

**CHICAGO STATE UNIVERSITY
DISTRESSED STUDENT PROTOCOL**

Table of Content	Pages
Introduction	2
CSU Wellness Goals	2-3
Trauma Informed Care	3-4
Confidentiality/Privacy	4-5
Signs of Distress	5
Suicide Attempt in Progress	6-7
After Hours Crisis/Protocol	7
Distressed Student (Alcohol and/or Drug-Related)	8
Hospitalization for At-Risk Students	8
Counseling Center and Crisis Intervention	9-10
Post-Crisis Follow Up	10-11
Resources	11-12
Uncertain of an Emergency	13
Mandated Services	13-15
CSU Counseling Services	15-16
Behavioral Assessment and Intervention Team (BAIT)	16
Distressed Student Incident Report Form	webpage

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

Introduction

Chicago State University is committed to ensuring that faculty, staff, and students serve and learn in an environment that is safe, respectful, and responsive to those in distress. All students may face challenges as they transition into college, but it can be all the more difficult for those who arrive on campus with a history of trauma, mental illness, previous hospitalization, disability, substance abusing behaviors, housing and/or food insecurities, or previous suicide attempts. There are also student groups with an elevated risk of distress and reoccurring trauma experiences: veterans, current/former foster youth, American Indian/Alaska Native students, immigrant students, LGBTQ students, and nontraditional learners.

When a campus community works together with a sense of shared responsibility for student's physical, social, emotional, and academic safety; all students can persist. Chicago State University is committed to the integration of trauma-informed practices and strategies that includes a shared understanding of the impact of trauma on learning. Our goal is to assist all students improve their relationships, regulate their emotions and behavior, increase their academic competence, and increase their physical and emotional well-being. The U. S. Department of Health and Human Services (1404) has identified trauma-informed principles to include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment; and cultural, historical, and gender issue.

Our first step was for the counseling center to create the protocol document to provide guidance to staff, faculty, administrators, security team, residence hall leaders, and students to identify and assist students in distress. Chicago State University is committed to providing resources to ensure that a student in crisis is responded to quickly, responsibly, and in an empathetic manner. A distressed student may also display disruptive behaviors, which are covered by CSU's Student Code of Conduct found in the Student Handbook. This protocol is designed to provide guidance to the campus community. It defines how to:

- Recognize the signs that a student may be in distress;
- Establish a consistent framework for responding to the student in distress;
- Facilitate access to after-care and reintegration to the campus community for the student after the immediate crisis is addressed;
- Ensure a coordinated crisis response and review process.

The CSU Campus Police and the Counseling Center are usually the first points of contact in many of these situations.

Chicago State University Wellness Goals

1. Enhance the Counseling and Wellness center's visibility on campus.
2. Subscribe to a trauma-informed care model
3. Provide a learning-centered environment that promotes student growth and success.
4. Develop a campus community that normalizes help-seeking behavior.
5. Creating a holistic approach of providing services and resources that encourages self-advocacy, independence, wellness, knowledge, and balance.
6. Promote safe, accessible and inclusive services.

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL



Trauma-Informed Care Practices

Trauma-Informed Care practices address the challenges that students with a history of trauma may face as they transition into college. University staff and faculty are responsible for recognizing if students' actions are a direct result of life experiences. Compassion is our responsibility and response.

Students with elevated risk for trauma:

- African American/Black students
- American Indian/Alaskan Natives
- Current and former foster youth
- LGBTQ students
- Non-traditional learners
- Refugee students
- Veterans

Recognizing Trauma

- Difficulty focusing, attending, retaining, and recalling
- Tendency to miss a lot of classes
- Challenges with emotional regulation
- Fear of taking risks
- Anxiety about deadlines, exams, group work, or public speaking
- Anger, helplessness, or dissociation when stressed
- Withdrawal and isolating
- Involvement with unhealthy relationships

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

Even after a stressful or traumatic situation has ended, people can continue to react as if the stress or trauma is continuing. They become self-protective, they spend a lot of their energy scanning their environment for threats; their bodies act as if they are in constant state of alarm; their brains are endlessly vigilant; and they may experience a constant baseline feeling of low-level fear, which leaves less space for curiosity, exploration, and learning.

