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QPR *Young Child* Role-play Exercise Packet

This packet includes the following:

- Background, notes and instructions
- How to process a role-play experience
- Two Role Play Exercises (Young Child)

Note: Download and print this toolkit; cut, copy, paste or print role-play scripts for distribution in the practice session.

Notes and Instructions for Role-Play

The faculty of the QPR Institute has been teaching these suicide risk interview skills for more than 15 years. We have a reasonable idea of what you will encounter in these role play exercises, and some suggestions for how to create the most beneficial educational experience for the gatekeeper trainee.

As a Certified QPR Instructor, you likely know that practice is an important part of skill development and you may have already used role-play activities in your current training or supervision. The goal here is to give the learner an opportunity to practice asking about suicide and to learn as much about the problems triggering the crisis in a brief time during a QPR intervention or screening interview.

As you know, the more practice, the more natural the act of asking the suicide question will be. The following observations should be helpful:

- Before you begin, stress to the gatekeeper-in-training that the QPR interview format is a guide, and not a checklist. Thus, they should not read questions from the booklet or a crib sheet. Rather, they should refer to the QPR questions they've just learned a frame them in a way that feels comfortable to them.
- While time is always limited, once the QPR intervention is initiated it may take many minutes, or even longer. Sometimes there is a need to "negotiate" with the suicidal child to achieve the best referral outcome.
- Upon conclusion of the role-play, it is helpful to process the role-play experience to facilitate a discussion of the feelings triggered by the exercise. Some students will find asking the suicide question very difficult (even impossible on the first try), while others (especially those with experience with at-risk populations) may breeze right through this aspect of the role play.
- If the learner is unable to ask the suicide question, or asks it wrongly, e.g., "You're not suicidal are you?" a thorough discussion of their concerns and anxiety should take place, after which a second role play may be undertaken.
- After you have discussed the role-play experience, you may share the "hidden risk factors" that might have been discoverable via the QPR intervention.
- Note: This **not** a suicide risk assessment training, so only the detection of risk, a supportive intervention, and referral are required.

Useful questions to process the role play experience:

1. *"What did you become aware of during the course of this exercise?"* Many times participants will find that they become very involved in the role and develop a sense of empathy for what the suicidal young person may be dealing with. This is a very positive insight that can be gained from this experience and you want to reinforce and support this.
2. *"What did it feel like for you to ask the suicide question?"*

3. "What were some of the circumstances that kept you from asking the question (if the student was unable to)?" This question may reveal past experiences with suicide, some of which may inhibit the student's intervention.

4. Was it uncomfortable to ask these questions?

5. What do you think was the source of this discomfort?

6. What are some ways that you feel you can learn from this experience?

Finally, the goal of the role-play exercise is to develop practical skills and to empower the gatekeeper through enhancing his or her sense of confidence and competence in helping young children. Addressing the subject of suicide in a frank and compassionate matter with a young person considering self-destruction is the iron key that opens the golden door to hope. All the real, immediate, underlying, historical and cultural reasons why suicide is under consideration can only be learned through the establishment of a relationship based on hope and trust. If this door is opened and the right questions are asked, lives can be saved.

Staff and Faculty of the QPR Institute

Information on Risk Factors

Understanding risk factors can dispel the myths that suicide is a random act or results from stress alone. Built into the body of the role-plays are risk factors that the interviewer is required to evoke during the interview. These risk factors include:

- Previous suicide attempts
- Mental disorders – particularly mood disorders such as depression and bipolar disorder
- Co-occurring mental and alcohol and substance abuse disorders
- Family history of suicide
- Hopelessness
- Impulsive and/or aggressive tendencies
- Barriers to accessing mental health and/or substance abuse treatment
- Relational, social, work, or financial loss
- Physical illness
- Easy access to lethal methods, especially guns
- Unwillingness to seek help because of stigma attached to mental and substance abuse disorders and/or suicidal thoughts
- Influence of significant people – family members, celebrities, peers who have died by suicide – both through direct personal contact or inappropriate media representations
- Cultural and religious beliefs – for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicide that have a contagious influence
- Isolation, a feeling of being cut off from other people

(From U.S. Public Health Service, The Surgeon General's Call To Action To Prevent Suicide. Washington, DC: 1999.)

Role Play Exercises

Please Read This Information Prior to Beginning the Role Play!!!

To the [troubled child](#) role-player: Please read the instructions at the beginning to yourself.

To the [gatekeeper](#): Engage the student after the presentation of the verbal suicide warning sign, ask the Suicide Question, determine if risk is present (suicide desire, intent, plan, etc.), provide empathic support, and work through a referral and safety plan.

To the [Certified QPR Instructor or practice session leader](#): Direct and oversee the role-play practice session, lead discussion as suggested, and give each person a chance to role-play one or the other child.

Role-play # 1 (Young Child)

Section 1

To the person role-playing the suicidal child:

This first section is information that the child being interviewed is relatively comfortable sharing and will quite easily volunteer. You may state any or all of the information in this section in the initial conversation without prodding from the interviewer.

