

QUESTION, PERSUADE, REFER (QPR) GATEKEEPER TRAINING:  
IMPLEMENTATION OF SUICIDE PREVENTION  
TRAININGS AT CALIFORNIA STATE  
UNIVERSITY, STANISLAUS

A Project Presented to the Faculty  
of  
California State University, Stanislaus

In Partial Fulfillment  
of the Requirements for the Degree  
of Master of Social Work

By  
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May 2017

CERTIFICATION OF APPROVAL

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## DEDICATION

This project is dedicated to all those precious lives lost to suicide and to the family members left behind with such pain. You are not forgotten! Much effort is placed on preventing such adverse occurrences. We are not giving up and we will persevere in educating the broader community.

## ACKNOWLEDGEMENTS

First most, I'd like to express my sincerest gratitude to the Student Health Center, Megan Rowe MPH, and Jennifer Johnson, LCSW for giving me the opportunity to partake in such a wonderful collaboration. Enhancing my knowledge on suicidality and sharing it with the campus community would not have been possible without your support and guidance. This was an everchanging experience for me, and I thank you for this opportunity.

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To my precious little loves, Israel and Annavey, Mommy loves you beyond your imagination. You are my drive and motivation. No more homework nights and no more night classes; Mommy is here to stay. Mommy is here for you. This is for you my loves, because you are my everything. God outdid himself when he created you both and placed you in our care. I love you!

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## ABSTRACT

Suicide is the second leading cause of death for young adults 15-24 years of age (Drapeau & McIntosh, 2014). Question, Persuade, Refer (QPR) Gatekeeper Training is a widespread suicide intervention tool designed to educate participants on identifying when a person is displaying suicidal warning signs and behaviors. Efforts are being made to create awareness about suicidality and its implications on university campus communities. In collaboration with the Student Health Center, the premise of this Graduate Project is to bring suicide prevention workshops to students, staff, faculty, and administrators at California State University, Stanislaus to reduce the impact of suicidality on campus. Specifically, this project involves engaging in and undertaking the work necessary to implement QPR trainings on campus. The process of bringing this project to fruition illustrates the benefits associated with collaboration and reaching out to a greater number of participants. In addition, limitations surrounding advertisement of such trainings are addressed. Given the request by participants, additional trainings should be delivered to increase awareness and engage in open dialogue. Dialogue will encompass the undertaking of role-rehearsal to discuss preventative options to avert future adverse events from occurring on the campus community and broader community. Implications include the need to continue with on-going learning, as these trainings only form a foundation to increase knowledge surrounding suicidality.

## BACKGROUND & PURPOSE OF THE PROJECT

In the United States, every 12.3 minutes a precious life is taken by suicide, and a suicide attempt is made every 30 seconds (Drapeau & McIntosh, 2014). In fact, the American Association of Suicidology (2014) notes that in 2014, there were 42,773 deaths by suicide in the nation, and California accounted for 4,214 of these deaths. According to the American Foundation for Suicide Prevention (2017), new research demonstrates an incline of completions of suicide in nationally, with rates at 44,193 completed suicides in 2015. As such, suicide is the second leading cause of death for young adults within the ages of 15-24 years. Research has surfaced indicating that preventative factors must be placed to create awareness and educate communities about the effects of suicidality, given that a person in distress will not self-refer for help (Wyman et al., 2008). Moreover, the stipulated population forms part of the campus communities around the nation, and this is a population that should not go unnoticed.

In assessing the impact of suicidality, continuous research is focused on students attending colleges or universities. In a study conducted by Drum, Brownson, Denmark, and Smith (2009), findings showed that 6% of undergraduates and 4% of graduate students reported suicidal ideation in the past 12 months. Suicide ideation, as defined by the Mayo Clinic (2015), involves thoughts that an individual has regarding ending one's own life. The underpinning issues include the reasoning behind these ideations amongst college students and what preventative factors are in place in

assisting these students. Thus, educating the campus communities on suicidality, its implications, proper prevention methods, and referral process become essential to intervene when a person is distressed.

The purpose of this Graduate Project is to bring suicide prevention workshops to students, staff, faculty, and administrators at California State University, Stanislaus. Specifically, this project involves engaging in and undertaking the work necessary to implement the Question, Persuade, Refer (QPR) Institute Gatekeeper Training at CSU, Stanislaus. QPR gatekeeper training is an evidence-based intervention that aids in educating diverse populations on the warning signs of suicidality, the proper method of inquiring about suicidal ideation, the persuasion to reduce self-harm, and the proper referral process for a suicide assessment. In addition, a fundamental goal includes to transpire hope in the lives of those affected by distress. The mission of the QPR Institute (2016) is:

To save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.

QPR recognizes the importance of bringing awareness to the community and identifies the learning of these skills as an important lifesaving learning opportunity. Thus, the more individuals in the community trained on suicidal warning signs, the faster a person can intervene to reduce the chances of an adverse event occurring (Quinnett, 2012). In accordance with the QPR Institute (2016), the learning of these

skills is of equitable value to that of learning Cardiopulmonary Resuscitation (CPR) skills. With CPR, a bystander identifies a person who is experiencing cardiac arrest, begins chest compression to increase the blood flow to the heart, and does so until a trained professional intervenes. Thus, QPR constitutes as a chain of survival and serves as the psychological steps an individual takes to stop self-harm or completion of suicide, until experts intervene. Regardless of the different scopes of practice (background training or discipline), QPR training participants can begin the chain of survival by inquiring about suicidal behaviors, persuading to receive assistance and providing support through the referral process so an individual in distress can receive the proper assessment. Learning the skills provided in such trainings empowers participants as Gatekeepers in taking a lead role in the prevention of suicidality. In becoming a QPR Gatekeeper, one recognizes the warning signs, utilizes the proper skills to inquire about suicidality, persuades an individual in distress to receive proper care, and begin the referral process to identified resources within the given community. Starting such a process is transformative and aids in transpiring hope within those in distress.

In validating the high rates of completed suicides provided by the American Association of Suicidology (2014) and American Foundation for Suicide Prevention (2017), one can identify the need to bring forth awareness of such a taboo subject to the campus community. Thus, education becomes a primitive source to delivering this information through trainings within the campus community. Moreover, suicide is a topic surrounded by much uncertainty, and evidently, myths surface to foster

hesitation in discussing suicidality (Quinnett, 2012). Therefore, bringing forth learning opportunities and collaborating with other entities in the community serve as guiding principles in providing educational preventative approaches, such as the gatekeeper trainings. Thus, students at California State University, Stanislaus will soon be out in the community applying the educational skills attained throughout their undergraduate or graduate education, and students trained on suicidality become allies in the prevention of suicide. Therefore, this education assists in dispelling myths surrounding suicide and delivers the proper referrals to aid in the prevention of suicide.

