

# Evaluation of GLSMA Activities

**Presented by:**

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# Background Information

- Service grant to Oregon Public Health Division, DHS
- Lisa M. Millet, MHS is the GLSMA Project Director
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# **DEMOGRAPHICS AND DESCRIPTION OF SERVICE AREA**

# The Four Geographic Regions included in Oregon's GLSMA Grant:

- Northeast Oregon (includes Baker, Umatilla, Union and Wallowa Counties)
- Lane County
- Southern Oregon (includes Jackson and Josephine Counties)
- Confederated Tribes of Warm Springs in Central Oregon

*\*\* The above areas contain 21% of Oregon's 10-24 year olds*

# Racial Demographics

- Oregon is racially 86% white, 1.6% black, 1.3% American Indian, 3.3% Asian/Pacific Islander, and 8% Hispanic
- Regions closely reflect these racial demographics with two important exceptions:
  - Two reservations
  - Areas with high concentrations of Hispanic individuals

# Northeast Oregon

- Rural (11,465 square miles)
- 26,317 youth ages 10-24
- Baker and Wallowa are frontier counties with 3058 and 1315 youth aged 10-24, respectively.
- Union and Umatilla are rural with 10-24 year-old populations of 6041 and 15,903, respectively.
- The Confederated Tribes of the Umatilla Indian Reservation is located in Northeast Oregon. Among the 10-24 year-olds in Umatilla County are 688 tribal youth.

# Lane County

- Rural with one urban area (spans from the Pacific to the Cascades)
- 76,517 youth aged 10-24

# Southern Oregon

- Predominantly rural with one urban area (4,425 square miles)
- Combined, the two counties (Jackson and Josephine) have 53, 517 youth aged 10-24.

# The Confederated Tribes of Warm Spring

- 10,015 square miles
- Young population-1,113 tribal youth aged 10-24 make up 35% of the tribal population



# **OVERVIEW OF PROGRAM ELEMENTS AND YEAR 2 ACTIVITIES**

# Program Elements

- 2007-2008: Oregon was in Year 2 of GLSMA grant for youth suicide prevention in four regions of OR
- The initiative's multiple components were aimed at:
  - Reducing suicide and attempts among youth and young adults
  - Enhancing state's ability to monitor trends and identify and serve high-risk young people
  - supporting families in safeguarding their children or managing bereavement when a suicide has occurred

# Year 2 Activities

- Continued provision of QPR and ASIST training
- Implementation of RESPONSE in schools
- Continued development of surveillance procedures at local hospitals
- Continued development of family support networks

## Year 2 Activities (Continued)

- Further implementation of a culturally-specific youth suicide prevention activity at the Warm Springs Reservation
- Provide bereavement support to suicide survivors
- Establish a statewide coalition on suicide prevention



# **QPR, ASIST AND RESPONSE TRAINING**

# Number of Trainings

- Year 2: QPR and ASIST continued to be implemented in all three regions, and the school-based RESPONSE program was implemented in Southern OR.
- 39 trainings conducted between July 15, 2007 and July 14, 2008 (27 QPR, 6 ASIST, 6 RESPONSE).

# Number of Trainings (Continued)

- 936 trainees attended the trainings
- 682 trainees completed some form of evaluation (73% response rate)
- Majority received QPR, followed by RESPONSE and ASIST.
- The totals in Table 1 (next slide) do not include trainings conducted by Warm Springs.

# Table 1: Number of Trainees by Type and Location of Trainings

	Count	Percent
<u>type</u>		
qpr	363	53.2
asist	130	19.1
response	189	27.7
<b>Total</b>	<b>682</b>	<b>100.00</b>
<u>location</u>		
lane	131	19.20
northern OR	170	24.93
southern OR	355	52.05
state-wide	26	3.82
<b>Total</b>	<b>682</b>	<b>100.00</b>

# Demographics of Trainees

- Trainees were on average 43.2 years old
- Had worked in their jobs for 11 years
- Women were over-represented among trainees, with almost two-times the number of women trained than men.

