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Suicide Intervention and Postvention on US College Campuses

In a large survey (N = 15,977) conducted by the American College Health Association on 28 college campuses (Kisch, Leino, & Silverman, 2005), 1.5% of college students reported having made suicide attempts within the past school year, and 9.5% expressed serious suicidal ideations. These alarming statistics suggest that suicide is a serious concern on college campuses, and University Counseling Centers (UCCs) play an important role in conducting suicide intervention and postvention with college students.

Some UCCs have reported efforts in systematically screening and identifying high-risk students through gate-keeping programs (e.g., “Question, Persuade, Refer”) or web-based screening programs run by health professionals (Haas, Hendin, & Mann, 2003). Other UCCs rely on mandatory assessment policies that require students who attempt or threaten suicide to attend a certain number of assessment sessions (Joffe, 2007). Many different types of therapeutic postvention with survivors of suicide deaths may be implemented, such as counseling, community support meetings, critical incident stress debriefing, and psychoeducation (Granello & Granello, 2007). During suicide intervention and postvention, a myriad of challenges may arise, including lack of training, ethical dilemmas, therapist burn-out, difficulty of coordinating care across various university services, and lacking the necessary resources to deal with suicidal students (e.g., Debski et al., 2007).

However, there is a dearth of systematic research on campus-wide crisis intervention and postvention programs offered by UCCs (Neimeyer, 2000; Silverman, 2005; Westefeld et al., 2000). We need to understand the factors that influence UCCs’ approaches to conduct various suicide intervention and postvention programs, as well as any challenges faced by counseling psychologists in dealing with suicidal clients. Therefore, the purpose of this study is to investigate UCC directors’ experiences with suicide intervention and postvention, as well as the challenges for providing such programs. Findings from this study will have significant implications for future research, practice, and policies regarding campus suicide. The phenomenological qualitative research method (Wertz, 2005) was used for this study because it provides a rigorous procedure in generating a rich description of the phenomenon of interest by using a discovery-oriented and participant-centered approach (e.g., interviews).

Method

A criterion-based sampling technique was utilized to recruit the participants for the purpose of this study. All UCC directors were sent an email invitation to participate in the study. Participants included 30 individuals (15 males, 15 females) with advanced degrees in counseling, clinical, or general psychology, nursing, social work, or education. Participants had been working at their respective centers between 2 to 34 years and came from universities spanning the U.S. with a mix of commuter and non-commuter campuses (16 state and 14 private universities).

Semistructured interviews were conducted with UCC directors over the phone. Each interview was audiotaped and was about 1.5 to 2.5 hours long. The interview protocol was initially generated from the existing literature, then reviewed by the main research team, and subsequently piloted with one UCC director. All of the interviews were transcribed verbatim.
The phenomenological approach is used to analyze and present the data. In-depth data analyses were conducted by two researchers and audited by a counseling psychologist. The researchers “bracketed” (i.e., set aside) their assumptions and judgments about the phenomenon and documented these presuppositions in their memos. Specifically, the analysis procedure consists of the following steps: (a) careful readings of the transcriptions to get a sense of the “whole”; (b) coding data into meaning units within each interview; (c) conducting a cross-analysis by verifying the consistent themes across cases; (d) defining the main themes (Wertz, 2005).

Results and Discussion

Findings suggest three factors appear to affect suicide intervention, including: (a) type and severity of suicide attempts, (b) campus size, (c) collaborative relationships with other campus offices (e.g., Residential Life and Campus Ministry), and (d) counselors’ attitudes toward intervention, while three factors affect suicide postvention: (a) victim factors, (b) cultural factors, (c) philosophical approach. For example, participants noted that small campus sizes allowed the advantage of quickly identifying at-risk students. Also, it is helpful to have counselor or psychologist who shares the same cultural background as the victims to conduct the postvention; that person may help bridge any cultural gap or overcome linguistic barriers when contacting friends or family of the victims.

Further, participants encountered various challenges during suicide intervention. In addition to the ones identified in the literature (i.e., ethical dilemmas, counselor burn-out, difficulty of coordinating care, and lack of training, personnel, and financial resources; e.g., Debski et al., 2007), several other challenges also exist. For example, suicidal students taken from university campuses to an emergency room are often discharged immediately or within hours after arrival. Some UCCs lacked well-established relationships with local hospitals or standard procedures for such referrals. Also, UCCs directors reported considerable difficulty in dealing with passive suicide attempts. The staff members sometimes experienced the “hero” response or grew lax in risk assessment if suicide has not occurred on their campus for some time. Participants also identified a myriad of challenges related to policies: (a) lack of insurance for all students on campus, (b) no good policy in place to deal with suicides of international students who were identified as a high-risk population, and (c) students’ misuse of the withdrawal policy (i.e., using suicide threats as a way to get out of a bad semester with no academic repercussions).

There were also challenges during the postvention process following a suicide attempt: (a) cultural stigma of suicide in specific religions or regions that hinders the grief process, (b) difficulty with finding translators to communicate with international students and their families, (c) difficulty with finding those who might be affected by the suicides, (d) no postvention response policy in place, and (e) the lag in releasing information to students on campus.

The results of this study would benefit both counselors and psychologists who work with the college student population. The findings can help us recognize the challenges experienced by UCCs in providing suicide intervention and postvention, as well as specific factors that influence their approaches. The complete findings with quotes from participants and implications for this study for future research and practice will be presented at the convention.