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The Culturally Infused Curricular Framework (CICF) for Suicide Prevention Trainings

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Although suicide prevention trainings (SPT) have been a standard approach for suicide prevention for years, researchers have noted a need for more clarity in the definition of core competencies for SPTs, particularly in the areas of diversity and culture. Recent research has identified key theoretically- and empirically-based cultural considerations for suicide prevention, but translation is needed to infuse these standards for culture-related competencies into SPTs. This study performed a systematic literature review with a thematic synthesis analytic approach to establish a set of curricular guidelines for infusion of cultural considerations into SPTs. The study also examined the extent to which existing community trainings already incorporate cultural components. Based on the thematic synthesis of 39 SPT studies from 2010 to 2020 and seminal reviews of the cultural and suicide literature, results identified three overarching categories of cultural curricular competencies (suicide knowledge and awareness, suicide intervention skills, and curriculum delivery) and 14 core cultural curricular subthemes for community trainings (e.g., culturally informed risk factors and warning signs, systemic inequities, etc.). These three categories with 14 core cultural curricular competencies comprise the Culturally Infused Curricular Framework (CICF) for Suicide Prevention Trainings. The majority of trainings (62%) included five or less out of 14 total possible core cultural competencies in their training curricula, pointing to insufficient integration of cultural components in existing community trainings. This study's research-based guideline establishes a culture-inclusive framework to strengthen content and approach of community trainings and suicide prevention across cultural groups.

Keywords: community intervention; cultural competence; health education; mental health; minority health; training

Suicide rates within the United States have risen since 1999 and remain a major public health problem (Centers for Disease Control and Prevention [CDC], 2015). As a strategy frequently used in suicide prevention, suicide prevention trainings[1] (SPTs) are an educational suicide prevention method that aims to reduce the probability of suicide by broadening a community support network. SPTs train community members (generally laypersons) who have contact with at-risk individuals to identify suicide risk and respond to individuals in crisis by connecting them to professional help (Zalsman et al., 2016).

DIVERSITY AND CULTURE-RELATED COMPETENCIES IN TRAININGS

The suicidology field has recognized the need for more intentional integration of cultural competencies into core SPT curricula. For example, Cwik and

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colleagues (2016) found that while an unmodified Applied Suicide Intervention Skills Training (ASIST) training for a First Nations tribe was considered effective according to self-reported standard efficacy markers (e.g., self-efficacy, suicide prevention knowledge and skills), participants noted it did not sufficiently tend to cultural differences despite utilizing trainers from and familiar with the community.

Furthermore, scholars have noted insufficient attention to cultural adaptation in SPTs. A study found that First Nation teens who participated in ASIST did not show greater suicide prevention behaviors and exhibited an increase in suicidal ideation compared to teens who participated in a two-day First Nations youth cultural and resilience strengthening retreat (Sareen et al., 2013). Researchers have discussed the possibility that unintentional harm may arise when trainings recommend behaviors that conflict with cultural expectations or recommend resources that do not provide culturally appropriate care (Wexler et al., 2015).

To encourage attention to culture in SPTs, some trainings offer flexibility in their curricula and encourage tailoring the content for specific cultural groups. As an example, the Question, Persuade, Refer (QPR) Institute has recommended layering cultural components on top of existing research-supported general training components. QPR has subsequently been adapted for specific cultural groups like the Maori (McClintock et al., 2017) and Guyanese communities (Persaud et al., 2019).

However, specifications for how cultural modifications should be made across SPTs have not been based on peer-reviewed research, and the approach and extent of cultural adaptations have been inconsistent. For example, modifications of QPR have ranged from minor changes like adding more context-specific statistics and role-plays (see Cimini et al., 2014) to making significant alterations by incorporating cultural considerations into multiple didactic modules after conducting a pretraining needs assessment with the community (see Persaud et al., 2019).

