

Best Practices Registry (BPR) Application Guide v3.0

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Introduction

This application guide is designed to be used while you are logged into the [BPR Submission Portal](#). It will help you prepare and submit an application for your program or intervention to be considered for listing on the BPR. This guide provides detailed information to help you answer each question in all seven sections (A, B, C, D, E, F, and G) of the application. You will find a table for each application section that includes the question text, information about why we ask the question, guidance for preparing your response, and some criteria that our reviewers will use in their evaluation of the application.

*Please note that you are required to respond to all questions on the application; you will not be able to submit your application until every question has been answered.

If you have any questions about the application or you'd like to receive no-cost technical assistance, including pre-application support, please email us at sprcbpr@ou.edu.

Section A: Demographic Information

Section Description: Section A asks for basic information about your program or intervention's development team and the person submitting this application.

A1	Question text	Name of program or intervention as it should appear on the listing page if approved.
	Why do we ask?	We want to know how you'd like the name of your program or intervention to be listed on the BPR.
	Guidance	<ul style="list-style-type: none"> • Please make sure to spell out all acronyms. • Do not shorten the name or use abbreviations. • This information will be used to showcase your program or intervention on the Best Practices Registry if your application is approved.
	Evaluation criteria	Reviewers will confirm that the response is complete.

A2	Question text	Name(s) of those currently on the program or intervention's development team.
	Why do we ask?	This information can help our reviewers determine if there are any conflicts of interest (for example, if the reviewer has worked closely with members of the development team).
	Guidance	<ul style="list-style-type: none"> • Include developer(s) name, organization, email, and phone number. • You can list several names if there is a development team. • In some instances, the point of contact for the program or intervention is also a developer of the program or intervention. In this case, their name and information should appear in both questions A2 and A3.
	Evaluation criteria	Reviewers will confirm that the response is complete.

A3	Question text	Program or intervention point of contact.
	Why do we ask?	<ul style="list-style-type: none"> • This information will be used by the BPR Team if we need to contact you about your application during the review process. • The email address listed here will also be used on the final BPR listing if your program or intervention is approved to be listed on the BPR. BPR website users can use this email address to contact you about the program or intervention.
	Guidance	<ul style="list-style-type: none"> • The point of contact is the person submitting the application on behalf of the organization associated with the suicide prevention program or intervention (i.e., the “submitter”). • Please include the point of contact’s name, the organization’s name, the primary location of the organization, and the point of contact’s email address. • This person will be the primary point of contact for questions about the application during the review process. • You must complete this section even if the point of contact is also a developer. • The point of contact’s organization is typically the same as the developer’s organization, but in some cases it may be different. • Location means the primary location of the organization associated with the program or intervention; if there are multiple locations, please choose the main location you would like to feature if the program or intervention is approved to be listed on the BPR. • The email address listed here will also be the contact email included in the program or intervention’s BPR listing if the program or intervention is approved.
	Evaluation criteria	Reviewers will confirm that the response is complete.

A4	Question text	By checking this box, I attest that I have the authority to submit an application to the Suicide Prevention Resource Center Best Practices Registry on behalf of this program or intervention.
	Why do we ask?	This question confirms that the person submitting the application has been granted the authority to do so by the program or intervention developer(s) and/or the organization associated with the program or intervention.
	Guidance	This question asks the submitter to attest that they are authorized to submit an application, have been designated by the program or intervention developer(s) to do so, and will serve as the primary point of contact for BPR staff.
	Evaluation criteria	Reviewers will confirm that the response is complete.

Section B: Program or Intervention Information and Evaluation

Section Description: Section B asks for general information about your program or intervention, including information about how it is implemented and its most recent update.

B1	Question text	Please provide a summary or abstract describing your program or intervention. Please limit your response to 2500 characters or approximately 500 words.
	Why do we ask?	The response you provide to this question will be included on the program or intervention's listing page if the program or intervention is approved to be listed on the BPR. It should be easy to understand and help BPR website users get a clear picture of your program or intervention.
	Guidance	<ul style="list-style-type: none"> Your answer should address your program or intervention's: <ul style="list-style-type: none"> Purpose Goals Outcomes measured Group(s) served Essential components Additional relevant information you would like to provide This response should be limited to 2500 characters or approximately 500 words or less. This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the response meets the question requirements by addressing each point in the Guidance box, whether the response is clearly written and well thought-out, and whether the response gives a clear picture of how the intended group would benefit from the program or intervention.

B2	Question text	How did you meaningfully engage individuals with suicide-centered lived experience in the planning, design, implementation, and/or evaluation of your program or intervention? What specific insights from those individuals were incorporated into your program or intervention?
	Why do we ask?	The Suicide Prevention Resource Center (SPRC) is the only federally funded resource center devoted to enhancing the implementation of the National Strategy for Suicide Prevention (National Strategy) , which encourages suicide prevention professionals to engage individuals with suicide-centered lived experience in all aspects of suicide prevention efforts. Engaging people with suicide-centered lived experience helps ensure that suicide prevention efforts reflect the unique knowledge, insights, and perspectives of those who have been impacted by it.
	Guidance	<ul style="list-style-type: none"> • SPRC defines individuals with suicide-centered lived experience as “individuals who have had or are currently experiencing thoughts of suicide, survived one or more suicide attempts, lost a loved one to suicide, or provided substantial support to a person with direct experience of suicide.” • For more information on centering lived experience, please visit SPRC's Keys to Success - Centering Lived Experience. • For more information on suicide-centered lived experience, including SPRC's definition, some lived experience perspectives, and ways to incorporate lived experience perspectives, please visit SPRC's About Lived Experience page. • This response should be limited to 2500 characters or approximately 500 words or less.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the response describes the program or intervention's evidence of engagement of individuals with lived experience in one or more phases of development including planning, design, implementation, and evaluation.

B3	Question text	If your program or intervention is intended for a specific group, please describe how you meaningfully engaged the intended group in the planning, design, implementation, and/or evaluation of your program or intervention.
	Why do we ask?	Consider the phrase “nothing about us without us.” Engaging with members of the group for which a program or intervention is intended throughout all phases of development helps to ensure that the program or intervention reflects the intended group in its images, language, context, and materials.
	Guidance	<ul style="list-style-type: none"> Programs and interventions designed for specific individuals or groups are encouraged to engage with those individuals or groups throughout all phases of program development. Examples of this engagement could include but are not limited to inclusion of members of the intended group in the development of program or intervention materials, program or intervention facilitation by members of the intended group or individuals who are experienced with the intended group, or involving members of the community who represent the intended group. This response should be limited to 2500 characters or approximately 500 words or less.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the response describes the program or intervention’s evidence of engagement with the intended individuals or groups in one or more phases of the program or intervention’s development including planning, design, implementation, and evaluation.

B4	Question text	Please describe the total time commitment the program or intervention requires from participants and facilitators.
	Why do we ask?	This gives BPR reviewers a brief, high-level snapshot of the time commitment for your program or intervention. It's the one-sentence response you might give if someone were to ask, "How long does it take to do?"
	Guidance	<ul style="list-style-type: none"> • This total time commitment could include the total number of hours participants spend engaging in the program or intervention and time facilitators spend on preparation, data collection, follow-up, etc. • This response is meant to provide BPR reviewers with a quick picture of what a typical implementation of your program or intervention looks like in practice. • This response should be limited to 2500 characters or approximately 500 words or less. <p>Examples of appropriate responses:</p> <ul style="list-style-type: none"> • 90-minute virtual and self-paced community helper training with pretest and posttest • Six-month community-based program with participant programming scheduled for two hours twice per week and weekly staff/facilitator meetings lasting approximately one hour • School curriculum with one-hour weekly lessons for eight weeks with two hours of prep work and follow-up surveys at 30 and 90 days
	Evaluation criteria	Reviewers will confirm that the response is complete.

