



# CURRICULUM EVALUATION

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## **A Promise for Tomorrow – Life**

*A youth suicide prevention curriculum unit.*



*Comprehensive Evaluation of  
“A Promise for Tomorrow”*

*The Jason Foundation, Inc.*

*April 2007  
(Updated November 2010)*

# **Rationale for the Comprehensive Evaluation of “A Promise for Tomorrow” A youth curriculum unit for the awareness and prevention of youth suicide.**

The Jason Foundation, Inc. strives to provide the best possible resource material to educators and youth to empower them to fight the terrible “Silent Epidemic” of youth suicide. With that end in mind, The Jason Foundation (JFI) submitted the youth curriculum program and staff development CD ROM for critical evaluation by a highly qualified curriculum and instruction professional and three experts in the field of child and adolescent psychiatry. This two-pronged evaluation for the JFI programs was necessary to determine the use of best practices in instruction and the validity and integrity of clinical information presented.

Noted in this report are several recommendations regarding data driven evidence gleaned from program instructors and student responses. These recommendations have been addressed since the initial evaluation. The third portion of this report includes evidence based data and analysis of students performance. This final section addresses the suggestions made in the instructional evaluation portion of this report. In addition, individual teacher evaluation surveys are used to make program improvement. These are kept for reference for updating the program.

Many mental health professionals as well as The Jason Foundation staff believe that there is no proven way to measure whether a single educational program, in itself, is the sole source that prevented a suicide or suicide attempt. Other factors, such as teachers, parents and other youth workers that may have been trained to recognize problems and intervene, could influence a young person’s decision not to attempt suicide. An increase in knowledge about how to identify and assist at risk youth gives the opportunity to provide the necessary help that could ultimately save a life. The effectiveness of an education prevention program can only be measured by the increase in learning that has occurred and cannot be based on some action of inaction that took place outside the realm of instruction. We believe that knowledge equals prevention. As people become more equipped with the information needed to identify at risk youth, the possibility of saving lives is increased.

A comprehensive evaluation of an educational program includes a review of the material for best pedagogical practices, evaluation of learner outcomes and accuracy of material presented. The following document is an evidence-based evaluation of the JFI youth program which includes the Staff Awareness module. There are models of instruction that have been proven to provide the best possible way to increase knowledge and build success in learning. JFI believes that our instructional model is sound and this evaluation validates that belief. It is imperative that the material presented be accurate and causes no harm. We believe that the two areas that are evaluated will indicate the program’s success in meeting the outcomes of increased knowledge and the ability to access ways to help at-risk youth. Evaluating the program for clinical

soundness and appropriate instructional practice, offers the most comprehensive review of the program's effectiveness.

In the last seven years the program, "A Promise for Tomorrow", has been presented to over eight hundred thousand documented participants in thousands of schools and organizations and to untold numbers not reported to us. All of this instruction has been without one single negative incident or response reported. In addition to this spotless record of actual field exposure, we wanted a thorough clinical review as to the program's soundness utilizing the updated methods and information in conveying our message of help and hope. We want to build awareness but also give participants the correct tools and resources to identify and assist at-risk youth. Young people, themselves, can play a pivotal role in youth suicide prevention if we can provide them with sound clinical information, resources necessary to help identify possible at-risk behavior and support them in creating a plan of action to assist such a friend.

The following report is the culmination of months of study by a team of exemplary professionals in their respective fields. We are grateful for the time and expertises involved in this endeavor and are pleased to share this evaluation with you.

# **A Promise for Tomorrow – LIFE**

A youth suicide prevention curriculum unit  
The Jason Foundation, Inc.

## **Clinical Evaluation for Safety and Accuracy of Presentation**

**Dr. George Bolian**  
**Professor of Psychiatry**  
**Medical Director of the Vanderbilt Psychiatric Hospital**

**Dr. Catherine Fuchs**  
**Associate Professor of Psychiatry**  
**Vanderbilt Psychiatric Hospital**

**Dr. Munjal Shroff**  
**Child & Adolescent Psychiatry Fellow**  
**Vanderbilt Psychiatric Hospital**

**December 1, 2006**

# **Clinical Evaluation of “A Promise for Tomorrow”**

## **The Jason Foundation, Inc. Youth Suicide Prevention**

### **Introduction**

It is our belief that awareness and education engender prevention. The understanding of facts, concepts and processes are the components of education that empower a student to make healthy choices. It is important that young people have the information necessary to make positive life choices for themselves and others. Education is the building block to foster positive choices; it can also prevent unhealthy choices. The Jason Foundation believes that when students are equipped with the information, tools and resources to help identify at-risk youth, students, themselves, become better able to make positive decisions for their collective future.

