

Counseling and Psychological Services



**WORKING WITH DISTRESSED
AND DISTRESSING STUDENTS**

CAPS Services

All enrolled UCSC students are eligible
Services are free and confidential



- ❖ **BRIEF INDIVIDUAL, COUPLES, AND FAMILY THERAPY**
- ❖ **GROUP THERAPY**
- ❖ **PSYCHIATRY SERVICES**
- ❖ **CONSULTATION SERVICES**
- ❖ **OUTREACH SERVICES**
- ❖ **DAYTIME CRISIS SERVICES**
- ❖ **AFTER HOURS CRISIS SERVICES**

The Current State of Affairs



- **Counseling Center Directors across the U.S. are reporting an increase in student utilization and severity of presenting problems**
 - Utilization of CAPS crisis services and emergency appointments have more than doubled in the last three years
- **Historically, the top 3 presenting concerns for college students are**
 - Depression
 - Anxiety
 - Relationship Difficulties
- **The top presenting concerns for students utilizing CAPS in 2009-2010 were:**
 - Depression/ Sadness
 - Anxiety/Fears/Nervousness
 - Academic/Educational Concerns
- **There are similar presenting concerns, but the severity of symptoms has significantly increased.**
 - 80% of students presenting to CAPS crisis services report some form of suicidal ideation.
 - A rising number of students with major mental health illnesses are attending college.
 - A rising number of students on psychotropic medications are attending college.
 - The number of students who are psychiatric hospitalized is rising. In the past two years, 60-70 UCSC students were hospitalized each year.

Signs and Symptoms: Indications the Student May Need Help



- ❑ A marked change in functioning from previous behavior (Atypical behavior)
- ❑ Poor academic performance, missing classes, academic probation
- ❑ Recent traumatic event (e.g. assault, car accident)
- ❑ Recent loss of family, friend, relationship, etc.
- ❑ Fatigue, exhaustion, falling asleep in class
- ❑ Dramatic weight loss or gain
- ❑ Disruptive behavior
- ❑ Changes in personal hygiene
- ❑ A lack of self-care including eating and drinking
- ❑ Aggressive or threatening behavior
- ❑ Extreme mood changes
- ❑ Hyperactivity or irritability
- ❑ Excessive AOD use
- ❑ Significant Anxiety
- ❑ Impaired speech or logic, significant confusion
- ❑ References to suicide or intent to harm other(s)
- ❑ Increase dependence on you

Your Role Working With Distressed Students



- Know Your Limits: Only offer help relevant to your expertise, training, and the available resources.
- Set Appropriate Boundaries
- Seek Consultation and Support
- When a student needs more help than you can provide, it's time to refer to someone with expertise in the area of need.

Referring to CAPS Crisis Services



- What students can expect when they come to CAPS for assistance
- Immediate need for services & general appointments
- Who can CAPS see right now?
- Walking a student to CAPS daytime crisis services

What You Should Know about Referring Students to CAPS



- Be mindful of your own values and beliefs about mental health services. These can impact your recommendations about referring students to CAPS.
- Be clear and direct with student about your concerns.
- Discuss with student how counseling could help them (with concentration, anxiety, success in school, managing stress about family, relationships, finances, etc)
- Be familiar with CAPS and how to describe the services
- Except in emergencies, it is important to allow student to accept or refuse counseling

What to Say When Referring a Student to CAPS



- “I’ve noticed you’ve been _____ lately. I’ve known students who have struggled with _____ who have gotten support at CAPS. If it would make it easier, I can walk there with you.”
- “Sometimes it’s hard to step outside of your comfort zone. I know the counselors on campus will have good ideas and resources to help with your concern, and getting support from them may prevent further negative consequences. It might be worth it in the end.”
- “One of the ways I can help you is to point you to people who know more than I do regarding the issue.”
- “You’re dealing with so many hard things right now, and I can see it’s affecting your academics/relationships/housing. If what you’ve been doing to cope hasn’t been working for you, it may be time to learn some new coping strategies, and CAPS can help you with that.”

