

QPR Gatekeeper Training for Suicide Prevention

The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is a brief educational program designed to teach "gatekeepers"--those who are strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers)--the warning signs of a suicide crisis and how to respond by following three steps:

- Question the individual's desire or intent regarding suicide
- Persuade the person to seek and accept help
- Refer the person to appropriate resources

The 1- to 2-hour training is delivered by certified instructors in person or online, and it covers (1) the epidemiology of suicide and current statistics, as well as myths and misconceptions about suicide and suicide prevention; (2) general warning signs of suicide; and (3) the three target gatekeeper skills (i.e., question, persuade, refer). The training includes a short video that shows interviews with people who have experienced suicide in their families, schools, and neighborhoods, and it provides standardized role-play dialogue for use in a behavioral rehearsal practice session. For participants whose focus is on schools and youth, the training also reviews local rates of students' suicidal behavior and the school district's protocol for responding to suicidal students. Once trained, the participants, or gatekeepers, receive a booklet that contains an overview of the didactic presentation and a review of the gatekeeper role. Wallet cards also are distributed for use as a review and resource tool, with prompts to recall the gatekeeper skills emphasized in the training and information about local referral resources.

Any adult (18 years or older) can become a certified instructor after receiving a minimum of 8 hours of formal instruction. After completing this instruction, the instructor is certified for 3 years, although annual booster sessions are recommended. Certified instructors are provided with technical and Web-based support, newsletters, and free program upgrades.

Although the foundation for the QPR Gatekeeper Training for Suicide Prevention is the same for all audiences, the training can be customized for use with specific audiences, with the understanding that fidelity to the core training slides must be maintained and with prior approval by the QPR Institute quality assurance team. In studies reviewed for this summary, the training was delivered to school staff; parents; and clinical providers and nonclinical staff from the U.S. Department of Veterans Affairs.

Descriptive Information

Areas of Interest	Mental health promotion
Outcomes	<p>Review Date: August 2012</p> <p>1: Knowledge about suicide</p> <p>2: Gatekeeper self-efficacy</p> <p>3: Knowledge of suicide prevention resources</p> <p>4: Gatekeeper skills</p> <p>5: Diffusion of gatekeeper training information</p>
Outcome Categories	Suicide
Ages	<p>18-25 (Young adult)</p> <p>26-55 (Adult)</p> <p>55+ (Older adult)</p>
Genders	<p>Male</p> <p>Female</p>
Races/Ethnicities	<p>American Indian or Alaska Native</p> <p>Asian</p> <p>Black or African American</p> <p>Hispanic or Latino</p> <p>Native Hawaiian or other Pacific Islander</p>

	White Race/ethnicity unspecified
Settings	Outpatient School Workplace
Geographic Locations	Urban Suburban Rural and/or frontier
Implementation History	The QPR Gatekeeper Training for Suicide Prevention originated in 1996, and since then, more than 2,500 organizations and communities (including private companies, colleges and universities, mental health departments, and the military) have implemented the training. There are more than 8,500 certified instructors, and they have delivered the intervention to more than 1,000,000 people in all 50 States, the District of Columbia, and Puerto Rico, as well as in Australia, Canada, France, Ireland, Israel, Italy, Qatar, and Spain.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: Yes
Adaptations	The QPR Gatekeeper Training for Suicide Prevention has been culturally adapted for use with African American and Native American groups and for use in Australia and New Zealand. The training also has been adapted for use with occupational groups, including individuals in law enforcement, emergency medical services personnel, firefighters, corrections personnel, and medical personnel. Materials have been translated into Braille, Chinese, Hmong, Japanese, and Spanish.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	Universal

Quality of Research

Review Date: August 2012

Documents Reviewed


The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

[Wyman, P. A., Brown, C. H., Inman, J., Cross, W., Schmeelk-Cone, K., Guo, J., et al. \(2008\). Randomized trial of a gatekeeper program for suicide prevention: 1-year impact on secondary school staff. *Journal of Consulting and Clinical Psychology*, 76\(1\), 104-](#)