### **Purpose of Evaluation**

This evaluation focuses on the accuracy and appropriateness of the information presented and whether it can be safely used by students and teachers.

### **Evaluation Statement**

#### **Youth Curriculum Unit:**

The Jason Foundation’s educational youth curriculum unit entitled, “A Promise for Tomorrow”, is a factually-accurate, clinically-safe, and innovative way to raise awareness of teen suicide. It also provides practical tools and resources to identify and assist at-risk youth.

The program’s thorough description of some common signs and symptoms that may pre-date a youth suicide or suicide attempt will hopefully help to decrease the prevalence of this tragedy amongst our school-aged youth. The clear, uncomplicated, and effective, material allows for the program to be used by the entire gamut of teachers across the country. The vignettes include both young men and young women, which allows for members of both sexes to relate to the film. Despite the relative lack of diversity in the student discussion video, adolescent depression has no singular demographic and can be relevant to all young people, regardless of ethnicity or socio-economic status.

We believe the student curriculum unit is a safe “no harm” program; it will raise awareness and provide practical ways for at-risk youth to get help.

## Teacher Training Module

The Jason Foundation's education supporting materials, including the teacher-training module, are excellent tools to increase the awareness of suicidality in youngsters. The information presented gives teachers the background references needed to address any questions or concerns that may arise during instruction. It also provides them with information about the possible identification of at-risk youth. There are many strengths within the program. Overall, the educational materials are thorough, accurate and clearly well-intentioned.

The integrity and safety of the program are demonstrated by the following details:

1. The goals are clearly stated, which helps allay the anxiety of the audience.
2. The teacher-training module uses professional opinions, which lend added credence to the message.
3. The program contains accurate data, which highlights the magnitude of suicidality amongst our youth.
4. There is a clear portrayal of behavioral changes associated with suicidality.
5. The teacher module contains a clear explanation and portrayal of the risk factors associated with suicidality.

## Recommendations

Even though the overall presentation is thorough and accurate, there is always room for some improvement. Considering the importance of the Foundation's message, there are several opportunities which exist for augmentation and amelioration.

1. While the vignettes of the two adolescents in the film are well made, they represent the extremes of parenting styles and familial stress, which may, or may not be, present when adolescents contemplate suicide. The addition of a vignette, which shows a less emotive and aggressive family and a more "normal" home milieu would send an additional, important message: there is no prototypical family environment which engenders adolescent suicidal ideation; it can happen in "normal" families as well.
2. While the material does an excellent job of highlighting behavioral changes associated with depression, it is important to highlight adolescent anxiety as well. Anxiety, especially in response to a new stressor, coupled with an underlying depression, often precipitates suicidal ideation and behavior in adolescents. Therefore, vignettes which portray a depressed adolescent who is overwhelmed because of anxiety may help to strengthen the message.
3. Lastly, the Foundation's most effective ambassadors are adolescents themselves. Encouraging young people to play a more active role in education is vital for the future. For example, including ideas in the curriculum kit itself about how a high-school student

could work with the Jason Foundation to promote awareness at his or her school, would allow the Foundation's message to be spread at the "grass-roots level".

In summary, the program, "A Promise for Tomorrow" is a sound and safe approach to help adolescents become more aware of teen suicide. It also gives young people and teachers' tools to help identify friends who may need help. The message that one must get a responsible adult involved is critical to providing the necessary help for young people who have lost hope.

The hope is that by educating students and teachers to identify and help at-risk youth, we can begin to prevent teen suicide, and thereby reduce the suffering and pain it leaves behind.

This program will serve The Jason Foundation mission well and is a poignant tribute to Jason C. Flatt.

