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## Kognito At-Risk for College Students

Kognito At-Risk for College Students is a 30-minute, online, interactive training simulation that prepares college students and student leaders, including resident assistants, to provide support to peers who are exhibiting signs of psychological distress such as depression, anxiety, substance abuse, and suicidal ideation. Through a self-paced, narrative-driven experience, participants build knowledge, skills, and confidence to identify, approach, and refer an at-risk student to counseling, mental health, or crisis support services. By practicing speaking with fully animated and emotionally responsive avatars that act and respond like real humans, participants learn effective communication tactics for managing challenging conversations. The course also works to reduce stigma around mental health issues and increase protective factors by promoting help-seeking behaviors and improving social connectedness. Simulations are authored and delivered using Kognito's proprietary Human Interaction Game Engine, which is based on research in social cognition, neuroscience, and motivational interviewing.

The course begins with participants engaging in a variety of social encounters with four avatar friends and identifying warning signs in each friend. Once they have selected the friend who is most at risk, participants practice using evidence-based techniques to effectively broach the topic of psychological distress and motivate that friend to seek help at a campus counseling center or health center. They learn to avoid common pitfalls of "gatekeeper" behavior, such as attempting to diagnose the problem or giving unwarranted advice. By providing hands-on practice, the training increases participants' confidence and ability to handle similar challenging situations in real life. Participants are also encouraged to seek counseling for themselves if they are experiencing psychological distress. A local resources button in the course links participants to specific information about counseling and mental health services available on campus and in the surrounding community.

Kognito provides At-Risk for College Students under licensing agreements to institutions or statewide agencies. A member of the institution (e.g., counseling center or health center staff) usually serves as an administrator for the course. Program setup requires 1 hour of the administrator's time and is conducted via an online meeting. Depending on the institution's infrastructure, goals, and overall suicide prevention strategy, administrators can expect to spend 2-8 hours per month disseminating and promoting the course to learners.

The course is part of a suite of online role-play training simulations offered by Kognito. Other courses are available for higher education faculty, K-12 educators, military families, and medical professionals (see Adaptations section below).

### **Descriptive Information**

<b>Areas of Interest</b>	Mental health promotion
<b>Outcomes</b>	<p><b>Review Date: May 2012</b></p> <p>1: Preparedness to recognize fellow students in psychological distress  2: Preparedness to approach fellow students in psychological distress  3: Preparedness to refer fellow students in psychological distress  4: Likelihood of approaching and referring fellow students exhibiting signs of psychological distress  5: Willingness to seek mental health counseling for self</p>
<b>Outcome Categories</b>	Mental health Suicide
<b>Ages</b>	18-25 (Young adult)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	Race/ethnicity unspecified
<b>Settings</b>	Home School
<b>Geographic Locations</b>	Urban Suburban
<b>Implementation History</b>	Kognito's At-Risk for College Students was introduced in 2010. As of March 2013, it has been adopted by more than 120 institutions in 21 States, as well as in the United Kingdom and New Zealand. The course was developed to be appropriate for and acceptable to a broad range of racial and ethnic groups.
<b>NIH Funding/CER Studies</b>	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
<b>Adaptations</b>	Kognito At-Risk for College Students is part of a suite of online role-play training simulations that support large-scale, universal mental health promotion and suicide prevention, as well as early intervention of suicidal ideation and mental illness (see <a href="http://www.kognito.com/products/">http://www.kognito.com/products/</a> for a complete list). Each course is developed for a specific group of learners. In addition to At-Risk for College Students, which

targets students and student leaders in institutions of higher education, other courses are available for higher education faculty, K-12 educators, military families, and medical professionals.

<b>Adverse Effects</b>	No adverse effects, concerns, or unintended consequences were identified by the developer.
<b>IOM Prevention Categories</b>	Universal

Quality of Research

Review Date: May 2012

**Documents Reviewed**

The documents below were reviewed for Quality of Research. The [research point of contact](#) can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

**Study 1**

Albright, G., Himmel, J., Goldman, R., & Shockley, K. (2011). At-Risk for University Students: On-line interactive gatekeeper training simulation for identification and referral of students exhibiting signs of psychological distress. Unpublished manuscript.

