Trends & Needed Assessment Practices when Working with Suicidal College Students

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Yikes!!!!!
Suicide malpractice is the leading cause of legal action against all behavioral healthcare providers, regardless of discipline!

The Problems

- Malpractice Issues
  - 400 – 800% increase in last 10 years
  - Assessment Issues
  - Documentation Issues
  - Poor Follow Through
  - Poor Resources
  - Supervision / Collaboration

- Practice Issues
  - Scary
  - Burnout
  - Complexity & Intensity
  - Little Training

- Research Issues
  - Evolving Issues
  - Delay in Data / Literature
Who are college students and what do they want?

5 Features of Emerging Adults
(Arnold, 2000)

- Age of identity exploration.
- Age of instability.
- Age of self-focus.
- Age of feeling in between.
- Age of possibilities.

2017-2018
- 6 Suicides at Perry Local Schools, Perry, OH
- 17 Dead in Parkland, FL

2017, Las Vegas, NV
- 59 Dead, 500+ Injured

2016, Orlando, FL
- 49 Dead at Pulse Night Club

2015, Charleston, SC
- 9 Dead, 1 Injured

1999, Columbine, CO
- 15 Dead Columbine High School
- May 7th, 1999

4 Dead, 9 Injured
Suicide & College Students

- 2nd Leading Cause of Death in College Students
- About 1.4% of College Students Attempt Suicide Each Year
- Over 10,000 College Students Attempt Suicide Each Year
- 30% of Colleges Reports at Least One Suicide Attempt on Campus in the Past Year

2016 USA Suicide Statistics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Number</th>
<th>Per Day</th>
<th>Rate</th>
<th>% of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation</td>
<td>44,965</td>
<td>122.9</td>
<td>13.9</td>
<td>1.6</td>
</tr>
<tr>
<td>Males</td>
<td>34,727</td>
<td>94.9</td>
<td>21.8</td>
<td>2.5</td>
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<tr>
<td>Females</td>
<td>10,238</td>
<td>28.0</td>
<td>6.2</td>
<td>0.8</td>
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<tr>
<td>Whites</td>
<td>40,164</td>
<td>109.7</td>
<td>15.9</td>
<td>1.7</td>
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<tr>
<td>Non-Whites</td>
<td>4,801</td>
<td>13.1</td>
<td>6.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Black (African Am)</td>
<td>2,771</td>
<td>7.6</td>
<td>6.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Older Adults (65+)</td>
<td>8,204</td>
<td>22.4</td>
<td>16.7</td>
<td>0.4</td>
</tr>
<tr>
<td>Young (15-24)</td>
<td>5,723</td>
<td>15.6</td>
<td>13.2</td>
<td>17.6</td>
</tr>
<tr>
<td>Middle Aged (45-64)</td>
<td>16,186</td>
<td>44.3</td>
<td>19.2</td>
<td>3.0</td>
</tr>
</tbody>
</table>

2016 USA Suicide Statistics:

- Over 10 Year Increase in Rates!
- In every category!!
### 2016 USA Suicide Statistics: State Rankings

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Deaths</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alaska</td>
<td>193</td>
<td>26.0</td>
</tr>
<tr>
<td>2</td>
<td>Montana</td>
<td>267</td>
<td>25.6</td>
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<tr>
<td>3</td>
<td>Wyoming</td>
<td>144</td>
<td>24.6</td>
</tr>
<tr>
<td>4</td>
<td>New Mexico</td>
<td>471</td>
<td>22.6</td>
</tr>
<tr>
<td>5</td>
<td>Nevada</td>
<td>650</td>
<td>22.1</td>
</tr>
<tr>
<td>30</td>
<td>Ohio</td>
<td>1,707</td>
<td>14.7</td>
</tr>
<tr>
<td>32</td>
<td>Nation</td>
<td>44,965</td>
<td>13.9</td>
</tr>
<tr>
<td>49</td>
<td>New York</td>
<td>1,679</td>
<td>8.5</td>
</tr>
<tr>
<td>50</td>
<td>New Jersey</td>
<td>687</td>
<td>7.7</td>
</tr>
<tr>
<td>51</td>
<td>DC</td>
<td>40</td>
<td>5.9</td>
</tr>
</tbody>
</table>

### 2016 USA Suicide Method Data

- **Firearms**: 51.0%
- **Suffocation**: 25.9%
- **Poisoning**: 14.9%
- **Cutting**: 01.7%
- **Drowning**: 01.2%
- **Other**: 05.3%

*Explosive, train, fire, suicide machine, jumping, etc.*

The internet is a place for resources!
Approximately 31% of college students have seriously considered suicide!