De-Escalation Techniques

- Watch for signs in students
- Be careful not to mirror the student's behaviors.
- Stay calm, move slowly, and aware of safety.
- Practice empathy and give the student space.
- Invite student to take a nonpunitive "cool down time"
- Suggest simple tasks to engage the cortex. For example, deep breathing
- Ask for help. Contact the Counseling Center 773-995-2383 or Campus Police 773.995.2111

Trauma-Informed Classroom Practices

- Always empower students
- Check in with students
- Prepare for significant anniversaries
- Be sensitive of family structures
- Make a commitment to participate in professional development to support multiculturalism
- Avoid romanticizing trauma narratives in subject content
- Express unconditional positive regard
- Maintain high expectations
- Check assumptions

Confidentiality/Privacy

Confidentiality is extremely important in protecting the student and enabling the counseling center and staff to render assistance. Although necessary for effective assistance, it is often difficult to maintain information on the student's condition. If possible, secure a signed release from students to allow communication between parents/guardians and the student's therapist/counselor. The CSU Counseling center initiates an emergency release of information as a part of the intake process, however a student has a right to refuse providing an emergency contact in case of a medical/mental health crisis.

A student in distress has a right to privacy. In most situations, information provided by the student is confidential and is only released with student permission.

Be aware of the person's right to privacy. When possible, choose a time and location when you are able to talk to the person without disruption and in a private setting. Do not promise confidentiality to the person if their life is in danger.

Communication

Communicate with the individual; this may include:

- Asking the person what may be going on. The act of just asking may be helpful as it is showing a sense of concern and empathy.
- Listening to the person, allow them to talk and truly listen to them. This may be done by focusing on what the person is saying.
- Allowing the time for them to express what they are feeling without judgment. Do not rush them, give them this time to allow them to identify their feelings, such as loss, pain, sadness, anger and hopelessness.

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

- Using active listening by using "I" statements, such as, *"I hear you saying that..."* which lets the person see that you are listening and you care.

What to Say

If you believe the person is at risk for self-harm and you do not feel comfortable addressing the concern directly, tell the student you are concerned and you want to help him/her get the assistance they need by connecting them to someone with more expertise.

- **CSU Counseling Center:** 773-995-2383
- **Crisis Support Services:** 988

You can say something like the following: *"I can call the Counseling Center (or Crisis Support Services) for you, or you can make the call yourself, what would you prefer?"*, or you can offer to walk the student to the CSU Counseling Center.

If the student chooses to make the call, say: *"I'm glad you are doing this. Here is the number, I'll wait right here in case you need me."*

If you believe the student is at risk for self-harm, and you feel comfortable probing, ask directly the following questions (note: You want to ask these questions, but be sensitive and open to exploring each. It should not be an interrogation):

- *"Are you thinking of suicide?"*
- If yes, follow with: *"It sounds like you are in great pain, what is going on?"*
- *"Do you have a plan?"*
- *"Do you have the means to carry out the plan?"*
- *"Have you tried suicide before?"*

Signs of Distress

Repeated or excessive disruptions (hostile or antagonistic behaviors)	Inappropriate or exaggerated emotional responses to a given situation, including lack of emotional response to a stressful situation
Experiencing auditory and/or visual hallucinations (seeing or hearing things that others do not see or hear)	Homicidal ideations (thoughts, desires to hurt others)
Loss of contact with reality, including rambling or incoherent speech, laughter that is out of context, visual, tactile or auditory hallucinations	Intoxication/Under Influence of a Substance
Mania/Elevated Mood	Expresses bizarre beliefs and/or delusions
Threatens to damage property to or intentionally damages property	Significantly depressed mood
Suicidal Ideations	Student is without prescribed medication

Individuals in distress are often ready to receive intervention during a crisis. The responder may be able to take this as an opportunity to reach out to the person to help by connecting the individual to available resources such as: the CSU Counseling Center, veterans' resources, wellness center, faith-based supports and other community partners including those serving specific populations (e.g., LGBTQI).

