



DPH Suicide Prevention Among Older Adult Immigrants and Refugees

**Evaluation Report from Boston University
[May 2013]**

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Executive Summary

The Center for Aging and Disability Education and Research (CADER), is dedicated to workforce development in both the aging and the disability fields through educational innovation, workforce change, and research. Located at Boston University School of Social Work, CADER builds upon the School's historical commitment aging and disability research and practice.

The CADER Suicide Prevention Among Older Adult Immigrants and Refugees course is a blended-learning course, designed to provide practitioners with competency-based training that addresses the core knowledge, skills, and values needed for suicide prevention among older adults. It was designed through a collaborative model of statewide training, and was targeted to mental health, substance abuse, and aging service practitioners who work primarily with immigrant and refugee populations.

Key Findings

- Participants' competency scores in suicide prevention showed statistically significant increases based on pre and post training self-assessments in all three major domains: knowledge, skills, and values. For example:
 - Knowledge competency, *"Recognize the risk factors associated with suicide in general and among older adult immigrants and refugees in particular"* increased **102%**.
 - Skill competency, *"Know how to ask the questions that will clarify the person's intentions or actual plans and the intended means for taking his own life"* increased **83%**.
 - Value competency, *"Understand how your own values and biases can affect your work with older people of diverse backgrounds"* increased **51%**.
- At least **93%** of participants who completed course evaluations felt that learning objectives were met.
- When asked if they believed that the training would help them in their work with older adults or people with disabilities, **100%** either agreed or strongly agreed.
- **One hundred percent (100%)** agreed or strongly agreed that they would recommend the course to a colleague.
- Seventy (70) people enrolled in the course and sixty completed the online course (**85%**).
- Participants provided positive feedback in their evaluations regarding the course content and learning model:

“Very informative course work. Instructors made a difficult subject matter comfortable to discuss. In the future we will have been prepared to handle this kind of situation by having the tools to deal firmly and gently with a person who wants to end their life. It's not a position I hope I'm ever in, but now I know I would be better able to handle it if need be. Thank you for the knowledge.”

I. Introduction

For ten years, the Institute for Geriatric Social Work (IGSW), now CADER, at the Boston University School of Social Work has been a leader in providing state-of-the-art, high quality online training in aging for those who work with older adults. Programs are designed especially for busy social service and health professionals who need a flexible, convenient, and effective way to obtain crucial knowledge, information, and skills that can be put to use right away.

As of October 2012, IGSW changed its name to the **Center for Aging and Disability Education and Research (CADER)**, because of our part in the growing movement to integrate supports and services for older adults and people with disabilities and our efforts to meet the corresponding education and training needs of workers and providers who increasingly serve both groups. The Center is now dedicated to workforce development in both the aging and the disability fields.

CADER's Suicide Prevention Among Older Adult Immigrants and Refugees training brings together the often separate worlds of mental health, aging, and immigrant and refugee programs, using an already existing statewide coalition, with the goal of creating system change through training. In 2009, a four hour, online course on Suicide Prevention Among Older Adults was developed by CADER. After discussing the training needs with stakeholders and an extensive literature review, CADER created a new course focused specifically on immigrant and refugee populations. This new course is shorter in length, two hours, as compared to the original four hour course. It is focused on a gatekeeper QPR model, rather than a thorough suicide risk assessment.

From Fall 2012 to Spring 2013, a blended training model consisting of this new online course and two face-to-face sessions was delivered to provide innovative training in three different regions in Massachusetts: Worcester, Lynn, and Fall River. These cities were selected because they are home to large immigrant and refugee populations. In each region, CADER worked with a host agency to establish a training location and to gain assistance with outreach to other agencies in their regions. In Worcester, CADER partnered with the Central Massachusetts Area Health Education Center. In Lynn, CADER partnered with Aging and Disability Resource Center of the Greater North Shore. Lastly, CADER partnered with Bristol Elder Services in Fall River.

