How to Refer Students and House Staff to the Counseling Center

A Guide for Faculty and Staff

- REFERRAL INFORMATION
- WHEN AND HOW TO INTERVENE
- STUDENTS IN CRISIS
- KNOWING YOUR LIMITS
Distressed or troubled individuals often seek counseling services on their own. Sometimes, however, they are referred by faculty or staff members who have contact with them and learn about their distress through conversations about academic or clinical matters. Someone may choose to confide in you, or you may infer from behavior or performance in class or in a clinical setting that counseling could be beneficial. The purpose of this brochure is to help you recognize some of the distress signals you may encounter and to provide options for how to respond to them.

The educational and training missions of Rush University Medical Center are both diverse and intense. Students and house staff often experience considerable stress during the time they are affiliated with Rush. Some stressors relate to developmental tasks associated with early adulthood. Other sources of stress — including issues of professional identity, sleep deprivation, the impact of rigorous training on relationships and the financial worries associated with prolonged student or trainee status — are unique to campuses such as Rush.

The Role of Faculty and Staff in Assisting With Student and House Staff Problems

Many individuals successfully cope with these challenges, but others feel overwhelmed by them. Because emotional problems typically affect performance in academic and clinical realms, you are in a good position to recognize students or members of the house staff who are struggling to manage their stress. While no one at Rush expects you to screen for, or treat, psychological problems, your role may result in you being among the first to become aware of someone’s difficulties.

You will be able to help some people simply by listening, being accepting and nonjudgmental, and assisting them in defining the problem. Other people need more than you feel comfortable providing. At those times, you can let the person know that you encourage him or her to seek help at the Counseling Center. By normalizing help-seeking, you let the individual know that asking for and receiving help is a constructive and positive step.

Occasionally you will encounter a prospective client who is not receptive to your efforts to help. Some people may feel that your concern is intrusive, and they may reject your attempts to serve as a facilitator. Many more will appreciate your interest. Talking with them about their concerns may well be the encouragement they need to seek professional help. By communicating your caring, you may help them to mobilize their own resources to cope with whatever challenges are before them.

Remember that there are limits to your responsibility. The fact that someone confides in you does not mean that you must resolve their problems. It also does not mean that you must ensure that he or she follows through with recommendations you may make.
Responding to Individuals Who Confide in You

When students or house staff do choose to reveal personal information to you, consider the following responses:

• Always be aware of safety considerations, particularly if the individual is agitated, disoriented, or under the influence of drugs or alcohol. Be aware of how you can exit if the need arises. If you feel unsafe, do not hesitate to call Campus Security (ext. 2-5678) if you think their involvement is necessary.
• Arrange to speak with the individual in a private, quiet space.
• Listen in a supportive manner — avoid responding in ways that result in the situation escalating.
• Normalize the situation by letting the individual know you have talked with other people who have grappled with the same issues.
• Be direct — share your observations in a matter-of-fact way. Do not worry that your remarks will be a catalyst for dramatic or self-destructive behaviors.
• Know your limits. If the situation is more serious than you feel comfortable handling, or your own circumstances prevent you from making time and resources available to assist the other person, do not hesitate to refer him or her to the Counseling Center.
• Never promise confidentiality. To protect the safety and well-being of the individual or of others, you may need to involve other professionals in the management of a crisis.

When to Intervene

The following list includes some of the more common psychological issues that faculty and staff members may encounter:

Depression: While it is not uncommon for people to experience occasional feelings of sadness or depression, such feelings usually lift after a few days and are characterized by one or two symptoms. Clinical depression lasts for a longer time and is typically characterized by a number of symptoms, including the following: loss of appetite, disruption in sleep patterns, social withdrawal, loss of interest in activities that were previously pleasurable, tearfulness, changes in appearance and/or hygiene and thoughts of suicide.

Suicidal Ideation: Any reference to suicidal thinking should be discussed frankly with the individual. Thoughts about suicide do not mean that he or she intends to take action, or that the person is in imminent danger. The person may feel overwhelmed or depressed and can benefit from talking about feelings with a member of the Counseling Center staff. Most people who attempt suicide will express their loss of hope with statements such as, “I don’t want to be here,” “You’d all be better off without me,” and “I’m going to kill myself.” Less directly, various ways of communicating goodbyes can include the disposal of personal belongings and putting one’s affairs in order. These statements and gestures should always be taken seriously. Do not assume that they are evidence of attention-seeking behavior.