If you are playing the role of the troubled child, read this first (risk factors underlined):

You are 14-year-old whose parents fight all the time. There is talk of divorce, and you stay up at night to listen to them argue through your bedroom wall. You're pretty sure your father has slapped your mother at least once. You've been trying unsuccessfully for the past two months to find a part-time job so that you can prepare for what will happen if your dad moves out. You'd also one day like to buy a car, and even put money aside for college, but you're feeling pretty hopeless that you'll be able to accomplish either goal.

In addition to the stress at home, the kids at school have been making fun of you because of the way you dress. The boy/girlfriend you had thought liked you told you two weeks ago that he/she didn't want to see you anymore (relationship breakup). The two of you had been good friends for almost a year and he/she was the only person you could talk to. You've felt very depressed since then, and maybe even prior to that. You've been coping in the only way you knew how, and that was by sneaking drinks of your father's vodka.

You have very few friends, feel rejected, and have given away your CD player and some of your favorite CD's to someone you hardly know.

You have had increasing thoughts of death and have contemplated hanging yourself because, "Heck, a person can find rope anywhere!"

You have been considering killing yourself tonight, but thought you would thought you would tell your best friend what was up first. You say to him,

"I think I'm going to get it all over with tonight. Nobody cares anymore."

Because your friend cares about you and is worried, he tells an adult.

Now a school counselor (nurse, social worker, psychologist) has asked you into his or her office to discuss what you said to your friend. You're mad at him for spilling the beans, but now you are in the office.

When asked what seems to be troubling you, you say,

"Maybe everyone would be better if I just left..., you know, like for good."

Section 2

Do not reveal all of the risk factors below in your initial presentation. Do, however reveal this information if prompted by the interviewer to do so.

What you also know that your gatekeeper doesn't:

- You've already got a length of rope hidden in your parent's garage (access to means)
- Your father's liquor cabinet is always open and there's plenty of vodka. (alcohol available and in use).
- The uncle you were very close died six years ago from a self-inflicted gunshot wound to the head, and your dad has the pistol he did it with in the top drawer of his bureau. The bullets are in another drawer. You found them both after your parents went away for a weekend to try to fix their marriage. (access to other means).
- Even though you've been feeling so down and depressed life doesn't seem worth living (probably clinical depression), sometimes you get so angry and upset explode and start throwing things (impulsivity).

(Please note: The job of the gatekeeper is to detect suicide risk and determine next steps, not conduct a full-scale suicide risk assessment. However, in the course of a compassionate exploration of a troubled child's current, past, and anticipated problems, a great deal may be revealed, all of which should be charted and shared with the professional who will conduct a formal assessment of risk and initiate or recommend a treatment plan.)

Role-play # 2 (Young Child)

Section 1

To the person role-playing the suicidal child:

This first section is information that the child being interviewed is relatively comfortable sharing and will quite easily volunteer. You may state any or all of the information in this section in the initial conversation without prodding from the interviewer.

If you are playing the role of the troubled child, read this first (risk factors underlined):

You're a 12-year-old with serious problems at home. Your mom had an affair with someone where she works, and your father asked her to leave. She's been gone for several weeks. Even though she calls and talks to your father and you, it's pretty clear that they are going to get a divorce. Two of your friend's parents have already divorced, and when your father's brother was left by his wife, he shot himself. You've been worried your dad might do the same thing.

Because you feel in the way, and maybe that you're somehow responsible for what's been happening, you've been wishing you could just go to sleep and never wake up.

You wondered what it would be like to be dead and it doesn't seem so bad compared to how down and hopeless you feel. You've also been riding your bike in traffic and taking dangerous chances you don't normally take.

It's been hard to concentrate at school and your grades are slipping. Dad got real angry last night when he found out you'd missed soccer practice and got a "D" on your math test.

You decide to tell your school counselor that you'd like to get out of your math class before you flunk out. That, or maybe quit school entirely.

Talking to him/her in the hall, you say,

"Is there some way for me to quit school? Like forever?"

Section 2

Do not reveal all of the risk factors below in your initial presentation. Do, however reveal this information if prompted by the interviewer to do so.

What you also know that your QPR-trained gatekeeper doesn't:

- You just saw a movie in which a young person like you jumped in front of train and died. You have to cross a railroad track every day on your way home from school (access to means), so it would be easy to make it look like an accident.
- When you went to your uncle's funeral and saw your first dead person, it didn't seem so bad, and everyone was crying and feeling sorry for him (family history of suicide/role model).
- Your father has said that since the marriage is probably over, he might as well take a new job in distant city. Your mother doesn't seem to want you to live with her, so this would mean giving up all your friends (unwanted move/loss of relationships).
- You found a site on the World Wide Web where people visit to talk about their suicide plans and some of their plans sound very interesting, including handing. Just yesterday you fashioned a noose from a piece of rope you found in the garage, and tried slipping it over your head and tightening it (possible suicide attempt/rehearsal).
- In a school across town you heard the newspaper reported that two young people had ended their own lives. You've asked yourself, "How bad could it be?" (contagion effect).

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THANK YOU!