II. Participant Profile

In total across the three regions, 70 people (18 in Worcester, 30 in Lynn, and 22 in Fall River) enrolled and participated in the training. Of these 70 participants, 60 (85.7%) completed the online course. Forty-three of these 60 participants (73.3%) completed the online course and both the pre and post competency self-evaluation scales. Based on the demographic information collected from enrolled participants across all regions, the majority (83%) identified as female, while 17% identified as male. This gender breakdown was nearly identical when looking at the three regions individually. From those who provided information, the average age of enrolled participants across all regions was 44 years old (39 in Worcester, 46 in Lynn, and 45 in Fall River). In terms of education level for the 70 enrolled participants, 33% had a Bachelor's, 33% had a Master's, 16% had an Associate's, 11% reported having no degree, and information was not received from 7%.

Chart 1 indicates the race of enrolled participants who reported this demographic information. Fifty-four (54%) of enrolled participants self-identified as White/Non-Hispanic, 14% identified as Latino, 12% identified as Black/African American, 6% identified as Asian, 3% identified as other, and 11% were unknown.

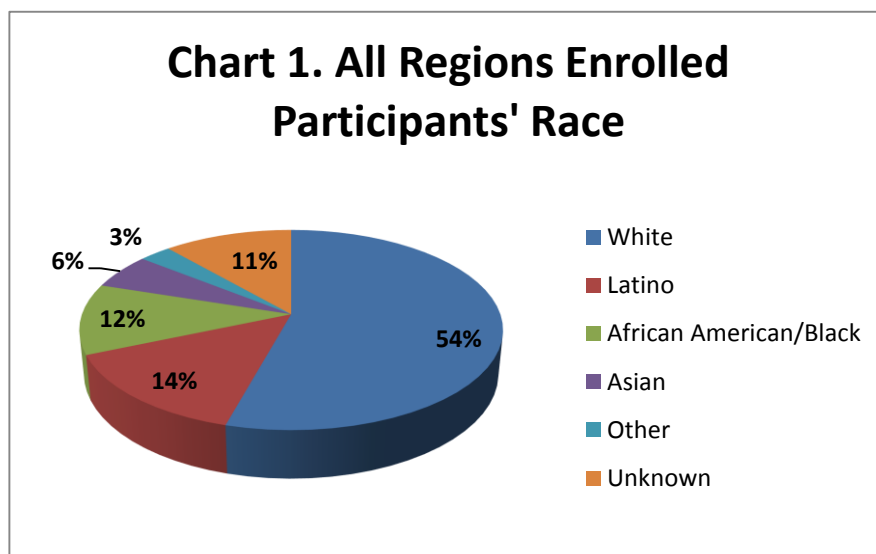
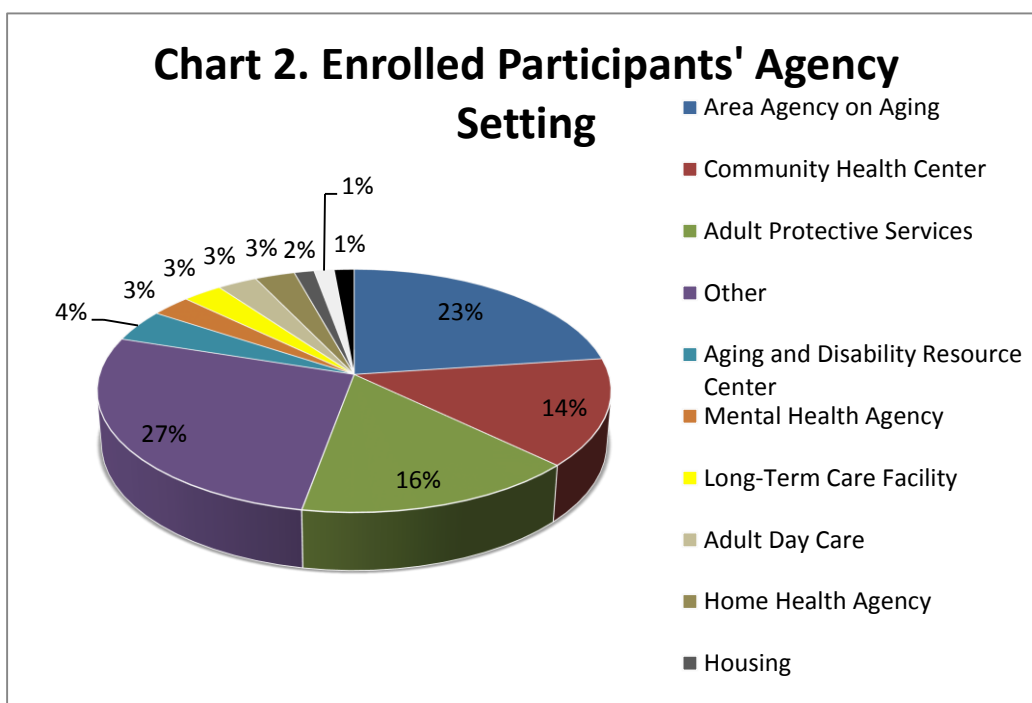


