

At-Risk for Elementary School Educators

A Longitudinal Study with 18,896 Educators in 10 States

Glenn Albright, PhD,^{1,2} Jennifer Spiegler, BA²

PRODUCT DESCRIPTION

At-Risk for Elementary School Educators is an online, interactive simulation that builds awareness, knowledge, and skills about mental health, and prepares users to lead real-life conversations with students, parents, and caregivers about their concerns and available support. In the simulation, users enter a virtual environment and engage in two role-play conversations. The first is with a virtual student who exhibits signs of psychological distress and the second is with a mother of a fifth-grade student who has become increasingly disruptive and aggressive in class.

The simulation was developed by Kognito with input from nationally recognized mental health experts and over 50 educators in the U.S. Introduced in 2015, the simulation has been accepted for listing in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). A demo can be viewed at www.kognito.com.



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

SUMMARY OF STUDY RESULTS

The study included 18,896 elementary school teachers and personnel in 15 school districts across 10 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) recognize when a student is showing signs of psychological distress, (2) have a discussion with a student, (3) discuss with and motivate a parent whose child is exhibiting signs of psychological distress to seek help, and (4) help inform parents about the mental health support services available to their child.

2. Student Approach Rate

Three months after completing the simulation, participants reported an increase of 36% in the number of students they were concerned about and 16% increase in the number of students they approached ($p < 0.001$).

3. Parent/Caregiver Approach Rates

Three months after completing the simulation, participants reported an increase of 70% in the number of conversations they had with parents/caregivers regarding concern about their child's psychological distress ($p < 0.001$).

4. Satisfaction with Learning Experience

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

“The virtual scenarios were realistic and the teacher dialog with the parent and student was natural sounding and presented as if I were talking.”

