

**Prevention Series:
QPR & Suicide Prevention Coaching
Educational Service Centers
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Scan code with phone camera to access and complete required QPR Pre-Training Survey:



Today's Takeaways

1. Learn about suicide prevention data and needs
2. Recognize someone at risk for suicide
3. Demonstrate increased knowledge of intervention skills
4. Gain knowledge of referral resources and referrals to appropriate services
5. Best Practices for school protocols and templates



Please Remember

- This may be an uncomfortable topic.
- Many people have been touched by suicide in some way.
- This is a safe space.
- Please respect the feelings and views of all here today.
- If you have recently lost someone to suicide, this training may be too difficult for you right now.



Ohio Prevention Education

- Partnership between the Ohio Departments of Education and Mental Health and Addiction Services
- \$20 million state budget investment two Initiatives:
 - K-12 Prevention (ADAMHS)
 - K-12 Professional Development (ESC)
- How do you reach Every Student, Every Grade, Every School?
- Needs Assessment (Self-Assessment Survey) and Planning



Group Activity:

When you think of “SUICIDE PREVENTION”...
what word or words come to mind?



Situating Suicide Prevention within PBIS

PBIS Core Components

- Evidence based interventions and strategies.
- Data informed decision making.
- System development to enable accurate and durable implementation

TIER 3

- Strategies to support students known to be at higher risk of suicide
- Individualized student interventions and supports
 - Crisis response and community partnerships
 - Ongoing program changes based on progress monitoring associated with students response to intervention

School-based Suicide Prevention

- Policies and procedures for prevention, intervention and postvention
- Education for students, staff, and families
- Screening and assessment

TIER 2

- Strategies to identify and support students that may be at risk for suicide
- Targeted training for specialized staff (e.g., school mental health professionals, school nurses, administrators)
 - Targeted small group interventions for students
 - Suicide risk-screening and/or assessment

TIER 1

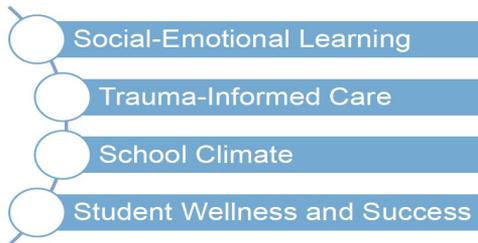
- Approaches that create emotionally and physically safe environments for students
- Gatekeeper training for staff, students and families
 - Social-emotional learning interventions to enhance protective factors (e.g., healthy coping, help-seeking)
 - School-wide initiatives to increase protective factors to reduce risk factors (e.g., bullying prevention, trauma-informed practices reflecting rapport, clarity of expectations, positive reinforcement)
 - School-wide, classroom, and individual-level data collection

Suicide Prevention and Evidence Based Practices

- Decision Making Process
- Universal Screeners and Progress Monitoring
- Diagnostic Measures
- Continuum of Interventions
- Collaboration & Communication

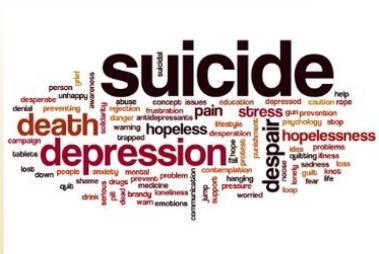


Aligning Preventive Education with Existing initiatives



Takeaway 1: Learn About Suicide Prevention Data and Needs

What is the magnitude
of the problem?



Suicide Prevention Data

- Suicide is the 2nd leading cause of death both nationally and in Ohio in the 15-24 year old demographic.
- In this demographic, 81% of suicidal deaths were male and 19% were female. (Ibid)
- Racial/Cultural Impact: (1) Native American / Alaskan Native, (2) White, (3) Black / African American, (4) Hispanic. (Jason Foundation, 2018)
- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24. (NAMI, 2018)



