DEPARTMENT OF CORRECTIONS
Division of Management Services
DOC-544A (Rev. 4/01)

WISCONSIN

LESSON PLAN

Lesson Title | Question, Persuade, Refer (QPR) - December 2015

Presentation Guide	Notes to Trainer

Needed Supplies/Equipment-
Projector/screen/clicker
Laptop/cords/batteries /mouse
Speakers for videos
QPR PowerPoint disc/flash drive (BTM approved)
Flip chart & markers and/or Paper & pens for exercises
QPR booklets with cards/QPR Trainer List/DOC and community resources/Evaluations/DOC-548 Training Log/Myth-Fact worksheet
Candy for participation! (optional)

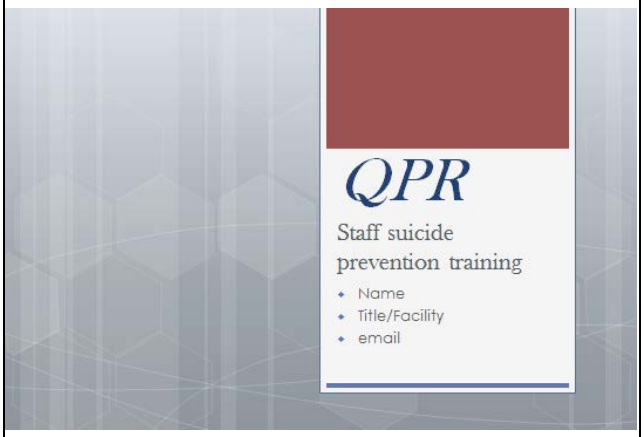
Introduction-
Welcome and thank you for coming!
Housekeeping – restroom--Breaks
I am…….
Here's a little background information about how we got here today: a couple years ago, some DOC staff members attended Mary Van Houte's training; Mary is a suicide prevention educator and trainer who works for the QPR Institute. The staff enjoyed her training so much that they wanted to bring QPR training to DOC. They filed a grant request with the Charles E. Kubly Foundation. The Charles E. Kubly Foundation is a public charity that uses donations to fund "quality mental health projects that aim to reduce suicide and the stigma associated with depression". They received the grant money and the DOC graciously matched the funding. Starting in 2016, DOC is offering QPR training, staff suicide prevention training, to all staff!
Okay, that being said let's begin…

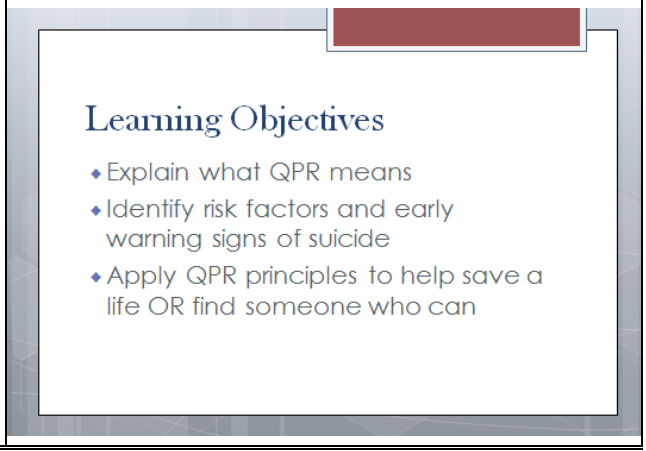
Learning Objective-
Following short lecture, group activity, discussion and distributed material, participants will be able to:

1) **Explain what QPR means**
2) **Identify risk factors and early warning signs of suicide**
3) **Apply QPR principals to help save a life OR find someone who can**

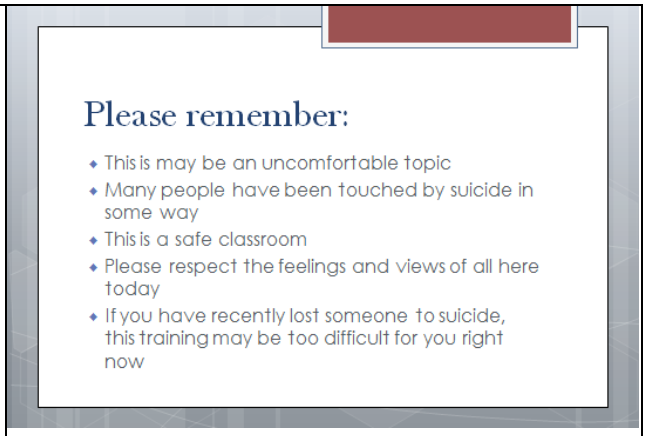
BEFORE TRAINING:
Greet attendees, request that they sign-in on DOC-548 and encourage Myth/Fact Exercise.

Have booklets/Evaluations/Myth-Fact worksheet on tables before participants arrive.

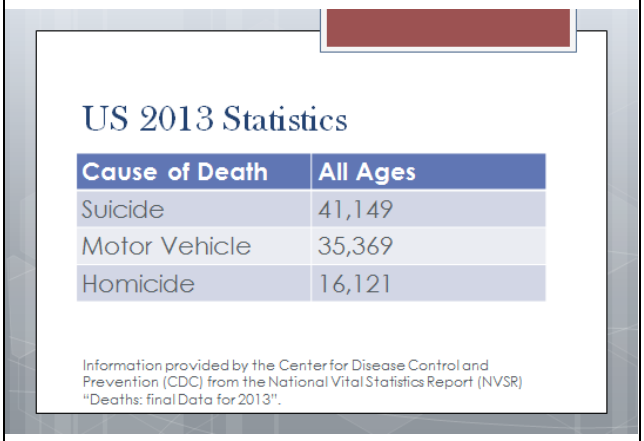




There are a few things that we want you to keep in mind: we realize that many people have been touched by suicide in some way and that this may be an uncomfortable topic. We want to remind you that this is a safe classroom; what is said in this classroom stays in this classroom and what it learned in this classroom leaves the classroom. Knowing that it can be a sensitive topic, we ask that you please respect the feelings of everyone here today. And one last thing, if you have recently lost someone to suicide, this training may be too difficult. We encourage you to take care of yourselves and if you need to leave, that's OK; just know that one of us may follow you to make sure that you are OK.

