

Recognize, Respond, Refer (RRR) Suicide Prevention Training

Jennifer Michels PhD ABPP

Clinical Psychologist

Department of Psychiatry & Behavioral Health - MMC

Jennifer Smith

Program Coordinator

Question, Persuade, Refer (QPR) Trainer

MCHS Center for Community Health Advancement



Objectives:

- Enhance comfort, knowledge, and skills to identify, engage, and respond to a peer in distress.
- Recognize signs that a peer needs support.
- Describe ways to respond to a peer in distress.
- Understand where to refer a peer for support at MCHS and more broadly.



References:

- More Feet On The Ground

<https://morefeetontheground.ca/suicide/recognize-respond-refer/>

- University Health Services, University of Wisconsin

<https://www.uhs.wisc.edu/prevention/suicide-prevention/recognize-respond-refer/>

- Question, Persuade, Refer Institute

<https://www.qprinstitute.com/>



Question. Persuade. Refer.



Video: MCHS Resident Wellness - Depression

[MCHS Depression Video](#)



Recognize: Warning Signs Associated with High Distress and/or Suicide Risk

- What is a concerning level of stress or distress?
 - Changes in mood and/or anxiety
 - Changes in sleep, excessive fatigue
 - Behavior that is out of character
 - Missing work or other obligations
 - Increased isolation
 - Negative changes in performance
 - Relationship difficulties
 - Changes in personal hygiene
 - Decreased self-worth and/or confidence
 - Referencing suicide



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.”



Question. Persuade. Refer.



Indirect Verbal Clues

- “I’m tired of my 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.”



Question. Persuade. Refer.



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



Question. Persuade. Refer.



Situational Variables:

- Placed on a PIP
- Failed a high stakes exam (ITE, USMLE Step, Milestones, etc.)
- Being expelled from training/academic program
- Loss of a major relationship
- Death of a spouse, child, or best friend - especially by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of cherished support source



Respond:

- Involves:
 - Starting a conversation
 - Using active listening skills
 - Asking directly about suicide
- Steps for Responding:
 - Prepare for a check in
 - Name the warning signs you have observed
 - Ask to check in further
 - Use active listening skills to learn about the resident's situation
 - Ask directly about suicide
 - Refer resident to resources



Video: Seize the Awkward

[Seize the Awkward](#)



Respond:

- Preparing for a conversation – consider the following:
 - Who should check in?
 - When, where, and how to check in?
- First 2 steps: Name warning signs you see and ask permission to talk further:
 - *I've noticed that you've been late to work several times the last two weeks and when you get here you haven't been participating much and are more quiet than usual.*
 - *I want to do what I can to support you.*
 - *Would you be willing to talk with me about how you are doing?*
- What if they decline?
 - Acknowledge (with sincerity) that you respect their decision.
 - State that you care about them and are available if they would like to talk in the future.
 - Consult with RWBC if you have ongoing concerns.



Respond: Active Listening and Empathy

- Feeling **understood** and **validated** is usually a prerequisite for accepting help and being willing to take action.
- This means that you have to listen with the intent to really understand what another person is saying.
 - Not listening while you think about your own feelings, opinions, and/or response.
- **Involves:**
 - Attending
 - Using silence and minimal encouragers
 - Empathic statements
 - Reflections



Video:

[Brene' Brown - Empathy](#)



Respond: Asking About Suicide

- **Asking** about suicide is an important and effective prevention strategy.
- **How you ask** the question is LESS important than that you ask.
- By taking the lead with asking, you are taking some of the pressure off of your peer to bring up the topic.
- **Asking helps reduce distress.** It doesn't increase risk.
- Asking actually reduces mental health distress.
- Examples:
 - Are you... *"thinking about suicide," "having suicidal thoughts," or "thinking about killing yourself."*





Question. Persuade. Refer.

Less Direct Approach:

- “Have you been unhappy lately?”
- “Have you been so unhappy lately that you’ve been thinking about ending your life?”
- “Do you ever wish you could to sleep and never “wake up?”
- “Have you thought about hurting yourself?”





Question. Persuade. Refer.

More 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 unhappy, I wonder if you’re thinking about suicide?”
- “Are you thinking about killing yourself?”



How NOT to ask the question:

- “You’re not suicidal are you?”
- “You’re not thinking about doing something crazy or stupid, are you?”



Question. Persuade. Refer.



