



## Possible outcome/research measures for QPR training programs

The QPR Institute offers three major training programs for suicide prevention: QPR gatekeeper training for lay citizens and professionals, QPR Suicide Triage Training for 1<sup>st</sup> responders and others on the “front lines” and the QPRT Suicide Risk Management Inventory training program in suicide risk detection, assessment and management for healthcare professionals.

The following outcome measures are used in the training of Certified QPR Gatekeeper Instructors:

*Immediate training measures for the training of Certified Instructors:*

**We have 5-point Likert by trainees for more than 1,400 Certified Instructors on the first 9 items both for traditional in-class and home-study training**

- Overall Program Organization
- Program Content:
- Program Presentation:
- Overall Value to You:
- How well did the course meet your expectations?
- Did the instructor demonstrate a thorough knowledge of the subject matter?
- How would you rate the instructor's presentation of the material?
- To what degree did the course provide practical applications for your work?
- What is your overall evaluation of this course?
- How do you see yourself utilizing the QPR training module?
- Suggestions for future QPR certification trainings?

For self-study students and mentoring program participants:

- Successful passing 25-item post course quiz
- Writing and passing at least 5 essay questions based on training content
- Successful passing of a telephone interview with a QPR Institute staff member

Proposed new measures for future Instructor training

- Likert scale ratings mentoring training program
- Likert scale ratings on knowledge about suicide (risk factors, protective factors, history, current practices, Surgeon General's report, etc.)
- Likert scale ratings on perceived self-*competence* to teach QPR to others
- Ratings on new editions and updates of multimedia media and audio-visual presentations

**FOLLOW-ON MEASURES:** To measure training impact on participants by Certified QPR Gatekeeper Instructors (1-2 hour citizen action program):

*Pre-training measures (if possible):*

**Prior experience with suicidal person inquiries to establish base rates for contact with at-risk persons**

- Have you ever had contact with someone you thought was suicidal? If yes, did you talk to them about your concerns (yes, no, indirectly, not sure, had no contact)
- Did you ask them if they were thinking about killing themselves? (yes, no, indirectly, not sure, had no contact)
- Did you get the person you were worried about to accept help, e.g., see a professional? (yes, no, indirectly, not sure, had no contact)
- How many suicidal people have you encountered in the past year?
- How many suicidal people have you encountered in the past month?

**CURRENTLY IN USE:**

**Measures of persons trained as QPR Gatekeepers by Certified QPR Instructors (immediate pre-post evaluations):**

- Likert scale suicide facts
- Likert scale knowledge of suicide warning signs
- Likert scale how to ask someone about suicide
- Likert scale how to persuade someone to get help
- Likert scale on how to get someone help (local resources)
- Likert scale do you feel that asking someone about suicide is appropriate
- Likert scale on perceived likelihood to act to prevent a suicide
- Likert scale rating on level of understanding about suicide and suicide prevention
- Likert scale (5 point) overall rating of training
- Would you recommend QPR to others?
- 12-item knowledge quiz (pass at 75% correct)
- Likert scale (5 point) Do you believe this training will help you in helping someone suicidal?

**PROPOSED NEW MEASURES:**

- Pre-post list as many suicide warning signs as possible
- Pre-post resource/referral knowledge
- Likert scales for reactions to training
- Yes-no recommend training to other

**Retention measures of persons trained as QPR gatekeepers**

*(Post gatekeeper training measures: (@ 3 months, 6 months, 12 months, 18 months).*

- Repeat above post-training measures (retention measure)
- Retention of QPR (what do the letters mean)?
- Did you read the QPR booklet following training? Was it helpful (Likert scale rating)
- Do you have the QPR folding card? Where is it?
- To your knowledge has anyone else read the QPR booklet? How many persons?
- Would you recommend QPR training to others? If not, why not?

### **Suicide prevention activities of persons trained as QPR gatekeepers**

(randomized identification of groups at 3, 6, 12, and 18 months)

- Have you intercepted a suicidal communication since your QPR training?

If yes, please describe what happened? \_\_\_\_\_

- Were you able to apply the QPR method? Y/N

- If not, why not?

- If yes, with what result? (please explain)

- Did the person you tried to help see a professional for evaluation? Y/N

- What kind of professional? Did counseling or treatment begin?

- Do you believe the intervention you conducted was effective? If not, why not?

- Do you believe the intervention you conducted helped save a life?

- What more did you need to know to have done a better job helping someone who was suicidal? Please explain \_\_\_\_\_.

### **Resource utilization measures for the QPR on CD-ROM program**

- same as above in self-report by participants plus,
- utilization of web-linked resources (e.g., survivor of suicide support group)
- utilization of web-linked depression or other mental health screening
- utilization of web-linked referral information
- utilization of online provider appointment schedule
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### **External Measures of QPR gatekeeper training (setting perceptions):**

Focus group qualitative response of evaluation of overall program effect, to include threaded discussion and recordings of:

- perceived benefits
- impact on community
- impact on institution/school
- impact on individuals
- perceived burdens or problems
- too time consuming
- was not relevant
- safety (program had an adverse effects)

### **External outcome and impact measures:**

Given the QPR program philosophy (that those most at risk do not seek help), program efficacy should result in (where pre-existing base rates are available or designed):

- A greater total number of referrals to resources
- Increased non-traditional referrals to suicide prevention resources
- Increased numbers of survivors of suicide attending support groups
- More depression screenings

- More 1<sup>st</sup> mental health appointments
- More 1<sup>st</sup> substance abuse treatment appointments
- More 1<sup>st</sup> appointments for families in distress
- More 1-800 or other suicide related calls
- More consultations for 3<sup>rd</sup> parties by QPR trained citizens
- Fewer injury-related ER visits for suicide attempts, but more pre-injury evaluations
- Lower absenteeism rates at work sites (depression related)
- Fewer school drop outs (including college) (depression related)
- More emergency/urgent evaluations of suicidal persons
- More psychiatric admissions (to prevent suicide)
- Fewer jail suicides
- More persons per capita on psychotropic medications

**QPR Suicide Risk Assessment Training for Clinical Providers:**

We currently have an N of 1,400 mixed mental health and substance abuse professionals in our database with pre-post knowledge testing as part of the credentialing in a core competency to assess suicidal patients. Once persons identified as suicidal are in treatment, a different set of IRB and end point measures are required. Whether the researcher intends to explore treatment variables, assessment or monitoring variables, or any number of other dimensions, the end points can include ongoing suicidal ideation, time-sampled risk ratings, suicide attempts, hospitalizations required to prevent suicide attempts, and deaths by suicide (see H.Y. Meltzer, et. Al, Clozapine Treatment for Suicidality in Schizophrenia, Archives of General Psychiatry, Jan. 2003) for a model approach).

**Outcome measures for QPR Institute Professional Training Programs will not be listed here. We have built a number of measures into our on-site and online courses (pre-post training surveys, pre-post training quizzes, and post course evaluations, etc). These courses and evaluative processes have been approved as part of university-accredited courses, as well as by continuing education bodies. Please contact us directly for a variety of possible outcome measures.**

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