

9/19/12

WELCOME, THIS WEB CONFERENCE WILL BEGIN SOON

EXPANDING THE EVIDENCE DIALOGUE
EXPLORING RESEARCH, COMMUNITY CONTEXT &
EXPERIENCE TO MAKE DECISIONS ABOUT PREVENTION



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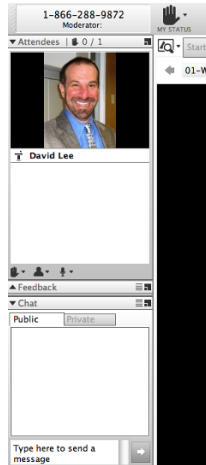
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PreventConnect is a national project of the California Coalition Against Sexual Assault sponsored by U.S. Centers for Disease Control and Prevention. The views and information provided in this web conference do not necessarily represent the official views of the U.S. government, CDC or CALCASA.



How to use this technology



- Raise hand
- Text chat
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Please send a private chat message for help.

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2012 Web Conferences

Connect for Success:

Enhancing impact through innovative partnerships

- [A Good Solution Solves Multiple Problems \(April 24 & 26, 2012\)](#)
- [Social Change and Social Justice: Building Bridges Between Movements \(May 22, 2012\)](#)
- [Don't Let Prevention Stand Alone: Integrating Sexual and Domestic Violence Prevention Efforts in Your Agency and Community \(June 13 & 14, 2012\)](#)
- [Expanding the Evidence Dialogue: Exploring Research, Community Context & Experience to Make Decisions about Prevention \(IPV- June 18, 2012; SV- June 20, 2012\)](#)
- [How Can We Help? Developing Shared Goals For Diverse Community Priorities \(July 31, 2012\)](#)
- [When Place is the Focus: Connecting Prevention Approaches to Place Based Initiatives \(August 15 & 16, 2012\)](#)
- [Expanding the Evidence Dialogue: Exploring Research, Community Context & Experience to Make Decisions about Prevention Child Maltreatment- September 18, 2012; Suicide- September 19, 2012\)](#)
- [Involving Families in Teen Dating Violence Prevention \(September 28\)](#)



PreventConnect

- Domestic violence/Intimate partner violence
- Sexual violence
- Violence across the life-span
- Prevent before violence starts
- Connect to other forms of violence & oppression
- Connect to others doing prevention work



Expanding the Evidence Dialogue

Exploring Research, Community Context & Experience
to Make Decisions about Prevention

SUICIDE PREVENTION

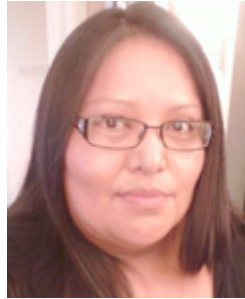


Division of Violence Prevention
National Center for Injury Prevention and Control

Helen Singer, MPH
Sally Thigpen, MPA
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9/19/12



Angelia Lee
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American Indian Health

CASE STUDY EXAMPLE



Agenda

- What is Evidence?
- Best Available Research Evidence
- Contextual Evidence
- Experiential Evidence
- Evidence-Based Decision Making
- What's Next?



Learning Objectives

- Define three types of evidence.
- Articulate an evidence-based decision-making process.
- Explain how three types of evidence are used in an evidence-based decision-making process.



Suicide Prevention Links with Sexual Violence & IPV Prevention

- SV/IPV/Child Maltreatment Victimization → potential suicide
- Lots of Common Risk & Protective Factors
- Links between Bullying & Sexual Violence: Possibilities for Prevention
<http://preventconnect.org/2012/02/links-between-bullying-sexual-violence-possibilities-for-prevention/>



