



## **Study Protocol**

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Study Title: Comparative Effectiveness of Two Culturally Centered Suicide Interventions  
for Alaska Native Youth (BeWeL; Funder: PCORI)



## INVESTIGATOR/AUTHOR PAGE

<b>Co-Principal Investigator</b>	Elizabeth D’Amico, Ph.D.
<b>Title/Position</b>	Senior Behavioral Scientist
<b>Organization</b>	RAND
<b>Location</b>	Santa Monica, CA
<b>Co-Principal Investigator</b>	Stacy Rasmus, PhD
<b>Title/Position</b>	Director
<b>Organization</b>	Center for Alaska Native Health (CANHR)
<b>Location</b>	Fairbanks, AK
<b>Author</b>	Michael Woodward
<b>Title/Position</b>	Research Project Manager
<b>Organization</b>	RAND
<b>Location</b>	Santa Monica, CA
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## Abbreviations

AN	Alaska Native
ANOVA	Analysis of variance
AOD	Alcohol and other drug
AUDIT	Alcohol Use Disorders Identification Test
BI	Brief intervention
CRAFFT	Car, Relax, Alone, Forget, Friends/Family, Trouble Questionnaire
CUD	Cannabis use disorder
CUDIT-R	Cannabis Use Disorders Identification Test – Revised
EUC	Enhanced usual care
FDR	False discovery rate
HTE	Heterogeneous treatment effect
KWIC	Keyword in context
LGM	Latent growth modeling
MISN	Motivational Interviewing Social Network
NNT	Number needed to treat
QP	Qungasvik (Tools for Life) Prevention
RCT	Randomized controlled trial
TCC	Tanana Chiefs Conference
YKHC	Yukon Kuskokwim Health Corporation

# Study Protocol

*A clinical study or research protocol guides the study and associated data collection and analysis in a productive and standardized manner and is carefully designed to safeguard the participants' health and answer specific research questions. The protocol should describe the following aspects of the study.*

## **1. What the study will do**

We will test two evidence-based interventions for Alaska Native (AN) youth ages 14-24 who enter a hospital setting with suicide attempt, ideation, or associated risk behaviors, including alcohol-related injury, on the outcomes of subsequent suicide risk, alcohol use, mental health, cultural connectedness, social support, reasons for life, and other protective factors from suicide and alcohol use. Both interventions will involve tailoring of the Qungasvik (Tools for Life) Prevention (QP) model, an evidence-based, community-developed intervention to reduce co-occurring suicide and alcohol use risk among AN youth by increasing exposure to cultural protective factors and community sources of strength and resilience.

We will collaborate with two regional Tribal Health Organizations, the Yukon Kuskokwim Health Corporation (YKHC) and the Tanana Chiefs Conference (TCC). We plan to leverage these partnerships to accomplish our goals to: (1) assess the comparative effectiveness of QP to QP+MISN over a one-year period; (2) examine which subpopulations benefit from either intervention, and (3) provide an in-depth understanding of patient satisfaction and youth perspectives of culturally centered programming, identifying components valued by youth and associated with youth outcomes.

## **2. How it will be done**

All youth presenting in two AN-owned regional hospitals with suicidality or associated risk behaviors who assent to participate in the study (and have parental consent, if needed) will receive an adapted brief QP intervention as part of their intake, delivered in a virtual 45-minute session by members of a regional wellness team. Half the youth will be randomly assigned to receive the Motivational Interviewing Social Network intervention (MISN) in addition to QP, along with two brief 30-minute postvention virtual booster sessions focused on connectivity to culture and obtaining support from intergenerational social networks in their home communities.

## **3. Why it is being done**

Alaska has the highest rate of suicide per capita, with rates almost twice as high as the rest of the US (27 versus 14 per 100,000 people); rates for AN people are even higher at 41.2 per 100,000, and suicide is the leading cause of death for AN youth ages 15 -24.

To date, there are no intervention programs that address suicide risk for AN youth as part of hospital aftercare or that integrate culturally-appropriate strategies with evidence-based treatment.

## **4. How many people will be in the study**

We expect to enroll 300 young people in the randomized controlled trial.

## **5. Who is eligible to take part in it**

Young people aged 14-24 who enter a hospital setting with suicide attempt, ideation, or associated risk behaviors, including alcohol-related injury, will be eligible to participate.

**6. What study therapy or other interventions will be given**

None.

**7. What tests will be done and how often**

No tests will be done. Survey data will be collected at baseline, 3 months, 6 months and 12 months.

**8. What information will be collected**

From baseline to 3 months, to 6 months, and to 12 months, we will measure change in the following primary outcome measures.

- a. Suicide Intent/Risk
- b. Depression
- c. Anxiety
- d. Alcohol Use (frequency)
- e. Alcohol Consequences

From baseline to 3 months, to 6 months, and to 12 months, we will measure change in the following secondary outcome measures.

- a. Sobriety Self-Efficacy
- b. Intentions to be Sober
- c. Social Network (composition and structure)
- d. Peer Alcohol Use
- e. Awareness of Connectedness
- f. Community Protective Factors
- g. Individual Protective Factors
- h. Reasons for Life
- i. Reflective Process
- j. Intervention Satisfaction