

Fall 2021 NUB Instructor Guide for Module 2b:
QPR: Suicide Prevention Training in Practice

Overview and Objectives:

QPR was developed specifically to detect and respond to anyone showing suicide warning signs. When properly used, QPR works from a foundation of knowledge, compassion and understanding. The resulting intervention may help detect a wide range of personal problems that should respond to professional assessment and care. Early intervention may well prevent the development of suicidal thoughts and feelings resulting from a current crisis.

This section will build upon the completion of the online course and completed post assignment question and interaction. We continue the discussion related to overcoming emotional reactions to talking about suicide, understanding suicide and use role-plays to practice QPR skills.

We encourage instructors to reach out to the on campus counseling center to assist as needed during the discussion session and for support. Contact information for the counseling services and center can be found in resources included.

Peer Mentor Moments

- Peer Mentor Announcements/Troubleshooting
- Peer mentors should review resources and be able to speak to on and off campus mental health resources.
- Peer mentors should review scenarios for role play activity, practicing QPR skills.
- Peer mentors should have completed QPR training
- Decide if instructor will lead or co-lead with the peer the activity and discussion.

Materials

- Printed Mental Health resource handouts
- Brochures from on campus counseling center
- Printed role play scenarios

Highlights

- Review of QPR.
- Lead discussion on QPR
- Check QPR homework (p. 119)
- Optional University Counseling video: <https://youtu.be/l6gcRQ9DzTs>
- Assign library plagiarism assignment (p. 128)
- Reminder: bring a smart device to next class

Class Outline

- **Troubleshooting/ Peer mentor announcements:** (2 mins) Ask students about any problems they are facing—academically, in the residence halls, dealing with family at home, relationships, etc. Encourage your peer mentor to give advice about how to handle those problems. Peer Mentors make announcements about things to do on campus this week.

QPR Material:

1. **Introduction (2 mins)** Start with context that you are going to be discussing suicide and recognizing that can be a difficult topic for some. Review that we will not be reviewing personal stories or histories today. If students need support or would like to speak with someone that resources are available. Review and handout resources on campus for counseling/support, as well as resources external to university such as the National Suicide Prevention Lifeline (1-800-273-8255).
2. **Lecture (10 mins) Review online training key learnings.** Review overcoming our emotional reaction to suicide, warning signs, and the three steps for QPR.
 - a. **Overcoming our Emotional Reaction:** Illicit answers from the class about what emotions come up for them when they think about talking about or think about suicide, preface question that answers should only include emotion words, not stories or personal histories.
 - In your own words explain or read to the class: “The very idea that someone wants to die may be frightening. When someone threatens or talks seriously about suicide, common emotional reactions are fear and denial. Denial is how humans cope when we are confronted with something too terrible to contemplate. We may deny the warning signs of a suicide crisis by believing the myth that “People who talk about suicide don’t do it,” or that the suicidal person is only seeking attention. Fear and denial are normal reactions to someone talking about ending his or her life by suicide. People who talk about or threaten suicide often do go on to attempt or die by suicide. To prevent suicide, we must overcome this natural but dangerous form of denial. Use QPR, and perhaps save a life. Research shows that physicians, nurses and even mental health professionals can be uncomfortable talking

about suicide. Our inability to talk openly about a leading cause of death in the world is no accident or oversight; it is the direct result of taboo, stigma, fear, and ignorance. If we accomplish just one thing in teaching you QPR it will be to recognize your fear about this subject and to overcome that fear so you can take quick, bold action to save a life.”

- b. **Warning Signs:** Explain to the class that suicide warning signs come in several different forms, but once understood they are not difficult to recognize. Illicit warning signs that students remember from the training. Fill in any major warning signs that are not noted. (Attached Resource)
 - Review that while these signs have been observed in people who are at risk of suicide or have died by suicide, not all people who exhibit these signs are at risk. They are indicators that the person is highly distressed and needs help. Similarly, not all people who are at risk will exhibit these signs. That’s why it’s important to use QPR skills and help to link with professionals for evaluation.
- c. **QPR –Three Steps:**
 - **Review Material:** Plan a time and place to ask if someone is suicidal. • Try to find a private setting. • A QPR intervention may take up to an hour, so give yourself plenty of time. • The most important step in QPR is asking the question. It is the hardest step, but also the most helpful.
 - **Question** - There are several ways to ask if someone is suicidal. You can begin by acknowledging the person’s distress. Ask class for an example of a less direct and direct question they remember from the training. REMINDER: Asking someone if they are suicidal does not increase risk. Examples:
 - a. Less Direct – Ex. Have you been unhappy lately? Have you been unhappy lately?
 - b. Direct – Ex. You look pretty miserable, I wonder if you’re thinking about suicide? Are you thinking about killing yourself?
 - **Persuade** – Listen, give full attention, offer hope, don’t rush to judgement, and then ask about motivation to obtain help.
 - **Refer** – Suicidal people often believe they cannot be helped, so you may have to do more. The best referral involves taking the person directly to someone who can help. The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help. The third best referral is to give referral information and try to get a good faith commitment not to attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.

3. Exercise Activity and Debrief (15 mins)

- a. **Setting the Stage for activity:** To become comfortable helping someone who may be suicidal, it is very important to practice QPR at least once. The goal of this practice session is to give you the opportunity to practice listening to the problems that cause people to think about suicide and to ask about directly about suicide in a frank and compassionate manner. Because of the stigma and fear associated with the word suicide, many people find it difficult to actually say the word. The more natural the act of asking the suicide question is, the easier it will be to ask it in future when and if you need to. You will need a partner to practice with and the session should take approximately 15 minutes.
- b. **Break up students into pairs** – In each pair identify the QPR Gatekeeper and the troubled person for the first role play. Handout role-plays. Instruct students to read handout and start role-play. At about halfway instruct students to switch roles, if they have not already done so, so they each have chance to practice QPR skills.