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

Suicide Attempt in Progress

The nature of a suicide attempt varies, but in each scenario, it should be taken seriously as a threat to life. Questions 1-6 outlined in the Columbia Suicide Severity Rating Scale (C-CSSRS Screen) can be asked by any administrator, faculty, staff, campus police, peer, and residence hall staff.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

SUICIDE IDEATION DEFINITIONS AND PROMPTS	PAST MONTH
--	------------

Ask questions that are bolded and underlined		
1. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	YES	NO
2. <u>Have you actually had any thoughts of killing yourself?</u>	YES	NO

If YES to 2, ask questions 3, 4, 5, and 6. If No to 2, go directly to question 6.		
3. <u>Have you been thinking about how you might do this?</u> E.g. <i>“I thought about taking an overdosed 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.”</i>	YES	NO
4. <u>Have you had these thoughts and had some intention about how you might do this?</u> As opposed to <i>“I have the thoughts but I definitely will not do anything about them.”</i>	YES	NO
5. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan</u>	YES	NO
6. <u>Have you ever done anything, started to anything, or prepared to do anything to end your life?</u> Examples: <i>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 a roof but didn't jump; or actually took pills, tired to shoot yourself, cut yourself, tried to hand yourself, etc.</i> If yes, ask: <u>Was this within the past three months?</u>	YES	NO

Low Risk **Moderate Risk** **High Risk**

In all cases, discretion should be taken to protect the person's privacy while also providing assistance immediately. *Confidentiality does not apply in a situation in which a person's life is in danger.*

1. Call Campus Police Services: **775-995-2111** and **call 911** (since University Police Services are on campus, they may be able to respond more quickly).

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

2. Provide first aid if necessary.
3. Police will transport the person to the nearest emergency room and will notify the CSU Counseling Center of the situation.
4. In most cases, Jackson Park Hospital is the nearest hospital with an adult psychiatric unit.
5. Follow protocol for notifying emergency contact.
6. The Counseling Center will designate a counselor to follow-up with the student and will offer services to those impacted by the suicide attempt.

After Hours Crisis/Protocol

CSU staff, faculty, and residence hall staff may be able to assess the risk and determine the level of intervention and/or resources needed by following these steps.

In an Emergency	Non- Emergency
<ol style="list-style-type: none"> 1. The responder can utilize the Columbia-Suicide Severity Rating Scale to assess 2. When a student is presenting an imminent danger and/or access to lethal means, contact the Campus Police (773-995-2111). 3. Since University Police Services are on campus, they may be able to respond more quickly. 4. If the student has a concrete plan and means to carry it out or has done something that has the potential for death, respond immediately: call 911 and University Police Services 773-995-2111 (if you call 911 first, be sure to also call University Police Services as they are located on campus and may be able to respond more quickly). 5. Notify/Consult with the Dean of Students 6. Notify/Consult with Residence Hall Director if student resides on campus 7. Notify via email Director Counseling Center, CRSUB, Suite 190, counselingcenter@csu.edu 8. Notify/consult with Wellness Center when incident involves a medical concern 9. Notify/Consult with representative from Legal team/Title IV if applicable 10. Complete the Distressed Student Incident Report 11. The Dean of Students will make decision to contact families of suicidal or dangerous students unless the counselor involved has a previous relationship with the family. 12. If student threatens to cause harm to others, counselor to adhere to duty to warn. 13. Dean of Students will place student on the BAIT agenda for follow up. 	<p>If there is <i>not</i> an imminent danger, there are four options, depending on the level of concern:</p> <ol style="list-style-type: none"> 1. Contact the University Police Services (773-995-2111) to assess the situation and determine if immediate action is necessary. 2. University Police notify any additional campus officials as deemed appropriate. 3. Call the Crisis Call Center (988) to connect the distressed student with support right away. 4. Email the CSU Counseling Center at counselingcenter@csu.edu to request that a counselor follow up with you (<i>note: this will not happen until the next business day</i>). Counseling Center staff will collaborate with Office of Residence Life, Dean of Students, and the University Police, to determine the best course of follow up. 5. Complete the Distressed Student Incident Report form

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

Distressed Student Due to Alcohol and/or Substance Use

It is the policy of Chicago State University to comply with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act of 1989 and its amendments (DFSCA).

Chicago State University recognized that illegal or abusive use of alcohol and other drugs by members of the university community has a detrimental effect on the university's commitment to provide continual excellence in teaching, research, and education. Misuse of drugs by students, faculty and staff members poses hazards both to the individual involved and to the community. Students, faculty and staff share the responsibility for creating attitudes conducive to eliminating the abuse of alcohol and other drugs within the university community.

