

## Definitions

**Suicide:** Fatal, self-inflicted destructive act with explicit or inferred intent to die.

**Suicide Attempt:** A non-fatal, self-inflicted destructive act with explicit or inferred intent to die. Important aspects include the frequency of attempts, and the person's perception of the likelihood of death from the method used, or intended for use, medical lethality and/or damage resulting from the method use, diagnoses, and demographics.

**Suicidal Ideation:** Thoughts of harming and killing oneself. Frequency, intensity, and duration of these thoughts indicate severity of the ideation.

**Suicidal Communications:** Direct or indirect expressions of suicidal ideation, communicated verbally or through writing, artwork, or other means. The more concrete and explicit the plan to complete suicide is and the more lethal the intended method, the greater the seriousness of the suicidal communications. Suicidal threats are a special case of suicidal communications, used with the intent to change the behavior of other people.

**High Risk Groups:** Those individuals that are known to have a higher than average suicide rate.

**Suicidal:** All suicide-related behaviors and thoughts, including attempting suicide, death by suicide, or suicidal ideation or communications.



## Privacy Laws and Confidentiality

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records.

FERPA permits disclosure of student information without the student's consent under certain circumstances. The University may disclose personally identifiable information from a student's education record to appropriate individuals in connection with a health and safety emergency. This exception allows for the disclosure of information without the student's consent to appropriate individuals, including the student's parents and/or law enforcement, when necessary to protect the health or safety of the student or another individual in the event of a significant threat.

Student information may also be disclosed without written consent to school officials who have a legitimate educational interest in the records. A school official has a legitimate educational interest when the official needs to know the student information to accomplish some employment or other institutional task or function.

Information learned about the student through observation is not considered part of the student's education record, and is not protected by FERPA. When such observations are recorded in writing or electronically, they acquire FERPA protection. Such information may be shared with careful consideration for student privacy.

### Quick Reference Guide

Safety, emergency, or life threatening situation, call 911.  
 UW Police Non-Emergency ..... 766-5179  
 National Suicide Hotline: 1-800-SUICIDE (784-2433)  
 Or 1-800-273-TALK (273-8255)



### Campus Resources:

Dean of Students ..... 766-3296  
 University Counseling Center (UCC) ..... 766-2187  
 UCC After Hours ..... 766-8989  
 Student Health Service ..... 766-2130  
 STOP Violence ..... 766-3296/766-7867 (after hours)  
 University Disability Support Services ..... 766-6189  
 Residence Life & Dining Services ..... 766-3175

### Community Resources:

Iverson Memorial Hospital Behavioral Health ..... 742-0285  
 PEAK Wellness ..... 745-8915  
 Albany County SAFE Project Hotline ..... 1-800-230-3556



University Counseling Center  
 phone: 766-2187  
 after hours crisis: 766-8989  
 ask for on-call counselor  
 341 Knight Hall  
 Office Hours: Mon-Fri  
 8:00am-5:00pm  
 Summer: 7:30am-4:30pm  
 www.uwyo.edu/ucc



## Lifesavers Coalition: Responding to Students in Distress

Contact the University Counseling Center for additional copies of this folder.  
 Version: Fall 2012



# Responding to Students in Distress

## Students in Distress: A Guide for Faculty and Staff

If there is any doubt about the safety of a situation, err on the side of caution and call UWPD (or 911 as appropriate).

If you want to consult about one of these situations, please call one of the options identified below.

Who to contact:	University Police Department	University Counseling Center/AWARE	Dean of Students Office	Student Health Service	University Disability Support Services	STOP Violence Program
<b>Working with an enrolled UW student who:</b>	<b>FIRST ACTION = 1 FURTHER ACTION = 2</b>					
Poses an <b>immediate</b> danger to self or others	1	2	2			
Talks about suicide or homicide	1	1	1			
May have a disability					1	
Exhibits behavior that seems out of touch with reality		1	2			
Shows signs of alcohol or drug use pattern <i>If currently impaired or under the influence, and in need of medical attention, call UWPD</i>		1	1	2		
Seems overly emotional		1	2			
Is having difficulty because of illness or death in family		1	1			
Has history of a medical problem such as seizure or fainting <i>If experiencing current medical emergency, call 911</i>			2	1	2	
Appears to have an eating disorder or disordered body image		1	2	1		
Continuously disrupts class and refuses to stop	1	2	1			
Has a chronic illness, e.g., asthma, diabetes, etc.				1	2	
Is a victim of violence, stalking, intimidation	1	2	2	2		1
Has a pattern of displaying anger or hostility inappropriately <i>If experiencing current safety emergency, call 911</i>	2	1	1			

