



Indian Health Service 2012 NATIONAL BEHAVIORAL HEALTH CONFERENCE

Welcome

Combining Evidenced Based Practices and
Practice Based Evidence for American
Indian/Alaska Native Youth Suicide
Prevention



Mobilizing Partnerships to Promote Wellness



House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800



Songs in the Creator's Way

Sound is meaningful.

Songs part of ceremony.

Songs can bring humility.

Use of sacred songs, words, medicine that can carry our prayers to the spirit world.

Drums can be heart beat of Mother Earth.

In ceremonies all the parts of the creation represented and utilized.

Songs of joy, embracing the realities of our lives, acknowledging to the Creator that the trickster is still at work.

Suicide in Indian Country

- In 2002, Native Americans made up nearly 11% of the total US suicide numbers.
- American Indian and Alaskan Natives have the highest rate of suicide in the 15 to 24 age group.
- 50-60% of those suicides used a firearm



Indigenous Pathway

Practice Based Evidence

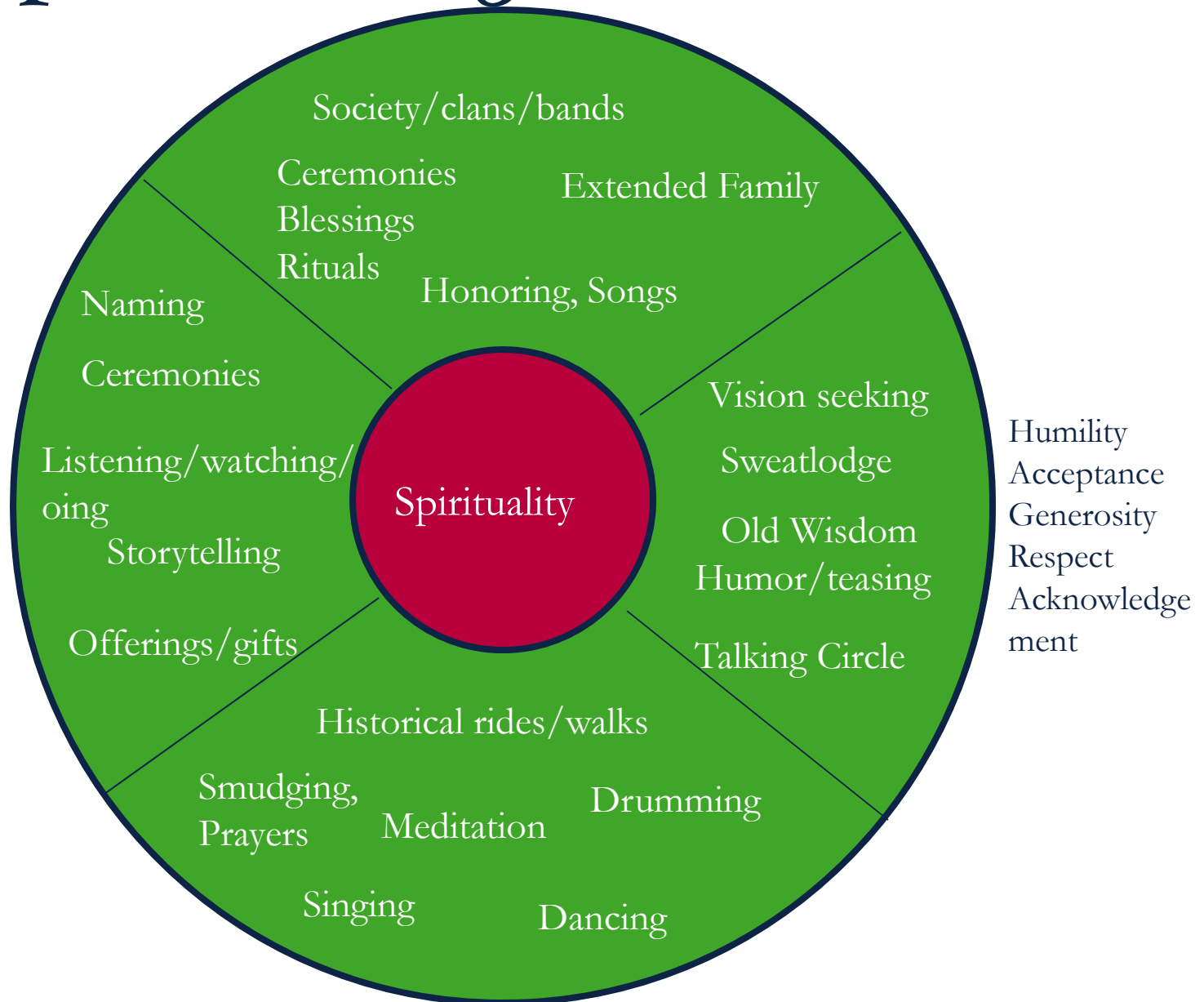
- Identification of Indigenous practices that are Healing
- Identification of Indigenous ways of explaining the world
- Identification of Indigenous ways of explaining how things happen
- Identification of Indigenous ways of explaining when things do not go well