## Table 2: Frequencies of Selected Demographic Variables of the Trainees

Variables	Count	Percent	
<b>GENDER</b>			
Males	241	36.5	
Females	419	63.5	
<b>Total</b>	<b>660</b>	<b>100.0</b>	
			% in Oregon
<b>RACE</b>			
AI/AN	17	2.7	1.3-2.5
Asian	4	<1	3.0-3.7
Black or African American	5	<1	1.6-2.1
NH/PI	3	<1	< 1
White	528	85.0	86.6-89.3
Hispanic	51	8.2	8.02
Multirace	13	2.1	3.1
<b>Total</b>	<b>621</b>	<b>100.0</b>	

Source: US Census 2000.; Hispanic refers to Hispanic of any race.

# Racial Demographics of Trainees

- People of color slightly over-represented in the trainees in contrast to OR population
- OR population percentages were exceeded for AI/AN and Hispanic participants
- African American and Asian populations under-represented as compared to OR population
- Josephine and Jackson counties are 96% white and Lane County is 93% white
- Largest percentage of trainees were white, followed by Hispanic, AI/AN, and multi-ethnic

# Trainee Post-Test Ratings

- The cross-site evaluation post-test asked participants to rate their satisfaction and perceived changes due to training.
- Table 3 (next slide) shows these ratings.

## Table 3: Post-test Ratings of Training

	Obs	Mean	SD	Min	Max
				Strongly Disagree	Strongly Agree
The training:					
Increased knowledge	676	3.48	.58	1	4
Met my needs	672	3.33	.59	1	4
Addressed culture	627	2.78	.92	1	4
Was practical	668	3.38	.58	1	4
I am now ready to help	660	3.33	.59	1	4
I will use	662	3.41	.59	1	4
Satisfied with:					
Trainer's knowledge	675	3.56	.60	1	4
Trainer's presentation	671	3.47	.66	1	4
Overall training	670	3.46	.61	1	4

## Trainee Post-Test Ratings (Continued)

- High mean ratings for knowledge, meeting needs, and practicality of the trainings.
- Rating for “the training addressed cultural differences” was just above neutral.
- Trainees gave high ratings to their sense of readiness to intervene with suicidal youth.
- Respondents were very satisfied with trainer’s knowledge and overall training.

## Trainee Post-Test Ratings (Continued)

- Post-test self-ratings are vulnerable to social desirability and halo or goodbye effects-respondents are likely to rate most trainings highly.
- To provide more rigorous evaluation of the effects of training, the OR local evaluation planned pre and post training measures as well as a 9 month assessment of self-reported behavior.

# Evaluation of 9-Month Follow-Up of QPR and ASIST Trainings

- Follow-Up Participants and Procedures:
  - Identified QPR and ASIST trainings from Year 1 that received full evaluation and in which respondents had provided contact info
  - Conducted a mail survey-101 surveys sent and 58 were returned for response rate of 60%

# Evaluation of 9-Month Follow-Up of QPR and ASIST Trainings

- Follow-Up Participants and Procedures:
  - Of the 58 returned surveys, follow-up was complete and matched w/pretest survey for 50 cases (analysis response rate of 52%).
  - Surveys were returned on average 8.8 months after the training date
  - Follow-up participants did not differ from non-respondents on gender, pretest suicide prevention preparation, knowledge or behavior. Respondents were significantly older than non-respondents.

# Changes in Suicide Prevention Knowledge, Preparation and Behavior

- The follow-up subsample indicated large significant changes in preparation, knowledge, and myths from pre to post training.
- Changes in these areas were maintained and even grew by 9 month follow-up.
- Average trainee at follow-up felt more prepared than 84% of the trainees before training.

## Changes in Suicide Prevention Knowledge, Preparation and Behavior (Continued)

- Test scores on a suicide prevention knowledge test increased significantly at post-training, and declined slightly at follow-up.
- In ASIST trainees, suicide prevention behaviors had a significant medium size increase.
- QPR trainees showed no significant change in suicide prevention behaviors.