Emerging Concerns / Trends Coming into College

- **LGB Youth**
  - 29.4% attempted suicide compared to 6.4% of hetero. youth

- **Experience Sexual Abuse**
  - 5-14 time greater risk of suicide

- **Bullying**
  - Victims are 2 to 9 times more likely to consider suicide than non-victims. At least half of suicides among young people are related to bullying

- **Psychiatric Disorders**
  - 90% of all suicide deaths had a psychiatric disorder

Specific Suicide Risk Factors in College Students

- Being a burden on family & friends
- Financial problems
- Interpersonal difficulties
- Limited access to health care
- Stigma of seeking mental health care
- Academic stress
- Issues with Emerging Adulthood
Emerging College Student Concerns / Trends Related to Suicide

- Sleep Problems
- Caffeine
- Sexual Problem
- Anxiety
- Perfectionism
- Overprotection

Protective Factors Specifically for College Students

- Good amount of networks and support.
  - Resident advisors, faculty, academic advisors, coaches, friends, religious directors, organizations on campus, etc.
- Many schools have no or little fees for counseling services.
- Connectedness to the school community
- Plans for the future
- Personal spirituality / religion
- Physical activity
- Resilience and problem solving

Steps in Working with Suicidality

- Step 1: Safety
  - Immediate Safety
  - Safe Office
  - Containment Strategy
- Step 2: Set the Tone
  - Empathy
  - No Freak Out
  - Suicide is the Focus
  - Collaboration
- Step 3: Work with Coping & Feelings
  - Catharsis is ok
  - Psychoeducation
- Step 4: Assessment
- Step 5: Discuss Alternatives
  - Resource Tree
- Step 6: Develop Suicide Specific Tx Plan
- Step 7: Follow Up
- Step 8: Postvention Care
  - Documentation, Supervision, etc.
  - Policy on Postvention care
Risk Model of Suicidal Ideation

- **Lowest Risk**
  - No Thoughts of Death

- **Low Risk**
  - Thoughts of Death w/o Thoughts of Suicide

- **Moderate Risk**
  - Suicidal Thoughts w/o Specific Method

- **High Risk**
  - Suicidal Thoughts with Specific Method

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When it is Required to Assess for Suicide

- **When Supervisor Says So**
- **Takes about Suicide**
- **Change in Mood**
- **Intake**
- **Termination**
- **Tx Planning / IEP**

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Lethality Terms

*There is no such thing as “No Lethality”*

- **LOW**
  - No suicide behaviors or risk factors

- **LOW MEDIUM**
  - Some fleeting suicidality

- **MEDIUM**
  - Some suicidal will be beyond 72 hrs.

- **MEDIUM HIGH**
  - Will die within 72 hrs.

- **HIGH**
  - Currently attempting
22

23

24
SIMPLE STEPS Large Scale Analysis

- Calls to Suicide Prevention Hotline (2008-2018)
- N = 71,982 Total Contact Sheets Reviewed
- Scrubbed / Eliminated:
  - 3rd Party Calls
  - Duplicate Calls & Repeat Callers
  - Prank Calls
  - Errors in Hand Coding, Calls w/ missing Data
- Total Scrubbed / Usable N = 28,283
- Ages 8-89, Mean Age 32.17, SD = 14.63

SIMPLE STEPS ANALYSIS

Overall Data (2008-2018) Model Summary

- N: 28,283
- r: .804
- r²: .646
- Adjusted r²: .645
- Standard Error of the Estimate: .605
- R² Change: .646
- F Change: 3735.597
- Predictors: (Constant) SIMPLE STEPS, Means
- Dependent Variable: Lethality Assessment

SIMPLE STEPS College Age Analysis

- Calls to Suicide Prevention Hotline (2008-2018)
- N = 71,982 Total Contact Sheets Reviewed
- Scrubbed / Eliminated:
  - 3rd Party Calls
  - Duplicate Calls & Repeat Callers
  - Prank Calls
  - Errors in Hand Coding, Calls w/ missing Data
- Total Scrubbed / Usable N = 28,283
- College Age Scrubbed / Usable N = 5,414
SIMPLE STEPS Analysis
College Age Students Model Summary (N = 5,414)

- R: .783
- R²: .631
- Adjusted R²: .612
- Std. Error of the Estimate: .624
- Predictors: (Constant) SIMPLE STEPS, Means
- Dep. Variable: Lethality Assessment

College Age Data: Comparison of Adjusted R² Regression by Age (2008-2018)

<table>
<thead>
<tr>
<th>Age</th>
<th>PIMP</th>
<th>PLAID</th>
<th>SIMPLE STEPS</th>
<th>N</th>
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<tbody>
<tr>
<td>18</td>
<td>.261</td>
<td>.279</td>
<td>.615</td>
<td>947</td>
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<tr>
<td>19</td>
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<td>20</td>
<td>.326</td>
<td>.359</td>
<td>.667</td>
<td>1,114</td>
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<tr>
<td>21</td>
<td>.312</td>
<td>.355</td>
<td>.629</td>
<td>895</td>
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<tr>
<td>22</td>
<td>.355</td>
<td>.423</td>
<td>.648</td>
<td>813</td>
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<tr>
<td>23</td>
<td>.339</td>
<td>.415</td>
<td>.620</td>
<td>684</td>
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College Age Data (2008-2018) Comparison of Adjusted R² Regression by Year (N = 5,414)

