



QPR Gatekeeper Training for Youth



QPR for Youth

Ask A Question,
Save A Life.

QUESTION. PERSUADE. REFER.

What is the Purpose of QPR?

QPR is not intended to be a form of counseling or treatment.

QPR is intended to offer hope through positive action.



Suicide Myths & Facts

MYTH 1

No one can stop a suicide, it is inevitable.

FACT 1

If people in a crisis get the help they need, they may never be suicidal again.

MYTH 2

Asking a person about suicide will only make them angry and increase the risk of suicide.

FACT 2

Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of a suicide attempt.

MYTH 3

Only experts can prevent suicide.

FACT 3

Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.

MYTH 4

People considering suicide keep their plans to themselves.

FACT 4

Most people considering suicide communicate their intent sometime during the week of preceding their attempt.

MYTH 5

Those who talk about
suicide,
do not do it.

FACT 5

People who talk
about suicide may
try, or even
complete, an act of
self-destruction.

MYTH 6

Once a person decides to complete suicide, there is nothing anyone can do to stop them.

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MYTH 7

If a suicidal youth tells a friend, the friend will access help.

FACT 7

Most young people do not tell an adult.



How can I help?



Suicide Clues and Warning Signs

Take All Signs Seriously.

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





Direct
Verbal Clues



Indirect Verbal
Clues



Behavioral Clues



Situational
Clues



Suicide Clues &
Warning Signs

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
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability
- Chronic truancy, running away
- Self-destructive acts (i.e., cutting)



Situational Clues

- Being expelled from school /fired from job
- Family problems/alienation
- Loss of any major relationship
- Death of a friend or family member, especially if by suicide
- Diagnosis of a serious or terminal illness
- Financial problems (either their own or within the family)
- Sudden loss of freedom/fear of punishment
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying

Suicide Clues and Warning Signs

- Threats to hurt or kill him or herself
- Current talk of suicide/making a plan
- Strong wish to die/preoccupied with death
- Anxious and depressed, not sleeping
- Abusing substances



Suicide Clues and Warning Signs

- No reason to live, no purpose in life
- Feeling trapped with no way out
- Withdrawing from friends, family and society
- Anger, irritability, engaging in high-risk behavior apparently without thinking
- Statements of hopelessness and despair

Other areas of concern, and signs of distress

- Change in interaction with family and friends
- Recent disappointment or rejection
- Sudden decline in academic performance
- Increased apathy
- Physical symptoms: eating disturbances, changes in sleep patterns, chronic headaches, stomach problems, menstrual irregularities

These may not be suicide warning signs, but do require some exploration and concern



Suicide Questions

Tips for Asking the Question

- 1 If in doubt, don't wait. Ask the Question!
- 2 If the person is reluctant, be persistent.
- 3 Talk to the person alone in a private setting.
- 4 Allow the person to talk freely.
- 5 Give yourself plenty of time.
- 6 Have your resources handy: the QPR Card, phone numbers, counselor's name and any other information that might help.

REMEMBER:

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

The QPR Institute offers a 3-step intervention plan.

- Approach:
Direct or Indirect
- Identifying
questions to avoid

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?”

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?”

IMPORTANT:

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

How **not** to ask the suicide question:

- × "You're not thinking of killing yourself, are you?"
- × "You wouldn't do anything stupid would you?"
- × "Suicide is a dumb idea. Surely you are not thinking about suicide?"





PERSUADE

Persuading 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 form.

Then, ASK:

- “Will you go with me to get help?”
- “Will you let me help you get help?”
- “What can we do to keep you safe for now?”