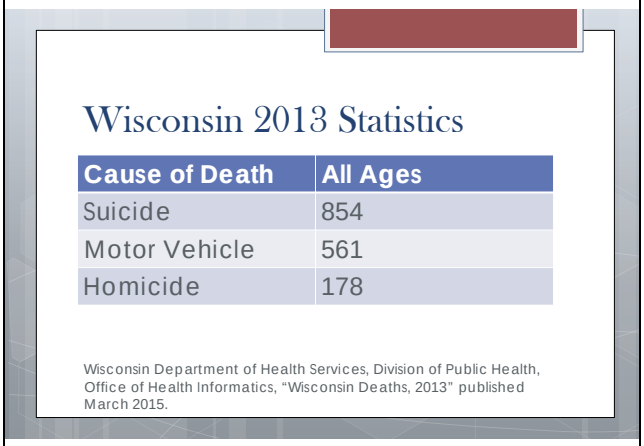


To put things into perspective, let's start by talking about suicide statistics. In the US, suicide is the 10th leading cause of death. These are the 2013 statistics from the CDC taken from the National Vital Statistics Report.



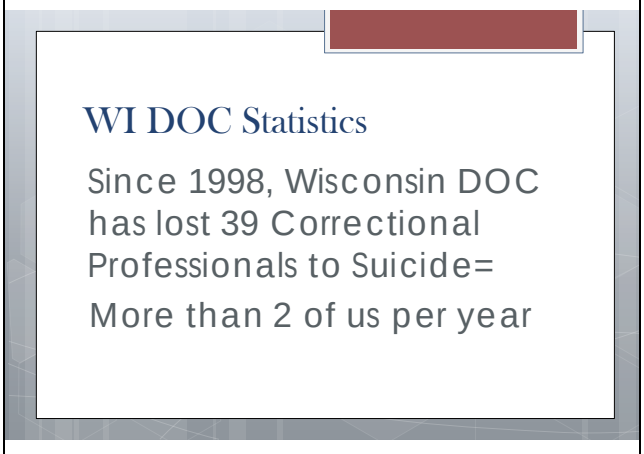
Suicide is also the 10th leading cause of death in Wisconsin. These are the 2013 Wisconsin statistics from the Wisconsin Department of Health Services.

Is suicide more common than we thought? (*solicit responses*)



These statistics are only reflecting reported data
Knowing that, there may also be many unreported deaths by suicide and these numbers may be low.
For example: if someone overdoses and is treated in the ICU; let's say that their liver fails from the medication and they die. The death is reported as liver failure, not as suicide.

We have looked at the state and national data, but how about us?
Since 1998, Wisconsin DOC has lost 39 Correctional Professional to suicide. That equals more than two of us per year. This is why we are we here today.



It's unfortunately fair to assume that at this rate, in the next 15 years, another 30 of us will be lost if we do nothing to help. Who are they? Are they here today? We have to ask to find out and help save lives!

Staff leap in response to crisis in at our worksites. We run blindly to save each other in business….that's what we do. But how about in real life? Do we do this only because we are in pay status?

Today you learn about your role as a gatekeeper and you may be asking yourself, what is a gatekeeper?

A gatekeeper is anyone in a position to recognize a crisis and take action. This is not treatment, but a citizen emergency response to a crisis:

Awareness, Surveillance, Detection

Dr. Paul Quinnett created QPR in the 80's for an elderly population in WA that he served when he saw several suicides with them. QPR reduced the risk of suicide and lowered the suicide rate.

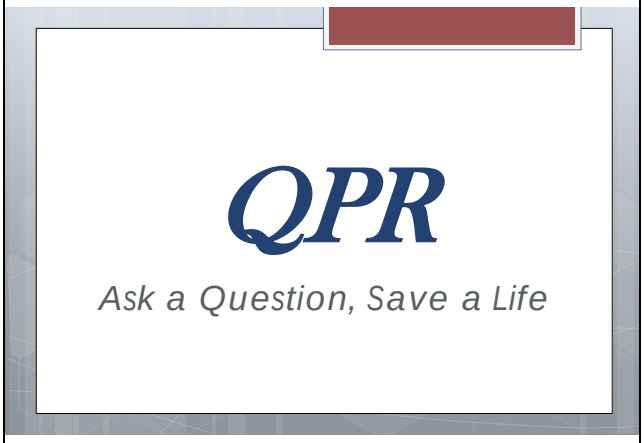
He noted law enforcement officers and Corrections as higher risk groups compared to the average population. Why do you think that we are at higher risk? Does our culture affect our risk? (*solicit responses*)

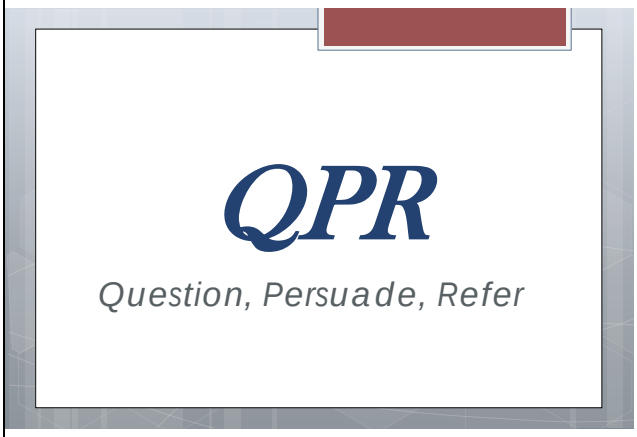
QPR is a nationally recognized program with Law Enforcement and Corrections both on the county and state level.

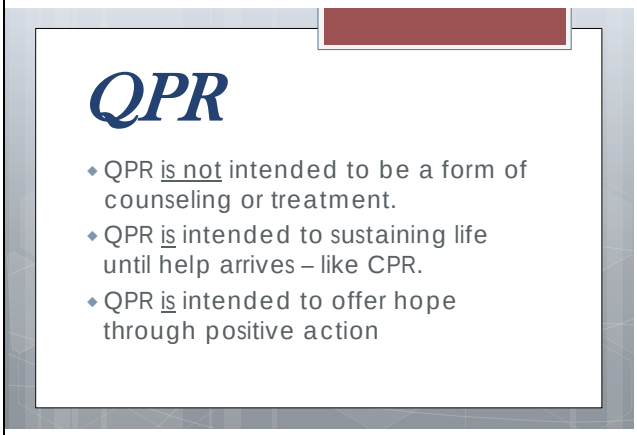
We know that we are just people, we are not counselors. QPR is not treatment, it's a plan for response to crisis. It's simple, like CPR or the Heimlich Maneuver; the goal is to sustain life until the professionals arrive.