Practices that teach Sacredness

Practice Based Evidence

- Teach that wellness is spiritual, emotional, mental, physical, and relational balance and that these are all interconnected aspects of ourselves
- Help the individual to draw upon traditional healing practices to assist moving forward toward spiritual balance
- Help instill an enthusiasm for life, a sense of hope, and a willingness to meet new challenges
- Increase sense of self-identity, self-worth, self knowledge

Therapeutic Indigenous Practices



BigFoot 2008



Circles in the Creator's Way

Talking circles are an expansion of the time honored manner of community voicing before the Creator.

Offerings of thoughts and emotions: Petition to Creator to make something good of plaguing worries and spiritual pain that it might help someone, somewhere. To take them from us as we do not know how to deal with that power. In this manner we let go and we give strength as a community or a circle of relatives. Our prayers are for one another just as they are for us. The form of the circle is powerful as well as the words that are offered.

Traditions today in the Creator's Way

Ceremony and rituals

Prayer

Offerings

Circle

Songs

Simple Acts of giving

Our charge as helpers is to guide or assist others in finding this way of health that the Creator intended for them and us. That is the Creator's work that we are blessed with and can be seen in the use of rituals and ceremonies. .



**What is the Best Practices Registry
and How Does it Help Identify and
Promote Important Suicide
Prevention Programs?**

Philip Rodgers, Ph.D.

Evaluation Scientist



Acknowledgements

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SPRC

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Presentation objectives

At the conclusion of this presentation, After the presentation, participants will be able to:

1. Describe the Best Practices Registry for Suicide Prevention (BPR).
2. Demonstrate how to access the BPR.
3. Define what is meant by “evidence-based” and “evidence-informed”.
4. Understand how to apply to the BPR.

What is the Best Practices Registry for Suicide Prevention (BPR)?

- The BPR is an online registry of “best practices” in suicide prevention
 - Over 80 programs are currently listed in the BPR
- The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the *National Strategy for Suicide Prevention*
 - “Practices” is defined broadly, including programs, policies, protocols, awareness materials, etc.