**Supplementary Materials**

At-Risk University Student Supporting Document [document created for the NREPP review]

**Outcomes**

**Outcome 1: Preparedness to recognize fellow students in psychological distress**

<b>Description of Measures</b>	A 12-item, online questionnaire was administered to college students at pre- and posttest (immediately before and after completing the training for the intervention group; 1-2 weeks apart for the control group). This outcome was assessed using the following item: "How would you rate your preparedness to recognize when a fellow student's behavior or appearance is an indicator of psychological distress such as depression, anxiety, or thoughts of suicide?" Responses were on a 4-point Likert scale from 1 (low) to 4 (very high).
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<b>Key Findings</b>	Students from 10 colleges and universities were assigned to the intervention group or a no-treatment control group. The intervention group showed a greater increase in preparedness to recognize fellow students in psychological distress compared with the control group ( $p < .001$ ).
<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
<b>Study Designs</b>	Quasi-experimental
<b>Quality of Research Rating</b>	2.4 (0.0-4.0 scale)

### Outcome 2: Preparedness to approach fellow students in psychological distress

<b>Description of Measures</b>	A 12-item, online questionnaire was administered to college students at pre- and posttest (immediately before and after completing the training for the intervention group; 1-2 weeks apart for the control group). This outcome was assessed using the following item: "How would you rate your preparedness to approach fellow students exhibiting signs of psychological distress to discuss your concerns?" Responses were on a 4-point Likert scale from 1 (low) to 4 (very high).
<b>Key Findings</b>	Students from 10 colleges and universities were assigned to the intervention group or a no-treatment control group. The intervention group showed a greater increase in student-reported preparedness to approach fellow students in psychological distress compared with the control group ( $p < .001$ ).
<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
<b>Study Designs</b>	Quasi-experimental

<b>Quality of Research Rating</b>	2.4 (0.0-4.0 scale)
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### Outcome 3: Preparedness to refer fellow students in psychological distress

<b>Description of Measures</b>	A 12-item, online questionnaire was administered to college students at pre- and posttest (immediately before and after completing the training for the intervention group; 1-2 weeks apart for the control group). This outcome was assessed using the following item: "How would you rate your preparedness to refer fellow students exhibiting signs of psychological distress to the counseling center?" Responses were on a 4-point Likert scale from 1 (low) to 4 (very high).
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<b>Key Findings</b>	Students from 10 colleges and universities were assigned to the intervention group or a no-treatment control group. The intervention group showed a greater increase in preparedness to refer fellow students in psychological distress compared with the control group ( $p = .029$ ).
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<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
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<b>Study Designs</b>	Quasi-experimental
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<b>Quality of Research Rating</b>	2.4 (0.0-4.0 scale)
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### Outcome 4: Likelihood of approaching and referring fellow students exhibiting signs of psychological distress

<b>Description of Measures</b>	A 12-item, online questionnaire was administered to college students at pre- and posttest (immediately before and after completing the training for the intervention group; 1-2 weeks apart for the control group). This outcome was assessed using the following item: "How likely are you to approach and, if necessary, refer a fellow student exhibiting signs of psychological distress to the counseling center?" Responses were on a 4-point Likert scale from 1 (not likely) to 4 (very likely).
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<b>Key Findings</b>	Students from 10 colleges and universities were assigned to the intervention group or a no-treatment control group. The intervention group showed a greater increase in likelihood of approaching and referring fellow students exhibiting signs of psychological distress compared with the control group ( $p < .001$ ).
<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
<b>Study Designs</b>	Quasi-experimental
<b>Quality of Research Rating</b>	2.5 (0.0-4.0 scale)