Given the scope and magnitude of such a project, this project involved a partnership with the Student Health Center and another graduate student. The Student Health Center provided financial support to cover fees associated with the training and certification of the QPR curriculum to both graduate students. In this graduate project, the goal encompassed the providing of a step-by-step upfront process to bring QPR trainings to CSU, Stanislaus. The process included the collaboration with the Student Health Center for means of communication in promoting trainings and other logistics to prepare for the trainings. Trainings were co-facilitated by two graduate students; however, Lopez (2017) took the lead role in the delivery and activity building of the trainings. Given the collaboration, in addition to completing the distinct aspects of the graduate projects, each student prepared a unique (stand-alone) written document capturing the experiences of bringing the QPR trainings to the campus community.

## OBJECTIVES

There are four objectives guiding this project. The first objective is the collaboration with University personnel to bring a large-scale event that reached out to the entire campus community, including students, faculty, staff and administrators. Producing a large-scale event allows facilitators to tap into the various constituents of the campus community. The collaboration includes advertising for the event, outreach, securing a location for the workshop, and all the logistics necessary to deliver such an event. The larger the events, the more Gatekeepers present in the community with the knowledge necessary to identify the needs of individuals with suicidal ideation.

The second objective is to complete the instructor training provided by the QPR Institute. Completion of the training provides a certification to conduct trainings as Gatekeeper Instructors. Understanding suicide in all its nature is important in moving forward with trainings; therefore, instructors must demonstrate the knowledge attained by completing the training and taking an exam. The third objective includes the co-facilitation of the trainings, in which facilitators assist participants in supporting each other, without the fear of stigma associated with suicide. Having more than one facilitator allows the presence of multiple perspectives in the trainings, which provides the necessary support for successful delivery of information. The fourth objective is to produce a group of Gatekeepers who form part of the broader community. Providing such workshops elicits an educational

opportunity, which can impact members of the distinct communities. Gatekeepers effectively promote suicide prevention in their communities. The completion of these objectives brings to life this graduate project and impacts the lives of those in need.

## SIGNIFICANCE

The significance of this project is imbedded in the quote from the preamble for the National Association of Social Workers (NASW) (2008),

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Not only do these values apply to students in the social work program, but to the greater community. We all play a role within the communities in which we reside; thus, to enhance the well-being of a vulnerable population, this project encompasses the need to bring awareness to the campus community. Becoming aware of the stigma associated with suicidality is a tool that opens opportunities of hope to those most in need. In addition, this project sheds a light on the adverse effects of the environmental factors impacting individuals in distress, including, but not limited to, poverty and assistance with person's suffering from mental health illnesses.

Bringing such a project to CSU, Stanislaus provides an educational opportunity that conveys skills necessary to serve the community. Suicide is a topic that can impact anyone, and understanding the underpinning issues associated with



suicide can assist any future professional in providing the necessary support to a person in distress. In addressing issues of poverty, mental disorders and its association with suicidality, one must think of its effect on those most vulnerable. In their study, Pan, Stewart, and Chang (2013) address the relationship between poverty, mental disorders, and suicidal ideation or suicide attempts within a 12-month span. The study found that social economic status plays a role in suicidality. Additionally, close attention is paid to individuals with mental disorders because those with lower social economic status, in conjunction with a mental disorder, are at higher risk for suicidality.

Poverty impacts many individuals in the United States. According to the U.S. Census Bureau (2016), 13.5% of the United States population is living below the poverty level. Although this number may not be deemed significant, it is important to identify the impact on one's own state and community. California accounts for 15.3% of the population living in poverty. Thus, in looking at the need to address suicidality at the CSU, Stanislaus community, statistics are addressed for Stanislaus County and its surrounding counties. Given that CSU, Stanislaus is considered a commuter campus, it is comprised of a diverse range of students who form part of these surrounding communities. The percentage for people living in poverty for distinct counties are noted: Stanislaus County – 20.3%, Merced County – 25.6%, and San Joaquin County – 19.4%. Given the significance in the percentage, it can be noted that the need to provide education surrounding suicidality is of importance. Those who live in poverty are at higher risk to have suicidal thoughts and attempt suicide.

This community is in need of education around this topic, and knowledgeable individuals can serve as Gatekeepers to their communities.

In addition to poverty, research notes the correlation between mental health illnesses and suicide (Smith & Kawachi, 2014). Thus, according to the Center for Behavioral Health Statistics and Quality, (2015) 43.6 million individuals reported any mental illness (AMI) in the U.S., in which 20.1% of the individuals were aged 18 to 25. Stanislaus County Health Services agency released the 2013 Stanislaus County Community Health Assessment (CHA) (2014), for which an overview of the Stanislaus County population stance on overall health is provided. Moreover, 1 in 17 individuals in Stanislaus County identified as needing mental health services for severe mental health illnesses or serious emotional disturbances. Consequently, 1 in 6 individuals were diagnosed by a provider with anxiety, in addition, 1 in 6 were diagnosed with depression. Given the rates of anxiety and depression, Stanislaus County showed a 30.2% increase in suicidality since 2005. Given that 20.3% of the county's population is living in poverty, increased chances of suicidality are eminent (U.S. Census Bureau, 2016). Therefore, much attention is drawn to educating individuals on suicidality and its connection to mental health illnesses.

CSU, Stanislaus is surrounded by communities that suffer from significant poverty, in addition, a notable percentage of its population suffers from mental health illnesses. Identifying this need serves as a guiding premise to bringing gatekeeper trainings to the campus. With the education and skills attained through such trainings, participants can reach out to individuals in need and assist during a crisis. Trainings

provide an educational component, including the skills necessary to become Gatekeepers. A gatekeeper, as defined by QPR, is a person who has the ability to identify risk factors, and warning signs of suicidality, and the ability to intervene when a person is in crisis. A Gatekeeper symbolizes that bridge between the campus community and the community in which they reside. The problem exists because people do not have enough information about suicide and its impact on individuals affected by suicide. Thus, this lack of information makes it difficult for people to educate each other and prevent suicides. Students, faculty, staff, and administrators who participate in the gatekeeper trainings have the opportunity to take the tools attained into the community and educate others. We can all take a lead role in the community in bringing to light a delicate issue surrounding college campuses, professionals, and their respected communities.

Guided by the empowerment theory, the delivery of this project encompasses the connection between the campus community and the surrounding communities, in addition to the need to help participants be involved in the suicide prevention process. Perkins and Zimmerman (1995) highlight empowerment theory through multiple perspectives. They identify empowerment theory as one that is present in all realms of an individual's life. Empowerment can be seen in schools, communities, homes, and political domains. The individuals who partake in these realms form a link between each other, in which educational opportunities can arise. Individuals can hone in on educating those in need and build stronger connections with people who are in distress. Thus, attaining skills in areas where little is discussed, given the example of

suicidality, one can create the knowledge link to the many domains in an individual's community. Participants are the formula needed to break the barriers associated with suicidality and educating others. Knowledge allows the break-down of barriers one by one and the mobilization of learned resources.