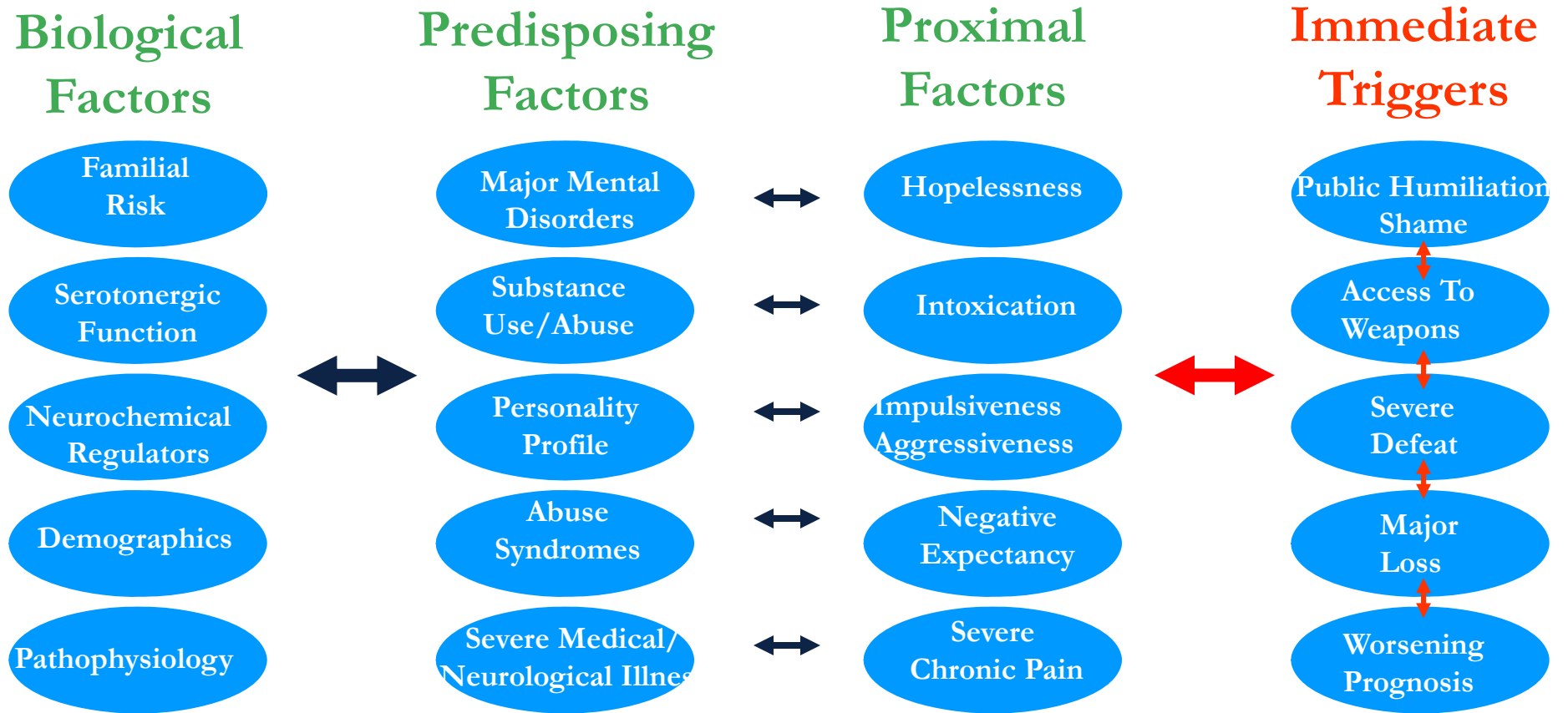
Indian Health Service 2012 NATIONAL BEHAVIORAL HEALTH CONFERENCE

A (Very) Brief Overview of Suicide Prevention



Mobilizing Partnerships to Promote Wellness

Suicide has multiple contributing factors



However, we often seek simple answers...

Death and Joblessness

Suicide Dogs the Long-Term Unemployed. What Can Be Done to Help Them?