Links between Child Maltreatment, SV & IPV

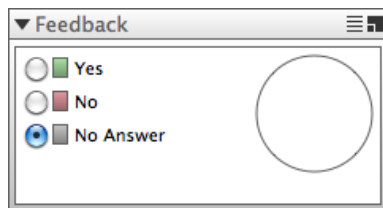


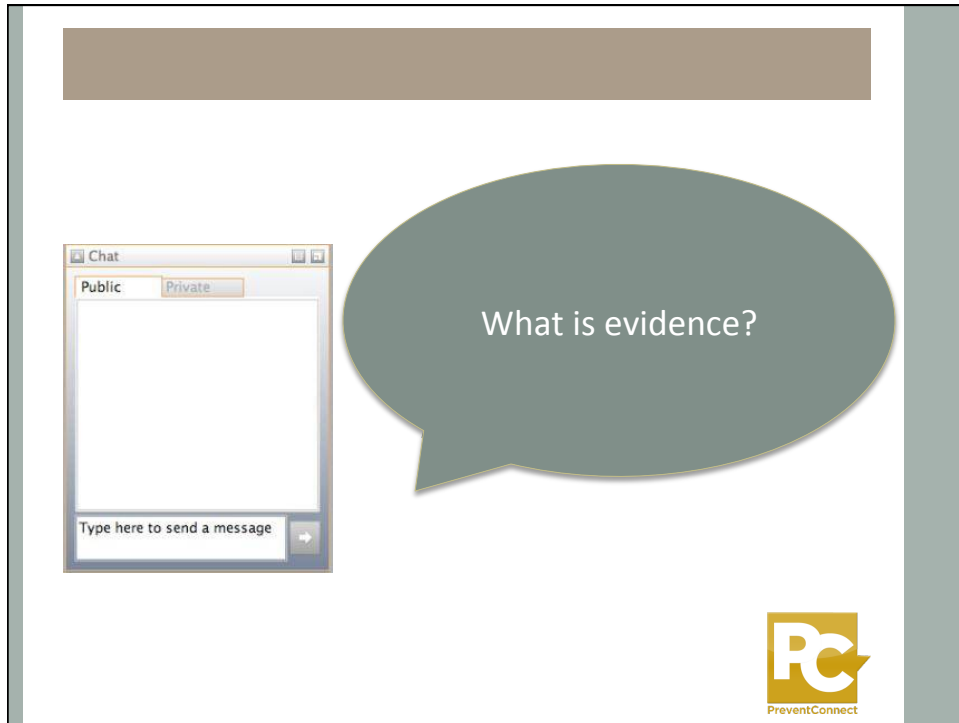
From your experience, what links do you see between suicide, sexual violence and intimate partner violence?



Have you heard of CDC's Evidence Project?

Answer on the left



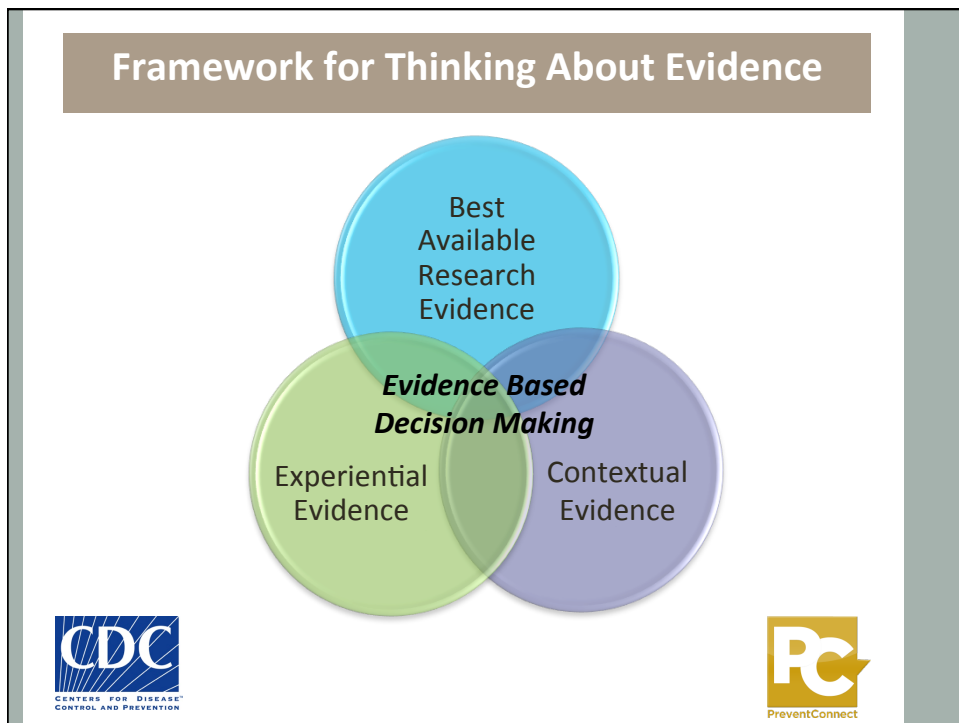



Chat

Public Private

Type here to send a message

What is evidence?





