
Using the Best Training for your Population: Choosing and Adapting Training Programs

2013 Garrett Lee Smith (GLS) Combined Annual Grantee Meeting

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Thursday, June 13, 2013

Agenda

- ✓ Presentation
- ✓ Case study
- ✓ Discussion
- ✓ Summary
- ✓ Resources

Learning Objectives

Participants will understand:

- ✓ The difference between “gatekeeper” and clinical training
 - In intended outcomes
 - In content
- ✓ Adaptation considerations
 - General
 - For training

Learning Objectives

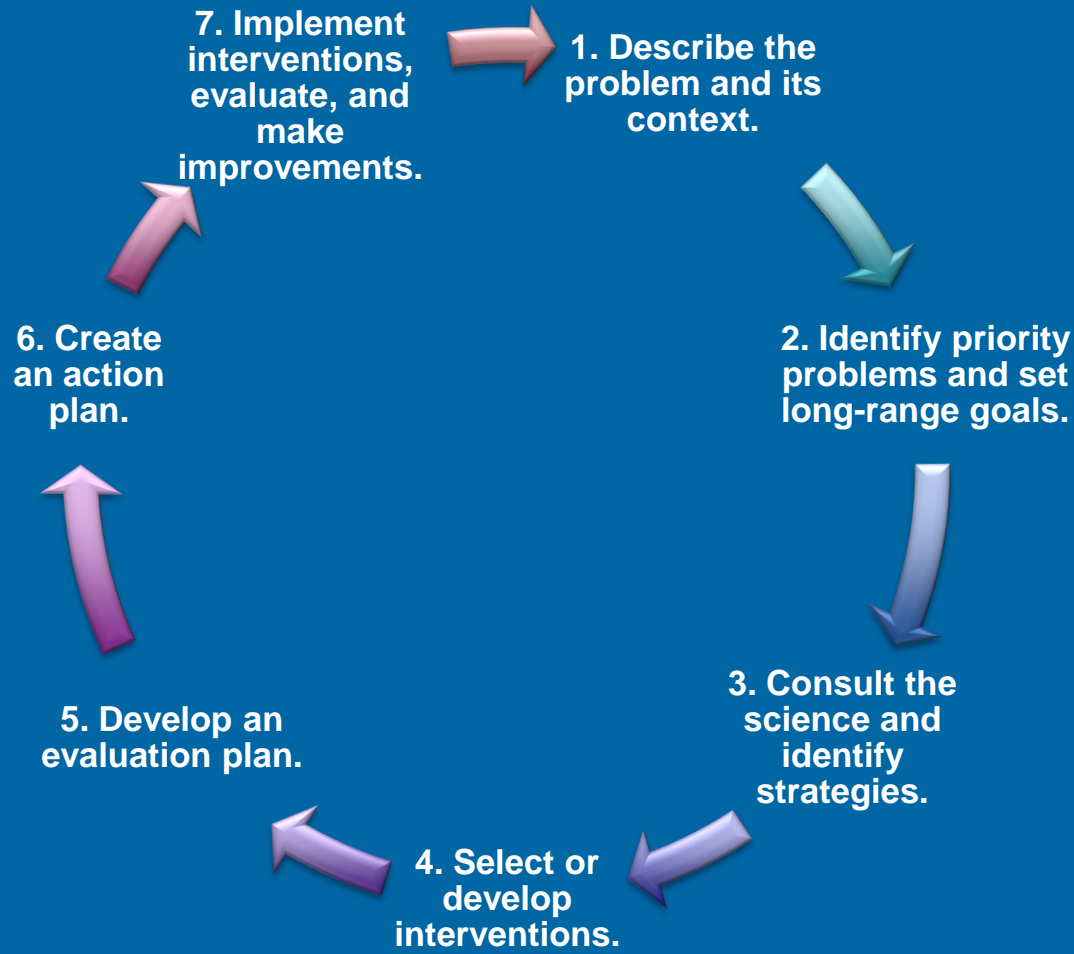
Participants will analyze:

- ✓ A program adaptation case study

Participants will be able to access:

- ✓ Resources to help match training content to desired outcomes
- ✓ Resources to help with program adaptation

Planning Considerations



Desired Outcomes of GKT

Knowledge, skills, and confidence in:

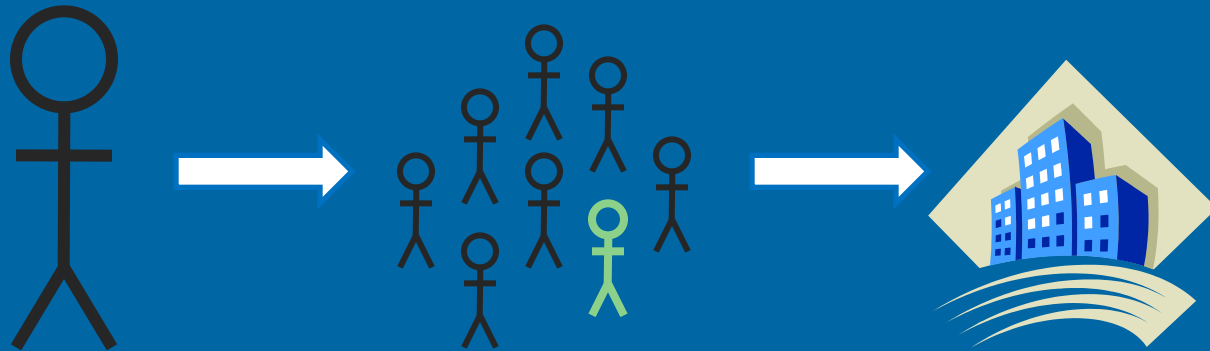
- ✓ Increasing self-reflection on attitudes that may inhibit caregiving
- ✓ Identifying those at risk
- ✓ "Asking the question"
- ✓ Making referrals

What Do We Want Gatekeepers to Do?

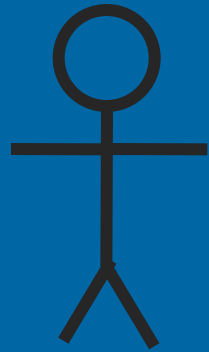
Gatekeeper

Population

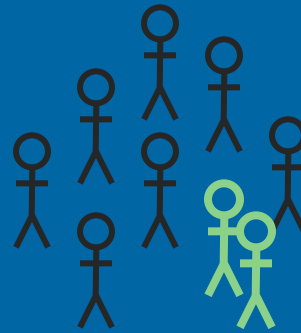
Help



What Do We Expect Clinicians to Do?



