

Recognizing Emotional Distress In College Students

A Resource Guide for Faculty, Staff and Students



UPSTATE
University of South Carolina

COUNSELING
SERVICES

Provided by:

Counseling Services | Division of Student Affairs

The John M. Rampey, Jr. Center | 490 Hodge Drive

864-503-5195

USC UPSTATE CAMPUS RESPONSE OPTIONS

Situation: Immediate threat, emergency, or after-hours crisis

Response: Call 911, University Police (864-503-7777) or USC Upstate's After-Hours Crisis Line (864-503-5195, Option #2)

Situation: Student in emotional distress or mental health crisis

Response: Walk with student to Counseling Services in the John M. Rampey, Jr. Center, or call Counseling Services at 864-503-5195, Option #1

Situation: Student in distress who may need additional campus support or student exhibiting concerning behavior

Response: Complete the **Student Affairs Incident Reporting Form**, or contact the Dean of Students at 864-503-5107

Situation: Student reporting sex-based discrimination, including sexual assault or harassment, stalking, intimate partner/relationship violence

Response: Follow appropriate reporting guidelines per the **Office of Institutional Equity, Inclusion and Engagement** and encourage student to call the Title IX Coordinator at 864-503-5959

ADDITIONAL RESOURCES

Disability Services: 864-503-5199

Student Financial Aid: 864-503-5340

SNAC Food Pantry: 864-503-5106

Housing & Residential Life: 864-503-5422

Student Success: 864-503-5392

Health Services: 864-503-5191

National Suicide Prevention Lifeline: 1-800-273-8255 or TEXT "START" to 741741

Safe Homes Rape Crisis Coalition Hotline, Spartanburg, SC: 1-800-273-5066

Dear Faculty, Staff or Student:

The Fall 2019 American College Health Association-National College Health Assessment II (N = 67,972) reports that in the past 12 months:

Suicide on College Campuses

- 87.4% of students felt overwhelmed by all they had to do
- 65.7% of students felt overwhelming anxiety
- 45.1% of students felt so depressed that it was difficult to function
- 13.3% of students seriously considered suicide
- 8.6% of students intentionally cut, burned, bruised, or otherwise injured themselves
- 2% of students attempted suicide

Suicide is a leading cause of death among college and university students in the United States (www.sprc.org).

This publication is intended to provide faculty, staff and students with critical information concerning the emotional distress of college students and its impact on their academic success. Simply recognizing the signs of distress may be enough to get students to the appropriate resources. Since faculty and staff see students on a regular basis throughout the academic year, they are in a prime position to recognize signs of distress and connect students to needed support.

The major purpose of **Counseling Services** is to support the academic success of the students at USC Upstate. Counseling Services believes that by working together with you, our staff can help students learn more effective ways of managing their problems, and continue successfully with their education.

Even with the best instructional techniques available, if a student is experiencing emotional distress, it can render the educational efforts of the instructor ineffective. Fear, worry, pain, and anxiety often inhibit academic performance by reducing the amount of energy available for learning. As leaders, you will be faced with difficult situations, and the relationships you naturally develop with students may help to ensure their academic success.

Providing you with this information is not intended to put you in the role of therapist. However, you are often the first line of defense in the effort to assist students in trouble. Counseling Services is here to support you in both identifying students in distress and to serve as a source of referral.

We greatly appreciate your assistance and look forward to working with you to promote the intellectual and emotional development of our students.

PSYCHOLOGICAL CRISIS

The following information is intended to provide faculty, staff and student leaders with the signs and symptoms of emotional distress in college students. Simply recognizing the signs of distress may be enough to get students to the appropriate resources. Since faculty and staff see students on a regular basis throughout the academic year, they are in a prime position to recognize signs of distress and connect students to needed support.

Often individuals get confused about what information the Family Educational Rights and Privacy Act (FERPA) protects, fearing reprisal if one shares concern for a student, observations of behavior, or what has been shared in conversation. FERPA only protects the information in the Educational Record, not Counseling Services' interactions with the student. Although several professions existing on campus have another layer of confidentiality such as counselors and health professionals who follow the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the majority of faculty and staff can share freely when indicated. This becomes essential when there is a threat to harm self or others by the student.

