

QPR

Question, Persuade, Refer
Ask A Question, Save A Life

Durfee High School
March 17, 2014

presented by:
Joanna Bridger, LICSW
Clinical Services Director

Riverside Trauma Center
a service of
Riverside Community Care
THE HELP YOU NEED CLOSE TO HOME

Riverside Trauma Center

QPR

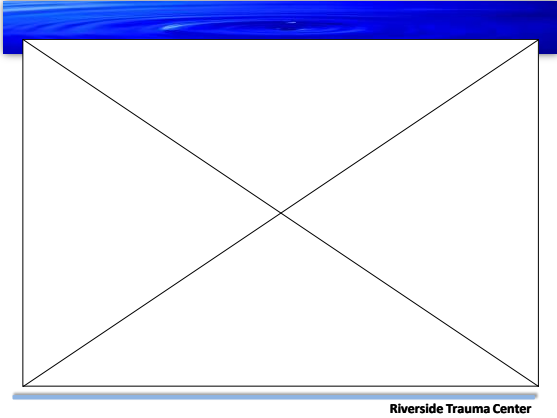
- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.

Riverside Trauma Center

Suicide Awareness Quiz

- 1) Which group has the higher rate of suicide: elderly white men or middle aged black women?
- 2) Which season of the year has the highest rate of suicide deaths?
- 3) Which day of the week has the highest suicide death rate?
- 4) Who makes more suicide attempts: males or females?
- 5) What percentage of suicide victims leave a note?
- 6) What is the primary method of suicide in Massachusetts?

Riverside Trauma Center



A Major Public Health Issue Nationally

- Suicide is “the most preventable form of death in the U.S. today.” - Former Surgeon General, David Satcher
- In 2010, 38,364 suicide deaths
- Every 13.7 minutes
- 105 people a day
- 10th leading cause of death for adults
- 1st leading cause of injury-related death (followed by auto accidents)
- 90-95% of people who die by suicide suffer from a diagnosable mental illness – most often depression.

Riverside Trauma Center



A Major Public Health Issue for Young People

- Suicide ranks as the 2nd leading cause of death for young people (ages 10-24).
- For every suicide completed by youth, it is estimated that 100 to 200 attempts are made.

2011 Youth Risk Behavior Survey

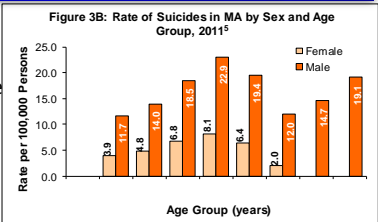
	U.S.	MA
Felt so sad or hopeless for 2+ weeks that they stopped doing some usual activity.	28.5%	25.2%
Seriously considered attempting suicide.	15.8%	13.3%
Made a suicide plan.	12.8%	12.2%
Made a suicide attempt.	7.8%	6.8%
Made a suicide attempt that required medical attention	2.4%	2.3%

CDC, MADOE

Riverside Trauma Center

A Major Public Health Issue in Massachusetts

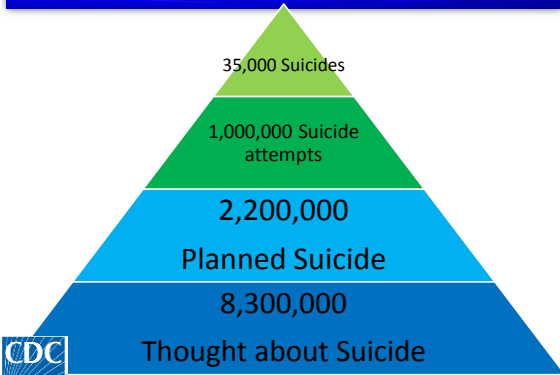
- 588 deaths ruled as suicides in 2011.
- Nearly 3X more frequent than homicides.
- During the 10 year period 2003-2011:
 - Almost 4,500 MA residents died of suicides.
 - Suicide rates increased an average of 4% per year, and 26% overall from 6.6 to 8.3.
 - 47th of the States in terms of suicide rate.

