




# Re-thinking Validation: MSU's Gatekeeper Evaluation

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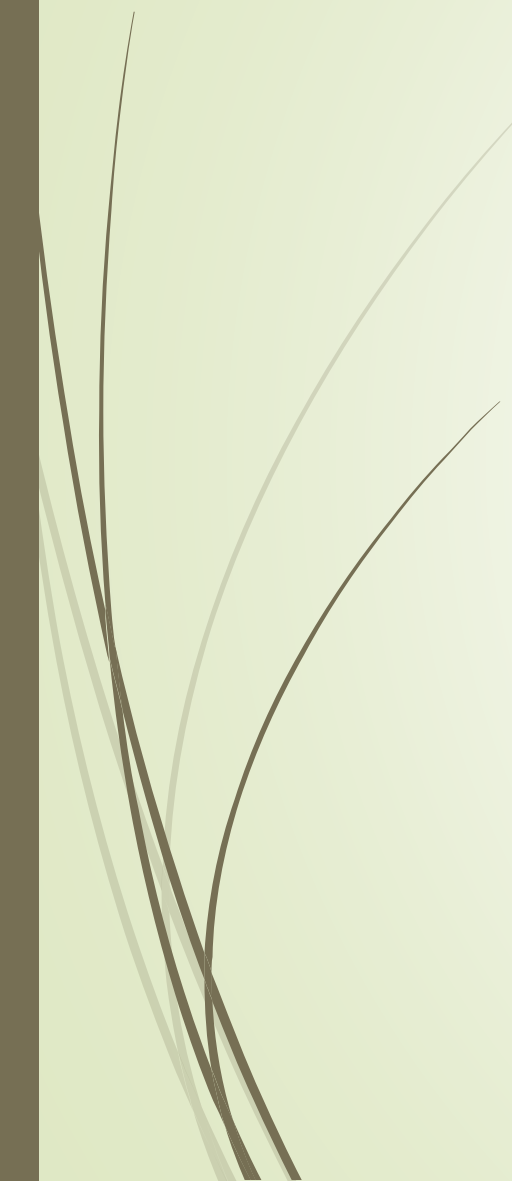


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# Overview

- Our initial evaluation
  - Brief summary of the literature on gatekeeper evaluation
  - Re-thinking our evaluation – new strategies
  - Influence on sustainability and long-term change
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# Our initial evaluation

- Demonstrated significant increases in knowledge about suicidality
- Participants reported high levels of satisfaction with the training
- Only a very small proportion of participants endorsed using the skills.
  - Many endorsed apprehension to ask about suicidality
- Increase in referrals to the counseling center, not clear how many were from our gatekeeper training



# Important questions lead to gatekeeper training development

- ▶ Why do we do gatekeeper training? What is the behavior we want to see?
- ▶ How do we assess this?
- ▶ Satisfaction and knowledge  $\neq$  competence

# Gatekeeper literature

Isaac et al., 2009 Gatekeeper Training as a Preventative Intervention for Suicide: A Systematic Review

**Table 2 Sources, study types, level of evidence, population, and effects seen on skills, attitudes, and knowledge**

Source	Study type	Level <sup>a</sup>	Population	Outcomes
Wyman et al <sup>19</sup>	RCT	1B	342 school staff	Increase in self-reported knowledge, appraisals of efficacy, and service access
Tierney <sup>25</sup>	Cohort	2B	36 intervention abilities study subjects, 176 knowledge and attitudes study subjects	Significant improvement in intervention skills in simulated situations
King and Smith <sup>20</sup>	Cohort	2B	186 school counsellors	Increased skills, attitudes, and knowledge
Capp et al <sup>17</sup>	Cohort	2B	44 Australian Aboriginal community members	Increase in knowledge, intention to help, and confidence in identification
Stuart et al <sup>23</sup>	Cohort	2B	65 Canadian adolescents	Increase in skills, attitudes, and knowledge
Chagnon et al <sup>22</sup>	Cohort	2B	71 youth workers	Increase in skill, attitudes, and knowledge
Matthieu et al <sup>26</sup>	Cohort	2B	602 US Veterans Affairs workers	Increase in knowledge and self-efficacy

<sup>a</sup> Based on the Oxford Centre for Evidence-Based Medicine levels of evidence: 1A: systematic review of RCTs; 1B: individual RCT; 2A: systematic review of cohort studies; 2B: individual cohort study, low-quality RCT; 2C: ecological studies; 3A: systematic review of case-control studies; 3B: individual case-control study; 4: case series, poor quality cohort, and case-control studies.



