



# Early Identification, Brief Facilitation, and Effective Referral of Students in Distress

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# Early Identification

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# Causes of Stress in College Students

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- Not enough money
  - Academic achievement
  - Unrealistic expectations
  - Time urgency
  - Social pressures
  - Change in eating and sleeping habits
  - Stress prone diet (i.e. coffee, cola, chocolate)
  - Too much studying and not enough physical activity
  - Extra-curricular activities
  - A break-up with a boy or girlfriend
  - Changing to a new environment
  - Changes in responsibilities
  - A part-time/full-time job
  - A bad roommate or not enough privacy
  - Parental expectations
  - Loneliness
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# When does stress become *distress*?

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- Criteria is deterioration in daily functioning
  - Impairment in one of several areas, including:
    - Social
    - Occupational
    - Academic
    - Emotional
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# Symptoms of Distress

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- Nervousness
  - Agitation
  - Increased irritability
  - Undue aggressive or abrasive behavior
  - Marked change in class participation
  - Little or no work completed
  - Infrequent class attendance
  - Depression
  - Lack of energy
  - Withdrawal
  - Fearfulness
  - Indecisiveness
  - Confusion
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# Other Warning Signs

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- Excessive procrastination
  - Decrease in the quality of work
  - Too frequent office visits (dependency)
  - Listlessness, sleeping in class
  - Marked change in personal hygiene
  - Impaired speech or distorted thoughts
  - Threats regarding self or others
  - Marked changes in behavior
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# Mental Health Needs

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- Prevalence rates of psychological and psychiatric symptoms in college students are estimated between 25-30%
  - 12-18% of students have a diagnosable mental illness
  - Research consistently supports underutilization of mental health services despite the fact that students are distressed
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# Mental Health Trends

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- 2003 study involving 13,257 students seeking help at a large Midwestern university counseling center over a 13-year period
  - 2009 pilot study involving 25,386 students seeking help at 66 different universities  
(<http://www.collegecounseling.org/pdf/cscmhreport.pdf>)
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# Increased Problems for Students

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- Relationship problems
  - Stress/anxiety
  - Family issues
  - Physical problems
  - Personality disorders
  - Suicidal thoughts
  - Sexual assault
  - Developmental issues
  - Situational
  - Depression
  - Academic skills
  - Grief
  - Medication use
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# More Trends

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- Stress/anxiety replaced relationship problems as the most common reason for seeking therapy
  - Students seen for depression doubled over time period
  - Students seen for suicidal thoughts tripled
  - Students seen for sexual assault quadrupled.
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# Help-Seeking

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- More women (65%) than men (35%) seek counseling
  - Students are more likely to seek services the longer they are in school (18% of the clients were freshmen, 19% were sophomores, 22% were juniors, 22% were seniors)
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# More Medication

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- Number one prescribed drug for college students is Prozac
  - Second prescribed drugs are anti-anxiety agents
  - Third prescribed drugs are all other anti-depressant SSRI's combined
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# Typical Diagnoses

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- Major Depressive Disorder
  - Bipolar Disorder
  - Schizophrenia
  - Severe Anxiety Disorders (including OCD)
  - Eating Disorders
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# Important issues

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- Trauma
  - Suicide
  - Alcohol abuse
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# Students Exposed to Trauma

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- Peak age of trauma exposure is 16 to 20
  - 30% of students reported experiencing a traumatic event.
  - Students who had experienced trauma were significantly more likely to have problems with:
    - substance abuse, self-harm, suicidal thoughts, past suicide attempts, thoughts of harming others, anxiety, depression, hostility, and academic distress
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# Students Exposed to Trauma

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- Most common trauma incidents
    - Unexpected death of a close friend or family member
    - Loved one surviving a life threatening event
    - Motor vehicle or other accidents
    - Witnessing family violence
    - Unwanted sexual attention/sexual assault
  - Sexual assault is associated with highest distress levels followed by events perceived as personally life threatening.
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# The Suicidal Student

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- 2<sup>nd</sup> leading cause of death in college students (Centers for Disease Control and Prevention, 2007)
  - Rate between 6.5 and 7.5 per 100,000
  - Completed suicide for male students is over twice that of female students
  - 80% of students who die by suicide never participate in counseling.
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# The Suicidal Student

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- 46% undergraduates chose not to tell anyone
  - Of those who disclosed, 2/3 told a peer; almost no one reported telling a professor
  - Students who sought help were significantly less likely to attempt suicide and reported significantly improved levels of depression.
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# Students who Abuse Alcohol

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- 24% of males and 13% of female college students meet the clinical criteria for an alcohol use disorder
  - 41% of college students have had 5 or more drinks on a single occasion in the two weeks prior to being surveyed
  - Full-time college students consume more alcohol and have more frequent heavy drinking episodes than those not enrolled in college
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# Relationship between mental health, abuse of alcohol, and academic performance

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- 6% reported high level of alcohol abuse also had significantly elevated levels of depression
  - binge drinking has a consistently negative relationship with academic performance
  - 50% of students who reported 10 or more binge drinking episodes in the previous two weeks also indicated that they have seriously considered suicide
  - increase in the severity of suicide-related history resulted in a statistically significant drop in GPA
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# A note about spirituality

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- 80% of students reported a religion or spiritual preference
  - Of these students, 40% said it played an important role in their life
  - Students who strongly endorsed religion/spirituality were significantly less likely to have symptoms of depression, suicide, and substance abuse
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# A note about social support

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- Students who report higher levels of social support also report significantly lower levels of distress on these subscales:
    - Depression
    - Anxiety
    - Hostility
    - Social Anxiety
    - Academic Distress
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# Brief Facilitation

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# Role of Support

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- Approach student with an attitude of respect and concern
  - Meet in a safe and private environment
  - Express concern in an honest and direct manner (describe specific behaviors)
  - Listen, empathize, and provide non-judgmental support
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# Role of Support

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- Clearly communicate the limits of your ability to assist (e.g., time, training, objectivity)
  - Be prepared for the potential of a defensive response
  - Present options/recommendations
  - Allow student to make the decision
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# Effective Referral

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# Referral Considerations

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- Attitude – expressing sincere interest and helpfulness toward a student is important
  - Mutual decision - creates the best climate for helping a student, unless the student is unable to accept the responsibility
  - Clear purpose – should be stated; explain how counseling can assist with problem
  - Timing of the referral – try to assess student's receptivity toward a referral
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# Making a Referral

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- Contact a counselor to share pertinent information (receive permission from the student)
  - Depending on level of involvement:
    - call ahead and make the appointment
    - escort student to the Counseling Center
  - Referral tends to be less effective if you merely suggest that the student receive counseling services
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