Respond: Asking About Suicide

- **Response is “No”:**
 - Reinforce present safety.
 - *It sounds like thinking about suicide is not something you're currently struggling with.*
- **Unclear response:** Try to notice nonverbal cues such as:
 - Hesitancy in answering.
 - Defensiveness.
 - Increased difficulty making eye contact.
 - Gently point out the discrepancy.
 - *You're telling me that you're fine, but you hesitated a bit before you answered me. Could you say a little more?*



Response is “Yes”:

- Acknowledge the disclosure.
 - *“Thank you for telling me. I know it must have been tough to do.”*
- Reassure peer that you will work together to come up with a plan to help.
- Ask:
 - *“Will you go with me to get help?”*
 - *“Will you let me help you get help?”*
 - *“Will you promise me not to harm yourself until we find some help?”*



Refer: Making a Referral

- You are not expected to know what all the resources are.
- You are not expected to figure out what exact resources a peer needs.
- Instead, focus on:
 - Assisting with maintaining the resident's **immediate** safety.
 - Connecting the resident to an **appropriate** resource.
- The **way you approach the conversation** is important. A referral should be:
 - Responsive to resident's needs, **as understood by the resident**.
 - Collaborative, **not coercive**.
 - Responsive to the resident's **beliefs**.



Refer: Determine level of urgency

- **Emergent (Notify Training Director)**

- Immediate RWBC consult: Page Dr. Michels
- Contact with Psychiatry and Behavioral Health Dept. – request triage nurse
 - 715-387-5744 or 1-800-782-8581
- Emergency Department
- Wood County Crisis Line @ 715-384-5555
- 988
- 911

- **Urgent (Notify Training Director)**

- Immediate RWBC consult: Page Dr. Michels
- Contact Psychiatry and Behavioral Health Dept. – request triage nurse
 - 715-387-5744 or 1-800-782-8581
- 988



Refer: Determine level of urgency

- **Uncertain (Notify Training Director)**

- Strongly encourage resident to contact RWBC. Ideally, facilitate the call/consult request.
- Resident helper is strongly encouraged to consult RWBC for review and debriefing.
- Direct resident to PCP
- Psychiatry and Behavioral Health Dept. referral: 715-387-5744 or 1-800-782-8581
- 988
- EAP: 1-877-822-1327

- **Non-urgent (Recommend the following to peer)**

- Encourage a RWBC consult
- Resident helper encouraged to consult RWBC
- Direct resident to PCP
- Psychiatry and Behavioral Health Dept. referral 715-387-5744 or 1-800-782-8581
- EAP: 1-877-822-1327
- 988



Marshfield Clinic Health System Resources:

- **Resident Well-Being Committee (RWBC)**
 - <https://www.marshfieldclinic.org/education/residents-and-fellows/well-being-committee/Consult-with-us>
- **Psychiatry and Behavioral Health Department:**
 - 715-387-5744 or 1-800-782-8581
- **ComPsych (EAP):**
 - Phone: 1-877-822-1327
 - Website: www.guidanceresources.com, click on register, enter company ID: MARSHFIELD



Marshfield Clinic Health System Resources:

- **Physician and Allied Professionals Health Committee:**

- https://pulse.mfldclin.org/sites/departments/phc/_layouts/15/start.aspx#/SitePages/consults.aspx

- **HEARTS Team:** <https://pulse.mfldclin.org/health-system/wellness/SitePages/Heroes%20Health%20Initiative.aspx>

- **Additional Employee Support Programs:**

<https://spintranet.mfldclin.org/sites/mc/hr/SitePages/EmployeeSupport.aspx>



National Resources:

- **National Suicide Prevention Lifeline**
 - Call or text 988
 - <https://988lifeline.org/>
 - 24/7 free, confidential support
 - Help for distressed individual as well as friend or loved one of the distressed
 - Spanish option (1-888-628-9454)
 - Deaf and hard of hearing option (dial 711 and then 988)
- **Trevor Project Lifeline**
 - Call: 1-866-488-7386
 - Text: 678678
 - <https://www.thetrevorproject.org/>
 - Crisis intervention/suicide prevention for LGBTQ+ people under 25
- **Veterans Crisis Line**
 - Call 988
 - Text 838255
 - <https://www.veteranscrisisline.net>



Wisconsin/Local Resources:

- 988
- 911 – Request a Crisis Intervention Team (CIT) Trained Officer
- Wood County Crisis Line @ 715-384-5555 (Marshfield number)
- Wisconsin Country Crisis Lines:
<https://www.preventsuicidewi.org/county-crisis-lines>
- Wisconsin Crisis Services:
<https://www.dhs.wisconsin.gov/crisis/talk.htm>
- MCHS Emergency Departments (System-Wide)
- MCHS Primary Care
 - Primary Care Behavioral Health access



Other Resources:

- Zero Suicide: <https://zerosuicide.edc.org/>
- Apps
 - Virtual Hope Box
 - notOK
 - SAMHSA – Suicide Safe
 - My3 App: Free mobile safety planning app
 - Suicide Safety Plan
 - distrACT – approved by NHS in UK
 - Calm Harm

