ATTACHMENT 1.13a

QPR as a Universal Intervention

A Brief Review

The following document describes the QPR Gatekeeper Training for Suicide Prevention as a universal intervention in the detection of those as risk for suicide, as well as those who may not be at risk for suicidal behaviors, but may need assistance, assessment, and treatment for any number of mental health issues or problems.

The basic QPR Gatekeeper Training for Suicide Prevention program has been taught to more than one million people by more than 5,500 Certified QPR Instructors in the US and other countries. The QPR program meets the requirements for listing in the National Registry of Evidence-based Practices and Policies (NREPP). This version of QPR training also includes a developer-approved, abridged module of the best practice registered CALM training program (Counseling on Access to Lethal Means).

NREPP Listing for QPR: http://nrepp.samhsa.gov/ViewIntervention.aspx?id=299

SPRC.ORG listing for CALM: http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

Universal Intervention

While the QPR method was developed specifically to detect and respond to persons emitting suicide warning signs, QPR has also been more widely applied as a universal intervention for anyone who may be experiencing emotional distress. It has been suggested by independent researchers and federal leadership that funded the original assessments of QPR that the QPR intervention could be useful in a much broader application, and not just for the detection of persons at risk for suicide.

Limiting the utility of QPR to the single goal of suicide risk detection accounts for the intervention's origination, but it is not known how many persons emitting distress signals recognized and responded to by individuals trained in QPR methodology were false positives (not suicidal), but still in need of assistance, assessment, and perhaps intervention and treatment. An RO3 research proposal is being submitted to the National Institute of Health at this writing to explore the impact of QPR-trained gatekeepers on not only potentially suicidal persons identified through the intervention, but those experiencing non-suicidal distress.

For example, one can imagine that a youth experiencing a personal crisis may very well send interpersonal distress signals/warning signs and would benefit from help of some kind, but may not be considering suicide as a solution. In fact, the NIMH-funded National

Comorbidity Survey-Adolescent Supplement (NCS-A) found that about 20 percent of youth are affected by a mental health disorder sometime in their lifetime, but the vast majority of these young people never attempt suicide. These disorders - mood, anxiety, ADHD, eating disorder, or substance abuse disorder - resulted in a functional impairment of the child's role in family, school, or community activities, but did not lead to a suicide attempt or completion. (Kessler, et al., 2012). Similar findings for adults have been reported as well.

Moreover, a number known-at-risk populations e.g., police, soldiers, veterans, farmers, athletes and others, may be suffering from treatable disorders that are largely undetected and that go untreated despite public health messaging that attempt to encourage help-seeking behavior. Since those most at risk of suicide are the least likely to ask for help, the application of QPR-based knowledge, compassion and understanding may prove the intervention to be useful for the detection of a wide range of treatable problems, e.g., non-suicidal self-injury (NSSI), perfectionism, eating disturbances, PTSD, TBI, sleep problems, bullying, depression, and other "easily masked" disorders that often lie "upstream" of the onset of suicidal ideation.

The QPR Concept and Theory

The QPR concept is adapted from the CPR "Chain of Survival" literature for how lay and professional citizens can respond to persons experiencing acute cardiac events. A suicide crisis is a life-threatening event which - if not responded to in a helpful fashion - may progress to a self-inflicted injury or death. In a systems approach, multiple levels of recognition and intervention are required to avoid an adverse outcome. These include the following four links in the chain:

1. Awareness and recognition of suicide warning signs/distress signals
2. Early application of QPR
3. Early intervention, initial screening and referral by professionals
4. Early access to mental health professionals fully trained and competent to assess, treat and manage suicidal behaviors

The theory behind the outreach nature of the QPR intervention rests on the following evidence that most suicidal people:

- Tend not to self-refer
- Tend to be treatment resistant
- Often abuse drugs and/or alcohol
- Dissimulate their level of despair
- Go undetected
- Go untreated

Thus, passive systems, e.g., social marketing efforts to "encourage help-seeking behavior" will be largely unsuccessful with those most at risk of suicidal self-directed violence.

