EXHIBIT P

Cleveland Division of Police
40 Hour CIT Course
Lesson Plan: QPR – Question, Persuade, Refer

Title of Lesson: QPR – Question, Persuade, Refer

Presenter: Regina Spicer, LSW, LICDC-CS-R

Date Written: 11/19/2018

Approving Authority: PENDING

Overview:

The QPR – Question, Persuade, Refer module for the 40 Hour Curriculum is a 60 – 90 minute module that will assist in raising public awareness about suicide and identifying people at risk for suicide. People going through QPR training are known as Gatekeepers. Gatekeepers are those people in all communities, who because of their contact with those at risk for suicide are often in the best position to identify and refer people thinking about suicide.

QPR training is to prevent suicide attempts or completions. Emphasis is made on identifying warning signs and clues (direct, indirect, behavioral, or situational) in conjunction with mental health and alcohol abuse. Attempted or completed suicide can be seen as a journey, one that begins with an idea and ends with an act. QPR can be applied in the first steps of the journey. If the journey is successfully interrupted by finding a more positive solution, further (and more deadly) progress along the suicidal journey may be averted. Timely crisis intervention and treatment will save lives.

Videos, dramatic readings and discussion will be utilized to assist in driving the message for suicide prevention.

Goals

The ultimate goal of QPR is to raise public awareness, better identification and referral of people at risk for suicide.

Learning Objectives

1. Understand suicide as a national and local public health problem
2. Learn QPR
3. Understand and dispel myths and misconceptions
4. Recognize and identify three (3) risk factors for suicide
5. Learn what resources are available and how to refer

Cleveland Division of Police
40 Hour CIT Course
Lesson Plan: QPR – Question, Persuade, Refer

Methodology:

Participants will be taught by one instructor. A PowerPoint will be used to enhance instruction, as well as, videos and a dramatic reading.

Equipment Needed:

Computer, projector, screen
PowerPoint presentation (handout and electronic)

Training Schedule: 60 minutes

Content	Teaching Methods & Materials	Time
Slides #1-2 Welcome/Introductions Review course topic and objectives	Lecture and discussion Pre-Training Survey	**5 minutes**
Slides #3-4 Intro to QPR and Learning Objectives and Goals	Discussion Cancer vs Suicide History and Stigma of suicide	**4 minutes**
Slides #5-7 Stats/Numbers and Current Challenges	Lecture and discussion of staggering rates of suicide and self-inflicted injuries	**2 minutes**
Slide #8 Risk Window	Lecture and discussion and discussion of observation of videos Review risks, signs of depression and other mental illness and substance abuse that increase suicide risk	**4 minutes**
Slide #9 Stigma and Barriers	Lecture and Discussion	**4 minutes**
Slides #10 Common Myths and Misconceptions	Lecture and discussion. Re-emphasize stigma and judgment	**3 minutes**
Slides #11-15 Clues and Warning Signs	Lecture and discussion of the four (4) areas for clues and warning signs.	**5 minutes**
Slides #16 QPR Concept, How to Ask the "Suicide" Question	Lecture and discussion of direct and indirect approaches	**20-30 minutes**
Slides #17-19 How to Ask the Question	Lecture and Discussion Review Direct and Indirect Approaches	"
Slides #20-21 How to Persuade	Lecture and Discussion	"
Slide #22 How to Refer	Review best ways to refer	"
Slides #23-25 Conclusion	Review effective QPR, instilling Hope Ask-How can you build hope and make a difference? Pause for comments	**2 minutes**
Slides #26-27 Resources	Review community and national resources	**1 minutes**

Cleveland Division of Police
40 Hour CIT Course
Instructor Manual: QPR – Question, Persuade, Refer

Slide 1 -2 – Title, Presenter's Name and Credentials

- **Welcome to participants and do introductions**
- **Pass out and complete Pre-Training Survey**

Slide 3-4– Intro to QPR and Learning Objectives and Goals

1. **Understand suicide as a national and local public health problem**
2. **Learn QPR**
3. **Understand and dispel myths and misconceptions**
4. **Recognize and identify three (3) risk factors for suicide**
5. **Demonstrate increased knowledge of intervention skills (in role play)**
6. **Learn what resources are available and how to refer**

Key Points to state here:

- **State - Following this training you are all considered Gatekeepers**
- **Make reference to this: Many have had a personal experience with a person who has completed suicide, attempted, or had thoughts about it**
- **QPR is about recognition and referral not about treating suicidal people**
- **Quick response is key when an intervention is made or when someone at risk is identified and an intervention is needed**
- **Professional "back up" is critical to the success of QPR-trained Gatekeepers**

