University of Wisconsin Eau Claire

Evidence Based Assessment & Support for Suicidal Students

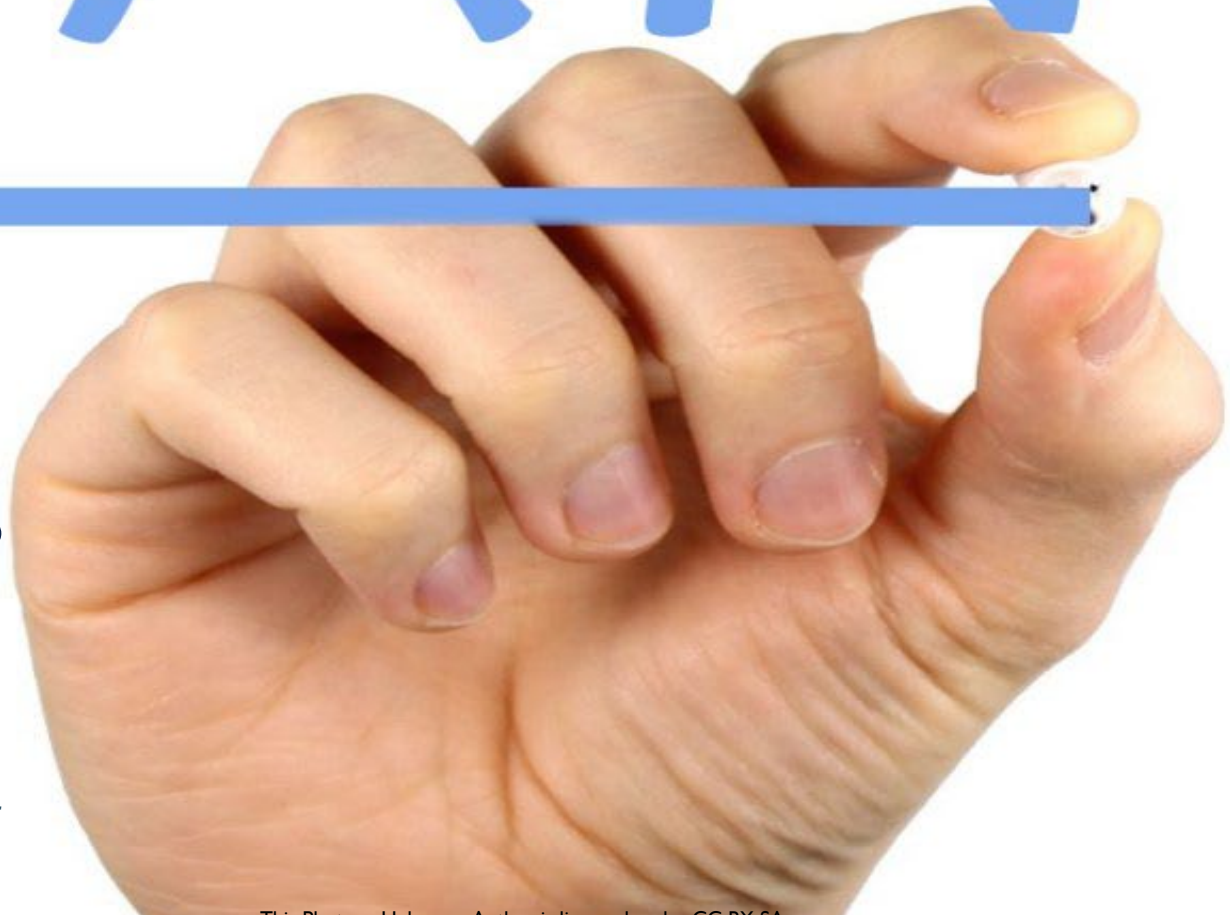
Behavioral Intervention Team (BIT) Considerations