## LITERATURE REVIEW

In expanding an understanding of suicidality and the QPR Institute gatekeeper training curriculum, this literature review contains a discussion of two major issues. The first issue discussed includes supporting research surrounding the evidence-based curriculum. In addition, the research discussion highlights the strengths and limitations associated with the QPR curriculum. Such research includes the importance of education and creating awareness regarding topics of much uncertainty and bringing forth the need for implementation of the QPR gatekeeper trainings in the university campus community. Providing this gateway within a university campus community enhances the opportunity for future and current professionals to educate others on the subject matter. Educational trainings, such as QPR, serve an important factor in education, given the increased high risk factors associated with suicidality amongst college students. To bring such understanding, exploration of distinct studies, including Quinnett (2012), Wyman et al. (2008), and Cross et al. (2011), are described in supporting the contextual evidence surrounding suicidality and the impact of education. Lastly, the remaining section examines the resources available for individuals seeking greater knowledge around suicidality and the QPR Institute. In addition, community resources for those in distress and for those providing aid to individuals in distress are explored. By understanding such resources aids in the prevention of suicidality, and this knowledge, we can all make a difference.

## **QPR Research & Outcomes**

QPR gatekeeper training is supported as an evidence-based curriculum, given the randomized trial research supporting it. The supporting research is tied to the U.S. Department of Health and Human Services, which has provided specified organizations, such as, Substance Abuse and Mental Health Services Administrations (SAMHSA) to create awareness and combat the stigma surrounding mental health (2016). SAMHSA prides itself in educating persons of interest about the nation's mental health status and provides educational tools to improve communities. Thus, the National Registry of Evidence-based Programs and Practices (NREPP), serves as one of the entities supported by SAMHSA. NREPP is an underlying receptacle for evidence based curriculums in place for providing education surrounding scientifically prominent mental health interventions, which are ready for implementation within desired communities. Furthermore, a designated community can include that of college and university campuses. Thus, the American College Health Association (2016) has identified suicidality as a concern, given the increased numbers of completed suicides occurring throughout the nation. NREPP (2016) identified QPR Gatekeeper Training as one that has provided suicide education to more than 2,500 entities, including middle schools, high schools, community colleges and universities, with over 1,000,000 participants in the United States. Moreover, CSU, Stanislaus recognized the need for information surrounding suicidality, including the impact such a training has had on participants, and committed to educating its community campus, implementing the QPR gatekeeper training.

To better understand the creation of the QPR gatekeeper training, the creator of the QPR Institute and training, Paul Quinnett, provides an explanation tied to his research surrounding the need for education of suicidality. Quinnett (2012) dispels the myths of communication surrounding suicidality and its linkage to increased completed suicides. Individuals who are having suicidal ideation, are longing for communication with individuals close to them. Thus, understanding the warning signs associated with suicidality is the underpinning factor associated with the gatekeeper training. In addition, Quinnett prompts participants to learn the signs, have open dialogue with individuals in distress to instill hope, and begin the referral process to provide individuals with necessary mental health support. This chain of survival enhances one's ability to intervene in a given crisis, and to support the training's efficacy.

Quinnett (2012) explored the need for education around suicidality, given his experience with suicidal clients as a psychologist, therapist, trainer and retired U.S. Army intelligence specialist. Quinnett notes his experience as a contributor to the supporting concepts behind such training, which include the study of Zen Buddhism, psychology of hope, in addition to motivational interviewing and the changing of human behavior. These concepts are present in the training content and serve as models for the interventions. The overarching goal of such training includes the direct involvement of gatekeepers in the process, which includes the detection of suicidal ideation, intervention, and providing a referral before adverse consequences occur. Through a personal communication, as cited in Quinnett (2012), Duarte provided

participant feedback from the Connecticut Department of Mental Health and Addiction Services post QPR gatekeeper trainings in 2013. Participants reached out to presenters for personal assistance with their own suicidal ideation, whereas others requested assistance for their children or children of friends. In addition, participants were able to intervene and refer multiple students who presented with behaviors of suicide. Such statements bring to light the need to educate members of the community and how these behaviors are occurring around one's environment; however, such behaviors go unnoticed due to the limited education around suicidality. The lived experiences of participants expand the understanding for the need of such trainings. Quinnett highlights the stakeholders of such trainings and identifies them as teachers, coaches, parents, children, whom are all contributors to the community. Through the use of identification of behaviors of suicidality, stakeholders question behaviors, provide the bridge to the referral process for proper assessment of individual, and lastly, prevent the adverse consequences from occurring. Supporting evidence highlights the need for such trainings; however, much more is needed in breaking the stigma associated with suicidality to assist with the reduction of individuals completing suicide.

Quinnett (2012) emphasizes key principles for survival that include "awareness, surveillance, and detection" of an individual in crisis (p.5). Thus, this enhances the probability of initiating the chain of survival, to ensure proper health care before an adverse event occurs. Quinnett notes that QPR is not a suicidal assessment training program, but rather, an educational component linking a person



close to an individual in crisis to services for mental health. Therefore, gatekeepers are unable to provide a direct mental health assessment, unless trained to do so. The goal of the training is that gatekeepers will solidify the process and transpire hope in those in need. Limitations associated with the training include the limited time of content delivery. In addition, this training is a brief method of intervening in a time of crisis and not a comprehensive education program for assessing suicidality.

A randomized controlled trial by Cross et al., (2011) explores the enhancement of skill building of the QPR Gatekeeper training through the inclusion of behavioral rehearsal. In addition, the study hypothesized that the knowledge and attitude towards suicidality of 91 staff personnel and 56 parents participating in the study would improve and be long lasting. Subsequently, the study demonstrates a significant difference amongst participants who received the behavioral rehearsals versus those who received the training with no modifications. The participants retained more knowledge on the subject matter through the use of behavioral rehearsal, as evidenced by the referrals that occurred post training. The study rendered significant outcomes in relation to the retention of skills attained through the gatekeeper training, over a 3-month period, in which participants demonstrated willingness to discuss signs of suicidality. Inclusion of behavior rehearsal, or role-play, improved the student communication of suicidality amongst teachers, personnel and parents, allowing for comfortability of the communication. Practicing the communication amongst participants enhances the natural ability to ask questions about a taboo topic. Quinnette (2012) validates the importance of using role-play in

the education of suicidality within the gatekeeper training, given its long-lasting use of the skills through practice. Results demonstrate the skills attained post training, were delivered to others within the participants' networks. This was more prevalent for teachers and school personnel versus parents. Also included was the need to adapt trainings to include proper referral process for parents, given the limited access to those services in comparison to school personnel.