Chart 2 indicates the agency type of enrolled participants for all regions. The four most frequent agency settings across all regions were: Area Agencies on Aging (AAA) (23%), Community Health Centers (14%), Adult Protective Services (16%), and Other (27%).



The most common agency settings in which people worked varied across regions, except for the “Other” category, which was common in all regions. In Worcester, 44% individuals worked for Community Health Centers; in Lynn, 34% worked in AAAs; and in Fall River, 41% worked in Adult Protective Services.

Though participant linguistic data is not collected by CADER, we learned anecdotally from the face-to-face trainings that some of the languages spoken by participants included: Spanish, Portuguese, and Russian. Some participants were immigrants themselves from countries/territories like Brazil, Vietnam, India, Puerto Rico, and Russia. Finally, in their applications to the program, participants indicated that they worked with Chinese, Russian, Cambodian, Nepalese, Congolese, Brazilian, Indian, Puerto Rican, Haitian, and other Latin American immigrant groups.

III. Competencies

CADER programs and courses apply a competency-based approach. Social service practice with older adults and people with disabilities is complex. It requires competence, professional judgment, and critical thinking to translate knowledge, skills, and values into effective practice behaviors. The purpose of such an approach is to enhance the application of a specific skill set to your professional practice.

Competency Score Results

There were 19 competencies analyzed for this program, focused in three topic area domains: knowledge, skills, and values. A list of all 19 competencies can be found in **Appendix A**. Participants across all regions had a statistically significant increase in self-