The evaluation was written and submitted in collaboration between:

Dr. Munjal Shroff  
Signature



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Dr. Catherine Fuchs  
Signature



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Dr. George Bolian  
Signature



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Date: 12-7-06



# *CURRICULUM VITAE*

**George Clement Bolian, M.D.**  
Vanderbilt University Medical Center

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## **Education:**

UNDERGRADUATE:                      University of Chicago (September, 1948 – June, 1950)  
B.A. (1950), Liberal Arts

Harvard University (September, 1950 – June, 1952)  
B.A. cum laude (1952), History and Literature

Tulane University (June, 1952 – August, 1953)  
Pre-Med

GRADUATE:                              Tulane University School of Medicine (September, 1953 –  
June, 1957)  
M.D. (1957)

POST-GRADUATE:                      Nassau County Medical Center  
Hempstead, New York (July, 1957 – June, 1958)  
General rotating internship  
University of Cincinnati (July, 1958 – June, 1962)  
Residency in General Psychiatry (July, 1958 – June, 1960)  
Fellowship in Child Psychiatry (July, 1960 – June, 1962)

SPECIAL PROGRAM:                      University of Hawaii College of Business Administration  
(September, 1983 – May, 1984)  
Certificate, Hawaii Management Program (May, 1984)

## **Professional Credentials:**

### MEDICAL LICENSURE:

California, Hawaii, Louisiana, Ohio, Tennessee, Washington

### CERTIFICATION:

American Board of Psychiatry and Neurology  
Specialty: Diplomate in Psychiatry (April, 1964)  
Sub-specialty: Diplomate in Child Psychiatry (September, 1968)

### MEMBERSHIPS:

American Academy of Child Psychiatry (Fellow)  
American Medical Association  
American Orthopsychiatric Association (Life Fellow)

American Psychiatric Association (Distinguished Life Fellow)  
Hawaii Council of Child Psychiatry  
Hawaii Medical Association (Past Commissioner)  
Hawaii Psychiatric Society (Past President)  
Honolulu County Medical Society  
Middle Tennessee Chapter, Tennessee Psychiatric Association  
Society of Professors of Child and Adolescent Psychiatry

#### ACADEMIC APPOINTMENTS:

Instructor/Assistant Professor, Departments of Psychiatry and Pediatrics, University of Washington School of Medicine, Seattle, Washington (August, 1965 – June, 1970)

Associate Professor, Department of Psychiatry, University of Hawaii John A. Burns School of Medicine (July, 1970 – June, 1986)

Associate Professor, Department of Psychiatry, Vanderbilt University (1987 – 2004)  
Professor, Department of Psychiatry, Vanderbilt University (2005- )

#### **Professional Activities at Vanderbilt University:**

Vice-Chairman, Department of Psychiatry, Vanderbilt University (1988 – 2002)

Chairman, Academic Programs Committee, School of Medicine, Vanderbilt University (1993 – 2006)

Director of Residency Training, Department of Psychiatry, Vanderbilt University (1988 – 1993)

Medical Director, In-patient Psychiatry Service, Vanderbilt University Hospital (1990 – 1992)

Supervisor, Emergency Psychiatry Service, Vanderbilt University (1988 – 1993)

Acting Division Director, Division of Child and Adolescent Psychiatry, Vanderbilt University (1987 – 1989)

Chairman, Departmental Practice Committee, Department of Psychiatry, Vanderbilt University (1990 – 1995)

Member, Quality Assurance Committee, Vanderbilt University Hospital (1988 – 1994)

Member, Ambulatory Services Committee, Vanderbilt University Hospital (1988 – 1993)

Member, Admissions Committee, Vanderbilt University School of Medicine (1991 – 1995)

Member, Standing Policy on Post-Graduate Education, Vanderbilt University School of Medicine (1990 – 1993)

Chairman, Standing Policy on Post-Graduate Education, Vanderbilt University School of Medicine (1992 – 1993)

Member, Dean's Advisory Council, Vanderbilt University School of Medicine (1992 – 1993)

Member, Standing Policy Committee: Goals and Governance, Vanderbilt University School of Medicine (1993 – 1996)

Member, Ethics Committee, Vanderbilt University Medical Center (1991 – 1994)

#### Vanderbilt Medical Group

Member, Board of Directors (1995 – 2005)

Member, Patient Care Center Council (1997 – 2001)

Member, Budget and Finance Committee (1996 – 2002)

Member, Contracting Committee (1996 – 2001)

Chair, Behavioral Health Patient Care Center Clinical Services Governance Council (1997 – 2005)

Chair, Behavioral Health Hospital-Based Clinical Service Committee (2001 – 2005)

Chair, Behavioral Health Office-Based Clinical Service Committee (2001 – 2005)

Member, Education Steering Committee, Vanderbilt-Meharry Alliance (1998 – 2005)

#### The Psychiatric Hospital at Vanderbilt

Medical Director, (1999 –)

Chair, Medical Board (1999 – 2001)

Chair, Credentials Committee (1999 – 2001)

Co-Chair, Quality Management Committee (1999 – 2001)

