New Technology to Improve Wellness in Indian Country

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Welcome

- Presentation will be recorded
- A copy of the recording will be sent after the presentation
- Attendees are in listen-only mode
- Please submit questions on the right side of your screen
- Connect with us!

@kognito
Agenda

• Introduction
• New Technology: What is a health simulation?
• Simulation Demonstration
• Research Findings
  -- Peer-reviewed study
  -- Pilot community implementation
• Simulations Available to Indian Country
• Potential Adaptations
• Q&A
Simulations for Health

- Conversations are powerful tools for improving social, emotional and physical health
- Online role-play engages learners, builds skill, results in sustained changes in behaviors
- Intelligent, emotionally-responsive virtual people enable users to practice in a realistic setting for real-life encounters
- Possible to adapt for cultural specificity, but generalized scenarios also have a demonstrated positive effect
Why Virtual Humans?

Engagement Benefits
- Adjust level of realism to target audience
- VH appearance, gender, voice, language
- Decrease in transference reactions

Instructional Benefits
- Safe to experiment
- Openness to feedback
- Situated learning
- Reduction in social evaluative threat when compared to videos or in workshop role-plays

Cost Benefits
- Easy to update ("virtual humans don’t age") resulting in lower cost of ownership and longer shelf life
Demonstration
Study Results

American Indian and Alaska Native Mental Health Research

Volume 23, Issue 2, 2016

“ONLINE ROLE-PLAY SIMULATIONS WITH EMOTIONALLY RESPONSIVE AVATARS FOR THE EARLY DETECTION OF NATIVE YOUTH PSYCHOLOGICAL DISTRESS, INCLUDING DEPRESSION AND SUICIDAL IDEATION”

Jami Bartgis, PhD, and Glenn Albright, PhD
Study Methods

983 AI/AN students and educators
86 matched pairs
  • Pre/post 3-month
    19 middle/high schools
    42 colleges
    19 states
  • Repeated Measures ANOVA

• At-Risk Modules
  University & College Faculty
  College Students
  High School Educators
  Middle School Educator
Methodology

1. Pre-Training Survey
   -- Gatekeeper Behavior Survey (GBS)
   -- Self-reported helping behaviors
2. Completed one of four simulations
3. Post Training Survey – GBS & means
efficacy and demographics
4. Three Month Follow-up Survey – GBS & helping behaviors
Gatekeeper Behavior Scale – 11 items

**Preparedness**
How prepared are you to:
1. Recognize when a student veteran’s behavior is a sign of psychological distress?
2. Recognize when a student veteran’s appearance is a sign of psychological distress?
3. Discuss with a student veteran your concern about signs of psychological distress they are exhibiting?
4. Motivate student veterans exhibiting signs of psychological distress to seek help?
5. Recommend mental health support services (such as the counseling center) to a student veteran exhibiting signs of psychological distress?

**Likelihood**
How likely are you to:
1. Discuss your concerns with a student veteran’s exhibiting signs of psychological distress?
2. Recommend mental health/support services (such as the counseling center) to a student veteran exhibiting signs of psychological distress?

**Self-Efficacy**
Please rate how much you agree/disagree with the following statements:
1. I feel confident in my ability to discuss my concern with a student veteran exhibiting signs of psychological distress
2. I feel confident in my ability to recommend mental health support services to a student veteran exhibiting signs of psychological distress
3. I feel confident that I know where to refer a student veteran for mental health support
4. I feel confident in my ability to assist a student veteran seeking help
# Demographics