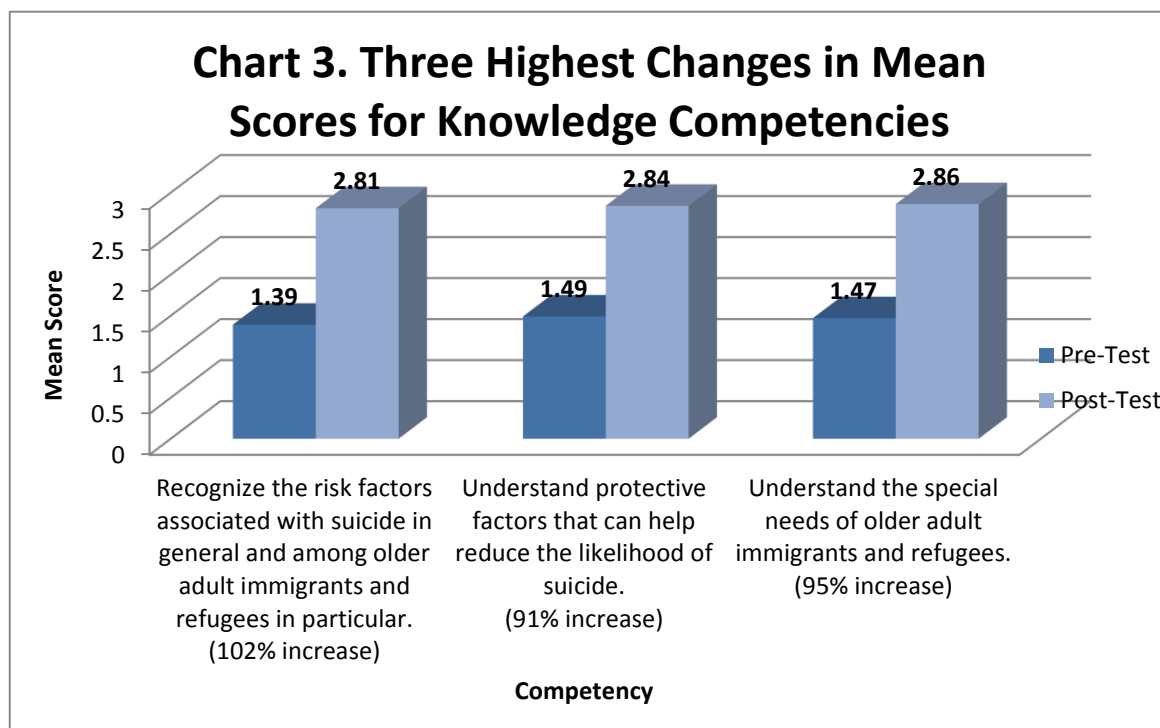
reported competence levels for all 19 competencies from when participants took the pre-test to when they took the post-test ($p \leq .000$). The average increase in scores across all competencies was 65%, with increases in all competencies ranging from 20% up to 102%.

Knowledge Competencies

This competency domain consisted of 9 questions. At pre-test, the mean score in this domain was 1.58, and at post-test, the mean score was 2.75, an average increase of 77% from pre to post-test. Chart 3 highlights the three largest changes from pre-test to post-test in questions within this domain.

- Competency 4 asks participants to *“Recognize the risk factors associated with suicide in general and among older adult immigrants and refugees.”*
- Competency 6 asks participants to *“Understand protective factors that can help reduce the likelihood of suicide.”*
- Competency 7 asks participants to *“Understand the special needs of older adult immigrants and refugees.”*

Competencies 4 and 7 are particularly important because they show an increase in competencies that bring together the often separate spheres of mental health, older adults, and immigrants and refugees. The extremely high increases in these competencies suggest that the training goals of increased participant understanding of the intersection of these three areas were met.