# Gatekeeper literature

- Most studies focus on knowledge, not skills or behaviors
- A literature showing reductions in suicide exists, almost impossible to do this at a college level
- Cross et al. (2007) added in roleplays. Participants were satisfied, but only about half showed satisfactory skills post-training.
- Cross et al. (2010) evaluated a brief gatekeeper training at a college. 10% proficient with skills before training, 54% after
- SAMHSA evaluation showed longer trainings led to more individuals identified (Condrón, et al., 2015)



# Literature Continued

- ▶ But would they have identified students anyway?
  - ▶ McLean and Becker (2017) randomized RAs to a suicide prevention training or a stress and time management training. No difference in referrals over next 4 months



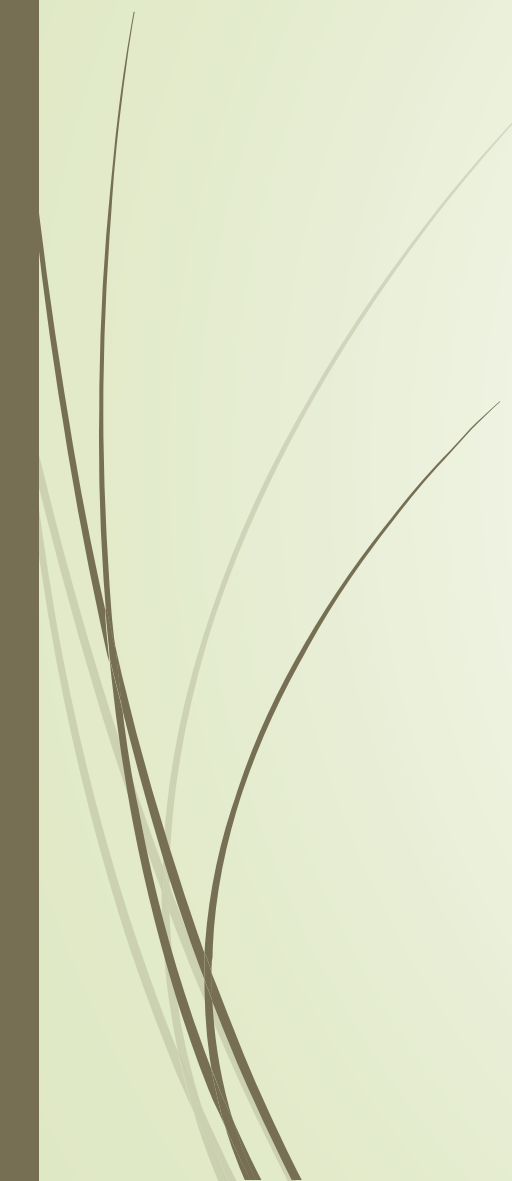


# What do we care about (what should we assess)?

- ▶ Are people competent to use the skills?
  - ▶ E.g. Cross et al. 2007 and 2010
- ▶ Are people using the skills more than they normally would?
  - ▶ Randomized studies like McLean and Becker (2017)



# Re-thinking our evaluation

- New gatekeeper training focused on teaching and practicing skills vs. knowledge
  - Competency-based evaluation
    - Observational Rating Scale of Gatekeeper Skills (ORS-GS; Cross et al., 2010)
    - Recruit theater majors as standardized patients
    - Additional training available to those who don't pass assessment
  - Follow-up to assess skills use
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# Influence on Sustainability and Long-Term Change

- ▶ Participants won't use the skills if they are not comfortable with them
- ▶ Focusing on competence may increase the number of individuals identified per trainee
  - ▶ Empirical question
- ▶ Long-term follow-up to examine the need for booster trainings