Suicide Prevention Data



Cuyahoga County Youth Risk Behavior Survey (YRBS) Data: High School Students

- About 30% of students experience depressive symptoms- Feeling sad or hopeless almost every day for at least two weeks that they stopped doing some usual activities.
- 1 in 6 students seriously considered attempting suicide.
- Seriously considered attempting suicide (during the 12 months before the survey.)
 - 2009 = **12%**
 - 2017= **17%**
 - 2019= **16%**
- Attempted suicide (one or more times during the 12 months before the survey.)
 - 2009 = **9%**
 - 2017 = **12%**
 - 2019= **9%**

• <https://prchn.org/infographics/>



Timing of Suicides in the United States

*1 suicide every 11 minutes
and approximately
130 suicides every day*

CDC, 2021



QPR

*Ask A Question,
Save A Life.*



QPR

*Question,
Persuade,
Refer.*



QPR

- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to sustain life until help arrives - like CPR.
- QPR is intended to offer hope through positive action.



QPR

So...Where Does the Hope Come In?

"Suicide Prevention is effectively occurring daily: For every one person who tragically dies by suicide in the U.S., there are approximately 278 people who have moved past serious thoughts about killing themselves, and nearly 60 who have survived a suicide attempt - the overwhelming majority of whom will go on to live out their lives."

(Natl. Action Alliance for Suicide Prevention, "Response to CDC Report" 2016)



QPR: A Story about a Bridge



QPR: Myths & Facts

- **Myth:** No one can stop a suicide, it is inevitable.
- **Fact:** If people in a crisis get the help they need, they will probably never be suicidal again.



QPR: Myths & Facts

- **Myth:** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact:** Asking someone direct and caring questions about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.



QPR: Myths & Facts

- **Myth:** Only experts can prevent suicide.
- **Fact:** Suicide prevention is everybody's business and anyone can help prevent the tragedy of suicide.



QPR: Myths & Facts

- **Myth:** Suicidal people keep their plans to themselves.
- **Fact:** Most suicidal people communicate their intent sometime during the week preceding their attempt.



QPR: Myths & Facts

- **Myth:** Those who talk about suicide don't do it.
- **Fact:** People who talk about suicide may try, or even complete, an act of self-destruction.



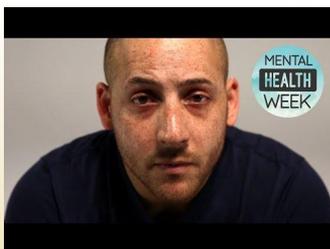
QPR: Myths & Facts

- **Myth** - Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- **Fact** - Suicide is the most preventable kind of death, and almost any positive action may save a life.
 - Many that survive an attempt say, "I regretted it the moment I..."



QPR

VIDEO: Kevin Hines



Deconstructing Stigma:

A Major Barrier to Reducing the Suicide Rate

- Suicide perceived as a sign of **Weakness/Shameful**
- Suicide perceived as **Failure**
- Suicide perceived as **Sinful**

Depressed individuals considering suicide frequently don't ask for help because they are ashamed and fear being judged.



Takeaway 2:

Recognize Someone at Risk
for Suicide

QPR

Suicide Risk Factors and
Clues/Warning Signs

The more clues and signs observed,
the greater the risk.

Take all signs seriously!



ACTIVITY:

**Fire Drill Exercise-
Risk Factors/Warning Signs**

Risk Factors for Suicide

- Mental health disorders
 - Depression, anxiety disorders, bipolar, etc.
- Family history of suicide
- Serious medical condition and/or pain
- Drug and/or alcohol dependence/abuse
- Impulsivity and aggression
- History of trauma and/or abuse
- Hopelessness



Warning Signs of Acute Risk:

Threatening to hurt or kill himself/herself, or talking of wanting to hurt or kill himself/herself; and or, Looking for ways to kill himself/herself by seeking access to firearms, available pills, or other means; and/or, Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

Expanded Warning Signs:

- Anxiety, agitation, unable to sleep or sleeping all of the time
- No reason for living; no sense of purpose in life
- Increased substance (alcohol or drug) use
- Feeling trapped - like there's no way out
- Hopelessness
- Withdrawal from friends, family and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes



Strongest Predictors of Escalated Risk

- Previous suicide attempt
- Current talk of suicide / making a plan
- Strong wish to die / preoccupation with death (e.g.: music, reading, thoughts)
- Substance use
- Recent attempt by friend or family member



Direct Verbal Clues

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."