[115.](#)  Pub Med icon

Study 2

[Matthieu, M. M., Cross, W., Batres, A. R., Flora, C. M., & Knox, K. L. \(2008\). Evaluation of gatekeeper training for suicide prevention in veterans. *Archives of Suicide Research*, 12\(2\), 148-154.](#)  Pub Med icon

Study 3

[Cross, W. F., Seaburn, D., Gibbs, D., Schmeelk-Cone, K., White, A. M., & Caine, E. D. \(2011\). Does practice make perfect? A randomized control trial of behavioral rehearsal on suicide prevention gatekeeper skills. *Journal of Primary Prevention*, 32\(3-4\), 195-](#)

[211.](#)  Pub Med icon

Outcomes

Outcome 1: Knowledge about suicide

Description of Measures

Two types of knowledge about suicide were assessed: declarative knowledge (i.e., knowledge of suicide-related principles presented in the QPR gatekeeper training) and perceived knowledge (i.e., a participant's perception of his or her own knowledge of a topic).

In all three studies, declarative knowledge about suicide was assessed with a measure that contained 14 items: 8 pertaining to appropriate QPR behaviors with individuals and 6 pertaining to suicide risk factors. Examples of items include "People who talk about suicide are only talking and should be ignored, since people who talk about suicide don't do it (circle true or false)" and "Asking a distressed person if he or she is having thoughts of death or suicide (circle one): (a) Should never be done, as it may put the idea of suicide in the person's mind; (b) Should only be done by professionally trained persons; (c) May lower the risk of suicide; or (d) Should have no effect on the risk for suicide." Each participant's score was determined as the percentage of correct responses, with higher scores indicating greater declarative knowledge about suicide.

In one study, perceived knowledge of suicide was assessed with a 9-item measure. Participants rated each item with a 7-point scale ranging from 1 (nothing) to 7 (very much). In the other two studies, perceived knowledge of suicide was assessed with a 5-item measure. Participants rated each item (e.g., "knowledge of warning signs of suicide") with a 5-point scale ranging from 0 (poor) to 4 (excellent). For both scales, higher scores indicate greater perceived knowledge of suicide.

Key Findings

In one study, 32 middle and high schools were randomly assigned to a group that received QPR gatekeeper training or to a wait-list control group. A random sample of staff from each school (i.e., teachers, administrators, health/social service staff, support staff) was identified prior to school randomization and followed for an average of 1 year after training. At the 1-year follow-up, school staff who received QPR gatekeeper training had higher declarative knowledge scores ($p = .001$) and higher perceived knowledge scores ($p < .001$) than staff from control schools, using intent-to-treat analyses and controlling for baseline levels. These findings were associated with small (Cohen's $d = 0.41$) and large (Cohen's $d = 1.32$) effect sizes, respectively.

In a second study, Department of Veterans Affairs (VA) staff, including clinical providers (e.g., psychologists, social workers) and nonclinical staff (e.g., administrative staff, community outreach workers), from a national program of 209 community-based VA counseling centers were offered QPR gatekeeper training during scheduled regional conferences. Immediately after QPR gatekeeper training, clinical providers and nonclinical staff had higher declarative knowledge scores ($p < .0001$) and higher perceived knowledge scores ($p < .0001$) relative to scores before training. These findings were associated with medium effect sizes (Cohen's $d = 0.53$ and 0.54 , respectively).

In a third study, clinical school personnel (including mental health professionals) and nonclinical school personnel (including teachers and bus drivers), as well as parents who were participating in the school district's Safe Homes Project, were randomly assigned to receive QPR gatekeeper training or QPR gatekeeper training without behavioral rehearsal (i.e., without role-play practice). Nonclinical school personnel and parents in both training conditions had increases in declarative and perceived knowledge about suicide from before to after the training, and these levels of knowledge were maintained at the 3-month follow-up ($p < .001$ for each type of knowledge).

