Overview

Thank you for supporting suicide prevention efforts by promoting student training with At-Risk for College Students. After students have completed the course individually, it is beneficial to gather them and elicit a discussion around the content covered. This guide was designed by Kognito and UW-Madison University Health Services to help you facilitate that conversation.

A group discussion allows for a collaborative and reflective exchange of issues, concerns, and problems posed by the training, drawing from each participant’s experience. The objective of the dialogue should be to confront any remaining confusion around approaching and referring friends that you believe might be at risk.

Experiences with the program will vary from user to user due to the choices available in the simulated conversations. For example, students may have embarked on completely different conversational paths with the same fictional student. As a result, it can be expected that students will express not only a variety of opinions, but also report variability with experiences.

Used as either a springboard or a roadmap, this document seeks to provide some guidance on how to best utilize students’ experiences and to facilitate an engaging, valuable group discussion. The discussion should emphasize the three major concepts presented in the training: Recognize, Respond, & Refer. Note that the group discussion can take many forms, and you may want to stray from this guide and follow the interests and experiences of the participants; this is an acceptable and equally valuable approach to enhancing the impact of the training.

This discussion should take about one hour. The discussion can occur immediately after training (for example, with a computer lab set-up and all participants completing the training together), or at a later date.

Preparation and Tips

Because At-Risk deals with sensitive subjects relating to mental health, it is necessary to prepare for discussion ahead of time to ensure the safety and comfort of participants. This guide gives tips to help you facilitate a safe and effective discussion. For more information, review the University Health Services guide “Let’s Talk About Suicide”.

Consider the format and logistics
- Ensure the conversation occurs in a place where everyone feels comfortable and safe.
- Allow enough time for the discussion with room for questions at the end.
- If possible, have at least two facilitators or support staff in the room in case a participant needs to step out. There should be someone available to check in with them.

Give advance notice and be clear about expectations
- Set ground rules and expectations before the discussion starts. Examples of ground rules include: Whatever is said here stays here, no using real names when discussing a situation with a peer, being respectful of other’s opinions, answers, and experiences, etc.
- Consider and research cultural barriers that may hinder the discussion and prepare for them.

Use an experienced facilitator who is appropriate for the audience
- Ensure that whoever is facilitating the discussion has credibility with the target group, is comfortable talking about mental health, and can manage challenging comments or emotional responses.
- Consider inviting local mental health professionals, such as school or university counselors, community health staff, or relevant cultural leaders to be part of the discussion.
Handle the discussion sensitively and focus on increasing knowledge and skills

- It is important not to push people to talk or participate when they would prefer not to.
- Address any myths or misconceptions about mental health or suicide that are raised.
- Use an optimistic tone, highlighting people’s strengths and emphasizing help-seeking.
- Focus on how students can contribute to suicide prevention and the knowledge they need.
- Messages that can be built on and reinforced over time are more effective than single sessions. Think about providing follow-up sessions or multiple opportunities to get further information.

Choose language carefully

- Certain ways of talking about suicide can alienate members of the community or inadvertently contribute to suicide being presented as a glamorous, ideal or common option for dealing with problems.
- Avoid judgmental phrases. Do not place any moral judgments on the act of suicide.
- Sometimes language can be misinterpreted especially across different cultural groups. Be mindful of the cultural aspects of language.

<table>
<thead>
<tr>
<th>Do say</th>
<th>Don’t say</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘non-fatal’ or ‘made an attempt on his/her life’</td>
<td>‘unsuccessful suicide’</td>
<td>So as to not normalize or glamorize a suicide attempt</td>
</tr>
<tr>
<td>‘took their own life’ or ‘ended their own life’</td>
<td>‘successful suicide’ or ‘completed suicide’</td>
<td>So as to not present suicide as a desired outcome</td>
</tr>
<tr>
<td>‘died by suicide’ or ‘deaths by suicide’</td>
<td>‘committed’ or ‘commit suicide’</td>
<td>So as to avoid the association between suicide and ‘crime’ or ‘sin’</td>
</tr>
<tr>
<td>‘concerning rates of suicide’ or ‘number of deaths’</td>
<td>‘suicide epidemic’</td>
<td>To avoid sensationalism and inaccuracy</td>
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</tbody>
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Preparation Checklist

