# APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

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| **DATE & TIME:** | **Sept 21, 2011** | **8:30 AM - 4:30 PM** | **Must Attend Both** |
| | **Sept 22, 2011** | **8:30 AM - 4:30 PM** | **Days To Get Credit** |

**All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.**

**PLACE:** **Child & Family Center**
**21545 Centre Pointe Parkway**
**Santa Clarita CA 91350**

**PARKING:** **Free parking on premises**

The aim of ASIST is to help caregivers become ready, willing and able to provide suicide first aid to persons at risk of suicidal behavior. During the two day workshop, participants will examine their attitudes about suicide, learn how to effectively recognize and review the risk of suicide, and develop new and/or reinforce existing intervention skills. ASIST also addresses the need to develop a cooperative network among participants since caregivers often have to work together to prevent suicide. All types of caregivers will benefit from participation in the two-day ASIST.

**TARGET AUDIENCE:** **For both clinicians and non-clinicians who may work or come in contact with suicidal individuals.**

**OBJECTIVES:** **As a result of attending this training, participants will be able to:**

1. Identify people who express thoughts of suicide.
2. Explain that beliefs and attitudes can affect suicide interventions.
3. Examine the different reasons for living in order to counteract suicidal thoughts
4. Assist consumers in developing a plan to increase safety from suicidal behavior for an agreed amount of time
5. Assist consumers to follow up on all safety commitments, accessing further help as needed to ensure better recovery from engaging in thoughts or behavior of suicide
6. Recognize that the ASIST model is applicable to varied ethnic and cultural groups

**CONDUCTED BY:** **Kimber Salvaggio, MA; Wilfred Paltanwala, MCWII; Martha Alamillo, LCSW; Anne Choe, LCSW**

**COORDINATED BY:** **Lisa Song, LCSW lsong@dmh.lacounty.gov**

**DEADLINE:** **Sept. 1, or when maximum enrollment has been reached**

**CONTINUING EDUCATION:** **15 hours for BBS, BRN and CAADAC**

**COST:** **None**

**Inside the DMH firewall? Click here to register: http://learningnet.lacounty.gov**
**Outside the DMH firewall? Click here: https://learningnet.lacounty.gov**
**DMH Employee Username & Password Help: http://dmhhqportal1/sites/TCCB/default.aspx**
**Contract Employee: http://dmh.lacounty.gov/training&workforce.html**
**How do I search for an offering?**
**http://dmhhqportal1/sites/TCCB/Learning%20Net%20Instructions/how%20to%20search.pdf**

**County of Los Angeles Department of Mental Health**

# APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

## APPLICATION FORM FOR CONTRACT PROVIDERS

**Please Print or Type**

**Instructions**

Each applicant must also provide the last four digits of their Social Security Number to be used as a secondary form of identification. If the correct information is not provided, the Training Division will not be responsible for record keeping, and **no** certificate of attendance will be issued.

***This form is to be used for ASIST ONLY. Contract providers who have a Learning Net (LN) username should register through the LN.***

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|---|---|---|---|
| **Training Title** | **APPLIED SUICIDE INTERVENTION SKILLS TRAINING** | | |
| Date | | | |
| Name | | Last 4 digits of SSN | |
| Job Title | | | |
| Legal Entity (LE) Name<br>LE Number | | | |
| Provider Name<br>Provider Number | | | |
| Work Address | | | |
| City | | | Zip Code |
| Telephone | | Fax | |
| **License or Credential Number(s)** (complete as many as applicable) | | | |
| CAADAC | LCSW | LPT | LVN |
| MD | MFT | Psychologist | RN |
| Print Supervisor Name | | MAIL or FAX Application to:<br><br>**County of Los Angeles Dept. of Mental Health**<br>**OLDER ADULT ADMINISTRATION**<br>**Suicide Prevention Team**<br>**550 S. Vermont Avenue, 6th floor**<br>**Los Angeles, CA 90020** | |
| Supervisor's Signature<br><br>*Supervisor's Approval Required (Applications will not be processed if not signed by supervisor)* | | **Fax: (213) 351- 2493**<br>**Phone: (213) 351- 7238**<br>(When faxing, there is no need to use a cover sheet) | |