Studies Measuring Outcome

Study 1, Study 2, Study 3

Study Designs

Experimental, Preexperimental

Quality of Research Rating

2.6 (0.0-4.0 scale)

Outcome 2: Gatekeeper self-efficacy

Description of Measures

In one study, gatekeeper self-efficacy was assessed with two measures. In one measure, participants used a 7-point scale ranging from "strongly disagree" to "strongly agree" to rate their level of agreement with 7 statements related to the gatekeeper role and their ability to identify and intervene with an individual at risk for suicide (e.g., "I can make appropriate referrals within my school for students contemplating suicide"). In a second measure, participants used a 7-point scale ranging from 1 (not prepared) to 7 (quite well prepared) to rate 8 items regarding their preparation to perform gatekeeper activities (e.g., "ask appropriate questions about suicide"). Higher scores on both measures indicated greater gatekeeper self-efficacy.

In the other two studies, gatekeeper self-efficacy was assessed with a measure composed of 5 items (e.g., "I feel confident that I can identify signs of emotional distress in students"), which participants rated on a 5-point Likert-type scale ranging from 0 (poor) to 4 (excellent). Higher scores indicated greater gatekeeper self-efficacy.

Key Findings

In one study, 32 middle and high schools were randomly assigned to a group that received QPR gatekeeper training or to a wait-list control group. A random sample of staff from each school (i.e.,

gatekeeper training of 20 middle and high schools. A random sample of staff (i.e., teachers, administrators, health/social service staff, support staff) was identified prior to school randomization and followed for an average of 1 year after training. At the 1-year follow-up, school staff who received QPR gatekeeper training had higher gatekeeper preparedness scores ($p < .001$) and higher gatekeeper efficacy scores ($p < .001$) than staff from control schools, using intent-to-treat analyses and controlling for baseline levels. These findings were associated with large effect sizes (Cohen's $d = 1.21$ and 1.22 , respectively).

In a second study, Department of Veterans Affairs (VA) staff, including clinical providers (e.g., psychologists, social workers) and nonclinical staff (e.g., administrative staff, community outreach workers), from a national program of 209 community-based VA counseling centers were offered QPR gatekeeper training during scheduled regional conferences. Immediately after QPR gatekeeper training, all participants had higher gatekeeper self-efficacy scores ($p < .0001$) relative to scores before training. This finding was associated with a small effect size (Cohen's $d = 0.49$).

In a third study, clinical school personnel (including mental health professionals) and nonclinical school personnel (including teachers and bus drivers), as well as parents who were participating in the school district's Safe Homes Project, were randomly assigned to receive QPR gatekeeper training or QPR gatekeeper training without behavioral rehearsal (i.e., without role-play practice). Nonclinical school personnel and parents in both training conditions had an increase in gatekeeper self-efficacy from before to after the training, and this level of self-efficacy was maintained at the 3-month follow-up ($p < .001$).

Studies Measuring Outcome Study 1, Study 2, Study 3

Study Designs Experimental, Preexperimental

Quality of Research Rating 2.6 (0.0-4.0 scale)

Outcome 3: Knowledge of suicide prevention resources

Description of Measures

Knowledge of suicide prevention resources was measured with 4 items:

- "Is there a specific plan for helping students who are contemplating suicide at your school?"
- "Are you familiar with your school's policies for helping students contemplating suicide?"
- "Are suicide prevention student education or resource materials (posters, brochures, etc.) available at your school?"
- "Do you feel you have adequate referral resources for students contemplating suicide at your school?"

Participants' responses to each item were coded as "no" (0) or "yes" (1) and averaged; higher mean scores indicate greater knowledge of suicide prevention resources.