Consistent with the previous study, Wyman et al (2008) concluded in the group-base randomized control trial of 32 schools that participants' self-reported knowledge increased post one year follow-up of gatekeeper training. Moreover, the 32 schools within a Georgia school district received the QPR gatekeeper training, in which a stratified random sample of 249 staff members and 2,059 8<sup>th</sup> and 10<sup>th</sup> graders participated. With respect to knowledge and commitment to assisting students with potential behaviors of suicide, the gatekeeper training proved significantly effective. Staff who were already implementing skills attained in the training prior to receiving training continued to openly discuss signs and pose the questions to students with regards to suicide. Subsequently, the positive impact of such training for staff within the school district served its purpose of increasing communication from staff to students. Unfortunately, for students, the study demonstrated that communicating feelings of suicidal ideation continued to be a limitation. Less than one-fifth of students who had previously attempted to complete suicide, felt that they would talk to a support staff about feelings. This constitutes the need of adapting programs to

meet the needs of students and assisting students in identifying support staff who demonstrate empathetic behaviors.

### **Supporting Resources**

Supporting evidence concludes that additional information is needed for individuals to assist with the prevention of suicidality, and this concluding section focuses on resources that can assist individuals providing support and individuals seeking information for themselves. Given the importance of having resources at hand for future stakeholders, or gatekeepers, resources surrounding the topics of suicidality and QPR are further explored.

Understanding mental health and the need for education surrounding this topic, individuals may explore the Substance Abuse Mental Health Services Administration website (<https://www.samhsa.gov/>). As a federal government initiative to educate the nation, SAMHSA provides viewers with knowledge and research tied to educating and dispelling the stigma surrounding mental health illnesses. To enhance this knowledge, SAMHSA incorporates the National Registry of Evidence-based Programs and Practices (NREPP), which is a receptacle of over 350 evidenced-based interventions. Interventions can be explored to identify how they will meet the needs of the respected community. NREPP provides interested parties with the research tied to the interventions, as well as the creator's information, to promote communication.

As an evidenced-based program identified in the NREPP, the QPR gatekeeper training can be explored further through the QPR Institute website

(<http://www.qprinstitute.com/>). This website provides viewers with the history and research tied to the development of the QPR gatekeeper training, including the creator's information and theory guiding the development of such training. Individuals interested in becoming a Certified Gatekeeper Instructor can attain additional information by selecting specified links within the website. Moreover, additional information is provided for those interested in attaining trainings individually or within their respected organization, keeping awareness about suicidality at the forefront of all individuals in the community.

Increased completed suicides have surfaced within campus communities nationwide, and given this, the California State University (CSU) system has implemented an approach to assist students, faculty, staff and administrators in intervening with crisis. For stakeholders who provide direct services or have interactions with students from an array of campus communities, an additional resource tool known as the Red Folder can be explored. The Red Folder is a guiding tool used to recognize warning signs or symptoms when a person is in distress, in order to initiate the intervention or referral process. Given the crisis, this tool will guide the assisting person in identifying when a crisis requires police intervention or referral to counseling services. Such crisis can include when a person has identified himself/herself as a direct threat to self or others. The Red Folder can be found in offices for the respected department; however, an additional application can be downloaded onto a smart phone or device. In addition, this phone application can be downloaded through any type of device. For additional information on the Red

Folder, individuals can visit their website (<http://www.calstate.edu/red-folder/?campus>).

Suicidality is a topic that may have touched the lives of many, and to understand the magnitude of its impact, individuals can explore information provided by the Center for Disease Control ([www.cdc.org](http://www.cdc.org)). This federally funded program elicits knowledge on different topics concerning individual's health. In addition, research and free downloadable educational handouts can be attained for the desired topic. Given the context of suicidality, viewers can search this topic, and additional links pertaining to the topic will appear. These websites will provide additional information to references for assisting individuals in crisis.

Resources for individuals who are currently experiencing suicidal ideation can be attained with the use of a phone. Governed by the U.S. Department of Health and Human Services, the National Suicide Prevention Lifeline is a national network that strives to provide immediate support to individuals in crisis, by connecting individuals to trained professionals in the prevention of suicidality. Individuals can contact the Lifeline directly by calling 1-800-273-8255, or by visiting their website (<https://suicidepreventionlifeline.org/>) and directly chatting with a trained professional. With the increase in mobile device accessibility, individuals may also utilize the text option when in crisis. By texting TALK to 741741, individuals will be directly linked to a professional ready to assist with the crisis. Services are confidential and provided 7 days a week, and 24 hours a day. In addition, individuals can elicit support services by exploring the website's links and connecting resources

to youth, disaster survivors, veterans, LGBTQ, individuals with disabilities, including deaf, or hard of hearing. Those suffering from suicidality are impacted differently; therefore, it might be important to connect them with the specified group.

Support persons can also be directly impacted by suicide; therefore, the American Foundation for Suicide Prevention (AFSP) organization strives to support those in need. The AFSP strives to create awareness surrounding suicidality, research best practices in the prevention of suicide, identify barriers associated with limited mental health services, educate others, and elicit hope in those directly impacted by suicide. For information on how to support this cause and attain assistance if in crisis, individuals can visit their website (<https://afsp.org/>).

Understanding the populations affected by suicidality is important, and a population that exhibits suicidal behaviors at a high rate includes veterans. To assist with this matter, the National Veterans Suicide Prevention Hotline, now known as the Veterans Crisis Line, prides itself in providing immediate assistance to veterans and family members of veterans experiencing a crisis. Moreover, the Veterans Crisis Line is a direct network link from National Suicide Prevention Lifeline; however, it strives to provide professional support by clinicians who, they themselves, are veterans or professionals who have worked with the veteran population. In addition to this service, veterans are provided with live chat services specifically for veterans, or they may text 838255. These confidential services are provided 7 days a week, 24 hours a day. Since its launch in 2007, more than 2.8 million callers have been provided with support.

Suicide is one of the leading causes of death, and it is identified as a preventative cause of death. Striving to understand suicidality and break the stigma associated with asking about suicide is a prime element guiding this project. Resources give us assistance to helping those in distress and initiating the chain of survival to instill hope and prevent suicide.

## METHOD AND EVALUATION

The purpose of this project was to bring a large-scale event to CSU Stanislaus, which produced a group of gatekeepers who have the skills necessary to identify, intervene, and inspire hope in an individual in distress. Thus, there were five major steps to bringing this event to the campus community. The first step was to formulate a collaboration with the campus Student Health Center. The collaboration began with Megan Rowe MPH, Health Educator, and Jennifer Johnson, LCSW, MSW lecturer. The collaboration allotted for the financial components needed to attain training material from the QPR Institute. The collaboration also granted an opportunity to deliver a large-scale event in the campus community. Thus, collaboration contributed to the connection to the campus community and the surrounding communities. This opportunity makes possible the delivery of knowledge and resources to outside entities. The greater the involvement of distinct individuals and collaboration, the greater the number of potential participants involved.

The second step in this project was the completion of the QPR Training to receive certification as a Gatekeeper Instructor. To fulfill the requirements of the training, a twelve-hour self-study course was completed. Moreover, the training was broken down into distinct parts, which included reading materials, viewing DVDs and audio CDs and understanding QPR curriculum. In addition to study materials, each potential instructor completed a Post-test, essay questions, and course evaluation form. Upon completion of all items listed above, certification was received with



approved passing grade. The guided process for completion of training certification is described below in greater detail.