When a student is observed in a distressed state and it has been determined that the student is under the influence alcohol and/or a substance, the following steps are to be followed:

In an Emergency
<ul style="list-style-type: none">• When a student is observed in emotional and/or physical distress due to alcohol and/or drugs, contact the Campus Police (773-995-2111).• Since University Police Services are on campus, they may be able to respond more quickly.• If the student reports that they have ingested an excessive amount of alcohol and/or drugs (THC/cannabis, cocaine, hallucinogens, heroin) respond immediately: call 911 and University Police Services 773-995-2111 (if you call 911 first, be sure to also call University Police Services as they are located on campus and may be able to respond more quickly).• Notify/Consult with the Dean of Students• Notify/Consult with Residence Hall Director if student resides on campus; if the student resides on campus, their dorm space should be searched for alcohol/drugs by University Police and Residence Hall Director of staff.• Notify Director Counseling Center, CRSUB, Suite 190, counselingcenter@csu.edu• Notify/consult with Wellness Center when incident involves a medical concern• Notify/Consult with representative from Legal team/Title IV if applicable• Complete Distressed Student Incident Report form• Dean of Students will place student on the BAIT agenda for course of action, which may include mandated substance abuse treatment/counseling.

Hospitalization for At-Risk Students

Students experiencing psychological or emotional distress may exhibit behaviors that would be out of the ordinary for the student and/or considered socially inappropriate or strange. Use of drugs or alcohol may also mirror these symptoms and the distressed student will still benefit from intervention.

Behaviors may include:

- Repeated or excessive disruptions (hostile or antagonistic behaviors)
- Inappropriate or exaggerated emotional responses to a given situation, including lack of emotional response to a stressful situation
- Loss of contact with reality, including rambling or incoherent speech, laughter that is out of context, visual, tactile or auditory hallucinations
- Significant decline in academic performance
- Change in interaction patterns in the class
- Frequent attempts to obtaining postponement of tests or extensions on assignments that are due
- Previous suicide attempts
- Experiencing auditory and/or visual hallucinations (seeing or hearing things that others do not see or hear)
- Experiencing delusions (having false, fixed beliefs that conflict with reality)

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

- Experiencing manic symptoms (at least three of the following: insomnia, rapid speech, racing thoughts, being easily distracted, exaggerated sense of self-esteem, sudden desire to accomplish many tasks, sudden engagement in risky or dangerous activities)
- History of serious mental illness or previous psychiatric hospitalization
- Failed relationships
- Excessive sleeping
- Homicidal ideations (thoughts, desires to hurt others)
- Feelings of apathy or low motivation
- Significant appetite loss or gain
- Self-harming behaviors such as, but not limited to, cutting or burning oneself
- Substance abusing behaviors
- Student currently without food or shelter
- Immediate Medical Concern (medical emergency)
 - Illness or injury requiring immediate medical attention and may be life threatening if left untreated
 - Medical emergencies should be reported directly to Campus Police at 773.995.2111 or local emergency services by calling 911.

In addition, individuals who are in distress are at greater risk of suicide, especially when behaviors are new or have increased, often in response to a recent painful event, including loss or changes.

Counseling Center and Crisis Intervention

In managing cases where imminent danger to a student or someone else is an issue, Counseling Services staff will act to minimize the danger in consultation with their professional colleagues. Should center colleagues be unavailable, staff will seek professional consultation with other colleagues.

In keeping with professional codes and legal requirements, maintaining the safety of students and others takes precedence over maintaining the confidentiality of clients. Even so, in the event of a necessary disclosure of confidential information, only information vital to contributing to safety will be disclosed, and then only to persons in a position to make appropriate use of the information,

In most circumstances, the Dean of Students/Assistant Dean of Students and the families of significantly suicidal or dangerous student will be notified of the situation so they can provide support and help in making decisions about the student. The rationale for notifying or not notifying the families in these circumstances will be carefully documented in student's files. The Dean of Students will contact families or suicidal or dangerous students unless the counselor involved has a previous relationship with the family.

Careful and prompt documentation will be made of consultations secured and steps take to minimize danger. Counselors will follow the appropriate protocols of the University when a student has made a serious suicide threat of self-harm attempts.

Policy on Counseling Services for Imminent Danger to Others

A counselor will conduct an assessment for dangerousness and threat to others whenever a student expresses a desire to harm another person or persons. When a student is a risk for harm to others, but does not require hospitalization or police intervention, a safety plan is created as part of the treatment intervention. In the case when a counselor believes that a client is an imminent danger to harm another person or the property of another person, typically the Campus Police and the person in danger would be notified by the Counseling Center.

