EVALUATING GATEKEEPER TRAINING EFFECTIVENESS:

Use of Case Vignettes

Counseling and Psychological Services
University of Texas – Pan American
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Presented by: Christopher Albert, Ph.D.
Rationale
Rationale: Program Assumptions

- GKT programs have value mostly because they lead to increased use of needed services for those at risk for suicide.

- GKT programs work because trainees increase their ability to recognize those who may need help and to assist those people in accessing help.
Rationale

- Program evaluations have mainly focused on:
  - Number and type of trainee participants
  - Impressions of the training experience
  - Impression of how much was learned
  - Attitude change
  - Number of new referrals to counseling
But do gatekeeper training programs work?
Rationale: Research Questions

- Are participants LEARNING the material?
- Is knowledge gained through training transferred to PRACTICE?
- Is knowledge gained RETAINED over time?
Case Vignettes

- Help see if participants improve on their ABILITY to intervene by assessing PRACTICAL and CONCEPTUAL knowledge.
Case Vignettes: What Practical Knowledge Can be Demonstrated?

- Identify signs (Is this serious?)
- How to speak and question
- What to do
QPR
Suicide prevention gatekeeper training module from the QPR Institute

Developed by Paul Quinnett, Ph.D.
QPR

- Question
- Persuade
- Refer
Studying the Effectiveness of QPR Using Case Scenarios

- UTPA CaPS already using QPR for gatekeeper training

- Collaborate with Clinical Psychology Department for research (Kristin Croyle, Ph.D., associate professor with research experience and interest in suicide and self-injury)
Studying the Effectiveness of QPR Using Case Scenarios

- Can participants demonstrate having learned QPR by responding to what they would do given a particular suicide risk scenario?
You have called your friend to talk with her on the telephone. She lives with her father, and her mother died recently of cancer. Her boyfriend of one year just broke up with her because he doesn’t want to be “attached” right now. She has been doing well in her classes and has lots of friends. However, she tells you that she feels miserable. She adds that she’s considering taking some of her father’s prescription medications, and says “I just feel like I can’t take it anymore.”
1) What would you say to this person to help him/her (Describe what you would say and include your exact words in quotes)?

2) What else would you do or say to help this person?
<table>
<thead>
<tr>
<th>Score</th>
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<tbody>
<tr>
<td>0</td>
<td>Description only, mechanical, non-validating advice</td>
</tr>
<tr>
<td>1</td>
<td>Listens, validates, communicates hope</td>
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Scoring: Question

0  No question about suicide
1  Questions suicide ideation/intent
-1 Tag question
Scoring: Persuade

0  No indication of trying to get person to appropriate professional help

1  Listening to problem in order for them to agree to get help

Ask for agreement/commitment to get help

Insist that they get help

Get commitment to live
Scoring: Refer

0  No explanation of how to assist the person in getting help

1  Go with them/take them
   Help make arrangement
   Call

2  Along with above, some form of follow-up
Scoring: Inappropriate Response

Inappropriate

-1 Endorsing any of the suicide “myths,” either directly or indirectly
Methodology: Sample

- Undergraduate students from psychology and rehabilitation classes as “treatment” or “control”

- Extra credit to participate. Additional extra credit for those who complete post-training measures.
Methodology: Measures

- Demographic Information Form
- Suicide Intervention Scenarios
- Suicide Knowledge Assessment (SKA)
- Suicide Intervention Response Scale – 2 (SIRI-2)
- Additional measures were included to test other hypotheses
Methodology: Design Plan

- 1. Pilot study
- 2. Pre-training measures
- 3. QPR Training
- 4. Post Training I measures
- 5. Post Training II measures

Training and measures to be completed during special class time
Methodology: Design Plan

- Pilot Study
  - To help in development of Knowledge assessment and Case scenarios
  - To be given to 30 to 60 participants
Methodology: Design Plan

1. Pre-Training (one week before)
   - Informed consent
   - Demographics
   - Scenarios
   - SIRI-2
   - Suicide Knowledge Assessment (SKA)
Methodology: Design Plan

2. QPR Training (1 ½ hr during class)

3. Post-Training (1-3 weeks after training)
   ◦ Scenarios, SIRI-2, SKA

4. Post-Training II (2 months after)
   ◦ Scenarios, SIRI-2, quiz, GSE, PANAS
Methodology: Administration

- Counterbalanced scenarios: each person received two scenarios, one with a male protagonist and one with a female protagonist. Different primary stressors were emphasized in each scenario (e.g.: academic v/s relationship). For Post measures, two new scenarios were given under the same conditions.
Implementation of the Study and Difficulties Encountered
Implementation/Difficulties: Design

- Pilot study data was included in the full sample. No problems were identified in measures or procedures during the pilot phase so no changes were made in the protocol.
Implementation/Difficulties: Design

- A second Post-Training data collection period, initially planned, was eliminated. Too unwieldy
  - Semester schedule, time pressures
  - Cooperation from faculty
  - Possible repeated measure fatigue

- Time between QPR training and Post-training measures ranged from one to three weeks
Implementation/Difficulties: Data Collection

- Most classes did not allow in-class participation for completing measures.

