



RECOGNIZE, RESPOND, REFER | SUICIDE PREVENTION TRAINING

Glossary of Key Terms

- **Active listening:** Listening with the intent to really understand what another person is saying, rather than listening while thinking about your own feelings, opinions, or how you are going to respond. Active listening also includes an array of responses that demonstrate you are listening and understanding.
- **Boundaries: Limits** we identify in order to set reasonable and safe ways for other people to behave toward us. They vary from person to person based on their relationships, environments, and experiences. Healthy boundaries require attention and adjustment.
- **Coping skills:** Activities or strategies that can be used in the moment to lessen distress or manage strong emotions.
- **Empathy:** Understanding and sharing the feelings of another person.
- **Recognize:** The process of identifying specific warning signs in people around you that suggest they may be thinking about suicide or are struggling with their mental health. Your role on campus and the situations in which you interact with students will influence what warning signs you might be able to recognize.
- **Refer:** A collaborative and ongoing process of determining what resources will be most useful for a person and connecting them to those resources.
- **Reflections:** Restatements of what someone has said in order to demonstrate that you were actively listening, and to ensure that you are accurately understanding the person's experience. Reflections of content involve restating the
 - ideas or information the person has provided. Reflections of emotion involve inferring what the person is likely feeling, based on what they have said and how they have said it.
- **Respond:** Initiating a conversation with a student who may be in distress, using active listening, offering a non-judgmental and compassionate space, and asking directly about suicide when appropriate.
- **Secondary stress:** The physical, mental, or emotional exhaustion caused by excessive and prolonged exposure to the distress of others. Someone experiencing secondary stress may also feel responsible for fixing other people's distress.
- **Socioecological model:** A model that considers the complex interplay between individual, interpersonal, organizational, community, and policy factors. The nested rings illustrate how factors at each level can influence factors at another level. When applied to suicide prevention, the model suggests it may be helpful to act upon multiple levels at the same time.

- **Stigma:** Misinformed beliefs or attitudes that may result in harmful actions towards people with certain characteristics or experiences. Mental health stigma is when someone views a person in a negative way just because they have a mental health condition. Some people describe stigma as a feeling of shame or judgment from someone else or from society.
- **Suicide:** Death caused by self-directed, injury-causing behavior that was intended to cause death.
- **Suicide attempt:** When someone harms themselves with the intent to die by suicide. An attempt may be fatal or non-fatal.
- **Suicidal ideation:** Thinking about, considering, or planning for suicide. In this training, we use “suicidal ideation” and the phrase “thinking about suicide” to mean the same thing.
- **Unconscious bias:** Biases are automatic associations about others that individuals make based on their own backgrounds, experiences, culture, as well as societal stereotypes. These predispositions toward something or someone tend to be unconscious—that is, the individual is often not aware of these perceptions—but they nonetheless shape behavior towards others.
- **Warning signs [of suicide]:** Indicators that someone may be at a more immediate risk for suicide and may need help.