- Counseling Services staff often play an important role in assessing a student's danger to self or others. Such assessments may also be secured from qualified mental health professionals in the community, at the discretion of the Dean of Students involved or request of the student.

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

- Whatever the source of the assessment, its viability hinges on the student's active cooperative. A student who refused to come to Counseling Services, or who is not forthcoming with Counseling Services staff, effectively nullifies the possibility of a meaningful assessment.

Counseling Staff Procedures for Responding to Clients who are Suicidal or in Crisis

1. Assess level of risk
 - a. Follow the General Guidelines for Assessing Suicidal Potential
 - b. Is the client willing to work to maintain safety? Can other helpers – family, friends, counselor – be involved at this point?
2. If the client/student is willing to work to maintain safety and hospitalization is not necessary:
 - a. Discuss with client the appropriate follow-up. This could include but not limited to: check-in with counselor next day, follow-up with psychiatrist, utilize coping strategies and/or emergency services as needed
 - i. National Suicide Hotline (988)
 - b. Document what you did and what you did not do (and reasons for each) in client's file or a "non-client note" if you are not the assigned counselor or the student is not an official client of the counseling center
 - c. Complete an incident form
 - d. Communicate incident with appropriate internal staff:
 - i. Inform supervisor(s) and Director of Counseling
 - ii. Inform Dean of Students
3. If a client/student is suicidal, not able to keep one's self safe, and willing to be hospitalized voluntarily:
 - a. Consult with Director of Counseling Center, your supervisor, or an available senior staff member (in this order, if possible)
 - b. Contact University Police to let them know that a student needs to be escorted to the emergency room. You will be asked by CSU PD to answer a number of questions related to the client/student (name, ID) and the type of hospitalization expected (voluntary or involuntary)
 - c. Contact the Jackson Park Hospital Emergency Department Charge Nurse (773-947-7610) to alert them that the client/student will be arriving soon. Please provide the charge nurse with all the information in the client/student's file, so it will be available to the staff member who will assess the client/student.
 - d. Before the client/student leaves CSU Counseling Center:
 - i. Ask the client/student to sign releases/exchanges of information for the Jackson Park Hospital
 - ii. Ask if the client/student would like to sign a release/exchange of information allowing the Dean of Students' Office be contacted so they can begin the process of interacting with the academic side (contact professors and informing them that the student will not be attending classes due to medical leave). This is helpful but not a requirement. This release can be completed at a later time.
 - iii. Provide student with an overview of what will happen (e.g., "standard protocol in this type of situation is that you will be escorted to Jackson Park Hospital Emergency Room by ambulance or CSU police car. There you will be assessed by a mental health crisis worker and, most likely, admitted to the psychiatric unit. The usual stay is for 3 to 5 days.")
 - iv. Complete other helper released of information forms and /or contact other helper: psychiatrist, family members, partners, friends, etc.

Post-Crisis Follow Up

CSU Counseling Center Responsibilities

The Counseling Center will be notified of on and off-campus events and log the information into the secure counseling database. The Counseling Center will follow-up with law enforcement, mental health facilities,

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

emergency rooms, and other involved agencies to ensure CSU Counseling Center services are included in post-crisis care when appropriate.

The Counseling Center will assign a counselor to facilitate follow-up planning when a student returns to school following hospital referral for mental health concerns. Follow-up planning will include:

- A review of the academic impact of recommended interventions,
- Identification of campus resources and support services that may be of assistance to the student.

Academic Options for Leave

Circumstances reasonably beyond the control of the student, which causes the student to be unable to attend classes, complete the semester, or otherwise become academically delinquent, may be a consideration for several academic options.

Several factors should be considered in the decision-making process. The student and counselor will review assessment and recommendations, student's academic progress, and GPA. The student's perspective and understanding of the problem, and timely reintegration will be addressed.

Counselors can provide guidance and facilitate discussions.

Documentation to substantiate the student's claim requesting leave is required.

Requests are to be made in a timely fashion, when it first becomes evident that circumstances prevent a student from performing academically. Such circumstances include:

- An incapacitating illness or injury (e.g., psychological, medical) that prevents the student from returning to school for the remainder of the semester.
- Death of the student's spouse, child, parent or legal guardian.
- Other exceptional circumstances beyond the student's control.

Resources

Counseling Center

The CSU Counseling Center coordinates prevention, intervention and post-intervention services for students. The Counseling Center, located in CRSUB 190 and available during regular business hours, also provides consultation to faculty, staff and concerned others regarding how to assist a student who is displaying behavior that is raising concerns.

