



# **SUPPORTING TRANSITIONS TO ADULTHOOD AND REDUCING SUICIDE (STARS)**

## **IMPLEMENTED BY**

University of Pennsylvania

## **SPONSORED BY**

National Institute of Mental Health (NIMH)





## THE SHORT OF IT

Supporting Transitions to Adulthood and Reducing Suicide (STARS) adapts an online life-skills intervention (iREACH) to address suicide prevention among emerging adult sexual minorities (EASM).

Leveraging the accessibility of a mobile app with the peer mentor model, the goal of STARS is to provide social support, reduce the impact of discrimination, promote positive affect, and reduce barriers to enacting Safety Plans among EASM, increasing their desire to live and reducing suicidal ideation.



**Type 1 Effectiveness-Implementation Hybrid Design**



**Pilot will enroll racially/ethnically diverse sample of 60 EASM in the U.S. who report past-month suicidal ideation**

# BACKGROUND & OVERVIEW

Suicide disproportionately affects same sex attracted youth, yet few interventions address the specific needs of this population. In the US, **suicide rates have increased for emerging adults** (ages 18-24) in the past decade; suicide is now the second leading cause of death.<sup>1,2</sup> **Youth who identify as sexual minorities are three times as likely to have made a suicide attempt** than those identifying as heterosexual.<sup>3</sup> Suicide prevention strategies tailored for emerging adult sexual minorities (EASM) are essential but not widely available. **Interventions to reduce suicidal ideation and behavior must address the unique risk factors that predict suicidal ideation and attempts in EASM**, including discrimination,<sup>4,9,10</sup> family/friend rejection,<sup>4-8,11,12</sup> and low positive affect.<sup>8</sup>

**Supporting Transitions to Adulthood and Reducing Suicide (STARS)** adapts an online life-skills intervention (iREACH)<sup>13</sup> to address suicide prevention among EASM. Our life-skills approach acknowledges the developmental transitions EASM experience and **provides a suite of strategies to offset risk for suicidal thoughts and behavior caused by poor social support, discrimination, and low positive affect.** The model also uses a **clinician to develop a tailored Safety Plan** with participating EASM, and a **peer mentor care navigator to assist with reducing barriers to using the Safety Plan.** Given that EASM are early adopters of technology and rely heavily on e-delivered information, often ranking the web as their top resource to explore their sexuality and to access social support, STARS will be delivered via an adapted version of the HealthMpowerment (HMP) platform.<sup>14-21</sup>

Leveraging the accessibility of a mobile app with the peer mentor model, **the goal of STARS is to provide social support, reduce the impact of discrimination, promote positive affect, and reduce barriers to enacting Safety Plans among EASM**, increasing their desire to live and reducing suicidal ideation.

# STARS STUDY DESCRIPTION

This study will use the ADAPT-ITT framework to develop a complementary approach – STARS – to reduce suicide ideation among at-risk EASM. STARS will embed components of the Safety Plan Intervention as well as modules focused on promoting coping with discrimination,<sup>4,9,10</sup> social support,<sup>4-7,11,12</sup> and positive affect.<sup>8</sup>

We will pilot test STARS using a **Type 1 Effectiveness-Implementation Hybrid Design**<sup>22</sup> in a racially/ethnically diverse sample of **60 EASM who report past-month suicidal ideation**. Eligible participants will complete a Safety Planning Intervention with a licensed clinician, given the high-risk nature of the sample. They then will be randomized to the control condition or STARS. We will follow participants for 6 months, with evaluations at 2, 4, and 6 months.

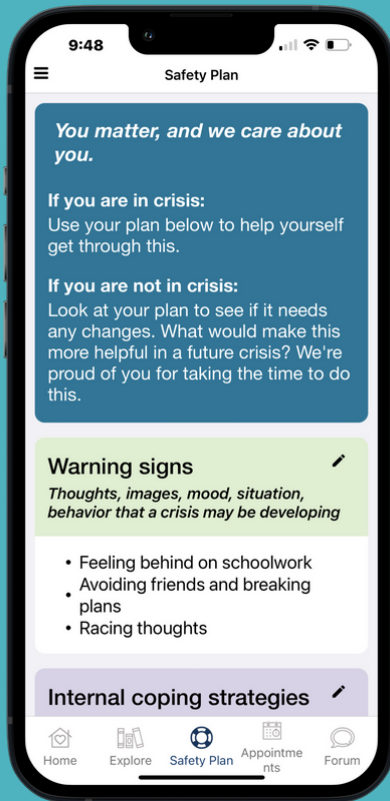
## PRIMARY OUTCOMES

Preliminary efficacy outcomes of suicidal ideation and behavior and hypothesized mechanisms of change (improved coping with discrimination, social support, positive affect).