Warning signs of a student in distress:

- Excessive absences, especially when attendance has been good
- Change in extracurricular activities, loss of interest in things usually enjoyed
- Withdrawal from friends, associating with very different peers, isolation
- Inability to concentrate
- Nervousness
- Unusual or exaggerated emotional responses inappropriate to the situation
- Talk about quitting college or the unimportance of college
- Depressed, hopeless attitude and statements, change in motivation
- Irresponsibility, blaming others, denying, fault-finding
- Presence and/or smell of alcohol
- Frequent illness
- Tearfulness, crying during class, swollen and/or red eyes
- Serious grade problems, change from consistently good grades to poor grades
- Erratic, unpredictable behavior
- Signs of physical violence, hitting objects in anger
- Sleeping in class, lethargy
- Dramatic or attention-getting behaviors
- Marked change in appearance, weight or hygiene
- Suicidal talk or behavior, self-destructive thoughts, self-mutilation

ASSISTANCE

- If you feel a student is suffering emotional distress, you may wish to talk openly with him or her. Explain the behaviors you have observed and express your concern. In the case of mild depression, sometimes just knowing someone cares provides a boost to one's spirit.
- If the symptoms persist for more than one to two weeks or seem particularly severe, encourage the student to contact Counseling Services (ext. 5195). Prolonged depression can result in a suicide attempt.
- When dealing with someone who is actively suicidal, do not handle the situation alone. In the case of suicide, two heads are better than one, especially given the potential intensity of the crisis. If you would like to learn more about how to handle these situations contact Counseling Services to find out more about **upcoming trainings**.
- Contact Counseling Services (ext. 5195) immediately if the threat of suicide is imminent.
- If the threat is not immediate, contact Counseling Services (ext. 5195) for consultation and assessment.
- Legally, the student's safety supersedes his or her right to confidentiality. It is appropriate and critical to tell the counselor what you know in order to save the student's life.
- Talk openly with the student about suicide; contrary to popular assumptions, this will not push the student to act on the threat.
- Don't analyze the student's motives for wanting to die. Listen non-judgmentally.
- Keep a calm tone of voice so as not to scare the student.
- Never leave an actively suicidal student unattended.
- If the individual has a weapon, do not try to take it by force. ALERT University Police to the presence of a weapon at ext. 7777.
- Keep the area isolated and off-limits until the arrival of University Police, or other emergency personnel .
- Refer all media questions to University Marketing & Communications

If you are concerned about a student's emotional distress and/or experience disruptive or bizarre behavior we encourage you to file a **Student Affairs Incident Reporting Form (R U OK?)** with the Dean of Students. This information is shared with the Campus Assessment, Referral and Evaluation (CARE) and when necessary an intervention is initiated with the student.

TABLE OF CONTENTS

A CLOSER LOOK: *Issues Facing College Students*

Alcohol and Other Drug Abuse.....	8
Anxiety Disorders.....	9
Classroom Disruption/Aggression.....	10
Depression.....	11
Eating Disorders.....	12
Emotional Distress.....	14
Grief.....	15
Sexual Abuse and/or Rape.....	16
Suicide.....	17
Test Anxiety.....	18
Verbal and Physical Violence.....	19

COUNSELING SERVICES: *Response, Services, and Referrals*

What Happens at Counseling Services.....	21
Services.....	22
Resource Guide.....	24
Emergencies.....	26



A CLOSER LOOK:

Issues Facing College Students

ALCOHOL AND OTHER DRUG ABUSE

Alcohol has historically been the “drug of choice” on college campuses due in part to the ease in obtaining it and its relatively low cost. Bars have typically catered to college students by offering special drink nights and contests to ensure a steady stream of customers eager to shed the stress of mid-terms, finals, and deadlines for papers.

Other drugs have made their way onto college campuses as well. Cocaine, marijuana, ecstasy, methamphetamine, heroin, synthetic drugs, and rohypnol have gained notoriety on campuses across the country, and abuse of prescription drugs has increased greatly.

Each drug brings its own particular side effects and dangers. Listed below are some of the potential signs that a student may be using licit or illicit drugs.

Indicators of alcohol and other drug abuse

- Drop in grades
- Increased absences
- Withdrawal from friends/classmates
- Personality changes (e.g., increased irritability, hostility, aimlessness)
- Failure to complete assignments
- Hangovers
- Strong odor of breath freshener, mouthwash, or perfume
- Dilated or constricted pupils
- Sleepiness, lethargy
- Hyperactivity/increased distractibility
- Watery, bloodshot eyes/burned or reddened skin
- Shaky hands
- Needle marks

Assistance

- Avoid lecturing, moralizing, blaming, or threatening.
- Avoid allowing yourself to be exploited by a student you believe may be using alcohol and/or other drugs.
- Allow natural consequences to take effect when and if the student performs poorly (making exceptions allows the student to evade responsibility for his or her actions).
- Encourage student to make healthy life choices.
- Be aware of your own beliefs around alcohol and other drugs.
- Let the student know confidential help is available through Counseling Services (ext. 5195).
- Refer the student to Alcoholics Anonymous (864-585-1930) or Narcotics Anonymous (1-800-828-5689).