Faculty and staff in need of counseling services for themselves are referred through Human Resources to Employee Assistance Program (EAP).

Distressed students, and those concerned about a student, are encouraged to come to, or call the Counseling Center. In crisis situations, the Counseling Center receptionist will follow Counseling Center protocol to locate either an available counselor or the counselor on call. Please be certain to notify the receptionist that you have an emergency or crisis situation.

Consultations with counselors can happen in person, over the phone or via email. During consultation, a professional counselor will provide education and support to help the concerned others know what to do/say to their student in distress, and help them identify resources. At the counselors' discretion, the counselor may contact the student of concern to offer services and, ideally, schedule an appointment for an intake and evaluation regarding suicidal

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

ideation. In keeping with best practices, counselors log notes and contacts in a secure database and may bring cases to colleagues for professional consultation.

Strategies for a Referral to Counseling

- **Walk Student to the Counseling Center**
When possible, a phone call to Counseling (775-995-2383) should precede this action in order to notify the office and allow them to prepare to see and evaluate the student. If your concern is after hours, the Crisis Support Services at 988 will walk you through helping the student or talk to the student directly.
- **Call the Counseling Center and Consult Regarding What Action to Take (*either immediate or in the future*)**
When immediate action is anticipated, phone contact is best made openly, in the student's presence and with his/her consent. Call with any concerns. Your intuition is most likely correct and there probably is a problem.

Students cannot be mandated to receive a counseling intervention based only on the perception that the student is in distress or has a mental illness. The goals in working with a distressed student are to facilitate evaluation, to stabilize the emotional distress, and to provide support and tools to keep the student safe and out of the hospital.

Training

CSU's Counseling Center provides training to recognize and intervene with a person at risk of suicide. Trainings include awareness workshops such as Mental Health First Aid through the Get Inclusive online prevention and compliance training platform. All faculty, staff, administrators, residence hall staff, and campus police are required to complete the Mental Health First Aid training annually. All trainings are provided to members of the campus community at no cost.

CSU's Counseling Center encourages our campus community to participate in a FREE training opportunity, including the Columbia Lighthouse Project. The training is for those with or without mental health experience and trains persons to use the Columbia-Suicide Severity Rating Scale. The Columbia Lighthouse Project's mission is to light the way to ending suicide. There are several training options (interactive, prerecorded, live webinar, and in-person). Use the following link to access the training opportunities. <https://cssrs.columbia.edu/training/training-options/>

Office of Judicial Affairs

If a distressed student refuses contact with the Counseling Center and is behaving in a manner disruptive to the campus learning environment, a Student Conduct Incident report may be filed.

For more information see Student Code of Conduct – Article X: Student Policies and Procedures. The Dean of Students will determine the best course of action.

The Student Conduct Incident Report form is also available to anyone who is concerned for another person and is not comfortable with a direct intervention. If the behavior does not meet criteria for an emergency response, individuals may utilize the Student Conduct Incident Report form to file an incident report electronically.

Uncertain Whether it is an Emergency

Stay calm and assess the situation objectively and rationally. The person in crisis will be feeling anxious and uncertain and may lose perspective of the situation.

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

If you are reflecting on a situation that happened with a student and need input, please call the Counseling Center. It is not always an immediate recognition with the non-emergency situations, but putting the pieces together later may inspire you to reach out.

If there are questions, call the CSU Counseling Center (773-995-2383) for support for the person, and for yourself.

Identify Student Resources

If the student is not in immediate danger, offer to help them identify resources:

1. Provide the individual with the crisis support services number: **988**.
2. See CSU Counseling Center Resources and Referrals.
3. Ask the student what resources they may need to alleviate their distress. Focus on the person's personal supports and their willingness to get the help needed to feel better. If possible, write down the student's plan so they can share it with the counselor.
4. Walk the student over to the Counseling Center for an appointment or call the Counseling Center at **773-995-2383**.
5. Follow up with the student to help ensure care was sought and provided.

Additional Considerations

When counseling students in acute and/or suicidal distress, cultural differences need to be taken into consideration. Recommendations for identifying, approaching, and providing successful assistance to students include but are not limited to:

- Developing an understanding of cross-cultural resources and awareness of intercultural communication styles by enhancing or expanding training offered. Being aware and examine your own stereotypes and bias. It is crucial that counselors develop cultural competency skills in order to best serve students.
- Office of Global Engagement office is located in the CRSUB and is where a student can find resources for international students may have additional resources.