B5	Question text	What are the delivery options for your program or intervention? Mark all that apply.
	Why do we ask?	Understanding the delivery options for your program or intervention can help BPR website users determine if it will fit their specific format needs.
	Guidance	<ul style="list-style-type: none"> • Please select the format(s) in which your program or intervention is delivered. You may select all that apply. • This question asks specifically about the delivery of the program or intervention, NOT about the delivery format of any specific training required to implement the program or intervention. • If you select “Other,” a textbox will appear asking you to write in the format. The textbox has a character limit of 250 characters or approximately 50 words. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR
	Evaluation criteria	Reviewers will confirm that the response is complete.

B6	Question text	What is the total cost for an individual or organization to implement one instance of your program or intervention?
	Why do we ask?	The BPR allows website users to filter programs and interventions by cost. This filter is among our most widely used. We realize there may not always be a simple answer, but if your program or intervention is approved to be listed on the BPR, your response to this question will give BPR website users a reasonable idea of the expected cost to implement your program or intervention.
	Guidance	<ul style="list-style-type: none"> • Consider costs associated with purchasing materials, licensing, training, or any other implementation costs. • Select the best estimate for a single implementation or the average cost for those implementing the program or intervention for the first time. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will confirm that the response is complete.

B7	Question text	What year was your program or intervention originally created?
	Why do we ask?	We're interested in the life span of your program or intervention. Understanding how long the program or intervention has been available can help reviewers get a better sense of its history.
	Guidance	<ul style="list-style-type: none"> • For most applicants, this response will be a calendar year (e.g., 2019). • This field provides additional space to allow programs or interventions that may not have an exact "creation date" to add more information (e.g., traditional practices). The field has a character limit of 250 characters or approximately 50 words.
	Evaluation criteria	Reviewers will confirm that the response is complete.

B8	Question text	In what year were elements of your program or intervention most recently updated?
	Why do we ask?	This gives reviewers an idea of how often your program or intervention is evaluated for relevance and updated to reflect current standards. We want to see that your program or intervention has adapted with the evolving landscape of suicide prevention, including changes to appropriate terminology; imagery guidelines and recommendations; and emerging data, literature, frameworks, and knowledge.
	Guidance	<p>If the program or intervention has not been updated in some way within the last five years, the application will be disqualified.</p> <ul style="list-style-type: none"> You must enter a 4-digit year. An update might include at least one of the following: <ul style="list-style-type: none"> Full review and revision to reduce stigmatizing and/or stereotyping language or imagery Content updates to align with current subject matter standards Revision to include updated literature and frameworks Community review to examine the program or intervention's fit within the intended group's community An assessment of how well the program or intervention reflects the unique needs and characteristics of the intended group Accessibility features added as part of an update could include, but are not limited to: <ul style="list-style-type: none"> Screen reader compatibility Alternative text for images Accessible PDFs Closed captioning options
	Evaluation criteria	Reviewers will confirm that the response is complete.

B9	Question text	Please provide a short description of changes made to the program or intervention in this most recent update.
	Why do we ask?	This response is a follow up to the previous question. We want to know what you changed during your most recent update and why.
	Guidance	<ul style="list-style-type: none"> • This question asks you to describe your program or intervention's most recent update. Your response might include a description of the type of review(s) conducted, the purpose or goal of the review(s), and any resulting revisions. • This response should be limited to 2500 characters or approximately 500 words or less.
	Evaluation criteria	Reviewers will verify that the described update and changes align with the stated purpose and goals of the program or intervention and are supported by content provided in other areas of the application including program materials, online presence, and evidentiary documents.

Section C: Program or Intervention Media and Materials

Section Description: Section C will ask for information about your program or intervention's social media accounts and other online presence for use on the BPR listing page if approved. This section also asks you to provide materials related to your program or intervention (e.g., program or intervention manual, data collection instruments, slide sets). These materials will help BPR reviewers gain an understanding of how your program or intervention is intended to be implemented.

Materials you provide will be kept confidential and only used during the review process.

C1	Question text	Please provide information about your program or intervention's online presence. Enter all that apply.
	Why do we ask?	The BPR exists in an exclusively virtual space, so programs and interventions must provide at least one direct link that can be included on their BPR listing page if they are selected for inclusion. BPR website users will use these links to connect with the program or intervention.
	Guidance	<ul style="list-style-type: none"> • Provide a direct link for each entry that applies to your program or intervention. • Links must be directly related to your program or intervention's online presence. • Please review each URL after you enter it to make sure the full link appears in the textbox. It is also a good idea to check to make sure each link works as entered. • Each textbox has a character limit of 250 characters. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the links provided are accessible, lead to the intended location, and appear to align appropriately with the stated purpose and goals of the program or intervention.

C2	Question text	Please provide program or intervention materials and content that will help BPR reviewers understand how your program or intervention is intended to be implemented. Please provide a direct link for each item you would like BPR reviewers to consider.
	Why do we ask?	These materials help reviewers gain a deeper understanding of what your program or intervention looks like in practice.
	Guidance	<ul style="list-style-type: none"> Materials should align with communication guidance outlined in the National Action Alliance for Suicide Prevention (Action Alliance)'s Mental Health Media Guide and/or the Framework for Successful Messaging. The materials you submit should be current and support your program or intervention's goals and objectives. The materials should describe the context and conditions that best support this program or intervention's success. Your response could include but is not limited to a description of "set-up" activities to be completed by the implementer; recommendations for setting, structure, and/or participant group size; details of responsibilities for each implementer if more than one are recommended, etc. Any cited research in the materials should have been published within the last 10-20 years and/or reflect accepted foundational research in suicide prevention. Please use a cloud drive (e.g., Dropbox, Google Drive, Basecamp, or Box) to create links to any supporting materials that don't have existing web links. Share each item by pasting its link in the appropriate text box. Please be sure the links you provide can be accessed without special permission or passwords. Use permanent links whenever possible. If you would like to provide generic or demo credentials (i.e., credentials that will not track user identifying information) for a learning management system or online training platform, you may do so by putting the credentials and access instructions in a single document and including the link for that document in the "Other" category. Each textbox has a character limit of 250 characters.
	Evaluation criteria	<ul style="list-style-type: none"> After evaluating provided materials, BPR reviewers will assign a score of inadequate, minimal, adequate, or exemplary in multiple evaluation areas. The scores are based on how well the materials provided follow the principles for non-stigmatizing language and visuals and reflect the program or intervention's intended group; whether materials are accurate, current, and appropriately research based; and how well the materials describe the context and conditions required to successfully implement the program or intervention. BPR reviewers will base their scores for this section only on the materials you provide.

C3	Question text	Please provide a direct link to your program or intervention's safety protocol or safety plan.
	Why do we ask?	This question is about how the program or intervention ensures safety for everyone involved. We can't predict a crisis; we can only prepare. Think of this safety plan in the same way you would consider a fire extinguisher, automated external defibrillator (AED), or first aid kit. We hope we don't need to use it, but we want to make sure it's readily available if it is needed. It is important to ensure that program or intervention implementors know exactly what to do should a mental health crisis arise.
	Guidance	<ul style="list-style-type: none"> • All suicide prevention programs and interventions listed on the BPR must include a safety protocol or safety plan to guide how the program or intervention facilitators should respond if a participant is identified as experiencing a mental health crisis. • In addition to programs or interventions in clinical and hospital settings, upstream suicide prevention programs or interventions must include a plan for safety. • <i>Please note that this safety plan or protocol is different from a safety plan that may be created between a program participant and the facilitator.</i> • At minimum, safety protocols or plans should include: <ul style="list-style-type: none"> ○ A list of operational actions ○ A description of responsibilities ○ Information about a 24/7 crisis line such as the 988 Suicide & Crisis Lifeline or a local crisis line • Please use a cloud drive (e.g., Dropbox, Google Drive, Basecamp, or Box) to create links to any supporting materials that don't have existing web links. • Please be sure the links you provide can be accessed without special permission or passwords. Use permanent links whenever possible. • This textbox has a character limit of 250 characters.
	Evaluation criteria	The safety protocol or plan provided will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the safety protocol or plan details the responsibilities and operational actions that should be taken when someone implementing the program or intervention identifies that a participant is experiencing an immediate mental health crisis. The reviewers will also be looking to make sure the safety plan or protocol includes information about available resources, including at least one 24/7 crisis line or hotline phone number.