Population



Training Content to Achieve Desired Outcomes

Training Content to Produce Desired Outcomes

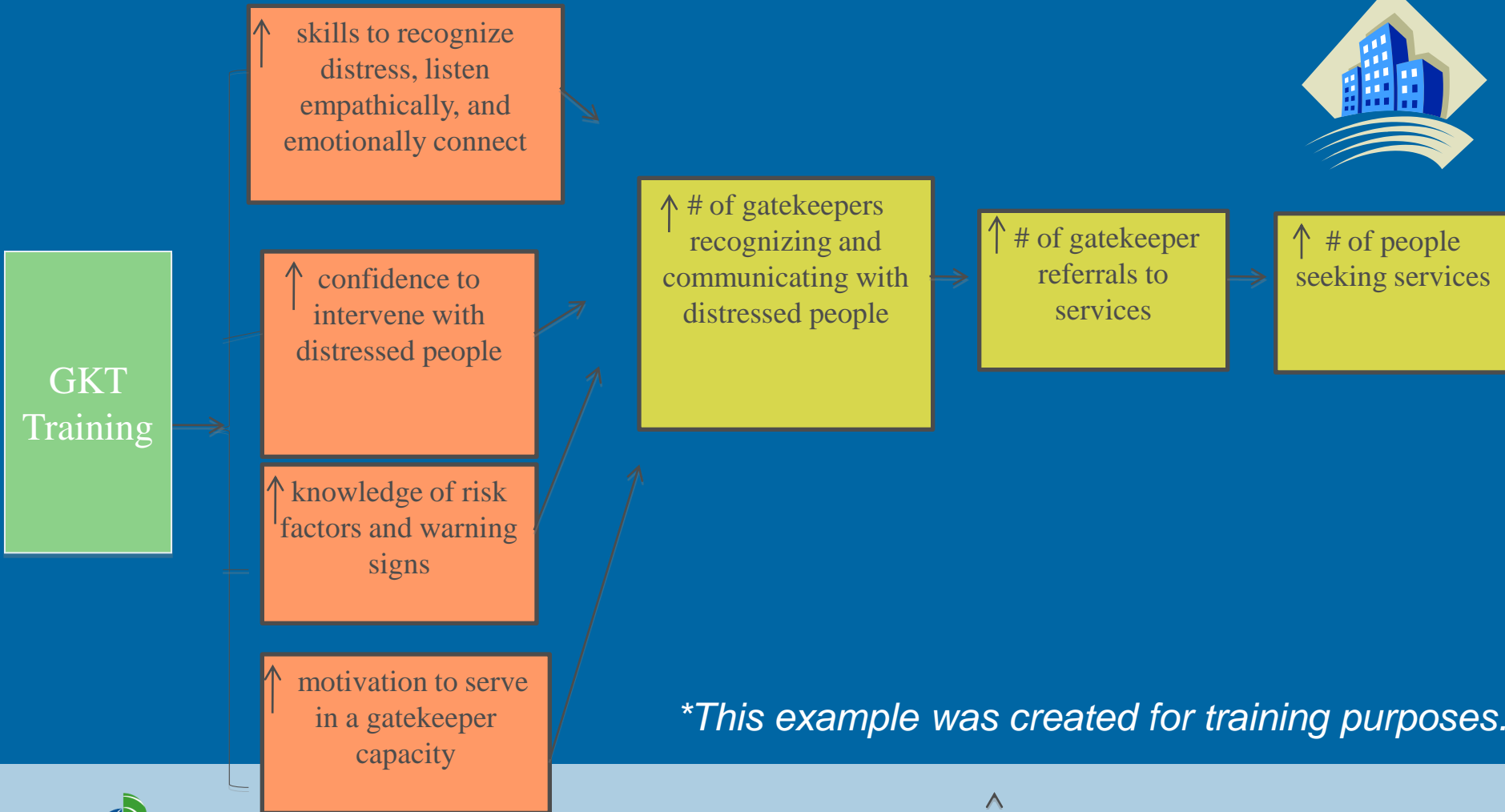
Generic Logic Model

Resources

Activities/outputs

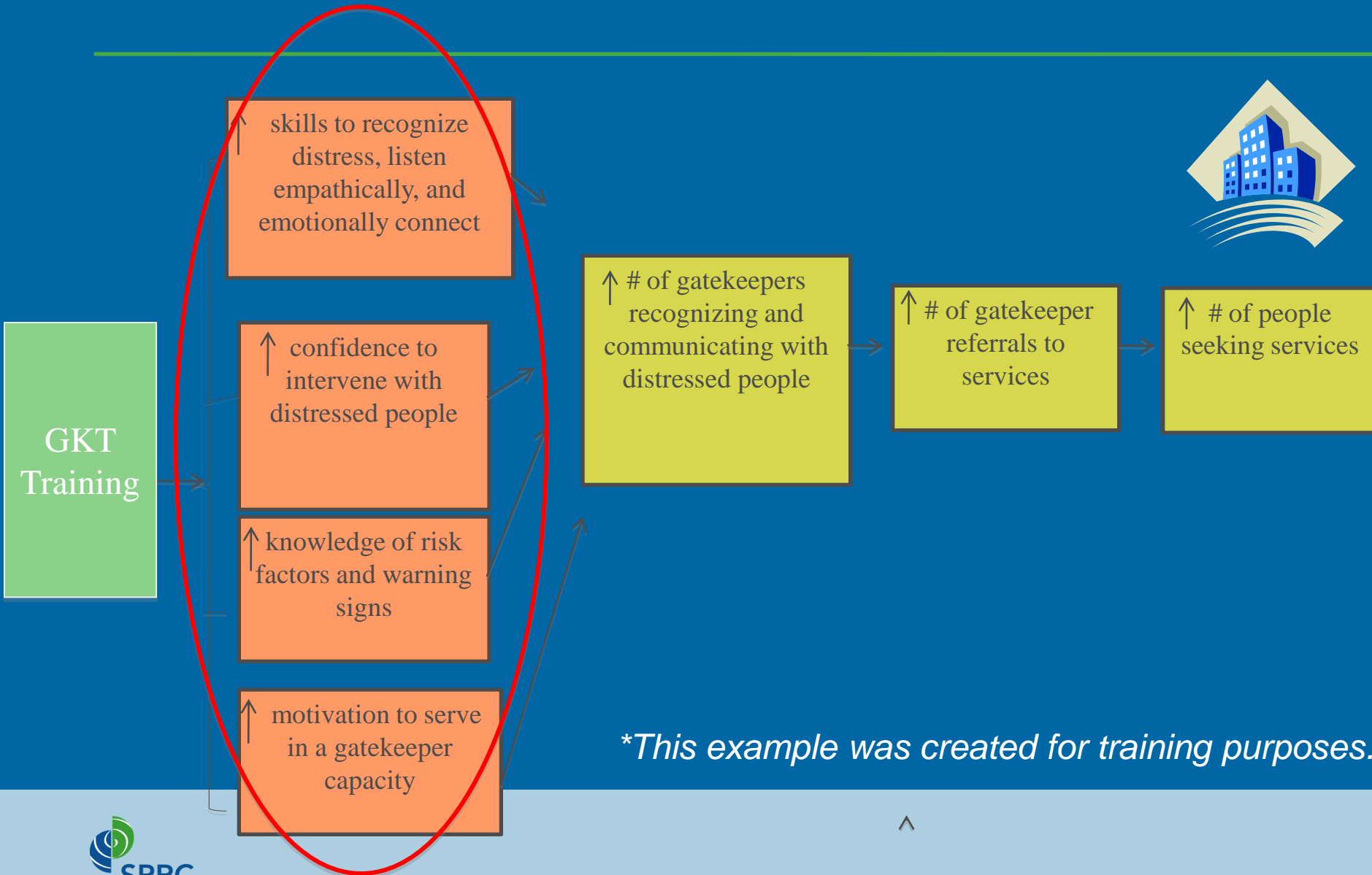
Outcomes

Gatekeeper Training Logic Model



**This example was created for training purposes.*

Gatekeeper Training Logic Model



**This example was created for training purposes.*



Comparison Table of Suicide Prevention Gatekeeper Training Programs

This document supports Goal 6 of the National Strategy for Suicide Prevention

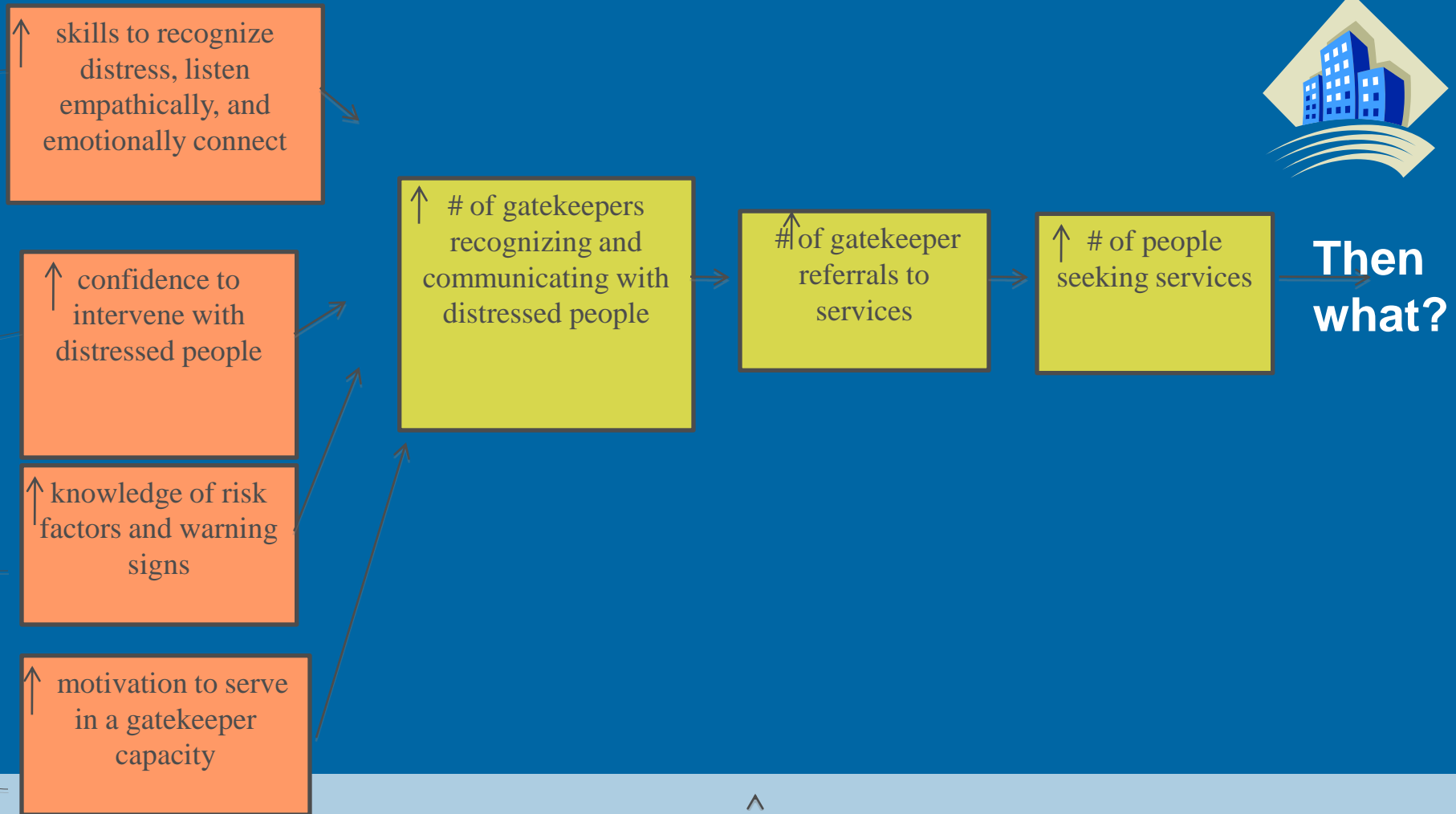
Gatekeeper training generally refers to programs that seek to develop individuals' "...knowledge, attitudes and skills to identify (those) at risk, determine levels of risk, and make referrals when necessary" (Gould et al., 2003). The purpose of this table is to provide users with a side-by-side comparison of the various gatekeeper training programs listed in the SPRC/AFSP Best Practices Registry (BPR). The BPR identifies, reviews, and disseminates information about best practices that address specific objectives of the National Strategy for Suicide Prevention. All programs in this matrix have been implemented in specific settings (e.g., schools, community settings, college/university campuses) and are listed in the BPR's Section III. These programs have been reviewed for accuracy, likelihood of meeting objectives, and adherence to program design standards. Being listed in Section III of the BPR does not mean that the practice has been proven effective through evaluation. For full descriptions of these and other gatekeeper training programs, go to the SPRC/AFSP BPR's Section III at <http://www.sprc.org/bpr/section-iii-adherence-standards>.