Mandated Services

In as much as genuine counseling requires voluntary engagement on the part of clients, mandated consoling is largely untenable. The Counseling Center is best positioned to engage students in treatment when students seek services voluntarily. Requiring a student to undergo counselling at the Counseling center can undermine the possibility that the will engage in productive treatment. A university official concerned about t a student often can find ways to encourage the student to seek services at the center voluntarily. The simple acts of meeting with a student, expressing genuine concern, requesting that the student consult with the center, and then arranging for a follow-up meeting to take place after the consultation at the Counseling center, frequently leaves a student poised to take full advantage of counseling services, while also leaving the university official reassured that the student is securing help.

- The Counseling Center does not provide services to students who are required to receive mental health treatment or assessment by a court of law. Students seeking such services will be referred to professionals in the community.
- The Counseling Center only accepts mandated assessment cases from the Dean of Students or as a result of a ruling by the Judicial Affairs.
- The Counseling Center only accepts mandated assessment cases for which the staff has the expertise and resources to offer competent assessment. An example for which the Counseling Center cannot provide competent assessment is one that requires expertise in forensic psychology. When the Counseling Center staff lack the necessary expertise or resources to offer competent assessment, staff members work with CSU Deans and/or the student to identify any viable community resources. Consultation with the Wellness

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

Center is also an option to assist in identifying a provider connected with the health insurance group covering students.

Mandated Assessment

There are instances when a mandated session for evaluation can be useful: first, because there are occasions when it is prudent to require otherwise unwilling students to undergo an assessment of their risk to hurt themselves; and second, because on occasion a mandated session can lead to genuinely voluntary counseling. Having stated this, it must also be empathized that mandated assessment should be considered a last resort. In fact, to the extent that the Counseling Center becomes perceived as a place where students are required to come for treatment, its central mission of providing voluntary services for students will fundamentally undermined.

When a student's behavior presents a possible or actual danger or threat to self or others, a mandated assessment may be appropriate. A mandated assessment at the Counseling Center is not a form of disciplinary action, but rather is an administrative procedure designed to safeguard the well-being of the student and campus community.

Listed below are examples of situations in which a mandated assessment at the Counseling Center may be appropriate. The following is not an all-inclusive list, and each situation will be evaluated on a case-by-case basis.

- Student exhibits signs of possible danger to self
- Writes a suicide note
- Expressed thoughts of suicide
- Engages in self-harming behavior (e.g. cuts or burns self, takes overdose)
- Students exhibits signs of being a danger to others
- Threatens others with violence
- Engages in stalking behavior
- Threatens damage to or intentionally damages property
- Student exhibits signs of possible eating disorder
 - Seems significantly underweight
 - Does not eat adequately
 - Spends many hours exercising
 - Induces vomiting
 - Despite evidence of problem, refuses assistance or referrals for treatment
- Student exhibits signs of possible mental illness (e.g. mania, hallucinations, severe depression, delusions)
- Seems incapable of taking care of basic needs (hygiene, grooming, eating, sleeping)
- Seems out of touch with reality
- Engages in bizarre behavior and/or expressing bizarre beliefs
- Experienced a significant trauma

Note: the university maintains separate procedures that apply to required assessments of students who exhibit problematic drug or alcohol use.

Procedure for Mandating an Assessment at the Counseling Center

- Only the Dean of Students/Assistant Dean of Students or their designee (in the event they are absent) are authorized to mandate a student assessment
- Other university officials, including deans from various colleges, faculty, and staff should work collaboratively with their officials if circumstances warrant a mandated assessment
- The university official who is considering a mandated assessment must consult with the Director of Counseling Center, or in their absence, with their designee before deciding to mandate an assessment
- Mandated assessments will be conducted by the Counseling Center and by a fully licensed clinician.
- Assessments may include a single, face-to-face, clinical interview, ranging 1-2 hours

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

- Upon a student's arrival for a mandated assessment, clinical staff will follow legal and professional guidelines in managing the assessment and maintaining confidentiality
- The clinical staff will request that the student sign a Release of Information to share general results of the assessment with the university official.
- If a student fails to cooperate during the mandated assessment, the Counseling Center will conduct the assessment based on the information that is otherwise available

Possible Outcomes of Mandated Assessments

- Additional evaluation beyond the center staff's expertise, clinical staff will refer student to (e.g. psychiatrist, psychologist, substance abuse provider), and university official will be notified
- Student presents an imminent danger to self or others; clinical staff will take action as appropriate (follow procedures outlined in distressed student protocol)
- If student does not present an imminent danger to self or others, clinical staff will notify university official who mandated the assessment that the assessment is complete, and, if appropriate, will offer the student voluntary counseling services and referrals to address the student's problems.

