Kognito

ORIGINAL RESEARCH | 2018

# At-Risk for Middle School Educators

## A Longitudinal Study with 12,535 Educators in 34 States

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## PRODUCT DESCRIPTION

*At-Risk for Middle School Educators* is an online, interactive simulation for middle school educators that builds awareness, knowledge, and skills about mental health and suicide prevention. The simulation prepares users to lead real-life conversations with students to build resilience, strengthen relationships, and connect them with support. In the simulation, users enter into a virtual environment and engage in three role-play conversations with virtual students who exhibit signs of psychological distress including anxiety, depression, and suicidal ideation. To complete the simulation, learners must successfully identify and refer the three students to support services.

The simulation was developed by Kognito with input from mental health experts and over 150 middle school educators in the U.S. Introduced in 2014, the simulation has been accepted for listing in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) and is also included in the SPRC/AFSP Best Practices Registry. A demo can be viewed at www.kognito.com.

Snapshot of Kognito's *At-Risk for Middle School Educators*

## SUMMARY OF STUDY RESULTS

The study included 12,535 middle school educators in districts and schools across 34 states.

Key findings include:

1. **Mental Health Skills**
   The study found a statistically significant increase ($p<0.001$) in Total Mental Health Skills from pre-simulation to 3-month follow-up. Total Mental Health Skills included the ability to: (1) identify when a student's behavior or appearance is a sign of psychological distress, (2) discuss concern with a student and motivate them to seek help, and (3) make a referral to mental health support services.

2. **Behavior Change**
   Three months after completing the simulation, participants reported an increase of 66% in the number of students they approached to discuss concerns with and 30% in the number of students they referred to support services ($p<0.001$).

3. **Speaking with Colleagues About At-Risk Students**
   Three months after completing the simulation, 61% of participants reported an increase in the number of conversations they had with other adults in their school about students they were concerned about.

4. **Satisfaction with Learning Experience**
   Ninety-eight percent rated the simulation as good, very good, or excellent. Ninety-six percent said they would recommend it to their fellow colleagues.

***"Great training — cutting edge of helping us all become better at connecting with our students."***
- Teacher

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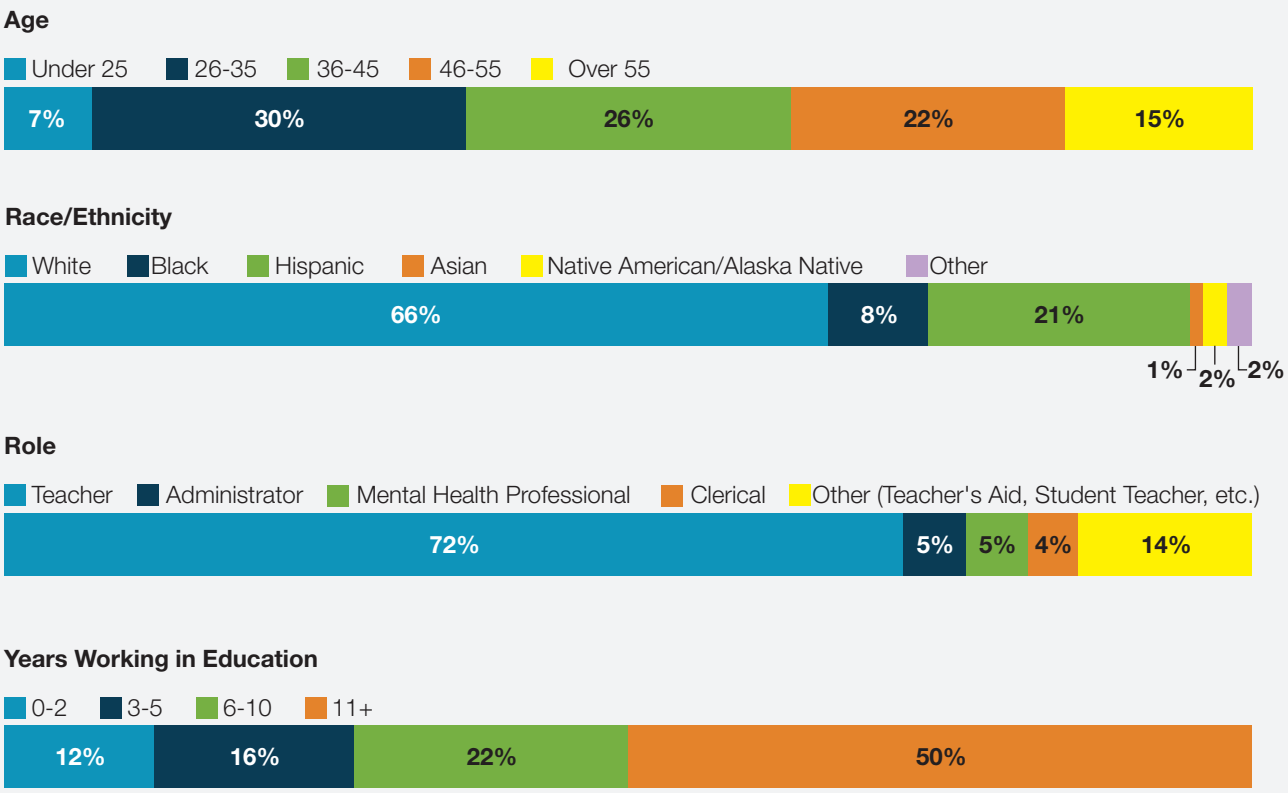
## SUBJECTS AND METHODS

The study was conducted between September 2014 and August 2018 with 12,535 middle school educators in districts and schools across 34 states. Seventy-nine percent of participants were female, 11% received prior training on mental health, and 78% reported interacting with students for 1 or more hours each day. Additional demographic information is shown in Fig. 1.