Note: Gatekeeper training is frequently implemented as part of comprehensive suicide prevention programs. While many of the programs listed in the BPR's Section III can be readily disseminated, they should only be implemented after thorough assessment of your community's needs and a determination that gatekeeper training is a reasonable strategy for meeting your community's strategic goals.

Program	Requirements (Costs, time, implementation requirements) Please contact individual programs for current cost information.	Audiences	Program Highlights	Program Objectives
Applied Suicide Intervention Skills Training (ASIST)	<p>Training for trainers: \$2,600 per individual for 5-day course (includes instructors, materials, and host site requirements)</p> <p>Training for gatekeepers: 14 hours over 2 days for training; \$36 for materials (intervention handbook, workbook, wallet-size prompter card, certificate, consumables)</p>	<p>Who is trained: Caregivers (e.g., those seeking to reduce immediate risk of suicide), clergy, counselors, community volunteers, law enforcement</p> <p>Who is helped: Clients of caregivers; individuals at risk for suicide</p> <p>Size of training group: Groups of 15, 24, or 30 in 'training for trainers'; up to 30 in 'training for gatekeepers'</p>	<p>Participatory work groups</p> <p>Mini-lectures, facilitated discussions, group simulation, and role play</p> <p>Training in suicide first aid</p> <p><i>Also available in Spanish and French; can be culturally adapted</i></p>	<p>Raise awareness of societal attitudes about suicide</p> <p>Enhance communication, identification, and intervention skills</p> <p>Increase knowledge of resources for both caregivers and people at risk</p>



Training Content to Produce Gatekeeper Behaviors



Then What?



Desired Outcomes of Clinician/Helper Training

Knowledge, confidence, and skills in:

- ✓ Eliciting information about suicidal thoughts, behaviors, and risk and protective factors
- ✓ Formulate level of risk based on information elicited
- ✓ Develop collaborative treatment plan
- ✓ Provide or refer to effective treatment