Slide 5-7 – Looking at the Stats/Numbers and Current Challenges

- **Basic suicide statistics – go through each item listed**
- **How many suicides in the US each year**
- **How many per day**
- **How many attempts**

Key Points:

- **Death rates attributed to suicide could be 2-3 times higher (single car crashes, overdoses – are they accidental or intentional)**
- **Suicide attempts could be higher – most attempts are not reported**
- **Increase in emergency room visits due to self-inflicted injuries in one year**
- **Self-inflicted injuries out numbers the people who die from stroke, accidents, and Alzheimer's Disease combined**

Slide 8 – Risk Windows

- **Suicide risk increases with:**
  - **Alcohol use**
  - **Untreated Depression**
  - **Using alcohol while depressed**
  - **PTSD**
  - **Overwhelming stress from the death of a child or spouse, divorce, terminal illness, responsible for the death of a co-worker, killed someone out of anger, indictment, isolation, accusations of sexual misconduct, conviction of a crime, being locked up, or threatened by any of the above**
  - **Discuss signs of depression and other mental illnesses and substance abuse that increase suicide risk**
  - **Discuss other risk factors such as: Gender Identity, Cyber Bullying, & Survivor Guilt**

Key Points:

- **Ask – What emotional state did you notice? What were the signs observed?**
- **Discuss signs of depression and other mental illnesses and substance abuse that increase suicide risk**
- **Discuss facts regarding high risk groups – young people, elderly, various ethnic groups**

Slide 9 – Stigma and Major Barriers to Reducing Suicide Rates

- **Suicide is perceived as:**
  - **Weakness**
  - **Failure**
  - **Sinful**
  - **Shameful**

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

Slide 10 – Review and discuss common myths and misconceptions

Slide 11-15 – Clues and Warning Signs for Suicide

- **Direct Verbal**
- **Indirect Verbal**
- **Behavioral**
- **Situational**

Note – Give examples of each
Discuss – One warning sign may not mean anything but all warning signs and clues should be taken SERIOUSLY
Bottom line – the goal is for people to be vigilant about possible coded suicide warning signs (verbal or behavioral clues)

Slides 16-19 – QPR Concept, How to Ask the "Suicide" Question

- **Less Direct Approach**
- **Direct Approach**
- **How not to ask the "S" Question**

Note – give examples of each

- **First step of QPR is the hardest but also the most important; often seen as a sin or taboo**
- **If you can't ask the question, find someone who can**
- **When you ask the question and get a "yes", your follow up should be "How?"**

Slides 20-21 – How to Persuade

- **Ask – have they ever persuaded someone to do something they did not want to do and how was it done? i.e. going to the dentist when afraid**
- **Willingness to listen and to help can rekindle Hope and make a difference**

Slide 22 – How to Refer

- **Best referral involves taking the person directly to someone who can help**
- **Next best referral is getting a commitment from them to accept help, then making the arrangements to get that help**
- **Third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide.**

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

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

Slide 23-25 – Conclusion

- **Effective QPR**
- **Take the Lead**
- **Get Involved**
- **Plant the Seed**

Slides 26-27 – Resources

- **Community and National Resources**

Slide 28 – End of Presentation

- **Thank you, Comments, Questions**
- **Complete Post-Training Survey**

QPR

Question, Persuade, Refer

Suicide Prevention Strategies

REGINA SPICER, LSW, LICDC-CS-R
TRAINING OFFICER

Welcome to QPR Training

QUESTION - IF YOU ARE GOING TO HAVE A HEART ATTACK IN A PUBLIC PLACE, AND NOT IN FRONT OF A HOSPITAL EMERGENCY DEPARTMENT, IN WHAT CITY OR WOULD YOU WANT TO BE IN?

WHY WE'RE HERE TODAY

QPR

- QPR is recognized as a Best Practice Model by the National Registry of Evidence-based Programs and Practices
- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.
- CPR and Heimlich Maneuver VS QPR
- ASK a Question, Save a Life

Learning Objectives & Goals

- Understand suicide as a national and local public health problem and raise awareness
- Learn QPR
- Understand and dispel myths and misconceptions
- Recognize and identify three (3) risk factors for suicide
- Demonstrate increased knowledge of intervention skills (in role play)
- Learn what resources are available and how to refer