Member, Utilization Management and Health Information Committee (1999 – 2001)

Member, Safety and Infection Control Committee (1999 – 2001)

Member, Pharmacy and Therapeutics Committee (1999 – 2001)

Member, Medical Ethics Committee (1999 – 2001)

Director, Division of Child and Adolescent Psychiatry, Vanderbilt University (2000 –)

Interim Chairman, Department of Psychiatry, Vanderbilt University (2002 – 2005)

Member, VUMC Clinical Enterprise Group (2003 – 2005)

Member, Dean's Executive Council (2003 –)

Director, Division for Community Psychiatry, Vanderbilt University (2005)

Vice-Chair for Clinical Services, Department of Psychiatry (2006 –)

Chairman, Undergraduate Medical Education Executive Committee (2006 –)

Deputy Chairman, VUMC Medical Center Medical Board (2006 –)

Chairman, Administrative Affairs Committee of VUMC Medical Board (2005 –)

## **Publications:**

Bolian, G.C.: Diagnosis and Treatment: Psychosocial Aspects of Well Child Care. Pediatrics 39:280 – 286, 1967.

Bolian, G.C.: The Child Psychiatrist and the Mental Retardation “Team”: A Problem of Role Definition. Arch. General Psychiatry 18: 360-66, 1968.

Bolian, G.C.: Wanted: Identity for a Community Psychiatrist. Mental Hygiene. 52:431 – 438, 1968.

Bolian, G.C.: Psychiatric Consultation Within a Community of Sick Children: Lessons from a Children’s Hospital. J. American Academy of Child Psychiatry 10: 293 – 307, 1971.

Bolman, W. and Bolian, G.C.: Crisis Intervention as Primary or Secondary Prevention (Chapter in Basic Handbook of Child Psychiatry) Vol. 4: 225 – 254, 1979.

Markoff, R.A., Kinzie, J.D., Botticelli, M.G., and Bolian, G.C.: A Simplified Guide to the Rational Use of Psychotropic Drugs. Hawaii Medical Journal 33: 201 – 206, 1974.

Schwied, E.I., Bolian, G.C., Coble, D., and Kaplan, N.M.: Varying Pre-Interview Settings in Child Therapy: Does the Waiting Room Count? Proceedings of the American Psychological Association (80<sup>th</sup> Annual Convention): 349 – 350, 1972.

Gotterer, G.S., Bolian, G.C., German, D.C.: Vanderbilt University School of Medicine (An Update Report). Academic Medicine (Supplement) 75: S 357 – S 359, 2000.

Bolian, G.C. and Prakash, R.: Emergency Psychiatry (Book Chapter). Current Diagnosis and Treatment in Psychiatry: 155-162, 2000.

**D. Catherine Fuchs, MD**  
Associate Professor, Vanderbilt University

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She has been on the faculty since 1998 when she became Training Director for Child and Adolescent Psychiatry. In 2001, she became Training Director for the Adult Psychiatry program as well while continuing to do clinical work with children and adolescents. Currently, she is Vice Chair for Education for the Department and continues in the role of Training Director for both adult and child psychiatry. She is active in teaching at Vanderbilt Medical School.

**Education:**

Vanderbilt University, MD  
Vanderbilt University, BA, Molecular Biology

**Postgraduate Education:**

Vanderbilt University, Psychiatry  
Vanderbilt University, Fellowship in Child and Adolescent Psychiatry

**Area of Clinical Expertise:**

Adolescent mood disorders  
Post traumatic stress disorders  
Eating disorders

**Research Interests:**

Not a researcher

**Publications:**

Cooper, WO, Arbogast, PG, Ding, H, Hickson, GB, Fuchs, DC, Ray, WA. Trends in prescribing of antipsychotic medications for US children. *Ambul Pediatr*, 6(2), 79-83, 2005.

Cooper, WO, Hickson, G.B., Fuchs, D.C., Arbogast, P.G., Ray, W. A.: New Users of Antipsychotic Medications Among Children Enrolled in TennCare. *Archives of Pediatric & Adolescent Medicine*, 158, 153-159, 2004.

Fuchs, D.C., Clozapine treatment of bipolar disorder in a young adolescent. *J Am Acad Child Adolesc Psychiatry*, 33(9), 1299-302, 1994.

van Eys-Fuch, D.C. In van Eys, J., Copeland, D.R., and Davidson, E.R. (Eds.), *Teaching More Than Medicine. Cognitive and Emotional Development and the Child's Response to Illness.* Houston: The University of Texas M.D. Anderson Cancer Center,,1992.