Key Findings

Thirty-two middle and high schools were randomly assigned to a group that received QPR gatekeeper training or to a wait-list control group. A random sample of staff from each school (i.e., teachers, administrators, health/social service staff, support staff) was identified prior to school randomization and followed for an average of 1 year after training. At the 1-year follow-up, school staff who received QPR gatekeeper training had higher knowledge of suicide prevention resources scores ($p < .001$) than staff from control schools, using intent-to-treat analyses and controlling for baseline levels. This finding was associated with a large effect size (Cohen's $d = 1.07$).

Studies Measuring Outcome Study 1

Study Designs Experimental

Quality of Research Rating 2.9 (0.0-4.0 scale)

Outcome 4: Gatekeeper skills

Description of Measures

Gatekeeper skills were assessed with the 5-item Observational Rating Scale of Gatekeeper Skills. The scale items compose four domains: General Communication (2 items: active listening and clarifying questions), Question (1 item: asking a direct question about suicide), Persuade (1 item: using convincing phrases), and Refer (1 item: making an appropriate referral). Using a 4-point scale ranging from 0 (indicating an absence of the skill) to 3 (indicating competent demonstration of the skill), a rater coded each domain item while watching a videotaped role-play interaction between a

"school employee" or "parent," portrayed by the participant, and a "distressed youth," portrayed by a trained actor who followed a standardized protocol that increasingly signaled signs of distress covered in the QPR gatekeeper training. Each participant was given a brief, standardized backstory with the setting and details about the distressed youth. The participant was then instructed to converse naturally with the distressed youth for 5-10 minutes and respond to the best of his or her ability within the context of the given role. The item scores are combined for a Total Gatekeeper Skills score.

Key Findings	Clinical school personnel (including mental health professionals) and nonclinical school personnel (including teachers and bus drivers), as well as parents who were participating in the school district's Safe Homes Project, were randomly assigned to receive QPR gatekeeper training or QPR gatekeeper training without behavioral rehearsal (i.e., without role-play practice). Overall, all participants who received QPR gatekeeper training had higher Total Gatekeeper Skills scores ($p < .05$) and General Communication domain scores ($p < .001$) than the participants who received QPR gatekeeper training without behavioral rehearsal. However, from after the training to the 3-month follow-up, all participants in both training conditions had decreases in Total Gatekeeper Skills scores ($p < .001$), Question domain scores ($p < .001$), and Referral domain scores ($p < .05$).
Studies Measuring Outcome	Study 3
Study Designs	Experimental
Quality of Research Rating	2.8 (0.0-4.0 scale)

Outcome 5: Diffusion of gatekeeper training information

Description of Measures	<p>Diffusion of gatekeeper training information was assessed with 3 self-report items regarding the sharing of the training content and materials with others:</p> <ul style="list-style-type: none"> • "Did you discuss training with others? If so, with whom? What was the context of the discussion?" • "Did you show the training materials to others? If so, to whom? Describe the context of the conversation." • "Did you suggest to someone else that they may benefit from attending the training? What was the context of the conversation?" <p>Participants responded to each item at the 3-month follow-up.</p>
Key Findings	Clinical school personnel (including mental health professionals) and nonclinical school personnel (including teachers and bus drivers), as well as parents who were participating in the school district's Safe Homes Project, were randomly assigned to receive QPR gatekeeper training or QPR gatekeeper training without behavioral rehearsal (i.e., without role-play practice). Findings from the 3-month follow-up indicated that almost all participants discussed the training with others, and about one-third recommended the training to others. In addition, a comparison of participants in each training condition indicated that more of the participants who received QPR gatekeeper training suggested training to at least one group ($p < .05$).
Studies Measuring Outcome	Study 3
Study Designs	Experimental
Quality of Research Rating	2.5 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	81.9% Female 18.1% Male	84.5% White 11% Black or African American 2.5% Race/ethnicity unspecified 2% Hispanic or Latino
Study 2	18-25 (Young adult)	63.3% Male	70.6% White