  → Flyers given in class to make appointment to meet with research assistant at another time (lower response rate)
Implementation/Difficulties: Data Collection

- Some classes did not allow QPR training in class
  - Students who completed measures were included in “control” group

- Faculty more receptive when QPR content fit course content.
Implementation/Difficulties: Data Collection

- 400 participants total
- 102 participated in QPR training and completed all Pre and Post measures (experimental group)
- 57 controls (did not participate in QPR training but did complete all Pre and Post measures)
- 237 had incomplete data (e.g. did not complete Post measures, had incomplete data at either data collection time)
Implementation/Difficulties: Data Collection

- Students had incomplete data for a variety of reasons
  - Time 2 participation was not a condition for receiving extra-credit for initial participation, though additional extra-credit was awarded for participating again.
  - Students may have received maximum extra-credit in their classes without Time 2 participation.
  - Much more problematic for students who participated in data collection outside of class time.
Implementation/Difficulties: Scoring

- Narrative responses were complex to score → much effort and time to complete
Implementation/Difficulties: Scoring

- Testing reliability of scoring system
  - Each scenario response scored by two evaluators independently, and then scores compared
  - If disagreement, responses discussed until consensus reached.
  - If unable to reach consensus, responses discussed by all (6) evaluators until consensus reached
  - Resulted in very high inter-rater reliability when later checked with independently scored scenarios
Scenario Scoring System
Scoring (revised): Expressing Concern

0  Description only, mechanical, non-validating advice

1  Listens/Validates
   OR
   Offers hope

2  Listens/Validates
   AND
   Offers hope
Scoring Examples (revised): Expressing Concern

0  No response

1  “I would listen…”
    “I know you are in pain.”

2  (In addition to above statements)…
    “Things will get better.”
Scoring (revised):

Question

0  No question about suicide

1  Questions directly about risk, but not explicitly mentioning suicide

2  Questions about suicidal ideation/intent

-1 Damaging question about suicide that will make it less likely the person will disclose risk again
Scoring Examples (revised): Question

0  No question about suicide
1  “I would ask if she is going to hurt herself.”
2  “Are you thinking about suiciding?”
-1 “You’re not thinking about suicide, are you?”
Scoring (revised):
Commitment to Live (Persuade)

0  No indication of trying to get person to agree not to end their life or hurt self
1  Soliciting a commitment to live
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<td>“Have him promise me not to take anything (med overdose threat).”</td>
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Scoring (revised): Refer

0  No effort to have the person to seek/accept professional help

1  Effort at having the person consider help from a mental health professional

2  Along with above, some form of follow-up
Scoring Examples (revised): Refer

0  No effort to have the person to seek/accept professional help

1  “I would tell her to get help”

2  “Let’s go talk to someone who can help you”
Scoring (revised): Inappropriate Response

Inappropriate

-1 Endorsing any of the suicide “myths,” either directly or indirectly

Doing something that would increase suicide risk

Clearly invalidating statements
Inappropriate Response

-1  **Endorsing “myths”**
  “I can’t stop you from killing yourself if you really want to.”

Increase suicide risk
  “If she had taken the pills, I would continue to listen to her.”

Invalidating statements
  “You should stop being a little girl and move on.”
Scoring (revised): Non-professional Techniques to Reduce Risk

0  No interventions listed
1  One type of intervention listed
2  Type types of intervention listed
Scoring Examples (revised): Non-professional Techniques to Reduce Risk

“I would contact his father and tell him what’s happening”

“I would not leave him alone.”

“I would help him clean up.”
Sample Response #1

I would ask if she was thinking of killing herself (Question). I would tell her that she is young and has a lot to live for, and that breaking up with a guy isn’t the end of the world (Expressing Concern/Instilling Hope). I would help her clean her apartment and take her out for lunch to get her mind off of her problems (Nonprofessional Technique to Reduce Risk/Suggesting Activities to Improve Mood). As for her failing test grade, I would tell her to try harder. I would also tell her to get some help from the counseling center (Refer – 1 point).
Sample Response #2

Hey get over it man, there are plenty of fish in the sea (Expressing Concern/Instillation of Hope). Don’t take the coward’s way out (Inappropriate); you’re going to hurt a lot of people.