Framework for Thinking About Evidence

Best Available Research Evidence

Evidence Based Decision Making

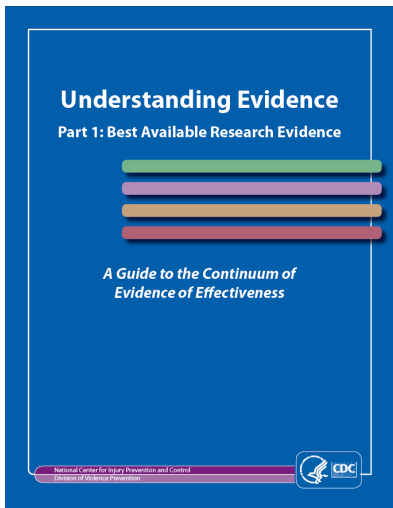
Experiential Evidence

Contextual Evidence







**Best
Available
Research
Evidence**



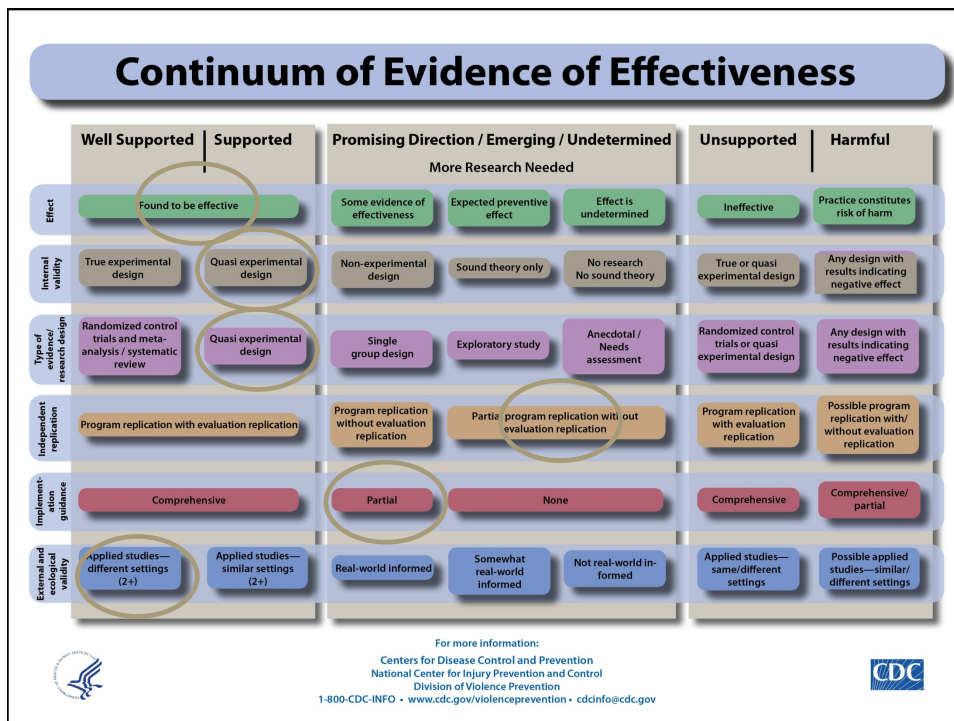
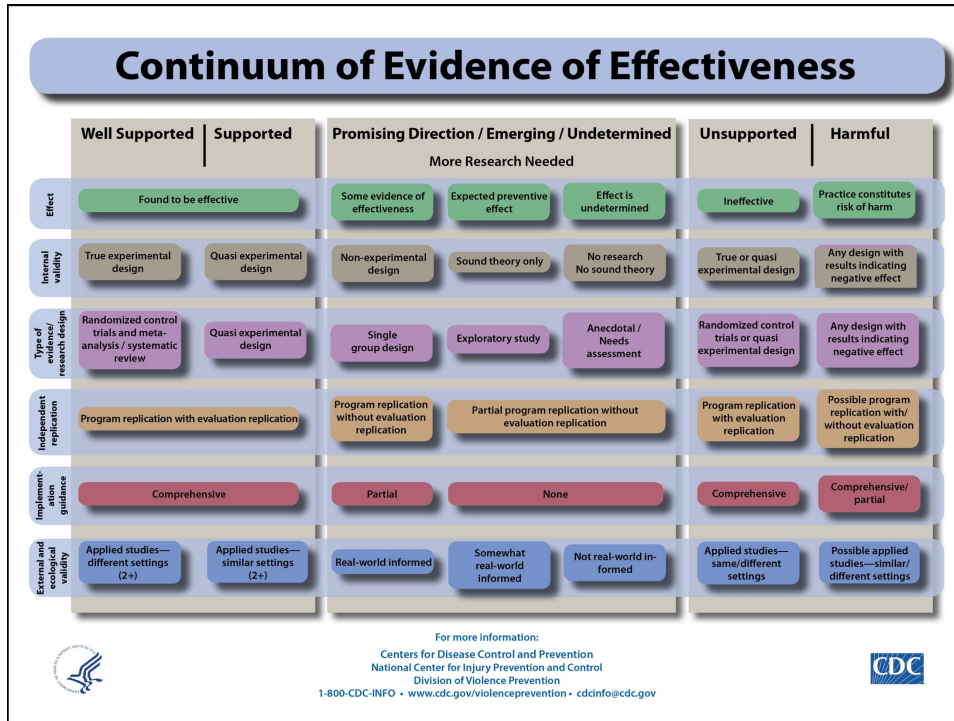
Understanding Evidence
Part 1: Best Available Research Evidence