	26-55 (Adult) 55+ (Older adult)	36.7% Female	14.6% Black or African American 13.8% Hispanic or Latino 9.8% Race/ethnicity unspecified 2.5% Asian 1.8% American Indian or Alaska Native 0.7% Native Hawaiian or other Pacific Islander
Study 3	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	87% Female 13% Male	93.5% White 5.3% Hispanic or Latino 1.8% Black or African American 1.2% American Indian or Alaska Native 1.2% Asian 1.2% Race/ethnicity unspecified

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Knowledge about suicide	2.3	2.6	2.5	2.5	2.7	3.3	2.6
2: Gatekeeper self-efficacy	2.3	2.7	2.5	2.3	2.7	3.3	2.6
3: Knowledge of suicide prevention resources	2.3	2.8	3.0	2.5	3.3	3.5	2.9
4: Gatekeeper skills	2.3	2.3	2.5	2.5	3.5	3.5	2.8
5: Diffusion of gatekeeper training information	1.5	1.5	2.5	2.5	3.5	3.5	2.5

Study Strengths

Measures demonstrated good internal reliability, as supported by Cronbach's alpha values. All measures appear to have face validity. Items measuring knowledge about suicide, gatekeeper self-efficacy, and knowledge of resources were identified as having content validity by an expert panel. In all three studies, the QPR gatekeeper training was conducted in a standardized manner by personnel with expertise in the training, who used a detailed manual, and with quality assurance procedures in place. A training checklist was also used to monitor fidelity. In one study, adherence of the actors to the script was rigorously measured and showed strong adherence, which did not drift over time. Although attrition was moderate in one study, there were no differences in the rates of attrition between the randomly assigned study groups, nor was attrition associated with any differences in the baseline measures; there was very little attrition in the other two studies. In all three studies, there were very few missing data, with the exception of the gatekeeper self-efficacy measure in one study. The randomized controlled design of two studies, with almost no baseline differences between groups, rules out a number of potential threats to internal validity. Data analytical procedures for all three studies were appropriate and thorough. The sample size and power were adequate to detect differences in the outcomes. One study used intent-to-treat and as-treated analyses.

Study Weaknesses

There was inadequate interrater reliability for the Persuade domain of the Observational Rating Scale of Gatekeeper Skills. However, the researchers resolved rater discrepancies effectively through consensus meetings. Although a fidelity checklist was used for the scripted practice sessions, it was used inconsistently across the three studies. An error in the administration of the gatekeeper self-efficacy measure in one study resulted in a large amount of missing data, although participants with and without those data points were shown to be similar in baseline variables. One study has a one-group pretest-posttest design, and a number of threats to internal validity are likely. Additionally, in the same study, because the posttest was administered immediately after the training, evidence of a lasting impact from the training is not robust. In two studies, analyses did not account for the nesting of participants in schools.

Readiness for Dissemination

Review Date: August 2012

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Outcome monitoring tools:

- Original 9 Pre-Post Survey Items
- Pre-Post Knowledge Test Items
- Pre-Training Professional Knowledge and Training Needs Survey
- Self-Efficacy Pre-Post Training Survey Items
- Self-Report Experience With Suicide Behaviors for Baseline
- Self-Report Follow-Up Experience With Suicide at One Month Post-Training
- Self-Report Follow-Up Experience With Suicide 6 Months Post-Training
- Supporting Psychometrics and Research

Program Web site, <http://www.qprinstitute.com>

QPR Institute. (1995). Ask a question save a life [CD]. Spokane, WA: Author.

QPR Institute. (2002). QPR gatekeeper training for suicide prevention [DVD]. Spokane, WA: Author.

QPR Institute. (2010). QPR suicide prevention and risk reduction [DVD]. Spokane, WA: Author.

QPR Institute. (n.d.). QPR for communities: A suicide risk reduction program. Spokane, WA: Author.

QPR Institute. (n.d.). QPR for suicide prevention: Saving lives through excellence in education [Brochure]. Spokane, WA: Author.

Quinnett, P. (1992). Suicide: The forever decision. New York, NY: Crossroad Publishing.