Seaver, S.S., van Eys-Fuchs, D.C., Hoffmann, J.F. Ovalbumin mRNA Induction. *BioChemistry*, 19, 1210-1416, 1980.

**Munjal G Shroff, DO**  
Vanderbilt University Medical Center

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**Objective:** To practice child and adolescent Psychiatry, diagnosing and treating mental illness

**Education:**

Nova Southeastern University *June 1998 – June 2002*  
College of Osteopathic Medicine  
Davie, Florida  
Degree obtained: Doctor of Osteopathic Medicine (DO)

Emory University *June 1993 – June 1997*  
Atlanta, Georgia  
Degree obtained: BA in Political Science

**Experience:**

- **Psychiatry Child & Adolescent Fellow** *July 2005 to present*  
Vanderbilt University Medical Center  
Nashville, TN
- **Resident in Psychiatry** *July 2003 – June 2005*  
Vanderbilt University Medical Center  
Nashville, TN  
Worked as a psychiatry resident, responsible for inpatient/outpatient psychiatric care at three Nashville area hospitals
- **Intern in Internal Medicine** *June 2002 – June 2003*  
Medical College of Georgia  
Augusta, Georgia  
Worked as a medical intern, responsible for both inpatient and outpatient medical care of patients at two different local hospitals

**Activities:**

- Member, American Psychiatric Association
- Member, Indo-American Psychiatric Association
- Member, Cultural Affairs Committee, Indian Association of Nashville
- Selected as a delegate for Cross-Cultural Solutions, an organization dedicated to improving healthcare in developing countries
- Served as an extern at the Universal Healing Program, a holistic cardiac care organization, recognized by the World Health Organization

**Interests:**

Tennis, automobiles, politics, gourmet cuisine, travel

**References:**

Available upon request

# **A Promise for Tomorrow – Life**

A youth suicide prevention curriculum unit  
The Jason Foundation, Inc.

## **Curriculum Evaluation of Instructional Design and Effectiveness**

Helen Brown, Ph.D.

February 1, 2006

# Curriculum Evaluation

## Introduction

Suicide ranks as the third cause of death for youth between the ages of 15 and 24 and it ranks fourth for those between the ages of 10 and 14. The Jason Foundation, a nonprofit organization, offers a five-lesson classroom curriculum unit for grades 7-12. The underlying assumption is knowledge is power...knowledge is prevention. This program supports the foundation's mission, the prevention of youth suicide through awareness and education. The intent of the program is to provide strategies for students to respond positively to friends expressing suicidal ideation.

## Purpose of Evaluation

This evaluation focuses on the instructional design and effectiveness of the curriculum unit. The various curriculum types – written, taught, learned, supported, and assessed or tested – will be considered.

## Description of Instructional Model

A Promise for Tomorrow – LIFE is a school-based curriculum unit consisting of five fifty-minute or five one-hour lessons. The goal is to provide students with knowledge, skills, and strategies that will enable them to help a friend (or themselves) who may be depressed and considering suicide.

Each lesson's objective is based on the acquisition of knowledge about youth suicide and suggested strategies for helping a friend (or themselves) that may be experiencing suicidal ideation.

*Lesson A:* Introduces the problem of youth suicide in the United States and provides statistics to enhance awareness of the magnitude of this silent epidemic.

*Lesson B:* Through a cooperative learning activity, this lesson uses the video "Choices" with each group focusing on different character.

*Lesson C:* This lesson provides information for helping students determine when feelings may be more serious and require a response or help for the person.

*Lesson D:* This lesson reviews the main discussion points of the first three lessons (magnitude of the problem, feelings involved, and warning signs of serious trouble).

*Lesson E:* This instruction focuses on what students need to do if they are approached by or become aware of a friend who is contemplating suicide.



The final part of the program, an individual staff development CD Rom, serves as a tutorial and reference for the teacher to have the needed background information for successful instructional focus.

For developing understanding, a variety of supporting materials – video, transparencies of questions and activity pages – provide a variety of activities. Instructional delivery through whole group instruction provides for teacher/student interaction; small group cooperative learning provides for student/student interaction. Assignments and extension activities provide related practice and application. Both pre- and post-assessments are provided for students. Names are omitted from the post assessment. These assessments are directly tied to the lesson objectives.

## **Method and Results**

The curriculum, A Promise for Tomorrow – LIFE, was evaluated using the Association for Supervision and Curriculum Development (ASCD) criteria. The following criteria are met.