By **ANNIE LOWREY** 8/17/10 4:30 AM

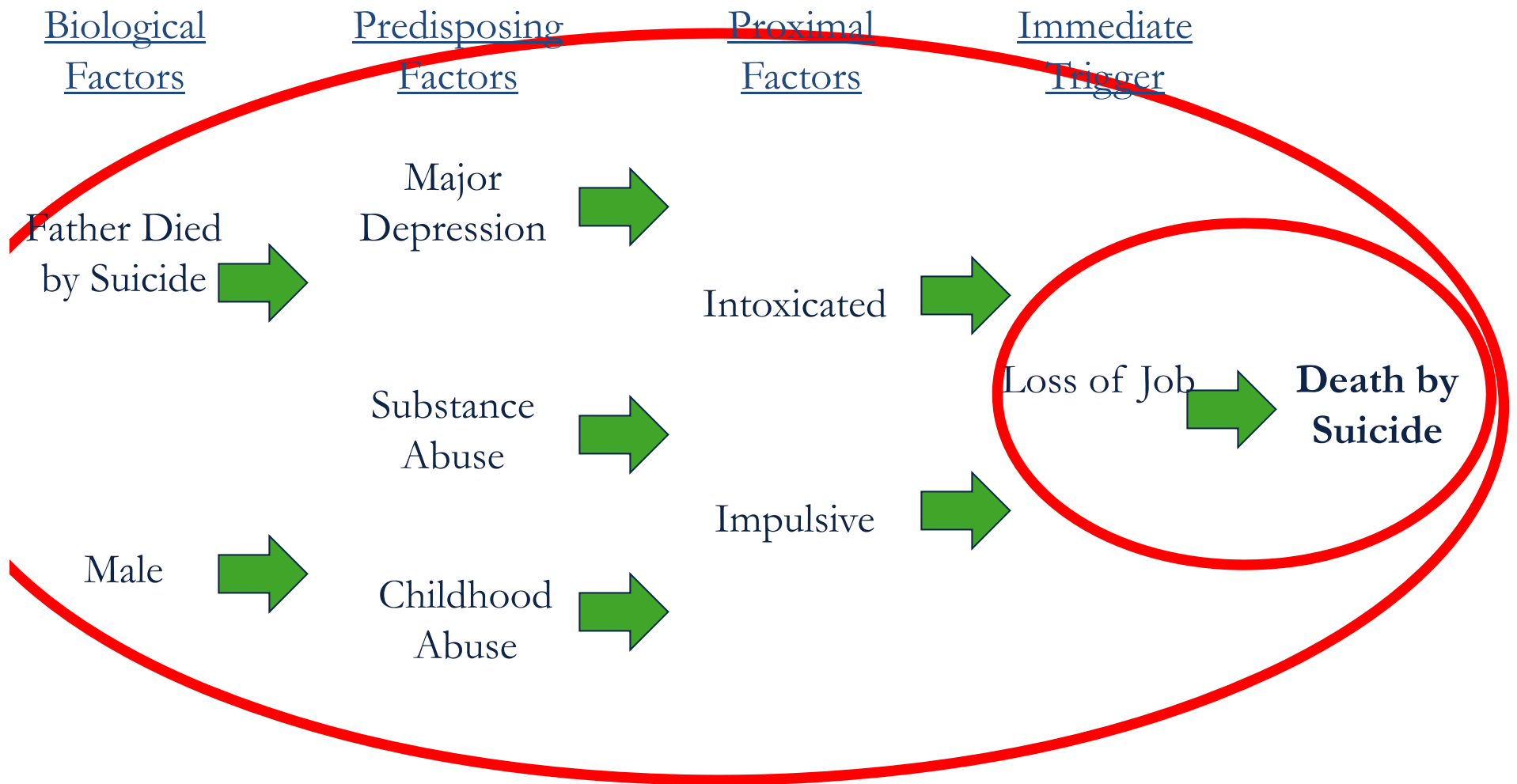
 Like 511



A photograph taken after a protest in Grand Rapids, Mich. (Flickr user StevendePolo)

Source: *MSNBC.com* August 17, 2010

But, in regards to prevention, it's important to look at the whole story...



A basic prevention approach is to...

1.

Identify risk and protective factors that are related to suicide for a given population

2.

Select and implement a program that targets positive change in those risk and protective factors



To target specific factors, you need a specific tool.

- The Best Practices Registry provides a list of tools.
- These tools have been reviewed by experts in the field.
 - using criteria dependent upon the type of tool.

How does the BPR help to prevent suicide?

The Best Practices Registry provides a list of programs that:

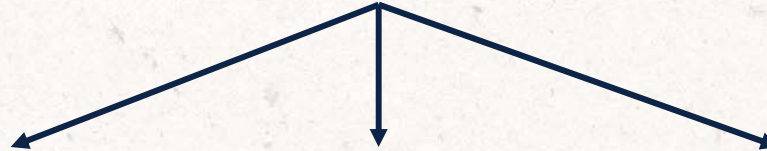
1. Target specific risk and protective factors related to suicide, and
2. Have been reviewed by experts using criteria related to effectiveness, or quality and safety of content.

How is the BPR organized?