ANXIETY DISORDERS

Anxiety disorders are the most common mental illnesses in this country, impacting 19.1% of the adult population each year (<https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml>). Keep in mind that anxiety itself is a normal part of our human experience. However, when the anxiety increases to the point where the person experiences loss of functioning and other social impairments, then some type of treatment may be necessary.

Indicators of Anxiety Disorders

- Chest Pain
- Heart Palpitations
- Shortness of Breath
- Dizziness
- Abdominal distress
- Fear of dying
- Easily startled
- Irritability
- Depression
- Nightmares
- Difficulty concentrating

Assistance

When a student is experiencing an anxiety attack or exhibiting some of the symptoms noted above, it is important for you to stay calm and not add to the level of anxiety already activated.

- Remind the student to breathe gently and deeply.
- Remain with the student to ensure safety.
- Remain non-judgmental and understanding.
- Refer the student to Counseling Services (ext. 5195).
- Refer the student to Health Services (ext. 5191) if the physical symptoms seem particularly severe.

CLASSROOM DISRUPTION/AGGRESSION

The phrase “classroom disruption” means behavior a reasonable person would view as substantially and repeatedly interfering with the conduct of a class, and may include the following behaviors:

Indicators of Disruptive/Aggressive Behavior

- Using profanity
- Interrupting instructor or other students
- Making threatening gestures or statements
- Talking over the instructor
- Using cell phone during class
- Confronting instructor in an aggressive manner

Suggestions for De-escalation:

- Stay in control of yourself and use a calm voice
- Listen carefully
- Identify and acknowledge issues of concern to student
- Dismiss the class if necessary (do not take unnecessary risks)
- Avoid arguing with or challenging the student
- Avoid invading the personal space of the disruptive student
- Avoid touching the student
- Minimize pointing fingers or using large gestures with your hands
- Refrain from using abusive language
- If you do not feel safe, avoid being alone with the student
- Consult with Counseling Services (ext. 5195) regarding intervention strategies
- If the pattern persists, contact the Dean of Students (ext. 5107)

DEPRESSION

Depression is a “whole-body” illness, involving one's body, mood, and thoughts. It affects the way one eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness can not merely “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression.

Indicators of Depression

- Persistent sadness
- Sleeping difficulties—either too much, too little, or dream disturbances
- Rapid weight loss or gain
- Loss of interest in pleasurable activities
- Loss of interest in appearance
- Frequent complaints of vague aches and pains
- Loss of concentration
- Inability to make decisions

Assistance

If you feel a student is suffering from a depressive illness, you may wish to talk openly with him or her. Explain the behaviors you have observed and express your concern. In the case of mild depression, sometimes just knowing someone cares provides a boost to one's spirit.

- Symptoms of sadness, grief and depression often mirror one another. For this reason, please refer to the section on Grief for additional strategies for supporting students struggling with depression.
- If the symptoms persist for more than one to two weeks or seem particularly severe, encourage the student to contact Counseling Services (ext. 5195). **Prolonged depression can result in a suicide attempt.**

EATING DISORDERS

Eating disorders are serious and often fatal illnesses that cause severe disturbances to a person's eating behaviors. Common eating disorders include Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and Compulsive Overeating.

Anorexia Nervosa is a life-threatening disorder in which there is an intense fear of gaining weight, extreme concern over body shape and size, and a refusal to maintain a healthy body weight.

Bulimia Nervosa is an eating disorder characterized by patterns of bingeing (consuming a large amount of food in a short amount of time) and purging (eliminating calories consumed).

Binge Eating Disorder (BED) is a widely misunderstood mental disorder, which is characterized by frequent episodes of overeating marked by distress and lack of control. Unlike bulimia, BED sufferers do not compensate for the binge by vomiting, abusing laxatives or diuretics, or overexercising.

Compulsive overeating is an umbrella term used to describe maladaptive loss-of-control eating behaviors, including but not limited to: night eating, eating past satiety (feeling full), impulsive eating, compulsive food behaviors like hiding food, food obtaining and eating food out of the garbage.

Eating Disorder Facts

Eating disorders do not discriminate. They impact women, men, teens and children from all walks of life.

Indicators of Anorexia Nervosa and Bulimia Nervosa

- More than 30 million people in the U.S. will suffer from an eating disorder.
- Sufferers aren't always underweight. 35% of binge eating disorder patients are medically obese.
- Nearly one person dies from an eating disorder every hour.
- Over 70% of eating disorder sufferers will not seek treatment due to stigma, misperceptions, lack of education, diagnosis and access to care.
- A study of more than 2,400 individuals hospitalized for an eating disorder found that 97% had one or more co-occurring conditions, including:
 - 94% had co-occurring mood disorders, mostly major depression
 - 56% were diagnosed with anxiety disorders
 - 20% had obsessive-compulsive disorder
 - 22% had post-traumatic stress disorder
 - 22% had an alcohol or substance use disorder
- A study of 2,822 students on a large university campus found that 3.6% of males had positive screens for eating disorders. The female-to-male ratio was 3-to-1.