- The unit goal is clearly stated, and the lesson objectives are directly related to the unit goal.
- The unit emphasizes depth with sufficient time provided to achieve depth of understanding.
- The unit focuses on problem-solving and critical thinking, in the context of real situations.
- The unit has appropriate sequence and coherence, so that lessons build on and relate to each other.
- The unit emphasizes a social context for learning, with effective use of cooperative learning and student interaction.
- The learning activities recommended are directly related to the outcomes, are likely to achieve the outcomes, and are developmentally appropriate.
- The unit provides for authentic assessment of student learning.

The *written curriculum*:

- is professional in format and appearance
- exhibits clear and correct writing style
- facilitates teacher use
- includes elements that teachers want included (i.e. key concepts, discussion suggestions, activity sheets, overhead transparencies, video and student assessments)
- reflects sound research and best practices of instruction
- focuses on important knowledge, skills and strategies

The *supported curriculum*:

- includes materials congruent with the written curriculum
- has materials that are at an appropriate level of difficulty for students
- provides sufficient depth in their treatment of concepts

- are aligned with the written curriculum
- are likely to help students achieve the learning goals in an efficient and effective manner

The *taught curriculum* can be self-assessed by the teacher by analyzing the responses on the student assessment forms.

The *learned curriculum* encompasses formative evaluation and summative evaluation. Formative evaluation focuses on student learning as the teacher teaches. Strategies including monitoring students' on task behavior, observing students' nonverbal signals, and questioning to check for understanding may be used with every lesson in the unit. A student assessment is provided for the summative evaluation.

The *tested curriculum* provides opportunity for studying the effectiveness of the program. The assessment form for students has a clear learning purpose and ties directly to the stated objectives. The assessment corresponds with the taught and the written curriculum. The teacher evaluation form provides written feedback for curriculum revision.

## **Recommendations**

There are obvious limitations in studying the effectiveness of suicide prevention programs – no experimental designs to be applied and the dependent variable, the number of suicides. The recommendations that follow will relate to the instructional design and effectiveness of the curriculum unit, A Promise for Tomorrow – LIFE.

### ***Student assessment***

In order to know that the unit and lesson objectives were met, it would be helpful:

1. to present an item analysis from the student assessment form for items 1, 2, and 4 (e.g. N students were able to respond appropriately to X out of 5 responses in item 1, etc.). From this analyses determine what percent of students were able to respond appropriately to 80% of the requested responses.
2. to provide a summary of responses from item 3 and the comments section (application items) This would be helpful in determining program effectiveness.
3. to provide a self-reporting survey for students designed as a follow-up instrument (to be administered later) This would be appropriate for evaluation purpose.

It would be interesting to note the correspondence between the number of students and the number of lessons attended.

### ***Teacher evaluation***

The teacher evaluation is designed to provide feedback for curriculum revision which is fine. It would be helpful to do an item analysis for items 1 through 4 and to summarize responses on items 5 through 7. A five item (one per lesson) teacher evaluation focusing more on reflections of student to student or teacher to student interaction during the instructional process would provide valuable feedback on the effectiveness of the curriculum.

Key to program effectiveness is the purity of implementation. The program provides a tutorial for teachers on CD-Rom for better program implementation. In addition, the instruction guide offers suggested strategies for teaching the unit. The recommended way to evaluate one's own taught curriculum is for teachers to work in teams so that peer observation can be used to collect curriculum-focused data. Brief responses to questions such as those that follow provide important feedback.

- Did the lesson relate to the previous lesson?
- Did the lesson include content that was meaningful to the students?
- Were the objectives of the lesson clear to the students?
- Did the presentation enable almost all students to achieve the objectives?
- Did the lesson close with a review or summary?

It is important to note that these questions relate solely to the curriculum, not the quality of teaching.

This evaluation was written and submitted by Dr. Helen Brown.