C4	Question text	I attest that all program or intervention materials and content, including materials and content not included as part of this application, align with communication guidance outlined in the National Action Alliance for Suicide Prevention (Action Alliance)'s Mental Health Media Guide and/or the Framework for Successful Messaging and use best practices for images, language and terminology, and safe messaging about suicide.
	Why do we ask?	The BPR does not currently conduct full content reviews. This attestation serves to confirm that all program or intervention content and materials use current best practices for safe messaging, whether or not these materials have been provided as part of this application.
	Guidance	This question serves as your attestation that all program or intervention materials and related content, including materials and content that have not been provided for review, align with communication guidance outlined in the National Action Alliance's Mental Health Media Guide and/or the <i>Framework for Successful Messaging</i> , and reflect best practices for safe messaging about mental health and suicide.
	Evaluation criteria	Reviewers will confirm that the response is complete.

Section D: Program or Intervention Logic

Section Description: Section D asks you to outline the core elements of the logic model for your program or intervention including its goals, inputs, activities, outputs, and outcomes. Your answers will help us understand how your program or intervention is effective in preventing suicide or impacting factors related to suicide, how it affects behavior, and how it achieves its intended goals. For more information about creating a logic model and the components of a logic model, please visit <https://logicmodel.extension.wisc.edu/>

D1	Question text	What are your program or intervention's goals? What does it aim to do, change, or create?
	Why do we ask?	Your response to this question helps reviewers understand what your program or intervention was created to do and its intended outcomes and impacts. Your response should include and expand on the goals you listed in your program or intervention summary. Reviewers will be looking for evidence of these goals and how they guide your work throughout the responses and materials you supply in this application.
	Guidance	<ul style="list-style-type: none"> • Please list your goals in a bullet list. • Goals should be supported by your responses and the materials you provide in other areas of the application, including the measured outcomes described in your evidentiary documents in Section E. • This response should be limited to 2500 characters or approximately 500 words or less.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the listed goals address what the program or intervention aims to do, change, and/or create.

D2	Question text	What resources (inputs) are needed to implement your program or intervention? Mark all that apply.
	Why do we ask?	This response helps reviewers understand the basic resources needed for someone to get started with your program or intervention.
	Guidance	<ul style="list-style-type: none"> • If an agency or individual wants to use your program or intervention, what are they required to purchase or secure before they can begin implementing it? • The items you select in response to this question should only include the basic required resources to implement the program or intervention. • If you select “Other Resources,” please specify the other resources in the provided textbox. The textbox has a character limit of 500 characters or approximately 100 words.
	Evaluation criteria	Reviewers will verify that the selections marked are supported by and align with the rest of the content and materials you supplied in the application.

D3	Question text	Please provide details about your program or intervention’s essential components (i.e., essential program or intervention activities such as instruction or training, coalition building, delivery of services or interventions, etc.).
	Why do we ask?	Your response here should align with the responses and materials you’ve provided in other parts of the application. We want to know what components or activities are integral to the program or intervention’s proven success.
	Guidance	<ul style="list-style-type: none"> • This question asks you to detail the essential components (i.e., activities) that support the program or intervention’s success. Your response should be supported by and align with the program or intervention’s stated goal(s) and purpose. • This response should be limited to 2500 characters or approximately 500 words or less.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the response describes the program or intervention’s essential components.

D4	Question text	Please provide details about your program or intervention's outputs (i.e., measures directly related to program or intervention activities, such as the number of program participants, hours of attendance, etc.).
	Why do we ask?	We'd like to know what process evaluation measures an organization could expect to use during a successful implementation of your program or intervention as it is described in this application. Examples might include program attendance records from an educational session or a completed program fidelity monitoring tool.
	Guidance	<ul style="list-style-type: none"> • This question asks you to detail the outputs (i.e., process measures) that directly relate to the program or intervention activities. • This response should be limited to 2500 characters or approximately 500 words or less. <p>Examples of responses could include:</p> <ul style="list-style-type: none"> • The number of school personnel trained to deliver the program or intervention • Creation or revision of policies related to suicide prevention or employee well-being • The number of participants that participate in one instance of program or intervention implementation • The number of attendance hours recommended for program or intervention participants
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the response describes the program or intervention's outputs.

D5	Question text	Please provide details about your program or intervention's outcomes and describe the instruments you use to measure your program or intervention's effectiveness (e.g., increased capacity to use healthy coping strategies, decreased suicidal ideation or suicide attempts as measured by the Suicidal Ideation Questionnaire, etc.).
	Why do we ask?	In the final portion of the logic model, we ask you to describe the documented outcomes that occurred as a result of the implementation of your program or intervention. Your response to this question will help us understand how <i>you</i> know that your program or intervention has met its stated goals and objectives.
	Guidance	<ul style="list-style-type: none"> • This question asks you to detail the outcomes that occurred as a result of the implementation of the program or intervention and have been measured in your evaluation(s). Additionally, please describe the instruments that you used to measure the program or intervention's effectiveness. Your response should be supported by and align with the evidentiary documents you provide in Section E of the BPR Application. • This response should be limited to 2500 characters or approximately 500 words or less. <p>Examples of responses could include:</p> <ul style="list-style-type: none"> • Quantified measurements of increased skill level with coping strategies as measured through participant pre- and post- survey responses. • Percentage of decreased suicidal ideation or suicide attempts as measured by the Suicidal Ideation Questionnaire.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the response details the program or intervention's outcomes, whether the response includes a clear description of the instruments used to measure effectiveness, and how well the response is supported by and aligns with evidentiary documents provided in Section E of the application.

Section E: Program or Intervention Evidence of Effectiveness

Section Description: Section E asks for documentation and information related to the effectiveness of your program or intervention. We are specifically looking for evidence of your program or intervention's effectiveness in achieving its stated goals and objectives. BPR reviewers will refer to this section throughout the review process to verify the content of the application.

Your responses in this section must be detailed and comprehensive; provide easily accessible links/materials; and include clear evidence of effectiveness. Incomplete or inaccessible responses and materials may result in your application being denied or returned for required revision.

E1	Question text	Provide three supporting documents that show evidence of your program or intervention's effectiveness in achieving its goals and objectives.
	Why do we ask?	This is the cornerstone of your application. We want to see data from at least three separate implementations of the program or intervention showing that the version presented in the application functions in the way that it's intended, produces consistent outcomes that align with the stated goals and objectives, and that it is effective with the intended group(s) in the intended setting(s).
	Guidance	<ul style="list-style-type: none"> • If three separate links to supporting documentation are not included, your application may be denied or returned for required revision. • The evidence you supply here must support and align with the information you provide in other parts of the application. • Documentation should clearly demonstrate your program or intervention's effectiveness in achieving its stated goals and objectives (as stated in Section D) with the groups and settings you indicate in this section of your application. • Please provide evidence of program or intervention outcomes as opposed to formative research. • Common examples of evidentiary documents include but are not limited to:

		<ul style="list-style-type: none"> ○ Peer-reviewed articles ○ Publications ○ Reports to funders ○ Governmental reports ○ Formal evaluations <ul style="list-style-type: none"> • Please use a cloud drive (e.g., Dropbox, Google Drive, Basecamp, or Box) to create links to any supporting materials that don't have existing web links. Share each item by pasting its link in the appropriate text box. • Please be sure the links you provide can be opened without special permission or passwords. Use permanent links whenever possible. • Please review each URL after you enter it to make sure the full link appears in the textbox. It is also a good idea to check to make sure each link works as entered. • Each textbox has a character limit of 250 characters. <p><i>Please do not submit the following in this section: program manuals, presentation slide sets, pamphlets or other marketing materials, etc.</i></p>
	Evaluation criteria	Reviewers will confirm that three qualifying documents have been provided.