One of the main training components for instructors is the QPR Certified Gatekeeper Instructor's Self-Study Course, which is comprised of ten chapters. Each chapter is guided by a set of learning objectives, which serve as a study guide for the instructors. The first objective introduces the epidemiology, effects of mental health illnesses and substance use, in addition to risk factors associated with suicidality. The second objective focuses on suicidal communications, in which opportunities to recognize suicidal communication are presented through role-plays and activities. The third learning objective addresses suicide and suicide prevention efforts throughout history. This includes the different viewpoints from distinct regions, as well as the cultural perspectives associated with suicidality. The fourth learning objective highlights the diversity within individuals who have suicidal ideation or have attempted suicide. This includes descriptions of individuals who have the ideation, however, do not self-refer to attain assistance. The fifth learning objective encompasses the research tied to QPR training curriculum, including supporting evidence guiding its efficacy. The sixth learning objective identifies prominent interventions in educating the public about suicidality. Thus, strategies for recruitment are noted. The subsequent chapters provide an outline of the content delivery learned in the Self-Study Course. As a Gatekeeper Instructor, it is of importance to be prepared to deliver proper responses to sensitive questions that arise during and after trainings.

The final component in becoming a certified Gatekeeper Instructor consisted of the completion of a post-test. The post-test is comprised of 20 multiple choice questions and 10 paragraph form questions. The multiple-choice questions explore knowledge learned in all study material, including videos and books. The 10 paragraph form questions are potential questions that may be given during the Questions and Answers part of the training. Given that this is a sensitive topic, instructors are tested in the ability to properly answer sensitive questions, to ensure conceptualization of context. Questions are graded on a 7-point scale, where 1 represents a poor response and 7 an excellent response. Trainees are encouraged to answer all 10 questions; however, a minimum of 5 questions must be completed for consideration of certification. Thus, trainees are required to score an average score of 5 for each of the questions, to attain a passing grade. Upon completion of exams, trainees complete an evaluation on the study materials. Moreover, all completed forms are sent to the QPR Institute, where certificates are issued to Gatekeeper Instructors.

The third step to bringing this project to campus involved the coordination of the trainings. We first held a meeting with Megan Rowe, Jennifer Johnson and Mayra Lopez to discuss participation goals, location of trainings, payments for acquired fees, creation of participant list, advertising, outreach, creation of RSVP email, and development of certificates given to participants. These steps are solidified in the following paragraphs.

First, the location was secured, which included the collaborative process with the Student Health Center. Given the goal to train 100 participants within the campus community, six workshops were sporadically scheduled throughout the fall and spring semester. A maximum of 25 seats were reserved in each workshop. CSU Stanislaus South Dining Hall and Lakeside Conference Room were reserved, given the need to accommodate 25 participants seated comfortably for the workshops. Megan Rowe utilized the campus calendar and online system to reserve the respective locations. Arrangements for food and beverages were completed by Megan Rowe upon solidification of training dates. Payments for fees associated with trainings, were covered by the Student Health Center upon completion of trainings and processed by Megan Rowe.

Advertisement and outreach followed the securing of the location. This work, included the development of outreach materials and creation of participant lists. Multiple flyers were created for the respective training dates and for the specified target population, which were utilized for advertising. Examples of the flyers are included in Appendix A, B and C. Creation of the flyers included the use of Publisher – Word. Completed flyers were reviewed by all participants, and Megan Rowe utilized campus email as means to reach out to the campus community. Given the need for such trainings, the campus community is the primary target audience. Flyers were also printed and placed in seating areas within each of the campus departments. Additional flyers were displayed on bulletin boards for each of the campus buildings. Some flyers were handed to potential participants, who can be a link to the

surrounding communities. Flyers contained my email as the primary contact person for event inquiries.

Following the advertisement and outreach, I utilized my email to RSVP for the scheduled workshops. Participants received a responding email reserving a seat, thus an RSVP list was generated using Microsoft Excel, based on responses from participants. Given that trainings were co-facilitated, additional participants were accommodated, however, no more than 40 participants were allowed in each training. Participants received confirmation emails two days prior to trainings, to ensure space availability for other potential participants.

The fourth step included the co-facilitation of the trainings. This includes the partnership with Lopez (2017) who actively selected the activities, worksheets, and tools that were utilized in the trainings. Facilitators utilized the Certified QPR Gatekeeper Instructor's Manual as the guiding component to deliver content. In addition, information was delivered in an hour and a half time frame to be respectful of participants' time. Tips for teaching the "Questions, Persuade, and Refer" portion of the training were provided, in addition to the supporting guidance for answering difficult questions posed by participants. The manual provides supporting content in customizing the QPR PowerPoint slides to fit the designated time frame and respective population. Activities and tools were modified given the participants' specific scope and need for suicide prevention training. Given the number of participants, my role included the co-facilitations of the trainings and assistance during the activities and debriefing.

The final step in bringing this project to fruition included the distribution of certificates for Gatekeepers and completion of workshop evaluation forms. Certificates of completion were created upon completion of workshops utilizing the sign-in sheet provided before the initiation of trainings (See Appendix D for sample of Certificate of Completion). Thus, certificates were emailed to the corresponding participant within a week. Evaluation forms were completed at the end of the workshops and were distributed to Megan Rowe, who served as the guiding evaluator. As the presenters, we received feedback after the forms had been reviewed, and feedback was utilized in preparation for future trainings. Data collected from evaluations was utilized by Megan Rowe for further grant writing.

## THE PROJECT

This chapter includes a discussion surrounding the overall experience of bringing the QPR gatekeeper trainings to campus, in addition to the experience associated with the execution of the trainings. Through the process of bringing trainings to campus, based on my experience, four major themes emerged. Moreover, collaboration was critical in solidifying the process for bringing trainings to campus. In addition, timing and scheduling of events played a role in the outcomes of the trainings. Lastly, advertisement was essential to reaching out to the target population. Subsequently, a full discussion surrounding the lessons learned through the process of bringing QPR to campus is offered. Thus, allowing readers the ability to replicate and continue offering educational components surrounding suicidality.

### **Bringing QPR to Stanislaus State**

The first critical theme to emerge from bringing QPR to the CSU campus was the vital importance of collaboration. Collaboration was key to the success of this project because it ensured we reached our constitute group. The collaboration was established with Mayra Lopez, Jennifer Johnson LCSW, Megan Rowe MPH, and the Student Health Center. Thus, to deliver trainings or educational workshops on campus, individuals must be part of a group within the campus to have access to the issues such as the event calendars. Moreover, the Student Health Center is identified as a group, which can reserve locations throughout the campus to render trainings and workshops. In attaining such a collaboration, issues such as the fluidity of

advertisement, financial support for attaining proper training in the delivery of the trainings, in addition to the costs associated with providing food for participants are possible. This collaboration initiated in July of 2016 and has continued to date as a means to reach out to as many students, faculty, staff and administrators. This collaboration made the completion of this graduate project a reality.

