Life is Precious: 
A Mixed Methods Evaluation

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Disclosure

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Disclosure

All speakers, associated with this continuing education activity, have indicated that they have no financial arrangement or affiliation with any commercial entity whose products, research or services may be discussed in this presentation.
Evaluation Team

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- Denise Prieto, MA
- Samantha Diaz, BA
- Silvia Mazzula, PhD
- Rosa Gil, DSW
- Roberto Lewis-Fernandez, MD
Outline

• Life is Precious program and evaluation design
• Overall program
  • Quantitative and qualitative evaluation methods
  • Evaluation results to date
• Parental engagement study
  • Analytic methods
  • Results to date
• Replication – Manual, fidelity assessment, training curriculum
• Next steps – comparison sample study
Suicidal Behavior among Latinas

- Latina adolescents have high rates of suicidal behavior

- Risk factors
  - Universal factors: self-esteem, body image
  - Poverty: disadvantaged neighborhoods, poor quality schools
  - Unique to Latinas: Conflicts between westernized American culture and expectations of culture of origin
Life is Precious

• Developed by Rosa Gil, DSW, and Comunilife, Inc
• Created with input from Latina adolescents and families
• Locations in Bronx, Brooklyn, Queens
• Operates after-school and on Saturdays
• Activities supplement ongoing mental health treatment
  • Include family therapy, supported education, wellness, creative expression
Purpose of evaluation

• Partnership between LIP and NYSPI
• “Open trial” at this stage – no comparison sample yet
• Aim to evaluate and develop evidence-based practice
  • Does program help participants feel better about themselves? Reduce thoughts of suicide?
  • What works in the program?
  • Can the program be replicated in other settings?
LIP Participants

• Latina adolescents, age 11-18
• Identified at risk for suicidal behavior
• Referred by a variety of sources:
  • mental health providers, hospitals, schools, self-referral
• Required to be receiving mental health treatment
• Come from many different schools
  • No catchment area
# Study Population

<table>
<thead>
<tr>
<th></th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latina</td>
<td>236 (100%)</td>
</tr>
<tr>
<td>Age</td>
<td>11-18</td>
</tr>
<tr>
<td>Born in US</td>
<td>196 (83%)</td>
</tr>
<tr>
<td>Speaks English fluently</td>
<td>210 (89%)</td>
</tr>
<tr>
<td>Speaks Spanish fluently</td>
<td>172 (73%)</td>
</tr>
<tr>
<td>Enrolled in school</td>
<td>231 (98%)</td>
</tr>
<tr>
<td>Ever repeated a grade</td>
<td>74 (31%)</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>15 (6%)</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>28 (12%)</td>
</tr>
<tr>
<td>Other Drug use</td>
<td>30 (13%)</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>58 (25%)</td>
</tr>
<tr>
<td>Family member attempted suicide</td>
<td>65 (28%)</td>
</tr>
</tbody>
</table>
Outcome Measures

• No completed suicides since program inception
• No suicide attempts among program participants in the past year (per chart review April, 2017)
• Examine suicidal thoughts, depressive symptoms, and family functioning
  • Suicidal Ideation Questionnaire (SIQ)
  • Reynolds Adolescent Depression Scale (RADS2)
  • Trauma Symptom Checklist for Children (TSCC)
  • Family Cohesion (FACES)
# Suicidal Ideation Questionnaire

<table>
<thead>
<tr>
<th></th>
<th>All participants</th>
<th>Among those reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Ideation Questionnaire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Points per month of enrollment</td>
<td>-0.09</td>
<td>-0.27</td>
</tr>
<tr>
<td>Standard Error</td>
<td>0.03</td>
<td>0.04</td>
</tr>
<tr>
<td>P-value</td>
<td>&lt;0.01</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Points per 12 months</td>
<td>-1.1</td>
<td>-3.2</td>
</tr>
</tbody>
</table>

Sexual abuse | Tobacco use
## Depressive symptoms

<table>
<thead>
<tr>
<th></th>
<th>Depression scale (RADS-2)</th>
<th>Depression Scale (TSCC-Depression)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points per month of enrollment</td>
<td>-0.21</td>
<td>-0.07</td>
</tr>
<tr>
<td>Standard Error</td>
<td>0.04</td>
<td>0.004</td>
</tr>
<tr>
<td>P-value</td>
<td>&lt;0.01</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Points per 12 months</td>
<td>-2.5</td>
<td>-0.8</td>
</tr>
</tbody>
</table>
Focus groups

