



SPRC/AFSP Evidence-Based Practices Project (EBPP), 2003-2005



PROJECT DESCRIPTION

Important Note:

This document describes the SPRC/AFSP Evidence-Based Practices Project (EBPP), an effort conducted from 2003 to 2005 by Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP) to identify and disseminate information about evidence-based suicide prevention programs.

SPRC and AFSP stopped conducting evidence-based reviews of suicide prevention programs in 2005, when SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) began reviewing and listing suicide prevention interventions. Although NREPP operates independently of SPRC, all suicide-related interventions listed on NREPP also are listed in SPRC's Resources and Programs listing. Most of the 12 programs identified by the EBPP are now listed on NREPP.

For a current list of suicide prevention programs with evidence of effectiveness, visit the SPRC web site at www.sprc.org. Go to **Resources and Programs** and search by checking the box "Display only Programs with Evidence of Effectiveness."

EBPP BACKGROUND

The need for access to evidence concerning suicide prevention program effectiveness was codified in Objective 10.3 of the first *National Strategy for Suicide Prevention (NSSP)* (U.S. Department of Health and Human Services, 2001, p. 115), which stated "By 2005, establish and maintain a registry of prevention activities with demonstrated effectiveness for suicide or suicidal behaviors."

To meet this objective, the *Suicide Prevention Resource Center* (SPRC) established a subcontract with the *American Foundation for Suicide Prevention* (AFSP) to develop an online registry of evidence-based programs for suicide prevention. The goals of the SPRC/AFSP Evidence-Based Practices Project (EBPP) were to review the effectiveness of suicide prevention programs and, based upon that review, to create an online registry of information about these programs.

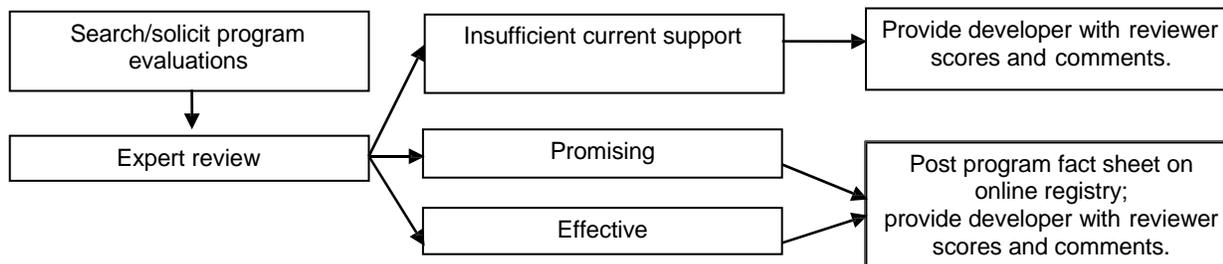
TWO PATHS TO EBPP LISTING

I. Registry Listing Based on Expert Review

The expert review process included three primary steps: (1) collection of relevant suicide prevention program evaluations; (2) review of program evaluations by at least three expert reviewers; and (3) classification of program into one of three categories (insufficient current support, promising, or effective). Programs that were classified as promising or effective had fact sheets posted on the SPRC web site (*the EBPP listing has been replaced by the Resources and Programs repository at www.sprc.org*). [See Figure 1].

This project was supported by a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS). No official endorsement by SAMHSA or DHHS for the information in this document is intended or should be inferred.

Figure 1: Review process



Scoring Criteria

Reviewers rated the quality of program evaluations using 10 items (See Table 1). Items were scored on a scale of 1-5 or 0-5. (A more detailed description of these items can be found in the Appendix.)

Table 1: *Scoring Criteria*

Item	Item
1. Theory	6. Analysis
2. Intervention fidelity	7. Threats to validity
3. Design	8. Safety
4. Attrition	9. Integrity
5. Psychometric properties of measures	10. Utility

Classification Criteria

Classifications of programs as insufficient current support, promising, or effective were based solely upon the average scores for two items: integrity and utility. After averaging the scores of the reviewers, the lower average score of the two determined the classification level (See Table 2).

Table 2: *Classification Criteria*

Classification	Lower of integrity or utility avg. scores
Insufficient current support	< 3.5
Promising	3.5 - 3.9
Effective	4.0 - 5.0

Program Fact Sheets

Table 3 contains a partial list of information contained in program fact sheets.

Table 3: *Suicide Prevention Program Fact Sheet Contents*

Fact sheet content	Fact sheet content
<ul style="list-style-type: none"> • Program title and description • Intervention activities • Target population age, sex, and ethnicity • Cultural adaptations • Universal, selective, indicated populations 	<ul style="list-style-type: none"> • Urban, suburban, rural settings • Evaluation design and outcomes • Number/length of follow-up assessment • Resources required for implementation • Contact information

II. Registry Listing Based on Application

Programs could also apply for EBPP listing by submitting a detailed application. Applications contained the following information:

- Title & Contact Person
- Level of Intervention
- Targeted Population
- Program Setting
- Theoretical Basis
- Targeted Risk & Protective Factors
- Detailed Program Description
- Cost Information
- Evaluation Results (if any)

To be considered for registry listing through application, programs must have incorporated what are known to be effective, safe, and ethical practices; that is, they demonstrated face validity. The application process was designed to allow time for theoretically sound, but unevaluated, programs to complete a credible evaluation.

The EBPP distinguished programs that have achieved an evidence-based classification (promising or effective) from those that had not.