A second critical aspect of bringing QPR trainings to campus was that of timing. Timing played a vital role because it concluded the initiation of collaboration, completion of certifications and delivery of trainings. Lopez (2017) and I embarked on the QPR training process in August of 2016, and in doing so, we learned quickly that gaining knowledge on suicidality would have its challenges. As noted in earlier chapters, to become certified as a Gatekeeper Instructor, an individual must complete a twelve-hour self-training, in addition to reading two supporting books. Given the rigorous time requirement needed for completion of this training, challenges arose when attempting to complete it while tending to internship and academic requirements. Subsequently, the delay in completion of the training did not permit the execution of two trainings in October and November. Given the collaboration with the Student Health Center, Megan Rowe delivered the training, which allowed additional time for completion of the exam required for certification.

The third critical component included the aspect of advertisement and recruitment of participants. In order to recruit participants for such trainings, flyers were emailed to all CSU Stanislaus students, faculty, staff and administrators, and this was possible with the support provided by the Student Health Center. Emails were

sent twice to ensure ample time to reserve and make appropriate accommodations for food purchases, which was purchased through funding from the Student Health Center. Moreover, additional flyers were printed and distributed to students in the Master of Social Work program, as well as to students from different fields. Upon delivery of emails, I received corresponding responses for participants interested in the trainings and reserved spaces to ensure availability. In addition, a follow up email was sent to corresponding participants to ensure participation.

The last critical aspect of bringing QPR to campus involved the co-facilitation of the trainings. A total of six workshops were scheduled for gatekeeper participants in the year and were broken up by target populations. One training was offered to staff, faculty and administrators, another was provided for students who live on campus, and four were provided to students only. One training was cancelled due to my incompleteness of the training's exam for certification; therefore, Megan Rowe took the initiative to take on this training and allotted additional time for completion of the exam. Unfortunately, we were unable to deliver trainings in the Fall semester, given the rigorous time requirement for completion of the course tools. In addition, scheduling various trainings with target populations allowed all participants to feel comfortable in the learning environment in which these trainings took place.

Trainings were modified to meet the needs of the respected population in attendance. For example, training modified for faculty, staff and administrators, focused on the tools and resources readily available to support personnel. Whereas student trainings were heavily focused on role-play and putting the content learned



into action. Given the interest on the topic and seeking additional information, a training was scheduled for April 21<sup>th</sup> and included staff at the Student Health Center. This opportunity surfaced after interest was shown by nurses who participated in the gatekeeper training provided to staff, faculty and administrators. The nurses expressed reluctance associated with asking questions surrounding suicidality and want all staff members in the Student Health Center to be aware of warning signs, social risk factors and ways to intervene.

To date, a total of 76 participants have received trainings and Certification of Completion. In addition, of the 76 students, at least 17 students currently assist clients. Collaboratively, both Lopez (2017) and I ensured all necessary documents were signed and completed by participants as they entered training rooms. Moreover, introductions of facilitators and participants set the tone for the trainings and allowed each of us to understand participants' backgrounds and experiences with suicidality. This information permitted us, as facilitators, to provide examples as it corresponded to the respected fields of participants. The co-facilitation allowed participants to engage and attain distinct perspectives on suicidality, given the field work we both partake in. In addition, co-facilitation permits the accessibility to direction by presenters during role-play activities. Post role-play activities, participants shared that learning about the appropriate way to ask individuals in crisis about suicidality seems easy; however, one participant stated, "I didn't realize how hard it is to get the words out, even if I knew what to ask." This participant went on to state, "Practicing how to ask the questions is beneficial because it allows me to say it more naturally."

Comments such as these were agreed upon by other participants in trainings. Trainings ranged from one hour and fifteen minutes up to an hour and a half. Time was dependent on the number of participants and the questions delivered by participants. Upon completion of trainings, participants completed Post-Test Questionnaires anonymously and turned them in to the facilitators. (See Appendix E for QPR 2016-2017 Training Highlights).

### **Implications and Lessons Learned**

The topic of suicidality is one that has driven interest within the campus community. Given the commentary section provided in the Post-Test, information was attained regarding the need for more trainings. Post-Test comments included “Thank you for the information,” “This would be great as a required online training, as we did for sexual harassment and rape earlier this semester,” “A great workshop for learning about the essentials of how to help a suicidal person in need, and especially, how to detect it.” Based on some of the comments provided, validation is given to the need for additional trainings to teach others about the severity of this issue.

In addressing the importance of bringing such trainings to CSU Stanislaus, lessons learned and recommendations for further implementation of such project are explored. Two critical aspect that need further exploration is timing and advertisement. In replicating such a project, it is of importance to keep in mind the amount of time commitment needed to complete the QPR Gatekeeper Instructor Training. Although our collaboration with the Health Center began in August,

completion of the exam for certification as an instructor did not occur until November. Unfortunately, due to the inability to complete the certification as Gatekeeper Instructors, we were unable to complete two scheduled trainings in the fall semester. This made it difficult to meet the requested target population during the fall semester. In addition, timing played a role in the lack of attendance for the training scheduled in student housing. Due to another event taking place on February 1<sup>st</sup>, it was difficult to recruit interested participants. Although we did not have participants, we quickly learned and noted that inquiring about co-occurring events should occur before scheduling trainings. Thus, addressing this factor would not negate the advertisement through flyers that are used for the student housing. In addition, beginning the process to attain certification as a Gatekeeper Instructor would help eliminate some of the barriers noted.

Another lesson learned includes the importance of highlighting the benefits to co-facilitating events. Suicidality is not a topic for which many individuals feel at ease when delivering such a topic. Therefore, co-facilitation allowed us to feel more comfortable in discussing suicidality and support each other through the process. Thus, these feelings allotted for setting the tone in the training. Although this topic can be described as heavy in content, participants left with positive demeanors and a set of new skills and resources that can be used at any time. Participants were able to ask questions, and as a co-facilitator, I provided support when necessary. In addition, it is important to note that co-facilitation provides modeling of appropriate team work. For example, both Lopez and I share strengths and limitations related to our

skills and abilities; however, in combining our knowledge, we're able to deliver effective trainings to participants. Effectiveness of content delivery was rated by participants, and many left feeling good about the information they had attained.

The collaboration with the Student Health Center allowed us to send flyers out via email. This served as a positive factor helping in the recruitment process because, given the Health Center's commitment to educating students, faculty, staff and administrators, advertisement and delivery of trainings surrounding health topics, are prioritized. Quinnett (2012), Cross et al., (2011), and Wyman et al (2008) noted the importance of educating as many individuals in the community, including students, parents, school personnel, on suicidality; as such, the Student Health Center strives to promote education of suicidality within the campus community. Enhancing the education amongst the campus community broadens the opportunity to serve the community and identify warning signs and risk factors surrounding suicidality. In recognizing these factors, interventions can be rendered at a faster rate, versus if these factors go unnoticed.