## SECONDARY OUTCOMES

RE-AIM framework indicators (reach, adoption, implementation, maintenance).

# APP HIGHLIGHTS

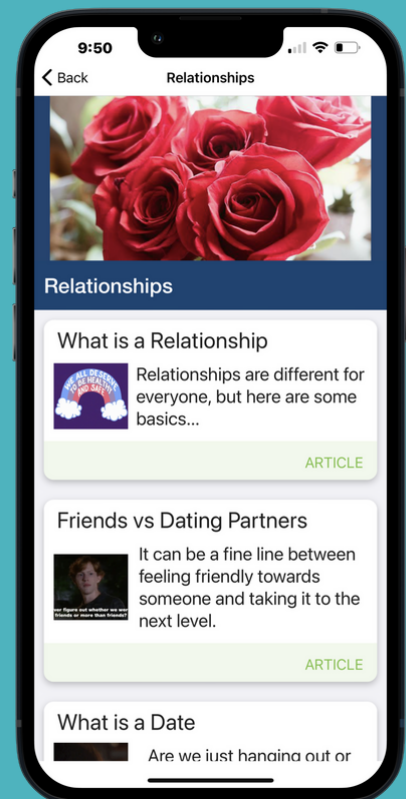


## Safety Plan

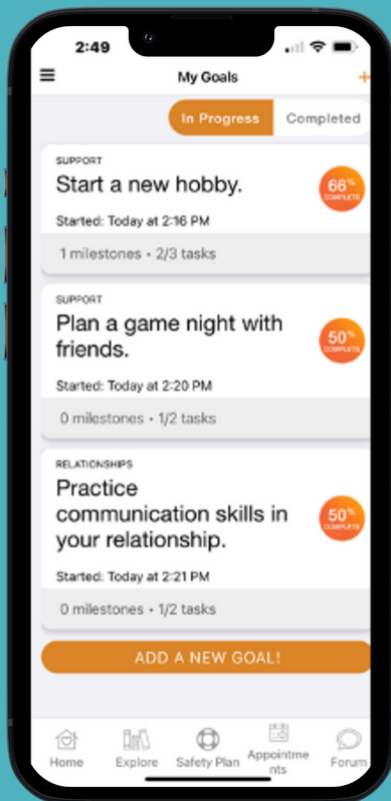
Developed with a clinician, this contingency management feature helps participants plan what to do and who to reach out to in times of need. It can be updated and tailored to the unique needs of the participant

## Resources

Articles and activities are provided to strengthen participant's knowledge on various health and lifestyle topics, including discrimination, emotional well-being, sex education, healthy living, life hacks and more.



# APP HIGHLIGHTS

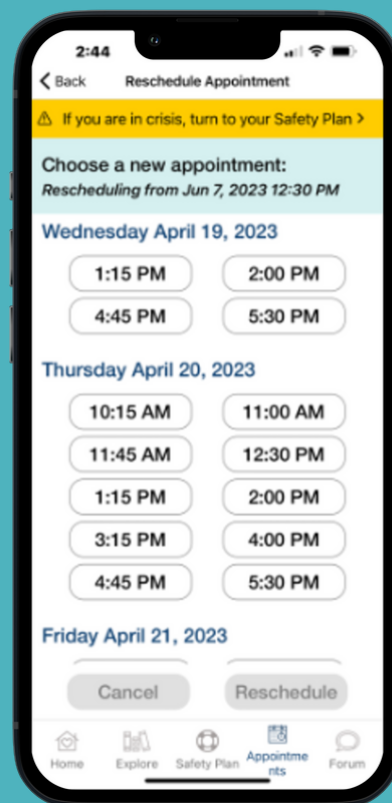


## Goals

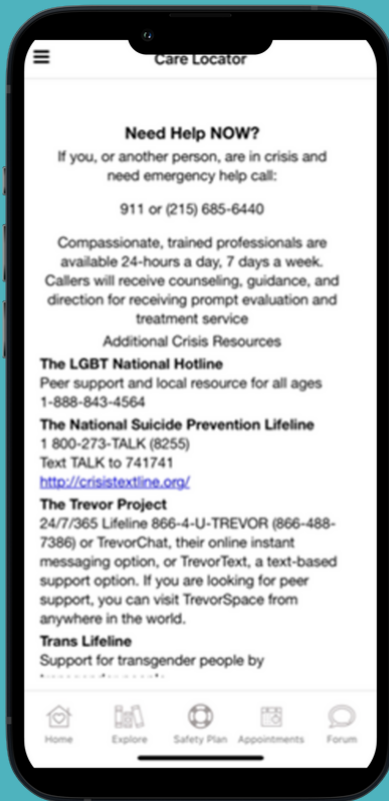
Pushes tailored content through a curriculum that keeps users on target with health and wellness goals. Provides milestones, tasks, tips, connections, and journal opportunities related to participant's goals.

