



# Suicide Prevention & Postvention

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# Suicide Prevention

## Keys to Prevention



Skills & education



Identifying & assisting



Effective care & treatment resources



Resource linking



Increase help-seeking behavior

## Jamie's Law—W.Va. Code 18B-1B-7

*To expand the number of people who are trained in suicide prevention to maximize the possibility that at-risk children and adults can be saved. School personnel from middle school through college will not only be trained but will also provide children and young adults with suicide prevention information, facilitate discussion about preventing suicide, and make mental health resources available. Licensed medical professionals will be required to obtain education in suicide prevention as part of their licensing process.*

## WVU-PD-7: Threat Assessment, Behavioral Intervention and Suicide Prevention: Police and West Virginia University

### Section 3: Suicide Prevention and Critical Response

**3.1 General:** In order to further the goals of W.Va Code §18B-1B-7 (Jamie's Law) and the Resolution to Approve the Development and Implementation of a Plan to Advise Students, Staff, and Incoming Students on Suicide Prevention Programs and Resources Available On and Off Campuses, which was adopted on June 5, 2015, the University shall continue to take steps to monitor and provide resources to the University community regarding suicide and other issues requiring critical response that race the University community. This includes programming, outreach, and a protocol to handle such situations.

**3.2 Programming:** At least once annually, members of Student Life, Talent & Culture, the Provost's Office, the Faculty Staff Assistance Program, Carruth Center for Psychological and Psychiatric Counseling, and WVU Medicine will meet and review programming and, at a minimum, develop a programming schedule to address the various members of the University community, as well as meet the requirements of W.Va Code §18B-1B-7 (Jamie's Law). This group will be chaired by the Dean of Students or designee.

**3.3 Outreach:** At least once annually, the Division of Student Life and Talent & Culture will communicate to students (including incoming students), faculty, and staff about the available suicide prevention programs on and off campus. Additionally, websites devoted to suicide prevention shall be monitored and updated regularly, including:

- 3.3.1: Carruth Center for Counseling and Psychological Services, [carruth.wvu.edu](http://carruth.wvu.edu).
- 3.3.2: WVU Faculty and Staff Assistance Programs, [hsc.wvu.edu/fsap/home](http://hsc.wvu.edu/fsap/home).

## WVU-PD-7: Threat Assessment, Behavioral Intervention and Suicide Prevention: Police and West Virginia University, *cont.*

### 3.4: Protocol:

- 3.4.1: The University shall develop a crisis response protocol for suicidal members of the University community.
- 3.4.2: The Division of Student Life and Talent & Culture will communicate to Campus Security Authorities and Responsible Employees a protocol to initiate should an individual face a potential crisis before the Fall and Spring semesters.

### 3.5: Training:

- 3.5.1: Those individuals who are likely to be in contact with students, faculty, or staff requiring immediate assistance through a critical response or suicide prevention protocol shall be trained regularly, including faculty and unique customer service positions.
- 3.5.2: Training documentation should be kept with other student, faculty, or staff training records.

# Collaboration Across Campus

## Buy in from faculty and staff:

- Teach the importance of coordination of efforts
- Educate faculty on student mental health trends and data

## Train as many people as you can:

- Example: *Mental Health 101*—training for students, faculty and staff to teach how to identify and respond to students in distress.

## Relationship with campus police & administrators

# Red Folder

Create an accessible resource on your website that faculty & staff can download and use:

[Red Folder | Campus and Community Life | West Virginia University](#)

## Red Folder

Guidance for faculty, staff and families to support student well-being at West Virginia University.

Many times, you may not see obvious signs of distress but sometimes you may be able to sense that a student is struggling. This may occur through signs such as changes in their appearance, energy levels or mood or they may directly communicate to you their struggles.

Check in with your students whenever you can. Try to create and foster an environment of open communication and belonging. Below are some signs of distress that a student may exhibit.

### Signs of Distress in Students

Reports of	Alcohol and Substance Misuse	Anxiety
Carelessness Reckless driving Excessive risk taking Sexual acting out Excessive spending/indebtedness General impulsivity Disregard for personal safety or safety of others	Overuse or increased use of alcohol or other drugs Use of illicit drugs, including misuse of prescription drugs Noticeably intoxicated or impaired	Anxiety Feeling "panicky" Feeling physically "shaky" Excessive worry Excessive sweating Reports of rapid heart rate Shortness of breath Feeling that they may pass out or die
Distraction	Poor Contact with Reality	Feeling Helpless/Hopeless
Inability or decreased ability to concentrate, focus Persistent memory lapses Restlessness Preoccupation	Irrational conversation Obsessional and repetitive thinking/worry Exaggerated suspiciousness or fears Distortions of reality (hallucinations, inability to distinguish fantasy from reality) Disorientation Bizarre or strange behavior	Feeling that everything is "out of control" Talks or writes about death, suicide or having the means for suicide Giving away belongings Suddenly happy, calm or complacent after period of depression Threats toward others

### How You Can Help Students

#### C Check for suicidal ideation and safety.

##### Questions you may want to ask:

"It sounds like you are dealing with a lot right now and it can be common for people to have thoughts of suicide when dealing with so much. I'm wondering if you are having thoughts about ending your life right now?"  
"Have you been thinking about how you might do this?"  
"Have you had these thoughts and some intention of acting on them?"

#### L Listen actively, openly, empathetically and non-judgmentally.

##### Communication and Support

Use your rapport.  
Acknowledge specific observed behaviors.  
Express empathy and concern.

##### Help Problem-Solve

"What's worked before?"

# Emergency Response

[Emergency Resources](#) | [Campus and Community Life](#) | [West Virginia University](#)

## EMERGENCY RESOURCES

While we hope that students do not experience emergencies during their time at WVU, we have a variety of resources to support in times of need.

If immediate assistance is needed outside of business hours, please call the **University Police Department** at [304-293-COPS \(2677\)](tel:304-293-COPS) where someone is on call **24 hours a day**. Please note that our officers are trained to handle emergencies involving WVU students and will notify other University personnel to assist with the situation.

Please review the resources below or call at [304-293-5611](tel:304-293-5611) for assistance.

Should an on-campus concern arise that is not outlined above, please refer to this list of emergency supports:

[Emergency Info](#) [Report a Concern](#)

Resources available 24 hours a day, 7 days a week:

- **Caruth Center for Counseling and Psychological Services:** [304-293-4431](tel:304-293-4431)
- **University Police Department:** [304-293-2677](tel:304-293-2677)
- **Title IX anonymous on-call line:** [304-906-9930](tel:304-906-9930)
- **The nearest hospital emergency department:**  
Ruby Memorial Hospital, 1 Medical Center Drive, Morgantown, WV 26505, [304-598-4000](tel:304-598-4000)

Resources available during business hours while the University is open:

- **Student Help Line:** [304-293-5555](tel:304-293-5555)
- **Residence Life Specialists** (for students that live in on-campus residence halls):
- **Mountaineer Parents Club Helpline:**  
[800-WVU-0096](tel:800-WVU-0096)

### SUICIDE PROTOCOL & CRITICAL RESPONSE



**Imminent Risk:** Death risk is high; a plan is in place, lethal means are accessible, and the individual is planning to or is currently in the process of an attempt.

**Expression of current suicidal thoughts:** Presents as thoughts of ending one's life without having the intention to act on the thoughts.

#### TO IDENTIFY IF THE INDIVIDUAL IS AT IMMINENT RISK OR EXPRESSING THOUGHTS OF SUICIDE, ASK SPECIFIC QUESTIONS & ASK DIRECTLY ABOUT SUICIDE:

- / Are you thinking about killing yourself? Or, are you thinking about suicide?
- / Have you thought about how you would kill yourself? Have you decided when you would do it? Have you acquired the materials you need to kill yourself?
- / When you think about this plan do you see yourself acting on it? Or - Have you thought about acting on these thoughts/plans?

#### IMMINENT RISK

All Campuses

- / Call 911 (while you are with the student).
- / Contact the student's emergency contact (the CARE team or Campus Police can assist with this communication).
- / After contacting 911 and the emergency contact, complete a CARE Referral for follow-up.

#### Online Learners

- / Call 911 (ideally while you are on the phone or engaged with the student).
- / Call 988 (24/7 Suicide Crises Lifeline) to access support for a student.
- / Direct student to the nearest hospital emergency department.

#### Study Abroad

- / Contact ISOS at 1-215-942-8478 or use the free assistance app from [app.internationalisos.com](http://app.internationalisos.com).
- / If the student seems to be in imminent danger of hurting themselves or others, take immediate action by contacting local authorities and ISOS.
- / Talk to the individual reporting the behavior/incident (if not the student themselves) and determine the location of the student.

#### Faculty/Staff

- / Call 911.
- / Contact Employee Relations Cell at 210-867-0260.
- / Contact Faculty Staff Assistance Program at 304-293-5590.

#### EXPRESSION OF CURRENT SUICIDAL THOUGHTS

Morgantown

- / Call Caruth Center Urgent/Crisis Clinic at 304-293-4431  
— After 5 p.m. or on holidays and weekends press 1 to speak to an after-hours counselor.

#### Potomac State

- / During operational hours, call the PSC Counselor at 304-788-6976. If unavailable, call the Dean of Student Experience at 304-788-6995 or the Care Team Case Manager at 304-788-6910 for assistance. After 5 p.m. or on holidays and weekends, contact 304-788-6977.

#### Tech

- / During operational hours, call the WVU Tech Student Health & Wellness Center at 304-929-1237. If the counselor is not available call: CARE Team/Dean of Students: 304-929-1232 or Campus Police 304-929-2677. After 5 p.m. or on holidays and weekends, please call 304-929-1237.

*\*Depending on the severity/nature of the student's concerns any of the above resources may contact a student's emergency contact or request that you do so.*

#### Complete a CARE Referral once all contacts have been made:

- / Morgantown: [careteam.wvu.edu](mailto:careteam.wvu.edu)
- / Potomac State: [go.wvu.edu/psc-care-report](http://go.wvu.edu/psc-care-report)
- / Tech: [go.wvu.edu/tech-care-report](http://go.wvu.edu/tech-care-report)



## C-SSRS

Train and educate staff who are working directly with students how to assess for suicide by using non-clinical screeners.

### COLUMBIA-SUICIDE SEVERITY RATING SCALE *Screen with Triage Points for Schools*

Adapted for West Virginia University Staff & CARE Team Response

	Past month	
Ask questions that are in bold and underlined.	YES	NO
<b>Ask Questions 1 and 2</b>		
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
2) <b><u>Have you actually had any thoughts of killing yourself?</u></b>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <b><u>Have you been thinking about how you might do this?</u></b> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <b><u>Have you had these thoughts and had some intention of acting on them?</u></b> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <b><u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u></b>		
6) <b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b> 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.		
		Lifetime
		Past 3 Months
If YES, ask: <b><u>Was this within the past 3 months?</u></b>		

See back for response protocol

## Postvention: Creating a Plan

Develop a plan of immediate steps if a suicide would occur.

- What happens on campus vs. off-campus

Determine who is the point person.

- Person who will schedule a postvention meeting and be the point of contact

Develop a notification plan to administrators.

Create a postvention team agenda & checklist.

Postvention Team Meeting Checklist	Details
Review & ensure all "Immediate Steps Upon Notification" were completed	<ul style="list-style-type: none"> <li>• Circumstances of death</li> <li>• Communication with Carruth for immediate support</li> <li>• Contact with the family</li> <li>• Schedule postvention Meeting</li> <li>• Internal staff notifications</li> </ul>
Identify students impacted	<ul style="list-style-type: none"> <li>• Reach out for support</li> <li>• Explore need for re-locating housing for roommates impacted</li> <li>• Meetings to be scheduled (residence hall, classroom, student org, etc.)</li> </ul>
Schedule Carruth meetings with students impacted	<ul style="list-style-type: none"> <li>• Work with necessary units (Residence Life, Student Organizations, Dean of College) to schedule group meeting for Students with Carruth Center staff</li> </ul>
Identify faculty/staff impacted	<ul style="list-style-type: none"> <li>• Referrals to FSAP</li> <li>• Are there faculty/staff that can offer assistance or be a link to specific students who have been impacted</li> </ul>
Determine announcement necessity	<ul style="list-style-type: none"> <li>• Work with University Relations (announcement may be an email to faculty, student group, class, organization etc.)</li> </ul>
Documentation for CARE Team	<ul style="list-style-type: none"> <li>• Utilize Advocate to document students who may have been directly impacted and would be in needed of on-going support services/tracking</li> </ul>
Family Support	<ul style="list-style-type: none"> <li>• Determine family's needs and aid with any travel arrangements</li> <li>• Work with religious or spiritual leaders if appropriate</li> </ul>
Schedule follow up Postvention Meeting	<ul style="list-style-type: none"> <li>• One month later to debrief on efforts and support needs</li> </ul>

## Understand Community Impact

Impact on smaller campus vs larger campus

Residence life;  
Student Organizations;  
Classmates/Friends

Grief, trauma, contagion

## Contagion and Cluster

***Contagion:*** process where one suicide increases the likelihood others will attempt or die by suicide

***Cluster:*** number of connected suicides occur following an initial death

## Contagion

Material below are derived from the Suicide Prevention Resource Center PDF "Safe and Effective Messaging for Suicide Prevention"

### Don't glorify or romanticize suicide.

- Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.

### Don't normalize suicide by presenting it as a common event.

- Although significant numbers of people attempt suicide, it is important to make suicide not seem common or normal. Most individuals, and most youth, who seriously consider suicide or do not overtly act on those thoughts but instead find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.

### Don't present suicide as an inexplicable act or explain it because of stress only.

- Presenting suicide as the inexplicable act or an otherwise healthy or high-achieving person may encourage identification with the victim. Additionally, it misses the opportunity to inform a community of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.

### Don't focus on personal details of people who have died by suicide.

- Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.



## Contagion, cont.

Material below are derived from the Suicide Prevention Resource Center PDF "Safe and Effective Messaging for Suicide Prevention"

### Don't present detailed descriptions of suicide victims or methods of suicide.

- Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.

### Do emphasize help-seeking and hope and provide information on support resources.

- When recommending mental health treatment, provide concrete steps for finding help, including information for the Counseling Center (24/7 availability) and other confidential resources. Inform people that help is also available through the National Suicide Prevention Lifeline (1-800-273-TALK/8255).

### Do acknowledge that the community has experienced a significant loss and that this has a profound impact on many students, staff, and faculty at the University.

- Acknowledge that many community members may have a wide range of reactions, including sadness, fear, denial, numbness, shame, guilty, anger, blame, resentment, and other feelings.
- Acknowledge that people process feelings in a wide variety of ways, including talking with family, friends and counselors; processing privately and alone; or by other means such as writing.
- Reinforce the immediate and ongoing support options available to help community members process any feeling that has come up. Emphasize that the University's goal is to support all of its members at this difficult time.

## Campus Communication: Determine a policy on what your campus will do.

Will a mass message be sent out?

*Large campus vs. small*

### Community notifications should generally include:

- Condolences to family and friends
- Plans to provide support to those impacted while not pathologizing grief, anger, and other reactions
- Any changes in school or work schedule during the upcoming days\

### Balance students' desire for information with family's wishes around privacy.

### Only offer confirmation of a completed suicide in specific circumstances:

- If the family approves, and;
- The Postvention Team decides that it would be inappropriate or disingenuous to leave out this information (this may apply if the suicide was very public or if factual information about the suicide is already widely known in the community).

The message should include mention of plans for related meetings, Counseling Center walk-in and emergency hours, and information about whether the family plans to hold a memorial service or remembrance gathering open to the community. If such an event has not yet been planned, the email will explain that the community will be notified if and when the family wishes.

## Communication to Faculty

**Notify faculty of  
the student's  
death.**

**Have a simple  
email drafted  
within your  
postvention plan.**

## Example Email:

Dear [unit/group],

The Office of Campus and Community Life has been notified of the death of a student. [Student name] — a [#] year-old [major] student, from [hometown] — died [date], at [location]. [Student's] [relationship] [name of emergency contact] may be reached at [phone number] and their address is [address]. The [school/college] administration has been notified, and I have spoken with [emergency contact] on behalf of Campus Life. Information regarding services [may be found here/are not available at this time].

During this time of great loss, we are reminded of the importance of community. Losing a fellow student and member of our community can be very difficult. University personnel are working closely with the students and staff most affected by this tragic news and will continue to provide them support. If a student needs support, I encourage you to help them contact the Carruth Center — 304-293-4431. 24/7 (Confidential Resource) — for any emotional or academic assistance they may need.

**If any students contact you or your colleagues regarding this death, please do the following:**

***Refer them to use the student resources through the WVU Carruth Center:***

- Students can call 304-293-4431 and ask to speak to a counselor immediately through the Carruth Crisis Clinic, which is available for students Monday through Friday from 8:30AM to 5:00PM.
- They also have an after-hours counselor available by phone, 304-293-4431 (24/7).
- The Crisis Text line is also available where students can text "WVU" to 741741.

***Please complete a CARE Report on students you have spoken with or students that had reached out to you that have been impacted by this death; <https://careteam.wvu.edu/>.***

## Supporting Students Impacted

1

Help from the counseling center staff to talk to students in the classroom, residence halls, groups, etc.

2

CARE Referral—help with outreach to professors.

3

Don't let classroom conversations become group therapy:

- Discuss how to refer
- If students want more group support, offer a day/time so that they can opt in vs. having to be present due to being in class.

## How to Support Students

- Clinicians should introduce themselves to students, explain the purpose of the meeting, and provide structure and a plan for the meeting. When possible, it can be especially helpful for a residence life/SL staff member or a faculty member who is known to the students to participate.
- Acknowledge that the student died by suicide if the family agrees and this is already understood in the campus community. This helps to manage rumors and allows attendees to have the same context. Do not discuss specific details of the death unless it was very public and is well-known to those in the group. Utilize appropriate terms such as "died by suicide," "took his/her/their own life" vs. "committed."
- When the family does not want to disclose the suicide, facilitating clinicians may want to generally discuss the topic of suicide, as this may already be a topic in speculation.
- Discuss the grieving process or post-crisis response. Emphasize the need for self-care and that there is no "right" way of grieving or reacting.
- Group attendees can share stories, thoughts and/or memories about the deceased. Be mindful of group participants who many have witnessed the death or found the deceased and discourage them from sharing graphic details with the group. If necessary, meet with these students separately.

## How to Support Students, *cont.*

- Process feelings regarding the death. Pay particular attention to students emphasizing feelings of guilt, anger, abandonment and questions of "why?" or "what if?"
- Reinforce the concept of community caring, how students can be supportive of their peers, and which offices and staff members are available for support.
- Be vigilant regarding students in attendance who may be under the influence of alcohol or drugs as a coping strategy. This person may hinder the group's process, and it is advised to ask that person to meet privately to check in about how they are doing. Actively discourage substance use as a coping method to the group.
- Facilitating clinicians should provide their contact information should anyone in the group wish to follow up later for support or referral to resources.
- Actively follow up on students who appeared distressed or who stayed after the meeting.

## Supporting the Family

Posthumous Degree

Getting student's belongings

Housing

Bell-ringing