QPR is intended to offer hope through positive action. Feeling hopeless for any reason is the #1 reason cited for suicide. What does hope mean? (*solicit responses*)
Hope can mean:

- dreams
- tomorrow
- things are going to be ok
- a feeling that a wish or desire will be filled
- there is a solution to a problem



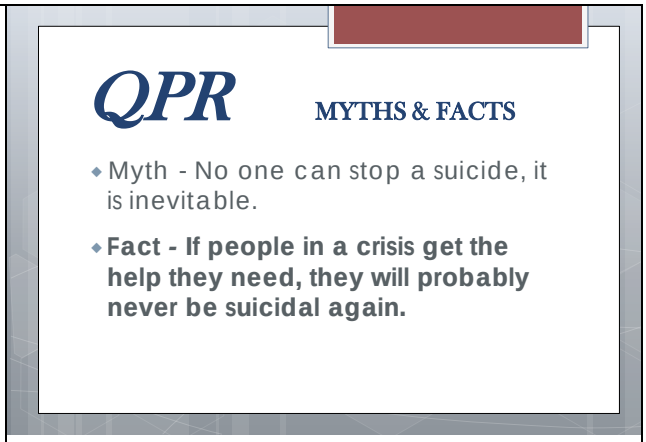




Myths/Facts Exercise

Now, let's go over the answers from the Myths/Facts board or sheet.
(*Discuss responses to each myth/fact pair and g*ive *candy-optional- for correct answers/participation*)

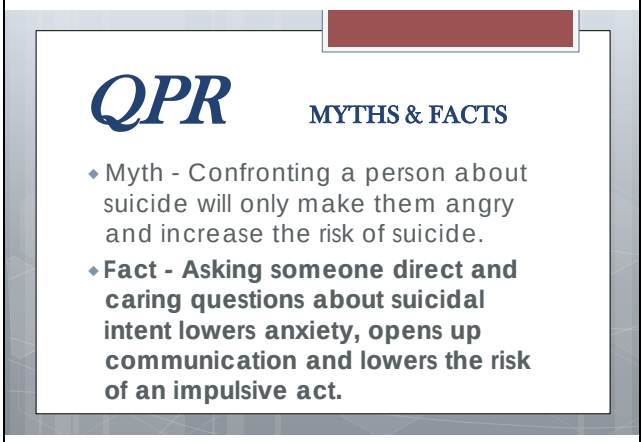
Worksheet reads: No one can stop a suicide, it is ineveitable. (*Myth*)
The fact is that if people in a crisis ge the help they need, they will probably never be suicidal again.



Worksheet reads: Asking someone direct and caring questions about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act. (*Fact*)

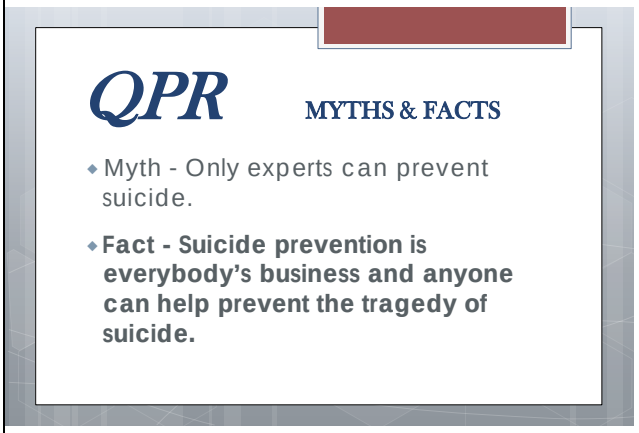
A common myth is that confronting a person about suicide will only make them angre and increase the risk of suicide.

Talking about suicide will not encourage it, it may be the only thing that prevents it.



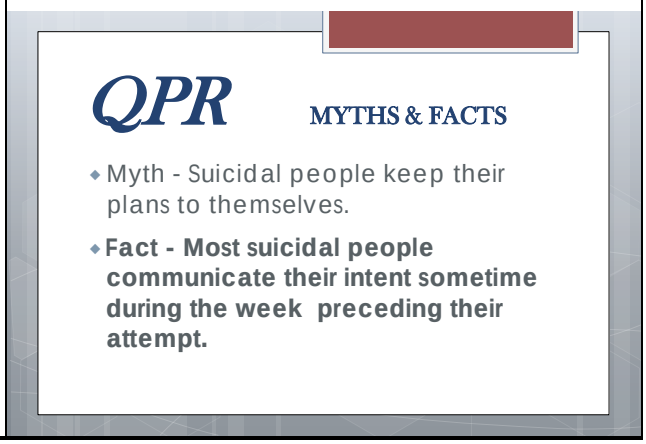
Worksheet reads: Only experts can prevent suicide. (*Myth*)

The fact is that suicide prevention is everybody's business and anyone can help prevent the tragedy of suicide.
Part of this training is to empower you to be able to talk about suicide so that you can help someone who may be in a suicidal crisis. You don't need to know everything about suicide to be able to help someone; remember, you are sustaining a life until the professionals take over.



Worksheet reads: Most suicidal people communicate their intent sometime during the week preceding their attempt. (*Fact*)

The myth is that suicidal people keep their plans to themselves.



This leads to the next myth/fact pair:

Worksheet reads: People who talk about suicide may try, or even complete, an act of self-destruction. (*Fact*)

The common misperception is that those who talk about suicide don't do it.

When people talk about plans of suicide or suicidal intent, take them seriously. Sometimes when we feel uncomfortable talking about a topic, we avoid it and in this case, it can lead to tragedy.

Worksheet reads: Once a person decides to complete suicide, there is nothing anyone can do to stop them. (*Myth*)

The fact is that suicide is the most preventable kind of death and that almost any positive action may save a life.

In a Golden Gate Bridge study, survivors said that they regretted it the moment they jumped; in those 4 seconds to impact. One person said, "The very second I let go, I knew I had made a big mistake."

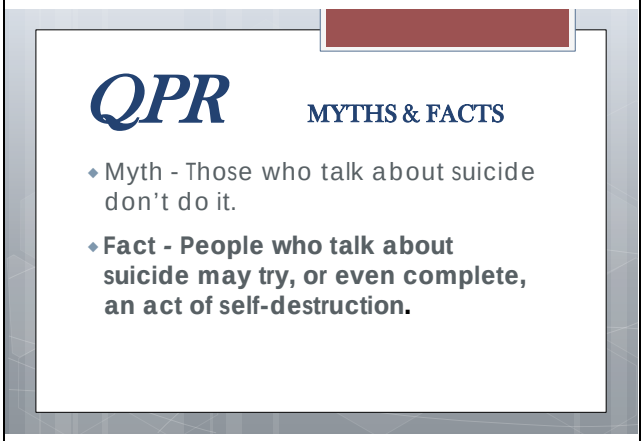
There is always ambivalence and ambivalence is a window for hope.