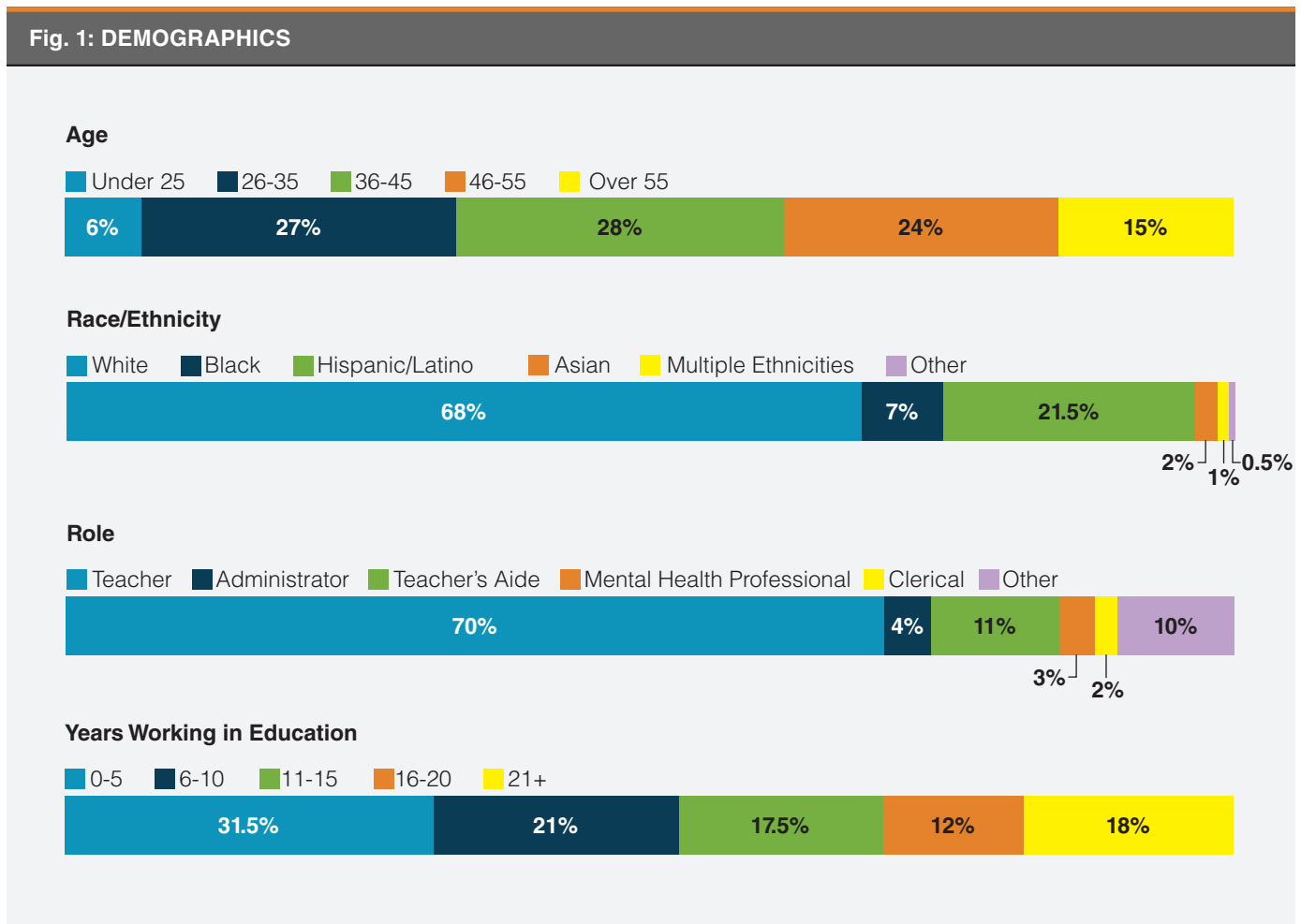
- Teacher

SUBJECTS AND METHODS

The study was conducted between May 2015 and July 2018 with 18,896 elementary school teachers and personnel in over 15 school districts across 10 states. Ninety-two percent of participants were female, and 7.5% received prior mental health training. Ninety-seven percent were required to complete the simulation as a part of their school district requirements. 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 simulation to assess its effectiveness. Participants had the option to take the simulation and were not compensated; some participants were required by their school administration to complete the simulation. 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.



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 four self-perceived preparedness measures that include ability to: (1) recognize when a student is showing signs of psychological distress, (2) have a discussion with a student to gather more information about the signs of psychological distress they are exhibiting, (3) discuss with and motivate a parent whose child is exhibiting signs of psychological distress to seek help, (4) help parents be informed about mental health support services available to their child. Participants reported their preparedness for each measure using a five-point Likert scale from very low (1) to very high (5).

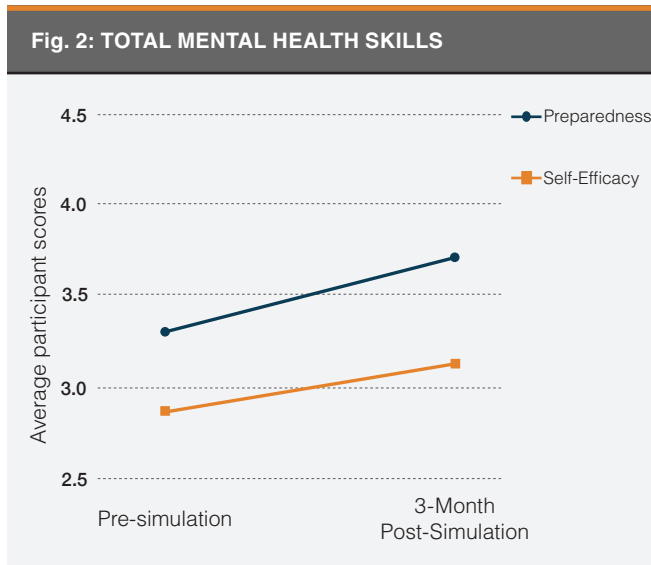
2. Behavior Change and Referral Rates

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

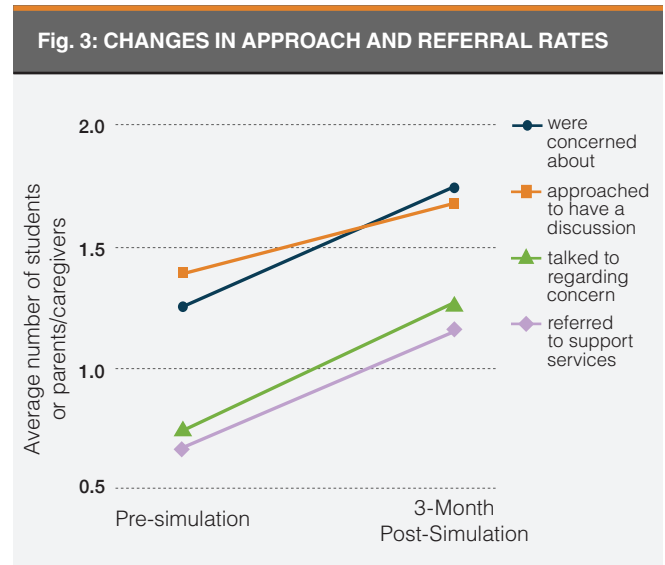
A. STUDENT APPROACH RATES: Study participants reported statistically significant increases ($p < 0.001$) at 3-month follow-up in terms of the number of students they were concerned about and approached to gather more information about the signs of psychological distress they were exhibiting (Fig. 3). Specifically, there was an increase of 36% in the number of students that participants were concerned about and 16% increase in the number of students they approached.