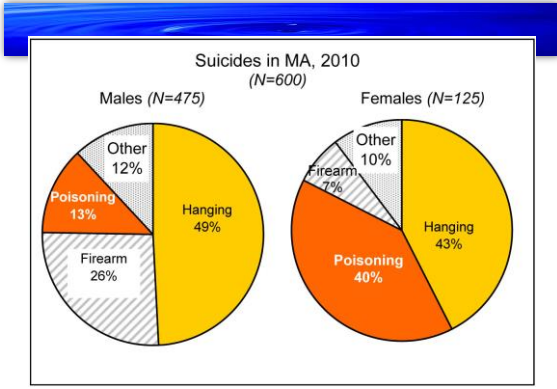


CDC, MADPH

Riverside Trauma Center

Suicidality in Adults (≥18) in the US (2008)





MA DPH (2013)

Riverside Trauma Center

If you were in so much pain that you were thinking of ending your life...

- Would you tell someone?
- Whom would you tell?
- How would you tell them?
- How many times would you tell them?
- How would you feel if they didn't respond?

Riverside Trauma Center

Definition

Suicide is an attempt to solve the problem of intense psychological pain.

"only a small minority of cases of excessive psychological pain result in suicide, but every case of suicide stems from excessive psychache." - Schneidman

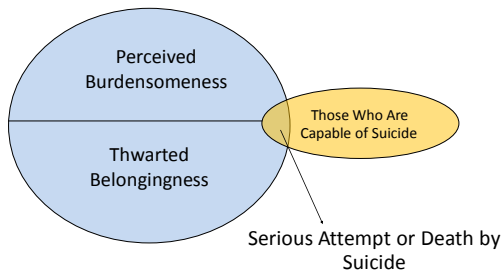


Empty Row Boat Stories - B Matros

Riverside Trauma Center



Those Who Desire Suicide

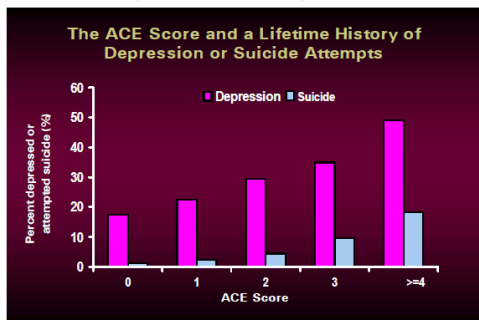


Joiner (2006)

Riverside Trauma Center



Figure 9, - Relationship of the ACE Score to Depression and Suicide Attempts



Dube et al. (2001)

Riverside Trauma Center

15 U.S. States with the Highest vs. 6 U.S. States with the Lowest Average Household Gun Ownership (2000-2002)

	High Gun States	Low Gun States
Population	39 million	40 million
Gun Ownership	47%	15%
Firearm Suicide	9,749	2,606
Non-Firearm Suicide	5,060	5,446
Total Suicide	14,809	8,052

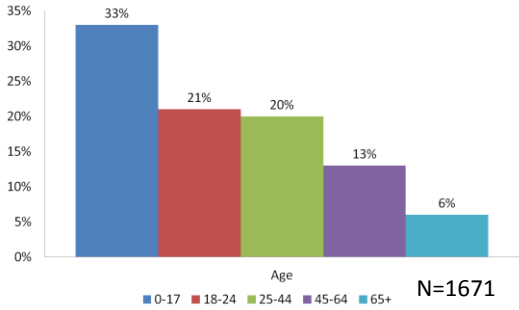
Means Reduction

- Many suicide attempts occur with little planning during a short-term crisis.
- Intent isn't all that determines whether an attempter lives or dies; means also matter.
- 90% of attempters who survive do NOT go on to die by suicide later.