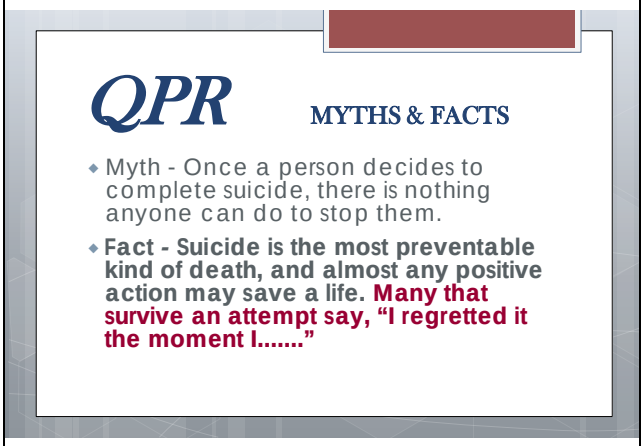
How many were accurate? Any thoughts? (*solicit responses*) This wasn't to score how much you know about suicide, but to teach you about some common myths and facts. The more you know about suicide, the easier it is to talk about and talking about it saves lives!

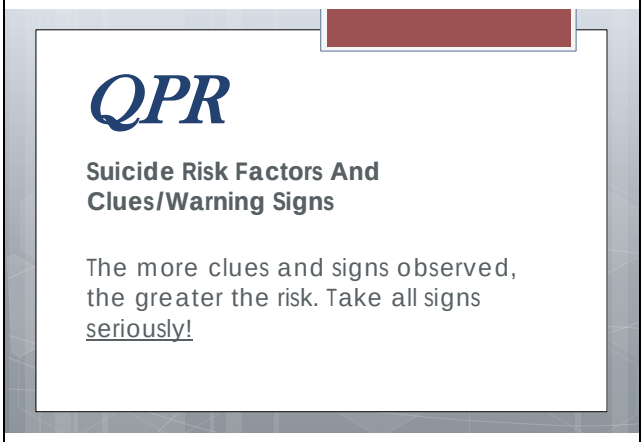
Next we are going to talk about suicide risk factors and clues or warning signs. Clues or warning signs can come in many forms, but once they are understood, they become easier to recognize.

If you have the "Hmm???" Factor or something that makes you hmmm or makes you ask yourself a question…ACT! If you think there's something wrong, there probably is.

Another good rule of thumb is that if you see something, say something. Trust your gut; we are perceptive people.







Fire Drill Exercise-Risk Factors/Warning Signs
We are going to split into two teams and take a few minutes to jot down what we think are risk factors/warning signs/clues for suicide. Write down your answers on the flip chart. (*Hand out candy for participation.*)

Discuss responses

You provided great examples of risk factors/warning signs. Why is knowing this important? How can we help if we don't know what to look for, right?

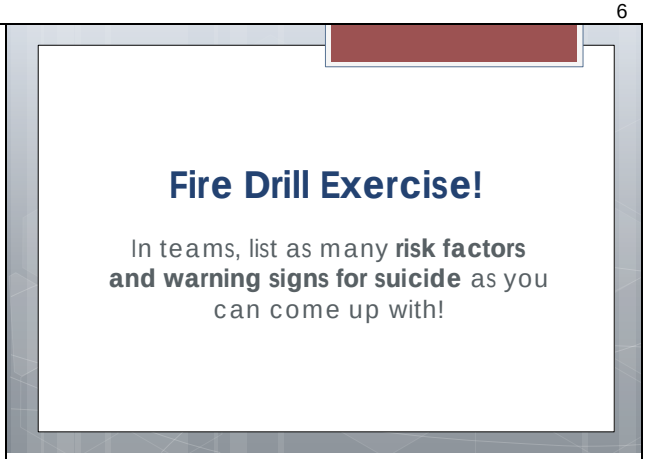
These are **some** common, evidence based risk factors; many of which you touched on in our exercise.

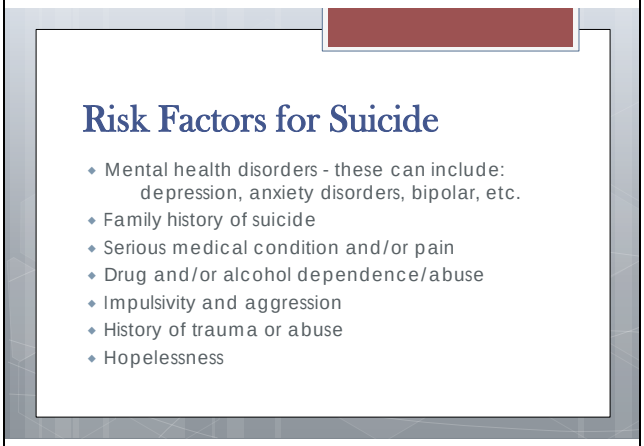
There is a relationship between untreated depression and other mental health concerns and suicide. Substance abuse also puts people at an increased risk. Other risk factors include: family history of suicide, trauma and hopelessness.

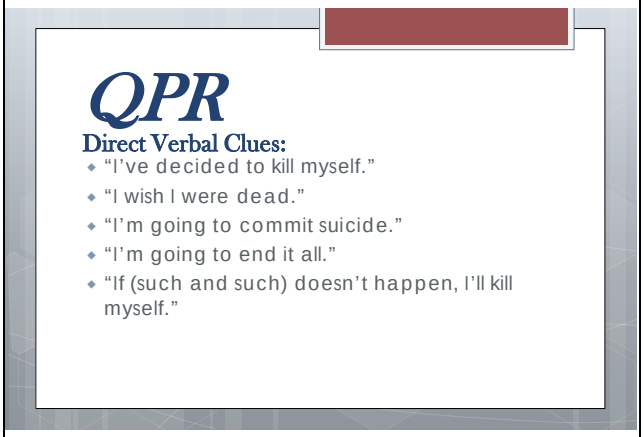
As we said earlier, clues or warning signs can come in many forms.Sometimes people will give us direct verbal clues that that are thinking about suicide. If you recognize a direct verbal clue, you can apply QPR. If the threat is imminent and the crisis is in process-we must restrict the means if possible and call 911! This is just part of the process, like in CPR when you do compressions – here, you call 911 and never leave the person alone!

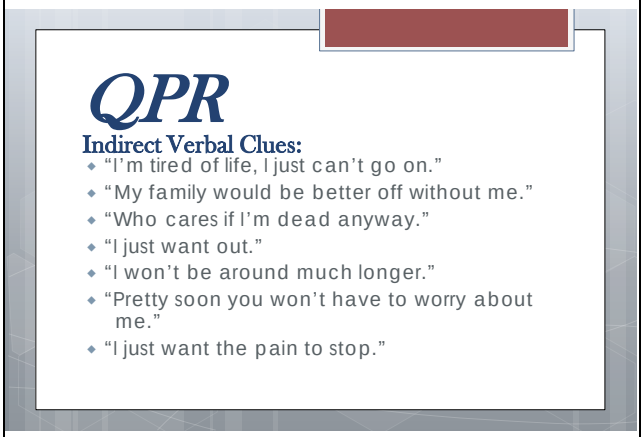
It can be hard to do, but it is necessary. They may be mad at you, but they will be alive to mad.