Training Content to Produce Clinician/Helper Behaviors

Clinical/
Helper
Training

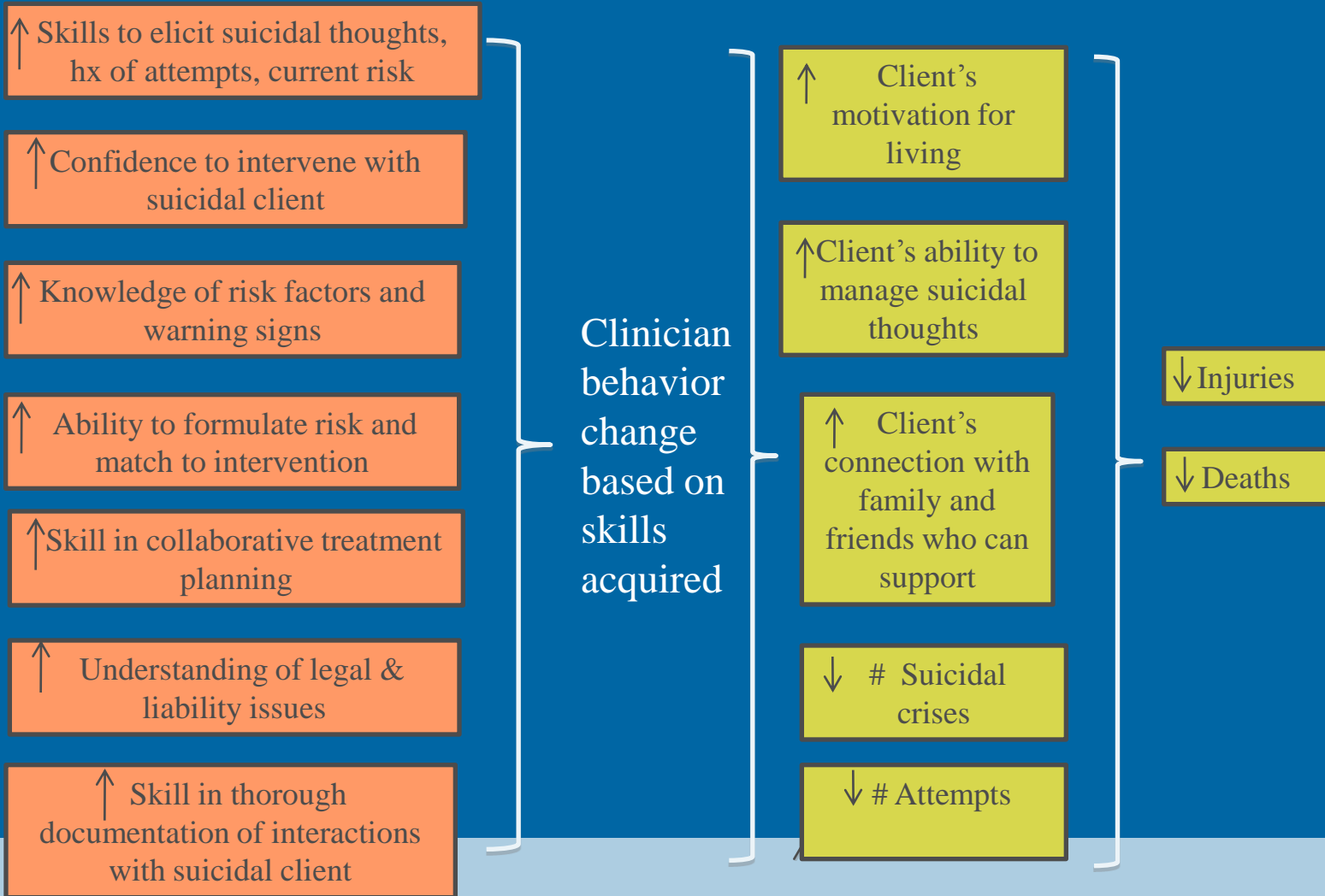


Table 1. Workshops for Behavioral Health Professionals: Domains of Competence Addressed in Learning Objectives

Program name	Attitudes & approach	Understanding suicide	Collecting accurate assessment information	Formulation of risk	Treatment & services planning	Management of care	Documentation	Legal/regulatory
AMSR	X	X	X	X	X	X		
QPRT		X	X		X	X	X	
RRSR	X		X	X	X		X	X
SuicideCare	X	Addressed in ASIST prerequisite		X	X	X		
Unlocking			X	X	X		X	X

Adapted from Pisani, A.D., Cross, W.F., & Gould, M.S. (2011). The assessment and management of suicide risk: State of workshop education. *Suicide and Life-Threatening Behavior*, 41(3), 255-276.