PROGRAMS IDENTIFIED THROUGH THE EBPP (2003-2005) (Most are now also listed on NREPP)

The following twelve programs were reviewed and classified as evidence-based (either Effective or Promising) by SPRC/AFSP. Effective programs, designated below with an asterisk "*", met a higher standard of effectiveness than Promising programs.

- **Community-Based Programs**
 - United States Air Force Suicide Prevention Program
 - Reduced Analgesic Packaging
- **Emergency-Room Programs**
 - ER Means Restriction Education for Parents*
 - Emergency Room Intervention for Adolescent Females
- **Primary Care**
 - PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)*
- **School-Based Programs**
 - C-Care/CAST
 - CARE (Care, Assess, Respond, Empower)*
 - CAST (Coping and Support Training)*
 - Columbia University TeenScreen
 - Lifelines
 - Reconnecting Youth
 - SOS Signs of Suicide
 - American Indian Life Skills Development/Zuni Life Skills Development
- **Service Delivery**
 - Psychotherapy in the Home

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Appendix: Criterion Definitions and Rating Scales

The table below contains a list of the 10 items used by the project to review the quality of suicide prevention program evaluations. Also included are criteria definitions and item scales (either 0 to 5 or 1 to 5). Reviewers provided a score for each item. Scores for Integrity and Utility were averaged across reviewers to determine program classification.

Item	Definition	Scale
1. Theory	Degree to which project findings are consonant with well-articulated theory, clearly stated hypotheses, or a logical conceptual framework; extent to which theory, theoretical underpinnings, or hypotheses link to intervention activities and expected outcomes.	0 = non-applicable 1 = unacceptable 2 = poor 3 = fair 4 = very good 5 = excellent
2. Intervention Fidelity	Intervention fidelity is clear evidence of fidelity implementation, which may include dosage data.	0 = non-applicable 1 = no or very weak evidence of fidelity to program or curriculum 2 = weak evidence of fidelity to program curriculum 3 = some evidence of fidelity to program curriculum 4 = strong fidelity to program curriculum 5 = very strong fidelity to program curriculum
3. Design	Design is the extent to which research design was suitable to testing outcome effects.	1 = no control or comparison group 2 = inappropriate (nonequivalent) control or comparison group; no attempt at true or quasi-experimental design; inappropriate to testing outcome effects hypothesis 3 = control group or comparison group matched on some variables; appropriate for testing hypotheses, though limited 4 = control group or comparison group appropriately matched on most variables; appropriate for testing hypotheses 5 = excellent control or comparison group; three-group design; most desirable and appropriate method to test hypotheses
4. Attrition	Attrition is evidence of sample quality based on information about the number of subjects that drop-out of a study.	0 = non-applicable 1 = no data on attrition or very high attrition (81 to 100%) 2 = high attrition (61 to 80%) 3 = moderate attrition (41 to 60%) 4 = low attrition (21 to 40%) 5 = very low attrition (0 to 20%)
5. Outcome Measures: Psychometric Properties	Outcome measures: "psychometric properties" refers to the reliability and validity of outcome measures.	1 = no or insufficient information 2 = low psychometric qualities 3 = mixed quality 4 = good psychometric qualities 5 = excellent psychometric qualities

<p>6. Analysis</p>	<p>Analysis rates the appropriateness and technical adequacy of analyses.</p>	<p>1 = no analyses reported; all analyses inappropriate or do not account for attrition or missing data 2 = some but not all analyses inappropriate or omitted 3 = analyses mixed in terms of appropriateness and technical adequacy 4 = appropriate analyses but not cutting-edge techniques (with or without subgroup analyses) 5 = proper state-of-the-art analyses conducted; subgroup analyses included as appropriate</p>
<p>7. Other Plausible Threats to validity</p>	<p>"Other plausible threats to validity" is the degree to which design and implementation address and eliminate plausible alternative hypotheses for program effects; degree to which the study design and implementation warrant strong causal attributions.</p>	<p>1 = high threat to validity or no ability to attribute program effects 2 = threat to validity and difficult to attribute program effects 3 = somewhat of a threat to validity and mixed ability to attribute effects to the program 4 = low threat to validity and ability to attribute effects to the program 5 = no or very low threat to validity and high ability to attribute effects</p>
<p>8. Safety</p>	<p>Safety is the degree of assurance that the program is safe for participants.</p>	<p>0 = not applicable 1 = likely unsafe 2 = possibly unsafe 3 = possibly unsafe with appropriate safeguards built-in 4 = probably safe and appropriate safeguards built-in 5 = clearly safe</p>
<p>9. Integrity</p>	<p>Integrity is the overall level of confidence in findings based on research methodology</p>	<p>1 = no confidence in results 2 = weak; at best some confidence in results 3 = mixed; results include some weak, some strong characteristics 4 = strong; fairly good confidence in results 5 = high confidence in results; findings fully defensible</p>
<p>10. Utility</p>	<p>Utility is the overall usefulness of findings to inform theory and practice, especially strength of findings and strength of evaluation (Consider this as the practical or clinical significance of the evaluation results.)</p>	<p>1 = evaluation produced clear findings of null or negative effects for a program 2 = evaluation produced findings that were predominately null or negative, though not uniform or definitive 3 = evaluation produced ambiguous findings because of inconsistencies in results or weaknesses that do not provide a strong basis for accepting as a model 4 = evaluation produced positive findings that demonstrate the efficacy of the program in some areas or support the efficacy of some components 5 = evaluation produced clear findings supporting positive effects for a program</p>