Direct verbal clues make it very clear that action is needed, but indirect verbal clues may be less clear, or a little harder to decode. Indirect verbal clues can range from, "I'm tired of life, I just can't go on" to "I just want the pain to stop". However indirect, these clues should still create that "Hmm??" factor and they warrant the use of QPR.









Clues or warning signs can be verbal and they can also be behavioral. Behavioral clues can include any previous suicide attempt, acquiring a gun, stockpiling pills, co-occurring depression, moodiness and hopelessness, putting personal affairs in order, giving away prized possessions.

In prior staff suicides, coworkers mention afterwards that the staff member was trying to get rid of possessions.

Another clue is a sudden interest or disinterest in religion.

Substance abuse, or relapse after a period of recovery; unexplained anger, aggression and irritability.

If you notice a sudden change of behavior from depressive symptoms to joy and peace, this may be a clue. Once someone decides to end their pain by suicide, they may experience a sense of relief and this is a good time to apply QPR.

Missing work frequently after rarely missing a day might be clue; especially when we know someone is struggling in some way. If you are ever in doubt, ask the question.

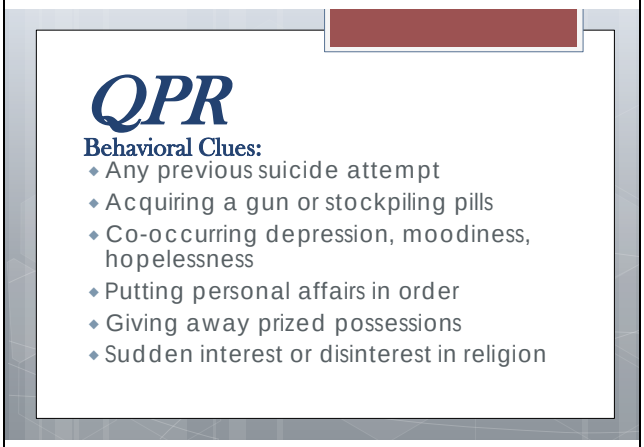
There may also be situational clues in someone's life that may lead you to apply QPR.

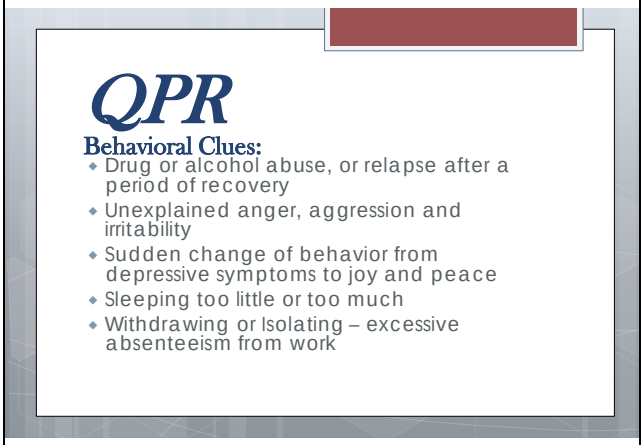
The loss of any major relationship or death of close family member or friend, especially if by suicide.

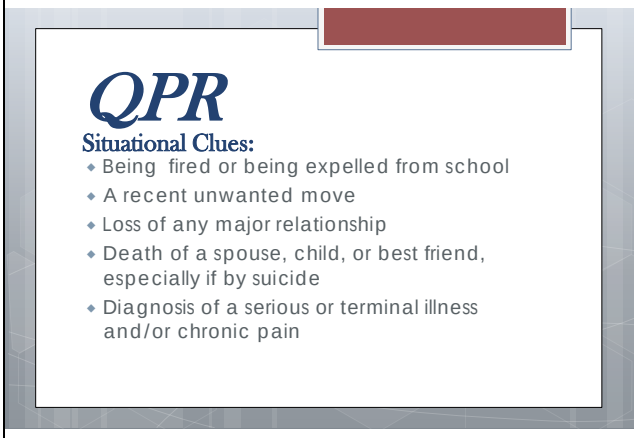
Loss of financial security or the fear of becoming a burden to others. Bullying and harassment can also be a clue.

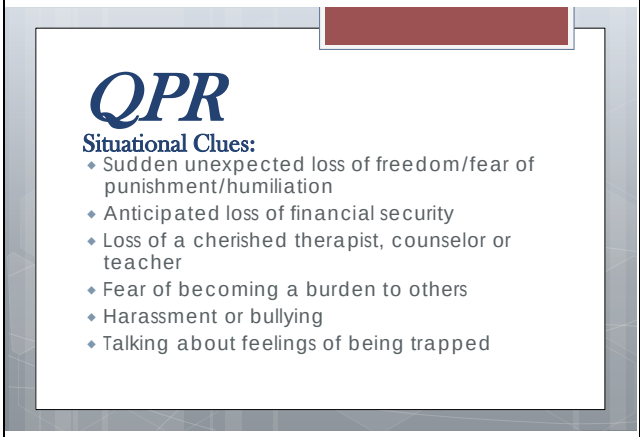
These clues are seen over and over by survivors and survivors say, "I saw/heard that something was wrong and I didn't know what to do to help."

Survivors are not at fault; that is why we are here today.









Here are some guidelines for applying QPR:
If in doubt, don't wait, ask the question. Allow the person to speak freely, remember, it's about them.

Call the sups and request a private place to talk.

Know you resources and have them handy. Handouts for resources will be distributed after the training.

And remember: how you ask the question is less important than that you ask it.

The Q in QPR stands for Question; ask about suicide. Here we will talk about a couple of different approaches. First, the less direct approach; asking about suicide without saying "suicide". This might sound like, "Have you been unhappy lately?" or "Do you ever wish you could go to sleep and never wake up?"