Quinnett, P. (1993). The tender leaves of hope: Helping someone survive a suicide crisis. Sandpoint, ID: Selkirk Press.

Quinnett, P. (1995). Question, persuade, refer: Ask a question save a life [Booklet]. Spokane, WA: QPR Institute.

Quinnett, P. (2007). Certified QPR gatekeeper instructor's manual (2nd ed.). Spokane, WA: QPR Institute.

Quinnett, P. (2009). Counseling suicidal people: A therapy of hope (3rd ed.). Spokane, WA: QPR Institute.

Quinnett, P. (2009). QPR certified gatekeeper instructor self-study course (2nd ed.). Spokane, WA: QPR Institute.

Sowers, L., Quinnett, P., & Bratcher, K. (2003). Helping a child survive a suicide crisis: Keeping in touch [Brochure]. Spokane, WA: QPR Institute.

Training Web site, <http://www.qprtraining.com>

Watson, V. M. (n.d.). Options for QPR gatekeeper introductions.

Other dissemination materials:

- Introducing QPR to Schools: A Protocol
- QPR Certification Training Evaluation
- QPR Certified Gatekeeper Instructor's Recertification Letter
- QPR Gatekeeper Instructor Survey
- QPR Gatekeeper Quiz
- QPR Institute Suicide Risk Reduction Order Form
- QPR Instructor Newsletter (Q Blast--Winter 2011)
- The Certified QPR Gatekeeper Instructor's Self-Study Course Survey

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.3	3.8	3.3	3.4

Dissemination Strengths

The program Web site provides general implementation information, including a list of available local instructors. A free downloadable copy of the book *Suicide: The Forever Decision* is available on the program Web site. The QPR gatekeeper training is easily accessible and targets a wide variety of audiences; it can be delivered as an on-site training by a certified instructor or online through the training Web site. The *Ask a Question Save a Life* booklet reinforces the key points covered during the QPR gatekeeper training and can serve as a future reference for participants. The option to become a certified instructor is available, either through in-person training or a home-study course. The QPR gatekeeper training includes a pre- and postassessment with a set passing grade for training participants. Follow-up assessments are available to monitor outcomes over time.

Dissemination Weaknesses

Key implementation information is sometimes difficult to locate within larger documents, and the overall dissemination package is not organized to facilitate ease of use. The program Web site lacks a clear outline of the training options and support information to help implementers decide whether the program is a good fit for their needs. There is no guidance on how to use the resulting data from the assessments for program improvement.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
On-site QPR Gatekeeper Training for Suicide Prevention (conducted by a certified instructor) <ul style="list-style-type: none"> • 1-2 hours for basic training, or • 3-4 hours for specialized training for physicians, physician assistants, nurse practitioners, nurses, school counselors, school psychologists, school social workers, occupational therapists, chemical dependency professionals, law enforcement, EMT/firefighters, corrections professionals, crisis line workers, and others 	Varies by instructor	Yes, one QPR gatekeeper training option is required
Online QPR Gatekeeper Training for Suicide Prevention <ul style="list-style-type: none"> • 1-2 hours for basic training, or • 3-6 hours for specialized training courses for physicians, physician assistants, nurse practitioners, nurses, school counselors, school psychologists, school social workers, occupational therapists, chemical dependency professionals, law enforcement, EMT/firefighters, corrections professionals, crisis line workers, and others 	<ul style="list-style-type: none"> • \$29.95 per person for basic training, or • \$59-\$139 per person for specialized training courses 	Yes, one QPR gatekeeper training option is required
8-hour, on-site QPR Gatekeeper Instructor Certification Course (includes 3-year certification; Instructor's Manual; teaching DVD; audio CD of QPR Gatekeeper Training; Counseling Suicidal People; <i>Suicide: The Forever Decision</i> ; 25 <i>Ask a Question Save a Life</i> booklets; phone and email technical assistance and consultation from the QPR Institute; and quality assurance materials)	\$495 per person (minimum of 10 participants), plus travel expenses	No
QPR Gatekeeper Instructor Certification Self-Study Course (includes all items from the on-site course, Self-Study Course Manual, exam, and additional DVD with lectures)	\$495 per person	No
8- to 10-hour, online QPR Gatekeeper Instructor Certification Course for bilingual participants outside of the United States and Canada who speak and read English (includes 3-year certification; Instructor's Manual; teaching DVD; demonstration of QPR Gatekeeper Training; e-book editions of <i>Counseling Suicidal People</i> and <i>Suicide: The Forever Decision</i> ; phone and email technical assistance and consultation from the QPR	\$670 per person, with discounts up to 75% in World Bank Special Economic Zones	No