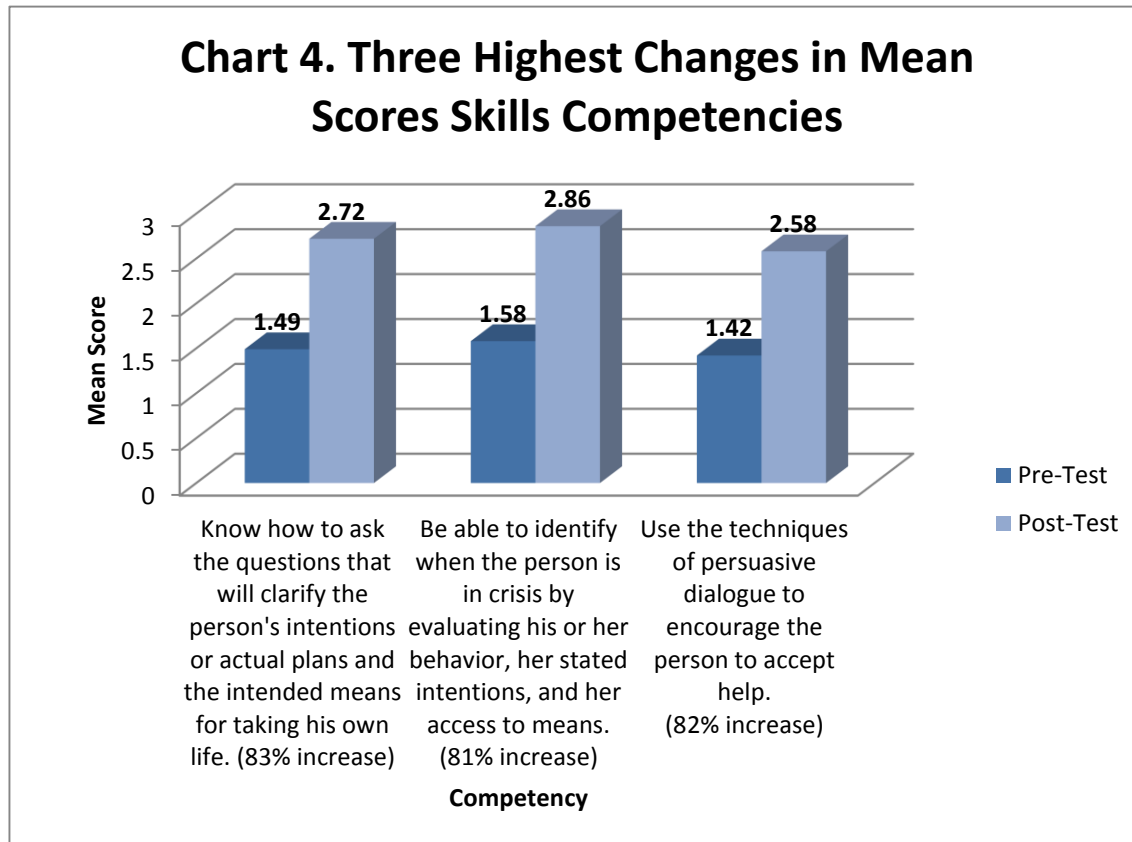


Skills Competencies

This competency domain consisted of 5 questions regarding skills. At pre-test, the mean score in this domain was 1.72, and at post-test, the mean score was 2.74, an average increase of 64% from pre to post-test. Chart 4 highlights the three largest changes from pre-test to post-test within this domain.

- Competency 11, asks participants if they “*Know how to ask the questions that will clarify the person’s intentions or actual plans and the intended means for taking his own life.*”
- Competency 12 asks participants if they will “*Be able to identify when the person is in crisis by evaluating his or her behavior, her stated intentions, and her access to means.*”
- Competency 13 asks participants if they can “*Use the techniques of persuasive dialogue to encourage the person to accept help.*”

These three competencies are important because they show an increase in skills related to the QPR (question, persuade, refer) approach to suicide prevention. Increases in competencies 11 and 12 suggest that the goal of teaching participants how to ask questions was met. The increase in competency 13 suggests that the goal of teaching participants to persuade and refer was met.