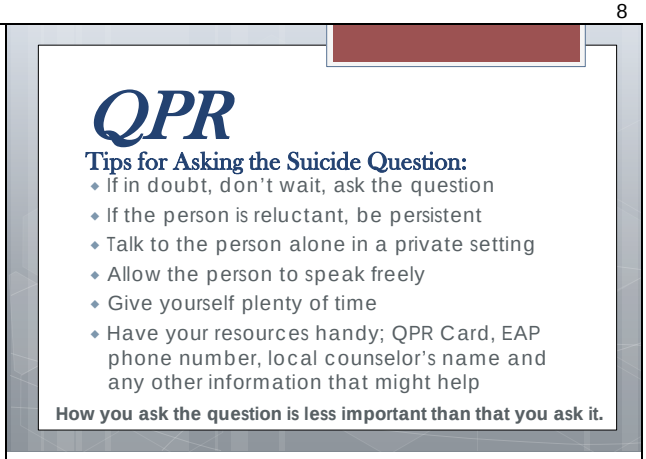
The direct approach involves asking the person directly about suicide. This might sound like, "Are you thinking about suicide?" or "Are you thinking about killing yourself?".

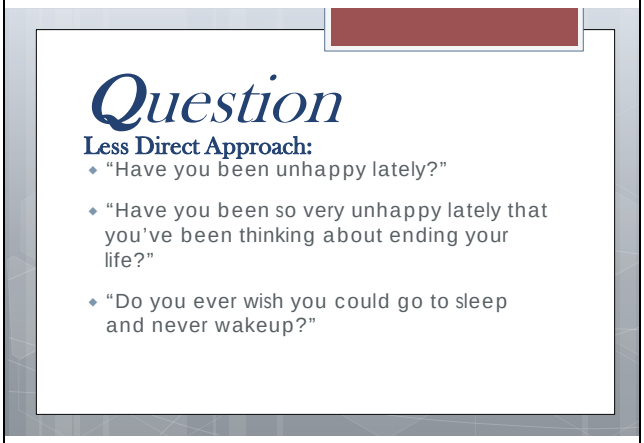
Another method for asking the question is a form of the "sometimes speech"; "You know when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way too?"

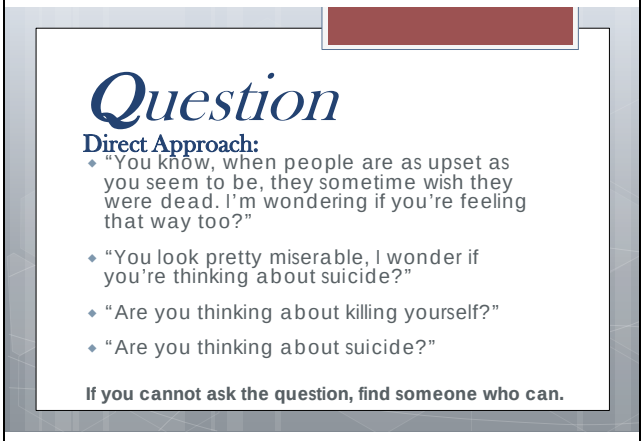
If you are not comfortable asking the question or if you can't ask the question, find someone who can. I will ask the question, other trainers will ask the question–If you don't feel you can, it's okay, just find someone that will. *List of QPR facilitators -handout*

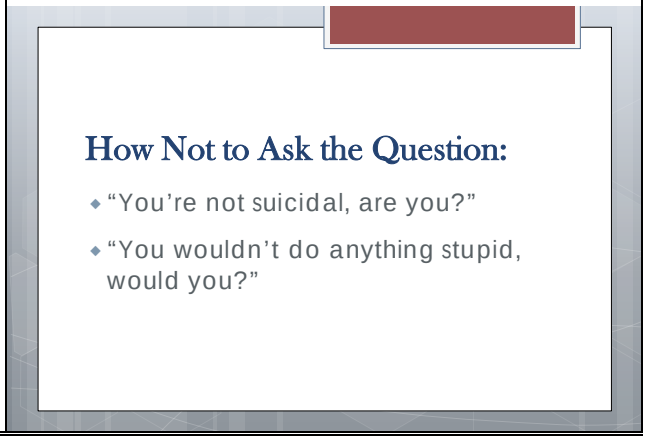
We have given several ways to ask the question; here's how not to ask the question: "You're not suicidal are you?" or "You wouldn't do anything stupid would you?" Try to avoid using the phrase, "ARE YOU?"; it can sound judgmental and force a "no" response. And, they already know how it would sound to answer yes.

The goal is to reduce the stigma and to normalize the thought. To a suicidal person, stupid is living with such pain; smart is making it stop.









The P in QPR is for Persuade: now that we've asked them about suicide, persuade them to get help. The best thing that you can do is to listen and try to avoiding judgment. Remember, suicide is not the problem; suicide is the solution to the problem.

People that seem fine might not be. Make sure that we don't avoid unpleasant people who are at risk

Offer hope. It hurts to live; help them find a more positive solution to the hurt than dying. There is a way to make the pain stop and stay alive!

"People can tend to feel like taking their own life when……."

How can you persuade someone? Ask them. Use "I" or "we" statements and let them know that you are on their side. This can be a very emotional conversation; there could be anger, tears….be prepared.

Again, if you get a response of, "everything's fine", you may need to dig a little and provide specific examples of why you are concerned. We are good at, "I'm fine!" …it's our culture.

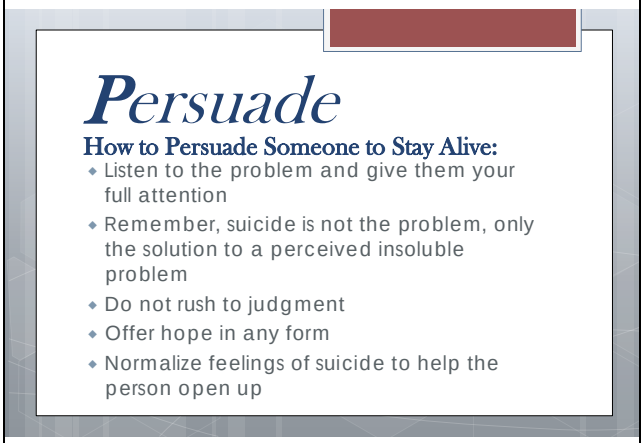
The R in QPR is for Refer: refer the person to local resources.

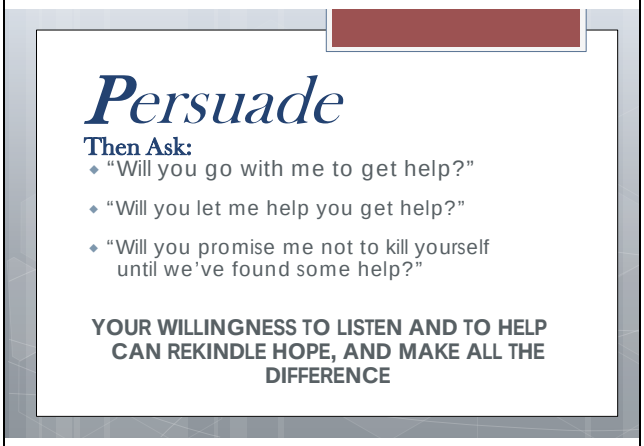
Knowing this stuff can be useful in all aspects of life: home, work, kids, friends, etc.