Adaptation Considerations: General

Adaptations can include changes in:

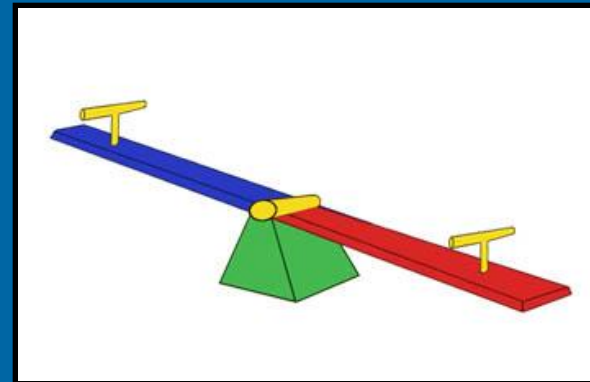
- ✓ Duration (3 weeks to 1 week)
- ✓ Dosage (3X day to 2X day)
- ✓ Process (written to vocal)
- ✓ Delivery (book to online)
- ✓ Content (happy to grateful)

What is adaptation?

- ✓ Adaptations are changes made to programs in order to better address the local needs of program implementers and consumers.

(Or, to improve the effectiveness of programs.)

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- ✓ Adaptations are valuable because they allow programs to better meet the specific needs of implementers and consumers.
 - ✓ Adaptations can be risky because they may change critical program elements rendering a program ineffective.



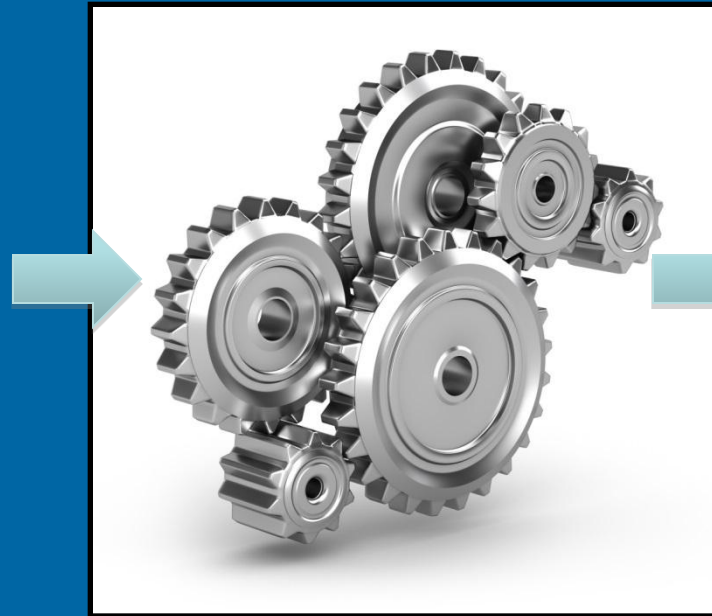
Cultural Adaptations

- ✓ “Cultural Tailoring” or adapting?
- ✓ Changes in
 - ✓ Language—translating or modifying vocabulary
 - ✓ Photos & videos to better reflect target audience
 - ✓ Cultural references

What is needed to adapt a program?

Knowledge of program core components.

Program Inputs



Program Outcomes

Green Light Adaptations

- Updating and/or customizing statistics and other goal-related information.
- Customizing role play scenarios (e.g., using wording more reflective of those being served).
- Making activities more interactive, appealing to different learning styles.
- Tailoring learning activities and instructional methods to particular cultures.