(Statistics procured from www.eatingrecoverycenter.com & www.nationaleatingdisorders.org)

Assistance

- Early detection, initial evaluation, and effective treatment are important steps that can help someone with an eating disorder move into recovery more quickly, preventing the disorder from progressing to a more severe or chronic state.
- If you have reason to be concerned about a student, please let the student know help is available. Refer him or her to Counseling Services (ext. 5195) for more information, counseling, or referral to outside assistance.

EMOTIONAL DISTRESS

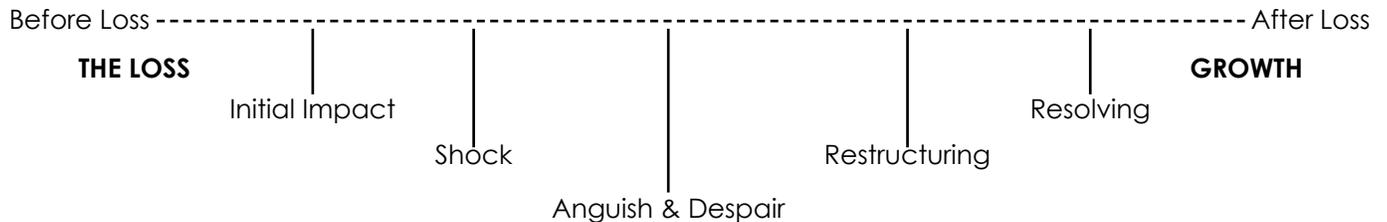
Common Causes of Emotional Distress in College Students

- Academic concerns
- Career concerns/decision making
- Depression
- Financial concerns
- Test anxiety
- Time management
- Desire to transfer
- Indecisiveness about major
- Problems with parents
- Roommate difficulties
- Incest and sexual abuse
- Sexual assault/rape
- Learning disabilities
- Emotional abuse
- Problems with relationships
- Family conflict
- Death of a loved one
- Grief
- General anxiety and stress

Indicators of Emotional Distress in College Students

- Excessive absences, especially when attendance has been good
- Change in extracurricular activities, loss of interest in things usually enjoyed
- Withdrawal from friends, associating with very different peers, isolation
- Inability to concentrate
- Unusual or exaggerated emotional responses inappropriate to the situation
- Talk about quitting college or the unimportance of college
- Depressed, hopeless attitude and statements, change in motivation
- Irresponsibility, blaming others, denying, faultfinding
- Presence and/or smell of alcohol
- Frequent illness
- Tearfulness, crying during class, swollen and/or red eyes
- Serious grade problems, change from consistently good grades to poor grades
- Erratic, unpredictable behavior
- Signs of physical violence, hitting objects in anger
- Sleeping in class, lethargy
- Suicidal talk or behavior, self-destructive thoughts, self-mutilation
- Dramatic or attention-getting behaviors
- Marked change in appearance, weight or hygiene
- Nervousness

Every loss is a personal experience. Since no two people will experience a loss exactly the same way, there are no formulas for how much a loss will hurt or how long it will last, and grief may affect a person physically, emotionally and/or behaviorally. There is a natural and common sense response to loss that promotes healing and growth. Understanding grief can make it more predictable, and therefore, less frightening to experience or observe. Below is an illustration of the stages of grief. Progress is usually not linear; the process is often seen as a cycle of change with backward and forward movement.



Indicators of Grief

- Weakness and fatigue
- Feeling of being lost
- Increase/decrease in activity
- Anger
- Sleep disturbances
- Questioning spiritual connectedness and/or life's meaning
- Neglect of self
- Increased incidence of illness
- Disorientation to time
- Weight and appetite change
- Guilt
- Withdrawal from friends, isolation
- Hopelessness, helplessness
- Blaming others
- Sadness, despair, crying
- Apathy

Assistance

Grieving is a process and often recovery can take a long time if the loss is severe. As noted above, do not be surprised if the student appears to move both forward and backward on the continuum of healing. While you always have the option to refer the student if the grieving process creates discomfort for you, below are some ways to reassure and support the student through the loss.