### **Limitations**

Limitations surrounding the completion of such project were explored. One limitation of importance includes the amount of emails that were sent throughout the Spring semester. Given that the prime source of advertisement included sending the flyers via email, this served as a disadvantage because many participants indicated that they had deleted the email before reading it because they had received a high number of emails for other workshops. As this was made evident, we began to recruit

in classes and by means of asking professors to promote the trainings. For future reference, I think it is important to begin recruitment through word of mouth, to ensure participants have ample time to make arrangements and participate in such trainings.

Although Lopez and I will not form part of the campus community in the upcoming semesters, it is worth noting that the knowledge attained through the completion of this project will continue with us in our future endeavors. With this noted, our certifications as Gatekeeper Instructors will be valid for three years; therefore, we can continue to educate the agencies for which we will work. In addition to educating personnel in the respected agencies, we can explain our knowledge to other community agents and enhance awareness on suicidality. This can include, but is not limited to, schools, Child Protective Services agencies, and Adult Protective Service agencies. The greater the number of individuals aware of the implications of suicidality, the greater the possibility for individuals to identify a person in crisis and interfere to prevent an adverse event.

Through this project, it has become evident that much work is needed surrounding the education of social workers and individuals who serve as support persons for individuals in crisis. Suicide is identified as a taboo subject. As we delivered the content, it was evident that participants were hungry to learn more about suicide prevention. Thus, the need to continue providing such trainings is of significant importance. As the trainings were facilitated, many questions were asked surrounding the delivery of questioning suicidality, and this served as an opportunity

to provide participants with role-play activities, as well as, community resources that could support them during a crisis. This brings to light the need for continued education on suicidality. It informs us that our campus community has identified the problem and wants to be part of the solution.

As we embark in our future paths, we must advocate to educate the communities we serve on suicidality and its impactful, long lasting effects. I, as a social worker, will strive to bring light to a topic that has been disregarded, in an effort to serve justice to those most vulnerable and for those who feel they are alone. As social workers, we can stand together and expand awareness on suicidality because this cannot be done by one person. Participants, including faculty and administrators, now hold the knowledge, and some practice, necessary to initiate the process of intervening in a crisis. Encompassing such knowledge of warning signs and risk factors, participants understand what recourses are available to stop an adverse event. Resources can be provided to students, faculty, staff and administrators, and protocols that may have gone unnoticed will now surface through participating in QPR trainings. This ties to the collaborative effort to reduce suicidality on our campus community and in the broader community. This collaborative effort will be done to inspire hope in the communities we will serve, and we will save the lives of many.

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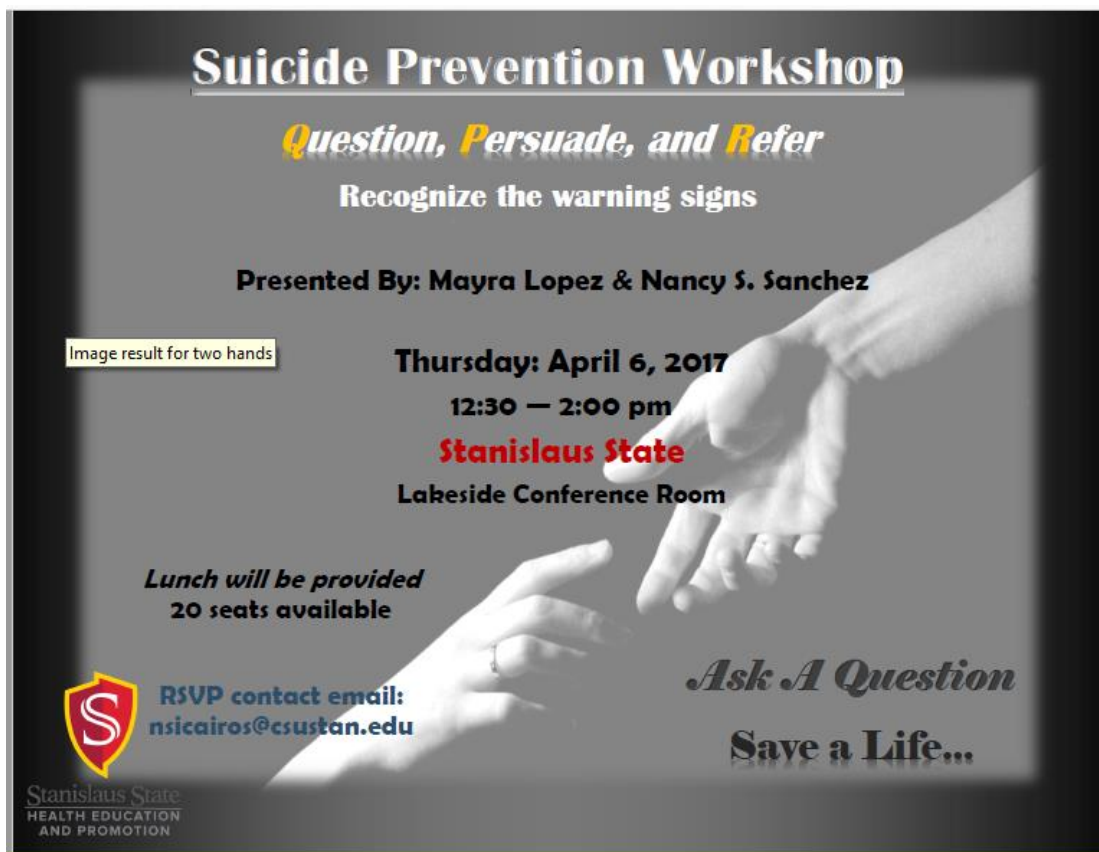
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## APPENDICES

APPENDIX A

QPR TRAINING FLYER FOR STUDENTS



**Suicide Prevention Workshop**  
*Question, Persuade, and Refer*  
Recognize the warning signs


**Presented By: Mayra Lopez & Nancy S. Sanchez**

Thursday: April 6, 2017  
12:30 — 2:00 pm  
**Stanislaus State**  
Lakeside Conference Room