Who can CAPS see right now?



- Increased utilization & severity has lessened CAPS ability to provide all UCSC students with care.
- Students who pose an imminent threat to self or others, or who have symptoms that indicate a significant risk for future safety concerns are seen in same day Crisis Services
- Students with more normative, developmental, and transitional issues will have to wait or be referred off campus
- Students who CAPS cannot see are given alternate resources:
 - Off campus therapy and psychiatry
 - Religious, family, and/or friend support systems
 - Other campus resources: SHOP, Cantu Center, DRC, EOP, Ethnic Resource Centers, student life staff, and faculty
- Be upfront with students regarding the possibility of referral off-campus. Normalize being referred by explaining that:
 - CAPS wants you to receive timely services, which is possible with an off campus referral
 - CAPS believes an off campus referral is the appropriate match to help you with your concerns
- Accessing other services promotes independent living skills and offers a solution to impacted campus services.

How Can You Help Students



- Be observant; look for warning signs
- Talk to student privately in a direct matter-of-fact way
- Listen Objectively; refrain from imposing your own view
- Effective Listening: what to say and what not to say
- Offer support and assistance within your ability
- Consider and address the student's cultural and personal beliefs about counseling
- Know your limits
- Know campus and emergency resources
- Provide Resources and Referrals
- CONSULT

Responding to Student Emergencies



- Emergency situations are rare
- Immediate and decisive action is necessary when they do occur
- Stay calm
- Talk to the student in a clear and straightforward manner
- Have a backup plan in place if know you are concerned about a student
- Call CAPS for consultation
- Call 911 for emergency assistance

The Anxious Student



Case examples from audience

- Anxiety is often an excessive physiological response to specific circumstances. In other words, anxiety happens when the student anticipates a larger amount of danger than is realistic.
- Providing information regarding procedures, what is possible and not possible, and who they can go to in order to address their concerns lessens the anxiety. However, complicating the situation by providing too many options/solutions can increase anxiety.

What to say:

- “It’s helpful when students are feeling stressed to take things one step at a time. Let’s focus on what I can help you accomplish during our meeting today.”
- “I’m going to help you. If you follow these instructions, and seek support from _____, then I am confident things will get better.”

The Angry Student



Case examples from audience

- Let the student vent a bit and validate the student's experiences within reason in order to deescalate the situation.
- Avoid trying to explain why things are the way they are. This will likely cause the student to become defensive and potentially escalate. Focus instead on moving forward and helping the student navigate the future.
- Be clear about what is and isn't possible within the given system, and communicate your desire to help the student meet his/her goals.

What to say:

- "It sounds like you've had some major setbacks. What can I can do to help?"
- "I have heard a lot of students saying they've had similar experiences. The budget cuts and tuition increases are really hitting students hard!"
- "I know you're really struggling right now, but it's important that you be respectful and appropriate in your interactions/communication with me. _____ is not respectful/appropriate and I cannot continue to help you if it continues."

The Depressed Student



Case examples from audience

- Depression in college students is very common. Students with depression show many symptoms, e.g., guilt, low self-esteem, feelings of worthlessness, fatigue, decreased motivation and concentration, as well as physical symptoms such as decreased or increased appetite, difficulty staying asleep, early awakening, low interest in daily activities.

What to say or do:

- “It seems like you are feeling down and I would like to help you.”
- Reach out more than halfway. Encourage the student to express how she/he is feeling, because depressed students are often initially reluctant to talk.
- Don't say, "Don't worry," "Crying won't help," or "Everything will be better tomorrow."
- Don't be afraid to ask whether the student is suicidal. “Sometimes it can be common when students are down or depressed to feel suicidal because they don't feel like they have any options for getting better. I know this might feel like an intrusive question, but I just want to make sure you are safe. Are you having any thoughts of wanting to hurt or kill yourself?”

Self Care



- Working with distressed students is distressing
- Seek consultation and support
- Know your limitations and when to refer
- Utilize personal self care to manage stress and burnout