#### Outcome 5: Willingness to seek mental health counseling for self

<b>Description of Measures</b>	A 12-item, online questionnaire was administered to college students at pre- and posttest (immediately before and after completing the training for the intervention group; 1-2 weeks apart for the control group). This outcome was assessed using the following item: "I may seek help from the counseling center myself when feeling stressed." Responses were on a 4-point Likert scale from 1 (strongly disagree) to 4 (strongly agree).
<b>Key Findings</b>	Students from 10 colleges and universities were assigned to the intervention group or a no-treatment control group. The intervention group showed a greater increase in willingness to seek mental health counseling when feeling stressed compared with the control group ( $p = .047$ ).
<b>Studies Measuring Outcome</b>	<a href="#">Study 1</a>
<b>Study Designs</b>	Quasi-experimental

**Quality of Research Rating**

2.4 (0.0-4.0 scale)

**Study Populations**

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
<a href="#">Study 1</a>	18-25 (Young adult)	51.6% Female 48.4% Male	100% Race/ethnicity unspecified

**Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
<b>1: Preparedness to recognize fellow students in psychological distress</b>	1.0	2.0	2.0	4.0	1.5	4.0	<b>2.4</b>
<b>2: Preparedness to approach fellow students in psychological distress</b>	1.0	2.0	2.0	4.0	1.5	4.0	<b>2.4</b>

<b>3: Preparedness to refer fellow students in psychological distress</b>	1.0	2.0	2.0	4.0	1.5	4.0	<b>2.4</b>
<b>4: Likelihood of approaching and referring fellow students exhibiting signs of psychological distress</b>	1.0	2.5	2.0	4.0	1.5	4.0	<b>2.5</b>
<b>5: Willingness to seek mental health counseling for self</b>	1.0	2.0	2.0	4.0	1.5	4.0	<b>2.4</b>

### Study Strengths

There is evidence of face validity for all outcome measures and evidence for criterion-related validity for one outcome. The online delivery of the program provides some assurance of fidelity. Missing data and attrition were reported to be low, such that no adjustments were needed. Appropriate statistical methods were used.

### Study Weaknesses

None of the outcome measures had strong test-retest reliability correlations. A standardized fidelity instrument was not used. Some confounding variables were not adequately addressed, including student's self-selection into the intervention group, the collection of data at different times for the intervention and control groups, and the presence of more freshmen in the control group than in the intervention group.

Readiness for Dissemination

Review Date: May 2012

### Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The [implementation point of contact](#) can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Administrator account, <https://arus.kognito.com/adminlogin.php>

Kognito Interactive. (2011). At-Risk for College Students: Implementation manual.

Program Web site, <http://www.kognito.com/products/student/>

Samples of pre- and posttest survey summaries

Student login, <http://www.kognitocampus.com/student>

### Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	4.0	4.0	<b>4.0</b>

**Dissemination Strengths**

All implementation materials, including the training, are online and accessible 24 hours per day, 7 days per week, to students and administrators. The avatar-based simulation is likely to be engaging to a college audience. A direct link to school-specific referral information is provided in the training through a customized "My Counseling Center" page. Through an administrator account, school staff can access a variety of tools to promote and manage the intervention. An account manager assigned to each implementing site provides an initial orientation by phone as well as ongoing support. Participant surveys are available to assess outcomes, and guidance is provided on how to use the survey data to improve program delivery. Administrators can access user-tracking reports and send automated reminders to participants to increase course completion.

**Dissemination Weaknesses**

No weaknesses were identified by the reviewers.

**Costs**

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The [implementation point of contact](#) can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
Program license (includes student access to training and administrator access to downloadable	<ul style="list-style-type: none"> <li>• Institutional licenses for colleges and universities: starting at \$2,000 per year,</li> </ul>	Yes

implementation manual, promotional materials, usage reports, and participant surveys)	depending on the size of the institution <ul style="list-style-type: none"> <li>• Statewide or systemwide licenses: contact the developer</li> </ul>	
Consultation and technical assistance by phone or email	Included with license	Yes

**Additional Information**

Information on optional training Webinars to support implementation of this intervention can be found on the developer's Web site at <http://www.kognito.com/webinars/>.

Replications

No replications were identified by the developer.

Contact Information

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