Signature Helen Brown Date 3/02/06

## **PROFILE:**

### **Professional Appointments:**

Assistant Superintendent for Instruction and Administration,  
Metropolitan Nashville Public Schools, retired  
University Supervisor of Pre-services Educators, Trevecca Nazarene University  
Author of Curriculum and Instructional Textbooks, Harcourt School Publishers  
Serves on editorial review boards for several major publishing companies

### **Education:**

B.A. Olivet Nazarene University, English and Education  
M.A. Middle Tennessee State University, Curriculum and Instruction  
Ph.D. Vanderbilt University, Curriculum Personnel Leadership

### **Selected Professional Affiliations:**

- Member, Association of Supervision and Curriculum Development
- Thirty-five year member, International Reading Association
- President and Director of Membership, Tennessee Reading Association
- Board of Trust, Harding Academy
- Education Council of the Frist Center of the Visual Arts
- Alumna of Leadership Nashville

### **Selected Community Activities:**

- Ethics review board, Saint Thomas Hospital
- President of Nashville Children's Theater Board of Trustees
- Executive Board, March of Dimes
- Executive Board for Nashville Institute for the Arts
- First Vice-president for the Nashville Opera Guild
- TIP Committee for Middle Tennessee Community Foundation
- Education Council for Calvary United Methodist Church
- Junior League of Nashville Advisory Board
- Community Services Agency Board

A Promise for Tomorrow – LIFE

A youth suicide prevention curriculum unit

The Jason Foundation, Inc.

**Evidence Based Project**  
**Analysis and Data**

Compiled, January 2009

**Evidence Based Evaluation**  
**“A Promise for Tomorrow”**  
**The Jason Foundation, Inc.**

The Jason Foundation has a goal to provide outstanding educational materials on the topic of youth suicide awareness and prevention. The youth program, “A Promise for Tomorrow” has been in use for nine years and has undergone four major revisions. The program has been presented to over 800,000 young people across the country and in several foreign countries without one negative response or related incident reported from its presentation. However, to ensure that the teaching strategies are based on best practices of instruction and the clinical information is presented in a safe, no-harm manner, JFI has submitted the program to extensive evaluation. It has been evaluated using ASCD educational standards and by three outstanding clinicians at Vanderbilt University. This report is the report of the evidence based practice that was used to substantiate that the program meets the goals and objectives as intended.

It is important for educators to have assurance that the material and its presentation have been researched for the most advantageous opportunity for instruction. Educators make decisions about instruction based on the accumulated results of relevant research along with their professional experience. Researchers agree that the only viable measurable outcome of a suicide prevention program is the increase in knowledge and the maintenance of that knowledge. There is no way to measure that an educational program in itself actually prevents suicide attempts or completions. There are numerous outside influences that must be considered as possible effects for suicide prevention. Along with suicide awareness and prevention instruction, parents, pastors, educators, friends and other outside influences could be the catalyst that prevents a suicide. There is no way to really know which person or thing made the impression that altered behavior. It is the goal of The Jason Foundation to increase the ability of participants to recognize warning signs, impart understanding of elevated risk factors and provide information about what to do if these are identified in a friend. This information will result in a greater opportunity to respond to needs and ultimately save young lives.

In order to determine that students are reaching the goals and objectives of the program and demonstrating understanding, JFI designed an evidence based field test. This field test activity was held within classrooms from several different states and socio-economic levels. A pre-test and post-test was created along with a follow-up assessment. The follow-up evaluation was used to determine retention of information after a four to six week period. We endeavored to provide a comprehensive look at performance using several geographic areas, socio-economic levels, and ethnic and cultural diversities.

The program was provided to classrooms in several states for instruction. The grade levels were from grade eight to grade eleven. The teachers were given instructions to administer the pre-test before any instruction or discussion of the topic of suicide. A post-test was administered following instruction and then repeated approximately six weeks after instruction.

The performance of the students was indicative of the lack of information in regard to suicide prevention prior to instruction. In most cases, schools had not provided instruction about suicide. The health curriculum provided opportunity for instruction about depression, which accounted for some of the prior knowledge that the students indicated on the pre-test. Eight-hundred fourteen students were given the pre-test, then participated in instruction and finally given the post-test assessment. This number of students was from twenty-seven different classrooms in

the states of Tennessee, Alabama, and South Carolina. The schools included a plethora of varied demographics including urban, rural and suburban communities.

In addition, there were schools that contained traditional high school grade levels, magnet schools and some that had non-traditional grade level configurations. There were also some differences in instructional scheduling. Some had regular fifty-minute classroom schedules and some were designed for block scheduling. This variation provided us with the opportunity to test the validity of our program in many different presentation formats.

Ninety-eight percent of the students showed gains in knowledge from the pre-test to the post-test. The average increase was a twenty-four point gain. This would transfer into a two and one-half or three letter grade improvement in most cases. This is a highly successful rate of improvement. In addition, the students tested for retention maintained ninety-four percent of the knowledge gain.