Indirect Verbal Clues

- "I'm *tired* of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway?"
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."



Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Impulsivity/increased risk-taking
- Giving away prized possessions
- Onset self-harm (cutting, burning, etc.) or an increase in NSSI
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability
- Chronic truancy, running away



Situational Clues

- Being expelled from school/fired from a job
- Family problems/alienation
- Loss of any major relationship
- Death of a family member, child, or best friend, especially if by suicide
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying
- Health diagnoses, or chronic pain
- Unwanted move
- Fear of being burden to others



Takeaway 3:

Demonstrate Increased
Knowledge of Intervention
Skills

Tips for Asking the Suicide Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

How you ask the question is less important than that you ask it with one caveat...



How **Not** to Ask the Suicide Question:

*"You're **not** suicidal, are you?"*

"You're just kidding about killing yourself, right?"

"You wouldn't do anything stupid, would you?"

"You're not thinking about suicide, are you?"



Q: QUESTION

Less Direct Approach:

- "Have you been unhappy lately?"
- "Have you been very unhappy lately?"
- "Have you been so very unhappy lately that you've been thinking about ending your life?"
- "Do you ever wish you could go to sleep and never wake up?"



Q: QUESTION

Direct Approach:

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- "You look pretty miserable, I wonder if you're thinking about suicide?"
- "Are you thinking about killing yourself?"

If you cannot ask the question, find someone who can.



P: PERSUADE

How to Persuade Someone to Stay Alive:

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem.
- Do not rush to judgment
- Offer hope in any (honest) form



P: PERSUADE

Then Ask:

- "Will you go with me to get help?"
- "Will you let me help you get help?"
- "Will you promise me not to kill yourself until we've found some help?"

**YOUR WILLINGNESS TO LISTEN AND TO HELP CAN
KINDLE HOPE, AND MAKE ALL THE DIFFERENCE.**



P: PERSUADE

- The strongest barrier between a suicidal person and hopelessness is **engagement and hope**.
- People feeling suicidal often feel alone/alienated and burdensome; **reiterate you are on their side and that they deserve a chance to get help**.



Takeaway 4:

Gain Knowledge of Referral Resources and Referrals to Appropriate Services

R: REFER - School Settings

- Suicidal people often believe they cannot be helped, so you may have to be very proactive.
- The **best referral** involves taking the person directly to someone who can help, school counselor or identified team member.
- The next best “referral” is when the student wants you to talk to the counselor first, or when they agree to talk to the counselor on their own within the immediate future.
- The third best option is to make sure the student is safe, is under observation by an adult, and then you tell the school counselor the warning signs you have observed.



REMEMBER:

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, **don't hesitate to get involved or take the lead.**



For Effective QPR...

- Say: "I want you to live," or "I'm on your side... we'll get through this."
- Get others involved: Ask "**Who else might help?**"
 - Consider the following: Parent/Guardian, Grandparents, Aunts/Uncles, favorite Teacher, Physician, School Counselor Mental Health Provider (current or by history), Faith Leader...



For Effective QPR...

- Join the Team: Offer to work with school team, crisis interventionists, therapists, and/or psychiatrists... whomever is going to provide the counseling or treatment.
- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you. Let the person know you care about what happens to them. Caring may save a life.



If you are in Crisis and Need Immediate Help:

Local Crisis Resources:

- Call 9-1-1
- Call the Crisis Hotline:
 - Lake County: 440-953-8255, 800-411-0103
 - Geauga County: Copeline 1-888-285-5665 or 440-285-5665
 - Cuyahoga County/Frontline: 216-623-6888
 - Lorain County: 1-800-888-6161
 - Medina County: 330-725-9195
 - Summit County : 330-434-9144
- Crisis Text Line:
 - Text "4HOPE" to 741741 (Ohio only)
 - Text "GO" to 741741 (Nationwide)
 - www.crisistextline.org/textline



If you are in Crisis and Need Immediate Help:

Additional Crisis Resources:

- National Suicide Prevention Lifeline: 800-273-TALK (8255)
- Lifeline Chat : [Lifeline](#)
- National Helpline for Substance Abuse: 800-662-4357
- National Sexual Assault Hotline: 800-656-4673
- Online Crisis Network: imalive.org
- Rape, Abuse, Incest National Network: www.rainn.org
- Trevor Lifeline for LGBTQ Youth: 866-488-7388
- Trans Lifeline for Transgender People: 877-565-8860



Scenario Exercise: Applied QPR

Break out Rooms with Presenters



Takeaway 5:

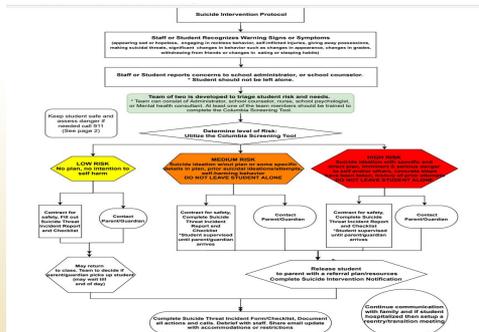
Best Practices for School Protocols and Templates

Best Practices: Developing Protocol

- **Develop District Wide Process**
 - Identify Team Members
 - Training Needs and Plan
- **Protocol should include:**
 - Assessing suicide risk
 - Screening or assessing option
 - Documenting the process
 - Checklist or Document to capture steps taken, by who, recommendations, and next steps.
 - Data collection methods to track how many screeners conducted, hospitalizations, gender, etc.



PROTOCOL FLOWCHART



Discussion on Transition Planning

- **Development of a Transition Team**
 - Point of Contact or Team Lead Identified
- **Release of Information/Community Partner Input**
 - Communication between the school district and any providers or system partners is very important to monitor need(s) and support(s) for student
- **Each Plan Should be Individualized for each student.** Plan should include:
 - Concerns Identified (Social, Environment, Academic), Interventions, Stressors, Coping Strategies, Trusted Adults/Supports, and Academic Supports.
- **Plan should be a fluid document, and updated as needed.**



Possible Interventions

- Check-ins (Morning/Afternoon)
- Collaboration with Community Providers
- Identify plan for utilizing coping strategies in classroom and school setting
- Explore plan for transitions through the day
- Explore plan for unstructured times or times of day that are triggers
- Extended time for assignments, or testing
- Reduce exposure to crowds
- Reduced homework or chunking of assignments
- Pass to counselor, or other staff.
- Shortened day
- Peer buddy
- Alternate setting
- Change in schedule/reduced course load
- "I" for Incomplete
- Tutoring support
- Smaller setting/more structure



Protective Factors to Prevent Suicide

Protective factors reduce the likelihood of suicide; they enhance resilience and may serve to counterbalance risk factors.



Protective Factors to Prevent Suicide

- Healthy Practices
- High Self-esteem
- Good Problem-Solving Skills
- Feeling of Control in their own life
- Spirituality
- Avoid Alcohol, Tobacco and other Drugs
- Consistent home/family routine
- Parental/familial support
- Monitoring of youth's activities
- Regular school attendance and academic performance
- Having a good social support system
- Economic security
- Availability of constructive recreation
- Community bonding
- Feeling close to at least one adult



Suicide Protocols and Tool Kit Resources

- [School Policy on Suicide Prevention](#)
- [Oregon Schools Suicide Protocol Toolkit](#)
- [Samsha Prevention Suicide: A Toolkit for High Schools](#)
- [Youth Suicide and Self-Harm Prevention: 2017 Resource Guide](#)
- [Model School District Policy on Suicide Prevention](#)
- [Zero Suicide: Transition Toolkit](#)
- [Student Return to School from Hospitalization](#)
- [Transition Toolkit 3.0: Meeting the Educational Needs of Youth Exposed to the Juvenile Justice System](#)



SUICIDE AWARENESS AND PREVENTION RESOURCES

Below are resources to support districts and schools with suicide prevention and intervention:

