

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF BEHAVIOR CHANGES/UNUSUAL BEHAVIOR

Authorized non-health staff may manage changes in behavior or unusual behavior as follows:

WHAT TO DO FIRST

If Behavior is Obviously Dangerous or Threatening to Self/Others

1. If the student is agitated or their behavior cannot be managed (due to risk of harm to self/others), take steps to ensure your safety and the student's safety. For example, make sure that others are around, that you have access to a telephone, and can exit the room or area if needed. Do not leave the student unsupervised. If you must keep your distance, always keep an eye on the student. **Contact center security for assistance or follow your center operating procedures (COP) for Mental Health Emergencies. Alert the health and wellness director (HWD).**
2. If the student expresses **thoughts** of harm to self or has made any suicidal gesture, follow the [Suicidal Self-Directed Violence Symptomatic Management Guideline \(SMG\)](#). **Alert the HWD. Do not leave the student alone.**

If Behavior is Not Dangerous, Just Strange or Unusual

1. Move the student to a private, supportive space where you can assess the student's symptoms and behaviors and where the student will feel safe to talk. **Alert the HWD.**
2. Give the student as much personal space and sense of control as possible.
3. Take steps to avoid engaging in behaviors that the student may perceive as threatening. For example, allow the student to have adequate personal space and avoid situations where the student may feel trapped or blocked from leaving the area.
4. Avoid offering advice, lecturing, or trying to "fix" the situation. Listening in a concerned way is the most helpful thing you can do to calm and comfort a student.
5. Speak clearly and use short sentences in a calm tone of voice and without judgment. **Ask the 6 yes/no screening questions for Behavior Changes/Unusual Behavior on the last page.**
6. If the student is willing to talk, allow the student to express their current feelings and concerns. Acknowledge the student's feelings. For example, ***"I can see you're having a hard time right now"*** or ***"I can see how that could be upsetting."***
7. In a supportive and concerned way, share your observations and concerns with the student. If it is during normal business hours, explain to the student that you would like for them to go with you to

Examples

- Student's **thoughts** are odd, jumbled, strange or "crazy."
- Student expresses **ideas** that do not seem to match reality such as:
 - "My instructor/RA/roommate is trying to poison me."
 - "The cell phone towers are broadcasting my thoughts before I think them."
 - "Billie Eilish was talking directly to me and telling me what to do in her song."
 - "I got a Victory Royale in Fortnite and that was a sign that I'm the Chosen One for this world."
- Student's **facial expressions** do not match their conversation and mood (for example, they are laughing while talking about their best friend's recent death)
- Student appears **unable to move or looks to be in a trance** without an obvious physical injury and does not respond to their name or repeated verbal commands

the health and wellness center (HWC). **Alert the HWD and share the information that you gathered from talking to the student.** If the student is willing to go to the HWC, seek assistance from appropriate staff to escort the student to the HWC. If it is after hours or on the weekend, contact on-call health and wellness staff and follow instructions from on-call health staff, which may include transportation to the closest emergency facility. **Do not leave the student alone.**

8. If the student is not willing to answer questions or go to the HWC, ask the student if they would be willing to talk with the center mental health consultant (CMHC) (if available) or if there is a trusted staff member who could provide support, then determine if that staff member is available to come assist. **Alert the HWD. Contact center security for standby assistance or follow your COP for Mental Health Emergencies.** If it is after hours or on the weekend, contact on-call health and wellness staff and follow instructions from on-call health staff, which may include transportation to the closest emergency facility. **Do not leave the student alone.**