- If you decide to be a support to the student, be there and listen. Grieving people need support more than advice. It is important to offer support over time. Often, the student experiencing the loss cannot or does not know how to ask for what is needed. The student may need to tell his or her story repeatedly. Listening without judgment and interruption can be the most important gift you can give.
- Avoid clichés and easy answers. "I'm sorry," or "I care," or "You're in my thoughts," may be the best responses. Many times there are no words for grief and no words that can be spoken to take away the pain.
- Reassure the student that grief has many manifestations. Accept the expression of feelings.
- Help the student find a variety of supportive and encouraging activities and outlets. Suggest the help of counselors, ministers, and physicians, if appropriate.
- Encourage the student to make an appointment.

SEXUAL ABUSE AND/OR RAPE

Rape and child sexual abuse are both under-reported crimes. It is estimated that one in four women on college campuses is a target of rape or attempted rape. One in four women will be a target of sexual abuse by the time she is 18. In addition, one in seven men will be sexually abused or raped. Rape and child sexual assault affect the way a person thinks, feels, reacts and lives.

Potential Indicators of Rape and/or Sexual Abuse

- Withdrawal from usual activities
- High levels of anxiety or fear
- Depression
- Low self-esteem
- Shame (e.g., overly perfectionistic, focusing on the negative, statements that imply insecurity)
- Anger
- Marked physical agitation
- Sudden change in appearance (e.g., more makeup, less makeup, baggy clothes)
- Exaggerated startle response
- Sleep disturbances
- Drug or alcohol use

Assistance

Be aware that sexual assault is a life-threatening event. A student may be revealing the event some time after it has occurred, or you may be the first person in whom the student has confided. The student needs to be listened to in a respectful, calm way that helps create a sense of safety.

- Educate yourself on University policy and resources regarding rape and sexual assault
The Title IX Coordinator may be reached at 864-503-5959.
- Know that if a student confides in you, some level of trust and support already exists.
- Accept what student says as truth.
- Encourage the student to develop a plan to create the extra support needed at this time.
- Encourage the student to use Counseling Services (ext. 5195) or SAFE HOMES/Rape Crisis Center (864-583-9803). Both agencies provide counseling and advocacy to assist students in:
 - Further identifying and meeting their needs
 - Working through feelings and beliefs about the trauma
 - Developing a full plan of action

SUICIDE

Each year approximately 7,000 college-aged individuals die by suicide (Schwartz, 2011).

Demographic Information

- Males are 4 times more likely than females to die by suicide (www.afsp.org).
- Females attempt suicide 3 times as often as males (www.afsp.org).
- In 2015, the highest U.S. suicide rate (15.1) was among Whites and the second highest rate (12.6) was among American Indians and Alaska Natives. Much lower and roughly similar rates were found among Hispanics (5.8), Asians and Pacific Islanders (6.4), and Blacks (5.6) (www.afsp.org). Students identifying as Lesbian, Gay, Bisexual, or Transgender manifest a higher rate of risk for suicidal ideation, suicide attempts, or death by suicide (www.sprc.org).

Students at risk for suicide will often exhibit signs that serve as important indicators of their intentions.

Indicators of Suicide

- Verbal threats to commit suicide
- Sudden, unexpected happiness following prolonged depression
- Themes of death
- Previous suicide attempt(s)
- Unhealthy changes in behavior (e.g., withdrawal, isolation)
- Substance abuse
- Problems in school (e.g., drop in grades, absences)

Assistance

When dealing with someone who is actively suicidal, do not handle the situation alone. In the case of suicide, two heads are better than one, especially given the potential intensity of the crisis.

- Contact Counseling Services (ext. 5195) immediately if the threat of suicide is imminent.
- If the threat is not immediate, contact Counseling Services for consultation and assessment.
- Legally, the student's safety supersedes his or her right to confidentiality. It is appropriate and critical to tell the counselor what you know in order to save the student's life.
- Talk openly with the student about suicide; contrary to popular assumptions, this will not push the student to act on the threat.
- Don't analyze the student's motives for wanting to die. Listen non-judgmentally.
- Keep a calm tone of voice so as not to scare the student.
- **Never leave an actively suicidal student unattended.**

Schwartz, A. J. (2011). Rate, relative risk, and method of suicide by students at 4-year colleges and universities in the United States, 2004–2005 through 2008–2009. *Suicide and Life-Threatening Behavior*, 41(4), 353-371.

TEST ANXIETY

Test anxiety is one of the more common manifestations of anxiety in college students. The level of severity will often depend upon specific personality traits which may make the student more vulnerable to panic under certain conditions.

A correlation exists between test anxiety/panic and the following traits: perfectionism, low self-esteem, overgeneralization, distorted perceptions, and preoccupation with failing. A student who exhibits any of these traits will be more prone to symptoms of test anxiety.

