



New Technology to Improve Wellness in Indian Country

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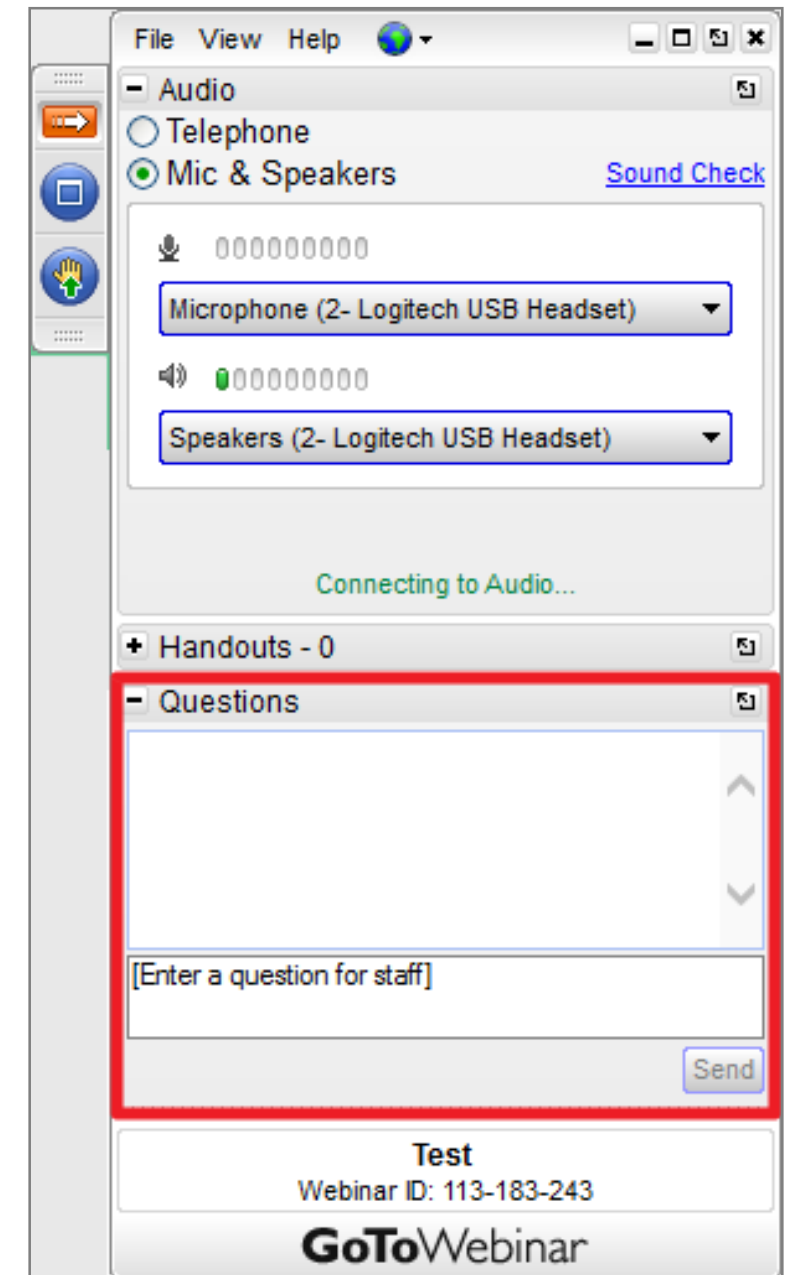
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A W E B I N A R P R E S E N T A T I O N

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 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

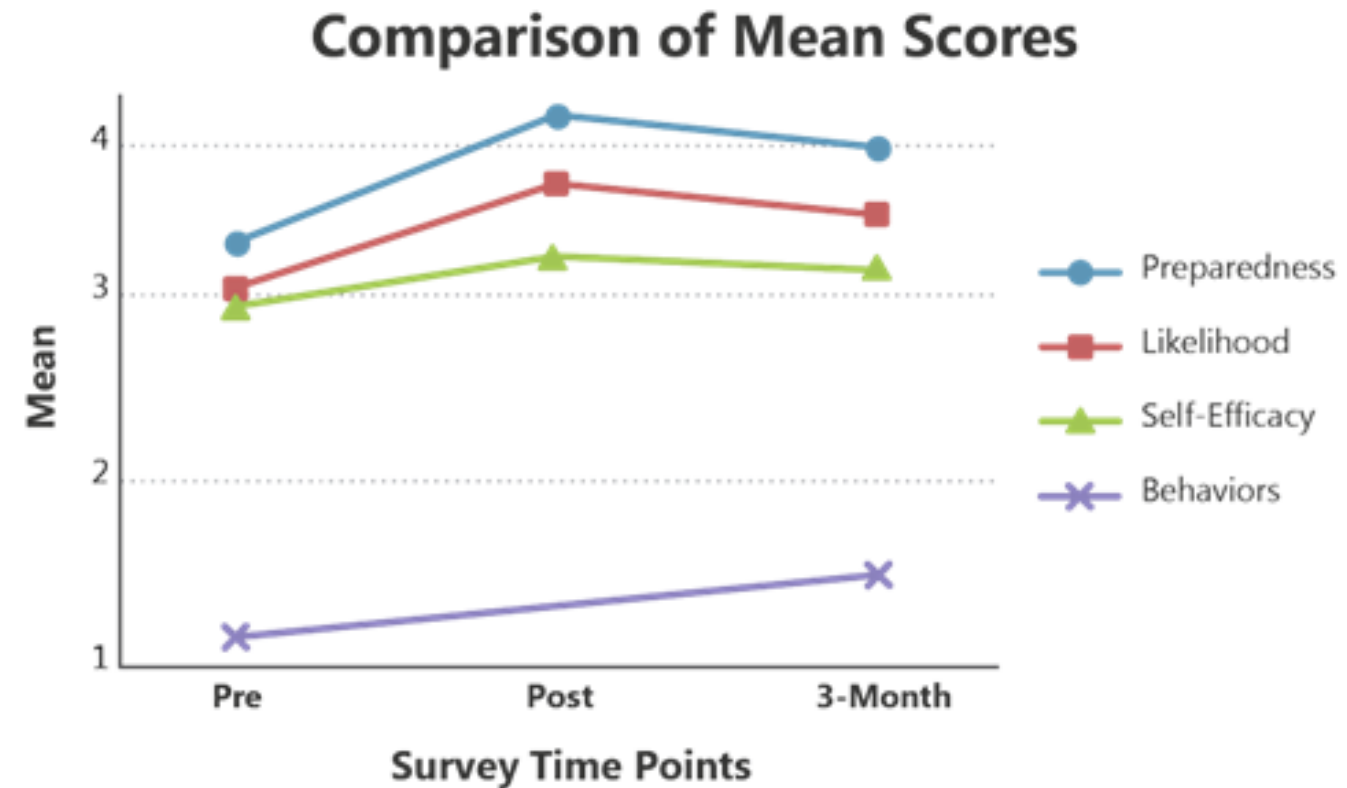
	Faculty/Staff (N=41)	Students (N=19)	High School Educators (N=10)	Middle School Educators (N=16)
<u>Gender</u>				
Male	21.9%	15.8%	40.0%	18.7%
Female	78.1%	84.2%	60.0%	81.3%
<u>Age (in years)</u>				
25 and younger	11.1%	89.5%	0.0%	6.2%
26-35	11.1%	0.0%	55.6%	12.5%
36-45	22.2%	10.5%	11.1%	43.8%
46-55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

Means Efficacy

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

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

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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