



Suicidal Clients in Counseling Centers

By David Jobes Ph.D.

Since 1987 I have spent a good portion of my professional career studying suicidal college students. Over these years I have been fortunate to have opportunities to empirically study various aspects of college student suicide at the Catholic University Counseling Center, the John Hopkins University Counseling Center, and more recently at the George Washington University Counseling Center. Given the inherent challenges of studying this topic, I am deeply appreciative to these centers, their directors, staff, and clients who have helped make our work possible. It is my sense that in these years we have learned a great deal of valuable information about college student suicide. The goal of this article is to review and highlight some of what we know from work in this important area of counseling practice.

First, some basic data about suicidality among college students are important to note. For example, suicide ranks as the second leading cause of death on campus, second only to accidental deaths. However, when compared to cohorts who are not in higher education, college students are actually less at risk for completed suicide. We are not exactly sure what may be potentially "protective" about being a college student, but many of us believe that a strong student life program and appropriate counseling center services can be a major factor. In the settings we have studied, approximately 10-18% of all counseling center clients have reported some degree of current suicidal thoughts. In some survey samples of undergraduate college students rather startling percentages claim to have considered suicide-upwards of 40%. Clearly, this is an issue of some concern for those of us who work in campus environments.

The research we have pursued has primarily centered on the development and use of an assessment form called the Suicide Status Form (SSF), and administrative procedures related to using this assessment. My goal in this article is not to sing the praises of the SSF or campaign for its wide adoption, rather I hope to share some of what we have learned from its use about college student suicidality and issues pertaining to risk assessment and treatment. For example, one of the things we have consistently found is that suicidal college students can be remarkably responsive to standard counseling center care. Indeed, in a four-year study of suicidal college students at CUA well over half who presented with suicidal ideation resolved their suicidal crisis in about six sessions. Unfortunately this means that about half did not have obvious quick outcomes. In this study, about 20% dropped out of care, about 10% were acutely hospitalized, and about 20% remained chronically preoccupied with suicidal thoughts. Interestingly, of those who remained in counseling center treatment-so called "acute resolvers" and "chronic non-resolvers"-both showed statistically significant pre/post treatment improvement in terms of decreasing overall symptom distress.

The implications of these data are important to consider. First, most of these clients were of relatively low risk; the samples in our settings were consistently skewed in the direction of relatively low lethality ideators. Second, standard counseling center treatment appears to be effective in terms of decreasing overall symptom distress and for many this care appears to help them to no longer be suicidal. What is more troubling, however, is that too many suicidal students in our studies have actually sought services and subsequently dropped out of treatment after one or two sessions. While our dropout data are comparable to other studies, we remain concerned about this sub-sample of students who seek services but then fail to return (not responding to either phone calls or letters). Bottom line, I think we should take heart that if suicidal student clients are identified, assessed, and appropriately treated, they can receive significant help in a counseling center setting. Indeed, in over the thirteen years of studying suicidal college students I am aware

of only one completed suicide of a client across the centers we have studied. This should not give anyone a false sense of confidence, but I would say that overall that college students who become suicidal are typically not at extremely high risk and can clearly respond to traditional counseling center care.

In a different vein we have also studied considerations for suicidal students as to what makes them want to live vs. what makes them want to die. It is perhaps not surprising to note that students in our samples have distinct reasons for wanting to live that center on their family/friends and future plans and goals. Juxtaposed against these considerations are reasons for dying that tend to emphasize distinct themes of escape-from pain, self, others, and responsibilities. Our current work continues to explore both quantitative and qualitative data that is helping explain the unique phenomenology of the college student's suicidal mind. It is our hope that this research will help to establish clinically useful typologies and potentially enable us to better predict suicide risk and treatment outcomes.

In closing, let me impart a few key points concerning the suicidal college student. Given the pervasiveness of suicidal ideation in this population, it is important to routinely assess for the presence of suicidal thoughts in counseling center clients. If suicide is identified, it is important to thoroughly assess the risk and the unique idiosyncratic nature of that client's suicidal thoughts. It is important to watch closely for the potential dropout from treatment and do what ever is possible to keep them in care. Treatment itself should follow tried and true counseling center based interventions with an eye to focusing on what makes life worth living and what can be done about decreasing reasons for dying. If one practices conscientiously and responsibly and deals with suicidality head on, our experience says that such work can make a meaningful difference in that client's life, in fact it may even help save it.

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