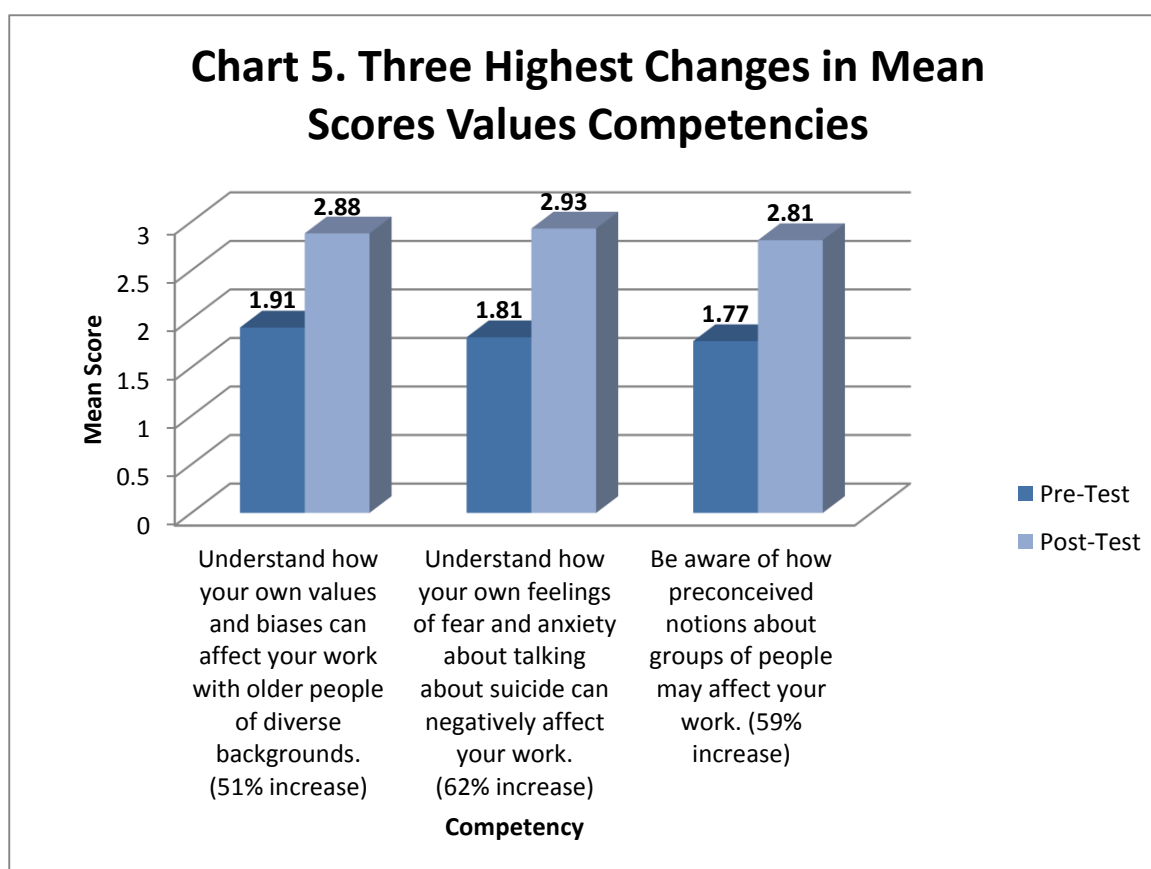


Values Competencies

This domain consisted of 5 questions regarding competencies of professional values and ethics. At pre-test, the mean score for this domain was 2.06, and at post-test, the mean score was 2.96, an average increase of 65% from pre to post-test. Chart 5 highlights the three largest changes from pre-test to post-test within this domain.

- Competency 15 asks participants if they “*Understand how your own values and biases can affect your work with older people of diverse backgrounds.*”
- Competency 16, asks participants if they “*Understand how your own feelings of fear and anxiety about talking about suicide can negatively affect your work.*”
- Competency 17, asks participants to “*Be aware of how preconceived notions about groups of people may affect your work.*”

Increases in competencies 15 and 17 are important because they meet the program goals of learning to work with the diverse backgrounds of immigrants and refugees.



IV. Course Evaluations

At the end of the course, participants were asked to complete an evaluation of the course in order to gauge whether they felt that the training benefitted them and their practice. Participants rated their satisfaction level with the course, using a scale of one to five (1, strongly disagree; 2, disagree; 3, neutral; 4, agree; 5, strongly agree). Evaluations for the course had high levels of satisfaction with average scores being between four and five for all 11 quantitative questions. Participants are also asked for their opinions on course improvements and what other types of courses they would like to see offered.