Jennifer J. Muehlenkamp, PhD

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muehlejj@uwec.edu

PLAN

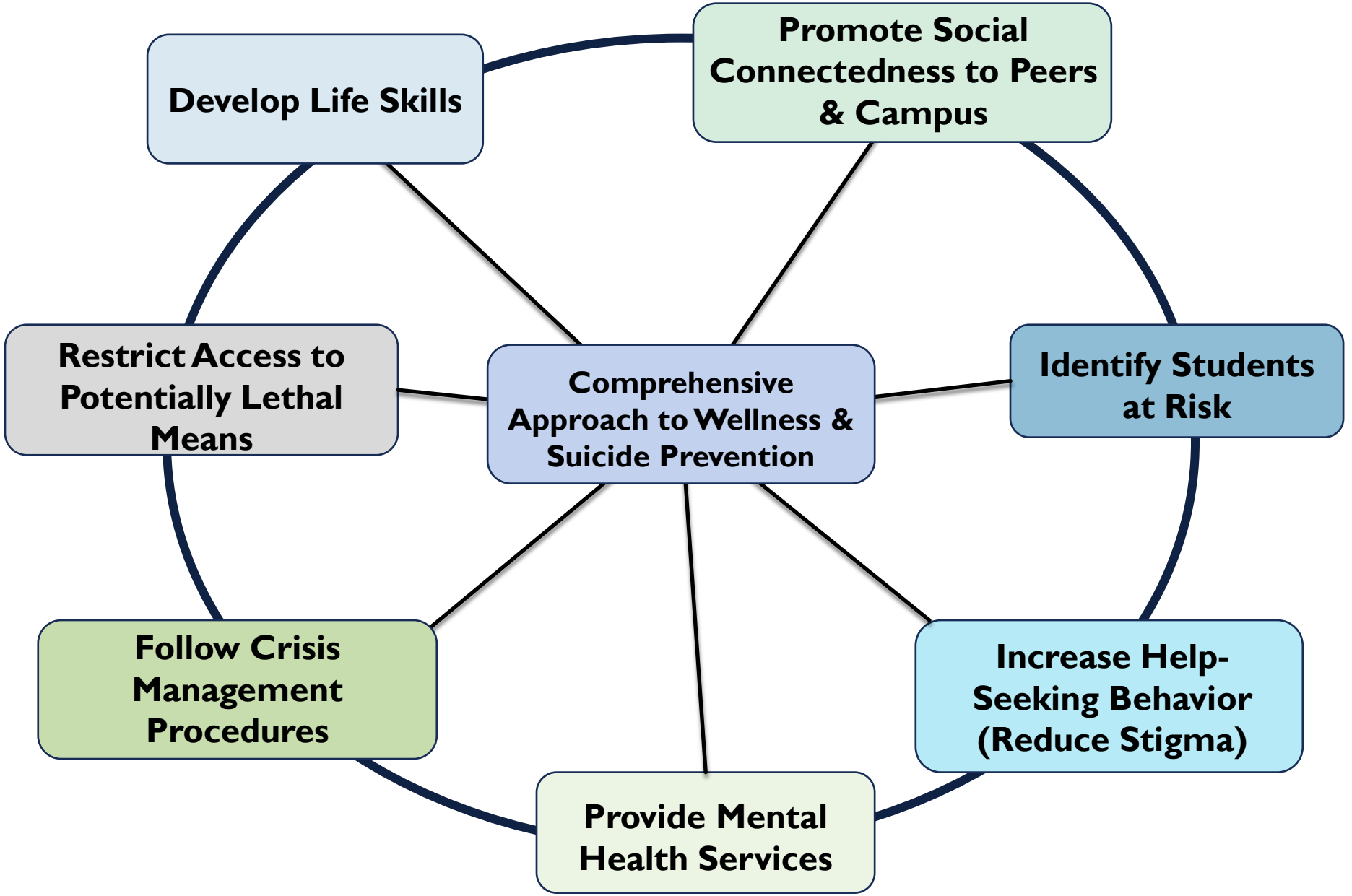


MENTAL HEALTH FRAMEWORK
NSSI & SUICIDE
CONCEPTUALIZING RISK LEVELS
TRIAGE FOR SUPPORT

*DISCLAIMER:

NOT STUDENT AFFAIRS EXPERT – ASK QUESTIONS TO HELP ME MAKE IT RELEVANT TO THE ROLES & BARRIERS YOU HAVE

JED CAMPUS: MENTAL HEALTH PROMOTION FRAMEWORK



CDC SELF-DIRECTED VIOLENCE DEFINITIONS

Suicide

- Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
- There **is evidence**, whether implicit or explicit, **of suicidal intent**.