EXISTING CULTURAL MODELS OF SUICIDALITY AND RECOMMENDATIONS FOR PREVENTION

While cultural considerations in SPTs is still a growing area in the literature, recent research introducing frameworks that explain how culture impacts suicidality among marginalized populations can set the foundation for this work. For example, the Cultural Theory and Model of Suicide (Chu et al., 2010) theorizes that culture can influence the stressors that increase suicide risk and how suicidality is expressed, and that the meaning of stressors and suicide can impact the development of suicidal symptoms. The Racial-Cultural Framework for Addressing Suicide-Related Outcomes for Communities of Color makes recommendations to improve the cultural responsiveness of suicide prevention theory, research, and practice for communities of color (Wong et al., 2014). These two frameworks address how cultural factors influence suicidality (e.g., risk and protective factors, warning signs) and introduce the importance of cultural intersectionality and collaboration with cultural communities. These frameworks were synthesized and applied to SPTs for the first time through the current study's focus on expanding the cultural inclusivity of SPTs.

STUDY PURPOSE AND AIMS

SPT developers have attempted multiple methods to address the complexity of culture's influence on suicidality in diverse populations. Although there are recommendations on how to incorporate cultural considerations into SPTs from various sources (see QPR Institute, n.d.; Wexler et al., 2015), these recommendations have not been synthesized nor have they been developed through a systematic research-based process.

This study performed a comprehensive systematic literature analysis, utilizing thematic synthesis of SPT studies with the following objectives: (a) to establish cultural competencies and guidelines for SPTs, and (b) to examine the extent to which published SPTs already incorporate cultural components. These objectives served the overall aim of establishing a definitive set of culture-related curricular guidelines for SPTs responsive to the needs of diverse communities.

METHODS

Design

A thematic synthesis was used to analyze SPT literature from 2010 to 2020 to identify cultural competencies for SPTs. The first study goal of creating a definitive set of culture-related curricular guidelines for SPTs was informed by existing literature from two areas: (a) cultural guidelines from systematic reviews of empirically-based research on culture and suicide prevention, and (b) cultural content from existing peer-reviewed SPT curricula. Given the nascent developmental stage of culturally infused SPT curricula, the authors used a handful of seminal review and theoretical literature focused on culture and suicide prevention to create an initial set of themes that may theoretically appear in

a culturally infused SPT. The second literature source of peer-reviewed articles with specific SPT curricula were analyzed to refine the list of cultural themes and used to meet the second study aim by determining how SPTs were currently incorporating cultural considerations. The selection of these two sources of literature is described in the next section.

Literature Search

A systematic literature review was conducted from the following online databases: Google Scholar, PsycARTICLES, PsycBOOKS, Psychology and Behavioral Sciences Collection, PsycINFO, Mental Measurements Yearbook with Test in Print, eBook Collection, MEDLINE with Full Text, Health Source—Consumer Edition, Health Source: Nursing/Academic Edition, eBook Academic Collection, Academic Search Complete, PsycEXTRA, and ERIC.

In the first literature search, seminal review and theoretical journal articles that summarize and represent the state of empirical knowledge on cultural influences and variations in suicidality and suicide prevention were identified. The search terms "cultur*" or "multicultur*" and "suicide prevention," and "theory" were used to find these articles. All of the studies from this search were not directly related to SPTs. Five systematic review and theoretical studies were identified: Abrutyn & Mueller, 2018; Chu et al., 2010; Jorm et al., 2018; Lai et al., 2017; and Wong et al., 2014.

In the second literature source, search terms used to identify articles reviewing specific SPTs included "suicide prevention," 'gatekeeper training "suicide intervention," 'suicide training' or "suicide management," combined with "core competenc*," "gold standard," "effectiveness," or "efficac*." Inclusion criteria for the second literature source included articles published in English between 2010 and 2020 that included curricular descriptions and/or evaluations of SPTs. Studies that referenced clinical professionals as participants were excluded. The current study targeted primary data articles; thus, articles with methodologies that discussed more than one SPT or that did not provide sufficient information on their curriculum were excluded. In total, 92 SPT curricula articles were identified in the initial search and 53 of these articles did not meet inclusion criteria, resulting in a final sample of 39 studies.

Table 1 includes a list of the 26 trainings featured in the 39 articles. Trainings adapted for specific cultural communities were counted separately from the original training if they were significantly altered or had added components into the training (e.g., an educational film). The most cited training type was QPR, which included 10 studies with an unmodified QPR curriculum and two with significant cultural adaptations. All other training types were each referenced in four or less sources.