SPRC Home Page (sprc.org)



BPR Landing Page



Section I

Evidence-based
programs

- NREPP

Section II

Expert and
consensus
statements

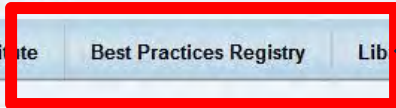
Section III

Adherence to
standards

Sections do not represent levels of effectiveness

Three BPR Sections: Overview

- **Section I: Evidence-Based Programs**
 - Programs and practices (“interventions”)
 - Research shows effective *outcomes*
 - Example: American Indian Life Skills Development
- **Section II: Expert and Consensus Statements**
 - Does not include specific programs/practices
 - Rather, general *recommendations and guidelines* that practitioners can use *while* developing practices
 - Examples: AAS Consensus Warning Signs for Suicide
- **Section III: Adherence to Standards**
 - Programs and practices
 - *Content* meets current standards in the field
 - Does not imply anything about program outcomes (i.e., effectiveness)
 - Example: Sources of Strength



RECOMMENDATIONS FOR REPORTING ON SUICIDE



Recommendations for reporting on suicide

Released in 2011, these research-based recommendations were developed by leading experts in suicide prevention and in collaboration with several international suicide prevention and public health organizations,

[Find out more »](#)



Professionals Providing Social Services

Resources and information for professionals in schools, communities, and organizations.
[For Professionals »](#)



Health & Behavioral Health Care Providers

Learn how providers can play a role in identifying and helping individuals at risk of suicide.
[For Providers »](#)

Director's Blog



There Are No Simple Solutions



SAMHSA Youth Suicide Prevention Grantees

Find out more about SAMHSA's Garrett Lee Smith Grantees, including a [grantee locator](#), archived webinars and presentations.



States & Communities

Find suicide prevention contacts, events, and recent developments in your state and learn how you can get involved.
[For States and Communities »](#)

The Weekly Spark

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American Indian/Alaska Native



Colleges & Universities


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BPR Landing Page



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SPRC • Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention



1-800-273-TALK (8255)
suicidepreventionlifeline.org


[Suicide Prevention Basics](#) | [News & Events](#) | [Training Institute](#) | [Best Practices Registry](#) | [Library & Resources](#) | [Who We Serve](#)

Best Practices Registry

[f](#) [t](#) [in](#) [p](#) [Share](#)

- Using the BPR
- Section I: Evidence-Based Programs
- Section II: Expert/Consensus Statements
- Section III: Adherence to Standards
- All Listings
- BPR FAQs
- How to Apply
- Marketing Materials
- BPR Search

For More Information
Program developers are encouraged to contact Philip Rodgers for assistance.



American Foundation for Suicide Prevention

Home » Best Practices Registry

[BPR Overview](#) | [Advice on Using the BPR](#) | [Search All Listings](#)

SECTION I: Evidence-Based Programs | **SECTION II: Expert/Consensus Statements** | **SECTION III: Adherence to Standards**

[FAQ](#) | [How to Apply](#) | [Help](#) | [Marketing Materials](#)

The purpose of the Best Practices Registry (BPR) is to identify, review, and disseminate information about best practices that address specific objectives of the *National Strategy for Suicide Prevention*. The BPR is a collaborative project of the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP). It is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

BPR Structure

The BPR is organized into three sections, each with different types of best practices. In essence, the BPR is three registries in one. The three sections do not represent levels, but rather they include different types of programs and practices reviewed according to specific criteria for that section.

Click on the section name below for section-specific criteria and listings:

- Section I: Evidence-Based Programs** lists interventions that have undergone evaluation and demonstrated positive outcomes.
- Section II: Expert and Consensus Statements** lists statements that summarize the current knowledge in the suicide prevention field and provide best practice recommendations to guide program and policy development.
- Section III: Adherence to Standards** lists suicide prevention programs and practices whose content has been reviewed for accuracy, likelihood of meeting objectives, and adherence to program design standards.

BPR Search Engine

BPR Search

Home

Enter your keywords:

▼ BPR Search Options
The options below enable you to narrow your search to a particular section of the Best Practices Registry, or to focus on a particular topic. If you do not select options below, you will search all of the Best Practices Registry.

