

# Riverside Trauma Center



A SERVICE OF RIVERSIDE COMMUNITY CARE

**REPORT ON  
REVIEW OF SUICIDE PREVENTION PROTOCOLS AND  
MENTAL HEALTH POLICIES AND PROCEDURES AT  
WORCESTER POLYTECHNIC INSTITUTE**

**February 2022**

## Introduction

In October 2021, James McCauley, LICSW, Riverside Trauma Center was engaged to review policies and procedures at Worcester Polytechnic Institute (WPI) and interview key staff to determine if there were additional steps the University could take to provide support for students after the tragic deaths of several students who had died by suicide.

## Description of Work

To date, Mr. McCauley has reviewed all relevant policies and procedures at WPI related to physical safety, student well-being, relevant trainings offered to students and employees, campus security, policies and procedures of Student Affairs, Student Health Services, Residential Services, the Student Development and Counseling Center (SDCC), Academic Advising, the Office of Accessibility Services, the Office of International Student Life, and the Office of Multicultural Affairs.

Mr. McCauley has also interviewed 19 key staff members – in several instances more than once. Mr. McCauley also met with the staff of the SDCC.

In addition, Mr. McCauley reviewed summaries of more than 20 SAMHSA Garrett Lee Smith<sup>1</sup> university grant winners to assess the suicide prevention strategies other campuses were implementing. He also met with leaders from other universities to learn what strategies other institutions were using on their campuses to support student mental health. In conjunction with other WPI leaders, Mr. McCauley also met with national and international leaders in suicide prevention and suicide clusters and contagion.

## Initial Observations

During Mr. McCauley's extensive interviews and review of policies, it became clear that WPI already had an extensive array of supports in place or in the planning phase. These include:

- Plans for a Center for Well-Being that will be prominently located on campus and housed with the Campus Health Center.
- Numerous procedures for reaching out to students who are struggling. This includes identifying admitted students who reference challenging life experiences in their application. The University reaches out to them and offers supports before they arrive on campus.
- A universal screening tool for depression and suicide is on the counseling center website. There are plans to market this anonymous screening tool more widely.
- A CARE Team that identifies students who might be struggling academically, socially, physically, or emotionally to support them across all departments.
- The Connections Experience identifies students who can use additional academic or social support and brings them to campus two weeks before school starts to build their skills and sense of community.

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<sup>1</sup> The [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

- ProtoCall + is a 24 hour after hours mental health emergency service. Students have access to a trained mental health counselor who can support them through a crisis and arrange for them to be followed at the Counseling Center the next day.
- The Mental Health and Well-Being Task Force recently completed a review of campus life and made recommendations on how to increase a sense of belonging and support on the campus.
- The SDCC provides extensive psychoeducation to staff and students on “Recognizing and Responding to Student Distress.” This is in addition to the compassionate and skilled counseling services they currently provide to students. The SDCC has recently expanded its clinical staff and is in the process of adding even more clinicians, including a crisis manager who will respond to high-risk students.
- The SDCC also provides a comprehensive 6-week program, “Student Support Network,” to students who are interested in being peer leaders on campus. This training is also used to prepare residential advisors and is open to other staff who are interested in supporting students.
- The SDCC recently offered an on-line appointment option which resulted in significant usage.
- There are on-going campaigns to encourage struggling students to seek help and to speak up if they are worried about a friend. These include the “Be Well Together” campaign and the “Ask for Help” campaign. There are additional plans to reach out to students via social media to ensure they are aware of the resources available to them.

### Challenges/Opportunities

Mr. McCauley’s interviews and review of policies and procedures revealed the following themes:

- Student affairs, Residential Services, and other student support staff are overworked: additional staff are needed.
- A recurring theme from staff was: “We want to be more pro-active but only have the resources to be reactive.”
- Students are stressed by too much work. It has been worse during the pandemic.
- There is a need for a more diverse student body and staff.
- Students don’t know all the services that are available to them; communications should be improved.
- Students are entering WPI each year with fewer resiliency skills, less cognitive flexibility, and a decreased ability to tolerate distress. This trend started well before the pandemic but has been worse during the last two years.

