

At-Risk for Faculty & Staff

A Longitudinal Study with 10,246 Faculty and Staff Members at 163 Institutions

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PRODUCT DESCRIPTION

At-Risk for Faculty & Staff is an online, interactive simulation where users learn about psychological distress, how it impacts students, and what they can do when they're concerned about a student. In the simulation, users engage in role-play conversations with three virtual students who are showing signs of distress. Users practice bringing up their concerns and what they've noticed, and make a referral to support services.

The simulation was developed by Kognito with input from mental health expert and over 100 faculty and students in the U.S. The simulation is listed in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) and in SPRC/AFSP Best Practices Registry. Introduced in 2010, the simulation has been utilized by over 400 schools in the U.S., Canada, UK, and Australia. A demo can be viewed at www.kognito.com.



Snapshot of Kognito's *At-Risk for Faculty & Staff*

SUMMARY OF STUDY RESULTS

The study included 10,246 faculty and staff members at 163 institutions across 33 states.

Key findings include:

1. Mental Health Skills

The study found a statistically significant increase ($p < 0.05$) in Total Mental Health Skills from pre-simulation to 3-month follow-up. Total Mental Health Skills included ability to: (1) identify when a student's behavior or appearance is a sign of psychological distress, (2) discuss concern with a student, (3) motivate a student to seek help, and (4) discuss a referral to mental health support services.

2. Behavior Change

Three months after completing the simulation, participants reported an increase of 47% in the number of students they approached to discuss concerns with and 42% in the number of students they discussed a referral to support services with ($p < 0.05$).

3. Speaking with Colleagues about At-Risk Students

Three months after completing the simulation, 60% of participants in the study reported an increase in the number of conversations they had with other faculty, staff, and administrators about students they were concerned about.

4. Satisfaction with Learning Experience

Ninety-seven percent rated the simulation as good, very good, or excellent. Ninety-eight percent said they would recommend it to their colleagues.

"I wish I had taken this earlier. I recommend it to all faculty and staff." - Faculty Member

SUBJECTS AND METHODS

The study was conducted between April 2014 and August 2018 with 10,246 faculty and staff at 163 institutions of higher education across 33 states. Sixty-one percent of participants were female, and 15% received prior training in mental health. Additional demographic information is shown in Fig. 1.

Participants first completed a pre-survey (baseline) and the simulation followed immediately by a post-simulation survey. Participants later completed a 3-month follow-up survey. All surveys were conducted online at a computer of the participant's choosing. Participants

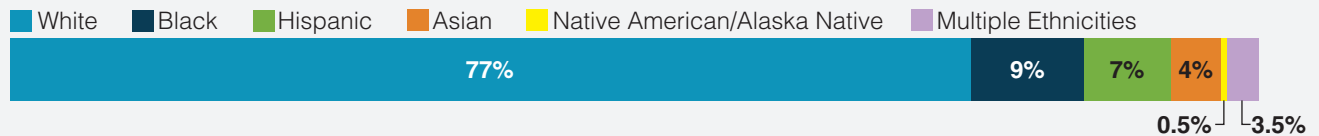
were faculty and staff in institutions that purchased the simulation from Kognito and chose to have Kognito embed the survey tools into the simulation to assess its effectiveness. Most participants (75.6%) learned about the simulation by email sent by the counseling center, provost, or department chair, and 16.3% heard about it from a colleague. All participants had the option to take the simulation and were not compensated. Study results were analyzed using a repeated measures analysis of variance to determine the change in dependent variables across all three measurement points or a repeated measures t-test for those with only two time points.