## Demographic Information for Each KGS

<table>
<thead>
<tr>
<th>Gender</th>
<th>Faculty/Staff (N=41)</th>
<th>Students (N=19)</th>
<th>High School Educators (N=10)</th>
<th>Middle School Educators (N=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21.9%</td>
<td>15.8%</td>
<td>40.0%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Female</td>
<td>78.1%</td>
<td>84.2%</td>
<td>60.0%</td>
<td>81.3%</td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 and younger</td>
<td>11.1%</td>
<td>89.5%</td>
<td>0.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>26-35</td>
<td>11.1%</td>
<td>0.0%</td>
<td>55.6%</td>
<td>12.5%</td>
</tr>
<tr>
<td>36-45</td>
<td>22.2%</td>
<td>10.5%</td>
<td>11.1%</td>
<td>43.8%</td>
</tr>
<tr>
<td>46-55</td>
<td>33.3%</td>
<td>0.0%</td>
<td>33.3%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Older than 55</td>
<td>22.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Years of Working in Ed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 3</td>
<td>20.0%</td>
<td></td>
<td>37.0% Freshman</td>
<td></td>
</tr>
<tr>
<td>3-5</td>
<td>30.0%</td>
<td>10.5%</td>
<td>20.0%</td>
<td>18.8%</td>
</tr>
<tr>
<td>6-10</td>
<td>20.0%</td>
<td>31.6% Junior</td>
<td>30.0%</td>
<td>31.2%</td>
</tr>
<tr>
<td>&gt; 11</td>
<td>30.0%</td>
<td>15.8% Senior; 5.2% Student</td>
<td>10.0%</td>
<td>37.5%</td>
</tr>
</tbody>
</table>
## Means Efficacy

<table>
<thead>
<tr>
<th>Please indicate to what extent you think that the course is:</th>
<th>To a Very Great Extent</th>
<th>To a Great Extent</th>
<th>To Some Extent</th>
<th>To a Little Extent</th>
<th>Not at All/To a Very Little Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A useful tool</td>
<td>29.8%</td>
<td>48.8%</td>
<td>20.2%</td>
<td>1.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Well constructed</td>
<td>31.3%</td>
<td>59.0%</td>
<td>9.6%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Easy to Use</td>
<td>47.1%</td>
<td>43.5%</td>
<td>5.9%</td>
<td>2.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Likely to help you with students in psychological distress</td>
<td>36.0%</td>
<td>46.7%</td>
<td>16.0%</td>
<td>1.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Based on scenarios that are relevant to you and your students</td>
<td>38.5%</td>
<td>36.9%</td>
<td>20.0%</td>
<td>4.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Aid you in getting timely help to your students</td>
<td>28.6%</td>
<td>41.7%</td>
<td>27.4%</td>
<td>2.4%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Significant Findings

- Increase preparedness to help student in distress
- Increase in participants' likelihood to help
- Increase in self-efficacy to intervene
Advantages & Limitations

Advantages:

• No risk, private, encourages exploration.
• Addresses role-play social evaluative threat or embarrassment
• Sustainable
• Customized resource page
• Cost effective
• Reach geographically dispersed populations
• High fidelity – not dependent on skill and experience of trainer
• Mobile applications
• Institutional advantages

Limitations:

• Quasi experimental design
• Self-reported behavior
• Selection bias
• Sample size
• Cultural adaptations
Community Implementation Pilot
Kognito’s At-Risk for High School Educators
Health Simulations for Indian Country

- What’s available for free?
- What’s available as subscription?
- What is possible for the future?
Simulations Available Free in Indian Country

- **Calm Parents, Healthy Kids** (Robert Wood Johnson) – Managing challenging behavior in 2-5 year old/Parenting skills
- **Talk, They Hear You** (SAMHSA) – Underage drinking/Parenting skills
- **ChangeTalk** – (AAP) Childhood Obesity/Clinical skills
- **HeadStart** – Family engagement/Educator skills
- **At-Risk for High School Educators** – Mental health and suicide prevention
  Enrollment Key: ofateacher
- **Friend2Friend** – Mental health and suicide prevention – High School Students
  Enrollment Key: ofastudent
Simulations Available as Subscription

- K12 Educators – elementary, middle, LGBTQ, military
- Higher Education – students and faculty/staff
- Veterans – families and peers
- SBIRT – adolescents and adults
- Primary Care and Emergency Departments – mental health/suicide prevention/substance use

Full portfolio: [www.kognito.com/products](http://www.kognito.com/products)
Simulations Can Be Tailored

- Possible to adapt characters, scenarios, settings
- New topics include sexual assault/ipv, opioid use
- Adaptations take about 6 months to complete
- Kognito brings the technology platform and learning methodology expertise
- Partners bring content knowledge/subject matter expertise/end user input and feedback

View our full list of product offerings here: https://www.kognito.com/products/
Q&A and Contact Information

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