### Key Concepts in Suicidology

In order to understand the rationale for this Report’s recommendations, it is important to understand Mr. McCauley’s overall view of suicide and suicide prevention:

- Suicide is an **attempt to escape intense pain and hopelessness**. People often say they don’t want to die. They just want to “kill the pain.”
- **Suicide is always complicated**. There is rarely one reason why someone dies by suicide.

- People who think about suicide or die by suicide have an **underlying vulnerability**. Some of the more common vulnerabilities include a history of trauma, a mental illness, substance abuse, or those who are struggling with sexual orientation or gender identity issues.
- **Burdensomeness and lack of belonging** often drive suicidal thinking.
- **Suicide risk is dynamic**. Thoughts of suicide can fluctuate 180 degrees over several hours.
- Less than 50% of people who die by suicide have ever seen a counselor.

### General Recommendations

The guiding principles underlying this Report's recommendations are:

A public health approach to suicide prevention requires that **everyone in the WPI community become skilled in recognizing and supporting anyone in distress**. All students, parents, faculty, and staff should be trained in suicide prevention, so that if they are worried that they are at risk for suicide, or if their friends, colleagues, or family members are struggling, they will know how to support them, how to ask directly about suicide, and what resources are available.

The number one protective factor against suicide is **social connection**. A key finding of WPI's Mental and Well-Being Health Task Force was that a significant number of students on campus feel isolated. Building social connections can be done in two ways: (1) campus-driven activities that provide opportunities for students to know one another better; and (2) teaching students conversational and social skills in how to develop meaningful relationships.

Resilience is not a trait people are born with, yet everyone will experience overwhelmingly stressful events in their lives that require the ability to manage intense emotional reactions. Students can be taught the following effective coping strategies: how to be more cognitively flexible, how to manage distress, how to be more interpersonally effective, and how to physically and emotionally regulate during stressful times.

### Specific Recommendations

Training is essential. Effective training will increase the skills and confidence of those who encounter someone who is struggling and thinking about suicide. The goal is to identify and support students before they reach a crisis level.

#### Suicide Prevention Training for the Entire WPI Community

WPI should provide short and simple, but practical, suicide prevention training for all students, parents, and employees. These trainings are available in a variety of formats: in-person, live virtually, and on-line. Recommended trainings are available in the Resource Section of this Report.

#### Targeted Suicide Prevention and Suicide-Focused Training for WPI staff

More in-depth training on suicide prevention and supporting at-risk students is needed for staff working in Residential Services, Academic Advising, the Office of Accessibility Services, and Student Affairs generally. The current training provided by the SDCC, "Student Support Network," is an excellent model, but capacity is currently strained, and this offering should be supplemented by trainings offered by outside agencies or trainings in "Mental Health First Aid."

WPI Campus Police would benefit from the 40-hour “Crisis Intervention Training” offered by Open Sky Community Services of Worcester. This is a trauma-informed training that teaches police how to handle mental health emergencies. This training should be deferred until WPI Campus Police complete the 200-hour re-certification training required under the Massachusetts Police Reform Law of 2020.

The SDCC staff would benefit from more suicide-focused training. Mr. McCauley has recommended that they receive training in (1) “Collaborative Safety Planning,” the C-SSRS-RA suicide screening tool; (2) Suicide Assessment and Intervention; and (3) the “Collaborative Assessment and Management of Suicidality.” The first two of these trainings are tentatively scheduled for March 2022.

### **Targeted Suicide Prevention Training and Life Skills Training for Students**

Training for all incoming first year students should be offered in two categories: (1) training in suicide prevention and (2) training in life skills to manage their distress, learn emotional and physical regulation skills (including mindfulness), and learn skills to improve social relationships. Training in these areas will require an **expansion of the current New Student Orientation model**. Specific models for each of these components is included in the Resource Section. The SDCC is willing and has the skill set to consult on this “Life Skills” module.

Similar training in healthy coping skills and social skills should also be offered to international students, including international graduate students. This will also require an expansion of the current New Student Orientation model and the International Graduate Student Orientation model.