Additional Considerations

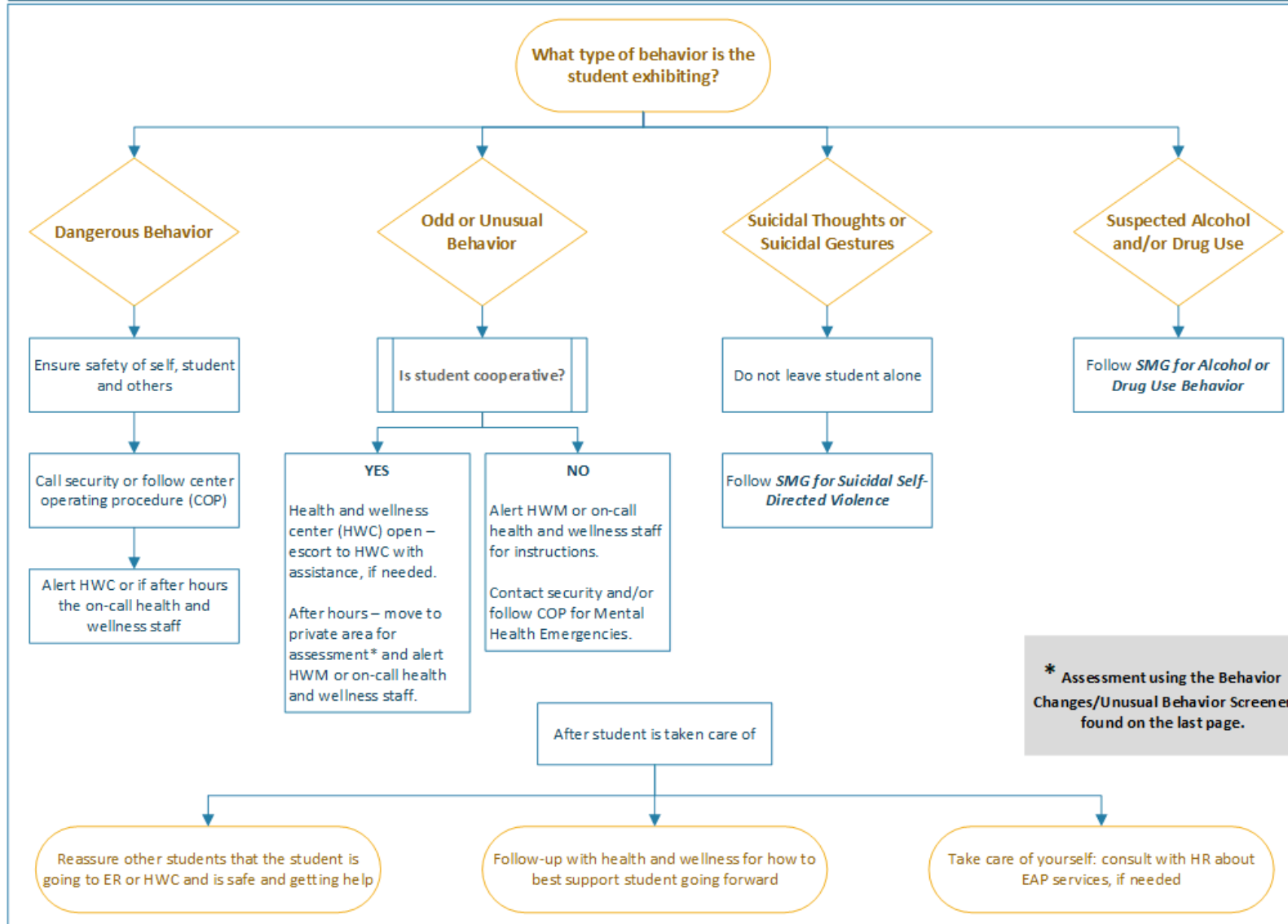
1. If alcohol or drug use is suspected, follow the [Alcohol and Drug Use Behavior SMG](#).
2. If the student shows signs of depression but is not stating that they want to harm themselves or no longer want to live, be supportive and refer the student to the HWC for further evaluation and intervention by the CMHC and/or center physician. If it is after hours or weekend, contact the on-call health and wellness staff for further consultation.
3. Immediately alert HWD or on-call health staff:
 - if the student shows signs of depression, mania (very energetic, pressured speech, not sleeping), or psychotic behavior (unusual thoughts and/or odd behaviors or dramatic changes in behaviors)
 - if the student expresses the desire to hurt self/others
 - if the student appears very confused

WHAT TO DO NEXT

1. After the student has been taken care of, talk to other students who may have witnessed or been involved and provide reassurance that the student who was in distress is safe and getting help. Privacy rights must be protected. Do not share specific health information.
2. After the episode has resolved (within 1-2 days), consult with health and wellness staff for information how to best support the student going forward.
3. Take care of yourself. If you are feeling stressed or upset about the situation, consider contacting the center's HR representative for information about Employee Assistance Program (EAP) services.



SMG for Non-Health Staff Behavior Changes/Unusual Behavior



Behavior Changes/Unusual Behavior Screener*

Please answer each of the following brief questions by circling **Yes** or **No**.