Data Coding and Analysis

Consistent with thematic synthesis guidelines (e.g., Thomas & Harden, 2008), two researchers followed a multi-step process to code and identify themes detailing cultural considerations for SPTs from the two literature sources. First, the researchers created an initial set of potential themes that could emerge in SPTs based on the seminal review and theoretical studies about culture and suicide prevention. Second, the cultural themes were organized into overarching categories of typical SPT curricula. Third, the researchers independently read and coded cultural content from all peer-reviewed SPT curricula articles into existing themes, and refined themes and their definitions with each subsequent data source. Discrepancies were discussed and settled between the two researchers. Finally, the researchers organized the resultant cultural curricular themes into a theoretical framework. To ensure that core cultural components of the framework were identified with consistency across peer-reviewed sources, only themes that appeared in three or more trainings were included in the final framework.

RESULTS

The thematic synthesis process yielded a total of 14 cultural guideline themes under three overarching categories that comprise the theoretical framework for cultural considerations of SPTs, named the Culturally Infused Curricular Framework (CICF) for Suicide Prevention Trainings. Researchers organized the cultural themes into the following three overarching categories: (a) suicide knowledge and awareness; (b) suicide intervention skills; and (c) curriculum delivery. These categories represent peer-reviewed core SPT components and areas in which cultural modifications can be implemented. These categories and their cultural themes are defined with examples in Table 2, and they are elaborated on in the following section. The count for each cultural theme indicates the number of trainings that included the named component.

Curriculum Content: Suicide Knowledge and Awareness

Suicide knowledge and awareness topics provide core curriculum content in SPTs and included the following six themes: risk factors and warning signs (n = 12, 46%),

TABLE 1
Trainings Included in the Thematic Synthesis Analysis

Training	*Study*	*Total*
Question, Persuade, Respond (QPR)	Cimini et al., 2014; Cross et al., 2011; Hangartner et al., 2019; Indelicato et al., 2011; Jacobson et al., 2012; Kuhlman et al., 2017; Litteken & Sale, 2018; Mitchell et al., 2013; Terpstra et al., 2018; Tompkins et al., 2010	10
QPR (modified for teachers, staff, and other stakeholders of Guyana)	Persaud et al., 2019	1
QPR (modified for Japanese Americans or related stakeholders)	Teo et al., 2016	1
Connect	Bean & Baber, 2011; Pasco et al., 2012; Rallis et al., 2018	3
Connect (modified for Hawaiians)	Chung-Do et al., 2016	1
Applied Suicide Intervention Skills Training (ASIST)	Sareen et al., 2013	1
ASIST (modified for the White Mountain Apache Tribe)	Cwik et al., 2016	1
Kognito	Bartgis & Albright, 2016; Robinson-Link et al., 2020	2
Mental Health First Aid	Kato et al., 2010	1
Mental Health First Aid (modified for Japanese colleges)	Hashimoto et al., 2016	1
Optimizing Suicide Prevention Programs and their Implementation in Europe (OSPI-Europe)	Arensman et al., 2016; Coppens et al., 2014	2
safeTALK	Bailey et al., 2017	1
Brief Suicide Intervention Training (BSIT)	Becker & Cottingham, 2018	1
Creating Suicide Safety in Schools (CSSS)	Breux & Boccio, 2019	1
The Samaritans of New York Public Education Suicide Awareness and Prevention Program	Clark et al., 2010	1
National Empowerment Project (NEP)	Cox et al., 2014	1
Yellow Ribbon Suicide Prevention Program	Freedenthal, 2010	1
MATES in Construction	Gullestrup et al., 2011	1
The Jason Foundation "A Promise for Tomorrow"	Labouliere et al., 2015	1
FACTS: Making Educators Partners in Youth Suicide Prevention	Lamis et al., 2017	1
Qungasvik	Rasmus et al., 2019	1
I CARE	Reiff et al., 2019	1
Collaborators for At-Risk Engagement and Support (CARES)	Wexler et al., 2015	1
Sources of Strength	Wyman et al., 2010	1
Unnamed Trainings	Brown et al., 2018; Marzano et al., 2016	2

Note. There was a total of 39 articles with 26 different trainings referenced.

relevant data ($n = 12$, 46%), meanings and beliefs ($n = 9$, 35%), protective factors ($n = 9$, 35%), intersectionality ($n = 6$, 23%), and systemic inequities ($n = 4$, 15%). Cultural adaptations to training components like risk factors, warning signs, data regarding suicide and risk, and protective factors can easily be made with culture-specific examples.