Prior to arrival on campus, incoming first year students and graduate students should take a 45-minute on-line suicide prevention training. This interactive training, developed by Kognito.com, will provide a foundation for more in-depth, in-person suicide prevention training once students arrive on campus.

### **Building Social Connections**

University students nationally report a lack of meaningful friendships and social networks. There are several opportunities to build these social connections within the WPI community.

An expansion of new student orientation should include activities and workshops that will teach interpersonal skills and provide opportunities for incoming students to develop meaningful relationships during the first few weeks on campus. Project Connect is a program that is already being considered as an activity/training offered by the new Center for Well-Being. It is recommended, however, that WPI include this program as part of both New Student Orientation and International Graduate Student Orientation. Games and activities play an important role in New Student Orientation, but in-depth experiences that require challenges and trust building are more likely to create friendships that will last throughout a student’s college years. Project Connect and Waypoint Adventures (specialized expertise working with neurodiverse young adults) are included in the Resource Section.

Plans are currently being discussed for reshaping WPI’s current physical education curriculum into a more wellness-oriented curriculum. This is an excellent idea and would be an opportunity to give students additional time to build their coping skills and interpersonal skills.

The Connections Experience is a one-week program that helps entering eligible first year students make a smooth transition from high school to college. Underrepresented students of color,

first generation students, and/or folks who identify with the LGBTQIAP+ community, and students who indicate on their application they are facing challenges are invited to this summer program. WPI should consider expanding this program to include additional students and expand the program to cover social connections and coping skills activities.

Peer support programs are a valuable way to build social connections on campus. There are currently 230 student clubs and activity groups on campus. Frequent activity “fairs” are offered on campus to increase awareness about these groups and make it likely that more students will feel welcome. WPI should also encourage the Student Activities Office to help revitalize the Active Minds group on campus that offers students struggling with mental health issues a supportive and welcoming group.

There are programs that train students and adults in how to share their “lived experiences” stories. Often the most compelling and influential presentations on how someone coped with a difficult mental health challenge in their life can provide hope for others who are struggling. One such organization is “Minding Your Mind” ([mindingyourmind.org](http://mindingyourmind.org)).

For several years, Charlie Morse has been training peer leaders in the WPI community in the Student Support Network training model. This is a valuable way to train and support peer leaders. The more students WPI can train in this model, the more opportunities there will be to build connections and enable more students to recognize and support a student who is struggling.

### **Integration and Visibility of Physical Health and Mental Health Services**

WPI’s long-term planning should include consideration of the feasibility of integrating health and mental health services into a single entity, co-located within the Center for Well-Being. This integrated care model recognizes the importance of addressing both mind and body and allows for a freer flow of information and fewer information silos. An integrated center would have one director, one centralized health record, and an integrated physical health and mental health staff.

Currently the SDCC is down the hill from the main campus and not readily visible to students. An “embedded clinician” model would be a bold step in increasing the SDCC’s visibility and access. Embedded clinicians from the SDCC could spend a portion of their time in a variety of campus locations: the Center for Well-Being, residence halls, and Student Health Services. A full-time SDCC clinician might spend 2 mornings a week in a residence hall or in the Student Health Center. This would increase access, visibility, communication, collaboration, and reduce the stigma that sometimes attaches to seeking help.

An additional opportunity to increase SDCC visibility would be to provide weekly on-site mental health consultation to departments/programs that are routinely supporting high-risk students. This would include Academic Advising, the Office of Accessibility Services, as well as Residential Services. Interviewees were enthusiastic about obtaining regular consultation regarding students they are concerned about.

## **Increased Staffing**

Several interviewees mentioned difficulty in filling vacant positions or the need for additional staffing. The SDCC has recently hired three additional clinicians as well as additional prescribing hours, but given the rapid increase in referrals, additional staff will be needed.

One of the additional positions should be a crisis clinician/manager. The manager would be a Masters-level clinician who could manage students at imminent risk who have been identified by the overnight emergency service or the CARE Team. This person would have the flexibility to spend several hours on high-risk students who may need to be evaluated by an emergency room and hospitalized. They would be responsible for managing all aspects of the crisis, including communicating with parents and staff members with a need-to-know.