E2	Question text	What type(s) of evidence did the three documents provide to demonstrate the effectiveness of your program or intervention? Mark all that apply.
	Why do we ask?	The BPR accepts both empirically-defined evidence and community-defined evidence. The types of evidence you select in response to this question will be included on the BPR listing page if the program or intervention is approved to be listed. This will help BPR website users determine if a program fits their unique needs.
	Guidance	<ul style="list-style-type: none"> • When answering this question, please refer to the three documents you submitted in question E1. • Select the answer(s) that best applies to your program or intervention and is supported by the documents you submitted. • For additional information on these terms, including definitions and source citations, please refer to the Glossary located at the end of this BPR Application Guide. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the type(s) of evidence selected are supported by and align with the responses and materials you provided in the rest of the application.

E3	Question text	Which of the following study or evaluation designs were used to gather evidence of your program or intervention's outcomes and impact? Mark all that apply.
	Why do we ask?	The study or evaluation designs you select in response to this question will be included on the listing page if the program or intervention is approved to be listed on the BPR. This will help BPR website users determine if a program or intervention fits their unique needs.
	Guidance	<ul style="list-style-type: none"> • When answering this question, please refer to the three documents you submitted in question E1. • Select the answer(s) that best applies to your program or intervention and is supported by the documents you submitted. • Study or evaluation designs can be quantitative, qualitative, or use mixed methods. • You must select at least one major design category (e.g., Quantitative Design, Qualitative Design, etc.) AND at least one sub-design category (e.g., Descriptive (cross-sectional), Phenomenological, etc.) • If you select "Other" as a sub-design category under any of the major design categories, a textbox will appear asking you to provide the type of study. The textbox has a character limit of 250 characters or approximately 50 words. • Outcomes are the short- to mid-term results that could occur as a result of the program or intervention. An example of an outcome could be a reduction in suicidal ideation among members of an intended group. • An impact is a long-term result that could occur as a result of the program or intervention. An example of an impact could be a reduction in the number of suicides in a community. • For additional information on these terms, including definitions and source citations, please refer to the Glossary located at the end of this BPR Application Guide. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the study or evaluation designs selected are supported by and align with the responses and materials you provided in other parts of the application, particularly the evidentiary documents you provided in question E1.

E4	Question text	Describe how the study or evaluation designs referenced in the documents you provided in E1 were developed.
	Why do we ask?	The unique factors and insights that led to your selection of study design(s) can help BPR reviewers get a better understanding of your program or intervention.
	Guidance	<ul style="list-style-type: none"> Your response should address these questions: <ul style="list-style-type: none"> Who were your key partners in developing these studies or evaluations? How did you incorporate feedback from these key partners into your study designs? Why were these study or evaluation designs selected? How were these study or evaluation designs tailored to the needs of your program or intervention's intended group? (e.g., members of group provided consultation on materials and consent forms; used methods sensitive to the learning styles of the group; facilitation by a consultant experienced with the group, strong community involvement) A study or evaluation design is a framework a developer can use to collect and analyze data about a program or intervention to determine its outcomes and impact. For example, in an experimental study design, a program intended for high school students could be implemented with one group of students (the experimental group), while another group of students receives no program (the control group). Data on the outcome variables would then be collected from the two groups of students and compared to determine the outcomes and impacts of the program. This response should be limited to 2500 characters or approximately 500 words or less.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on how well the response describes the engagement of key partners and incorporation of feedback, how and/or why the study design was selected, and how the intended group's community was considered.

E5	Question text	In the list [provided in the application], mark the groups with which your program or intervention has been proven effective in meeting your stated goals and objectives. Mark all that apply.
	Why do we ask?	The groups you select in response to this question will be verified by our reviewers and used as search and filter options to help BPR website users find programs and interventions that fit their unique needs.
	Guidance	<ul style="list-style-type: none"> • Please be sure that evidence of your program or intervention's effectiveness in meeting your stated goals or objectives with these group(s) is included in the evidentiary documents you provided in question E1. • We encourage programs and interventions to measure their impact with a variety of groups and in a variety of settings. When appropriate, please include community-defined evidence, as well as empirically-defined evidence. • NOTE: The most common reason submitters are asked to rework their application is because they check too many boxes in this section. <ul style="list-style-type: none"> ○ <i>Example:</i> If you created a universal education program intended for high school youth, you might only end up marking "Adolescents (12 to 17 years)" because your evidence of effectiveness is in the aggregate (i.e., all the students at the school) and your program was <i>intended</i> to be inclusive of all the students in the school. The program was not specifically designed and evaluated for a smaller group of students (such as young men, young women, or students living in rural areas), so those selections should not be marked even if male students, female students, and students living in rural areas happen to be included in the student group that receives the training. • Please focus on aligning your answers with your evidence rather than marking as many categories as possible. Most universal programs and interventions will only mark broad age categories such as "Young adults" or "Adults." BPR application reviewers understand that those categories are not exclusive of other characteristics such as gender, sexuality, race, ethnicity, etc. The more your approach is tailored to specific group(s), the more categories you will check in this section. • If you select "Other," a textbox will appear asking you to specify the other groups with which your program or intervention has been proven effective. The textbox has a character limit of 250 characters or approximately 50 words. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the selected groups are supported by and align with the responses and materials provided in other parts of the application.

E6	Question text	Please select the language(s) your program or intervention's intended group uses to communicate. Mark all that apply.
	Why do we ask?	The languages you select in response to this question will be verified by our reviewers and used as search and filter options to help BPR website users find programs and interventions that fit their unique needs.
	Guidance	<ul style="list-style-type: none"> • Only mark the languages that were used in the studies you described in the evidentiary documents provided in question E1. • This question is asking about your program's studied efficacy in meeting your stated goals or objectives with people who communicate in the selected languages. • <i>Translated program materials that have not been specifically studied for efficacy are considered an accessibility feature and should not be considered here.</i> • Please note that this is not an exhaustive list of languages. If a language in which your program or intervention has been proven effective is not listed, please enter it in the space provided. • If you select "Other," a textbox will appear asking you to specify other languages in which your program or intervention has been proven effective. The textbox has a character limit of 250 characters or approximately 50 words. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the languages selected are supported by and align with the responses and materials provided in other parts of the application.

E7	Question text	In which settings has this program or intervention been proven effective in meeting the stated goals and objectives? Mark all that apply.
	Why do we ask?	The settings you select in response to this question will be verified by reviewers and used as search and filter options to help BPR website users find programs and interventions that fit their unique needs.
	Guidance	<ul style="list-style-type: none"> • Please only select settings in which your program or intervention's effectiveness was studied as described in the evidentiary documents provided in question E1. • Please note that this is not an exhaustive list of settings. If a setting in which your program or intervention has been proven effective is not listed, please enter it in the space provided. • If you select "Other," a textbox will appear asking you to specify the setting in which your program or intervention has been proven effective. The textbox has a character limit of 250 characters or approximately 50 words. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the settings selected are supported by and align with the responses and materials provided in other parts of the application.

E8	Question text	By checking this box, I attest that the program or intervention has been implemented in at least one of the intended settings with at least one of the intended groups within the last five years.
	Why do we ask?	We want to make sure that the program or intervention described in the application is current and continues to be implemented as described in the settings and with the groups indicated in this application.
	Guidance	This question serves as your attestation that the program or intervention has been implemented in at least one of the intended settings and with at least one of the intended groups as described in this application within the last five years.
	Evaluation criteria	Reviewers will confirm that the response is complete.

E9	Question text	Which of the categories listed below best describes your program or intervention? Mark all that apply.
	Why do we ask?	These categories are used as search and filter options on the BPR and will help BPR website users find programs and interventions that fit their unique needs.
	Guidance	<ul style="list-style-type: none"> • This question asks how your program or intervention should be categorized. Select all that apply. • Selections should be supported by the outcomes presented in the evidentiary documents you provided in question E1 and align with the program or intervention's stated goals and outcomes. • The categories and their definitions are as follows: <ul style="list-style-type: none"> ○ An Education or Training Program or Intervention is intended to increase knowledge, awareness, attitudes, or skills to reduce suicide (e.g., developing skills to identify warning signs of suicide). ○ A Screening Program or Intervention uses a standardized tool(s) to identify individuals at risk for suicide and may include other intervention activities (e.g., screening older adults for suicide risk). ○ An Information or Outreach and Education or Training Program or Intervention must provide evidence that the design is able to change specific behavior (e.g., using social media to promote suicide prevention). ○ A Treatment or Direct Services Program or Intervention includes services for people who experience suicidal ideation, suicidal thoughts or behaviors; people with suicide-centered lived experience; or people in suicide-related bereavement (e.g., providing cognitive behavioral therapy). This category includes postvention programs and interventions. ○ A Traditional Practice Program or Intervention involves programmatic activities or components that reflect a particular community's traditions, behaviors, beliefs, and/or customs that have been passed down through generations (e.g., rites of passage, social practices, crafts and pastimes). Programs and interventions in this category must show engagement with the community. ○ An Environment or Systems Program or Intervention focuses on affecting systems and environments rather than changing individual behavior (e.g., cigarette tax, policies protecting physicians seeking mental health care). • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the categories selected are supported by and align with the responses and materials provided in other parts of the application.