Twenty-nine of the sixty participants who completed the online course completed the course evaluation. Ninety-three percent (93%) of those who completed the evaluations agreed or strongly agreed that the courses' learning objectives were met. Further, when asked if the training expanded their knowledge and understanding of the topic area, 100% of respondents either agreed or strongly agreed. When asked if they believed that the training would help them apply practice skills within the topic area, 100% either agreed or strongly agreed. When asked if they believed that the training would help them in their work with older adults or people with disabilities, 100% either agreed or strongly agreed.

Qualitative participant feedback, as seen by comments in course evaluations, also supports program outcomes, stating:

- *"I think that Outreach workers, Patient Navigators and other providers that interact with elderly patients and specially with refugees will take this training as a mandatory. It's very important to understand the high risk for elderly people that may have depression and are isolated from their loves one. I meet a lot of people with this at my clinic, and now I feel like I have tools to support them and assess if they are in danger or close to complete suicide or if they are thinking about it. Great training!"*
(Patient Navigator, Worcester training)
- *"I am pleased that I took this course because being English speaking from Europe while also an immigrant who had difficulties adjusting, I had not considered the difficulties of people who are non-English speaking may have throughout their lives, particularly those who came seeking asylum. In fact I would truly like to study suicide prevention as taught in this course even further... I found the instructor and discussion live to be excellent as is the reading material and examples that we discussed..."*
(Private Geriatric Care Management Director, Lynn training)
- *"I found this course to be very helpful. It has allowed me to better understand working with diverse populations and use different techniques to possibly prevent suicide. It also allowed me to recognize warning signs."*
(Protective Service Worker, Fall River training)

V. Summary

Seventy individuals participated in this blended training program. Results from the pre-to-post competency tests showed statistically significant increases for all 19 competencies. Overall, these results indicate that the program significantly increased participants' knowledge in the topic fields of the course they completed. The respondents who completed course evaluations indicated that the course expanded their knowledge and understanding of the given topic area; the training would help them apply practice skills within the topic area; the training would help them in their work with older adults and people with disabilities; that they would recommend the course to a colleague; and that each course met the pre-determined learning objectives. Further, extremely high increases in the course competencies: *Recognize the risk factors associated with suicide in general and among older adult immigrants and refugees in particular* (102% increase), and *Know how to ask the questions that will clarify the person's intentions or actual plans and the intended means for taking his own life* (83% increase), reflect that program goals of bringing together the often separate worlds of mental health, aging, and immigrant and refugee programs, as well as training participants using a blended model of training were achieved.

APPENDIX A. List of Course CompetenciesKnowledge:

- 1) Understand suicide as a major public health concern.
- 2) Understand what population data tells us about suicide.
- 3) Understand the nature of suicide and the common causes of suicidal behavior.
- 4) Recognize the risk factors associated with suicide in general and among older adult immigrants and refugees in particular.
- 5) Understand how societal attitudes about age (ageism) affect quality of life for older adults.
- 6) Understand protective factors that can help reduce the likelihood of suicide.
- 7) Understand the special needs of older adult immigrants and refugees.
- 8) Understand that different cultures may have different values and priorities regarding life, health, and family interactions.
- 9) Know what suicide prevention resources and treatment centers are available in your community.

Skills:

- 10) Be able to establish relationships with older adults and people of different cultures.
- 11) Know how to ask the questions that will clarify the person's intentions or actual plans and the intended means for taking his own life.
- 12) Be able to identify when the person is in crisis by evaluating his or her behavior, her stated intentions, and her access to means.
- 13) Use the techniques of persuasive dialogue to encourage the person to accept help.
- 14) Assist the person to access help by making the appropriate referrals to mental health specialists, mental health clinics, or other resources in the community.

Values:

- 15) Understand how your own values and biases can affect your work with older people of diverse backgrounds.
- 16) Understand how your own feelings of fear and anxiety about talking about suicide can negatively affect your work.
- 17) Be aware of how preconceived notions about groups of people may affect your work.
- 18) Value and respect the traditions of different cultures.
- 19) Appreciate the need for cultural sensitivity when working with diverse populations.