## Changes in Suicide Prevention Knowledge, Preparation and Behavior (Continued)

- Results provide preliminary evidence that ASIST, but not QPR has an overall effect on increasing desired suicide prevention behaviors.
- ASIST is more intensive (2 days versus 2-3 hours for QPR), and includes role-playing and behavioral practice of suicide prevention skills (important re: practitioner behavior change).

## Changes in Suicide Prevention Knowledge, Preparation and Behavior (Continued)

- Follow-up data found empathic relationships with youth to be correlated with more suicide prevention behaviors.
- Two tentative conclusions are suggested: 1) suicide prevention training should target those who are skilled and capable in relating and communicating with youth; 2) more intensive training that includes modeling and behavioral rehearsal may be needed to change trainee suicide prevention behavior.

# Pre and Post Training Changes- RESPONSE

- RESPONSE is a comprehensive, high-school based program listed as a Best Practice by the Suicide Prevention Resource Center and The American Foundation for Suicide Prevention.
- RESPONSE was implemented into all 4 high schools in one of the Southern OR counties and into 2 high schools in the second county.

## Pre and Post Training Changes- RESPONSE (Continued)

- Suicide prevention knowledge and attitudes were assessed immediately before and after training, and trainee's report of suicide prevention behaviors were assessed before training and approx. six months after training.
- Sample: Data was collected in 6 high schools. 139 staff members completed the RESPONSE specific pre and post tests.

# Pre and Post Training Changes- RESPONSE (Continued)

- Sample (cont.):
  - The sample was 89% white, 45% female, and the average age was 42.2 years. 80% of the respondents were teachers.
  - The 139 who completed the pre and post-test at the time of the training were offered a follow-up survey of 6 month recall of suicide prevention behaviors.
  - 76 returned surveys (55% response rate). The 76 follow-up participants did not differ from the non-respondents on age, gender, highest degree, nor pretest scores on suicide prevention behaviors.

# Pre and Post Training Changes- RESPONSE (Continued)

- Results:
  - The questionnaires used measured suicide prevention knowledge, attitudes and behaviors.
  - Statistically significant increase in knowledge-the average trainee at post-test had a higher knowledge score than 77% of the trainees at pre-test.

# Pre and Post Training Changes- RESPONSE (Continued)

- Results (continued):
  - Preparation and readiness to intervene with an at-risk youth-statistically significant increase was found at post-test. The average post-test trainee had higher preparation/readiness than 89% of the trainees at pre-test.



# Pre and Post Training Changes- RESPONSE (Continued)

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- Results (continued):
  - Attitudes about suicide were measured (comfort with discussions of suicide, knowledge of key staff members to help with an at-risk youth, and awareness of the warning signs of suicide).
  - Statistically significant increases were found-the average post-training score was higher than 88% of the pre-training scores.

# Summary of 2007-2008 Training Activities

- In Year 2 over 1,300 people received gatekeeper training under the grant.
- In addition to QPR and ASIST, nearly 200 school personnel trained in the RESPONSE school-based suicide prevention program.
- Training of Trainers:
  - In Year 2, 16 people became trainers and/or were in process of becoming trainers.

# Summary of 2007-2008 Training Activities (Continued)

- Training of Trainers (continued):
  - As part of cultural outreach, the grant has supported 3 new QPR trainers in OR who are bilingual in Spanish. A fourth was trained using GLSMA funds from the Blue Mt. Community College grant so there are Spanish-speaking QPR trainers who will reach out to the Hispanic community in each of the grant regions.
  - All three OR GLSMA grant prevention coordinators were trained to become ASIST trainers.

# Summary of 2007-2008 Training Activities (continued)

- Training of Trainers (continued):
  - The Oregon Violent Death Reporting System (OVDRS) Report in 2007 identified an extraordinarily high rate of suicide among returning male veterans.
  - As a result of the OVDRS report and collaboration with the Oregon National Guard, the OR GLSMA grant held an ASIST training for 28 Guard in Year 2 and supported two Oregon National Guard personnel in becoming ASIST trainers. The grant has continued to support this high-risk population.