B. PARENT/CAREGIVER APPROACH RATES: Study participants reported statistically significant increases ($p < 0.001$) at 3-month follow-up in terms of the number of parents and caregivers that they talked to regarding concern about the signs of psychological distress their child was exhibiting and available support services. (Table 2). Specifically, there was an increase of 70% in the number of conversations they had with parents and caregivers about these topics.

C. SPEAKING WITH COLLEAGUES ABOUT AT-RISK STUDENTS: The study found that 56% of participants reported an increase in the number of conversations they had with other adults in their school about students they were concerned about.



Changes in total mental health skills from pre-simulation to 3-month follow-up point



Changes in the number of students and parents/caregivers that participants approached

Average number of students that participants...	Pre-simulation	3-Month Post-Simulation	Percent change
Were concerned about due to the signs of psychological distress they are exhibiting	1.25	1.70	36%
Approached to have a discussion to gather more information about the signs of psychological distress they are exhibiting	1.40	1.63	16%

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

Table 1: CHANGES IN PARENT/CAREGIVER APPROACH RATES*

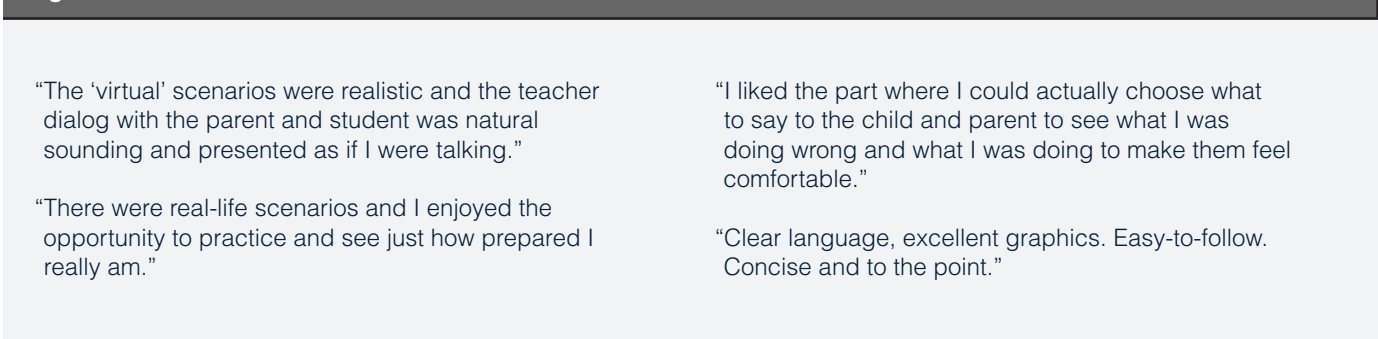
Average number of parents/caregivers that participants...	Pre-simulation	3-Month Post-Simulation	Percent change
Talked to regarding concern about the signs of psychological distress their child is showing to motivate them to connect their child with mental health support services	0.74	1.26	70%
Helped inform about mental health support services available to a child who is exhibiting signs of psychological distress	0.67	1.15	72%

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

3. Satisfaction and Learning Experience

Participants highly ranked the simulation’s learning experience and design. For example, 94% said they would recommend the simulation to their colleagues and 94% said it was based on scenarios relevant to their work with students and the conversations they have with parents/ caregivers (Fig. 4 and Fig. 5).

The study also found that after taking the simulation, 94% of participants 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**Fig. 5: PARTICIPANT FEEDBACK**

Notes:

¹ Department of Psychology, Baruch College, New York, New York

² Kognito, New York, New York

Correspondence to:
Glenn Albright, Ph.D.

Kognito
(212) 675-9234 / info@kognito.com