Trainings should begin by acknowledging that topics like mental health, wellness, and suicide are understood differently according to culture (*cultural meanings and beliefs;* Wexler et al., 2015). Acknowledgment should be made that factors contributing to suicide is viewed from a biopsychosocial perspective according to Western culture, whereas other groups may see this through a spiritual lens. Priority should also be given to discussing culturally embedded stigma from both the participants and the target population since it may be a barrier to providing support, seeking help, and openness to the training itself (Holmes et al., 2021).

While the themes of *intersectionality* and *systemic inequities* were not as commonly found in SPTs, inclusion of these themes can deepen the complexity of a training. *Intersectionality* (Crenshaw, 1994) of cultural identities can influence all themes previously mentioned, such as risk factors and risk levels as some cultural subgroups (e.g., First Nation youth) are consistently at higher risk of dying by suicide (Standley, 2020; Wong et al., 2014). Acknowledgment in a training of how *systemic inequities* can impact suicide risk, protective factors, and prevention (Chu et al., 2010) and can act as barriers to accessing support resources (Cox et al., 2014) can deepen a participant's understanding of how to be more supportive toward an at-risk individual according to their social contexts. It also shifts conceptualization of the problem beyond the individual and rightfully recognizes how external, societal, and systemic entities can negatively react to an individual's cultural identities (e.g. systemic racism) and therefore contribute to their experiences of suffering and distress.

Curriculum Content: Suicide Intervention Skills

Suicide intervention skills also contribute to curriculum training content and are defined as behaviors to show support and intervene when encountering an individual with suicidal risk. It includes three themes: culturally relevant referrals (n = 9, 35%), culturally responsive communication (n = 7, 27%), and culturally responsive identification of suicide risk (n = 3, 12%) (see Table 2).

While advanced risk assessment protocols are usually reserved for clinicians (Cramer et al., 2017) and sometimes first-responders (see Marzano et al., 2016), most trainings teach community members to identify basic markers of suicide risk factors and warning signs. A training can be enhanced with the addition of examples of culturally informed warning signs of suicide risk to encourage *culturally responsive identification of suicide risk*. This skill is supplemented by a helping individual's ability to use culturally responsive, empathetic, and nonjudgmental ways of asking about suicide, and listening and responding to problems in culturally congruent ways (*culturally responsive communication*; Wexler et al., 2015). Examples include how to talk about suicide in a manner that is sensitive to the communication norms of specific cultures (e.g., communication acknowledging social hierarchy) or by naming nonstigmatizing terms from relevant languages in the SPT (Rasmus et al., 2019). Ultimately, these communication skills are used to connect distressed individuals to sources of support listed in a training that are ideally predetermined to be culturally appropriate and safe (*culturally relevant referrals;* Wexler et al., 2015).

Curriculum Delivery

While the previous two categories were focused on curriculum content, *curriculum delivery* addresses how SPT content can be respectfully shared with the community and includes five themes: training presentation (n = 13, 50%), community collaboration (n = 12, 46%), centering cultural strength (n = 5, 19%), culturally informed educational materials (n = 6, 23%), and culturally inclusive accessibility (n = 3, 12%) (see Table 2). Curriculum delivery is about how to provide trainings with full respect of the learning needs, interests, strengths, and autonomy of cultural communities.