Let's Look at the Numbers

- IN OHIO, ON AN AVERAGE, ONE PERSON DIES EVERY 5 HOURS
- ONE PERSON DIES EVERY 11.7 MINUTES IN THE US (AAS, 2017)
- **122** PEOPLE DIE BY SUICIDE EVERY DAY IN THE US (IBID)
- OVER **44,965** DEATHS BY SUICIDE IN THE US (IBID) 2016
- OVER **1.1 MILLION** ATTEMPTS IN THE U.S. (IBID)
- SUICIDE IS THE 2ND LEADING CAUSE OF DEATH IN THE 15-24 YEAR OLD - DEMOGRAPHIC (IBID)
- SUICIDE TO HOMICIDE RATIO = ***2.3 : 1*** **(IBID)**
- APPROX. 800K DEATHS BY SUICIDE WORLDWIDE IN 2016 (WHO, 2017)

*COMPLETED SUICIDES DATA ELICITED FROM MEDICAL EXAMINERS. SOME SUICIDOLOGISTS ESTIMATE THAT THE ACTUAL DEATH RATE ATTRIBUTABLE TO SUICIDE IS **2-3** TIMES HIGHER.*

575, 000 number of emergency room visits due to self-inflicted injury in one year.

That's more people than those who die from stroke, accidents, and Alzheimer's Disease combined.

Center for Disease Control and Prevention

Stats continued

- Research tells us that approximately 60-80% of people who have died by suicide have given definite signs or talked about suicide prior to their death.

- 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 wo have survived a suicide attempt, the overwhelming, majority of whom will go on to live out their lives.

National Action Alliance for Suicide Prevention, 2015

Risk Windows

- SUICIDE RISK INCREASES WITH…
  - ALCOHOL USE
  - UNTREATED DEPRESSION
  - USING ALCOHOL WHILE DEPRESSED
  - PTSD
  - OVERWHELMING STRESS FROM DEATH OF A CHILD OR - SPOUSE, DIVORCE, TERMINAL ILLNESS, RESPONSIBLE FOR CO-WORKER'S DEATH, KILLED SOMEONE OUT OF ANGER, INDICTMENT, ISOLATION, ACCUSATIONS OF SEXUAL MISCONDUCT, CONVICTION OF CRIME, BEING LOCKED UP OR THREATENED BY ANY OF THE ABOVE.

Deconstructing Stigma:
A Major Barrier to Reducing the Suicide Rate

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

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

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

Suicide Clues And Warning Signs

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

Take all signs <u>seriously.</u>

Direct Verbal Clues:

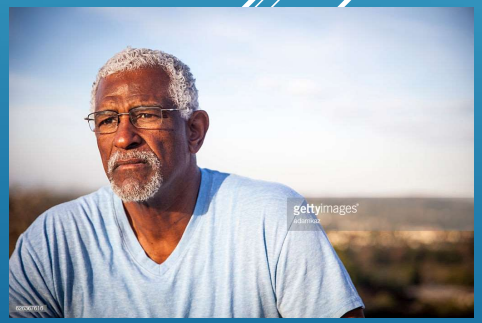
- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.”
- “I’m going to end it all.”
- “If (such and such) doesn’t happen, I’ll kill myself.”

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



Situational Clues:

- Being fired or demoted
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially 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

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

Q Question

- **Less Direct Approach:**

- "Have you been unhappy lately?
  Have you been very unhappy lately?
  Have you been so 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 sad and you have been for quite a while, I'm wonder if you've been thinking about hurting yourself?"
- "Are you thinking about killing yourself?"

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

Q Question

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’re not thinking about suicide?”

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

Hope

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.

R Refer

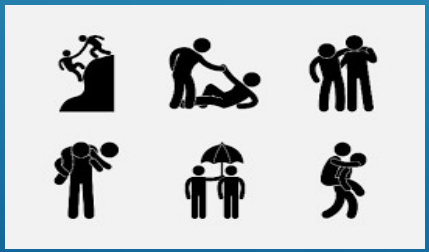
- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best 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.

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?
- In whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.

Remember

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



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

The Mobile Crisis Team
FrontLine Services

- Mental Health Crisis and Referral and Information Hotline, 24 hrs/day; 365 days/year

(216) 623-6888

- Provide Community and Office-Based Assessments
- 24 hour/day on-site Program Manager

Additional Resources

Survivors of Suicide: Cleveland, Ohio- www.tri-c.edu/.../survivors-of-suicide.html
The American Foundation for Suicide Prevention's (ASFP) program helps survivors cope, connect, and heal in time. Peer support volunteers are suicide loss survivors who know how difficult it can be to find your way in the aftermath of a suicide**.**

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

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

Crisis Text Line available 24/7 by texting **4HOPE to 741741; www.crisistextline.org**

THANK YOU

THOUGHTS, COMMENTS, QUESTIONS….