



SPRC/AFSP Best Practices Registry SECTION III: APPLICATION for REVIEW



Introduction

Applicants to Section III of the Best Practices Registry (BPR) must complete this application and submit it along with relevant program materials. Part A requests information about the program being submitted. Part B consists of a set of questions that correspond to the criteria that expert reviewers use to rate the program. Please note that the terms *program* and *practice* are used interchangeably in this document to refer to all activities and/or materials that are applicable to BPR posting.

We are happy to answer questions about the application criteria or forms. Please contact either of the BPR Coordinators: Philip Rodgers (215-238-0407; prodgers@afsp.org) or Linda Langford (617-618-2719; llangford@edc.org).

Please refer to the **Section III Application Guidelines** for detailed instructions, definitions, and resources for completing this form (downloadable from the BPR section of www.sprc.org.)

Part A: Program Information

Answer the following questions by checking the appropriate boxes and typing in the requested information. **Please refer to the Section III Application Guidelines for detailed instructions for each question.**

A1. What is the *program title*? (Write title below.)

A2. Who should be *contacted* about the program? (Write contact name and information below.)

Name:	
Title:	
Street Address:	
City, State, Zip:	
Phone:	
Fax:	
Email:	
Website:	

A3. Which *category* best describes the materials? (Check **one**.)

- Awareness/Outreach Materials
- Education/Training Program
- Protocol/Policy

A4. What *audience(s)* is the material designed to reach? (Check **all** that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Mental Healthcare Providers |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Community Members (General) |
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Survivors (family/friends of those who've died or attempted) |
| <input type="checkbox"/> School Counselors | <input type="checkbox"/> Suicide Attempters |
| <input type="checkbox"/> School Administrators | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> GLBT | |

A10. Which *National Strategy for Suicide Prevention* goals and objectives are addressed by the program?
(See Appendix 2 of the Guidelines for a list. Write applicable goal and objective number[s] below.)

A11. What *materials* are *required* for program implementation? (List all manuals, handouts, media, etc. These are also the materials you should submit for review.)

A12. Is <i>training</i> required? (Check box.)	YES →	Optional →	No →
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Is training required or optional, what is required and how much time does it take? (Describe below.)

A13. What are the *costs* for purchasing the program, materials, or related training, if any?
(Please itemize. If none, please write "Not Applicable.")

A14. If your program is approved, how can interested parties *access program materials*?

A15. Is there anything else you'd like to tell us about your program?

Part B: Assessment Criteria

Please refer to the Section III Application Guidelines for definitions of each criterion and detailed instructions for each question.

Directions: For each item, answer the question by typing an "X" into the appropriate box (either "Yes", "No", or in some cases "N/A" [Not Applicable]). Use the text box under each question to provide additional comments and, when required, to explain why information was or was not included in program materials (the box will expand as text is added.) If, after reviewing the Application Guidelines, you are unsure whether a criterion is relevant, please contact one of the BPR coordinators.

Yes	No

B1. *Is program content accurate?*

Comments about accuracy of program content (optional):

Yes	No

B2. *Are short-term program objectives likely to be achieved?*

Comments about likelihood of achieving objectives (optional):

Programmatic Guidelines

Yes	No

B3. *Are program objectives conceptually and empirically grounded?*

Comments about conceptual and empirical basis of program objectives (optional):

Yes	No

B4. *Are program materials clearly articulated and packaged for dissemination?*

Comments about articulation and packaging of program materials (optional):

Yes	No	N/A

B5. *Does the program address all pertinent organizational levels?*

For <u>all answers</u> , please provide an explanation for your response (explanation required):

Yes	No	N/A

B6. *Does the program provide or recommend linkages to mental health resources?*

For <u>all answers</u> , please provide an explanation for your response (explanation required):

Messaging Guidelines

Note: For Questions B7-B10 a “Yes” response means the recommended information is **included**. A Yes answer means your program complies with the recommendation. See the Section III Application Guidelines for more information.

Yes	No	N/A

B7. *Is information about prevention included in program materials?*

<p>If Yes → Please tell us where this information is located in program materials and provide any other information reviewers might find helpful.</p> <p>If No or N/A → Please explain why this information is omitted or not applicable.</p>

Yes	No	N/A

B8. *Is information about help-seeking and where to find help included in program materials?*

<p>If Yes → Please tell us where this information is located in program materials and provide any other information reviewers might find helpful.</p> <p>If No or N/A → Please explain why this information is omitted or not applicable.</p>

Yes	No	N/A

B9. *Are warning signs and risk and protective factors listed in program materials?*

<p>If Yes → Please tell us where this information is located in program materials and provide any other information reviewers might find helpful.</p> <p>If No or N/A → Please explain why this information is omitted or not applicable.</p>

Yes	No	N/A

B10. *Is information about effective treatments for mental health problems highlighted?*

<p>If Yes → Please tell us where this information is located in program materials and provide any other information reviewers might find helpful.</p> <p>If No or N/A → Please explain why this information is omitted or not applicable.</p>

Note: For Questions B11-B14 a “Yes” response means the problematic practice is **avoided**. A Yes answer means your program complies with the recommendation. See the Section III Application Guidelines for more information.

Yes	No

B11. *Do the materials avoid glorifying or romanticizing suicide or people who have died by suicide?*

<p>If Yes (material is avoided) → no additional information is needed. However, please feel free to add any comments that you think the reviewers would find helpful.</p> <p>If No (material is included) → please provide a rationale for its inclusion.</p>

Yes	No

B12. *Is the “normalization” of suicide avoided?*

<p>If Yes (material is avoided) → no additional information is needed. However, please feel free to add any comments that you think the reviewers would find helpful.</p> <p>If No (material is included) → please provide a rationale for its inclusion.</p>

Yes	No

B13. Do the materials avoid presenting suicide as an inexplicable act or the result of stress only?

If Yes (material is avoided) → no additional information is needed. However, please feel free to add any comments that you think the reviewers would find helpful.

If No (material is included) → please provide a rationale for its inclusion.

Yes	No

B14. Do the materials avoid focusing on the personal details of people who have died by suicide?

If Yes (material is avoided) → no additional information is needed. However, please feel free to add any comments that you think the reviewers would find helpful.

If No (material is included) → please provide a rationale for its inclusion.

Yes	No

B15. Do the materials avoid overly detailed descriptions of suicide victims and methods?

If Yes (material is avoided) → no additional information is needed. However, please feel free to add any comments that you think the reviewers would find helpful.

If No (material is included) → please provide a rationale for its inclusion.