

WAC 246-12-630 Training content. Minimum standards for training content:

(1) Training content must be based on current empirical research and known best practices.

(2) Training must reflect sensitivity and relevance to the cultures and backgrounds of the relevant client or patient populations.

(3) Content for six-hour trainings must include the following. These are minimum time requirements for each of these content areas. Additional time or content must be added to total at least six hours.

(a) A minimum of ninety minutes on suicide assessment. Content must include:

(i) How to structure an interview to gather information from a client or patient on suicide risk and protective factors and warning signs, including substance abuse;

(ii) How to use the information referenced in (a)(i) of this subsection to understand the risk of suicide;

(iii) Appropriate actions and referrals for various levels of risk; and

(iv) How to appropriately document suicide risk assessment.

(b) A minimum of sixty minutes on treatment and management of suicide risk. Content must include:

(i) Available evidence-based treatments for patients and clients at risk of suicide, including counseling and medical interventions such as psychiatric medication and substance abuse care;

(ii) Strategies for safety planning and monitoring use of the safety plan;

(iii) Engagement of supportive third parties in maintaining patient or client safety;

(iv) Reducing access to lethal means for clients or patients in crisis; and

(v) Continuity of care through care transitions such as discharge and referral.

(c) A minimum of thirty minutes on veteran populations.

(i) Content must include population-specific data, risk and protective factors, and intervention strategies.

(ii) Training providers shall use the module developed by the department of veterans affairs or a resource with comparable content.

(d) A minimum of thirty minutes on risk of imminent harm through self-injurious behaviors or lethal means.

(i) Content on self-injurious behaviors must include how to recognize nonsuicidal self-injury and other self-injurious behaviors and assess the intent of self-injury through suicide risk assessment.

(ii) Content on lethal means must include:

(A) Objects, substances and actions commonly used in suicide attempts and impulsivity and lethality of means;

(B) Communication strategies for talking with patients and their support people about lethal means; and

(C) How screening for and restricting access to lethal means effectively prevents suicide.

(4) Content for three-hour trainings must include the following. These are minimum time requirements for each of these topics. Additional time or content must be added to total three hours.

(a) A minimum of seventy minutes on screening for suicide risk. Content must include:

(i) When and how to screen a client or patient for acute and chronic suicide risk and protective factors against suicide;

- (ii) Appropriate screening tools, tailored for specific ages and populations if applicable; and
 - (iii) Strategies for screening and appropriate use of information gained through screening.
- (b) A minimum of thirty minutes on referral. Content shall include:
- (i) How to identify and select an appropriate resource;
 - (ii) Best practices for connecting a client or patient to a referral; and
 - (iii) Continuity of care when making referrals.
- (c) Three-hour trainings for pharmacists must include content related to the assessment of issues related to imminent harm by lethal means.

[Statutory Authority: RCW 43.70.442. WSR 16-14-048, § 246-12-630, filed 6/29/16, effective 6/30/16.]