

LIVINGWORKS START

EVIDENCE OF EFFECTIVENESS

LivingWorks is pleased to announce significant evidence that supports the effectiveness of our most recent program, **LivingWorks Start**.

LivingWorks programs have been leading the field of suicide prevention for more than 35 years - over 50 peer reviewed studies and government reports provide evidence and validation of participant learning, skill-development, positive impact and understanding of how to co-create safety. No other suicide prevention trainings have this same evidence of effectiveness - we are pleased to remain leaders in suicide prevention.

LivingWorks Start, released in Spring 2019, is developed with a curriculum design informed by best practice in suicidology, education, e-learning principles and training content steeped in meeting participant needs. Testing, pilot and public participant feedback is gleaned from individuals, 13-years of age and up, from Australia, Canada, the United Kingdom, and the United States. Participants from various cultural, contextual, professional and personal paradigms have reinforced the effectiveness of LivingWorks training programs.

LivingWorks Start teaches skills to connect persons with suicide thoughts to resources to ensure safety

LivingWorks Start teaches fundamental skills focused on saving lives from suicide. LivingWorks Start demonstrates compelling evidence that participants' can become ready and confident to identify indicators of suicide thoughts, ask about suicide, state that suicide thoughts are serious, and make connections to helping resources. A "pre-pilot" study of LivingWorks Start, with 201 participants (aged 21 to 81), demonstrated a significant increase in comfort to "tune in" on signs

of suicide and “ask about suicide” - this comfort is directly linked to the training¹. Further, this study demonstrated that after completing LivingWorks Start, participants were able to correctly identify how to match the needs of individuals thinking about suicide. Participants were able to move “from reflection and empathy towards actively establishing safety”¹ – these changes in helping resulted from the experiential activities used in the training program.

Additional evidence from early pilot sessions demonstrated deepening in participant helping skills, along with increased confidence and readiness for helping individuals with suicide thoughts. One focus group participant, from the Australian Defence Force, identified that engaging in text or online conversation about suicide seemed “doable” as a result of understanding the steps in Start. Another participant highlighted the relatability of the LivingWorks Start video content and scenarios, stating that the real-life situations depicted helped to activate his understanding of how to use the skills in the future, particularly in off-base home-life situations. Another participant comment from an early test stated “[LivingWorks Start is] good to know. I wasn’t sure if it was ok to ask directly about suicide.”

Since the public release of LivingWorks Start, there is replication of the positive outcomes noted in the pre-pilot and early pilot testing. As of December 2, 2019, 535 participants completed LivingWorks Start. Results indicate that 75% of LivingWorks Start helpers were comfortable tuning in to the possibility of suicide.⁸ About 90% of participants correctly responded with “ask” as the follow-up to tuning in to the possibility of suicide⁸, hence, the skills were readily recalled and there was adherence to the design of the model. This adherence indicates that the participants are internalizing the steps necessary for connecting a person with suicide thoughts to safety.

Safe and effective for young teens

Suicide ideation and behavior is observed in young children and adolescents. There is necessity to safely and appropriately address suicide with adolescents beginning as early as 13-years of age. The curriculum used in LivingWorks Start is consistent with that taught in LivingWorks SafeTALK and LivingWorks ASIST, yet explored at a more foundational level. Evidence exists from the delivery of SafeTALK in school settings that SafeTALK can be delivered to teenagers, 15 years of age and older, with no iatrogenic effects². SafeTALK delivered in a school settings

demonstrated increased: knowledge about suicide; confidence and willingness to talk about suicide; and likelihood of help-seeking among participants.² Evidence demonstrated that SafeTALK training *did not* induce suicidal thoughts nor cause distress, *instead suicide thoughts and stress decreased following training*. The majority of participants reported SafeTALK training as worthwhile and worthy of recommendation to friends. There is consistency of the concepts and curriculum between LivingWorks Start and other LivingWorks programs. Positive feedback from teen-participants in the piloting of LivingWorks Start informed the safety and necessity of offering training to 15-year olds.