BPR Section:

Section I: Evidence-Based Programs

Section II: Expert and Consensus

Section III: Adherence to Standards

Type of Program:

Awareness/Outreach

Guidelines & Protocols

Education & Training

Screening

Gatekeeper Training:

Gatekeeper Training

▼ Select Topics
Selecting topics below will return only results that are identified as pertaining to that topic.

Show All

▼ Settings

College-University

Primary Care

Mental Health Care

High School

Crisis Center

ED-Hospital

Middle School

Workplace

▼ Populations

Adult (26-65)

Young Adult (18-25)

Families-Parents and Caregivers

Funeral Directors

Military-Veterans

Younger Children (12 and under)

Older Adults (65+)

American Indian-Alaska Native

Law Enforcement

LGBT

Survivors of Suicide Loss

Adolescent (13-17)

- Using the BPR
 - Section I: Evidence-Based Programs
 - Section II: Expert/Consensus Statements
 - Section III: Adherence to Standards
 - All Listings
 - BPR FAQs
 - How to Apply
 - Marketing Materials
 - BPR Search
- For More Information
Program developers are encouraged to contact Philip Rodgers for assistance.
- 



Each BPR Program has a Fact Sheet



Best Practices Registry Section III: Adherence to Standards*



Sources of Strength

<u>Setting</u>	<u>Type of Program</u>	<u>NSSP Goals Addressed</u>
Schools & Communities	Education & Training	3.4, 6.5, 8.5

Program Description

Sources of Strength is a comprehensive wellness program that uses the combined power of peer and caring adult relationships to improve social norms, enhance coping and social support, and increase help-seeking behaviors in order to reduce conditions that give rise to suicide and other risk-taking behaviors. Trained teams of adult advisors and a diverse group of peer leaders attempt to impact their local teen and young adult cultures through conversations within their friendship groups and by delivering a series of "Hope, Help, and Strength" messages via classroom presentations, public service announcements, posters, videos, the internet, and text messaging. The program is strength-based and promotes eight critical protective factors that are linked to overall psychological wellness and reduced suicide risk. The program can be implemented in schools or colleges, as well as in faith, cultural, and community-based settings.

Program implementation follows six phases: (1) engage key local stakeholders, (2) identify and train a small team of adult advisors that will mentor the peer leader team, (3) review and update suicide intervention protocol for the school or agency, (4) train school staff or other adult staff on *Sources of Strength* core elements, (5) recruit and train a team of diverse peer leaders with local adult advisors, and (6) the peer team engages in a two- to four-month team action step process. Initial peer training is a three- to four-hour, highly interactive strength-focused process that also covers warning signs, codes of silence and supports/resources in the local school or community.

The *Sources of Strength* curriculum was developed by Mark LoMurray in 1998 and has been used extensively in tribal/rural areas of North Dakota. The project has expanded into many states and has been evaluated with urban, African American and Hispanic/Latino students as well. In 2005, the project received the national Public Health Practice Award from the American Public Health Association.

Program Objectives

Sources of Strength peer leaders and their social networks should have:

1. Increased knowledge of suicide prevention and how to help at-risk peers.
2. Decreased "codes of silence" that may inhibit help-seeking behavior.
3. Increased connectedness between at-risk youths and caring adults.

Implementation Essentials

- Prior to training the peer team, crisis management protocols found in the *Sources of Strength Start-up Guide* should be fully implemented and local adult advisors should be identified and trained.

Contact Information

Mark LoMurray, Director
Sources of Strength
15506 Sundown Drive
Bismarck, ND 58503
Voice: (701) 471-7186
Email: marklomurray@gmail.com
Website: www.sourcesofstrength.info

Costs

Approximate cost is \$5,000 per school plus trainer travel and accommodations. Discounts and scholarships are available depending on the number of sponsoring schools and other factors. Ongoing technical support is part of this program. Contact the Sources of Strength project at (701) 471-7186 for more information.