E10	Question text	The BPR guidelines align with expert advice in the Suicide Prevention Resource for Action (2022), which details strategies with the best available evidence for reducing suicide. Please indicate which of these strategies your program or intervention uses. Mark all that apply.
	Why do we ask?	Programs and interventions applying to be listed on the BPR must demonstrate alignment with best practices and suicide prevention frameworks like the Suicide Prevention Resource for Action.
	Guidance	<ul style="list-style-type: none"> The strategies you select should be supported by the outcomes presented in the evidentiary documents provided in question E1 and aligned with the program or intervention's stated goals and outcomes. The strategies and related examples are as follows: <ul style="list-style-type: none"> Strengthen economic supports. Examples include improving household financial security, stabilizing housing, etc. Create protective environments. Examples include reducing access to lethal means among persons at risk of suicide, creating healthy organizational policies and culture, or reducing substance use through community-based policies and practices. Improve access and delivery of suicide care. Examples include working to ensure mental health conditions are covered by health insurance policies, increasing provider availability in underserved areas, providing rapid access to help in remote areas, or creating safer suicide care through systems change. Promote healthy connections. Examples include promoting healthy peer norms, engaging community members in shared activities, etc. Teach coping and problem-solving skills. Examples include supporting social-emotional learning programs, teaching parenting skills to improve family relationships, or supporting resilience through education programs. Identify and support people at risk. Examples include training community helpers, responding to crises, planning for safety and follow-up after a suicide attempt, or providing therapeutic approaches. Lessen harms and prevent future risk. Examples include intervening after a suicide (postvention), safe reporting and messaging about suicide, etc.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on whether all, most, some, or none of the strategies selected align with the responses and materials provided in other parts of the application.

E11	Question text	SPRC's Comprehensive Approach to Suicide Prevention includes nine strategies for suicide prevention and mental health promotion. Please indicate which of these nine strategies your program or intervention addresses. Mark all that apply.
	Why do we ask?	Programs and interventions applying to be listed on the BPR must demonstrate alignment with best practices and suicide prevention frameworks like SPRC's Comprehensive Approach to Suicide Prevention.
	Guidance	<ul style="list-style-type: none"> • The strategies you select should be supported by the outcomes presented in the evidentiary documents provided in question E1 and aligned with the program or intervention's stated goals and outcomes. • The strategies and related examples are as follows: <ul style="list-style-type: none"> ○ Identify and assist. Examples include community helper training, suicide screening, and teaching warning signs. ○ Increase help-seeking. Examples include self-help tools and outreach campaigns, fostering peer norms that support help-seeking, and making services more convenient and culturally appropriate. ○ Effective care/treatment. Examples include activities to reduce financial, cultural, and logistical barriers to care, and integrating suicide prevention interventions such as safety planning and evidence-based treatments and therapies delivered by trained providers. ○ Care transitions/linkages. Examples include formal referral protocols, interagency agreements, cross-training, follow-up contacts, and patient and family education. ○ Respond to crisis. Examples include mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-based crisis services and programs that provide assessment, crisis stabilization, and referral to an appropriate level of ongoing care. ○ Postvention. Examples include activities that establish a postvention plan or set of protocols to help an organization or community respond effectively and compassionately to a suicide death, planning ahead to address individual and community needs, providing immediate and long-term support, tailoring responses and services to the unique needs of suicide loss survivors, and educating and building relationships with those who will interact with bereaved people to enable a coordinated community response (e.g., law enforcement, emergency medical services, community mental health, social service agencies, and other institutions).

		<ul style="list-style-type: none"> ○ Reduce access to means. Examples include changing medication packaging, installing barriers on bridges, and educating families of those in crisis about safely storing lethal means. ○ Life skills and resilience. Examples include training workshops on topics like mindfulness and stress reduction strategies, workshops that focus on specific common stressors in a community or intended group, and efforts to create an institutional culture that promotes and encourages qualities such as empathy, optimism, and forgiveness. ○ Connectedness. Examples include social programs for specific groups (such as older adults) and activities that support the development of positive and supportive communities. ● This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the strategies selected are supported by and align with the responses and materials provided in other parts of the application.

E12	Question text	The following list of risk and protective factors for suicide was adapted from this source: Risk and Protective Factors for Suicide . Please select the risk and/or protective factors that your program or intervention has been proven effective in addressing. Mark all that apply.
	Why do we ask?	The risk and protective factors you select in response to this question will be included on the listing page if the program or intervention is approved to be listed on the BPR. This will help BPR website users determine if a program or intervention fits their unique needs.
	Guidance	<ul style="list-style-type: none"> ● The risk and protective factors you select should be supported by the outcomes presented in the evidentiary documents provided in question E1 and aligned with the program or intervention's stated goals and outcomes. ● One of the most common reasons we ask submitters to rework their applications is that they have checked too many boxes in this section. This section is not asking you to indicate all elements of your approach, only the areas supported by the evidence of effectiveness you collected and included in your application.

	<ul style="list-style-type: none"> • The risk factors are as follows: <ul style="list-style-type: none"> ○ Previous suicide attempt ○ History of depression and other mental illnesses ○ Serious illness such as chronic pain ○ Criminal/legal problems ○ Job/financial problems or loss ○ Impulsive or aggressive tendencies ○ Substance use ○ Current or prior history of adverse childhood experiences ○ Sense of hopelessness ○ Violence victimization and/or perpetration ○ Bullying ○ Family/loved one's history of suicide ○ Loss of relationships ○ High conflict or violent relationships ○ Social isolation ○ Lack of access to healthcare ○ Suicide cluster in the community ○ Stress of acculturation ○ Community violence ○ Historical trauma ○ Discrimination ○ Stigma associated with help-seeking and mental illness ○ Easy access to lethal means of suicide among people at risk ○ Unsafe media portrayals of suicide • The protective factors are as follows: <ul style="list-style-type: none"> ○ Effective coping and problem-solving skills ○ Reasons for living (for example, family, friends, pets, etc.) ○ Strong sense of cultural identity ○ Support from partners, friends, and family ○ Feeling connected to others ○ Feeling connected to school, community, and other social institutions ○ Availability of consistent and high quality physical and behavioral healthcare ○ Reduced access to lethal means of suicide among people at risk ○ Cultural, religious, or moral objections to suicide • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
Evaluation criteria	Reviewers will verify that the risk and protective factors selected are supported by and align with the responses and materials provided in other parts of the application.

E13	Question text	The <i>National Strategy for Suicide Prevention (National Strategy)</i> outlines area of focus and related goals for national suicide prevention efforts. From the list below, please indicate which of the <i>National Strategy's</i> areas of focus and goals your program or intervention supports. Mark all that apply.
	Why do we ask?	SPRC is the only federally funded resource center devoted to advancing the implementation of the <i>National Strategy</i> . We want to know how your program or intervention aligns with and supports national suicide prevention efforts as presented in the <i>National Strategy</i> .
	Guidance	<ul style="list-style-type: none"> • For each area of focus you select, you must select at least one goal that supports that area of focus. • Selections should be supported by the outcomes presented in the evidentiary documents provided in question E1 and align with the program or intervention's stated goals and outcomes. • The list included in the application is based on current areas of focus and does not include all areas of focus and related goals found in the <i>National Strategy</i>.
	Evaluation criteria	Responses will be scored as inadequate, minimal, adequate, or exemplary. The score is based on whether all, most, some, or none of the areas of focus and goals you selected align with the responses and materials provided in other parts of the application.

