

SUICIDE INTERVENTION at Wellesley College

Suicide Intervention:

- A. The ability to recognize a student in trouble.
- B. The ability to actively intervene.

1. Characteristics of Student at Risk: (all require treatment and intervention)

- A. **Depression:** some symptoms include:
 - Insomnia or sleeping excessively
 - Changes in appetite and weight
 - Depressed mood; crying spells
 - Apathy or agitation; Anger
 - Lack of joy and passion for life
 - Feelings of Hopelessness and/or Helplessness:
- AND:**
- B. **Interpersonal Relationships** that are strained or disconnected. Feeling alone or isolated; never developed any stable, close relationships; recent withdrawal from family or friends, classes, activities that typically brought enjoyment
- C. **History of previous suicide attempt**
- D. **Family history of suicide**
- E. **Drug or alcohol abuse**
- F. **Feeling that one is in trouble** (legal, academic)
- G. **Suicidal ideation and verbalization:** making statements that imply being at risk; admitting that one is at risk when queried; fleeting thoughts of dying.
- H. **Suicidal intent or plan:**
 - 1. **passive** - vague wishes to die - serious and needs professional treatment and intervention;
 - 2. **actively planning** - **very serious, and requires immediate emergency intervention.**

2. Intervention Flow Chart: (Jane is a fictitious student)

- A. **Recognize that something is troubling Jane** - someone close to Jane notices that she seems to be distressed; it could be her roommate, friends, R.A., professor.
- B. **Remember that preservation of life takes priority over confidentiality.**
- C. **Consult with others regarding your concerns** - friends might go to their R.D.; faculty might call the Class Dean; and friends, faculty, Class Dean, R.D., etc, might consult the Counseling Service.
- D. **R.A.'s are to consult with their R.D. regarding any concern about safety and suicide in particular. R.D.'s are to likewise consult with the Director of Residential and Campus Life.**
- D. **Initiate speaking with Jane** – talk with Jane out of genuine care, honesty, and concern for her. Give specific behaviors (symptoms) that worry you. You could also request a counselor to reach out to Jane with the understanding that the counselor would have to explain to Jane why she is

reaching out to her. Expect Jane to initially be angry; although often students are not angry and appreciate the concern. Also, some students who initially present as angry might be appreciative later.

- E. Don't make promises that you cannot keep** – to tell Jane that she can confide in you and to promise Jane that you will not tell anyone her story could create a bind for you. **Avoid being the one and only special person who knows.**
- F. Assess the problem** – through the initial conversation information is gathered that lends insight into the seriousness of the concern.
 - a. Jane might admit to being distressed but states that she would never harm herself. You can then breathe a sigh of relief, but you might still suggest to Jane that she get some counseling support and let her know that she does not have to bear her burdens alone. You might also continue to consult with the appropriate professionals, even though Jane appears okay and not at risk.
 - b. Jane might adamantly deny being in need of support or at risk. She might appear to be defensive and angry, yet distressed and troubled. You might need to get a professional consultation re next steps.
 - c. Jane might admit to being depressed and having some suicidal thoughts and you then suggest that she get professional support and offer to assist in scheduling an appointment and/or by going with her to meet with a counselor, etc.
- G. Refer to Counseling** for an evaluation, to get professional assistance and to devise a plan for support (treatment plan). An appropriate plan depends on the seriousness of the problem. Typically counseling support, medication and ongoing therapy is sufficient. However, if Jane is suicidal then she will probably need to be hospitalized and she might need to go on a medical leave. Stabilization often takes time. Each situation is different and the appropriate plan has to match the severity of the problem, and the particular student and situation.
- H. Remain in connection with Jane** – continue to be her friend; if faculty, continue to let her know that you are concerned and inform her of any academic accommodations you could make; if class dean, set up a follow up and/or academic support plan, etc.
- I. Continue to consult** with the appropriate professionals regarding any ongoing concerns.
- J.** Friendship groups, or roommate(s) might need to meet with Jane along with a counselor to address issues and ongoing concerns.
- K. Get support for yourself** – don't worry alone.
- L. Deal with your own feelings** – you might feel guilty over eliciting the support of others; Jane might be angry with you and this might be difficult for you; or, you might feel angry with Jane, etc. **Counseling support to help you process your feelings and receive support for yourself is useful when helping another person.**
- M. Feel good about doing something on behalf of Jane!!**