*The content of practices listed in Section III (Adherence to Standards) of the SPRC/AFSP Best Practices Registry address specific goals of the *National Strategy for Suicide Prevention* and have been reviewed by a panel of three suicide prevention experts and found to meet standards of accuracy, safety, and programmatic guidelines. Practices were not reviewed for evidence of effectiveness. Additional information about the Best Practices Registry can be found at www.sprc.org.

The Best Practices Registry is supported by a grant (1 U79 SM57392-04) from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS). No official endorsement by SAMHSA or DHHS for the information in this document is intended or should be inferred.

What is an “evidence-based” program?

- A program that has been evaluated—using rigorous methodology--and found to reliably produce a desired outcome.
- Rigorous evaluation is usually defined as:
 - Using experimental or quasi-experimental design
 - Using strong measurement tools

Section I evidence-based criteria (from NREPP)

- *Strength of Evidence*
 1. Reliability of outcome measures
 2. Validity of outcome measures
 3. Intervention fidelity
 4. Missing data and attrition
 5. Potential confounding variables
 6. Appropriateness of analysis
- *Readiness of Dissemination*
 1. Availability of implementation materials
 2. Availability of training and support resources
 3. Availability of quality assurance procedures

Section II expert & consensus criteria

1. Importance
2. Likelihood of meeting objectives
3. Accuracy
4. Safety
5. Congruence with Prevailing Knowledge
6. Appropriateness of Development Process

Items are rated on 4-point “agreement” scale. Each item must receive an average score of 3.0 or greater to be listed on the BPR.

What is an “evidence-informed” program?

- A program that has incorporated best available knowledge in its development and implementation and likely to be effective in meeting its goals.

Section III evidence-informed criteria?

- *Accuracy of content* (1 item)
- *Feasibility* (1 item)
 - Can the program meet program objectives?
- *Adherence to program design standards* (4 items)
 - AAS/Kalafat programmatic guidelines
- *Safety* (9 items)
 - SPRC/Gould Messaging Do's and Don'ts

Each item is rated on 4-point “agreement” scale. Each *applicable* item must receive a score of 3.0 or greater to be listed on the BPR.



What if there isn't a program in the BPR that addresses a specific need or setting...

- The BPR does not provide an exhaustive list of good/effective suicide prevention programs
- Some BPR programs may be adapted for use in settings other than those for which they were created
 - Example of the White Mountain Apache Tribe's suicide prevention efforts

Program may need to be changed “adapted” for local use.

- It is important to consider how programs can be adapted for local use
- What changes need to be made to a program to meet local considerations?
- Can these changes be made without changing critical elements of the program?

Example #1 of program adaption

ER Intervention for Adolescent Females



Evidence-based program for use in emergency rooms for adolescent females who survived a suicide attempt



Adapted by White Mountain Apache tribe and their partners at Johns Hopkins university for use in the homes of male and female suicide attempt survivors

Example #2 of program adaption

American Indian Life Skills Development program



Evidence-based program for use classroom settings in schools
with all students



Adapted by White Mountain Apache tribe and their partners at
Johns Hopkins university for use in homes with suicide
attempt survivors

How to apply to NREPP or the BPR.

- Section I programs are reviewed by NREPP
 - (we simply cross-list NREPP programs in Sec. I)
 - go to www.nrepp.samhsa.gov for more info
- Section II programs call me!
- Section III programs
 - Review Section III criteria and application guidelines
 - Complete application found on website
 - Submit along with 3 copies of program materials

To find out more about the BPR
visit www.sprc.org

References:

Suicide Prevention Resource Center. (2011). *Suicide among racial/ethnic populations in the U.S.: American Indians/Alaska Natives*. Newton, MA: Education Development Center, Inc.

[http://www.sprc.org/sites/sprc.org/files/library/AI AN FactSheet.pdf](http://www.sprc.org/sites/sprc.org/files/library/AI_AN_FactSheet.pdf)

National Strategy for Suicide Prevention

<http://www.sprc.org/sites/sprc.org/files/library/nssp.pdf>

Best Practice Registry

<http://www.sprc.org/bpr>

Indian country child trauma center

<http://www.icctc.org/>



Questions?

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