1. Have you been confused at times whether something you experienced was real or imaginary?	Yes	No
2. Do you hold beliefs that other people would find unusual or bizarre?	Yes	No
3. Have you felt that you are not in control of your own ideas or thoughts?	Yes	No
4. Do you feel that other people are watching you or talking about you?	Yes	No
5. Do you worry at times that something may be wrong with your mind?	Yes	No
6. Have you seen things that other people can't see or don't seem to see?	Yes	No

* Taken from the Prodromal Questionnaire – Brief Version (PQ-B). Loewy, RL & Cannon, TD. (2010). The Prodromal Questionnaire, Brief Version (PQ-B). University of California

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF NON-SUICIDAL SELF-INJURY (NSSI) BEHAVIOR

DO NOT LEAVE STUDENT ALONE AT ANY TIME IF CONCERNED ABOUT SUICIDALITY!

NSSI is the deliberate, self-inflicted destruction of body tissue resulting in immediate damage without suicidal intent and not for culturally or socially sanctioned reasons (such as tattoos and body piercings). Examples include cutting or carving into the skin, scratching, burning, and hitting oneself or objects.

Non-health staff may be the first to know about NSSI behavior. In this event, non-health staff should proceed as follows:

WHAT TO DO FIRST

1. Stay calm and say in a caring way something like *“I’m here to help you.”*
2. If possible, provide a private, supportive space where the student feels safe, and you can assess any possible self-harm and assess the severity of any injuries.
3. Immediately assess whether any self-injury has occurred. Ask the student: ***Have you injured yourself or tried to injure yourself in any way on any part of your body?***
4. If the self-injury is life-threatening, is serious enough to require immediate medical attention, or the student is not cooperative with the assessment, call 911 or immediately transport the student to the nearest emergency room per your center operating procedure (COP) for Mental Health Emergencies. **Do not leave the student alone until they are safely transferred to medical care. Alert the health and wellness director (HWD).**
5. If the self-injury is not life-threatening but requires first aid but not significant medical attention (such as superficial scratches on the arms) and the student is alert and reasonably calm, notify the health and wellness center staff according to center operating procedures (COP) and wait for further instructions on how to proceed. If it is after hours or on the weekend, contact the on-call health and wellness staff. **Do not leave the student alone.**

WHAT TO DO NEXT

1. While waiting for health and wellness staff, give the student as much personal space and sense of control as possible.
2. Calmly talk to the student with a reassuring tone of voice. Provide reassurance to the student that help, and support are available.
3. Speak clearly and use short sentences. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
4. Express genuine concern by saying something like, *“I’m worried about you. I’ve seen these scars on your arm and I think you might be hurting yourself.”*
5. Listen to the student without judgment and with empathy. Self-injury is usually carried out in secret and can be associated with a lot of shame and guilt, so a student may not initially be willing to talk

about their self-injury behavior. In this case, gently encourage the student to talk more generally about current problems and stressors.