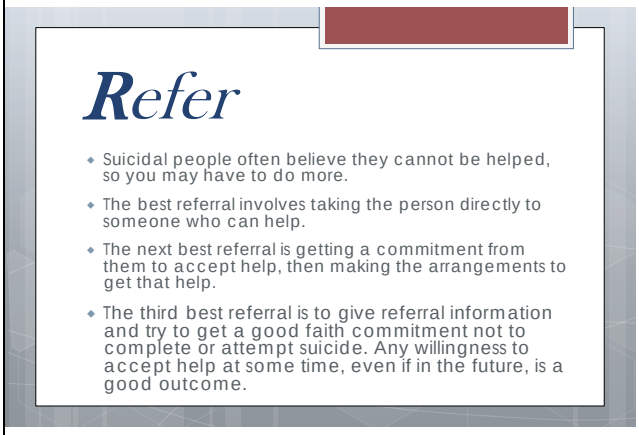
Suicide happens when a person's pain exceeds their known resources for dealing with that pain. We can help a person find needed resources.

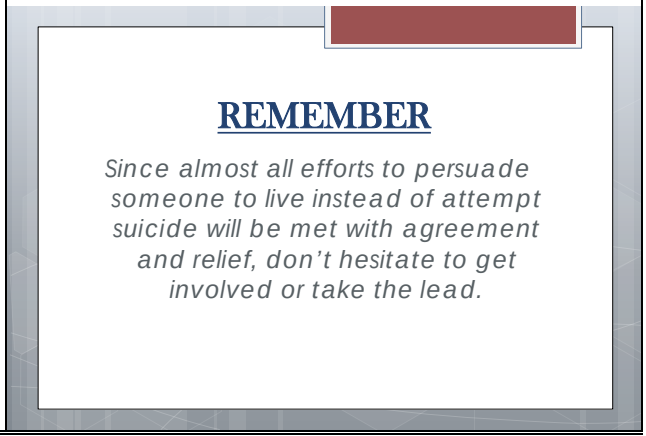
Know that when you apply QPR, you are NOT being nosey and you are not intruding; you are sensing something for a reason.

Feedback from training has been, "thanks for permission I was always unsure if I should……" This is your permission to not feel guilty about saying something. If you were unsure before, it's no longer a question.









For effective QPR, again, use the terms I or WE! I want you to live or we'll get through this. This is a brother/sisterhood where we show care and concern.

Let them know you won't spread their business to others. Confidentiality is very important to maintain trust. Get permission before including others, unless the threat is imminent.

Bring in EAP if the person agrees

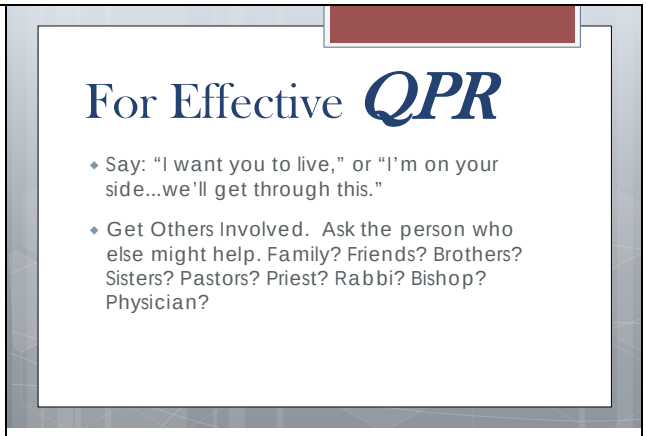
In doing these things you are providing important protective factors.

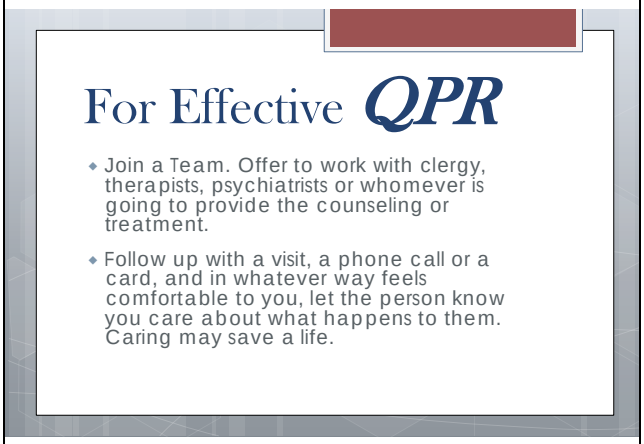
And most importantly, follow up! Follow up with a phone call or an email and let them know that you are thinking about them.

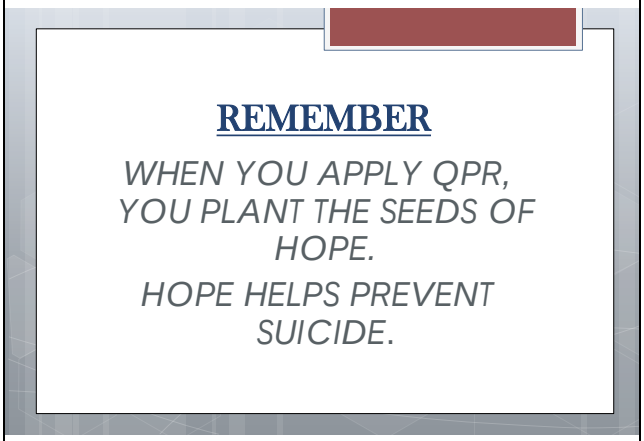
How do we know QPR works? 38 of us trained all over the state have been contacted to help apply QPR many times….they are all alive today! Trainers have had contacts from Wardens to line staff who are concerned about someone.

When you apply QPR, you plant the seeds of hope. Hope helps prevent suicide.

WE are a team and we can choose to be merchants of HOPE!