NSSI

- Behavior that is self-directed and deliberately results in injury or potential injury to oneself.
- There is **no evidence**, whether explicit or implicit, **of suicidal intent**.



ASSESSMENT TRIAGE & SAFETY

THE PURPOSE OF ASSESSMENT IS NOT TO PREDICT WHICH PATIENT MAY TAKE THEIR OWN LIFE, BUT TO DO THE BEST JOB WE CAN TO INCREASE SAFETY, REDUCE RISK, AND PROMOTE WELLNESS AND RECOVERY

~ZERO SUICIDE

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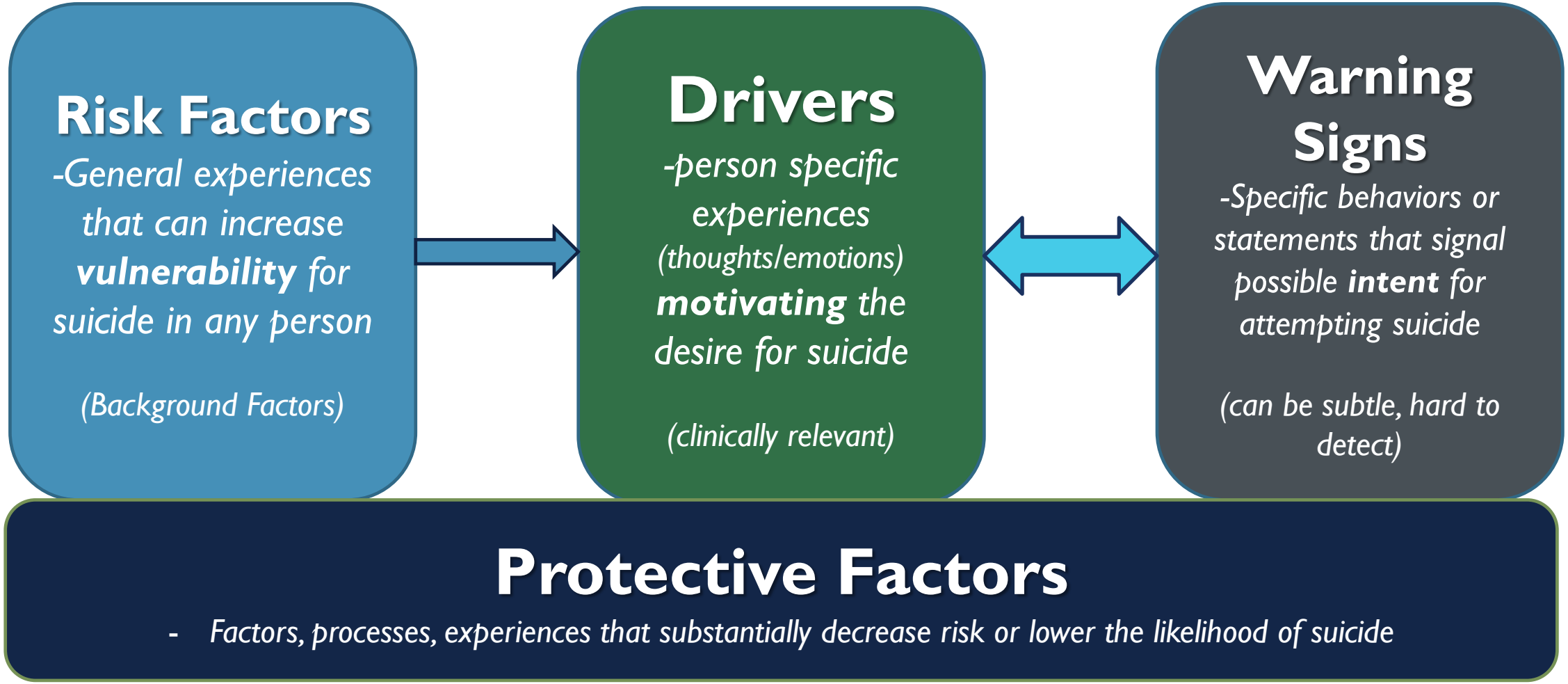
ANNA

Anna, 19yr, first-year student, 3hrs from home with no car.
In high school was above-average student, involved in many extracurricular activities
Has a younger brother, James, whom she is very close to (both adopted).
Anna's parents both highly educated, always emphasized importance of education, success.