- Facilitator Training: You’ve taken the At-Risk training and are familiar with its contents.
- Participant Training: Participants can take the online training immediately prior to discussion (in a computer lab setting using headphones) or on their own prior to attending the discussion.
- Location: Consider choosing a location you feel is most conducive for a group discussion.
- Resources: Be familiar with the resources on campus and/or print out copies of the Local Resources PDF.
- Review: Read over the rest of this guide so you can be familiar with the questions you’ll be asking the group and understand what sort of questions and concerns may arise during discussion.
- Time: You’ve allowed ample time for discussion and questions.
- Rules and support: You’ve set ground rules and are prepared to handle potential emotional responses.
- (Recommended) Facilitator preparation: You’ve reviewed the tips outlined in Let’s Talk About Suicide and/or have contacted a mental health professional to help lead the discussion.
Discussion Questions: Recognize

Let’s start by looking at how to notice when a friend needs help. As you saw in student profiles of Jesse’s friends, there are some important signs of distress to become familiar with.

Before we move ahead we should address this term – “distress” – that is used in the course. “Distress” is used broadly to suggest causes for concern. Signs of distress could include seeming overly anxious or stressed, being sad or depressed for a long time, thinking about suicide, intentional self-harm, issues around food and eating, and excessive alcohol or drug use.

What is most important is that you know what to look for, how to talk to a friend you’re worried about, and where to refer for more help.

**Question:** Out of Jesse’s friends, Travis was the one who caused Jesse the highest concern. Do you agree that Travis’s behavior was the most worrisome, and why or why not?

**Question:** What behaviors made you want to initiate a conversation with Travis, or any of Jesse’s other friends? Alternate: If you had been able to initiate a conversation with one of Jesse’s other friends, how would you have initiated that talk?

**Question:** Do the signs of concern you saw in Jesse’s friends remind you of issues you have seen before?

**Question:** Do you think it’s easier or more difficult to notice extreme changes in the behavior of your closest friends? Do you think that as a friend it is your responsibility to notice worrisome changes? Why or why not?

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**Talking Points:**

- Most people experiencing distress will show outward signs. However, these may not always be clear, they will vary from person to person, and some individuals might not show any obvious signs at all. What’s important is to look out for is significant changes in behavior over time.
- Even though Jesse was the student that At-Risk deemed the highest concern, Jesse’s other friends exhibited signs relating to concerns such as disordered eating, dating violence and stalking, and alcohol abuse. It is important to check in on any friend you are concerned about – no matter what they are struggling with.
- While no one is “responsible” for the health of their peers, we encourage all students to look out for signs of distress in one another. By looking out for one another, students can support a safe and healthy campus community.

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**Warning Signs of Suicide**

**Academic**
- Excessive absences or tardiness
- Repeated requests for special consideration
- Disruptive or avoidant behavior
- Exaggerated emotional response that is inappropriate for the situation
- Problems with peers, faculty, staff, or family members

**Changes in Behavior/Appearance**
- Depressed or lethargic mood
- Hyperactive mood or speech
- Tired appearance
- Change in personal hygiene or dress
- Dramatic weight gain or loss
- Strange behavior indicating a loss of contact with reality
- Increased use of alcohol or drugs

**Suicidal/Homicidal References**
- Verbal or written references to suicide or death
- Overt references to or threats of suicide or homicide
- Talking about being a burden
- Feelings of hopelessness
- Seeking out things that could be used in a suicide attempt, such as weapons and drugs
Discussion Questions: Respond

The second skill that was practiced was talking to a friend you are worried about. First, you should pick a time and place where you have privacy, and do your best to approach your friend without making him or her feel defensive.

**Question:** Have you ever had a friend for whom you had concerns and decided not to approach? If so, can you share why?

**Question:** In the course you reviewed several tips for bringing up sensitive topics with friends. Which seem easy and which ones seem harder for you?

**Answers:** Using “I” statements to soften your sentences, asking about specific, observable behaviors, avoid making judgements, avoid using negative labels, and avoid giving advice.

**Question:** If you have had concerns about a friend in the past and approached them, what worked well for you? How did you decide to approach him or her? What happened? Would you approach the situation differently after participating in the course?

**Question:** Are there particular kinds of challenges that are more difficult for you to bring up with a friend? Describe the scenarios you would find most challenging and those you might find less so.

### Quick Dos and Don’ts

**DO:**
- Talk in private
- Listen to and acknowledge their feelings.
- Be sympathetic, non-judgmental, patient, and accepting.
- Offer hope. Let them know you care.
- Ask directly about them.