## Appointments

Participant's can view and reschedule upcoming appointments with peer mentor care navigators for ongoing support. Peer mentor care navigators support participants in problem-solving obstacles with use of the Safety Plan and reminding participants to use their Safety Plan.



# APP HIGHLIGHTS



## Care Locator

The care locator feature on the app enables participants to locate community agencies related to various topics such as emergency/crisis response, LGBTQ+ support organizations, and educational resources.

# REFERENCES

1. Puckett JA, Horne SG, Surace F, et al. Predictors of sexual minority youth's reported suicide attempts and mental health. *J Homosex* 2017;64(6):697-715.
2. McKay T, Berzofsky M, Landwehr J, Hsieh P, Smith A. Suicide etiology in youth: Differences and similarities by sexual and gender minority status. *Child Youth Serv Rev* 2019;102:79-90.
3. Klein A, Golub SA. Family rejection as a predictor of suicide attempts and substance misuse among transgender and gender nonconforming adults. *LGBT Health* 2016;3(3):193-199
4. Maggs JL, Schulenberg J, Hurrelmann K. Developmental transitions during adolescence: health promotion implications. Published online 1997.
5. Harper G, Jamil O, Johnson A. Resilience among Black gay/bisexual male adolescents: Implications for health promotion intervention. 140st APHA Annual Meeting and Exposition 2012.
6. Bauermeister JA. How statewide LGB policies go from "under our skin" to "into our hearts": Fatherhood aspirations and psychological well-being among emerging adult sexual minority men. *J Youth Adolesc* 2014;43(8):1295-1305.
7. Bauermeister JA. Sexual partner typologies among single young men who have sex with men. *AIDS Behav* 2015;19(6):1116-1128.
8. Bauermeister JA. Romantic ideation, partner-seeking, and HIV risk among young gay and bisexual men. *Arch Sex Behav* 2012;41(2):431-440.
9. Joiner TE. *Why People Die by Suicide*. Harvard University Press; 2005.
10. Van Orden KA, Witte TK, Cukrowicz KC, Braithwaite SR, Selby EA, Joiner Jr TE. The interpersonal theory of suicide. *Psychol Rev* 2010;117(2):575.
11. Klonsky ED, May AM. The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. *Int J Cogn Ther* 2015;8(2):114-129.
12. Chesin MS, Stanley B, Haigh EA, et al. Staff views of an emergency department intervention using safety planning and structured follow-up with suicidal veterans. *Arch Suicide Res* 2017;21(1):127-137.
13. Labouliere CD, Stanley B, Lake AM, Gould MS. Safety Planning on Crisis Lines: Feasibility, Acceptability, and Perceived Helpfulness of a Brief Intervention to Mitigate Future Suicide Risk. *Suicide Life Threat Behav*. 2020;50(1):29-41. doi:10.1111/sltb.12554



# REFERENCES

14. Frost DM, Meyer IH, Schwartz S. Social support networks among diverse sexual minority populations. *Am J Orthopsychiatry* 2016;86(1):91.
15. McKleroy VS, Galbraith JS, Cummings B, et al. Adapting evidence-based behavioral interventions for new settings and target populations. *AIDS Educ Prev Off Publ Int Soc AIDS Educ* 2006;18(4 Suppl A):59-73. doi:10.1521/aeap.2006.18.supp.59
16. Flesch R. A new readability yardstick. *J Appl Psychol.* 1948;32:221-233. doi:10.1037/h0057532
17. Forsberg L, Forsberg LG, Lindqvist H, Helgason AR. Clinician acquisition and retention of Motivational Interviewing skills: a two-and-a-half-year exploratory study. *Subst Abuse Treat Prev Policy* 2010;5:8. doi:10.1186/1747-597X-5-8
18. Kraemer HC, Mintz J, Noda A, Tinklenberg J, Yesavage JA. Caution regarding the use of pilot studies to guide power calculations for study proposals. *Arch Gen Psychiatry* 2006;63(5):484-489. doi:10.1001/archpsyc.63.5.484
19. Harper GW, Contreras R, Bangi A, Pedraza A. Collaborative Process Evaluation: Enhancing Community Relevance and Cultural Appropriateness in HIV Prevention. *J Prev Interv Community* 2003;26(2):53-69.
20. Ajzen I. The theory of planned behavior. *Organ Behav Hum Decis Process.* 1991;50(2):179-211.
21. Russell D, Peplau LA, Ferguson ML. Developing a measure of loneliness. *J Pers Assess* 1978;42(3):290-294.
22. Gaudiano BA, Wenze SJ, Weinstock LM, Tezanos KM, Miller IW. Valued living and its relationship to medication adherence in patients with bipolar and comorbid substance use disorders. *J Nerv Ment Dis* 2017;205(3):178.