Vanessa McNeill, M.S. Psychology

In 2018, Vanessa McNeill launched Montana Social Scientists, LLC (MSS), providing Continuing Education (CEUs) to licensees through state Boards of Behavioral Health (LCPCs, LACs, LCSWs, LMFTs), Boards of Psychology, Offices of Public Instruction (teachers), and Boards of Nursing. Since Covid-19, most states in the U.S. now accept our Certificates for virtual workshops. McNeill has since expanded to Pacific Northwest Social Scientists (PNWSS), LLC offering Suicide Prevention Workshops.



Most states now have a minimum CEU requirement in suicide prevention for mental health providers. PNWSS offers unique virtual workshops (live and recorded) for suicide prevention, contracting with Subject Matter Experts from a variety of disciplines to deliver presentations and education on the latest research and updated mental health protocols. PNWSS partners with organizations to raise mental health awareness and suicide prevention. PNWSS customizes classes and workshops to meet organization's needs, including offering group rates!

McNeill also has experience working directly with the CDC and DPHHS for grant evaluations. Over the past 7 years, Vanessa has taught live and online. She is currently an Adjunct Instructor of Psychology at University of Montana-Helena College. Her academic work experience (during her Master's program and after) comprised rigorous research and five subsequent journal publications in the area of suicide prevention. A complete C.V. is provided.

Kathleen Little Leaf, MSW, LAC, and SWLC

Kathleen is an enrolled tribal member from the Blackfoot/Blackfeet tribes, living in Cut Bank, Montana. She has worked within the health field and in Indian Health Services for over two decades and specializes in Mental Health and the facilitation of Addiction Prevention, Addiction Education and Addiction Recovery, Group facilitation, Individual Therapy, Native American Intergenerational Trauma Grief Recovery Groups, Native American 12 Step Groups, Corporate Cultural Awareness Trainings, Implementing Culturally Based Addiction/Mental Health Recovery Programming, Jail Diversion Cultural Programming, Addiction programming, Experience in Native American Jail Recidivism Research & Data Collection.



Kathleen has also provided support and testimony to groups and panels to the issues of Missing and Murdered Indigenous Women and men speaking on panels and providing awareness to the issues which has been plaguing Indian country for decades.

Trainings:

These classes are designed for non-Natives as well as Native Americans working with Native clients.

Breaking Down Cultural Barriers – Understanding Identity & the Impact of Boarding Schools on American Indian Clients – 3 CEUs

Native American Cultural Sensitivity for Suicide Prevention – 3 CEUs

Suicide Prevention BASICS – 2 CEUs

Walking the Red Road: Acknowledging the Trauma of Addiction and the Hopes for Spiritual Recovery from a Cultural, Holistic Lens – 3 CEUs

Cultural Awareness in Trauma-Informed Care: Connecting the Past to the Present for Informed Change in Native American Communities – 3 CEUs

MMIW & Human Trafficking – 3 CEUs

Advocacy 101 – 1 CEU

CITATIONS

[Brown, L. A., Boudreaux, E. D., Arias, S. A., Miller, I. W., May, A. M., Camargo, C. A., Bryan, C. J., & Arney, M. F. \(2020\). C-SSRS performance in emergency department patients at high risk for suicide. *Suicide and Life-Threatening Behavior*, 50\(6\), 1097–1104. <https://doi.org/10.1111/sltb.12657>](#)

[Helgeson, V. S. \(2020\). *Psychology of gender* \(Sixth edition\). Routledge, Taylor & Francis Group.](#)

[Joiner, T. \(2007\). *Why people die by suicide* \(First Harvard University Press paperback edition\). Harvard University Press.](#)

[Kalat, J. W. \(2023\). *BIOLOGICAL PSYCHOLOGY*. CENGAGE LEARNING.](#)

[Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., Currier, G. W., Melvin, G. A., Greenhill, L., Shen, S., & Mann, J. J. \(2011\). The Columbia–Suicide Severity Rating Scale: Initial Validity and Internal Consistency Findings From Three Multisite Studies With Adolescents and Adults. *American Journal of Psychiatry*, 168\(12\), 1266–1277. <https://doi.org/10.1176/appi.ajp.2011.10111704>](#)

[Salvi, J. \(2021\). *Columbia-Suicide Severity Rating Scale \(C-SSRS\)*.](#)

[Westers, N. J., Needham, H. E., & Walsh, J. B. \(2023\). Effectiveness of a Curriculum for Pediatric Residents to Address Adolescent Nonsuicidal Self-Injury. *Academic Psychiatry*, 47\(1\), 18–24. <https://doi.org/10.1007/s40596-022-01684-3>](#)