<table>
<thead>
<tr>
<th>Year</th>
<th>PIMP</th>
<th>PLAID</th>
<th>SIMPLE STEPS</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
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<td>.377</td>
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<td>2009</td>
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<tr>
<td>2010</td>
<td>.338</td>
<td>.384</td>
<td>.649</td>
<td>316</td>
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<tr>
<td>2011</td>
<td>.325</td>
<td>.381</td>
<td>.612</td>
<td>421</td>
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<tr>
<td>2012</td>
<td>.330</td>
<td>.388</td>
<td>.622</td>
<td>390</td>
</tr>
<tr>
<td>2013</td>
<td>.360</td>
<td>.387</td>
<td>.626</td>
<td>559</td>
</tr>
<tr>
<td>2014</td>
<td>.318</td>
<td>.322</td>
<td>.630</td>
<td>494</td>
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<td>2015</td>
<td>.355</td>
<td>.357</td>
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<td>568</td>
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<td>2016</td>
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<tr>
<td>2017</td>
<td>.315</td>
<td>.351</td>
<td>.639</td>
<td>624</td>
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<tr>
<td>2018</td>
<td>.336</td>
<td>.360</td>
<td>.654</td>
<td>659</td>
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</tbody>
</table>
**SIMPLE STEPS Model**

- Suicidal?
  - Suicide Intent
- Ideation
- Thought Process
- Method
  - Means & Plan
- Perturbation
  - Degree of Emotional Pain
- Loss
  - Experienced & Perceived
- Earlier Attempts

- Substance Use
  - Use & Med Compliance
- Troubleshooting
  - Problem Solving Abilities
- Cognitive Constriction
- Emotion / Diagnosis
  - Key Emotions & Dx
- Protective Factors
  - Also good for Treatment
- Stressors & Life Events
  - Current & Past Stressors

**Resource Tree**

<table>
<thead>
<tr>
<th>Self</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Note</td>
</tr>
<tr>
<td>Resource</td>
<td>Contact Info.</td>
</tr>
</tbody>
</table>

**Emotions**

- Hopelessness
- Helplessness
- Worthlessness
- Loneliness
- Depression
- Anxiety
- Agitation

**Diagnoses**

- Mood Disorders
- Anxiety Disorder
- Schizophrenia
- Substance Use Disorder
- Eating Disorder
- Body Dysmorphic Disorder
- Conduct Disorder
- Cluster B Personality Disorder
- C0-Morbidity
Lethality Terms w/ SIMPLE STEPS

There is no such thing as “No Lethality”

LOW
- No suicide behaviors or risk factors
- Very few if any
- SIMPLE STEPS
- No supervision required
- Assess again at next required time
- Integrate SIMPLE STEPS into Tx Planning

LOW - MODERATE
- Some fleeting suicidality
- Very few SIMPLE STEPS
- No supervision required
- Follow up & assess at next appointment
- Integrate SIMPLE STEPS into Tx Planning

MODERATE
- Has suicidality but will live beyond 72 hrs.
- Several SIMPLE STEPS
- Supervision / Monitoring needed
- Follow up & assess at next appointment
- Integrate SIMPLE STEPS into Tx Planning

MODERATE - HIGH
- Will die within 72 hrs.
- Multiple / Severe SIMPLE STEPS
- Hospitalization required
- Follow up & assess at next appointment
- Integrate SIMPLE STEPS into Tx Planning

HIGH
- Currently attempting
- Will not live w/o intervention
- 911
- Follow up & assess at next appointment
- Integrate SIMPLE STEPS into Tx Planning

Campus Initiatives: Outreach
- Large scale anti-stigma campaigns for students, faculty, and staff
- Student led initiatives and programs are effective and heard
- Syllabi statements on mental health and suicide
- Electronic resources – apps, websites, etc.
- Print materials – brochures, hotline magnets, etc.
- Off campus materials

Campus Initiatives: Education
- Gatekeeper training for all
- Suicide prevention education workshops for campus groups
- Training for local hotlines
- Specific suicide training for the students in mental health programs
- Specific suicide training for the students in education and higher education
- Postvention Practices for those who have been impacted by a suicide
The faculty and staff at Kent State University want to promote health, happiness, and healthy coping. However, we realize that being a student alone creates difficulties. A recent survey by the American College Health Association found that stress, sleep problems, anxiety, depression, interpersonal concerns, death of significant others, and alcohol use are the top ten impediments to academic performance.

Students who might be experiencing difficulty with stress, crises, handing emotions, or coping are encouraged to contact The Counseling Center KSU at 330-672-2208 (325 White Hall, the corner of Main and Terrace Drive) or University Health Services at 330-672-2322 (1500 Eastway Drive) for assistance and support.

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