Indicators of Test Anxiety

- Excessive sweating
- Nausea or abdominal distress
- Trembling
- Choking sensation or difficulty swallowing
- Student suddenly “freezes up” or goes blank
- Skipping or racing heart beat
- Light headedness, dizziness
- Preoccupation with health
- Possible hyperventilation

Assistance

Students who exhibit test anxiety may feel embarrassed about it, and may then try to hide it from you. Your awareness of the problem could provide the most important key to helping them resolve the anxiety. If you feel that a student is experiencing test anxiety:

- Encourage the student to use deep breathing and relaxation techniques during tests.
- Refer the student to Counseling Services (ext. 5195) for additional treatment.
- Refer the student to Health Services (ext. 5191) if physical symptoms seem severe.

VERBAL AND PHYSICAL VIOLENCE

Violence can be defined as any controlling and hurtful act, word, threat, or gesture that injures another person. The violence may be physical, emotional, or sexual and is usually perpetrated by people the victim knows, often with people in his or her own family or household.

Most women and men who are battered live in silence. This silence can be dangerous because it keeps them isolated from available help and creates a sense of powerlessness.

Indicators of Victimization

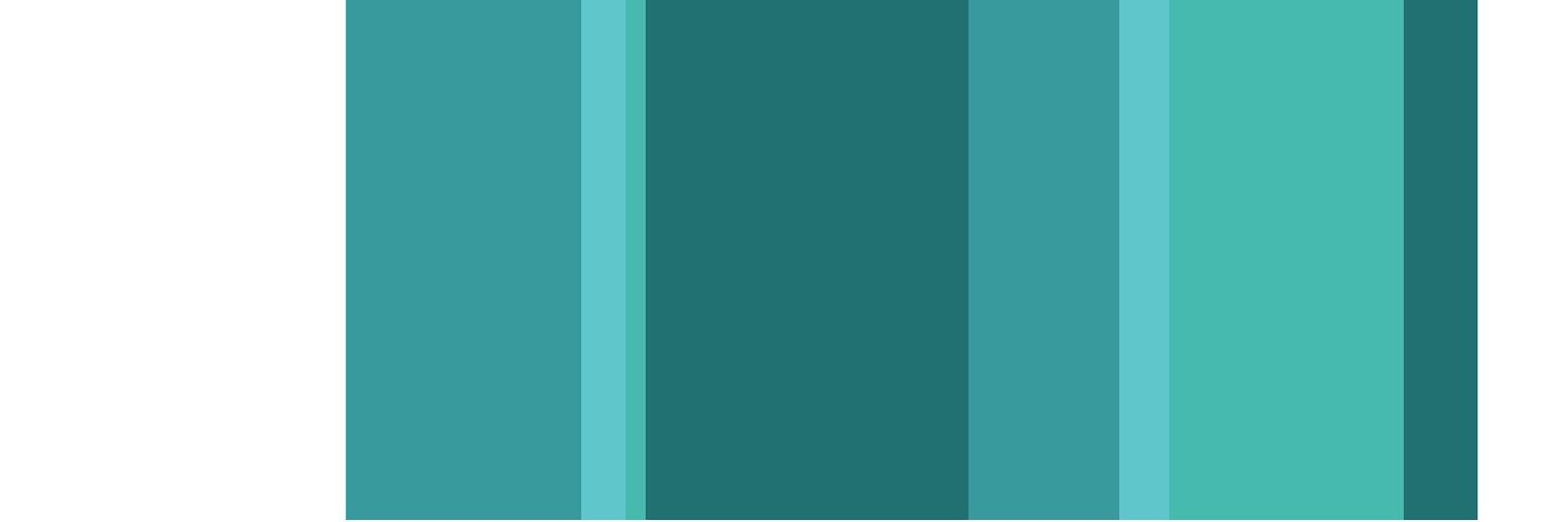
- Low self-esteem (e.g., poor eye contact, excessive apologizing, withdrawal)
- Accepting responsibility for the abuser's actions
- Turning anger inward or on children
- Presenting a passive face to the world, minimizing the violence to those who know
- Severe stress reactions (e.g., panic attacks, rapid heart beat, weight loss)
- Believing no one will be able to help
- History of abuse as a child

Assistance

First, understand that the student lives under a very real threat of violence and/or death. It is helpful to understand that the student may not realize he or she deserves to be treated with humane consideration and has the right to feel safe from physical and emotional harm.