4. Debrief (5 mins)

- a. When students have completed the practice sessions, you will find the following discussion questions useful in mastering the QPR method. We recommend choosing a few questions to review as time permits:
 - What did you become aware of during the course of this exercise?
 - What did it feel like for you to ask the suicide question?
 - What were some of the circumstances that kept you from asking the question (if you were unable to)?
 - Was it uncomfortable to ask these questions?
 - What do you think was the source of this discomfort?
 - What are some ways that you feel you can learn from this experience?

5. **View optional video:** optional University Counseling video:

<https://youtu.be/l6gcRQ9DzTs> to support awareness of the support available to them on campus.

PLAN FOR 3a: remind students to:

- bring a smart device to next class and, before the next class, send an email reminder to them.
- Complete the online library plagiarism assignment (the link is on p. 128 of the planner)

See the next page for the QPR activity.

Suicide Warning Signs

Suicide does not have one single cause. Certain factors like substance abuse and untreated depression can lead to higher risk of suicide just as having a trusted group of friends can help protect you. Read more about the warning signs of suicide, risk factors and protective factors of suicide.

The warning signs of suicide are indicators that a person may be in acute danger and may urgently need help.

- Talking about wanting to die or to kill oneself;
- Looking for a way to kill oneself;
- Talking about feeling hopeless or having no purpose;
- Talking about feeling trapped or being in unbearable pain;
- Talking about being a burden to others;
- Increasing the use of alcohol or drugs;
- Acting anxious, agitated, or reckless;
- Sleeping too little or too much;
- Withdrawing or feeling isolated;
- Showing rage or talking about seeking revenge; and
- Displaying extreme mood swings.

If you or someone you know is in crisis, call the Lifeline (USA) at 1-800-273-8255 OR Text [SIGNS](https://www.crisisline.org/) to [741741](https://www.crisisline.org/) for 24/7, anonymous, free crisis counseling.

*This list of Warning Signs for Suicide was developed by an expert review and consensus process that included SAVE's Executive Director and was informed by a review of relevant research and literature. Additional information about the warning signs can be found in the following published article: Rudd, M. D., Berman, A. L., Joiner, T. E., Jr., Nock, M. K., Silverman, M. M., Mandrusiak, M., et al. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36(3), 255-262.*

ROLE PLAY – Gatekeeper 1st

1. Imagine that you are talking to your friend, family member or colleague and know them well. You also know this person has been having a lot of personal problems lately and seems to be down and blue much of the time, even saying they feel “hopeless.”
2. As you begin your conversation with them, listen for the problems that suicide would solve and listen for a “warning sign.” When you hear the warning sign, find a way to ask the suicide question, e.g., “You seem very unhappy right now. Are you thinking about suicide?”
3. Continue to listen and try to persuade them to go with you to get help. Be sure you complete all the QPR steps.
4. If you finish before the time is up you can switch roles.

Read role play below and switch roles to the Troubled Person:

For a lot of reasons you have been feeling overwhelmed and unable to cope with life lately. You feel hopeless about your future and that you are becoming a burden on your friends and family. Someone close to you has moved away and, to make things worse, a pet you’ve had for 10 years was killed just three days ago. You’re not enjoying things the way you used to and can’t get to sleep at night. You’ve no appetite and can’t concentrate. You feel you don’t belong anywhere anymore and wonder if everyone would be better off if you were dead. You’ve even begun to think about how you would end your own life, but have not made a specific plan. You are now talking with someone you know. During course of your conversation you say, “Nothing seems fun anymore. I just can’t go on anymore. Life isn’t worth living.” Begin role-play ...

ROLE PLAY – Troubled Person 1st

Read the “script” below

You are pretty sure you are depressed. You’ve been tired and irritable much of the time. You lost your temper recently and almost hit someone who didn’t deserve it. You’ve been depressed before, and especially when someone close to you died a year ago. Now a relationship that meant a lot to you has ended, and you are feeling isolated and alone. Recently, you been wishing the pain of living would just end and that you could go to sleep and never wake up. You’ve even been thinking about the kind of pills you would need to end your own life. You are now talking with someone you know. During the course of your conversation you say, “Nothing I do makes any difference. I might as well be dead. I’d like you have (name of something personal that means a great deal to you, e.g., a music collection, ring, or personal item.)” Begin role-play....

Switch roles - You are now the QPR Gatekeeper:

1. Imagine that you are talking to your friend and know them well. You also know this person has been having a lot of personal problems lately and seems to be down and blue much of the time, even saying they feel “hopeless.”
2. As you begin your conversation with them, listen for the problems that suicide would solve and listen for a “warning sign.” When you hear the warning sign, find a way to ask the suicide question, e.g., “You seem very unhappy right now. Are you thinking about suicide?”
3. Continue to listen and try to persuade them to go with you to get help. Be sure you complete all the QPR steps.
4. If you finish before the time is up you can start to discuss: What did you become aware of during the course of this exercise? What are some ways that you feel you can learn from this experience?

Created in Summer 2015 by Mark Gallo, John Keller, and Abigail Levin; revised Summer 2016 and 2017 by John Keller, Abigail Levin, and Dave Taylor. Revised by L. Williams and T. Vaughan 2018, 2019, 2020, 2021. QPR material developed by Lindsey Rickard, MA, LMHC, lindseyrickard.lmhc@gmail.com July, 2021.