*A Guide to the Continuum of
Evidence of Effectiveness*

National Center for Injury Prevention and Control
Division of Evidence Prevention



www.cdc.gov/violenceprevention/pub/UnderstandingEvidence_pt1.html



Research Evidence: Where to find

- Suicide prevention literature: Best Practices

Enhancing Treatment Adherence with a Specialized Emergency Room Program for Adolescent Suicide Attempters

MARY JANE BOTHERHAM BOWEN, Ph.D., JOHN PACEINTELI, Ph.D., RONAN VAN ROSSEME, Ph.D., FLEMMING GRAME, M.D., CHERIE GONTWELL, B.A., DAVID CASTRO-BANCON, Ph.D., RUTHERLAND MILLER, Ph.D., and JULIE FELDMAN, B.A.

ABSTRACT

Objective: The evaluation of inpatient treatment adherence among 140 Latino adolescent suicide attempters and their families. **Method:** Inpatiently, 75 attempters received inpatient emergency room care and 65 attempters received a specialized emergency room program including (1) being escorted to emergency room (ER), (2) a videotape aimed at modifying family treatment expectations, and (3) an in-call family therapist. **Results:** After 6 weeks the specialized program were more likely to attend one treatment session (88.6% versus 62.7%) and were somewhat more likely to attend more sessions (2.7 versus 2.1) than those receiving inpatient emergency room care, however, their mothers were less likely to complete treatment. In addition, caregivers receiving the specialized program reported reduced psychiatric symptoms, and mothers reported more positive attitudes toward treatment and completion of family treatment. **Conclusions:** Adherence was significantly improved by receiving the specialized care program in the emergency room. Adherence was also associated with increased social support, more positive family relations, and lower self-esteem at baseline. *J. Am. Acad. Child Adolesc. Psychiatry*, 1998, 37(5):654-663. **Key Words:** suicide attempters, adolescents, cognitive behavioral treatment, treatment expectancies, adherence.

Suicide attempts among adolescents are a significant health problem in the United States. The Centers for Disease Control and Prevention (1991) reported that in 1999 more than 8% of high school students had made a suicide attempt, and 2% had made an attempt that required medical attention. Adolescent attempters are at increased risk for a variety of negative outcomes including repeated attempts, long-term psychiatric

symptoms, and academic, social, and behavioral problems (Shaffer and Piacentini, 1996). The high rates of associated difficulties indicate a real need for psychiatric intervention for adolescent attempters. Studies with adults suggest treatment may reduce repeated attempts and enhance social adjustment (see Shaffer and Piacentini, 1996, for a review). In spite of their need for mental health interventions, fewer than 50% of adolescent attempters are referred for psychotherapy following their emergency room visit, and a large proportion of those are nonadherent to treatment (Piacentini et al., 1999a; Spitz et al., 1980). The goal of this project was to evaluate the efficacy of a program to enhance treatment adherence among attempters and their families.