**DON’T:**
- Argue with them.
- Minimize their problems.
- Promise confidentiality.
- Offer ways to fix their problems, give advice, or make them feel like they have to justify their feelings.
- Act shocked or place moral judgements on suicide
- Blame yourself.

### Talking Points:

- Responding to someone in distress is often the most intimidating step, but also the most important. Even if you are unsure, taking action is always the best choice. Remember, it’s not about saying exactly the right words. What’s key is showing that you care, and demonstrating that you are available to listen and support them.
- If you believe a student is at risk for suicide, ask directly. Many people believe that talking about suicide will put the idea in someone’s head, but research shows this is not true. Asking directly shows that you are ready to listen to their feelings and support them through anything.
- Do not be sworn to secrecy. You need to make sure you feel comfortable reaching out for help if necessary. Feel free to consult with the UHS Mental Health Crisis Line (608-265-5600 - option 9), and if your friend is in immediate danger, call 911 or get them to the nearest emergency room.
Discussion Questions: Refer

The third skill discussed in At-Risk is knowing where to go for help. Before having a conversation with a peer, be familiar with available resources so you can explain the services they offer and what to expect. Emphasize that help is available and effective.

Remember: If you think the student is at risk for suicide, get help immediately. Call 911 or walk them to the nearest emergency room.

Question: How do you decide if you think a friend’s issues are too great to be handled on his or her own?

Question: How comfortable are you suggesting your friend see a counselor? What should you keep in mind when expressing your concern?

Question: How comfortable would you be walking with your friend to the counseling center? What other approaches could you take?

Question: Do you know what the mental health resources available at your school are? In what situations would you refer a student to different resources?

Talking Points:

- It may be easier for your friend to accept help if you offer to support them through it. Offer to accompany the student to the counseling center, call a crisis line together, make an appointment for them, etc.
- Do not attempt to trick or manipulate someone into counseling. Except in dangerous emergencies, the decision whether or not to accept a referral to counseling is the individual’s.
- If the student is at acute suicide risk (talking about wanting to kill themselves or saying they wish they were dead, talking about a suicide plan, capable of accessing lethal means), call 911. Never leave a suicidal person alone. Remove any means that the student could use to harm themselves or others such as weapons or medications.
- If needed, get an additional person to support you. Do not be afraid to ask for help. If you are ever unsure what to do, feel free to consult the UHS 24-hour Crisis Line: 608-263-5700, option 9

UHS Quick Facts

University Health Services (UHS) offers free mental health services to all enrolled students.

UHS is located at 333 East Campus Mall on the 7th floor. Students may recognize this as in the same building as the Student Activity Center.

UHS is open Monday-Friday from 8:30am to 5:00pm (Wednesday's 9:00am – 5:00pm).

UHS offer's 24-hour crisis services. Just call 608-265-5600 and select option 9.

During business hours, in-person crisis appointments or telephone consultation are available every weekday if needed.

After business hours, 24-hr crisis support is available. This includes weekends, holidays, semester breaks, and all summer long!

Crisis consultation is also available to anyone who is concerned about an enrolled student.
Wrapping Up

Now that you’ve facilitated a discussion of the concepts in the training, it’s time to bring the discussion to an end and address any lingering questions or concerns students might have.

This is also a good opportunity to allow them to briefly share what they most gained from the training and how it connects to their real-lives.

**Question:** Do you feel confident in your abilities to know when a friend needs help, talk to him or her, and help connect them to outside help if needed?

**Question:** Is there anything else that would help you feel more confident in your abilities to talk to friends in distress?

**Question:** If you had to state one thing you took away from this experience, what would it be?

Summary

You’ve all probably known someone who, at one point in time, has experienced some kind of distress. Anxiety, depression, drug use, and eating concerns are all issues impacting college students nationwide. You can make a great impact by paying attention to your friends’ behavior, especially changes in behavior. As a student, you are also in a unique position to address these concerns, as you’re usually one of the first ones to notice that something’s wrong. You might also be one of the first people that a peer would turn to.

Knowing how to recognize signs of distress, respond to a friend you think might be experiencing distress, and refer to additional help when it’s needed, are invaluable skills that can make a huge difference for someone you care about. Every Badger can support a safe and healthy campus community by looking out for their peers.

More Information

If you want more information about suicide prevention on campus or the resources available, visit the UHS Suicide Prevention Website at www.uhs.wisc.edu/umatter or email suicideprevention@uhs.wisc.edu.