Participants first completed a pre-survey (baseline) and then the online 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 educators in institutions that purchased the simulation from Kognito and chose to have Kognito embed the survey tools into the training to assess its effectiveness. Fifty-two percent of participants learned about the simulation from a school administrator via an email, and 33% from a colleague. 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**

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## RESULTS

### *1. Total Mental Health Skills*

The study found a statistically significant increase ($p<0.001$) 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 three self-perceived preparedness measures that include ability to: (1) identify when a student's behavior is a sign of psychological distress, (2) identify when a student's appearance is a sign of psychological distress, and (3) make a referral to mental health support services. Participants reported their preparedness for each measure using a 5-point Likert scale from very low (1) to very high (5).

### *2. Self-Efficacy*

The study found a statistically significant increase ($p<0.001$) in Total Self-Efficacy score from pre- to post-training that remained significant at the three-month follow-up. Total Self-Efficacy included four measures of perceived confidence in one's ability to: (1) discuss concern with a student exhibiting signs of psychological distress, (2) recommend mental health support services, (3) know where to refer a student for mental health support, and (4) help a suicidal student seek help. Participants reported their confidence levels using a 5-point Likert scale ranging from strongly disagree to strongly agree.

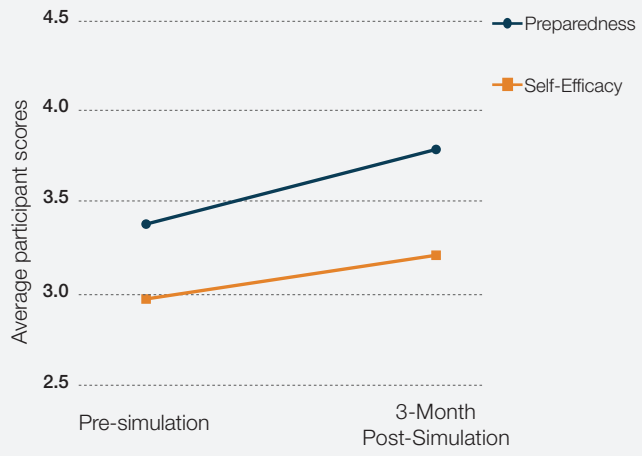
### *3. Behavior Change and Referral Rates*

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

A. APPROACH AND REFERRAL RATES: Study participants reported statistically significant increases ($p<0.001$) at 3-month follow-up in the number of students that they were concerned about, approached, and referred to support services (Fig. 3). Specifically, there was an increase of 66% in the number of students approached by participants and 30% in the number referred by participants to support services (Table 1).

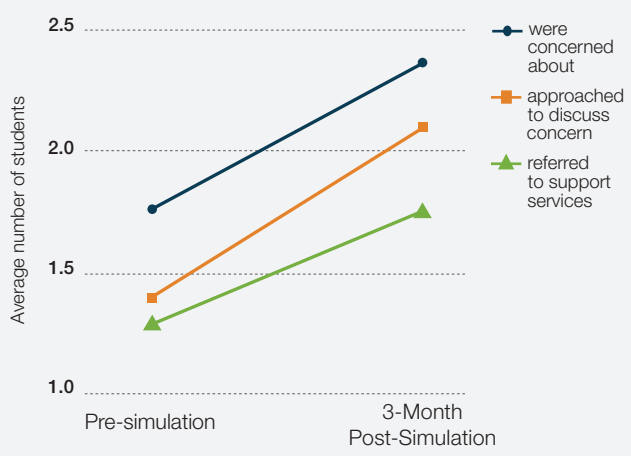
B. SPEAKING WITH COLLEAGUES ABOUT AT-RISK STUDENTS: The study found that 61% of participants reported an increase in the number of conversations they had with other school staff and educators about students they were concerned about.

**Fig. 2: TOTAL MENTAL HEALTH SKILLS**




Changes in Total Mental Health Skills from pre-simulation to 3-month follow-up point

**Fig. 3: CHANGES IN APPROACH AND REFERRAL RATES**




Changes in the number of students that participants were concerned about, approached, and referred

**Table 1: CHANGES IN APPROACH AND REFERRAL RATES**

| Average number of students that participants... | Baseline | 3-Month Post Simulation | Percent change |
|---|---|---|---|
| Were concerned about | 1.76 | 2.36 | 34% |
| Approached to discuss concerns | 1.42 | 2.1 | 66% |
| Referred to support services | 1.35 | 1.75 | 30% |

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### *4. Satisfaction and Learning Experience*

Participants highly ranked the simulation's learning experience and design. For example, 96% 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).

The study also found that before starting the simulation, 94% agreed that acting as a mental health gatekeeper is part of their role. This number increased to 97% in the 3-month follow up survey.

**Fig. 4: PARTICIPANT RATINGS**

| 98% | 96% | 97% | 99% | 96% |
|---|---|---|---|---|
| rated the simulation as good, very good, or excellent | said they would recommend the simulation to their colleagues | said the simulation was based on scenarios relevant to their work with students | said the simulation will aid them in getting timely help to their students | said the simulation was easy to use |

**Fig. 5: PARTICIPANT FEEDBACK**

"Easy to understand and to the point. Allowed me to take part, not just observe."

"It was a great training and should be enforced in all education levels."

"Great training — cutting edge of helping us all become better at connecting with our students."

"I wish I had made time to do this training sooner and hope all teachers will participate."

"I liked the interactive scenarios. Instead of just observing what should be said, there are various options and responses, then it informs."

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