At the core, a culturally responsive training involves *collaboration* with members of the cultural community to devise, implement, evaluate, and maintain suicide prevention programming (Rasmus et al., 2019). Implementation of standardized, Western-centered SPTs without the input of cultural communities can be especially retraumatizing to historically marginalized communities (e.g., Indigenous groups). It can be a reenactment of a more powerful cultural entity imposing its will, values and beliefs on a more disadvantaged group with the intention to "help" or "save" them, resulting in significant communal and individual harm by disregarding and thereby devaluing an existing culture. Assuming the expertise of community members and positioning them as consultants or leaders to create, adapt, or share training programs grants them the power to generate a more meaningful training experience for their own community (Rasmus et al., 2019). It also positions trainers and training developers rightfully as supportive consultants. For long-term effects, trainers and training developers should maintain a relationship and collaborate with the participant communities in the evaluation process to support any future suicide prevention needs with resources, improve the training content and process, and monitor for adverse impact on the community. Ultimately,

TABLE 2
Themes and Definitions for the Culturally Infused Curricular Framework for Suicide Prevention Trainings

Curriculum Content: Suicide Knowledge & Awareness		
Theme	*Definition*	*Examples*
Culturally Informed Risk Factors & Warning Signs	Identifies cultural variation in factors that increase an individual's risk for suicide and cultural variations in behavioral, cognitive, emotional signs that an individual may be thinking of suicide.	Training for school staff addresses warning signs commonly observed among youth such as recklessness, substance use, or anger (see Rallis et al., 2018).
Culturally Relevant Data	Presents culturally or locally relevant information about suicide patterns and related statistics. Can include the disaggregation of data by cultural subgroups (e.g. "Asian" versus "Korean, Japanese," etc.).	Training in Japan focuses on the epidemiology of suicide in Japan and how Japanese individuals tend to visit physicians first for depressive symptoms (see Kato et al., 2010).
Cultural Meanings & Beliefs	Acknowledges cultural variations in beliefs and attitudes about biopsychosocial stressors, life, mental health, wellness, death, suicide, and other relevant topics.	Training for a First Nations community recognizes the community's perspective of suicidality (e.g. "soul wound") as a consequence of a history of generations of harm through colonization (see Wexler et al., 2015).
Cultural Protective Factors	Identifies cultural variations in factors that can protect someone from suicide, including connection to cultural identity and community. Notes that some protective factors may also be risk factors for others.	Spirituality and religion can be both a risk and protective factor for youth. For example, feeling judged for not being religious enough can contribute to suicide risk while social support from religious institutions can be protective (see Persaud et al., 2019).
Intersectionality	Acknowledges cultural intersectionality in relation to suicide factors and suicide prevention.	Discussion of the impact of layers and combinations of cultural identities on mental health factors, such as ethnic identity, age, socioeconomic status, and geographic location (see Chung-Do et al., 2016) or biculturality of youth (e.g. "American" and "Indigenous") on mental health factors (see Rasmus et al., 2019).
System Inequities	Acknowledges how systemic inequities impact suicide factors and prevention.	Training acknowledges that minority stress, acculturation, discrimination, racism, colonization, marginalization or other social disadvantages, impact suicide risk and protective factors and prevention (Chu et al., 2010; Wong et al., 2014) and can act as barriers to having or accessing resources for support (Cox et al., 2014).
Curriculum Content: Suicide Intervention Skills		
Theme	*Definition*	*Examples*
Culturally Responsive Identification of Suicide Risk	Teaches how to identify presence of suicide risk or acute crisis based on cultural context.	Training for First Nations community (see Wexler et al., 2015) and police officers (see Marzano et al., 2016) use stories/vignettes to illustrate how to determine whether someone in distress is at risk of suicide and how to take appropriate action based on their needs by connecting them to the right level of care.
Culturally Responsive Communication	Presents culturally responsive ways of asking and talking about suicide, and listening, reflecting and responding to problems in culturally congruent and nonjudgemental ways.	Training for Guyanese teachers taught ways for teachers to connect with students using colloquial speech while also honoring culturally appropriate communication styles between adults and children, such as use of honorifics and adults not disclosing too much personal information (see Persaud et al., 2019).
Culturally Relevant Referrals	Teaches culturally responsive skills in referring to professional help and connecting an individual in crisis to culturally relevant suicide intervention resources. Includes list of culturally relevant resources in the training.	Training provides a list of church counselors, traditional leaders, or mental health professionals available in the immediate community that can assist with support (see Cwik et al., 2016).

