



LivingWorks

What's the evidence?

LivingWorks is dedicated to saving lives from suicide through evidence-based training programs. From design and development to evaluation and improvement, evidence informs every aspect of our process. It's part of why professionals and the public at large count on LivingWorks programs to build life-saving knowledge and skills in their communities.

8 peer-reviewed studies
and 7 government reports
SUPPORT the EFFECTIVENESS of
LIVINGWORKS PROGRAMS

We invite you to learn more about how our programs are transforming communities, what the evidence says about their impact, and how we can work with you to save lives together.

Our programs are **layered** to provide different knowledge levels for different needs

Our programs are **integrated** so that participants at all levels can work together

Our programs are **evidence-based** to offer proven, effective ways of making a difference

How can we work with you in your suicide-safer mission?

LivingWorks collaborates with crisis centers, health agencies, universities, and other organizations around the world to save lives from suicide. Our programs are layered and integrated to provide a comprehensive, community-based solution where everyone can play a role. We want to help your community and the people you serve become safer from suicide.

 **safeTALK**

Suicide alertness

 **ASIST**

Suicide intervention

 **suicide to Hope**

Growth and recovery

Learn more about the evidence and evaluations at www.livingworks.net/evidence



Columbia and Rochester Universities study (2013)

1,507 National Suicide Prevention Lifeline crisis calls analyzed across the United States.

Odds of improved outcomes after receiving an ASIST intervention:

31%
less depressed

46%
less overwhelmed

74%
less suicidal

35%
more hopeful

Authors: M. S. Gould, W. Cross, A. R. Pisani, J. L. Munfakh, M. Kleinman.

University of Georgia study on K-12 schools (2017)

School staff had significant improvements in their helpful attitudes, knowledge, and competence after ASIST training.

Measurements in standard deviations (SD) compared to a control group:

- Attitude toward suicide: 0.63 SD improvement
- Knowledge of suicide: 1.86 SD improvement
- Competence responding to individuals at risk: 1.45 SD improvement

Authors: L. Shannonhouse, Y-W. D. Lin, K. Shaw, M. Porter.

University of Georgia study on colleges (2017)

College staff also had significant improvements in their helpful attitudes, knowledge, and competence after ASIST training.

Measurements in standard deviations (SD) compared to a control group:

- Attitude toward suicide: 1.83 SD improvement
- Knowledge of suicide: 1.86 SD improvement
- Competence responding to individuals at risk: 1.37 SD improvement

Authors: L. Shannonhouse, Y-W. D. Lin, K. Shaw, R. Wanna, M. Porter.

RAND Corporation study on ASIST in California (2015)

For each year of training...

- **3,600 suicide attempts averted** over the next 28 years
- **140 suicide deaths averted** over the next 28 years
- **50:1 projected return on government investment**

Authors: J. S. Ashwood, B. Briscoe, R. Ramchand, L. May, M. A. Burnam.

ICF International study (2014)

Each ASIST participant carried out an average of 0.62 interventions within three months of training.

Extrapolating from that... since 2012, there have been **500,000 ASIST participants**, meaning a minimum of **310,000 interventions**.

Authors: D. Condran, L. Garraza, C. Walrath, R. McKeon, D. Goldston, N. Heilbron.



Scottish safeTALK pilot evaluation (2007)

Self-reported changes in suicide intervention ability by safeTALK participants:

84%

reported being more likely to recognize warning signs

81%

reported being more likely to ask about suicide directly

85%

reported being more likely to connect someone to help

Authors: J. McLean, M. Schinkel, A. Woodhouse, A. Pynnonen, L. McBryde.

Orygen Australia study (2013)

Pre- and post-training responses among safeTALK-trained high school students:

"I have the knowledge to recognize warning signs/invitations for suicide in others"

Pre ⇒ 39.5% Post ⇒ 95%

"I would feel willing to ask someone directly if they are thinking about suicide"

Pre ⇒ 43.4% Post ⇒ 82.8%

Authors: J. Robinson, E. Bailey, M. Spittal, J. Pirkis, M. S. Gould.

ICF International study (2014)

Each safeTALK participant carried out an average of 0.39 interventions within three months of training.

Extrapolating from that... since 2012, there have been **400,000 safeTALK participants**, meaning a minimum of **156,000 interventions**.

Authors: D. Condran, L. Garraza, C. Walrath, R. McKeon, D. Goldston, N. Heilbron.



47 journal articles on recovery and growth **informed the development of suicide to Hope**

The first independent study of suicide to Hope clinical outcomes is currently underway. Feedback shows that out of 900 suicide to Hope participants:

92%

said **suicide to Hope gave them greater hope** for success working with those who have suicide experience

91%

said **suicide to Hope improved their knowledge and skill** to work with those who have suicide experience