*Lunch will be provided*  
20 seats available

*Ask A Question*  
**Save a Life...**

Image result for two hands

 **RSVP contact email:**  
[nsicairos@csustan.edu](mailto:nsicairos@csustan.edu)

Stanislaus State  
HEALTH EDUCATION  
AND PROMOTION

APPENDIX B

QPR TRAINING FLYER FOR STAFF, FACULTY AND ADMINISTRATORS

**Suicide Prevention Workshop**

*Question, Persuade, and Refer*

Recognize the warning signs

**FACULTY & STAFF**

**Wednesday: February 22, 2017**  
12:00 — 1:30 pm  
**Stanislaus State**  
South Dining Hall

Lunch will be provided  
20 seats available  
RSVP by 02/15/17

Contact email:  
nsicairos@csustan.edu

Stanislaus State  
HEALTH EDUCATION  
AND PROMOTION

*Ask A Question*  
**Save a Life...**

Image result for two hands

APPENDIX C

QPR TRAINING FLYER FOR STUDENT HOUSING



**Suicide Prevention Workshop**  
***Question, Persuade, and Refer***  
**Recognize the warning signs**

**FREE FOR STUDENTS**

**Wednesday February 1, 2017**  
**4:00 — 5:30 pm**  
**Stanislaus State**  
**Game Room**

**FREE Dinner**  
**20 Seats Available**

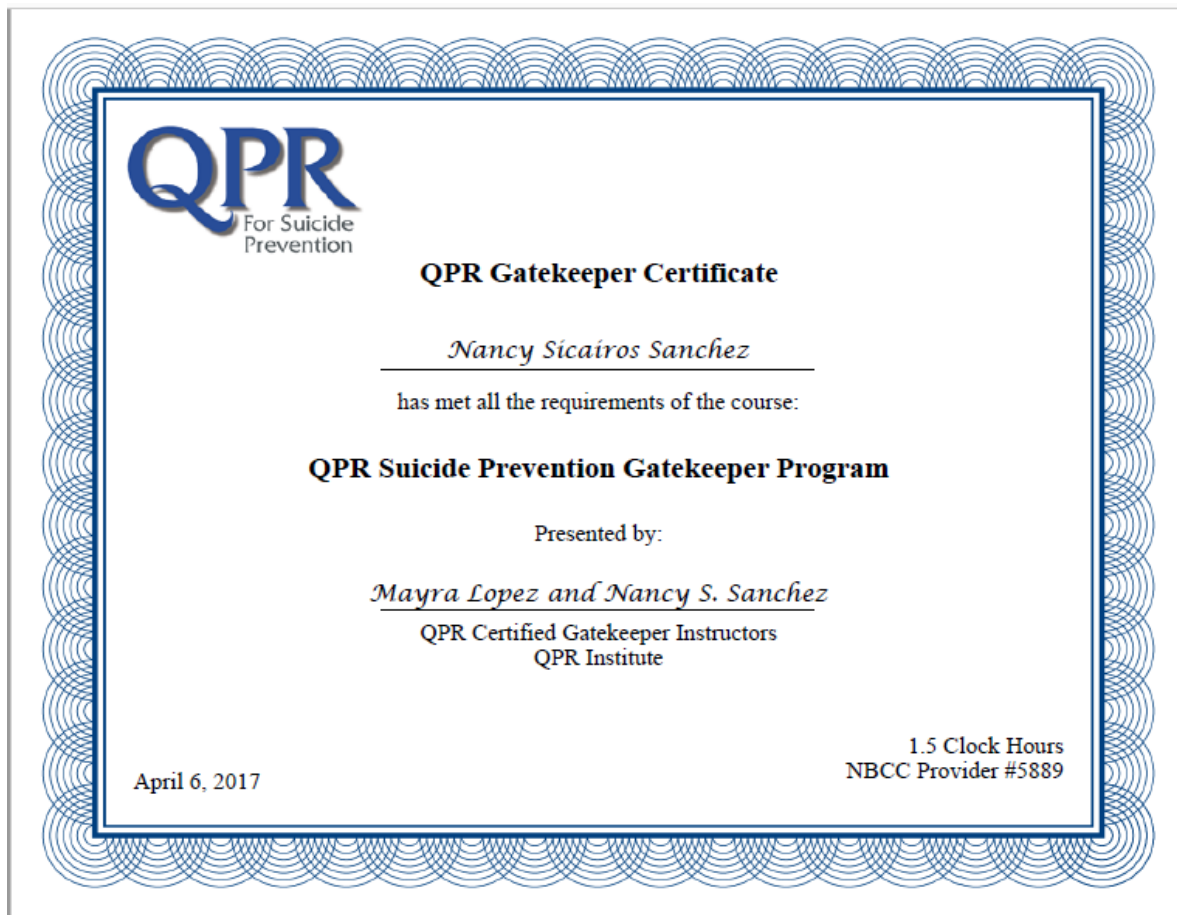
**RSVP required: [nsicairos@csustan.edu](mailto:nsicairos@csustan.edu)**  
**Please e-mail your first and last name**  
**along with the date of training**



Stanislaus State  
HEALTH EDUCATION  
AND PROMOTION

APPENDIX D

QPR GATEKEEPER TRAINING CERTIFICATE OF COMPLETION





## APPENDIX E

## QPR 2016-2017 EVALUATION HIGHLIGHTS

N=76

Gender:

Male: 17%

Female: 80%

Transgender: 0%

Prefer to self-describe: 0%

Non-binary/gender fluid: 0%

Not sure: 0%

Prefer not to say: 1%

No answer: 1%

Student/Employee Status:

- Undergraduate student: 34%
- Graduate student: 37%
- Staff: 21%
- Faculty: 0%
- Administration: 0%
- No answer: 9%

Attendees increased knowledge in all areas:

- Facts concerning suicide prevention: 80% increase in knowledge
- Warning signs of suicide: 68% increase in knowledge
- How to ask someone about suicide: 79% increase in knowledge
- Persuading someone to get help: 82% increase in knowledge
- How to get help for someone: 82% increase in knowledge
- Information about local resources for help with suicide: 82% increase in knowledge

After attending the training, 79% of attendees feel like asking about suicide is always appropriate. This is a 37% increase from the pre-test.

After the training, 41% of attendees changed their perception about the **level of appropriateness to ask about suicide** in a positive direction. Their answers changed in the following ways:

- sometimes (pre-test) to always (post-test),
- never (pre-test) to sometimes (post-test), or

- never (pre-test) to always (post-test)

\*People who answered “always” in both the pre-test and post-test were not analyzed

\*Because we had the pre-test and post-test on the same sheet of paper (front to back), I was able to compare individual differences between the pre- and post-tests.

\*After attending the training, 67% of attendees feel they are always likely to ask someone if they are thinking of suicide. This is a 38% increase from the pre-test.

After the training, 47% of attendees changed their **likeliness to ask** someone if they are thinking about suicide in a positive direction. Their answers were changed in the following ways:

- sometimes (pre-test) to always (post-test),
- never (pre-test) to sometimes (post-test), or
- never (pre-test) to always (post-test)

\*People who answered “always” in both the pre-test and post-test were not analyzed

\*Because we had the pre-test and post-test on the same sheet of paper (front to back), I was able to compare individual differences between the pre- and post-tests.

87% of attendees rated the QPR training as “very good” or “excellent.”

96% of attendees would recommend the QPR training to others.

There was a total of 38 comments. A sampling includes the following:

- “Awesome job! Information was great. Thank you for doing this.”
- “I really liked the presentation, I learned a lot and am now more likely to ask others question because at the end it's better to ask an "inappropriate" question than see someone take their life.”
- “This training helped me learn about resources that could help the clients at the job I work at. It also helped me gain a few new ways to approach people about suicide.”
- “Thank you for providing this training to students on campus!”
- “Very informative. Great job!”
- “Very informational and interesting!”
- “A great workshop for learning about the essentials of how to help a suicidal person in need, and especially how to detect it.”