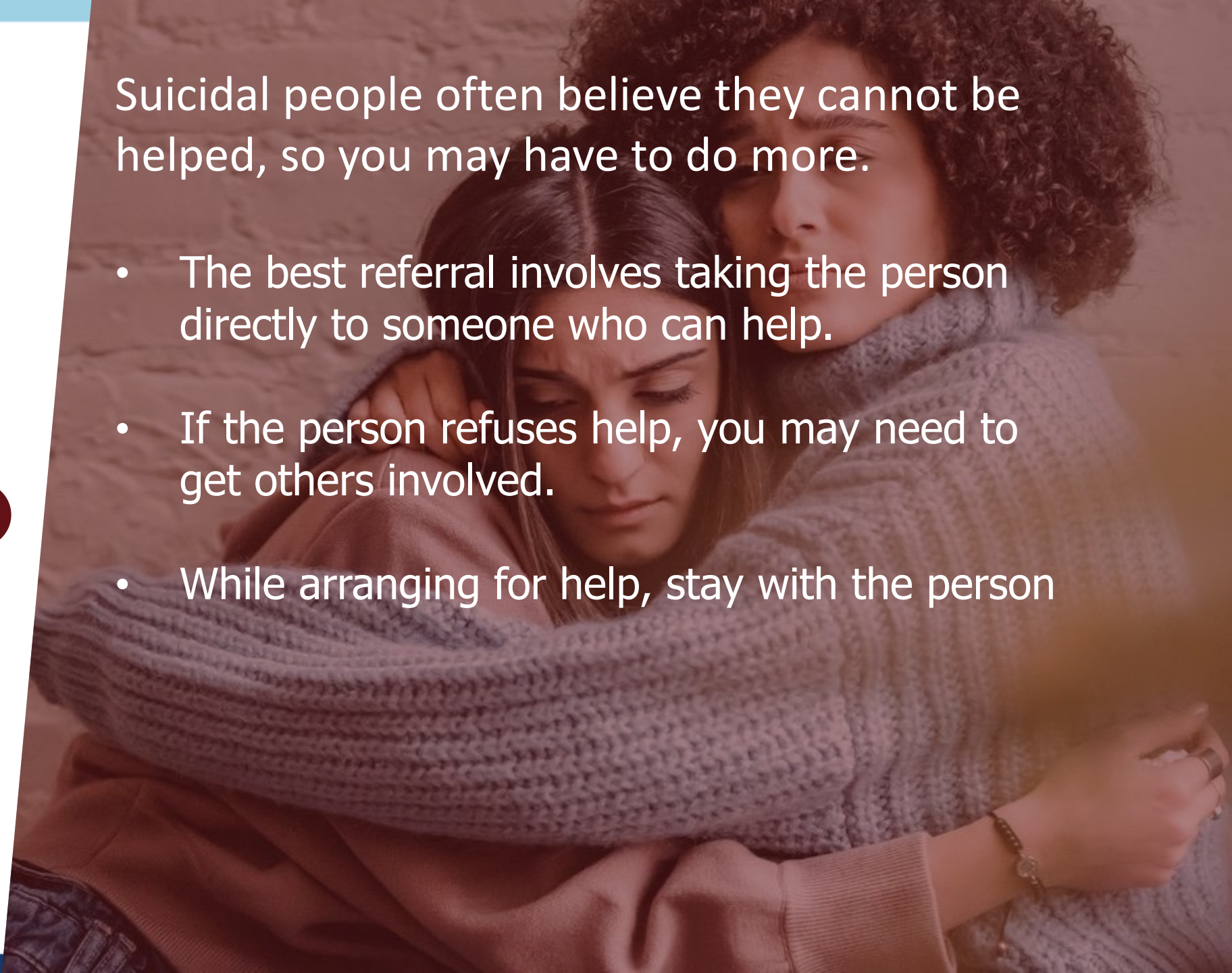
Your willingness to listen and to help can rekindle help and make all the difference.



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.
- If the person refuses help, you may need to get others involved.
- While arranging for help, stay with the person



Referral Options

- ★★★ 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 complete or attempt suicide.



Any willingness to accept help at some time, **even if in the future**, is a good outcome.