WPI should also consider hiring an additional prescribing nurse or physician's assistant. This staff member could be shared between the SDCC and Student Health Services.

Residential Services has vacancies for two community directors. These directors will provide support to residential students.

## **Recommended Changes in Procedures**

Until recently, the WPI Campus Police were the first line of support for students in distress after the SDCC had closed and on the weekends. WPI's Campus Police are professional and compassionate, but Mr. McCauley believed that students at-risk, particularly students of color or students with a history of prior hospitalization, would be more likely to seek help elsewhere. This procedure has been largely corrected by the addition of the ProtoCall+ after hours emergency services. All postings on resource sheets, websites, and campus bulletin boards should reflect the availability of ProtoCall+'s services.

WPI should review the current 7-week quarter system. Mr. McCauley has observed that a student who becomes ill or falls behind on assignments can quickly find themselves struggling in a course due to the accelerated schedule. The quarter system may be a significant source of stress for many students.

Student ID cards should be modified to include emergency phone numbers for campus resources, as well as the National Suicide Prevention Lifeline (800-273-TALK) and the Trevor Project.

In-house counsel should convene a working committee with Student Affairs, the SDCC, Student Health Services, Academic Advising, the Office of Accessibility Services, and the Dean of Students Office to review policies and understandings relative to HIPAA, FERPA, and confidentiality. Training and education are necessary in order to promote a freer flow of communication, particularly concerning students who are at risk.

Both the SDCC and Student Health Services should add a suicide-focused screening tool to their intake process. Both the C-SSRS (5 questions) and the ASQ (4 questions) are reliable, simple to fill out, and free. The C-SSRS has been translated into 90 languages and may be better suited to the significant number of international students on the WPI campus.

Currently, WPI follows the best practice postvention guidelines developed by the JED Foundation. They have served the community well, even amid a suicide cluster. Staff leaders should be

commended for bringing in outside experts in suicide prevention and suicide postvention to make sure they are doing everything possible to support the campus during this period.

### **Marketing Campaign to Increase Student Awareness about Mental Health and Reduce Stigma in Asking for Help**

There are currently several campaigns underway on campus to build social connections and reduce the stigma which attaches to asking for help. These include the “**Be Well Together**” campaign and the “**Ask for Help**” campaign. Both campaigns should be revitalized and marketed more on social media and throughout the campus with redesigned posters.

WPI pays for a **universal screening tool for depression and suicide** developed by Mindwise.org. The screening tool is currently only available on the SDCC website and is underutilized. This tool should be made available across multiple sites and particularly on social media platforms used by students. Mindwise also has a social media toolkit and provides weekly tips for increasing awareness about mental health topics. David Vieira at Mindwise is available for consultation and an introduction has already been made.

In collaboration with the Management Council, the Marketing & Communications should initiate an on-going campaign to “**shift the narrative.**” This means students will hear on-going messages from the highest levels that staff and faculty will provide a community where:

- Students feel physically, emotionally, and relationally safe.
- Nobody worries alone, and everyone is treated with respect and dignity.
- Help is always available, and treatment works. There are multiple pathways to getting help.
- Asking for help is a sign of strength.
- Staff and faculty are authentically hopeful

In an environment that has been impacted by the traumatic events, students and others feel afraid and helpless. Ongoing messages of hope and care may be the best medicine.

### **Implementation and Sustainability of these Recommendations**

This Report includes numerous recommendations. In almost every instance, they have been discussed with the staff member most likely to implement them. WPI should appoint a staff member who will oversee the implementation and use of these recommendations.

WPI should consider applying for another Garrett Lee Smith campus suicide prevention grant. The funds would support a suicide prevention coordinator who could be the “champion for suicide prevention” on the WPI campus.

These suicide prevention-focused recommendations will only work if they are coordinated with the recommendations of the Mental Health & Well-Being Task Force and the planning for the Center for Well-Being. Together, these initiatives will create a trauma-informed campus that values social connections, transparency, collaboration, and safety.