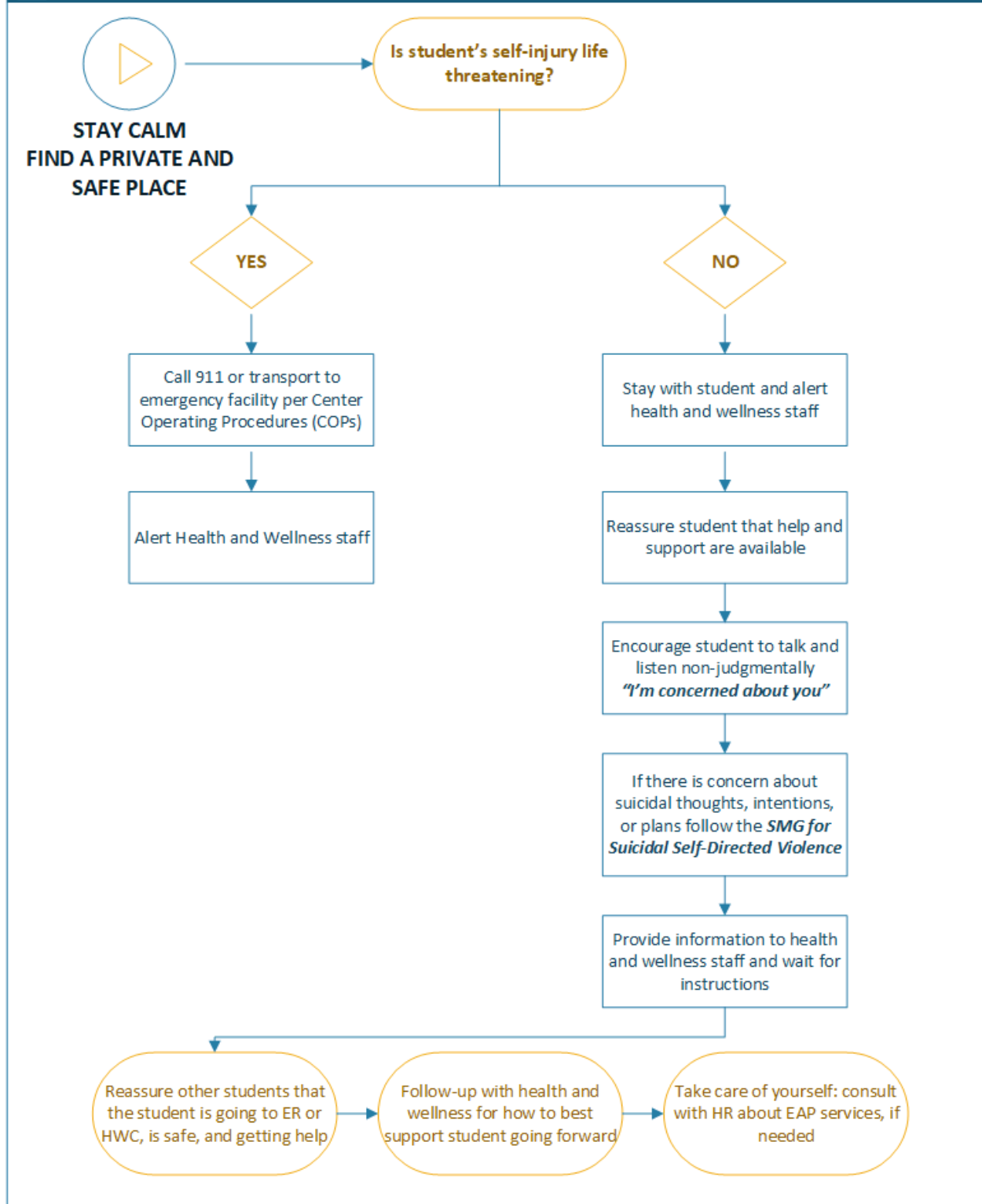
6. Allow the student to express their current feelings and concerns. Acknowledge the student's feelings by saying something like ***"I can see you're having a hard time right now."***
7. Do not give specific advice, lecturing, or trying to "fix" the situation. Just listen. Listening is the best way to comfort and support a student.
8. Remember that most students who engage in self-injury are not likely to be suicidal. However, there are times when self-injury can be a warning sign for suicidal thoughts or attempts either now or some point in the future. **If there is any concern for suicidal thoughts, intentions, or plans, follow the [Suicidal Self-Directed Violence Symptomatic Management Guidelines](#) ("Assess Symptom and Risk Factors"). Do not leave the student alone.**
9. Inform the health and wellness staff member about the information the student has shared with you including the student's answers to the suicide risk questions, if asked.

WHAT TO DO NEXT

1. After the student has been taken care of, talk to other students who may have witnessed or been involved and provide reassurance that the student who is going to the emergency room or to the health and wellness center is safe and getting help. Privacy rights must be protected. Do not share specific health information.
2. After the episode has resolved (within 1-2 days), consult with health and wellness staff for information on how to best support the student going forward.
3. If you are feeling stressed or upset about the situation, consider contacting the center your center's Human Resources representative for information about your Employee Assistance Program (EAP).



SMG for Non-Health Staff Non-Suicidal Self-Injury (NSSI) Behavior



SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-HEALTH STAFF SUICIDAL SELF-DIRECTED VIOLENCE (SSDV)

DO NOT LEAVE STUDENT ALONE AT ANYTIME IF CONCERNED ABOUT SUICIDALITY!