(continued)

TABLE 2 (CONTINUED)

Curriculum Delivery

Theme	*Definition*	*Examples*
Training Presentation	Training approach is flexible and adaptive by considering cultural learning needs to increase engagement.	Training uses a story-telling, interactive, collaborative learning approach rather than standardized didactic style of training (see Wexler et al., 2015) or includes more time to build relationships and trust between trainees and trainees to facilitate learning (time to "talk story" for the Hawaiian community; see Chung-Do et al., 2016).
Community Collaboration	Collaborates with members of cultural communities to devise, implement, evaluate, and maintain suicide prevention programming. Community collaboration ideally begins prior to a training to build rapport with the participant community and develop appropriate training content with community members and includes maintaining a relationship with the participant community to offer ongoing support.	Conducting focus groups or needs assessments with community leaders and members prior to training to inform cultural adaptions of trainings, having trainers from or familiar with the participant communities lead the trainings (see Chung-Do et al., 2016), and staying connected to the participant communities to offer follow-up with evaluative measures to assess for effectiveness, monitor for harm, and offer booster training sessions (see Rallis et al., 2018).
Centering Cultural Strength	Cultural strengths (rather than pathology, suffering, and problems) are spotlighted throughout the suicide prevention training curricula.	Content related to collectivism, community, resiliency, or cultural history, identity, knowledge, beliefs, or values are embedded and centered throughout the training (see Rasmus et al., 2019; Wexler et al., 2015).
Culturally Informed Educational Materials	Culturally attuned training materials are offered to participants, which they can then keep and refer to during and after the training is completed.	Provide educational materials in relevant languages with culturally informed suicide prevention knowledge or culturally relevant and/or local resources (see Teo et al., 2016).
Culturally Inclusive Accessibility	Ensuring that the training is accessible to a culturally diverse audience (particularly underserved and marginalized communities) by providing training in different languages, considering the training location and format, and incorporating other considerations to enhance accessibility.	Training is provided in relevant languages for the participant community, has trainers that are from or familiar with the participant community (see Cwik et al., 2016), and/or are provided in the most accessible locations in-person or virtually for the community (Teo et al., 2016)

community collaboration and input should shape all aspects of curriculum content and delivery.

At the most basic level, a training must be made as culturally inclusive and accessible as possible to a diverse audience (*culturally inclusive accessibility*) and provide *culturally informed educational materials* that training participants can refer to during and after the training. It is also important to be mindful of increasing accessibility for historically marginalized and underserved communities by considering the location of the training, format, and language it is delivered in.

To encourage engagement and autonomy of participants, the *training presentation*, approach and format should be flexible by considering cultural learning preferences and should incorporate a strengths-based approach to all content of the training. Based on Western values, many current trainings are formatted to be delivered in a standardized didactic approach, but more collectivistic peoples like Hawaiians (Chung-Do et al., 2016) or Indigenous communities may prefer to use more story-telling, interactive or collaborative ways of learning (Wexler et al., 2015). The training should also aim to honor and *center cultural strength* throughout its curriculum by actively embedding components related to collectivism, community, resilience, or cultural history, identity, knowledge, or values, which are cultural themes that have been underestimated in their protective power and may have historically been rejected or condemned by the majority or cultural group in power (Wexler et al., 2015).

DISCUSSION

This study aimed to establish a research-informed, definitive set of curricular guidelines for SPTs responsive to the needs of diverse cultural communities: the Culturally Infused Curricular Framework (CICF) for Suicide Prevention Trainings. This framework identifies areas that can be targeted for infusion of cultural curricular content throughout SPTs and can be used to improve the cultural responsiveness of training programs.

The CICF was created by conducting a thematic synthesis qualitative analysis of two sources of data: (a) cultural guidelines from five systematic reviews that summarize and represent the state of empirical knowledge on the influence of culture on suicidality and prevention, and (b) cultural content from existing peer-reviewed SPT curricula in 39 primary data articles from 2010 to 2020. Three overarching curricular categories were identified from the thematic synthesis: (a) culturally informed suicide knowledge and awareness; (b) culturally informed suicide intervention skills; and (c) curriculum delivery.