• Participants identified risk factors for suicidal behavior
  • Relationships with family, peers
    • Conflicts with parents
    • Bullying and social isolation
  • Poor school performance
  • History of abuse
Focus groups (Cont’d)

• How LIP helps
  • Counseling for adolescent and family
    • Anger management techniques
    • Bonding activities
  • Confidence in building peer relationships
    • “If I talk to people at LIP, I can talk to people at school”
  • Academic support
    • Tutoring, college application assistance
    • Addressing bullying
Focus groups (Cont’d)

They helped me understand my mom better. Because here, they specifically try to help Latina girls. So they know the Latina culture. And they understand like the family life that you have sometimes. So like, we get it. And then they start giving advice, which is really cool because not everyone can get it because it’s different.
Summary of Overall Evaluation

• Statistically significant changes in suicidal thoughts and depressive symptoms
  • Especially for those with history of sexual abuse
  • SAMHSA: Of 44 studies of suicide prevention programs serving youth (1980s to present), only 3 showed any decrease in suicidal thoughts

• Limitations
  • No comparison group at this time
  • Data collection only during participation
  • Current locations are in urban areas
Parental Engagement Study

• Parents can help support mental health treatment
• LIP can help families and improve parental engagement
• Data collected from analysis of interviews with LIP program staff and focus groups with participants and parents
• Forty-five Adolescent-Parent surveys completed
Benefits of Parental Engagement

- Increased caregiver feelings of competence and self-efficacy
- Reduced rates of relapse and mortality risk
- Increased treatment compliance
- Shorter recovery process
- Improved patient satisfaction
- Improved quality of life
- Enhanced psychological well-being among parents

PARENTAL ENGAGEMENT
### Parent-Child Agreement

<p>| Table 1. Percentage of the 45 adolescents and parents who indicated “Moderately Agree” or “Strongly Agree” for the given statements on the parental engagement surveys. *N=44 due to missing responses. The difference in responses is statistically significant (&lt;0.05) (paired t-test). |</p>
<table>
<thead>
<tr>
<th>My parent understands my problems and worries. / I understand my daughter’s problems and worries.</th>
<th>Adolescent’s Perspective % [N]</th>
<th>Parent’s Perspective % [N]</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parent understands my problems and worries. / I understand my daughter’s problems and worries.</td>
<td>38% [n=17]</td>
<td>84% [n=37]*</td>
</tr>
<tr>
<td>I am comfortable asking my parent for help. / My daughter is comfortable asking me for help.</td>
<td>53% [n=24]</td>
<td>75% [n=33]*</td>
</tr>
<tr>
<td>When I have a problem, my parent helps me with it. / When my daughter has a problem, I help her with it.</td>
<td>56% [n=30]</td>
<td>84% [n=38]</td>
</tr>
<tr>
<td>I feel comfortable being upset around my parent. / My daughter feels comfortable being upset around me.</td>
<td>48% [n=21]*</td>
<td>62% [n=28]</td>
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<tr>
<td>My parent checks in regularly with me about what is currently going on in my life. / I check in regularly with my daughter about what is currently going on in her life.</td>
<td>51% [n=23]</td>
<td>80% [n=36]</td>
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</table>
View of Parental Engagement from Adolescents and Parents

**ADOLESCENTS**
- 22% agree that it would be helpful if the parent were more involved in LIP
- 37% would like for the parent to participate in more LIP activities

**PARENTS**
- 60% want to participate more in LIP activities
- 73% think it would help the daughter if the parent were more involved
- 57% believe that their daughters would like for them to participate more in LIP activities
- 68% agree that LIP has improved familial relationships
- 68% agree that LIP has taught ways to better support their daughters
Challenges of Parental Engagement

- Challenges specifically expressed by LIP parents and LIP staff:
  - Lack of valid contact information for family members
  - Family duties such as care for younger children
  - Health issues
  - Scheduling conflicts with work
  - Lack of transportation to the site; location of LIP site
Best Practices

- Outreach
- Assistance to parents in coordination with other entities
- Reasons and motivation to participate
- When parental participation may not be warranted
Dissemination Tools

- Program Manual
- Program Fidelity Assessment
- Training curriculum
Next Steps

Comparison samples

• Community-based mental health clinics that serve Latina adolescents with similar risks of suicidal behavior

• Will select matched pairs and follow for a year; assessing suicidal behavior, ideation, substance use and school performance

• Participating clinics will have option to be trained in providing LIP model, or components of the model, at the conclusion

• Grant funding under review
Additional Information


Additional Information

- Life is Precious
  http://comunilife.org/life-is-precious/
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