Fig. 1: DEMOGRAPHICS

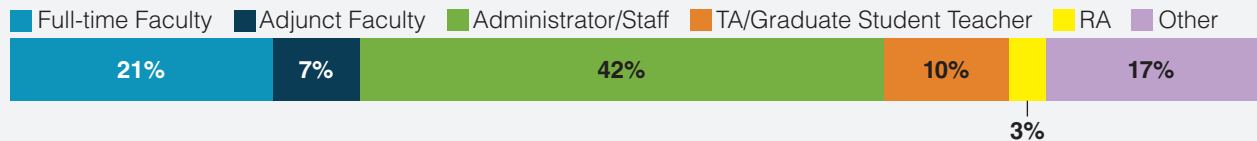
Age



Race/Ethnicity



Role



Years Working in Education



RESULTS

1. Total Mental Health Skills

The study found a statistically significant increase ($p < 0.05$) in Total Mental Health skills from pre- to post-simulation that remained significant at 3-month follow-up (Fig. 2). Total Mental Health Skills included four self-perceived preparedness measures, including ability to: (1) identify when a student's behavior or appearance is a sign of psychological distress, (2) discuss concern with a student, (3) motivate the student to seek help, and (4) discuss a referral to mental health support services. Participants reported their preparedness for each measure using a 4 point Likert scale from low (1) to very high (4).

2. Behavior Change and Referral Rates

The study found significant and sustainable behavior changes on two levels:

A. APPROACH AND REFERRAL RATES: Participants reported a significant increase ($p < 0.05$) at the 3-month follow-up point in terms of the number of students they were concerned about, approached, and referred to support services (Fig. 3). Specifically, there was an increase of 47% in the number of students approached by participants and 42% in the number of students that participants discussed a referral to support services with (Table 1).

B. SPEAKING WITH COLLEAGUES ABOUT AT-RISK STUDENTS: The study found that 60% of all participants and 66% of faculty reported an increase in the number of conversations they had with other faculty, staff, and administrators about students they were concerned about.

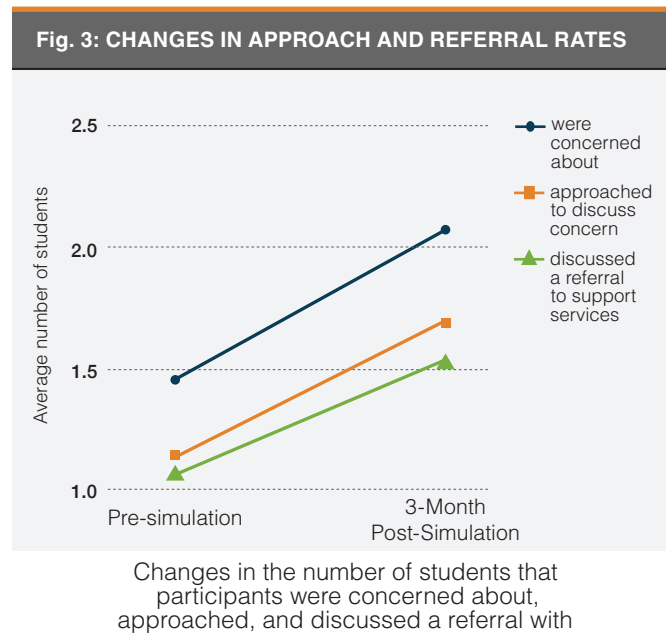
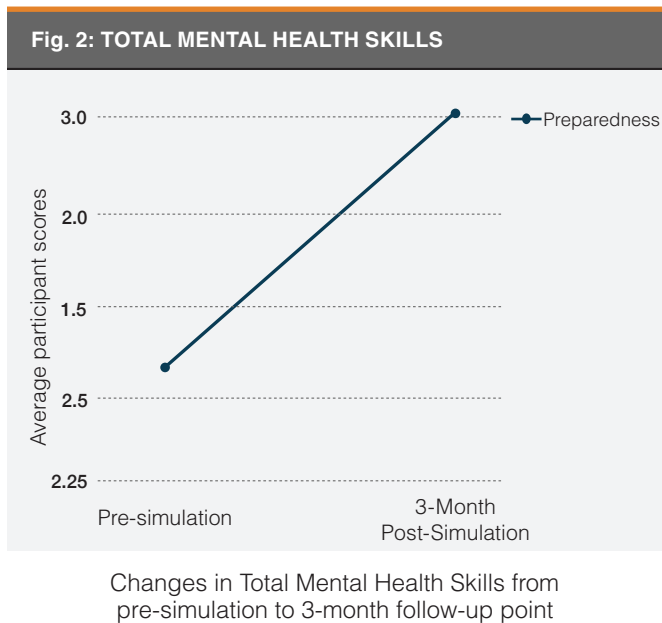


Table 1: CHANGES IN APPROACH AND REFERRAL RATES*

Average number of students that participants...	Pre-Simulation	3-Month Post-Simulation	Percent change
Were concerned about	1.46	2.08	42%
Approached to discuss concerns	1.15	1.69	47%
Discussed a referral to support services	1.07	1.52	42%

*Only answers by participants who completed the pre- and follow-up surveys at least two months into the academic year were included.