Adherence to therapeutic interventions by adolescent attempters is likely to be influenced by both (1) structural characteristics of the emergency room and the emergency room staff's attitudes and behaviors, and (2) the adolescent's and the family's preconceptions of social behavior, their expectations about therapy,

Accepted December 20, 2001.
Dr. Botherham-Bowen and Dr. Castell are with the Department of Psychology, University of Central Florida, Orlando, Florida. Dr. Castell is also with the Department of Psychology, University of Central Florida, College of Education and Program of Graduate Studies and the New York State Psychiatric Institute, New York.
This work was supported by grant 50540037 (M.J.B.). Address correspondence and reprint requests to Dr. Castell (e-mail: jcastell@ucf.edu).
Reprint requests to Dr. Botherham-Bowen, Department of Psychology, Division of Social and Community Psychology, University of Central Florida, 1620 Woodland Blvd., Suite 1105, Orlando, FL 32816.
© 2002 by the American Academy of Child and Adolescent Psychiatry.



Research Evidence: How to use

- Best Practice Intervention:
 - Targets attempter and mother
 - Delivered in Emergency Department
 - Trained crisis interventionists
 - Video and curriculum
 - Taught coping/problem solving/emotion regulation
 - Motivated treatment initiation and compliance
 - **Decreased youth depression, improved maternal attitude, increased treatment adherence**







Where do you find the best available research evidence?



The slide features a brown horizontal bar at the top. On the left is a chat window icon with 'Public' and 'Private' tabs and a 'Type here to send a message' input field. To its right is a dark green speech bubble containing the text 'Where do you find the best available research evidence?'. The PreventConnect logo is in the bottom right corner.



How do you use the best available research evidence to influence your decision making?



The slide features a brown horizontal bar at the top. On the left is a chat window icon with 'Public' and 'Private' tabs and a 'Type here to send a message' input field. To its right is a dark green speech bubble containing the text 'How do you use the best available research evidence to influence your decision making?'. The PreventConnect logo is in the bottom right corner.

Contextual Evidence



Contextual Evidence: Where to find

- “Celebrating Life:” What can the youth teach us?
 - N=71
 - Community-based
 - Ages 10-19
 - Recent suicide attempt
 - In-depth assessment battery

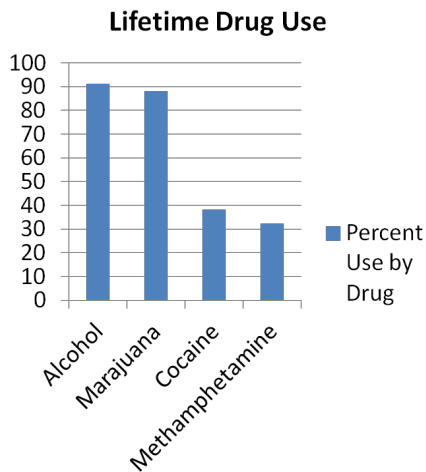


Contextual Evidence: Where to find

- Average 3 past attempts
 - 41% depressed
 - 62% important adult with alcohol/drug problem
 - 31% had friend; 20% immediate family member die by suicide
 - 40% had friend attempt in past 6 months
- Precipitants
 - Family problems: 35%
 - Nothing: 22%
 - Anger/depression: 19%
 - Relationship problems: 16%
 - Suicide of another: 15%
 - “Impulsivity/Suddenness”
 - Unplanned attempt: 62%
 - Knew < 3 hrs before: 30%
 - Told someone: 18%
 - Preparations: 6%



Contextual Evidence: Where to find



Treatment
 64% referred
 60% of those attended



Contextual Evidence: How to use

- **Need: intervention targeting identified risks and protective factors:**

- Family and home-based
- Teach coping skills to manage emotions, impulsivity and destructive behaviors
- Teach problem-solving and communication skills
- Engage in long-term treatment



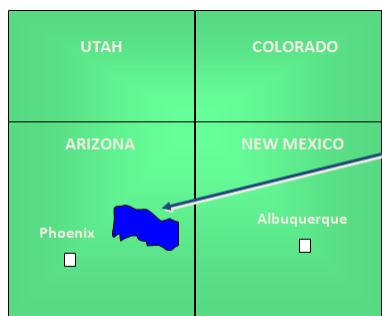
Share your experiences when you have used contextual evidence in decision making.