- University Police ..... 766-5179  
If in need of immediate response, call 911
- University Counseling Center/AWARE ..... 766-2187
- Dean of Students Office ..... 766-3296
- Student Health Service ..... 766-2130
- University Disability Support Services ..... 766-6189
- STOP Violence Program ..... 766-3296

Each department at the University of Wyoming has its own safety plan for students. Please familiarize yourself with your department's safety plan.

Consult with University Public Relations at ext. 2379 if contacted by the media.

# I CaRe

Inquire - Connect - Refer

## Preparing for an I CARE Conversation

Provide a safe space for them to talk. Talk with the person in private and allow plenty of time. Allow the person to tell their story in their own words at their own pace.

Be ready to give them your full attention, to be very patient, and avoid being hurried and or rushed.

It is important to empathize and normalize the anxiety and pain; not talk them out of it.

Being empathic with the suicidal wish means: taking the suicidal person's perspective and "seeing" how this person has reached a dead end without judging or trying to interfere, stop, or correct suicidal wishes.

Being empathic does NOT connote agreement with the suicidal intention... rather it is a way of connecting with the person's experience and being a listener and companion at a time when suicide appears to be the only option.

## Gatekeeper, I CARE Steps

How to align with the person to get them help.

Resolving their pain, solving their problem, giving them advice isn't the goal. Joining with the person by listening and getting them help is the goal.

### I HAVE NOTICED...

Emphasis is on using "I" language and then reflect what is being said

- » "I have noticed that suddenly you are \_\_\_\_\_ (happy, sad). What has changed?" **LISTEN**
- » "I've noticed you're feeling upset. How are things going?" **LISTEN**
- » "I can understand how (this) could make you feel anxious and cause you pain." **LISTEN**

### I AM CONCERNED and CAN EMPATHIZE and CAN BE GENUINE.

- » "I am concerned for you and how you are doing." **LISTEN**
- » "I want to understand what has brought you to this decision" **LISTEN**
- » "I can understand how you might consider suicide or ending your life when you feel so trapped, or helpless or hopeless or misunderstood." **LISTEN**

Continue to really listen to the individual and reflect back their anxiety and pain. "I can hear how difficult this has been." It is important to continue to just empathize, do not problem-solve the problem. Genuinely respond from your heart as to how difficult this must be for them. "I would have found that confusing, or difficult or unbearable or sad or..."

## ALIGN WITH THEM...

Continue to build trust with them by showing empathy and understanding. At this juncture you start to direct the conversation a little.

- » Say: "I care and I want to help." **LISTEN**
- » Be real and ask directly: "Have you had thoughts of taking your own life?" **LISTEN**
- » Ask: "Do you have a plan? How might you carry this out?" (Check for a plan, means & intent.) **LISTEN**

If they have decided suicide is an option... Don't try to talk them out of suicide, continue...

- » "There is a way through this pain. Let me help you." **LISTEN**
- » "What do you think might help?" **LISTEN**
- » "Have you considered talking to someone?" **LISTEN**
- » "I'm not comfortable without being sure you're going to get some help." **LISTEN**
- » "Will you let me help you get help?" **LISTEN**
- » "Will you go with me to get help?" and/or "Why don't we make the call together?" **LISTEN**

## REFER THEM, TAKE THEM DIRECTLY TO HELP or CALL 911...

There are several ways that your intervention could turn out:

- » The person may not feel they are having any difficulty. Assess the person's willingness to seek help and ask them to check back with you at a designated time to make sure they have connected with help.
- » Offer to go with the person and walk with them to the counseling center, an emergency room, student health, or any police department.
- » Assess for safety and imminent danger, call 911 and then stay with the person.

## EVALUATE...

- » How will I take care of myself after I have talked to this person?
- » Am I ready to have this conversation and if not who can I call?