If you are with a student in crisis, please feel free to contact Counseling Services (ext. 5195). If the student is not in immediate crisis direct them to Counseling Services. The student may not respond to the referral immediately. Following are suggestions you can share with the student to increase protection:

- Help the student identify the cycle of violence and methods of protection when another violent episode could occur.
- Create a safety net of telephone numbers of helping resources (i.e. friend, relative, babysitter, doctor, police, crisis line, shelter). The following numbers should also be included:
 - Counseling Services 864-503-5195
 - University Police 864-503-7777
 - SAFE HOMES/Rape Crisis Coalition 864-583-9803
- If feasible, encourage the student to have a room in the house that has a strong lock where he or she can retreat if feeling threatened.
- Encourage the student to keep a bag or suitcase packed in the event he or she must leave the home quickly.
- Explain to the student the importance of hiding extra keys, money, and important documents in a safe and secure place that is easily accessible.
- Assist the student in developing an exit plan, including a place to go in an emergency (a shelter or home of a relative or friend).



COUNSELING SERVICES:

Response, Services, and Referrals

WHAT HAPPENS AT COUNSELING SERVICES

When you see a student in distress, it is best to be direct about your desire and ability to help. If you need to refer the student to another resource due to time constraints or limited expertise, simply say so. The student will likely be reassured by your willingness to direct him or her to a more appropriate resource.

Referral

In order to refer a student to Counseling Services (during a mental health emergency) walk the student to Counseling Services and tell front desk staff this is an emergency. You can call ahead to let us know to expect you and the student. In order to refer a student to Counseling Services at any other time, give the student our contact information and recommend they make an appointment. If you have doubts about when to refer a student, call us for consultation. We offer same day in-person crisis services during regular business hours. If Counseling Services is closed, and it is a mental health emergency, call 864-503-5195 and select option #2 to speak with a clinician.

Confidentiality

- Use of services and personal information shared by a client with his or her counselor is confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA), South Carolina Code of Laws and professional ethics codes. No information is released to parties, outside of Counseling Services for purposes of care, without a client's written permission. Under these provisions, University administrators, faculty, family members, law enforcement officials, potential employers and others have no access to any of our clients' records without the client's written permission.
- Please note that the following exceptions to confidentiality apply:
 - Information may be shared with a clinical supervisor and/or peer consultation group for treatment purposes.
 - If you have signed an *Authorization for Disclosure of Protected Health Information* form allowing disclosure of information to a third party.
 - If it is a therapist's judgment that there is a substantial risk that a client will do physical harm to themselves in the near future, it is the therapist's duty to take steps to protect the client's safety.
 - If it is a therapist's judgment that there is a substantial risk that a client will do physical harm to an identifiable other person (or persons) in the near future, the therapist will take steps to protect the safety of the endangered person (or persons).
 - If information is shared with a therapist indicating that a child or dependent adult is currently being abused, state law requires that the information is reported to the Department of Social Services serving the area where the child or dependent adult lives.
 - A counselor may be ordered to testify in legal proceedings and/or turn over records if lawfully issued by subpoenas and court orders. Counseling Services will inform you if a subpoena is received and will give you an opportunity to move to protect your records prior to releasing any information pursuant to a subpoena.

WHAT HAPPENS AT COUNSELING SERVICES

Students who are referred to us can expect:

- Counseling sessions last 50 minutes, and the student decides whether to return for additional sessions.
- In emergencies, Counseling Services will ensure the student receives immediate help. Counseling Services defines an emergency as:
 - i. Reports of suicidal or homicidal thoughts, or thoughts or acts of self-harm
 - ii. Reports of a current plan to attempt suicide or to harm someone else
 - iii. Reports of a recent physical or sexual assault
 - iv. Reports of a recent death or loss
 - v. Reports of recent witnessing of a traumatic event
 - vi. Reports of strange experiences such as hearing voices or seeing things that others do not

Counseling Services is located in the John M. Rampey, Jr. Center on Hodge Drive. Our phone number is 864-503-5195.

SERVICES

Counseling Services at the University of South Carolina Upstate provides free and confidential counseling services to currently enrolled full and part time students. These services include the following:

- **Individual & Couples Counseling** To help students deal with an array of personal and interpersonal issues including stress, anxiety, depression, grief and relationship issues.
- **Medication Management** For those students who may benefit from drug therapy.
- **Abbreviated Testing Services** To support students with affordable screening for ADHD or Learning Disabilities.
- **Group Counseling** A group environment where students may gain support and understanding from peers.
- **sharpenUP** A free, mental health app that provides information on coping skills, mindfulness, resiliency and other information regarding mental health concerns.
- **Distance Counseling** Telephone and secure video conference sessions are available.
- **24/7/365 Crisis Services** Available in-person during business hours or after-hours by calling 864-503-5195, Option #2.
- **Consultation** Clinicians are available to speak with you if you have any questions or concerns.