Experiential Evidence



Experiential Evidence



- White Mountain Apache Tribe
- ~15,500 members
- Several spikes in suicide deaths and attempts among youth



Experiential Evidence: Where to find

- Tribal Government
- Elders Council
- Community Advisory Board
- Key Stakeholders
 - Service Providers
 - School Personnel
 - First Responders



Experiential Evidence: Where to find

- Tribal community-based suicide surveillance
 - Annual youth suicide rate: ~13x U.S. and 8x all AI/AN youth rates*
 - Average annual youth attempt incidence rate ~17x rate in similar studies*

White Mountain Apache Tribe "Celebrating Life" (Suicide Prevention) Registry Intake Form

Date of Report: _____

Name (Last name, First name): _____

Gender (circle one): Male Female

Date of Birth: ____/____/____ Age: _____ (please estimate if you do not know)

Tribal affiliation (check one):
 White Mountain Apache Other Tribe
 San Carlos Apache Unknown
 Navajo Lak

Marital status (check one):
 Single Separated
 Married Divorced
 Cohabiting (Unmarried and living together) Widowed
 Unknown

Educational status (check one):
 Currently enrolled in school (specify grade/year) _____ Dropped out (specify month/year) _____
 Graduated high school Graduated college
 Graduated from college Graduated from graduate school
 Other _____

Community of residence (check one):
 Canyon City Mohave
 Clifton Seven Mile
 Coale Creek Tulee Creek
 Chino Whittier
 Bull Fork Unknown
 Fort Huachuca Other _____
 New Can

Physical Address: _____

Name of person who reported suicidal behavior? _____

Contact information of person who made report: (____) _____

Reporter's Relationship to Victim (check one):
 Self Spouse
 Mother Boy/Girlfriend
 Father Friend
 Sister Neighbor
 Brother School/Instructor
 Other relative Co-worker
 Other _____

Type of Self-harming Behavior (check one):
 Suicidal ideation (i.e. thoughts about self-harm) _____ Suicide completion
 Suicide attempt (i.e. a suicide attempt by someone to self) _____ Other (i.e. substance abuse that may be an attempt or completed)
 Self-harmful behavior (i.e. severe self-harm and abuse to self) _____ Unknown

Method used (check all that apply):
 Hanging Laceration/cut
 Poison Other _____
 Drug overdose Unknown
 Fire Self-harm
 Other _____

Date of suicidal/attempt: ____/____/____ Time of suicidal/attempt: _____ AM/PM USK

BE SURE TO COMPLETE BOTH SIDES OF THIS FORM. Registry Version 6.11.07



Experiential Evidence: How to use

- High rates of youth suicide death & attempts
 - High re-attempt rates
 - Presenting to local Emergency Department



- **Need: In-depth descriptive study of attempters to understand risk/protection**



Bringing it All Together

- Community selection of best practice intervention **(Research)**
- Base selection on locally identified risk and protective factors **(Context)**
- Adapt intervention with key community input **(Experience)**



Bringing it All Together

- Adapted Intervention (“New Hope”):
 - Parent involvement required
 - Delivered in home/office setting
 - Trained community mental health specialists
 - Locally produced DVD and curriculum
 - American Indian actors
 - Real depiction of a suicide attempt
 - Messages from Elders in Apache



Bringing it All Together



Empowering Our Spirit A New Hope

The Empowering Our Spirit Program was created because people in our community care about youth like you and your future. The goal of the program is to help youth to be aware of and understand their thoughts, emotions and behaviors following a suicide attempt so they can live a long happy life. "A New Hope" is designed to help you and your family recognize your strengths and the resources and services available to you so you can make a plan to stay safe, begin to heal, and grow stronger.

These are the different sections of "A New Hope":

1. Introduction to the four parts of ourselves
2. Looking at the positives
3. Learning about emotions
4. Identifying risky situations
5. Naming supportive people
6. Learning about getting help
7. Problem solving challenges to counseling
8. Making a commitment to counseling and life



Your Name: _____

Your next appointment is scheduled for:

If you have any questions, your Natural Helper's name is _____
and contact information is: 928-338-5215 (office) or _____ (cell).



What kinds of things in your experience have helped to make decision making processes successful?



9/19/12



SAFE STATES

*THE SAFE STATES ALLIANCE AND THE SOUTH BY SOUTHWEST
INJURY PREVENTION NETWORK PRESENT THE*

Evidence Webinar Series

Part 2: Implementing Evidence-Based Programs

Thursday, September 20, 2012

2:00 – 3:30 PM EST

Part 3: When Your Program Lacks an Evidence-Base

Thursday, October 18, 2012

2:00 – 3:30 PM EST

Visit the “Calendar of Events” at
www.safestates.org to register!



For More Information Contact

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the CDC.



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