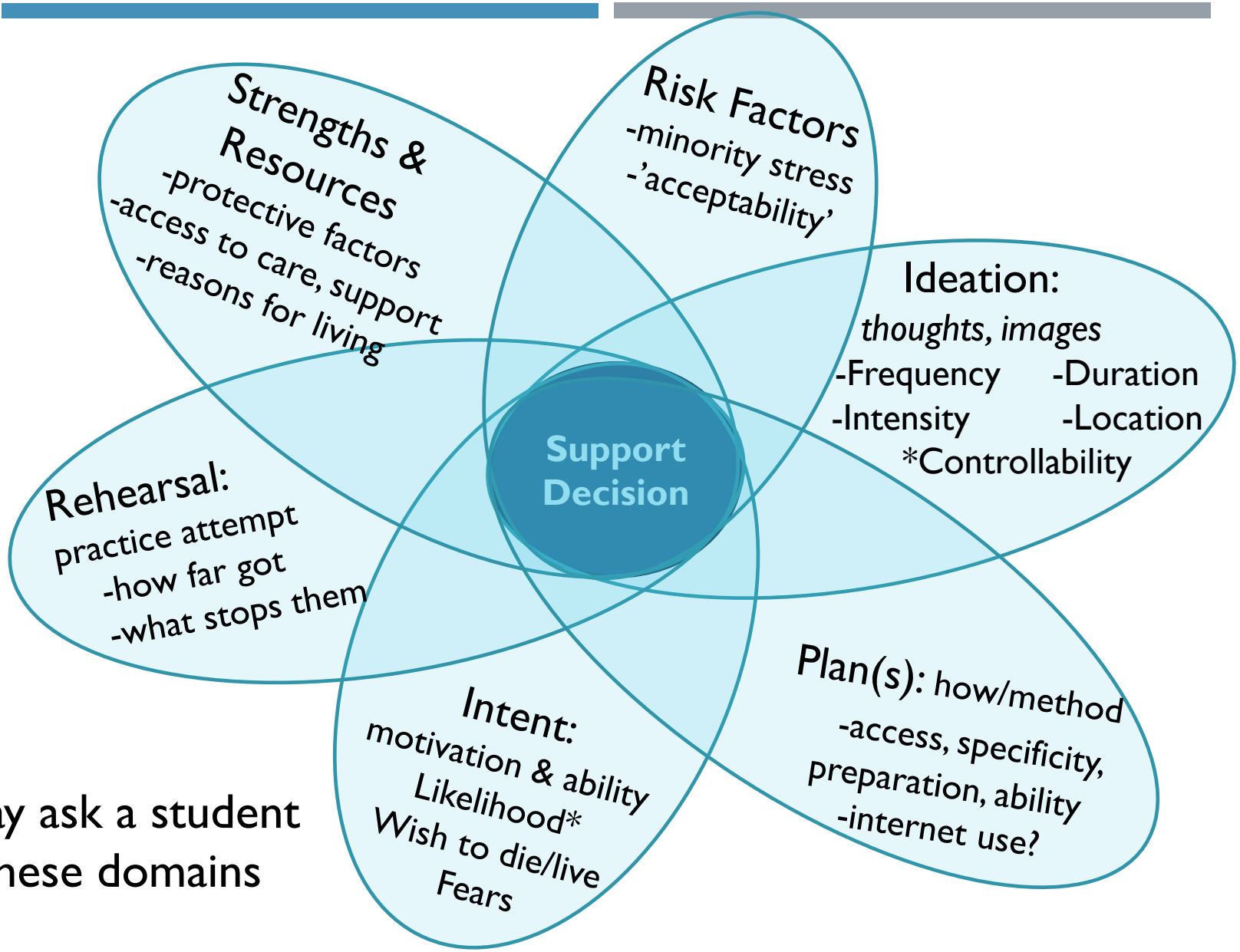
Anna's struggling with academics, overwhelmed by workload & rigor of courses vs. high school
Has an anxiety disorder and ADHD, which are affecting her academic performance, ability to concentrate.
Falling behind & shares with friends she is feeling hopeless about raising grades.
Fears disappointing her parents (feels immense pressure to do well
Feeling like a failure, is homesick and missing her brother

