**SAFETY-A Training and Implementation Worksheet**

***Developed by the UCLA-Duke ASAP Center***

**CONTACT INFORMATION:**

|  |  |
| --- | --- |
| **Site:** |  |
| **Primary Contact Name:** |  |
| **Primary Contact Email:** |  |

**PREPARATORY CONSULTATION MEETINGS:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Attendees** | **Content Discussed** |
|  |  |  |
|  |  |  |
|  |  |  |

**STEP 1: PREPARE FOR TRAINING**

A critical first step in implementing SAFETY-A is determining intervention fit, which includes understanding current risk assessment protocols and procedures, the site’s familiarity with SAFETY-A’s guiding principles and critical components, and the potential for clinical and organizational practice change.

1. **Determining Intervention Fit**

|  |  |
| --- | --- |
| *Please use the following checklist to determine the extent to which SAFETY-A fits with the site’s training and implementation needs.* | |
|  | SAFETY-A is a good fit for the site’s needs. Little additional support or tailoring will be needed to meet typical training and implementation goals. |
|  | SAFETY-A is a possible fit for the site’s needs. Additional support or tailoring may be needed to meet typical training and implementation goals. |
|  | SAFETY-A is not currently a fit for the site’s needs. |

1. **Additional Information**

|  |
| --- |
| ***Notes*** *(please describe how the site learned about SAFETY-A and how fit was determined):* |
| ***Resources Provided*** *(please identify the resources that were provided to senior leaders to ensure familiarity with SAFETY-A):*   |  |  | | --- | --- | |  | SAFETY-A Manual with Trauma-Informed Preface, Substance Use Addendum, etc. | |  | SAFETY-A Articles (e.g., *Enhancing Safety: Acute and Short-Term Treatment Strategies for Youths Presenting with Suicidality and Self-Harm*) | |  | Other, please specify: | |

**STEP 2: PLAN FOR TRAINING**

Implementing a new intervention requires clinical practice change, which includes identifying senior leaders and defining staff roles, creating a workflow, discussing potential barriers, and discussing how to track intervention outcomes.

**A. Identifying Senior Leaders**

Please list senior leaders, in addition to their respective roles and contact information. Senior leaders may include administrators, clinical supervisors, or other leadership staff. Please add additional rows, if needed.

|  |  |  |
| --- | --- | --- |
| **Senior Leader Name** | **Role** | **Email Address** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Identifying Clinical Sites or Programs to Be Trained**

Please list the clinical sites and programs to be trained and the approximate number of trainees from each site. It may also be helpful to capture additional information about the programs as you learn more including, but not limited to, the professional background of trainees at each site (e.g., psychology, psychiatry, social work, nursing), perceived comfort with risk assessment and safety planning interventions, or a hyperlink to the program’s website for future reference.

|  |  |  |
| --- | --- | --- |
| **Clinical Site or Program** | **Approx. # Trainees** | **Additional Information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Train-the-Trainer Considerations**

The ASAP Center is continuing to develop its train-the-trainer programming; however, it may be helpful to assess whether senior leaders are interested in a future train-the-trainer model. A future train-the-trainer model would likely include assessment of fidelity to the SAFETY-A model (i.e., standardized patient protocol), possible co-training with a current ASAP Center trainer, etc.

|  |  |
| --- | --- |
|  | Yes |
|  | Unsure |
|  | No |

***Notes:***

**STEP 3: FINALIZE TRAINING AND CONSULTATION DETAILS**

The effective implementation of SAFETY-A requires that trainees understand the components of the SAFETY-A intervention and how to utilize them in an effective and appropriate manner. The identified trainees should complete the SAFETY-A training together to enhance collaboration, shared understanding of the model, and begin discussing implementation barriers.

1. **Training Dates and Times**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training #** | **Format** | **Date** | **Length (hrs)** | **Trainers Assigned** |
| **1** | In-person  Virtual |  |  |  |
| **2** | In-person  Virtual |  |  |  |

1. **Consultation Call Planning**

Phone consultation support is recommended after the completion of the SAFETY-A training. Please discuss the following details with senior leaders.

|  |  |  |
| --- | --- | --- |
| **Element** | **Senior Leaders and/or Supervisors** | **Clinicians** |
| **Desired** | Yes, consultation will be offered  No, consultation will not be offered | Yes, consultation will be offered  No, consultation will not be offered |
| **# Trainees/Call** |  |  |
| **Frequency**  (*How often?*) |  |  |
| **Duration**  (*For how long?)* |  |  |
| **Notes** |  |  |

**STEP 4: LAUNCH SAFETY-A**

During the early stages of implementation, trainees must learn to appropriately identify and engage clients, provide SAFETY-A with fidelity, track outcomes, and tailor the intervention to organizational policies and procedures. Launching may also require additional supervision from the site or consultation from the ASAP Center for adherence to the intervention.

**Additional Considerations**

|  |  |
| --- | --- |
|  | Review site’s care process model to assist with identifying/screening appropriate clients |
|  | Discuss possible process and outcome evaluation questions (i.e., monitoring fidelity, pre-/post-intervention measures, follow-up appointments scheduled and attendees) |
|  | Reminder of Post-Training Implementation Interviews with senior leaders 6 months after training |

**STEP 5: SUSTAIN SAFETY-A**

Maintaining the use of SAFETY-A requires continuous work beyond training and consultation. This may be done by monitoring the implementation process and clinical outcomes to merge efforts into a continuous quality improvement plan. This may include the expansion of SAFETY-A services to additional programs or sites.