Based on the positive results from this earlier research, with a focus on LivingWorks Start, a 13-14-year old participant pilot study was completed in October 2019. The pilot identified great promise for adolescent participants to deepen their learning about helping a person with suicide thoughts to remain safe. In the pilot, 80% of the group were 13 years old, with a gender mix of 55% male, 36% female and 9% transgender. As a safety precaution, parents were asked to participate in the program and offer a guided debriefing for their teen who completed the program. Upon completion, one parent commented, “I genuinely appreciate this opportunity to learn how to help others as well as my daughter when she has been asked to help someone else. We have already dealt with some heavy things in this area and I was not prepared for it.”⁷ The external evaluator noted, “Given the results of the surveys, it seems beneficial to continue to train [LivingWorks Start] with 13- and 14-year olds. At the very least, expanding the age range of training appears to be a prudent maneuver.”⁷ A promising finding noted that 86% of the youth indicated that they would be able to use the skills to tune-in and help connect a person thinking about suicide to a resource⁷. Resoundingly, there is a need for training in this age group, of 13-14 year olds, and despite this small pilot sample, there is evidence to continue use of LivingWorks Start in this population. To diligently meet the needs of this age group, ongoing data collection and responsive program building will continue.

Meets SAMHSA’s Tier III evidence based training criteria

SAMHSA’s Tier III evidence based training criteria (Guideline 3) states: “The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a

consistent pattern of credible and positive effects.” LivingWorks Start has been subject to independent evaluation by a panel of peer-reviewed PhD researchers:

- ❖ Dr. Laura R. Shannonhouse (Georgia State University),
- ❖ Dr. Nikki Elston (Wake Forest University),
- ❖ Dr. Yung-Wei “Dennis” Lin (New Jersey City University), and
- ❖ Dr. Casey Barrio Minton (University of Tennessee Knoxville).

Their independent evaluation states that the LivingWorks Start training is “most appropriate for use as a brief, interactive community training to increase awareness of suicide and develop basic skills at intervening with someone who is considering suicide”. Their assessment concludes with the assertion that “our judgement is that LivingWorks Start is appropriate for inclusion as an “evidence-based” program under the third definition of SAMHSA guidelines”³ .

Based on best practices in online curriculum development

LivingWorks Start is designed in a modular fashion, following a “teach” – “simulation” – “debrief” approach to teaching and reinforcing each key skill.⁴ This allows learners to increase their skills and knowledge at a comfortable pace, as well as balance their personal safety with the challenging content. This curriculum design took place with consultation from an educational simulation expert.⁵ A range of teaching methods are built into the program, including:

- Narrated coaching
- Allowing learners to hear the lived experience of someone with thoughts of suicide
- Text message simulations
- Video simulations
- Practice scenarios (video simulations and text message simulations).

This variety of teaching methods speaks to multimedia principles in online learning design as well as adult learning principles which recognize that adult learners’ process information in a variety of ways, therefore varied teaching styles supports effective uptake of learning.⁶ The program is self-paced. This allows adult learners to engage with their learning in a manner appropriate for their life/work and commitments. It also gives the learner the ability to balance



the safety and challenge of difficult materials – taking breaks where needed and reengaging in their own time. LivingWorks Start is also designed with modality principles in mind. Complex information and activities are broken down into ordered sections in which challenge increases as the learner progresses. In addition to this, the coaching/Hope function allows learners to dive deeper into content as they wish to, allowing learners choice and control over their experience. Lastly, both adult learning principles and online learning principles emphasize that users engage more successfully when content is relevant and relatable to them. LivingWorks Start is designed to be personalized to an individual user based on their profile (and will increasingly be so over time) in order to deliver relevant, meaningful and timely content to learners as they engage in the program.⁴

References

- 1 Shannonhouse, L. R. "Pre-pilot study: Initial Analysis of LivingWorks Start", 15th July 2019.
- 2 Bailey, E., Spittal, M. J., Pirkis, J., Gould, M., & Robinson, J. (2017). Universal suicide prevention in young people: An evaluation of the safeTALK program in Australian high schools. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 38(5), 300-308. <http://dx.doi.org/10.1027/0227-5910/a000465>
- 3 Shannonhouse, L. R., Elston, N., Lin, Y-W. & Minton, C. B. "LivingWorks Start Evaluation Letter", 19 July 2019.*
- 4 Motola, I., Devine, L. A., Chung, H. S., Sullivan, J. E. & Issenberg, S. B. (2013). Simulation in healthcare education: A best evidence practical guide. *AMEE Guide No. 82, Medical Teacher*, 35(10), e1511- e1530,doi: 10.3109/0142159X.2013.818632
- 5 Witschen, B. Personal Correspondence, Northern Alberta Institute of Technology.
- 6 Moallem, M., (2007). Accommodating individual differences in the design of online learning environments: A comparative study. *Journal of Research on Technology in Education*, 40(2), 217-245. doi: 10.1080/15391523.2007.10782506
- 7 Jenniges, R. "LivingWorks Start: Age expansion analyses", November 15, 2019.
- 8 Jenniges, R. "LivingWorks Start: Evaluation of public release results", December, 2019.

*The full copy of this evaluation letter can be provided upon request.