CSU Counseling Services

- Individual, group, couples, and family counseling offered
- Both virtual and in-person services available
- Life-skill workshops and focus groups
- Life Coaching
- Career Counseling
- Crisis Intervention
- Evening and Saturday hours
- Case management
- Consultation and Training for faculty and staff
- Web-Based Interventions – CSU has contracted with *TogetherAll* a computer-delivered mental health intervention to improve students' mental health outcomes. Web-based approaches may be an effective option for student with higher levels of internalized stigma around help-seeking. The CSU Counseling Center encourages combining web-based with face-to-face support for increased improvement in mental health outcomes for students.

CSU Counseling Center Standard of Care

- Counseling staff reviews each student's personal and family medical history for suicide risk factors
- We screen all students for suicidal ideation, using a brief, standardized, evidence-based screening tool – Ask Suicide Screening Questions (ASQ).
- The ASQ is reviewed with student before they leave the appointment or is discharged.

Actions for Students in an Acute Suicidal Crisis during an office visit

1. Keep students in a safe environment under one-on-one observation
2. Discuss with student that the Campus Police will be contacted to support them in the crisis.
3. Contact the Campus Police Department for assistance and request emergency assistance
4. Ask client to sign a release of information to allow communication with admitting hospital
5. Counselor/Therapist to complete the incident report form and document in client's file.

CHICAGO STATE UNIVERSITY DISTRESSED STUDENT PROTOCOL

Behavioral Assessment and Intervention Team (BAIT)

Chicago State University has established a Threat Assessment Team known as the Behavioral Assessment and Intervention Team (BAIT) to assist in addressing situations where students, faculty, or staff are displaying disruptive or threatening behaviors that could potentially impeded their own or others abilities to function successfully or safely. The process is designed to help identify persons whose behaviors could potentially endanger their own safety or the health and safety of others.

It is the responsibility of faculty, staff and students to immediately report any situation that could possibly result in harm o anyone at the University. Any member of the campus community may become aware of troubling behavior or situation that is causing serious anxiety, stress or fear and, if so, this information should be forwarded to the University Police or the BAIT hotline at 773.995.CSU1(2781). In cases where a person may pose an immediate risk of violence to self or others, the University Police should be contacted at 77.995.2111 or by dialing extension 2111 from any university telephone.

For the safety of the campus community and threat, explicit or implied, will be considered a statement of intent. The BAIT will recommend actions to the appropriate University administrator in order to protect the student, employee, and University community. The BAIT team has been established to:

- Respond to circumstances of violence, threatening behavior, unwanted pursuit or harassment;
- Investigate the situation and recommend appropriate actions including suspension, expulsion, termination of employment, filing of criminal charges, or ongoing monitoring for follow-up and observation of behavior patterns;
- Respond quickly to behavior indicating a student, faculty or staff member poses a risk to self or others;
- Identify resources for troubled students and personnel and make referrals to appropriate campus and off-campus agencies;
- Help secure therapeutic actions that are appropriate, such as treatment or counseling;
- Notify, within FERPA guidelines, parents guardians and /or next of kin;
- Initiate action to place a student/employee in the custody of a mental health facility capable of supporting specific behaviors
- Require internal or external psychological evaluations;
- Coordinate and assess information form faculty, administrators, students, and local authorities;
- Periodically assess outcomes of actions taken

The Behavioral Assessment and Intervention Team consists of University personnel with expertise in human resources/employee assistance, law enforcement/threat assessment/tactical applications, university operation, medical knowledge, and student affairs. A collaborative process to assess threats will be used and depending on the situation, personnel with areas of specialization/responsibility may be called upon to assist the Team. Other individuals may also be consulted as need such as a faculty member who has a concern about a student, a counseling psychologist to share expertise, and/or manager who has information concerning an employee.

The team will meet on an emergency basis as well as regularly to review reports brought forward by faculty, staff, and student concerning disruptive, inappropriate, and/or threatening behavior.