HSPC - Means Matter, Miller (2007)

Riverside Trauma Center

Crisis On Same Day as Death



Miller (2001)

Riverside Trauma Center

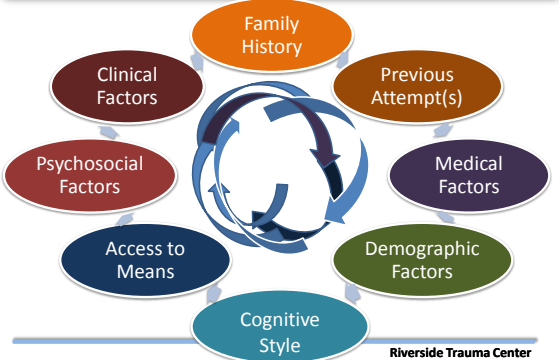
- The first step in preventing suicide is to identify and understand the risk factors
- Risk factors are not necessarily causes



Failed Transitions – © Mattos

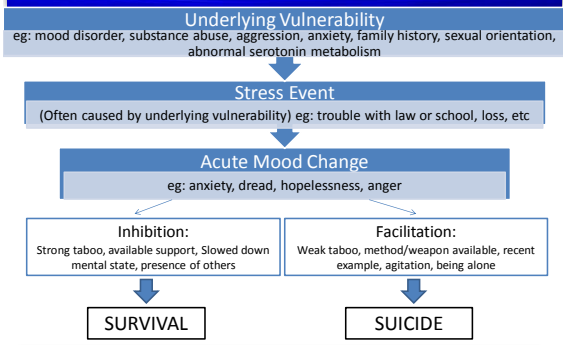
Riverside Trauma Center

Risk Variables



Riverside Trauma Center

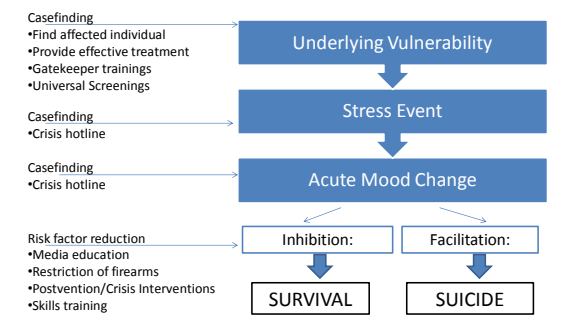
How Does a Suicide Occur?



Schaefer, 1996; Gould, 2001-2006

Riverside Trauma Center

Prevention Strategies



Schaefer, 1996; Gould, 2001-2006

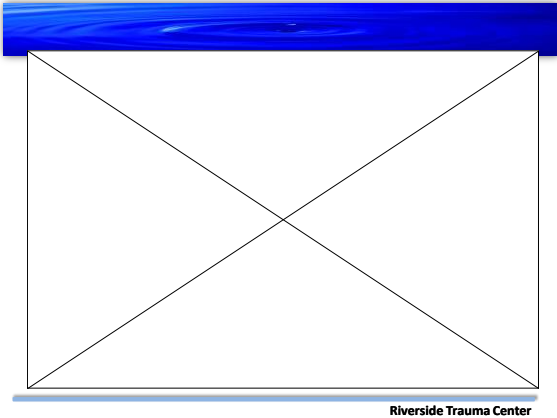
Riverside Trauma Center

Wall of Resistance to Suicide

Counselor or therapist		Duty to others	Others?
Good health	Medication Compliance		Fear
Job Security or Job Skills	Responsibility for children	Support of significant other(s)	
Difficult Access to means	A sense of HOPE	Positive Self-esteem	
Pet(s)	Religious Prohibition	Calm Environment	AA or NA Sponsor
Best Friend(s)	Safety Plan	Treatment Availability	
-- Sobriety --			

Protective Factors

Riverside Trauma Center



QPR

Myths And Facts About Suicide

- No one can stop a suicide, it is inevitable. **MYTH**
- If people in a crisis get the help they need, they will probably never be suicidal again. **FACT**
- Confronting a person about suicide will only make them angry and increase the risk of suicide. **MYTH**
- Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act. **FACT**
- Only experts can prevent suicide. **MYTH**
- Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide. **FACT**

Riverside Trauma Center

QPR

Myths And Facts About Suicide

- Suicidal people keep their plans to themselves. **MYTH**
- Most suicidal people communicate their intent sometime during the week preceding their attempt. **FACT**
- Those who talk about suicide don't do it. **MYTH**
- People who talk about suicide may try, or even complete, an act of self-destruction. **FACT**
- Once a person decides to complete suicide, there is nothing anyone can do to stop them. **MYTH**
- Suicide is the most preventable kind of death, and almost any positive action may save a life. **FACT**

How can I help? Ask the Question...

