

Helping a Distressed Student at Bryant

Signs might include the following: excessive absences, plummeting academic performance, self-isolation, poor personal hygiene, drastic changes in appearance, inability to control emotions or behavior, engaging in high risk behavior, alluding to or explicitly expressing emotional distress, thoughts of dying, or harm to self or others. *

Do I have a relationship with the student?

Yes

No

Speak directly with student

1. Schedule a 1-1 meeting.
2. Let someone else in your department know of the meeting so they can be available if necessary
3. Tell student what you've noticed about their behavior that has caused your concern, using "I" statements.
4. Ask open-ended questions (i.e., what's going on?)
Avoid "why" questions.
5. Listen and respond without judgment.
6. Restate what you have heard.

Consult a Campus Resource

Counseling Services	401-232-6045
Health Services	401-232-6220
Women's Center	401-232-6854
Vice President – Student Affairs	401-232-6046
Department of Public Safety	401-232-6001
Center for Diversity & Inclusion	401-232-6946

*Assess: Is this an emergency?

1. Is there a specific threat with plan of harm to self or others?
2. Is the student behaving in a threatening or violent manner?
3. Does the student seem out of touch with reality?

(Yes to any of these = emergency)

Yes

Bring student to DPS

Call DPS to come to your location
401-232-6001
or
911

No

If it's not an emergency, is it still urgent?

1. despair, depression, anger
2. panicking, unable to calm down
3. nonsensical rambling, ranting

(Yes to any of these = urgent)

No

Yes

Bring student to Counseling Services
or
call Counseling Services at 401-232-6045
to come to your location.

Things to say to student:

1. Asking for help is a sign of strength!
2. Who can you talk with about this?
3. What do you think would help?
4. How about a visit to Counseling Services?

(student can call 401-232-6045 or just walk over)



Student name: _____

D.O.B.: _____

SAFE-T Protocol with C-SSRS – Recent

Step 1: Identify Risk Factors		Yes or No
C-SSRS Suicidal Ideation Severity		Month
1) Wish to be dead: <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>		
2) Current suicidal thoughts: <i>Have you actually had any thoughts of killing yourself?</i>		
3) Suicidal thoughts w/ Method: <u>(w/no specific Plan or Intent or act)</u> <i>Have you been thinking about how you might do this?</i>		
4) Suicidal Intent without Specific Plan: <i>Have you had these thoughts and had some intention of acting on them?</i>		
5) Intent with Plan: <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>		
C-SSRS Suicidal Behavior: <i>"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"</i>		Lifetime
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If "YES," was it within the past 3 months?		Past 3 Months
<p>Current and Past Psychiatric Dx:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Alcohol/substance abuse disorders <input type="checkbox"/> PTSD <input type="checkbox"/> ADHD <input type="checkbox"/> TBI <input type="checkbox"/> Cluster B Personality disorders or traits (i.e., Borderline, Antisocial, Histrionic & Narcissistic) <input type="checkbox"/> Conduct problems (antisocial behavior, aggression, impulsivity) <input type="checkbox"/> Recent onset <p>Presenting Symptoms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anhedonia <input type="checkbox"/> Impulsivity <input type="checkbox"/> Hopelessness or despair <input type="checkbox"/> Anxiety and/or panic <input type="checkbox"/> Insomnia <input type="checkbox"/> Command hallucinations <input type="checkbox"/> Psychosis 	<p>Family History:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suicide <input type="checkbox"/> Suicidal behavior <input type="checkbox"/> Psychiatric diagnoses requiring hospitalization <p>Precipitants/Stressors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Triggering events leading to humiliation, shame, and/or despair (e.g. Loss of relationship, financial or health status) (real or anticipated) <input type="checkbox"/> Chronic physical pain or other acute medical problem (e.g. CNS disorders) <input type="checkbox"/> Sexual/physical abuse <input type="checkbox"/> Substance intoxication or withdrawal <input type="checkbox"/> Pending incarceration or homelessness <input type="checkbox"/> Legal problems <input type="checkbox"/> Inadequate social supports <input type="checkbox"/> Social isolation <input type="checkbox"/> Perceived burden on others <p>Change in treatment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recent inpatient discharge <input type="checkbox"/> Change in provider or treatment (i.e., medications, psychotherapy, milieu) <input type="checkbox"/> Hopeless or dissatisfied with provider or treatment <input type="checkbox"/> Non-compliant or not receiving treatment 	
<input type="checkbox"/> Access to lethal methods: Ask <u>specifically</u> about presence or absence of a firearm in the home or ease of accessing; if YES: Explain.		

Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)	
Internal: <input type="checkbox"/> Ability to cope with stress <input type="checkbox"/> Frustration tolerance <input type="checkbox"/> Religious beliefs <input type="checkbox"/> Fear of death or the actual act of killing self <input type="checkbox"/> Identifies reasons for living	External: <input type="checkbox"/> Cultural, spiritual and/or moral attitudes against suicide <input type="checkbox"/> Responsibility to children <input type="checkbox"/> Beloved pets <input type="checkbox"/> Supportive social network of family or friends <input type="checkbox"/> Positive therapeutic relationships <input type="checkbox"/> Engaged in work or school
Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior)	
C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	Month
Frequency <i>How many times have you had these thoughts?</i> (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	
Duration <i>When you have the thoughts how long do they last?</i> (1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous (3) 1-4 hours/a lot of time	
Controllability <i>Could/can you stop thinking about killing yourself or wanting to die if you want to?</i> (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (2) Can control thoughts with little difficulty (5) Unable to control thoughts (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts	
Deterrents <i>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?</i> (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped you (0) Does not apply	
Reasons for Ideation <i>What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?</i> (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on and to end/stop the pain living with the pain or how you were feeling) (0) Does not apply	
Total Score	

Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level

"The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential clinical judgment, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior." From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.

RISK STRATIFICATION	TRIAGE
<p style="text-align: center;">High Suicide Risk</p> <p><input type="checkbox"/> Suicidal ideation with intent or intent with plan <u>in past month</u> (C-SSRS Suicidal Ideation #4 or #5)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Suicidal behavior <u>within past 3 months</u> (C-SSRS Suicidal Behavior)</p>	<p><input type="checkbox"/> Initiate local psychiatric admission process</p> <p><input type="checkbox"/> Stay with patient until transfer to higher level of care is complete</p> <p><input type="checkbox"/> Follow-up and document outcome of emergency psychiatric evaluation</p>
<p style="text-align: center;">Moderate Suicide Risk</p> <p><input type="checkbox"/> Suicidal ideation with method, WITHOUT plan, intent or behavior in past month (C-SSRS Suicidal Ideation #3)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Multiple risk factors and few protective factors</p>	<p><input type="checkbox"/> Directly address suicide risk, implementing suicide prevention strategies</p> <p><input type="checkbox"/> Develop Safety Plan</p>
<p style="text-align: center;">Low Suicide Risk</p> <p><input type="checkbox"/> Wish to die or Suicidal Ideation WITHOUT method, intent, plan or behavior (C-SSRS Suicidal Ideation #1 or #2)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Modifiable risk factors and strong protective factors</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> No reported history of Suicidal Ideation or Behavior</p>	<p><input type="checkbox"/> Discretionary Outpatient Referral</p>

Step 5: Documentation

Risk Level : High Suicide Risk Moderate Suicide Risk Low Suicide Risk

Hospitalization **is/ is not** necessary, explain:

Disposition

- Explore meaning of suicidal thoughts and behavior, as well as motivation for suicide with client
- Formulate appropriate treatment plan to match suicide risk level
- Identified social support plan with client
- Implementation of safety plan (if applicable)
- Establish processes for ongoing monitoring of suicide risk, as clinically indicated
- Scheduled/ confirmed follow-up appointment(s) with counselor/ behavioral health treatment providers
- Provide client with appropriate crisis referral sources, including: Crisis Line 1-800-273-TALK (8255)

Consultation

- Collateral sources used and relevant information obtained
- Consultation with clinical supervisor or other available clinical colleagues
- Involve other personnel and external agencies as appropriate (including on-call, Deans Office, Res. Life, etc.)
- Consultation with family/ parents/ peers as indicated

Therapist signature _____ Date: _____

COMMUNITY CARD



ASK FRIENDS AND FAMILY

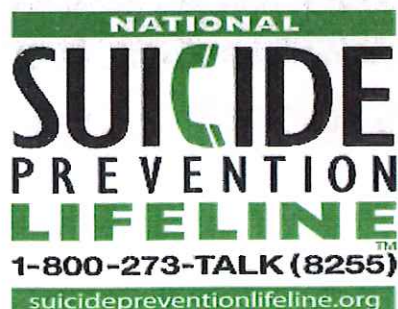
CARE FOR FRIENDS AND FAMILY

EMBRACE FRIENDS AND FAMILY

**See Reverse for Questions that Can
Save a Life**

	In the Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	
Always Ask Question 6	In the Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	

Any YES must be taken seriously. Seek help from friends, family
If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care or call 1-800-273-8255 or text 741741 or call 911



**DON'T LEAVE THE PERSON ALONE
 STAY ENGAGED UNTIL YOU MAKE
 A WARM HAND OFF TO SOMEONE
 WHO CAN HELP**



Office of Counseling Services

Quick tips for students in distress:

1. LISTEN
2. Be empathetic: unconditional positive regard: genuine, accepting, empathic
3. Respect personal space – find private area to have conversations
4. Keep your tone and body language non-threatening and open
5. Be non-judgmental
6. Remain calm, rational and professional
7. Listen for feelings, validate and listen for the person's real message: what do they need?
8. Focus on a shared goal/objective
9. Choose wisely what you insist upon – avoid power struggles
10. Be patient and allow time for decisions
11. Use humor (if/when appropriate)

Tips when assessing for risk:

- Explain why you are there in a direct, honest, and compassionate way (while still respecting confidentiality of reporters if needed)
- Key things to look/assess for: are you feeling safe? Do you have supports? What do you need right now? How can I help you?
- Sample questions when assessing for suicidal ideation
 - Sometimes people in your situation (describe situation) lose hope; I'm wondering if you may have lost hope too?
 - Have you thought about hurting yourself?
 - Have you ever thought about killing yourself?
 - Was there a stressor that precipitated these suicidal thoughts?
 - What do you do when you have suicidal thoughts?
- Sample questions to assess for suicidal planning:
 - Do you have a plan or have you been planning to end your life? If so, how would you do it?
 - Do you have the (drugs, gun, rope etc.) that you would use? Where is it right now?
 - Do you have a timeline in mind for ending your life? Is there something (an event) that would trigger your plan?

What Type of Counseling Appointment Is Right for Me?

The following information is provided in order to help you to determine which type of appointment you need with Counseling Services at Bryant University. Please review the following and let the front desk staff know which type of appointment fits your needs. We understand that each situation is unique and cannot be fully described in this document, and that a feeling of emergency or crisis is self-defined. We will respond according to your description of the urgency with which you need to be seen.

Level 1: Emergency Appointments

If you feel you are at immediate risk of harm to yourself or others or if you have taken action to harm yourself, tell the Counseling staff that it is an emergency and you need to be seen right away. A therapist will stop his/her regularly scheduled appointment in order to meet with you. This meeting will focus specifically on assessing your safety and helping you to address safety concerns.

Level 2: Crisis Appointments:

If you feel you are NOT at immediate risk of harm to yourself or others and you have NOT taken actions to harm yourself, but are dealing with a personal crisis that necessitates rapid attention by a mental health professional, tell the Counseling staff that it is a crisis. The staff person will work to get you in as quickly as possible, usually the same day or by early the next morning. This meeting will be brief and will focus only on helping you address the crisis situation. Most persons seen for a crisis appointment will be scheduled for a follow-up intake appointment to more fully explore concerns presented. Common issues addressed in crisis appointments include:

- suicidal or homicidal thoughts without immediate intent
- recent sexual assault
- the death of a significant person in the student's life

Level 3: Intake Appointments:

An intake appointment provides you with the opportunity to explore any personal problems or concerns having a negative impact on the quality of your life. An intake appointment is longer in duration than a crisis appointment and is generally 50 minutes in length. Some common issues that students discuss are:

- relationship problems/break-ups
- self-esteem
- depression
- anxiety/stress
- eating and body image concerns
- academic difficulties
- troubles adjusting to college life

Intake appointments are scheduled based upon counselor availability as well as your own scheduling availability. Intake appointments typically occur within a few days to two weeks of initial contact with Counseling and Wellness Services.

WALK-IN COUNSELING APPOINTMENTS

Bryant University Walk-In Counseling offers the opportunity to see a counselor without an appointment. Those who come to our Walk-In Counseling are usually interested in a brief meeting (15min-30min) that focuses on a specific problem. Topics appropriate for Walk-In Counseling include relationship problems/break-ups, eating and body image concerns, self-esteem, academic difficulties, troubles adjusting to college life, and anxiety/stress. Topics that are not appropriate for walk-in counseling (because they typically require more time and attention) include suicidal or homicidal thoughts, recent sexual assault, and the death of a significant person in the student's life. **Walk-In appointments are offered on a first-come-first serve basis.** If you are unable to meet with a counselor, you may return during our next available Walk-In hours and/or schedule an intake appointment. For students who request additional counseling sessions after a Walk-In appointment, your counselor will work with you to schedule future appointments. We ask that students arrive on time for walk-in sessions to allow for completion of necessary paperwork and adequate session time.

Walk-In Counseling is available on:

Tuesdays at 3:00PM & 3:30PM Wednesdays at 10:00AM & 10:30AM Thursdays at 2:00PM & 2:30PM

Your Decision: After considering the descriptions of Emergency, Crisis, Intake, and Walk-In Counseling Appointments provided above, please go to the front desk and indicate the type of appointment that is most appropriate for your situation.