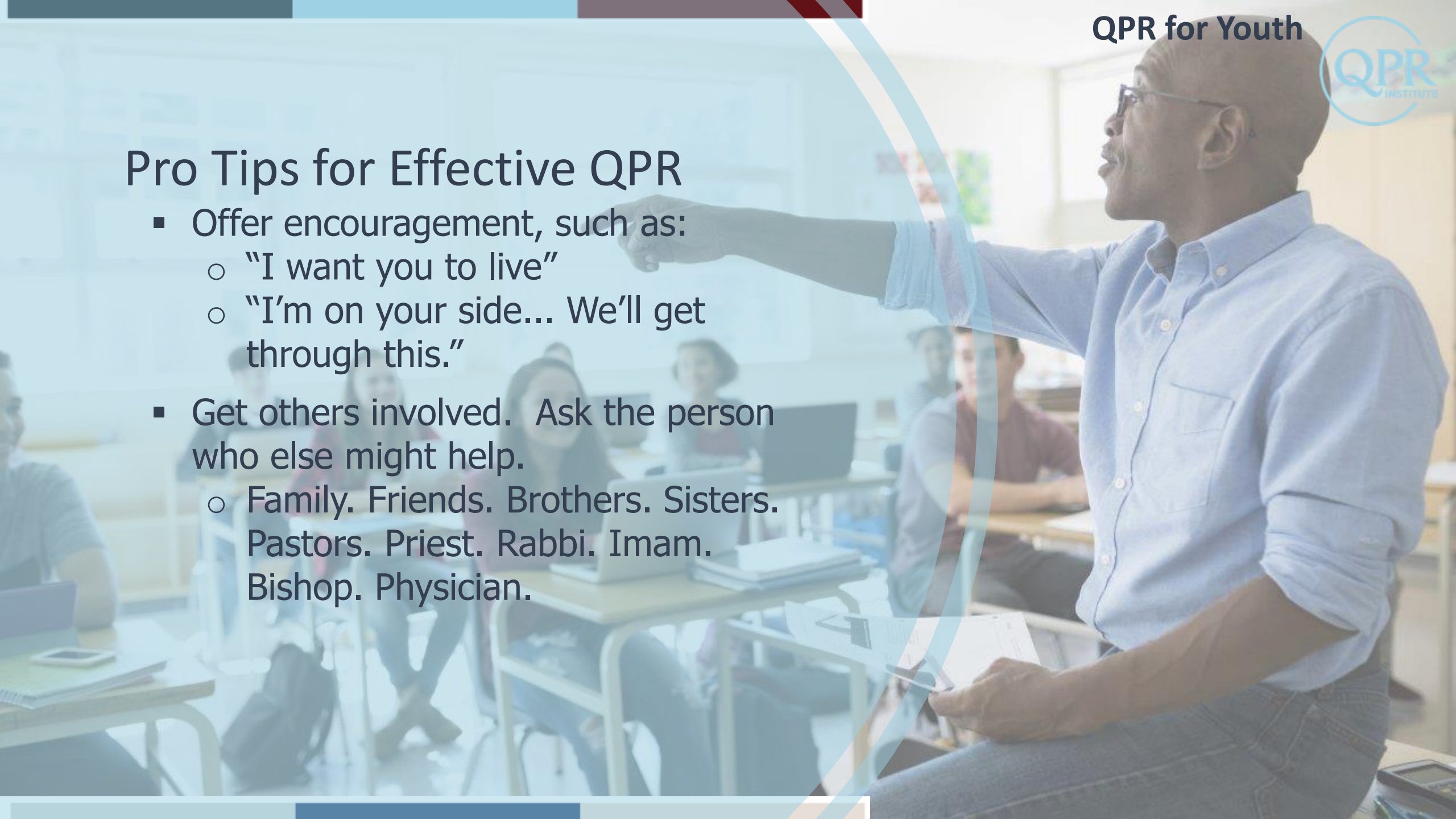


REMEMBER:

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.

Pro Tips for Effective QPR

- Offer encouragement, such as:
 - “I want you to live”
 - “I’m on your side... We’ll get through this.”
- Get others involved. Ask the person who else might help.
 - Family. Friends. Brothers. Sisters. Pastors. Priest. Rabbi. Imam. Bishop. Physician.





More Pro Tips

- Join a team. Offer to work with clergy, therapists, psychiatrists or 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.

REMEMBER

When you apply QPR, you plant
the seeds of hope.

Hope helps prevent suicide.