Withdrawing from friends, not calling home as much, skipping classes, missing dinner in dining hall with friends
Anna's started drinking by herself during week, leads to missing classes in morning
Friends checked on Anna when didn't show for study session; Anna highly intoxicated @ 7pm
Anna said there was no use to study because she "wasn't going to be around here for much longer"
and she "didn't want to be a burden on her friends"
Friends notified resident assistant – Anna now on the BIT list

Core Dynamics in a Person-Centered Understanding of Suicide Risk



COMMON ASSESSMENT ELEMENTS FOR SUICIDE RISK



Depending on your role, you may ask a student about all, some, or very few of these domains

DRIVERS OF SUICIDE DESIRE (RISK)

<u>CORE DRIVERS</u>

Psychological Pain/Misery
Overwhelming Stress
Agitation/Emotional Urgency*
Hopelessness/Entrapment*
Self-Hate
Burdensomeness
Loneliness/Isolation

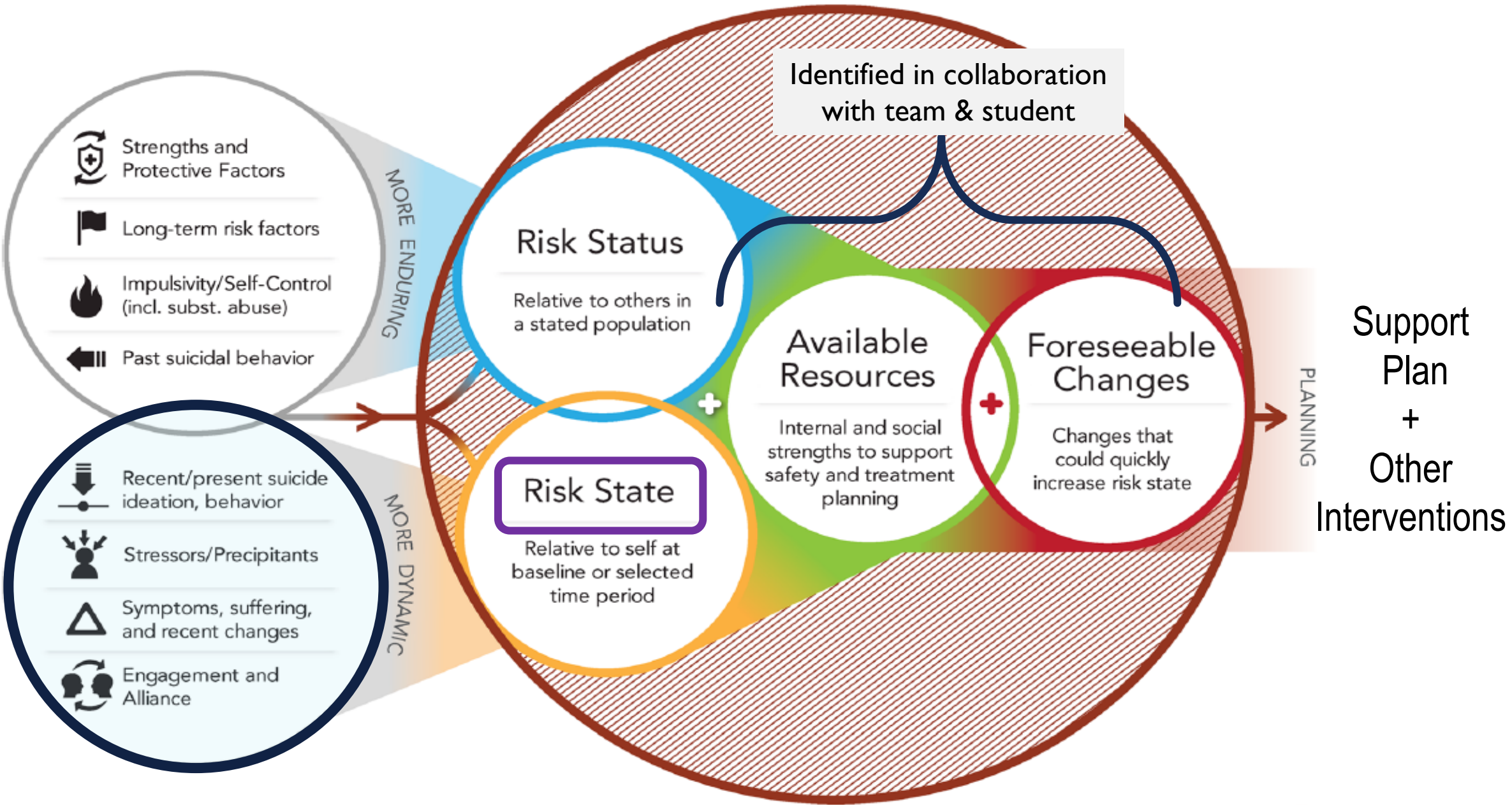
<u>College Students?</u>

<u>Significant Risk Factors</u>

Relationship Problems*
Substance Abuse*
Significant Loss *(academic failure)*
Health/Pain Problems
Legal/Financial Issues

Information

Risk Formulation



Risk/Priority	Suicide Risk Indicators
1 (Extreme Risk)	
2 (High Risk)	
3 (Moderate Risk)	
4 (Low Risk)	
5 (No Identified Risk)	

Risk/ Priority	Suicide Risk Indicators	Support Options
1 (Extreme Risk)	Strong Intent; Sig Risk Behavior past 48hrs Endorses majority core drivers + some risk factors Refuse safety planning or other help No to very few active protective/support factors	
2 (High Risk)	Multiple Drivers + Risk Factors (esp. rel, substance) Sig risk behaviors past month &/or poor sleep Reluctance/Ambivalence safety planning/help Few active protective/support factors	
3 (Moderate Risk)	Some Core Drivers (~2-4) + Risk Factors Willingness to safety plan, connect with help Some-Moderate active protective/support factors	
4 (Low Risk)	Some Drivers (~1-2) Some sig. risk factors present Multiple, strong active protective/support factors	
5 (No Identified Risk)	Some risk factors present Multiple, strong active protective/support factors	

QUESTIONS, REACTIONS, CURIOSITIES

"A PRUDENT QUESTION IS ONE HALF OF WISDOM"

– FRANCIS BACON

New report for a past BIT student (Quinn). A professor raised a concern because of a significant change in attendance & strong themes of death in their work. Quinn has history of depression and current anxiety/panic attacks. Quinn is a client of counseling services with sporadic attendance, frequently rescheduling because they are 'busy, overwhelmed, or too tired.' Their last appointment was 3 weeks ago and at that time Quinn disclosed weekly self-injury, binge drinking, and occasional strong thoughts of suicide. Quinn attempted suicide a year ago, returned to campus, and did well. Quinn is known to be currently struggling.

It's just after midterms and you check Quinn's grades: they are failing 2 courses in their major, passing another with a C-, has a B+ in 2 others (15credits). Quinn is usually a "B/B-" student. Quinn is a 1st generation student and perceives high pressure to succeed from their family. Quinn has financial aide but limited support otherwise; they work off & on campus; are not involved in student organizations or sports; their peer connections are unknown. Quinn lives on campus with a roommate who is very social and is in one of Quinn's classes.

Discussion Questions:

Which elements of suicide risk (& Quinn's drivers) are in your sphere of influence?

What would be your next steps to support this student to reduce risk?

How would your response differ if the student lived off campus?



JENNIFER MUEHLENKAMP, PHD

UNIVERSITY OF WISCONSIN-EAU CLAIRE

MUEHLEJJ@UWEC.EDU