



An Evaluation of Counseling on Access to Lethal Means (CALM) Training for Mental Health Providers in Missouri

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Conclusions

- Results suggest CALM is effective at increasing providers' comfort and confidence in discussing access to lethal means with clients
- Likewise, these changes are sustained after the training and lead to changes to behavior: CALM effectively increased the proportion of providers discussing lethal means restriction with their clients by 33.3% at follow-up
- Results suggest an abbreviated version of CALM + Question, Persuade, Refer (QPR) is just as effective as the 120 min. version of CALM alone at increasing comfort and perceived likelihood of discussing lethal means restriction, though CALM alone may be slightly more effective at increasing confidence

Introduction

- CALM was developed by Elaine Frank and Mark Ciocca at the Injury Prevention Center of the Children's Hospital at Dartmouth
- CALM is a brief training that teaches mental health professionals more effective strategies to talk to their clients about reducing access to lethal means
- Although CALM is located on SPRC's Best Practices Registry (BPR) under Adherence to Standards, very few evaluations of its effectiveness have been conducted
- We sought to provide evidence of program effectiveness, as well as investigate whether CALM can effectively be combined with other suicide prevention trainings such as QPR

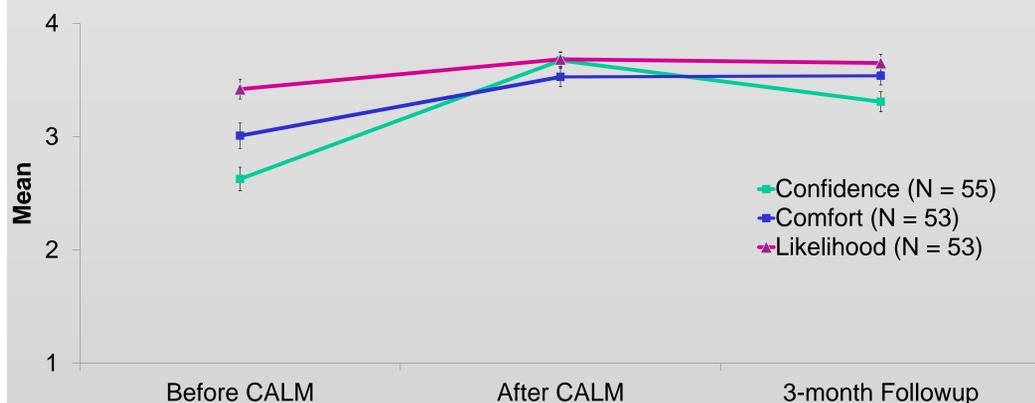
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Table 1.
Results of a 2 Time (Before, After) × 2 Training Type (CALM only, CALM + QPR) ANCOVA Controlling for Previous Suicide Prevention Training

	CALM only		CALM + QPR		Main Effect of Time		Main Effect of Training Type		Time × Training Type Interaction	
	Before Training	After Training	Before Training	After Training	F	η_p^2	F	η_p^2	F	η_p^2
Confidence	2.48 (.10)	3.61 (.07)	2.59 (.05)	3.43 (.04)	176.45***	.35	.20	.00	6.85**	.02
Comfort	3.03 (.10)	3.66 (.07)	2.94 (.05)	3.44 (.04)	91.35***	.22	3.05	.01	2.09	.01
Likelihood to Discuss	2.48 (.10)	3.61 (.07)	2.59 (.05)	3.43 (.04)	54.50***	.14	6.56*	.02	.20	.00

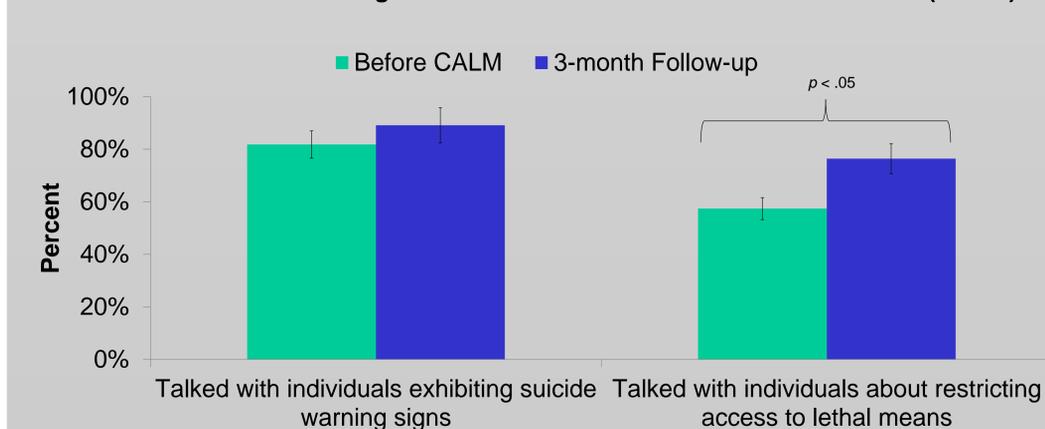
Note: * $p < .05$, ** $p < .01$, *** $p < .001$. Standard errors are shown in parentheses. Means are adjusted for the covariate (whether or not the participant had prior suicide prevention training). Variables were measured on a 4-point Likert scale where 1 = Not Very and 4 = Extremely.

Figure 1.
Comfort, Confidence, and Expected Likelihood of Discussing Access to Lethal Means with Clients



Note: Variables were measured on a 4-point Likert scale where 1 = Not Very and 4 = Extremely.

Figure 2.
Percent of Providers Who Reported Talking with Suicidal Individuals or Talking with Clients about Restricting Access to Lethal Means in the Past 3 Months (N = 55)



Method

- Missouri mental health providers were either trained on a 120-minute version of CALM alone (N = 74) or a brief 90-minute version with QPR (N = 271)
- Questionnaires were given before and after the training (N = 345), and at a 3-month follow-up (N = 55)
- Items assessed the following:
 - Comfort and confidence talking to clients about lethal means (2 items each)
 - Likelihood of discussing lethal means reduction with clients (4 items)
 - Whether providers talked with suicidal clients or with clients about reducing access to lethal means in the last 3 months

Results

- Both the CALM only and CALM+QPR groups saw significant increases in confidence, comfort, and perceived likelihood of discussing access to lethal means with clients after CALM (see Table 1)
- Although the CALM only and CALM+QPR groups did not differ on confidence before CALM ($p = .36$), the CALM only group had higher confidence after CALM ($p < .05$)
- Gains were largely maintained at the 3 month follow-up (see Figure 1); though there was a drop in confidence from after CALM to the follow-up ($p < .001$), means were still significantly higher than before CALM ($p < .001$)
- More providers reported discussing lethal means restriction with clients at the 3 month follow-up than before CALM (from 57% to 76%, $t(53) = 2.15$, $p < .05$; see Figure 2)
 - Increases were similar for both training groups (CALM alone from 50% to 75%, N = 8; CALM + QPR from 58.7% to 76.6%, N = 47)
- There were no differences between the follow-up group and the rest of the sample in regards to age, race/ethnicity, previous suicide training, or sex