QPR differs from other suicide prevention programs in the following ways:

- Recognizes that even socially isolated suicidal individuals have contact with potential rescuers, e.g., friends, family, school officials
- Reaches out to high-risk people *within* their own environments and *does not require suicidal people to ask for help*
- Teaches specific, real-world suicide warning signs
- Has been heavily researched
- Is deliverable in person, online, or in a blended format of online and classroom

Research Highlights

Program adopters must often justify their decision to use one program over another by the application of due diligence in exploring the scientific basis that supports the proposed training. Below is a brief summary of major studies that support the QPR Gatekeeper Training for Suicide Prevention program.

Official QPR training outcomes as determined by independent research reviewers of published studies for National Registry of Evidence-based Practice and Policies found that trained gatekeepers have increased knowledge, confidence and gatekeeper skills per these measures:

- Increased declarative knowledge
- Increased perceived knowledge
- Increased self-efficacy
- Increased diffusion of gatekeeper training information
- Increased gatekeeper skills (ability to engage in active listening, ask clarifying questions, make an appropriate referral)

Source: Cross, W.F., Seaburn, D., Gibbs, D., Schmeelk-Cone, K. et al. (2011); Matthieu, M.M., Cross, W., Batres. A.R., Flora et al. (2008); Wyman, P.A., Brown, C.H. Inman, J., Cross W., et al (2008). (See NREPP web site for full descriptions of support research and citations).
Methods: Three randomized studies conducted in school, outpatient and workplace settings examined the impact of the Question, Persuade, Refer (QPR) training on stratified samples of (1) 340 teachers and parents in a US public school community and (2) 602 community based counseling center staff from the US Department of Veteran Affairs. One study included a 1-year average follow-up assessment and a second study included a 3-month follow-up assessment.
Results: Findings reported an immediate increase in declarative knowledge, perceived knowledge, self-efficacy, diffusion of gatekeeper training information and gatekeeper skills. Results persisted in the 3-month and 1-year follow up with marginal decrements.
Reference:
Kessler R, Avenevoli S, Costello J, Georgiades K, Green JG, Gruber M, He J, Koretz D, McLaughlin K, Petukhova M, Sampson N, Zaslavsky A, Merikangas K. Pr evalence, persistence and Sociodemographiccorrelates of DSM - IV disorders in the National Comorbidity SurveyReplication Adolescent Supplement. Archives of GeneralPsychiatry. April 2012; 69(4):372 - 380.

ATTACHMENT 1.13b

QPR Guidelines

Safe Delivery Of Suicide Prevention Training To Youth

- Training for students should only be undertaken once adults in the school (including teachers and staff) have completed QPR Gatekeeper Training (or QPR Advanced Training for school counselors, nurses, social workers, psychologists or other mental health clinicians).

- Training should, initially, be offered exclusively to students in grades 10 to 12 (entering sophomores through seniors).

- Ideally, any student engaged in training should be screened for risk by a school counselor who has participated in one or more advanced QPR training programs.

- Any student excluded from training based on evidence of risk will be followed up and supported by school health professionals.

- Training will be delivered in facilitated small groups (maximum of 12-15 students) with a supervising school counselor or nurse attending who will be available to students for support and follow-up as needed.

- Several key core messages regarding suicide risk and protection are as follows:

1. Friends never let friends keep secrets about suicide - Tell An Adult! (Therefore, we want to be very sure that any adult approached by a young person concerned about suicide risk have QPR training such that they know how to respond and what to do)

2. No student should ever feel that they are totally responsible for the safety of another student.

3. Ideally the teacher is present at the youth training and receives a QPR certificate or has already been trained in QPR

Adapted from: "QPR for Schools and School Health Professionals: Nurses, Social Workers, School Counselors and Psychologists (Revised July 2013)"

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