# Summary of 2007-2008 Training Activities (continued)

- Training of Trainers (continued):
  - Grant supported another person in rural Central OR in becoming an ASIST trainer (high demand and need but no trainers in this area). The community supported a second person in becoming an ASIST trainer and both are working together to provide ASIST in Central OR.
  - Trainings have been held with mental health providers in the three regions to increase their clinical skills in working with suicidal clients.
  - Trainings with primary care providers will be taking place.



- **OTHER PROGRAM ELEMENTS**

# Warm Springs

- The Confederated Tribes of Warm Springs conducted a five-day youth suicide prevention family retreat in July 2007 led by Clayton Small, Ph.D., using a modified Native HOPE curriculum.
- Dr. Small has returned to Warm Springs multiple times since then. His work with the tribes increases awareness, interest and participation in suicide prevention activities among youth and elders at Warm Springs and among other tribes in Oregon and neighboring states.

## Warm Springs (Continued)

- Dr. Small facilitated a winter Native HOPE training camp in Dec. 2007 for 62 people (adults and youth) and was the keynote speaker at the Northwest Indian Youth Conference held at Warm Springs in May 2008. Over 300 youth attended the latter.
- Dr. Small's workshops and presentations were so powerful that youth and elders were involved in ways they had not been before.

# Warm Springs (Continued)

- The culturally specific events and dialogue at the conference have led elders to realize that they are needed as mentors and role models and it is incumbent upon them to become educated and confident enough in the subject to help youth.
- Tribal members are beginning to develop a suicide prevention plan, including adult mentorship of youth and bringing together other Oregon tribes.

# Warm Springs (Continued)

- As education increases, so do requests for training. Dr. Small has continued to return to work with adults and youth.
- Other activities include bereavement and trauma support groups to help survivors heal, a walk for survivors, and meeting with other tribes.

# Family Support Networks (FSN)

- Southern OR:
  - facilitated coordination and support for FSN in this area to benefit families of youth who are at-risk for suicide.
  - One county has focused on developing a strong family support network through Oregon Family Support Networks (OFSN), a statewide non-profit with regional staff and volunteers.

# Family Support Networks (Continued)

- Southern OR (continued):
  - Also developing a family mentoring program and supporting an OFSN Collaborative Problem-Solving Book Club for parents who have children with explosive/impulsive behaviors, including self-harm and suicide attempts. Collaborative Problem-Solving is an evidence-based practice and the book clubs have been filled to capacity.
  - Also organizing a family support group in this region's second county.

# Screening Activities

- Prevention Coordinator in Southern OR consulted with an inpatient substance abuse agency and a juvenile detention center about routine suicide screening with youth. Each program established a protocol for screening.
- Together, the two agencies are screening approx. 280 youth per quarter, with 10-20% of youth being identified as at-risk for attempt. Nearly all are referred for mental health assessment and treatment.

# Screening Activities

- The OR Public Health Division is conducting an assessment of youth screening tools, protocols, and procedures among state agencies including community mental health, juvenile justice, A&D treatment providers who work with youth, foster care, and child welfare.

# Hospital Emergency Department Reporting

- The public health initiative to begin ER reporting of suicidal youth is in active development.
- The Public Health Division changed the reporting form and protocol for the Adolescent Suicide Attempt Data System in January 2008 to include named reporting, definitions of self-harming behaviors with examples, and intent.

# Hospital Emergency Department Reporting (Continued)

- Southern OR has made the most progress on this program element. For example, in the three local Jackson county hospitals, there has been work to improve crisis services and safety planning for youth encountered in the ED.
- While progress has been slower in other regions, there have been promising developments including positive response from ED staff to information provided regarding suicide risk evaluation and triage.

# Other Activities

- **Bereavement Support:** groups held in all 3 regions, plus ongoing bereavement and trauma support at Warm Springs.
- **Statewide Coalition for Suicide Prevention**
- **Two-Day Regional Conference:** Lane County and Southern OR. Also assisting NE Oregon in conducting a similar conference.
- **GIS Mapping:** Lane County site initiated a project with the county medical examiner's office and vital records to conduct GIS mapping of 20 years of suicide data. Outreach was conducted in area with highest suicide rates.

# The End

- Questions?
- Comments?