4. Satisfaction and Learning Experience

Participants highly ranked the simulation's learning experience and design. For example, 98% said they would recommend the simulation to their colleagues and 97% said it was based on scenarios relevant to their work with

students (Fig. 4). Lastly, 97% of participants said that all faculty, staff, and administrators in their school should take the course as well.

Fig. 4: PARTICIPANT RATINGS

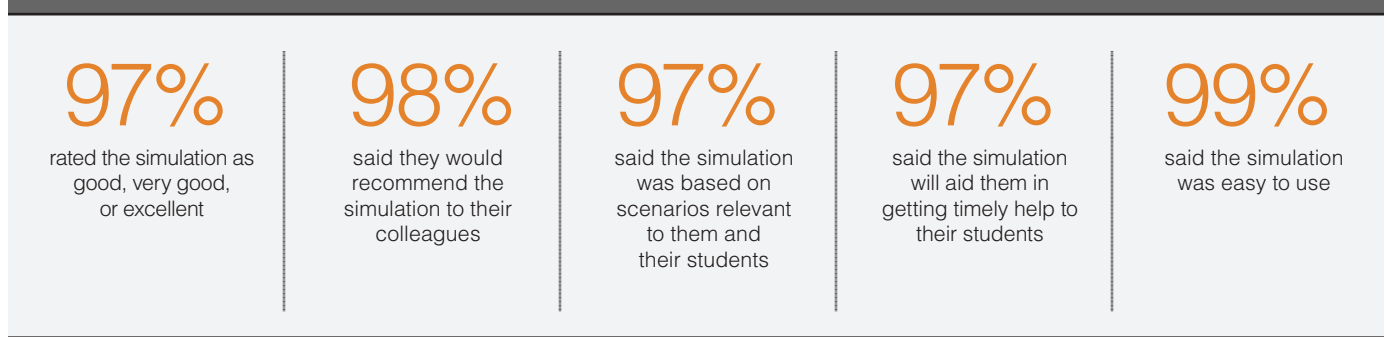
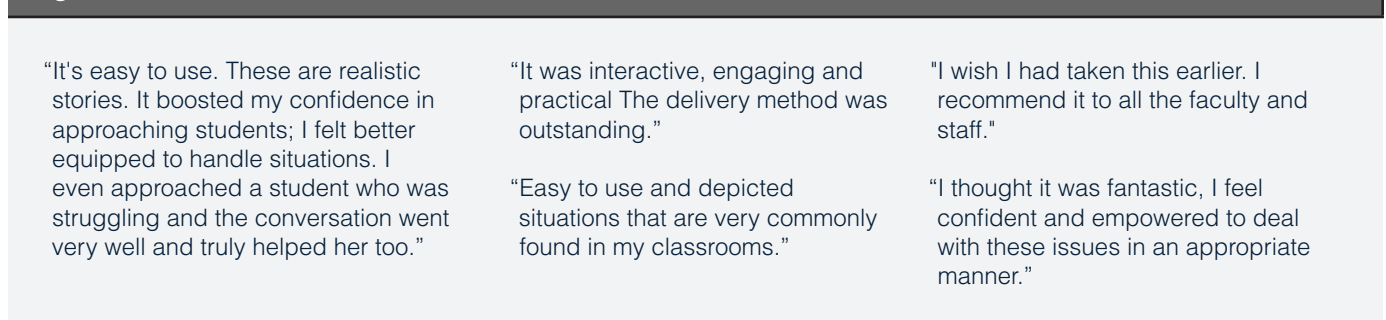


Fig. 5: PARTICIPANT FEEDBACK



Notes:

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