Riverside Trauma Center

Signs & Symptoms of Depression:

- Frequent sadness, tearfulness, crying
- Expressed hopelessness
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Frequent complaints of physical illnesses such as headaches and stomachaches

American Academy of Child & Adolescent Psychiatry

Riverside Trauma Center

Signs & Symptoms of Depression (cont):

- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent absences from school/work or poor performance in school /work
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of, or efforts to run away from home

American Academy of Child & Adolescent Psychiatry

Riverside Trauma Center

QPR

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."

Riverside Trauma Center

QPR

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."

Riverside Trauma Center

QPR

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

Riverside Trauma Center

QPR

Situational Clues:

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend (esp. if by suicide)
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

Riverside Trauma Center



"We're encouraging people to become involved in their own rescue."

Riverside Trauma Center

Q QUESTION

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

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

Riverside Trauma Center

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?"

Riverside Trauma Center

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?”

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

Riverside Trauma Center

How Not to Ask the Question:

“You’re not thinking about suicide, are you?”

Riverside Trauma Center

WHY NOT?

“Are you thinking about hurting yourself?”

Riverside Trauma Center



Riverside Trauma Center

Group Discussion

Case Scenarios

Tasks:

- 1) Identify warning signs and risk factors
- 2) Discuss appropriate actions steps

Riverside Trauma Center

Case Scenario

John is a junior. He used to be very social, but he has recently been isolating himself a lot, hasn't been doing his homework. He made a couple of potentially suicidal comments to friends. But he went to the basketball game over the weekend and seems to be doing much better.

Riverside Trauma Center

Case Scenario

Linda is a sophomore. She has a history of cutting and there are rumors that she tried to kill herself before. A close friend of hers died by suicide 6 months ago. She had an argument with her boyfriend earlier in the afternoon.

Riverside Trauma Center

Case Scenario

Emily is a freshman. She just posted on Facebook that she feels completely alone and like everyone would be better off without her.

Riverside Trauma Center

***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 form

Riverside Trauma Center

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 REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.

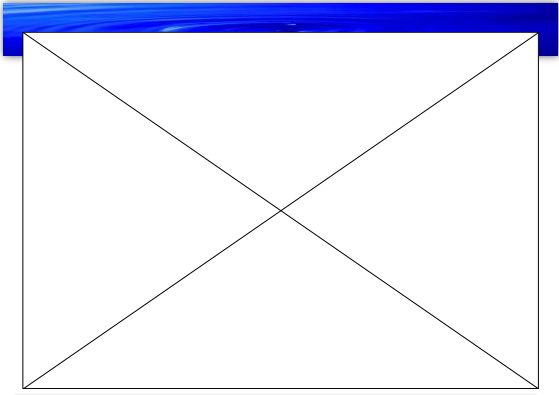
Riverside Trauma Center

R *REFER*

Suicidal people often believe they cannot be helped, so you may have to do more.

- 1) The best referral involves taking the person directly to someone who can help.
- 2) The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- 3) The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide.
- 4) Any willingness to accept help at some time, even if in the future, is a good outcome.

Riverside Trauma Center



Riverside Trauma Center



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.

Riverside Trauma Center



For Effective QPR

- Say: "I want you to live," or "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? Bishop? Physician?
- 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.

Riverside Trauma Center



REMEMBER

**WHEN YOU APPLY QPR,
YOU PLANT THE SEEDS
OF HOPE. HOPE HELPS
PREVENT SUICIDE.**

Riverside Trauma Center

Resources

- National Suicide Lifeline 800-273-TALK (8255)
- Samaritans 877-870-HOPE (4673)
- Samariteens (teen line) 800-252-TEEN (8336)
- Trevor Project (LGBTQ youth) 866-252-7386
- Corrigan Mental Health Center
Emergency Services 508-235-7277

Riverside Trauma Center

QPR

Question, Persuade, Refer

Joanna Bridger, LICSW
 jhooper@riversidecc.org
 781-433-0672, ext 5615

Riverside Trauma Center
 www.riversidetraumacenter.org

Riverside Community Care
 THE HELP YOU NEED CLOSE TO HOME

Riverside Trauma Center