The CICF included six suicide knowledge and awareness themes (culturally informed risk factors and warning signs, culturally relevant data, cultural meanings and beliefs, cultural protective factors, intersectionality, and systemic inequities), three suicide intervention skill themes (culturally responsive identification of suicide risk, culturally responsive communication, and culturally relevant referrals), and five curriculum delivery themes (training presentation, community collaboration, centering cultural strength, culturally informed educational materials, and culturally inclusive accessibility). Most of the trainings (n= 17, 65%) included at least one mention of a culture-related training component (see Table 3).

A Dearth of Attention to Cultural Content in Existing SPTs

The number and detail of cultural considerations made across most SPTs was generally low, indicating a need for increased attention to cultural considerations in existing SPTs. Descriptions and mentions of cultural themes were lower in comparison to general training components (e.g., general risk factors versus culturally informed risk factors) across the SPT studies, with all cultural themes appearing in half or less than half of the trainings. In addition, 16 out of the 26 trainings (62%) included five or less cultural themes (of 14 total possible cultural themes) in their curriculum (see Table 3). The training programs that included the most cultural components (having at least six out of 14 of the cultural themes) were intentionally developed for a specific cultural group (see Breux & Boccio, 2019; Cox et al., 2014; Marzano et al., 2016; Rasmus et al., 2019; Reiff et al., 2019; Wexler et al., 2015; Wyman et al., 2010), or purposefully included cultural modifications to existing SPTs (see Chung-Do et al., 2016; Cwik et al., 2016; Persaud et al., 2019). Thus, SPTs targeted toward general audiences had little cultural infusion of curricular content.

The most commonly used trainings like QPR, Connect, and others that appeared in multiple articles of the 39 included in this study had low counts of cultural themes if they were unmodified. This finding suggests that unless the trainers or training developers actively aim to be culturally responsive, SPTs are likely to default to standardized programming that may not adequately meet the needs of marginalized communities. The low frequency of cultural themes in SPTs supports the idea that the cultural inclusivity of SPTs is a considerable area in need of growth in the field.

Implications for Practice and Research

Modification of Existing SPTs and Creation of New Culturally Infused SPTs. The CICF can be used to update

TABLE 3
Frequency Count for the Culturally Infused Curricular Framework for Suicide Prevention Trainings

Cultural theme	*n*	*%*
Curriculum Content: Suicide Knowledge and Awareness		
Culturally Informed Risk Factors and Warning Signs	12	46%
Culturally Relevant Data	12	46%
Cultural Meanings & Beliefs	9	35%
Cultural Protective Factors	9	35%
Intersectionality	6	23%
System Inequities	4	15%
Curriculum Content: Suicide Intervention Skills		
Culturally Responsive Identification of Suicide Risk	3	12%
Culturally Responsive Communication	7	27%
Culturally Relevant Referrals	9	35%
Curriculum Delivery		
Training Presentation	13	50%
Community Collaboration	12	46%
Centering Cultural Strength	5	19%
Culturally Informed Educational Materials	6	23%
Culturally Inclusive Accessibility	3	12%

Note. Percentages represent the percent of trainings out of a total of 26 trainings (*N*) that included the relevant cultural theme.

existing trainings or to create novel SPTs that have cultural considerations infused throughout its curriculum. The CICF names essential, core elements of SPTs supported by a decade of research and offers guidelines on where to add cultural considerations into content and overall delivery and what types of cultural considerations should be made. To avoid perpetuating harmful stereotypes and overgeneralizing, trainers should be sure to encourage participants to focus on considering overall how culture influences suicidality and intervention skills and use examples from cultural groups only to supplement these points. For example, when discussing cultural meanings and beliefs about suicide, the focus should be that culture impacts a community's way of understanding why suicidal distress occurs, which can be further explained by a biopsychosocial view of mental health according to Western culture or as a "soul wound" by a First Nations group (Wexler et al., 2015).

