



PROJECT DESCRIPTION

In response to the serious problem of suicide in the United States, hundreds of suicide prevention programs have been created and employed across the country. However, for those looking to implement suicide prevention programs there is a dearth of accessible evidence concerning their effectiveness. This need was codified in Objective 10.3 of the *National Strategy for Suicide Prevention (NSSP)* (U.S. Department of Health and Human Services, 2001, p. 115), which states “By 2005, establish and maintain a registry of prevention activities with demonstrated effectiveness for suicide or suicidal behaviors.”

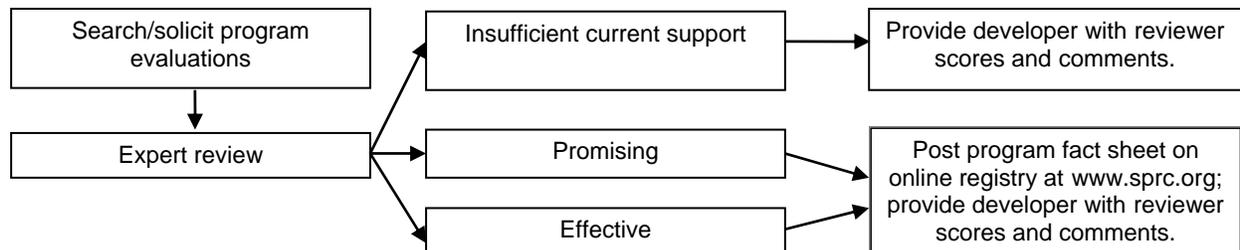
To meet this objective, the *Suicide Prevention Resource Center (SPRC)* established a subcontract with the *American Foundation for Suicide Prevention (AFSP)* to develop an online registry of evidence-based programs for suicide prevention. The goals of this project were to review the effectiveness of suicide prevention programs and, based upon that review, to create an online registry of evidence-based suicide prevention programs. This registry represents an initial step in the collection and promotion of evidence-based suicide prevention programs. For additional information concerning this registry, please contact Dr. Howard Sudak (215-238-0409; hsudak@afsp.org) or Dr. Philip Rodgers (215-238-0407; prodgers@afsp.org.)

TWO PATHS TO REGISTRY LISTING

I. Registry Listing Based on Expert Review

The expert review process contained 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 have fact sheets posted in the [SPRC registry](#) [link to registry listing] (See Figure 1).

Figure 1: Review process.



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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 [link to appendix below].)

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](#) [link to registry].

Table 3
Suicide Prevention Program Fact Sheet Contents

• Program title and description	• Urban, suburban, rural settings
• Intervention activities	• Evaluation design and outcomes
• Target population age, sex, and ethnicity	• Number/length of follow-up assessment
• Cultural adaptations	• Resources required for implementation
• Universal, selective, indicated populations	• Contact information

Panels

This project was a collaborative effort. To ensure a wide variety of viewpoints and professional opinion, two panels were formed to provide input and feedback. An expert panel, comprised primarily of professionals involved in suicide research, was created to provide project feedback and to serve as program reviewers. In addition, a community panel was created to provide feedback regarding the grassroots needs of the prospective consumers of the online registry.

II. Registry Listing Based on Application

Programs were also listed on the registry 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 registry distinguishes between programs that have achieved an evidence-based classification (promising or effective) from those that have not.

THE NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES (NREPP)

After January 2005, SPRC and AFSP will no longer conduct reviews of suicide prevention programs for listing in this registry. All future reviews of suicide prevention programs will be conducted as part of the *National Registry of Evidence-based Programs and Practices* (NREPP), under the direction of the Science to Service Office, Substance Abuse and Mental Health Services Administration. NREPP is a voluntary rating and classification system for substance abuse and mental health prevention and treatment interventions. It seeks to provide contemporary and reliable information on the scientific basis and practicality of substance abuse and mental health promotion and treatment programs. SPRC and AFSP will fill a supporting role in NREPP by helping prepare program data for review. Additional information about NREPP and its review process can be found at www.nationalregistry.samhsa.gov or by calling 1-866-43NREPP.

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 rates 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
6. Analysis	Analysis rates the appropriateness and technical adequacy of analyses.	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
7. Other Plausible Threats to validity	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.	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
8. Safety	Safety is the degree of assurance that the program is safe for participants.	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
9. Integrity	Integrity is the overall level of confidence in findings based on research methodology	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

Registry of Evidence-Based Suicide Prevention Programs

10. Utility	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.)	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
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