Educational Workshops

In addition, Counseling Services provides educational workshops on a wide range of topics including but not limited to the following:

- Stress Management
- Test Anxiety & Perfectionism
- Identifying Students in Emotional Distress
- Healthy Relationships
- Grief and Loss
- Mental Health First Aid
- Question, Persuade & Refer

Outreach Programs

Counseling Services typically offers programs such as events surrounding Suicide Prevention Awareness Week, National Depression Screening Day, and Fresh Check Day. For additional information about any of these services, please contact Counseling Services at 864-503-5195.

RESOURCE GUIDE

Note: For more information, please click on the resource title to be brought to the related website

AIDS, HIV, and Sexually Transmitted Diseases Information: 1-800-322-2437

Al-Anon: 864-235-4638

Support group for family members affected by the disease of alcoholism.

Alcoholics Anonymous: 864-585-1930

Click to locate your region in order to identify meetings.

Brain Injury Association of SC: 803-731-9823

Carolina Pregnancy Center, Spartanburg, SC: 864-582-4673

Carolina Center for Behavioral Health: 864-235-2335

Provides in-patient and intensive outpatient services for persons with mental health and substance concerns. CCBH also maintains a very comprehensive **Community Resource Directory**.

Children's Advocacy Center, Spartanburg, SC: 864-515-9922

The center provides treatment services for children who have been abused.

Compass of Carolina, Greenville, SC: 1-800-203-9692

Provides a variety of counseling services

Emerge Family Therapy Center and Training Clinic: 864-583-1010

Provides marriage and family counseling.

Faces and Voices of Recovery Greenville (FAVOR): 864-430-1802

Intervention and recovery support for those with substance concerns.

Greater Spartanburg Ministries: 864-585-9371

Provides emergency food and emergency financial assistance for power and heat bills. Student will need to bring I.D. and income information to document need.

Health Department, 151 E. Wood Street, Spartanburg, SC: 855-472-3432

Provides an array of health related services including family planning, HIV/STD testing, WIC program, and immunizations.

Narcotics Anonymous: 1-800-407-7195

Safe Harbor, Greenville, SC – Rape Crisis Coalition: (800) 291-2139

St. Luke's Free Medical Clinic, Spartanburg, SC: 864-542-2273

Services are available to Spartanburg County residents who have no health insurance, Medicaid, or Medicare.

Salvation Army, Spartanburg, SC: 864-576-6670

Provides financial assistance and social services.

Serenity Place, Greenville, SC: 864-467-3881

Residential, long term (more than 30 days) drug treatment program for pregnant women and women with children.

South Carolina Legal Services: 1-888-346-5592

South Carolina Vocational Rehabilitation Department, Spartanburg, SC: 864-585-3693

Spartanburg Area Mental Health Center: 864-585-0366

Provides diagnosis and treatment of persons with emotional and psychiatric illness.

Spartanburg County Department of Social Services: 864-596-3001

Spartanburg County First Steps: 864-327-4900

Available to Spartanburg County residents who need quality daycare. Parenting training and referral also provided.

Spartanburg Housing Authority: 864-598-6000

Suicide Prevention Lifeline: 1-800-273-8255

The Forrester Center: 864-582-7588

Provides outpatient drug and alcohol counseling and prevention services.

The Phoenix Center: 864-467-3790

Offers a variety of outpatient, residential and detox treatments for individuals struggling with substance abuse.

The Trevor Project: 1-866-488-7386

A national confidential crisis intervention hotline for LGBTQ youth (ages 13-24 years old). Text and online chat options available.

Upstate Fatherhood Coalition: 864-598-5249 (Spartanburg) 864-241-4464 (Greenville)

Education and services uniquely tailored for fathers trying to rebuild their lives and their families.

Upstate Warrior Solution: 864-520-2073

Connects warriors and their families with supports and resources

EMERGENCIES

Counseling Services has a counselor on-call during the day. Our After-Hours Crisis Line is available at 864-503-5195, Option #2. If you are with a student who is expressing direct threats to himself/herself or others or is acting in a bizarre, irrational, or disruptive manner, try to stay calm. Find someone to stay with the student while you call one of these offices:

During Regularly Scheduled Work Hours:

Counseling Services: 864-503-5195, Option #1

8:30 a.m. - 5:00 p.m. - Monday - Friday

University Police: 864-503-7777

On call 24 hours

Health Services: 864-503-5191

8:30 a.m. - 5:00 p.m. - Monday - Friday

During Weekends and After Hours:

USC Upstate After-Hours Crisis Line: 864-503-5195, Option #2

National Suicide Prevention Lifeline: 1-800-273-8255

UPSTATE
University of South Carolina

COUNSELING
SERVICES