Enhancing Cultural Responsivity Through Pre- and Posttraining Processes. The CICF also provides additional recommendations under the curriculum delivery category on how to be culturally responsive beyond just curriculum content to include pretraining preparation and posttraining processes. To respect the autonomy of and honor the cultural strengths of diverse cultural groups, trainers should collaborate with community members to determine how best to adapt trainings to meet participant and community needs (Rasmus et al., 2019). In particular, conducting pretraining needs assessments for specific cultural communities is an example of community collaboration that could increase training effectiveness and meaningfulness, which is especially crucial in working with populations that have been marginalized and underserved (Rasmus et al., 2019). Additionally, the research-informed CICF can also be used in conjunction with other existing resources that make their own recommendations for pre- and posttraining efforts (e.g., see guidelines by the Suicide Prevention Resource Center, 2020; QPR Institute, n.d.).

Future Directions

The CICF outlined in Table 2 represents a set of guidelines based on current literature from recent years (2010–2020). It is important to note, however, that these guidelines were based on a relatively low number of SPT articles that included cultural considerations. As the field grows in its understanding of cultural responsiveness in suicide prevention programming and SPTs, the current study's CICF should be revisited and expanded.

Notably, nearly all articles in the current study sample included no evaluative measures for culture-related effectiveness of their programs. Cwik and colleagues' (2016)

study was the only article in the sample that specified using a culture-related evaluative question (i.e., "The training addressed cultural differences in the youth I intend to serve"). Yet, the inclusion of culturally focused training outcome measures is important to advancing the field of SPTs (Nasir et al., 2016). Examples of outcome measures can include evaluations of self-efficacy or confidence in assisting individuals with suicidal risk from diverse backgrounds, likelihood of using culturally responsive knowledge and skills, or participant satisfaction of cultural responsivity of training. Maintaining a relationship with the participant community with follow-up outcome measures would also be ideal given that long-term outcomes are not necessarily captured in short-term measures.

Limitations

This study's findings should be understood through several potential limitations. First, some SPTs were represented more than others, and while several articles used the same SPT, they did not always endorse the exact same set of themes when analyzed. For example, QPR was represented most frequently in the sample (12 of the 39 total articles) and most themes across the articles matched, but a few trainings were slightly modified for a specific cultural group, thereby endorsing different cultural themes yet counted under the same training. The articles that introduced significantly culturally modified versions of popular trainings by layering culturally relevant components on top of core modules were counted separately. As a result, training programs that occurred most frequently in the sample may be slightly overrepresented in the data.

Second, coding of data in this study assumed that the primary articles reported all curricular details of their training programs. It is possible that the SPTs described in primary articles included training components that were not explicitly stated or described. The researchers attempted to address this concern by excluding SPT articles that did not include details of their training curricula. As such, future research should maintain and update the current study's list of cultural curricular competencies as the field develops.

CONCLUSION

SPTs aim to empower communities to protect their members from suicide and increase connection to support systems. An area that has strong potential in improving the effectiveness of SPTs is its enhancement of cultural inclusivity and responsiveness. Most of the widely disseminated SPTs were developed without focused attention on the specific cultural needs of diverse, marginalized, and underserved populations. This study's results showed a notable dearth of attention to cultural content in existing SPTs, emphasizing necessity to tend to this growing need.

To address this gap, this study established a definitive research-based set of cultural curricular guidelines for SPTs, represented in the Culturally Infused Curricular Framework (CICF) for Suicide Prevention Trainings (Table 2). The CICF offers a simple, research-based tool to enhance the quality and cultural responsiveness of SPTs with the hope that more individuals at risk of suicide will be identified, supported, and connected to help. Using the CICF, training programs can ensure fidelity to well-researched SPT components by improving existing curricula or designing new, culturally infused SPTs with best-practice recommendations. Most importantly, however, the framework also provides process-related suggestions of how trainings can be made meaningful to the diverse communities they serve by honoring and respecting a community's autonomy, interests, cultural beliefs, and values through intentional invitation of their leadership and partnership throughout the work.

Note

1. While the predominant term is "gatekeeper training," this article will use the term "suicide prevention training" or "community training" given the cultural concerns around gatekeeping especially with transgender and gender nonbinary (TGNB) individuals and Black, Indigenous, and people of color.

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