Section F: Program or Intervention Training

Section Description: Section F asks about the training and qualifications an individual or organization must have to be able to implement your program or intervention.

F1	Question text	Do you require individuals or organizations to complete a specific training before implementing your program or intervention?
	Why do we ask?	The training or delivery options you select in response to this question will be included on the listing page if the program or intervention is approved to be listed on the BPR. This will help BPR website users determine if a program or intervention fits their unique needs.
	Guidance	<ul style="list-style-type: none"> • Please indicate (yes or no) if individuals are required to receive specific training before they can implement your program or intervention. • Training is defined as an opportunity for an individual to learn how to implement the program or intervention. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will confirm that the response is complete.

F2	Question text	What are the delivery options for the training(s) individuals or organizations must complete before implementing your program or intervention? Mark all that apply.
	Why do we ask?	Understanding the training delivery options can help BPR reviewers get a better picture of how the program or intervention is taught to others and how it maintains fidelity to the model.
	Guidance	<ul style="list-style-type: none"> • This question will only appear if you select “Yes” in response to question F1, indicating that specific training is required to implement the program or intervention. • If you selected “No,” indicating that training is NOT required to implement your program or intervention, you will not see this question. • If you select “Other,” a textbox will appear asking you to specify the delivery options. The textbox has a character limit of 250 characters or approximately 50 words.
	Evaluation criteria	Reviewers will confirm that the response is complete.

F3	Question text	What is the minimum number of hours required for the training?
	Why do we ask?	Understanding the training time required can help BPR reviewers get a better picture of how the program or intervention is taught to others and how it maintains fidelity to the model.
	Guidance	<ul style="list-style-type: none"> • This question will only appear if you select “Yes” in question F1, indicating that specific training is required to implement the program or intervention. • If you selected “No,” indicating that training is NOT required to implement your program or intervention, you will not see this question. • This textbox has a character limit of 5 characters.
	Evaluation criteria	Reviewers will confirm that the response is complete.

F4	Question text	When your program or intervention was designed, was it intended to be implemented by individuals or organizations from a specific group or groups? Please indicate these group or groups, if any, [from the list in the application]. Mark all that apply.
	Why do we ask?	The individuals, groups, and/or organizations you select in response to this question will be verified by reviewers and used as search and filter options to help BPR website users find programs and interventions that fit their unique needs.
	Guidance	<ul style="list-style-type: none"> • Selections should be supported by the evidentiary documents provided in question E1 and align with the content of the application, particularly with the program materials provided in question C2. • This question asks if your program or intervention was designed to be delivered by people from a specific group. You will be asked to choose from a list of groups such as mental health providers, teens, community lay people, or people with suicide-centered living or lived experience. • If you select “Other,” a textbox will appear asking you to specify the group your program or intervention was designed to be implemented by. The textbox has a character limit of 250 characters or approximately 50 words. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the groups selected are supported by and align with the responses and materials provided in other parts of the application.

F5	Question text	Based on the evidence provided in E1, do you require individuals or organizations to have a minimum education level or any other skills or credentials to implement your program or intervention? Mark all that apply.
	Why do we ask?	We want to understand the level of education, if any, that is required for someone to implement your program or intervention. Your selection(s) will be included on the listing page if the program or intervention is approved to be listed on the BPR. This will help BPR website users find programs and interventions that fit their unique needs.
	Guidance	<ul style="list-style-type: none"> • This question asks about the minimum education level required for individuals to implement (not participate in) your program or intervention. Please select only the minimum requirement. • For some selections, a textbox will appear asking you to specify the type of education. For example, if you select “License,” you might enter “LPCC,” “LMFT,” etc. These textboxes have a character limit of 250 characters. • This information will be used to showcase your program or intervention if it is approved to be listed on the BPR.
	Evaluation criteria	Reviewers will verify that the minimum education or credentials marked are supported by and align with the responses and materials provided in other parts of the application.

Section G: Additional Information

Section Description: Section G asks for additional information about your program or intervention that could be helpful for reviewers evaluating this application.

G1	Question text	How did you first hear about the SPRC BPR application?
	Why do we ask?	Responses to this question help us to track how programs and interventions hear about the BPR. This information is used to guide BPR marketing and outreach efforts. Data collected from these responses helps us ensure that we are building relationships and recruiting programs and interventions to apply for listing on the BPR in the most productive and efficient way possible.
	Guidance	<ul style="list-style-type: none"> • This question asks you how you heard about the BPR and the application. • For some selections, a textbox will appear asking you to specify how you heard about the BPR application. The textbox has a character limit of 250 characters or approximately 50 words.
	Evaluation criteria	Reviewers will confirm that the response is complete.

G2	Question text	Did you receive any technical assistance (TA) support from the BPR TA team while completing your application? Mark all that apply.
	Why do we ask?	Responses to this question help us understand which TA services are most useful to submitters during the application process. This helps us ensure we are offering the most beneficial services.
	Guidance	<ul style="list-style-type: none"> This question asks whether you used any form of BPR technical assistance support when working through this application. If you did, please indicate which method(s) of TA you received. If you select "Other," a textbox will appear asking you to specify the type of TA you received. The textbox has a character limit of 250 characters or approximately 50 words.
	Evaluation criteria	Reviewers will confirm that the response is complete.

G3	Question text	Please provide any other information you would like reviewers to know about your program or intervention.
	Why do we ask?	Are there any parts of your application you'd like to elaborate on? Any questions you wish we had asked about your program or intervention? This space allows you to dive more deeply into any of your previous responses, provide more context, or add extra information about your program or intervention that the BPR reviewers may find valuable in reviewing your application.
	Guidance	<ul style="list-style-type: none"> This question is in a text box format to allow you to provide any additional information you would like the BPR application reviewers to have about the program or intervention. If there is no additional information you would like to add, please enter "N/A." This textbox has a character limit of 2500 characters or approximately 500 words.
	Evaluation criteria	Reviewers will confirm that the response is complete.

Helpful Tips

- We highly recommend reviewing this entire application guide before starting your application.
- The BPR team strives to make the BPR application process as user friendly as possible. If you have any questions, please do not hesitate to request assistance by emailing sprcbpr@ou.edu.
- We are available to assist you at any point in the application process. For example, someone from the BPR technical assistance team can review your application and provide feedback before you submit it. Technical and application assistance is free, unlimited, and tailored specifically to your needs.
- The BPR application review process can take up to 15 weeks, but it usually takes much less time. You will receive an email (to the email address you provided on the application) letting you know about your program or intervention's acceptance status once the application reviews are complete.
- If your application requires reworking, you will receive a notification from our system. The BPR technical assistance team will then reach out to set up an appointment to review feedback and suggestions with you. This meeting is **not required**, but it is **highly recommended** and will greatly increase your chances of having your program or intervention listed on the BPR. We want effective programs and interventions to be approved, and our team will do everything we can to set your application up for success.
- If you are asked to rework your application, you will have 30 days to revise and resubmit the application. There is only one rework cycle allowed per application. After this cycle, your application could potentially be denied, and the application process will need to be started again if you choose to resubmit.

- BPR listings will consist of information pulled directly from your application, including contact information, websites, and social media pages. The program or intervention contact information you provide in your application will be included in the listing to allow BPR users to connect with your program or intervention directly if they would like more information.
- Please be sure the “Program or Intervention Evidence of Effectiveness” section of your application (Section E) contains evidence and supporting documentation for your program or intervention’s efficacy with each group you list as a group of focus (e.g., if a clinical intervention BPR application indicates it was designed for veterans, the “Program or Intervention Evidence of Effectiveness” section needs to include evidence of intended outcomes with veterans).
- If your program or intervention was designed for use with multiple groups and you have evidence to support its efficacy with those groups, **and** the content of the program or intervention is the same for all groups, one BPR application can be submitted.
- If the content of a program or intervention has been altered specifically for use with a particular group, and efficacy with that group has been proven after that change, a separate application would be required for the changed version of the program or intervention, which would have its own listing on the BPR.
- If an additional program or intervention (such as a train-the-trainer program or group-specific adaptation) related to the original program or intervention has been developed, used, and evaluated, it should be submitted to the BPR through a separate application.