forever. Decision, phone and e-mail technical assistance and consultation from the QPR Institute; quality assurance materials; and prepaid royalties to print required training materials in unlimited volume; audience training slides and print materials available in 12 languages)

3-year instructor recertification	\$85	No
Ask a Question Save a Life booklet	<ul style="list-style-type: none"> • \$2.50 each for 1-25 copies • \$2 each for 26-500 copies • \$1.75 each for more than 500 copies 	Yes
The Tender Leaves of Hope booklet	<ul style="list-style-type: none"> • \$2.50 each for 1-25 copies • \$2 each for 26-500 copies • \$1.75 each for more than 500 copies 	Yes
Helping a Child Survive a Suicide Crisis brochure	\$40 for 100 copies	Yes


Additional Information


Discounts on training are available for government, military, and educational organizations. Volume discounts on training are also available.

Replications


Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

Chen, P. Y., Moore, J. T., & Gibbs, J. (2009). Project Safety Net, CSU final report. Fort Collins, CO: Author.

[Goldston, D. B., Walrath, C. M., McKeon, R., Puddy, R. W., Lubell, K. M., Potter, L. B., et al. \(2010\). The Garrett Lee Smith Memorial Suicide Prevention Program. *Suicide and Life-Threatening Behavior*, 40\(3\), 245-256.](#)  Pub Med icon

[Isaac, M., Elias, B., Katz, L. Y., Belik, S.-L., Deane, F. P., Enns, M. W., et al. \(2009\). Gatekeeper training as a preventative intervention for suicide: A systematic review. *Canadian Journal of Psychiatry*, 54\(4\), 260-268.](#)  Pub Med icon

Keller, D. P., Schut, L. J. A., Puddy, R. W., Williams, L., Stephens, R. L., McKeon, R., et al. (2009). Tennessee Lives Count: Statewide gatekeeper training for youth suicide prevention. *Professional Psychology: Research and Practice*, 40(2), 126-133.

[Molock, S. D., Matlin, S., Barksdale, C., Puri, R., & Lyles, J. \(2008\). Developing suicide prevention programs for African American youth in African American churches. *Suicide and Life-Threatening Behavior*, 38\(3\), 323-333.](#)  Pub Med icon

Muehlenkamp, J. J., Marrone, S., Brown, D. L., & Gray, J. S. (2009). A college suicide prevention model for American Indian students. *Professional Psychology: Research and Practice*, 40(2), 134-140.

Quinnett, P., & Baker, A. (2009). Web-based suicide prevention education: Innovations in research, training, and practice. In L. Sher & A. Vilens (Eds.), *Internet and suicide* (pp. 41-61). Hauppauge, NY: Nova Science.

Reis, C., & Cornell, D. (2008). An evaluation of suicide gatekeeper training for school counselors and teachers. *Professional School Counseling*, 11(6), 386-394.

[Tompkins, T. L., Witt, J., & Abraibesh, N. \(2010\). Does a gatekeeper suicide prevention program work in a school setting? Evaluating training outcome and moderators of effectiveness. *Suicide and Life-Threatening Behavior*, 40\(5\), 506-515.](#)  Pub Med icon

Contact Information

To learn more about implementation or research, contact:

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Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- <http://www.qprinstitute.com>

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