The Jason Foundation evidence based pilot verified that students are achieving the desired outcomes of The Jason Foundation educational program. The vast majority are reaching the goals and objectives of the program. Students are gaining the information, tools and resources needed to help identify at-risk friends and they are learning to get responsible adults involved to provide the assistance required.

The following are the results of the measurement of knowledge gained through educational programming for the awareness and prevention of youth suicide:

Number of students tested – 27 classes which included a national sample of **814** students from three states

Pre-test scores measuring prior knowledge ranged from **30% to 67%** with an average pre-test score of **48.5%**

Post-test scores measuring increase in knowledge ranged from **60.0% to 84.5%** with an average post-test score of **72.3%**

**This is an increase of 24 percentage points in knowledge. The scores indicate a highly successful increase in information gained and a strong performance in understanding the goals and objectives of the program. Several classrooms participated in a study to determine retention of information. Not every classroom could participate due to scheduling and change of student assignments during the field test timeline. However, of those classes participating, the assessment figures prove to be very promising for retaining the information learned. The goal of the lesson is to help students know how to help a friend who may be at risk for suicide. If the students maintain the knowledge of what to do to help an at risk friend, we believe this knowledge will transfer into lives saved.**

**Retention post-test scores ranged from 67.0% to 72.0% with an average of 69.5% (original post-test score average for this test group was 74.8 for a retention rate of 94%)**

**At a Glance:**

**Percent of students indicating increase of information by positive post-test scores = approximately 98%**

**Increase in knowledge as shown on post-test = 24%**

**Retention of information as indicated on retesting after a four to six week interval = 94.0%**



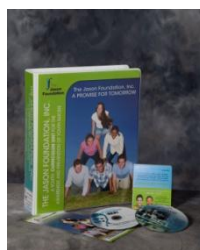
## **History and Mission of The Jason Foundation, Inc.**

The Jason Foundation was established in 1997 after the loss of the founder's sixteen-year old son, Jason. The Jason Foundation has declared a mission to help educate parents, teachers/youth workers, and youth about the problem of youth suicide and ways to help identify and refer resources to at-risk youth. The Jason Foundation has grown to become a national leader in provided educational programs about this "Silent Epidemic". Over one million people have participated in one or more JFI programs without one single negative report prior to or following the instruction. The Jason Foundation strives to provide quality educational programming that is accurate and safe in presentation.

There is a "Silent Epidemic" sweeping through our nation that claims the lives of more than 100 young people each week. This "Silent Epidemic" is youth suicide. The causes of suicide are as numerous as the number of tragedies themselves. Problems at home, at school, with friends or with other relationships can play a role. Emotional states such as depression and other mental health conditions can heighten the risk of suicide in a young person. In many cases, a traumatic event or extreme emotional distress can trigger suicidal ideas or acts.

The majority of young people will never attempt suicide. However, The Jason Foundation philosophy is that "one is too many". It is important that young people, parents, teachers, and other youth workers be able to recognize potential signs of suicidal ideation in individuals. It is also important to take them seriously and know how to respond.

## **Programs and Services: Education and Awareness**



JFI "A Promise for Tomorrow" Kit



## **Staff Development Training Seminar**

Staff development training for teachers, youth workers, and others is available in several different formats. Information about the magnitude of the problem, signs of concern, elevated risk factors and resources for help is covered. The program is offered by staff presentations, video conference, on a CD Rom for individual training and on DVD with a facilitator guide for groups. Contact The Jason Foundation for further details.



### **Parent Seminars:**

JFI staff personnel are available to present parent seminars for community, church or school parent groups. The program provides awareness information about youth suicide, signs of concern found in at-risk youth, and information about how to respond to a troubled young person.

### **A Promise for Tomorrow:**

The school-based curriculum unit is designed for grades 7-12 and is a complete lesson plan for youth suicide awareness and prevention. The complete package contains an easy to follow teacher manual, a discussion video, a power point CD and black line masters for instruction. The program focus is the prevention of suicide by teaching recognition of signs of concern, providing peer support and knowing appropriate responses to youth in crisis.

### **Community Assistance Resource Line (C.A.R.L.):**

CARL is a unique resource available for support of all JFI programs. It provides a clinically-based information system to assist callers in finding resources to address a concern or to gain more information about JFI services and programs.

### **Virtual Schools Program:**

Staff Awareness Training and small group parent seminars can be presented through teleconferences from the JFI on-site studio. This program is presented in collaboration with Vanderbilt University.



**The Jason Foundation, Inc.  
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**For more information visit:**

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