WARNING SIGNS OF SUICIDE
<ul style="list-style-type: none">• Talking about suicide or engaging in self-harm.• Having a plan for completing suicide• Acquiring the means to complete suicide (e.g., stockpiling pills, taking possession of a gun, etc.)• Rehearsing the act of suicide• Feeling hopeless or worthless• Talking, writing, or drawing about death• Withdrawing from social activities, ties, or relationships• Losing interest in normal pleasurable activities, and everyday activities• Posting “goodbye” messages on social media• Giving away or throwing away important personal belongings (getting their affairs in order)• Making statements like, “I won’t be a problem for much longer,” “Nothing matters anymore”, “It’s no use trying”, and “I won’t see you again”• Becoming suddenly cheerful after a period of depression
RISK FACTORS FOR SUICIDE
<ul style="list-style-type: none">• Previous suicide attempt (regardless of how serious)• Experiencing a serious loss (personal relationships, job, death of a loved one, etc.)• Family history of suicide• History of abuse, being abusive or family violence• Having a mental illness and substance abuse (dual diagnosis)• Using/abusing alcohol or drugs• Severe disabling and/or chronic illness and/or severe pain• Being arrested or imprisoned

Non-health staff may be the first to discover SSDV. In this event, non-health staff should proceed as follows:

WHAT TO DO FIRST

1. Take ALL suicidal comments, behaviors, and threats seriously.
2. If the suicide attempt is life-threatening or serious, or the student is not able to cooperate with the assessment, or if you are unsure of the student’s condition, **call 911 or immediately transport the student to the nearest emergency room per your center operating procedures (COP) for Mental Health Emergencies.** *Suicide attempts without serious self-harm should still be considered a psychiatric emergency.* Alert the health and wellness director (HWD) or designee. **Do not leave the student alone until they are safely transferred to medical care.**
3. If the student is alert, mostly calm, and able to talk with you. Stay calm and say in a caring way something like **“I’m here to help you.”**
4. If possible, provide a private, supportive space where the student feels safe, and you can assess any possible self-harm.

5. Immediately assess whether a suicide attempt has occurred. Ask the student directly in a caring and non-judgmental way. Say something like, ***"I was told that you tried or wanted to end your life. Tell me what happened."***
6. If no suicide attempt has occurred, go to the next section "Assess Symptoms and Risk Factors."

ASSESS SYMPTOMS AND RISK FACTORS

1. Listen to the student non-judgmentally and with empathy and genuine concern.
2. If the student is willing to talk, allow the student to express their current feelings and concerns. Acknowledge the student's feelings. For example, ***"I can see you're having a hard time right now"*** or ***"I can see how that could be upsetting."***
3. If the student is tearful, provide tissues. Avoid saying, ***"Stop crying"*** or offering empty words of reassurance like ***"It's not that bad."*** Instead, just say, ***"I'm here with you."***
4. Speak clearly and use short sentences in a calm and reassuring tone of voice. Do not overwhelm the student with words as this will likely cause the student to become more stressed and anxious.
5. Avoid offering advice, lecturing, or trying to "fix" the situation. Listening is the most helpful thing you can do to comfort a student.
6. Ask about suicidal thoughts, intentions, and plans. Start by saying to the student: ***"I know it might be difficult, but I will need to ask some questions about how you are thinking and feeling."***
7. Say:
 - ***"Sometimes people feel that life is not worth living. How are you feeling about living right now?"*** [wait]
 - Ask ***"Have you ever thought of harming yourself or trying to end your own life?"***
 - Ask ***"Are you feeling that way now?"*** If "no," go to #8. If yes, go to the next bullet.
 - Ask ***"Have you thought about how you would do it?"*** If "no," go to #8. If yes, go to the next bullet.
 - Ask ***"Do you have a way to carry out that plan?"*** If "no," go to #8. If the student has a way (means) to hurt themselves such as a knife, razor, rope, etc., calmly remove or have someone else remove the object(s). **Do not leave the student alone.**
8. Always contact the HWD or center mental health consultant (CMHC) immediately with the information that you have and wait for further instructions on how to proceed. If it is after hours or weekend, contact the on-call health and wellness staff. **Do not leave the student alone.**
9. If a student expresses feelings of hopelessness and/or helplessness but denies having thoughts about suicide and has taken no action to hurt themselves, still escort the student to the health and wellness center or if on weekend contact the on-call health and wellness staff.

WHAT TO DO NEXT

1. After the student has been taken care of, talk to other students who may have witnessed or been involved and provide reassurance that the student in distress is safe and getting help. Privacy rights must be protected. Do not share specific health information.
2. After the episode has resolved (within 1-2 days), consult with health and wellness staff for information how to best support the student going forward.
3. Take care of yourself. If you are feeling stressed or upset about the situation, consider contacting your manager or your center HR representative for information about Employee Assistance Program (EAP) services.



SMG for Non-Health Staff Suicidal Self-Directed Violence