Yellow Light Adaptations

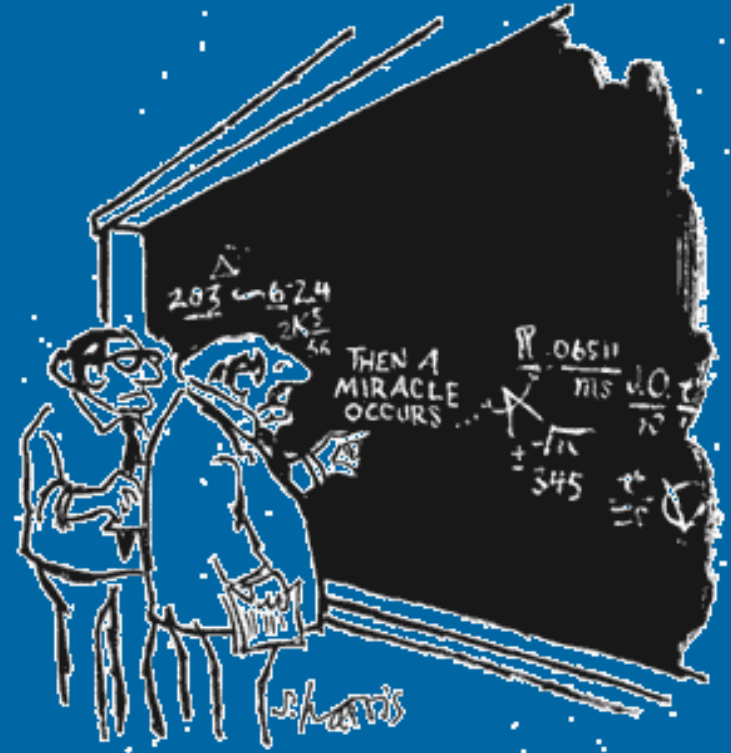
- Changing session order or sequence of activities.
- Adding activities to reinforce learning or to address additional risk and protective factors.
- Replacing videos (with other videos or activities) or replacing activities with videos.
- Implementing program with a different population or in a different setting.

Red Light Adaptations

- Shortening a program.
- Reducing or eliminating activities that allow personalization of risk or practice skills.
- Contradicting, competing with, or diluting the program's goals.
- Minimizing or eliminating strategies built into the program.
- Replacing interactive activities with lectures or individual work.

How to determine core components?

- ✓ Consult underlying theory.
- ✓ Consult research.
- ✓ Consult the program developer/evaluator.



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

Program Adaptation Example

- ✓ QPR Standard Program
 - ✓ Caregivers, lay-persons
 - ✓ Community-based
 - ✓ 1-hour training
 - ✓ Face-to-face training

- ✓ QPR for Nurses
 - ✓ Nurses
 - ✓ Primary Care/Hospital-based
 - ✓ 2-6 hour training
 - ✓ Delivered online

Outcomes

1. ↑ Knowledge about suicide
2. ↑ Gatekeeper self-efficacy
3. ↑ Knowledge of suicide prevention resources
4. ↑ Gatekeeper skills

Adapting Training

Basic Steps in Planning Training

- ✓ Needs assessment/problem definition
 - National and local data

- ✓ Goal Setting
 - Realistic and achievable

- ✓ Develop and implement strategies
 - Logic model suggests training content
 - Who to train
 - Core components and methods (i.e., choosing training)

- ✓ Evaluate

Key questions

- ✓ What infrastructure is in place?
- ✓ What specific behaviors do you want your target audience to perform? With whom?
- ✓ What do you want people who are at risk of suicide to do?
- ✓ What core training components will lead to these behavior changes, and how will they lead to them?
- ✓ What other factors (structural, other programs) affect these behavior changes?
- ✓ How will you measure each of these expected changes?

Program Adaptation Exercise

ER Intervention Teen Females

- ✓ Indicated + families
- ✓ ER-based
- ✓ 1-hour intervention
- ✓ Delivered by video & crisis therapist

Outcomes

- 1.↑ Treatment adherence
- 2.↓ Symptoms of depression (teen)
- 3.↓ Suicidal ideation
- 4.↓ Symptoms of depression (mom)
- 5.↑ Mom's attitudes towards treatment

Program Adaptation Exercise

ER Intervention Teen Females

- ✓ Indicated + families
- ✓ ER-based
- ✓ 1-hour intervention
- ✓ Delivered by video & crisis therapist

White Mtn. Apache Adaptation

- ✓ Indicated
- ✓ Home-based
- ✓ 1 home visit
- ✓ Delivered by community workers

Outcomes

1. ↑ Treatment adherence
2. ↓ Symptoms of depression (teen)
3. ↓ Suicidal ideation
4. ↓ Symptoms of depression (mom)
5. ↑ Mom's attitudes towards treatment

Summary: Choosing the Right Training

1. Gatekeeper and clinician/helper training have (some) different *outcomes*
2. Different outcomes suggest (some) different *content*
3. Therefore, be clear about your *behavior expectations* before choosing a workshop

Summary: Adapting Any Program

1. Determine the extent of adaptation
2. Consult with program developer/evaluator
3. Make adaptations
4. Pilot test with a sample of intended audience
5. Modify program according to pilot test
6. Implement program
7. Evaluate results

Resources

- General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula (CDC)
- Guidance for Culturally Adapting Gatekeeper Trainings (SPRC)
- Getting to Outcomes (RAND Corporation)