We are available to elaborate on any of these recommendations. It has been an honor to work in collaboration with many of WPI's staff. WPI has extraordinarily compassionate, committed, and competent employees who are working diligently at making the WPI campus a safe and supportive environment.

January 28, 2022

Jim McCauley LICSW

Riverside Trauma Center

## Credentials

Mr. McCauley is a graduate of the Boston University School of Social Work and an independently licensed clinical social worker. He has been a practicing mental health clinician for more than 40 years and managed outpatient mental health clinics and mental health programs for children and adolescents. For the last 20 years, he has focused almost exclusively on Trauma and Suicide. He is the Co-founder and the Associate Director of the Riverside Trauma Center. He has developed trainings for mental health clinicians on Suicide Assessment and Intervention and for teachers on Suicide Prevention that were listed in the SPRC Best Practices Registry. He has also published and spoken at national and international conferences on suicide prevention and suicide screening. He also was a Senior Lecturer in Sociology for 30 years at the university level.

## Resources in Support of Recommendations

### **Expansion of Orientation for First Year Students and Graduate Students:**

Expansion of orientation is for the purpose of adding two components: (1) building social connections through interpersonal skills training as well as adding in-depth opportunities to create more lasting friendships and (2) training incoming students in “resilience” skills that will help them manage extremely stressful events; teach them useful coping strategies; manage distress tolerance; and lay a foundation for learning to regulate both mind and body.

For entering first year students, the skills training they learn during orientation could continue during a required class on wellness, previously the Physical Education requirement.

Project Connect is an excellent program for the “building social connections” modules. They will train student facilitators to work with groups of 6-8 students during Orientation to build their social skills and create more meaningful relationships. Contact:

Jessica Gifford at Project Connect has been interviewed for this program and is known to Charlie Morse who introduced me to the program.

<https://projectconnect-us.com/about-contact>

Another program worth exploring is Waypoint Adventures. They specialize in delivering outdoor adventure experiences for a variety of challenged populations. They are skilled at offering experiences that build confidence and a sense of community. They have considerable experience working with neurodiverse populations. WPI can contact Dan Minnich.

<https://www.waypointadventure.org/>

For the “resilience” skills training during orientation and in wellness classes, I recommend you consult with Jennifer McCarthy in the SDCC. She is trained in DBT ( Dialectical Behavior Therapy) which would be an excellent foundation for building student skills.

### **Suicide Prevention Training for Staff and Students:**

Currently the SDCC offers a 90-minute training in “Recognizing and Responding to Student Distress.” This training fits the criteria for preparing everyone on campus to recognize and approach students at risk with compassion and resources. It is also designed with the culture of WPI in mind. However, currently it doesn’t have the capacity to meet demand. For this reason, I recommend you supplement the training needs for this year with “QPR: Question, Persuade, Refer.” This is a nationally recognized training that is used on many university campuses.

I recommend a trainer with extensive background in suicide prevention deliver the training to staff and students. For this year I also recommend that WPI offer two versions of this training: (1) a version for

staff and students who have not been closely impacted by a suicide death in their family or friend group and (2) a version for students and staff who have been impacted by a suicide death.

I recommended to Lauren Turner that she interview Sarah Gaer, M.A., a former colleague of mine at the Riverside Trauma Center as someone who could train both groups.

<https://sarahgaer.com>

**On-line trainings as a supplement to in-person or live/virtual trainings:**

Kognito.Com offers high quality on-line trainings for both staff and students. It is highly interactive and has solid research behind it. A proposal has been forwarded to Lauren Turner.

Having an on-line version of suicide prevention trainings is a high-quality option for those who are unable to attend a “live” training. In both cases, I recommend the 45-minute version of the training.

I also recommend that the student version of the Kognito training be a requirement for entering first year students before they arrive on campus. It will provide basic knowledge of how to recognize if they or fellow students are in distress. This skill will be honed when they receive in-person training during Orientation.

One of the features of Kognito trainings is that WPI can buy the license for one year and can use it as many times as it wants.

<https://www.kognitocampus.com/>