- [Developing a Comprehensive School Suicide Prevention Program](#) – Ohio Department of Mental Health and Addiction Services
- [Comprehensive School Suicide Prevention in a Time of Distance Learning](#) – National Association of School Psychologists
- [Teen Suicide: Prevention, Intervention and Postvention](#) – Project AWARE Ohio
- [Treatment for Suicidal Ideation, Self-harm, and Suicide Attempts Among Youth](#) – Substance Abuse and Mental Health Services Administration (SAMHSA)
- [Safety and Violence Prevention Training](#): Outlines requirements for training and provides the materials for providing the training including a PowerPoint slide show, script and handouts. Module 2 of the training teaches staff to Recognize Depression and Suicide Ideation in Students.
- [Be Present Ohio](#) is a website for teens and young adults focused on self-care skills for managing tough situations and tools for supporting friends.
- [Life Is Better with You Here](#) is a suicide prevention and mental health campaign geared toward Black males.
- [Ohio Suicide Prevention Foundation](#) provides programs and trainings to increase suicide awareness and prevention. Find information on the following trainings: QPR Gatekeeper Trainings for Suicide Prevention, Mental Health First Aid, Working Minds: Suicide Prevention in the Work Place



Additional Resources

- **National Alliance on Mental Illness (NAMI)** - offers *free* education, advocacy and support for people with brain disorders (mental illnesses) and their families; www.namiohio.org
- **American Association of Suicidology** – discusses warning signs, risk factors, protective factors and national statistics, www.suicidology.org
- **National Suicide Prevention Lifeline** – National Suicide Prevention Hotline (1-800-273-8255) and Crisis Chat (visit their website) comprised of a national network of over 160 local crisis centers, combining custom local care and resources with national standards and best practices; www.suicidepreventionlifeline.org
- **Kognito At-Risk for Middle / High School Educators** - One-hour, online, interactive gatekeeper training program that teaches high school teachers/other educators how to (1) identify students exhibiting signs of psychological distress and thoughts of suicide; (2) approach students to discuss their concern; and (3) make a referral to school support services. www.sprc.org/resources-programs
- **Crisis Text Line** available 24/7 by texting **4HOPE to 741741**; www.crisistextline.org
- **QPR Institute** <https://qprinstitute.com>
- **The Relationship Between Bullying and Suicide: What We Know and What it Means for Schools**
- **Safety and Violence Education (HB123) SAVE**



Web Resources

Thankfully, there are many helpful web resources for mental health and wellness, as well as suicide prevention and awareness. We hope you take the time to peruse those that may be of interest and pass along the information to others in your life.

- American Foundation for Suicide Prevention
- Crisis Text Line
- NAMI Stigma Free Awareness Campaign
- Cuyahoga County Suicide Prevention Coalition
- Know the Signs
- Lines for Life
- National Alliance on Mental Illness
- NAMI: Student Resources
- National Institute of Mental Health
- National Suicide Prevention Lifeline
- Suicide Prevention Resource Center
- SPRC: Blacks & African Americans
- SPRC: Populations
- The Trevor Project
- This Is My Brave
- Veterans Affairs Suicide Prevention



Personal Stories about Seeking Mental Help

View the video links below for more important resources on why it is OK to call or text for help. Also, experience powerful personal stories of suicide attempt survivors who are advocates for suicide prevention and making the most of their lives.

- **Suicide Prevention for College Students** (4:25)
- **Why Use Crisis Text Line** (1:00)
- **Rhett Miller's Reason to Call** (1:06)
- **Rob Delaney's Reason to Call** (2:58)
- **Jordan's Reason to Call** (1:18)
- **Scott's Reason to Call** (3:01)
- **John Draper's Reason to Call** (1:14)
- **Kevin Hines: Golden Gate Bridge Suicide Attempt Survivor Shares His Gratitude for Life**
- **The Terry Wise Story** (3:31)
- **Cleveland Teen Shares How She Overcame Trauma and Anxiety** (5:04)



Scan code with phone camera to access and complete required QPR Post-Training Survey:



Scan code with phone camera to access survey for QPR & Suicide Prevention Coaching Training to receive certificate of attendance: