

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

	Past month	
Ask questions that are in bold and underlined.	YES	NO
<b>Ask Questions 1 and 2</b>		
<b>1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
<b>2) <u>Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b>3) <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."		
<b>4) <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."		
<b>5) <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>		
<b>6) <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.  <b>If YES, ask: <u>Was this within the past 3 months?</u></b>	<b>Lifetime</b>	
	<b>Past 3 Months</b>	

\*Consult with CAPS for any positive endorsement

**Counseling & Psychological Services**  
**Mooney Hall, 2<sup>nd</sup> Floor, Room 27**  
**Monday-Friday, 8:45am-4:45pm**  
**973-761-9500**

**SHU 24/7 Mental Health Crisis Hotline: 973-275-Help (4357)**

After hours, or on weekends, students experiencing a psychological emergency should call either CAPS at 973-7631-9500 or the SHU Mental Health Crisis Hotline at 973-275-Help (4357) to speak with a trained mental health counselor. Do not use email in a crisis.

**SHU Public Safety: 973-761-9300**

**National Suicide Hotline: 1-800-273-TALK (8255)**

**Crisis Textline: Text "Start" to 741-741 when in crisis. If you are a student of color, text "STEVE" to 741-741. A trained professional will respond.**

**If a suicide is in progress, call 911.**

**Supporting Students in Distress  
Counseling & Psychological Services  
Resource Packet**



**Counseling & Psychological Services, CAPS  
2<sup>nd</sup> Floor Mooney Hall  
973-761-9500**

*This packet contains a variety of materials regarding our services as well as mental health tips that you might find helpful in your work with students.*

# Emotional Well Being

## What is Mental Health?

- Everyone varies in their abilities to cope with life’s stressors, but...
- Someone who is able to adapt to the demands of college and carry out the tasks of life is generally considered *mentally healthy*

## When is our Mental Health compromised?

- This is part of why we are here today, to help guide you to make this distinction.
- It can be helpful to think in the following terms:
  - Interference with daily functioning &
  - Interference with emotional balance

HEALTHY	REACTING	IMPACTED	STRUGGLING
<ul style="list-style-type: none"> <li>• Normal Fluctuations in mood</li> <li>• Normal sleep patterns</li> <li>• Physically well, full of energy</li> <li>• Consistent performance</li> <li>• Socially active</li> </ul>	<ul style="list-style-type: none"> <li>• Nervousness, irritability, sadness</li> <li>• Trouble sleeping</li> <li>• Tired/low energy, muscle tension, headaches</li> <li>• Procrastination</li> <li>• Decreased social activity</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety, anger, pervasive sadness, hopelessness</li> <li>• Restless or disturbed sleep</li> <li>• Fatigue, aches and pains</li> <li>• Decreased performance, but no major attendance concerns</li> <li>• Social avoidance or withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive anxiety, easily enraged, depressed mood</li> <li>• Unable to fall or stay asleep</li> <li>• Exhaustion, physical illness</li> <li>• Unable to perform duties, absenteeism</li> <li>• Isolation, avoiding social events</li> </ul> <p><b>SIGNS OF RISK:</b></p> <ul style="list-style-type: none"> <li>• Threatening to hurt or kill themselves or others</li> <li>• Looking for ways to kill themselves, such as seeking access to pills, weapons or other means</li> <li>• Writing or talking about death, dying or suicide</li> </ul>
<ul style="list-style-type: none"> <li>• No C-SSRS or referral to CAPS needed</li> <li>• Direct to CAPS Self-help resources to help maintain mental health</li> </ul>	<ul style="list-style-type: none"> <li>• C-SSRS Screening unlikely but possible</li> <li>• Provide information about CAPS</li> <li>• Direct referral to CAPS or consultation unlikely</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct C-SSRS Screening</li> <li>• Provide information about CAPS</li> <li>• Possible direct referral to CAPS or consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct C-SSRS Screening</li> <li>• Provide information about CAPS</li> <li>• Direct referral to CAPS and/or possible consultation</li> <li>• If suicide is in progress, call 911</li> </ul>

Depending on the circumstances in your life at any given time, your state of mental health may be located at any point along this continuum. On the continuum, states of mental health are differentiated by the amount of stress/distress and impairment involved. The lines differentiating states of mental health are not precise because it is not clear at which exact point a concern becomes a problem, or a problem becomes an illness.

## How to Respond

There is usually more than one way to reach out in a caring manner. *The only real risk is doing nothing.*

<b>Signs of Distress</b>	<b>Approaching the Student</b>
<ul style="list-style-type: none"> <li>• Social Isolation/ withdrawing from friends</li> <li>• Increasing worry/anxiety</li> <li>• Inability to concentrate, confusion, indecisiveness</li> <li>• Unexpected and frequent changes in mood</li> <li>• Turbulent relationships</li> <li>• Increased irritability, short- tempered/angry outbursts</li> <li>• Significant changes in weight</li> <li>• Disheveled appearance/deterioration in hygiene</li> <li>• Sleeping too much or too little</li> <li>• Substance Use &amp; Abuse (Alcohol, Drugs, Food)</li> <li>• Severe changes in behavior while under the influence of alcohol</li> </ul>	<ul style="list-style-type: none"> <li>• Ask the student to meet in private unless they are acting aggressively               <ul style="list-style-type: none"> <li>○ <i>“Hey, I was hoping we could talk privately for a bit”</i> OR</li> <li>○ <i>“Hey, would you mind coming to my room? I was hoping we could chat”</i></li> </ul> </li> <li>• Notify your supervisor of the day/time that you will be meeting with the student</li> <li>• Acknowledge openly to the student that you are aware of their distress               <ul style="list-style-type: none"> <li>○ <i>“I’ve noticed you haven’t been yourself, what’s going on?”</i></li> <li>○ <i>“It seems you’ve been [upset] lately, what’s up?”</i></li> </ul> </li> <li>• Express concern &amp; be specific with what you have observed or been told               <ul style="list-style-type: none"> <li>○ <i>“I’m concerned because I’ve noticed you haven’t been getting up for your early classes.”</i></li> </ul> </li> <li>• <u>Avoid</u> judgment               <ul style="list-style-type: none"> <li>○ <i>“I’ve noticed you haven’t been going to classes, why are you so lazy?”</i> OR</li> <li>○ <i>“I’ve noticed you’ve been keeping to yourself, why are you being so antisocial?”</i></li> </ul> </li> <li>• Ask open-ended questions               <ul style="list-style-type: none"> <li>○ Open: <i>“You’ve seemed upset lately, what’s been on your mind?”</i></li> <li>○ Closed: <i>“You’ve seemed upset lately, are you okay?”</i></li> </ul> </li> <li>• Listen carefully to what the student is troubled about and try to see the issue from his/her point of view without necessarily agreeing or disagreeing (use reflective listening skills and check out their perception of the problem)</li> <li>• State that you are sincerely concerned about their welfare and you are willing to help them explore alternatives. Ask them what they think would help               <ul style="list-style-type: none"> <li>○ <i>“I’ve noticed you’ve been having a hard time. I am concerned and wanted to offer some support. Maybe we could problem solve together, what do you think would help?”</i></li> </ul> </li> <li>• Suggest resources and offer hope               <ul style="list-style-type: none"> <li>○ <i>“Sometimes it can be helpful to talk with a professional when you’re having a hard time, do you know about CAPS?”</i></li> </ul> </li> <li>• Know your boundaries &amp; limits               <ul style="list-style-type: none"> <li>○ <i>“It seems like you have a lot on your mind, while I’m here for you to talk, it might be helpful to talk to a professional about what’s going on.”</i></li> </ul> </li> </ul>
<p><b><u>Consult with CAPS immediately if a student is demonstrating or indicating any of the following:</u></b></p> <ul style="list-style-type: none"> <li>• Anger or violence</li> <li>• Self-destructive behaviors (e.g., cutting)</li> <li>• Dangerous behavior</li> <li>• Talking about suicide</li> <li>• Substance abuse</li> <li>• Bizarre behavior</li> </ul>	

## Talking with a Student in Distress

<b>DO:</b>	<b>Avoid:</b>
Express Concern	Trivializing or minimizing their concerns
Find a private place to talk	Judgment
<p><b>Make supportive/non-judgmental statements like:</b></p> <p>“You seem upset/troubled/stressed”</p> <p>“What do you think might help you?”</p> <p>“I’m concerned about you.”</p> <p>“I’ve noticed that you (<u><i>be specific about behaviors</i></u>)...”</p> <p>“I hear how angry/sad/worried you are.”</p> <p>“What do you think might help you?”</p> <p>“Does anyone know what you are going through?”</p> <p>“Who is someone you can talk to about this?”</p> <p>“Is there anyone you would like to call?”</p> <p>“Given what you have shared, it seems that it would be helpful for you to be able to talk to someone about this.”</p> <p>“I have found that students who are facing difficult issues like this benefit from talking to someone at Counseling Services.”</p>	<p><b>Avoid statements and words like:</b></p> <p>“Everything will be better tomorrow”</p> <p>“Don’t worry”</p> <p>“Don’t cry”</p> <p>“You shouldn’t feel like that”</p> <p>“When that happened to me, I...”</p> <p>“It’s not as bad as you think”</p> <p>“You’ll feel better in the morning”</p> <p>“These are the best years of your life”</p> <p>“Do you realize how lucky you are to be in college?”</p> <p>“You’re better off without him/her”</p> <p>“Crazy”</p> <p>“Abnormal”</p>
<ul style="list-style-type: none"> <li>• Be Direct, Specific &amp; Non-judgmental</li> <li>• Maintain contact with the student after a referral is made</li> </ul>	<ul style="list-style-type: none"> <li>• Arguing with the student or challenging their beliefs</li> <li>• Making promises you can’t keep</li> <li>• Overreacting</li> <li>• Staying in a situation where you feel unsafe</li> </ul>

# Suicide Clues, Warning Signs, and How to Ask the Question

The more clues and signs observed, the greater the risk. Take all signs seriously!

## Direct Verbal Clues:

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

## Indirect Verbal Clues:

- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

## Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

## Situational Clues:

- Being fired or being expelled from school
- Being arrested/legal problems
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

### Step 1: Ask the Question

- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; phone numbers, counselor’s name, or other information
  - **Ask Directly:**
    - “With all the pain you’ve been experiencing, I wonder if [you wished you were dead or wished you could go to sleep and not wake-up]?”
    - “Sometimes people who are in similar situations have thoughts [of wishing they were dead or wishing they could go to sleep and not wake-up]...do you have those thoughts?”
- Administer the remainder of the C-SSRS Screening

	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>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
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>		
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		<b>Past 3 Months</b>
<b>If YES, ask: <u>Was this within the past 3 months?</u></b>		

**NOTE: Consult with CAPS for any positive endorsement**

### Step 2: Use Active Listening and Discuss Getting Help

- Do not rush to judgment
- Offer hope in any form
- Then state: “I’m glad we’re having this conversation. I’m concerned about you because you’ve told me X, Y and Z. At this point, I need to consult with a counselor so that we can put together a plan to help keep you safe.”

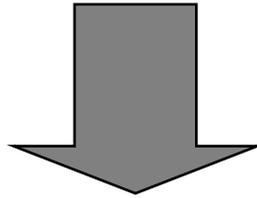
### Step 3: Refer

- Take the person directly to someone who can help.
- Call CAPS with the individual for further assessment and to make an appointment

# TALKING TO A STUDENT ABOUT COUNSELING

You have talked to the student about what you are concerned about.  
Now you want to suggest that they seek counseling...

**YOU SAY: I think it might be helpful for you to talk to a counselor, what do you think?**



**THEY SAY/FEEL...**

**YOU CAN SAY/RESPOND...**

<p><b>Yes, I think it would be a good idea.</b></p>	<p>Great! Let's head over there right now.</p> <p>Great! Let's call them and make an appointment together (if they cannot go right then).</p>
<p><b>Maybe...I don't really know.</b></p>	<ol style="list-style-type: none"> <li>1. Empathize with their discomfort. <ul style="list-style-type: none"> <li>• I know it's weird talking to a stranger, but they might be able to help.</li> <li>• It's difficult talking about such personal things. Counseling is completely confidential, though.</li> </ul> </li> <li>2. Share any experience you have had (if you feel comfortable) with us or with counseling. <ul style="list-style-type: none"> <li>• I know the people at counseling, and they are really not that bad ☺. They just want to help.</li> <li>• It's just a conversation, same as we're having right now.</li> <li>• People go to counseling to talk about all kinds of concerns.</li> <li>• They are there to be objective and non-judgmental.</li> <li>• It is completely confidential.</li> <li>• I've gone to a counselor, and it was helpful just to talk to someone.</li> <li>• You can share as much or as little as you feel comfortable.</li> <li>• Guide them through what it might be like to see a counselor.</li> <li>• If still uncertain, ask if you can call them or go together and ask about any questions or concerns about counseling.</li> </ul> </li> <li>3. I am concerned, so I really think it would be helpful. They might have the ability to help you in a way that I can't. At least give it one shot before you decide if it's for you.</li> </ol>

<p><b>There is no way I would ever go to counseling. I'm not that crazy!</b></p>	<p>Same steps as above.</p> <p><b>However, if they truly do not want to go, and it is not an immediate emergency, <u>YOU MUST ACCEPT IT.</u></b></p> <ol style="list-style-type: none"> <li>1. Provide them with our information, in case they change their mind.</li> <li>2. Ask them to go through it and decide if they might be willing to have one conversation with a counselor.</li> <li>3. Re-state your concern and let them know you will follow up with them about it again.</li> <li>4. Follow up with them about how they are feeling, and if they had any more thoughts about counseling.</li> <li>5. Make sure you tell your supervisors about your concerns and your attempt to recommend counseling.</li> <li>6. You can always call us and share your concerns about the student or consult with us.</li> </ol>
<p><b>What happens after I make the referral?</b></p>	<ul style="list-style-type: none"> <li>• It is up to the student to decide whether or not to share that they have/have not followed up on your recommendation. Students have a right to confidentiality both within and outside of CAPS (aside from consultative purposes).</li> <li>• In cases where you accompanied the student over or helped them make an appointment, you might be aware that they have decided to consider services. However, it is the student's choice whether or not to keep you updated on how things are going at CAPS.</li> <li>• Some referrals may decide not to follow through and this decision must be respected as well. Your responsibility stops at making the referral although you can always check in to see how they are doing.</li> <li>• In high risk situations, consult with your supervisor or CAPS and let them make decisions about how to move forward.</li> <li>• For purposes of confidentiality, CAPS does not disclose information about clients to their PAs.</li> </ul>

# Frequently Asked Questions about CAPS

## **What services does CAPS provide?**

CAPS (Counseling & Psychological Services) offers initial evaluations, individual counseling, group counseling, education and consultation to students, families, faculty, and staff, crisis intervention, psychiatric consultation, and referrals to other providers if needed.

## **Who is eligible for services at CAPS?**

Currently enrolled, full-time students are eligible for services at CAPS.

## **What will individual therapy be like?**

Individual therapy often involves talking about your concerns, thoughts, feelings, and reactions with a trained professional. There is often some time spent in the beginning on becoming comfortable and getting to know each other. Students often report feeling comfortable and close with their counselors, and describe it as an objective, supportive, safe, and non-judgmental place to talk about what is on their mind. Through discussion or learning some skills, your counselor can help you address your concerns, gain some insight, or cope better with your difficulties.

## **What will group therapy be like?**

Sometimes people feel better if they realize that others are also struggling with something similar. Group therapy involves meeting weekly for about 1 hour with other students and a trained professional counselor. Students in group therapy often describe it as friendly, supportive, and feel that they are understood by others. You will gain insight and perhaps learn some skills and ways to cope from the counselor, as well as from your peers.

## **How do I make an appointment? And where are you located?**

You can call CAPS at (973) 761-9500. Our reception staff will help to schedule an "intake" or an initial appointment with one of our clinicians. You can also visit the office located in Rm 27 (second floor) of Mooney Hall to schedule an initial appointment.

## **What if I am in crisis and need to talk with someone right away?**

If you feel an urgent need to speak to a trained mental health counselor, please call our CAPS crisis helpline at 973-275-Help (4357). This service is available 24 hours a day/7 days a week. We are available in the office on Monday through Friday from 8:45 a.m. to 4:45 p.m. If it is a life-threatening emergency, you should come in or contact Campus Safety at (973)-761-9300 at any time. You can also contact 911.

## **Does CAPS have a limit on the number of sessions a student can be seen?**

We generally work from a short-term model; however, each student's individual needs are taken into account when determining an appropriate treatment plan. There is no session limit on group counseling sessions.

## **How much does it cost to see a professional at CAPS?**

There is no fee for counseling services.

## **What is CAPS's policy on confidentiality?**

All information is completely confidential unless you sign a written release of information. There are some exceptions by law, (e.g., imminent/life-threatening harm to yourself or someone else; ongoing abuse or neglect towards children or vulnerable adults). In these cases, confidentiality cannot be promised.

## **Will my parents, faculty, and/or others be informed that I am going to CAPS?**

No. Unless you have signed a written release of information, we cannot speak to anyone about treatment received at CAPS. Please discuss exceptions to this with your clinician.

**Will the fact that I am seen at CAPS be on my academic record?**

No. CAPS records are kept separately from academic records.

**Can CAPS help me find a therapist off-campus?**

Yes. One of the services CAPS provides is assisting students in connecting with services in the community.

**Does CAPS prescribe psychiatric medication?**

We have a psychiatric nurse practitioner on staff who provides medication consultation and prescriptions when appropriate. However, we also refer students to psychiatrists in the community and work collaboratively with them while students are undergoing therapy at CAPS. If you are just looking for medication, you cannot be seen at CAPS. Check with your insurance company or give us a call and we can assist you with locating a psychiatrist in the community.

**I think my friend should talk to someone at CAPS. What can I do?**

It might be helpful for you to schedule a consultation with one of our clinicians. While you cannot counsel your friend or force them to go to counseling, there may be ways to talk with them about your concerns and share with them the resources you know about (i.e. counseling services or other community services). We can guide you through this conversation depending on the situation as well as assist you with some of your own feelings.

**How do I know whether I should utilize CAPS services?**

If you have questions about if counseling is right for you, you are welcome to schedule a consultation to speak with one of our clinicians. You can also take an online screening or assessment from the CAPS website, which will tell you if you would benefit from counseling.

**\*Please feel free to contact us if you have any other questions or concerns.**

## If You Experience an Emergency

- During regular office hours (Monday-Friday 8:45am-4:45pm) call 973-761-9500 or drop-in to CAPS to speak with an on-call counselor. Do not use email in an emergency situation.
- If you feel an urgent need to speak to a trained mental health counselor, please call the SHU Mental Health Crisis Hotline at 973-275-Help (4357). This service is available 24 hours a day/7 days a week.
- After hours:
  - After hours, or on weekends, students experiencing a psychological emergency should call either CAPS at 973-7631-9500 or the **SHU Mental Health Crisis Hotline at 973-275-Help (4357)** to speak with a trained mental health counselor.
  - If you are having serious thoughts of killing yourself or hurting someone else, go to the nearest Emergency Room or call 911. Near SHU go to Clara Mass (Belleville), Beth Israel Medical Center (Newark), or Overlook Hospital (Summit).
- Call or Text a free and confidential crisis line.
  - **National Suicide Hotline 1-800-273-TALK (8255) - [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)**
  - **Crisis Textline – Text START to 741-741. If you are a student of color, text “STEVE” to 741-741. A trained professional will respond.**
  - **NJ Hopeline 1-855-654-6735**
  - **LGBTQ Trevor Lifeline 866-488-7386 - [TheTrevorProject.org](http://TheTrevorProject.org)**
  - **Samaritans Confidential Hotline 212- 673-3000**
  - **Addictions Hotline 1-888-984-0363 - [24houraddictionhelp.org/](http://24houraddictionhelp.org/)**
  - **Sexual Assault Hotline - 800-656-HOPE (4673) – [RAINN.org](http://RAINN.org)**

## ADDITIONAL MENTAL HEALTH RESOURCES

- Counseling & Psychological Services (CAPS) Resources:
  - Self-Help Resources:  
<https://www.shu.edu/counseling-psychological-services/self-help.cfm>
  - Online Mental Health Screenings:  
<https://www.shu.edu/counseling-psychological-services/online-screenings.cfm>
  - Mental Health Apps:  
<https://www.shu.edu/counseling-psychological-services/upload/App-Recommendations.pdf>
- [Togetherall.com](https://www.togetherall.com) is an anonymous, online, mental health support community. Joining Togetherall provides something that has always been important for good mental health and wellbeing: a community for shared experiences and mutual support. The platform promotes a sense of belonging and connection through community. It is accessible anywhere, anytime, 24/7.
- **Nod** is an app that identifies key psychological and behavioral targets that empower students to break the cycle of disconnection and form more satisfying social connections.
- **Kognito** is a digital suite of online simulations designed to build confidence in students, faculty and staff when faced with students in distress. Key simulations include Alcohol & Other Drugs Education, Sexual Misconduct Prevention, and At-Risk Mental Health for Students. Log onto PirateNet and click the Kognito chicklet/app to access the simulations.