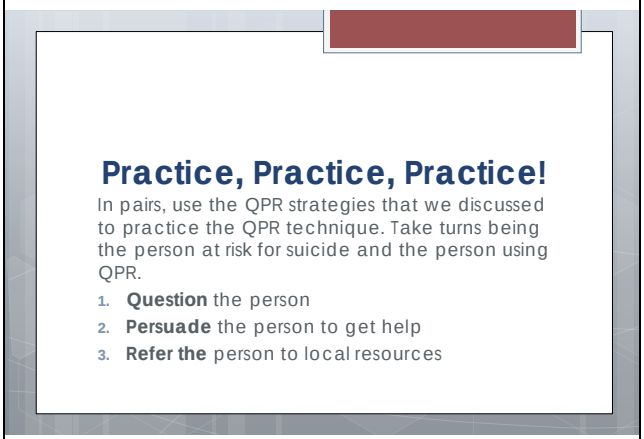


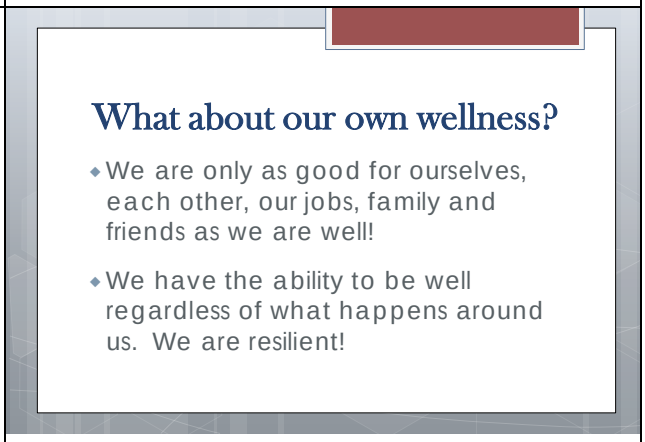
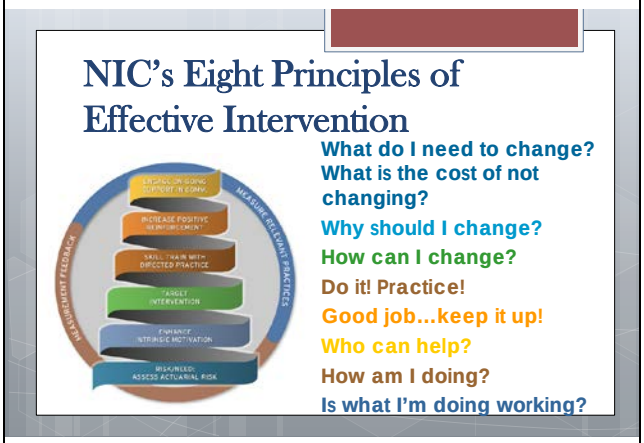


Application of QPR

Let's practice! The situation: You are noticing some of the early warning signs we discussed earlier in a co-worker. In pairs, use the QPR strategies we discussed to practice the QPR technique. Take turns being the person at risk for suicide and the person using QPR.

1. Question the person – ask the right question, the right way.
2. Persuade the person to get help – listen to their story and help them get help. Stay with them.
3. Refer the person to local resources – Give them resource info, go with them/take them to the resource and follow through with them.



Debrief: How was that experience? (*solicit responses*) It can feel awkward the first time. That's ok; this classroom is a safe place to practice! Keep practicing once you leave. Remember, these are difficult conversations and situations. It may always feel a little awkward, but that doesn't matter; what matters is the person knows that you are there to help.	
<u>Summary</u> Review learning objectives: 1. Explain what QPR means 2. Identify risk factors and early warning signs of suicide 3. Apply QPR principals to help save a life OR find someone who can What does Q, P and R stand for? Can you identify risk factors and warning signs? Do you feel comfortable asking the question? If not, what can you do?	Ensure that they all know that they can find someone who will ask they question if they don't feel comfortable. Refer to the QPR booklet they are receiving. 'This is a helpful tool you can take with you to keep you fresh. Review it from time to time & before making contact if you are concerned about someone, to prepare.'
Now that we've addressed some pretty heavy topics, and realize that there are ways to intervene and affect change in people we know may be at risk for suicide. Let's talk about employee wellness and ways we can improve our work environments and actually develop and atmosphere that is supportive and preventative up front. We must make wellness a priority for ourselves and each other. We are only as good for our job, coworkers, selves, family and friends as we are well. Some of you may have seen this ribbon before. The DOC uses the National Institute of Corrections (NIC) Eight Principles of Effective Intervention to help our offenders successfully reintegrate into the communities. We use it because it is evidenced based and we know it works. So, I am suggesting we do the same thing for ourselves. We can use the the eight principles as a change model; a way to make a plan, act and change. When we are feeling "not well" or the opposite of the things your groups have defined then we need to take a step back and look at	 

ourselves/peers. For example:

1. Risk/Need – What are our current risks and needs right now? How do we prioritize those and get help?
2. Enhance Intrinsic Motivation – what internally motivates us? What is it that we cherish that makes it worth improving our situation? Pushing through the hard times? Staying alive?
3. Target intervention – This can be using QPR. It can be any immediate intervention to stop the crisis, or just the unhealthy situation, right now. Get the right "dosage".
4. Skill train with direct practice – we need to practice our healthy behaviors/new choices and we need support while we do it.
5. Increase positive reinforcement – seek out the support you need. Give to others the support they need. Celebrate the little moments.
6. Engage in on-going support – join groups, involve other people in your lives, be a support for someone else, this is part of the "Effective QPR"
7. Measure feedback - talk to people and more importantly LISTEN to people.
8. Measure relevant practices – How are things working for you? Good? Great! Not so good? Go back to #1.

If we take care of ourselves we will always have the opportunity to start over and try again, and be a little better the next time around.

<u>Notecard exercise:</u>

On your notecard, please write down at least three things that you do for yourself. (When they are done, pass cards to the left so that everyone has a new card.) The idea is that if there are 30 people in this room and we all have three ideas to take care of ourselves, that's 90 ways to increase our wellness!

Increasing your wellness is a positive and necessary thing. Doing it in the work place can be difficult, but you have to choose to be the change agent. Other does will join you in your quest when they see that it works. And remember, there are peer supporters, QPR trained employees, EAP, all available to you on the job. And

Hand out notecards to each participant and have them write down the positive things they do to take care of themselves. Once cards are filled out (try to have up to 3 things listed) pass the cards to the group on your left. Discuss as a class (one person at a time reads the card they hold) how these different options can help you find and maintain that balance. Also discuss the dosage of "stress relievers" that you can do.

there are multiple resources in the community to help you out, too. (Hand out resources sheet).

Safe Circle Debrief -

Before we leave today, let's take a few minutes to do a safe circle debrief. This is a safe room; discussions are respected and will stay in room. Each person will get an opportunity to debrief the day. You can share a real life example of warning signs of suicides, or an experience with suicide that you are comfortable sharing, or just make a comment or observation.

Encourage them to comment on what they will take from this training that they will use to increase awareness and wellness in themselves, their peers or at home. Participants need a chance to debrief the day, but they can also pass on their turn if they wish.

And finally, thank you for your attendance and participation! Please let your coworkers know about this training and help us spread the word!

Reminder of handouts available and evaluations.