3.0 Best Practices Registry (BPR)

Application Glossary

Anishnaabe Symbol-Based Reflection (ASBR)

Anishnaabe symbol-based reflection is an arts-based research approach. Arts-based research is defined as a method of inquiry that uses the elements of the creative arts experience, including the making of art by the participants and/or researcher, as ways of understanding the significance of what we do within our practice and teaching. It is classified as participatory action research (PAR). PAR is a socially conscious research method that directly involves the participants of the research in a practical and real way and aims to empower people and contribute to immediate problematic situations while simultaneously furthering the goals of social science. Anishnaabe symbol-based reflection was influenced by a PAR method called photovoice, a research method whereby people identify, represent, and enhance their community through photography. In this process the researcher provides cameras to individuals, enabling them to act as recorders and potential catalysts for social action and change in their own communities. Participants take pictures that help tell their story regarding a particular concern. The individual's story typically accompanies the pictures to promote an effective, participatory means of sharing expertise. The three main goals of photovoice are (a) to enable people to record and reflect their community's strengths and concerns, (b) to promote critical dialogue and knowledge about personal and community issues through large and small group discussions of photographs, and (c) to reach policymakers. Anishnaabe symbol-based reflection is an adaptation of photovoice. Instead of using cameras and pictures, participants use other kinds of symbols (e.g., paintings, drawings, sculptures, crafts, songs, teachings, and stories). [Lavallée, L. F. (2009). Practical application of an indigenous research framework and two qualitative indigenous research methods: Sharing circles and Anishnaabe symbol-based reflection. *International Journal of Qualitative Methods*, 8(1), 21–40. <https://doi.org/10.1177/160940690900800103>]

Autoethnography

Autoethnography is an autobiographical genre of academic writing that draws on and analyzes or interprets the lived experience of the author and connects researcher insights to self-identity, cultural rules and resources, communication practices, traditions, premises, symbols, rules, shared meanings, emotions, values, and larger issues. [Poulos, C. N. (2021). Conceptual foundations of autoethnography. In C. N. Poulos, *Essentials of autoethnography* (pp. 3-17). American Psychological Association. <https://doi.org/10.1037/0000222-001>]

Case Study

A case study in qualitative research is an in-depth investigation of a single individual, family, event, or other entity. Multiple types of data (psychological, physiological, biographical, environmental) are assembled, for example, to understand an individual's background, relationships, and behavior. Although case studies allow for intensive analysis of an issue, they are limited in the extent to which their findings may be generalized. [American Psychological Association. (n.d.). *Case study*. APA Dictionary of Psychology. <https://dictionary.apa.org/case-study>]

Community-Based Participatory Research (CBPR)

Community-based participatory research (CBPR) enlists those who are most affected by a community issue – typically in collaboration or partnership with others who have research skills – to conduct research on and analyze that issue, with the goal of devising strategies to resolve it. In other words, community-based participatory research adds to or replaces academic and other professional research with research done by community members, so that research results both come from and go directly back to the people who need them most and can make the best use of them. [Rabinowitz, P. (n.d.). *Section 2. Community-based participatory research*. The Community Tool Box. <https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/intervention-research/main>]

Community-Defined Evidence

Community-defined evidence are a set of practices that have been shown to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community.¹ Using community-defined evidence depends on active collaboration with community members to develop and use community-focused interventions that address their social and behavioral conditions, as the community members define them.² [¹ Los Angeles County Department of Mental Health. (2024, May 29). *Overview of PEI EBPS, PPS, & CDES*. <https://dmh.lacounty.gov/our-services/older-adults/pei/pei-ebps-pps-cdes/>; ²Callejas, L. M., Perez Jr., G., & Limon, F. J. (2021). Community-defined evidence as a framework for equitable implementation. *Stanford Social Innovation Review*, 19(3), A25–A26. <https://doi.org/10.48558/1YFF-WN43>]

Convergent/Concurrent Design

Convergent design is a type of mixed methods research that involves collecting and analyzing qualitative and quantitative data simultaneously, then comparing or combining the results to draw a conclusion. It's also known as a concurrent design. [Harvard Catalyst. (2025). *Basic mixed methods research designs*. President and Fellows of Harvard College. https://catalyst.harvard.edu/community-engagement/mmr/hcat_mmr-2000-671a9928be6cb-671a9951644ca-671a99591fdc7-671a9964cc463/]

Correlational Research

Correlational research is a type of study in which relationships between variables are simply observed without any control over the setting in which those relationships occur or any manipulation by the researcher. [Field research](#) often takes this form. For example, consider a researcher assessing teaching style. They could use a correlational approach by attending classes on a college campus that are each taught in a different way (e.g., lecture, interactive, computer aided) and noting any differences in student learning that arise. Also called correlational design; correlational method; correlational study. [American Psychological Association. (n.d.). *Correlational research*. APA Dictionary of Psychology. <https://dictionary.apa.org/correlational-research>]

Descriptive Research

Descriptive research is an empirical investigation designed to test prespecified hypotheses or to provide an overview of existing conditions, and sometimes relationships, without manipulating variables or seeking to establish cause and effect. For example, a survey undertaken to ascertain the political party preferences of a group of voters would be a descriptive study because it is intended simply to identify attitudes rather than systematically infer or analyze influencing factors. [American Psychological Association. (n.d.). *Descriptive research*. APA Dictionary of Psychology. <https://dictionary.apa.org/descriptive-research>]

Empirically-Defined Evidence

Empirically-defined evidence is information acquired by observation or experimentation. Scientists record and analyze this data. The process is a central part of the scientific method, leading to the proving or disproving of a hypothesis and our better understanding of the world as a result. [Bradford, A., & Gordon, J. (2022, February 8). *Empirical evidence: A definition*. LiveScience. <https://www.livescience.com/21456-empirical-evidence-a-definition.html>]

Ethnographic Research

Ethnography is the art and science of describing a group or culture. The ethnographer is interested in understanding and describing a social and cultural scene from the emic or insider's perspective. Fieldwork is the heart of the ethnographic research design. In the field, basic anthropological concepts, data collection methods and techniques, and analysis are the fundamental elements of “doing ethnography.” Selection and use of various pieces of equipment—including the human instrument—facilitate the work. This process becomes product through analysis at various stages in ethnographic work—in fieldnotes, memoranda, and interim reports but most dramatically in the published report, article, or book. [Given, L.M. (2008). Ethnography. In L. M. Given (ed.) *The SAGE encyclopedia of qualitative research methods* (pp. 289-292). Sage Publications. <https://doi.org/10.4135/9781412963909.n150>]

Experimental Design

Experimental design is an outline or plan of the procedures to be followed in scientific experimentation in order to reach valid conclusions, with consideration of such factors as participant selection, variable manipulation, data collection and analysis, and minimization of external influences. [American Psychological Association. (n.d.).

Experimental design. APA Dictionary of Psychology.

<https://dictionary.apa.org/experimental-design>]

Focus Groups

A focus group is a group interview of approximately six to twelve people who share similar characteristics or common interests. A facilitator guides the group based on a predetermined set of topics. The facilitator creates an environment that encourages participants to share their perceptions and points of view. Focus groups are a qualitative data collection method, meaning that the data is descriptive and cannot be measured numerically. [Centers for Disease Control and Prevention. (2018). *Data collection methods for program evaluation: Focus groups*. Evaluation Briefs, no. 13. Alberta Mentoring Partnership Knowledge Hub. <https://hub.albertamentors.ca/knowledge-hub/evaluation-briefs-data-collection-methods-for-program-evaluation-focus-groups/>]

Grounded Theory

Grounded theory is an approach that involves the generation of theory based on data. In other words, the theory is grounded in the data. It is the qualitative research approach most closely associated with quantitative research. The grounded theory approach is also one of the few research approaches that rely on more or less prescribed methods of data analysis. Much of the research in grounded theory comes out of the field of nursing.

Key Elements of Grounded Theory:

- Uses an inductive approach to generate theory from data
- Uses the constant comparative coding scheme
- Relies on theoretical sampling and saturation
- May omit a literature review prior to collecting data

[Lichtman, M. (2011). Reading grounded theory. In M. Lichtman (Ed.) *Understanding and evaluating qualitative educational research* (pp. 47-76). Sage Publications.

<https://doi.org/10.4135/9781483349435>]

Indigenous Mixed Methods Design

Indigenous mixed-method research design is a research approach that combines qualitative and quantitative methods with Indigenous data collection and relationship-building methods. The goal is to decolonize and indigenize the research process, integrate different knowledge systems, and create spaces for the researched to envision a better future. [Chilisa, B., & Tsheko, G. N. (2014). Mixed methods in Indigenous research. *Journal of Mixed Methods Research*, 8(3), 222–233.

<https://doi.org/10.1177/1558689814527878>

Key Informant/Key Spokesperson Interviewing

Key informants, or key actors, are individuals who are articulate and knowledgeable about their community. Key actors play a pivotal role in the theater of qualitative research, providing an understanding of cultural norms and responsibilities. It is impossible to interview everyone and observe everything in a community and, logistically, it is easier to work with one or two reliable key informants than it is to assemble a series of focus groups. They may provide detailed historical data, photographs, manuscripts, knowledge about interpersonal relationships, a contextual framework in which to observe and interpret behavior, and a wealth of information about the nuances of everyday life. Key informants typically provide information through interviews and informal conversation. Their views are compared and combined with interviews, observations, and survey data in order to make a complete study. Key informant and qualitative researchers are collaborators, using questions, answers, and probes to better understand how and why things work. [Given, L. M. (2008). Key informant. In L. M. Given (Ed.) *The SAGE encyclopedia of qualitative research methods* (pp. 477-478). Sage Publications. <https://doi.org/10.4135/9781412963909>

Mixed Methods

Mixed methods research is an approach to inquiry that combines or associates both qualitative and quantitative forms. It involves philosophical assumptions, the use of qualitative and quantitative approaches, and the mixing of both approaches in a study. Thus, it is more than simply collecting and analyzing both kinds of data; it also involves the use of both approaches in tandem so that the overall strength of a study is greater than either qualitative or quantitative research. [Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. SAGE Publications.]

Narrative Inquiry/Storytelling

Storytelling in qualitative research is a narrative approach that allows researchers to explore phenomena across time and space by weaving data and findings into a compelling story. The goal is to make research more memorable and understandable. Storytelling can be used in many formats, including oral, written, digital, and physical. [Gjessing, S., Kristensen, J. K., & Risør, T. (2023). Storytelling in focus group discussions: A narrative approach to phenomena with temporal dimensions in medical education research. *International Journal of Qualitative Methods*, 22. <https://doi.org/10.1177/16094069231215230>]

Phenomenological Research

Phenomenological researchers attempt to capture the essence of the human experience. Researchers using phenomenological research methods are interested in recording the individual perspectives of the study participants, emphasizing the importance of each individual and their respective view of reality. To encourage these perspectives to emerge, researchers often use open-ended interviews as their primary data collection tool. [Lodico, M. G., Spaulding, D. T., & Voegtler, K. H. (2006). *Methods in educational research: From theory to practice*. Jossey-Bass.]

Photovoice Research

Photovoice is a participatory method that asks participants to use photography and stories about their photos to identify and represent issues of importance to them, which enables researchers to have a greater understanding of the issue under study. Utilization of photovoice, in conjunction with both community knowledge and best practice evidence, can lead to the development of effective and comprehensive strategies to address complex health and social issues in a way that is also meaningful for the community involved. [Nykiforuk, C. I. J., Vallianatos, H., & Nieuwendyk, L. M. (2011). Photovoice as a method for revealing community perceptions of the built and social environment. *International Journal of Qualitative Methods*, 10(2), 103–124. <https://doi.org/10.1177/160940691101000201>]

Qualitative Design

Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participant's setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. The final written report has a flexible structure. Those who engage in this form of inquiry support a way of looking at research that honors an inductive style, a focus on individual meaning, and the importance of rendering the complexity of a situation. [Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Sage Publications.]

Quantitative Design

Quantitative design is a method of research that relies on measuring variables using a numerical system, analyzing these measurements using any of a variety of statistical models, and reporting relationships and associations among the studied variables. For example, these variables may be test scores or measurements of reaction time. The goal of gathering this quantitative data is to understand, describe, and predict the nature of a phenomenon, particularly through the development of models and theories.

Quantitative research techniques include experiments and surveys. Also called quantitative research; quantitative inquiry; quantitative method; quantitative study.

[American Psychological Association. (n.d.). *Quantitative research*. APA Dictionary of Psychology. <https://dictionary.apa.org/quantitative-research>]

Quasi-Experimental Design

Quasi-experimental design is an experimental design in which assignment of participants to an [experimental group](#) or to a [control group](#) cannot be made at random for either practical or ethical reasons; this is usually the case in [field research](#).

Assignment of participants to conditions is usually based on self-selection (e.g., employees who have chosen to work at a particular plant) or selection by an administrator (e.g., children are assigned to particular classrooms by a superintendent of schools). Such designs introduce a set of assumptions or threats to [internal validity](#) that must be acknowledged by the researcher when interpreting study findings. A study using this design is called a quasi-experiment. Examples include studies that investigate the responses of large groups to natural disasters or widespread changes in social policy.

[American Psychological Association. (n.d.). *Quasi-experimental design*. APA Dictionary of Psychology. <https://dictionary.apa.org/quasi-experimental> design]

Reflexivity/Self-Location

Reflexivity, defined as the authors' critical analysis of the position they occupy throughout the research process and how they produce knowledge, has been identified as a core component of qualitative research. Reflexivity is based on an iterative process where the researcher takes on a critical account of their "self-location" (with regard to their gender, class, ethnicity, etc.), interests, assumptions, and life experiences and considers how these factors shape their relationship with study participants the research process and, ultimately, the knowledge that is produced. [Rankl, F., Johnson, G. A., & Vindrola-Padros, C. (2021). Examining what we know in relation to how we know it: A team-based reflexivity model for rapid qualitative health research. *Qualitative Health Research*, 31(7), 1358–1370. <https://doi.org/10.1177/1049732321998062>]

Sequential Explanatory Design

In sequential explanatory design, quantitative data is collected and analyzed first, followed by qualitative data collection and analysis. The qualitative data is then used to explain the quantitative data and determine if any quantitative results need further explanation. [Harvard Catalyst. (2025). *Basic mixed methods research designs*. President and Fellows of Harvard College. https://catalyst.harvard.edu/community-engagement/mmr/hcat_mmr-2000-671a9928be6cb-671a9951644ca-671a99591fdc7-671a9964cc463/]

Sequential Exploratory Design

In sequential exploratory design, qualitative data is collected and analyzed first, followed by quantitative data collection and analysis. The qualitative results are then used to develop a new instrument or taxonomy for the quantitative strand. [Harvard Catalyst. (2025). *Basic mixed methods research designs*. President and Fellows of Harvard College. https://catalyst.harvard.edu/community-engagement/mmr/hcat_mmr-2000-671a9928be6cb-671a9951644ca-671a99591fdc7-671a9964cc463/]

Sharing Circles

In qualitative research, sharing circles are a method used by Indigenous communities to gather and share information. They are a traditional storytelling method that can be used to convey experiences and stories. Sharing circles are different from focus groups or group discussions because they have sacred meanings in many Indigenous cultures. They are guided by a facilitator with Indigenous knowledge, and all participants are considered equal. The goal of a sharing circle is to create a safe and supportive environment where participants can express their perspectives and experiences without interruption. Through active listening, participants can identify solutions to problems and gain a better understanding of each other. [Jeffery, T., Kurtz, D., & Jones, C.A. (2021, October). Two-eyed seeing: Current approaches, and discussion of medical applications. *British Columbia Medical Journal*, 63(8), 321-325. <https://bcmj.org/articles/two-eyed-seeing-current-approaches-and-discussion-medical-applications>]