Agitation and Acting Out: This includes behaviors that are considered deviations from socially acceptable codes of conduct, including the following: disruptiveness in class, hyperactivity, being confrontational, evidence of chemical dependency and outbursts of anger or tearfulness that seem inappropriate in that context.

Substance Abuse: When individuals come to class or clinic or to a Medical Center event while under the influence of alcohol or an illegal substance, there is evidence of substance abuse. People often rely on drugs or alcohol to help them cope with the demands of rigorous education or training even though reliance on these substances often creates other problems. Evidence of intoxication is another reason to refer someone to the Counseling Center.

Disorientation: Misperception of facts or reality, disconnected speech, rambling, and behavior that seems bizarre are all examples.
**Academic Difficulties:** Noticeable decline in academic performance or poor attendance may signal difficulties in other areas of the individual’s life. Faculty members are most likely to be aware when performance drops for a student who previously had functioned at a higher level.

**Changes in Personal Relationships:** Divorce, including parental divorce, breakups or strains within significant relationships, and the death of a loved one are all sources of stress for students, residents and fellows. These events may test the individual’s coping skills, which in turn may affect his or her functioning on campus.

**Transitions:** People who finally embark on a path toward a long-held career goal sometimes experience “cold feet.” They can become apprehensive and experience self-doubt as they are on the verge of becoming professionals. If you see that someone who can be described in this way is struggling, perhaps you can discuss this transition with him or her. Similarly, when a student makes a decision to leave school altogether, there may be reasons other than academic difficulties that fuel the withdrawal from classes. It is helpful to explore this and steer the individual toward appropriate resources.

**Eating Disorders:** This includes self-starvation behaviors associated with anorexia, the binge-purge cycle that signals bulimia, laxative abuse, compulsive eating and compulsive exercising to avoid gaining weight.

**Eligibility**
All currently enrolled students are eligible to receive services at the Counseling Center. We also offer therapy to residents and fellows who are affiliated with any of Rush University Medical Center’s postgraduate training programs. In addition, we see spouses and significant others of anyone who is eligible for our services in the context of couples therapy. We provide both brief and long-term therapy at no charge to our clients.

**Scheduling an Appointment**
It is always preferable that clients contact the Counseling Center themselves to schedule an appointment. They will feel more committed to the process if they do, and they are more likely to come at the designated appointment time if they are involved in scheduling the meeting. You can assist in this process by letting them use your telephone to schedule an appointment when the subject is discussed.

Licensed clinical psychologists are available Monday through Friday from 9 a.m. to 5 p.m. To schedule an appointment, have the individual call (312) 942-3687. Most of the time, clients can be seen within a week of calling for an appointment. If you or the individual think the matter is urgent, he or she can often be seen the same day. When possible, please contact us to let us know you are referring someone for same-day service so we can be prepared to see him or her. In some cases, you may choose to accompany the individual to the Counseling Center for his or her appointment. This may ease any anxiety the individual feels regarding seeing a psychologist, or it may be a source of comfort to him or her while waiting for the appointment to begin.

When appropriate, we refer students to psychiatrists in practice off campus for medication evaluations and management. Members of the house staff are eligible to meet with a psychiatric consultant at the Counseling Center. Occasionally clients are referred to professionals in the community for specialized services that are not offered on campus. More typically, they are invited to continue in ongoing psychotherapy with a member of our staff.

It is helpful if you follow up with the client at some point in the near future. For example, you might ask him or her how things have been going since your last discussion, or inquire whether or not they scheduled an appointment with one of the counselors at the Center.
Evenings and Weekends

The Counseling Center is not open for services on evenings or weekends. In the event that a prospective or current client requires attention during a time when the Center is closed, you can consider the following options:

- When you are not worried about the client’s safety, you can get him or her to agree to call the Counseling Center for an appointment when it is open.

- If you are concerned that someone may be a danger to him or herself, or others, this is an emergency that cannot wait until the Center is open. You can help get the individual to the nearest hospital emergency room. In some cases, this may not be at Rush. If you and the prospective client are both on campus, Campus Security can assist you in transporting the individual to the emergency room.

Students and house staff members may also call Employee Resource Systems for evening and off-hours services at (800) 292-2780. They may be offered up to five free assessment sessions, after which they will be referred to a clinician who can accept their health insurance plan.

If a Client Is Reluctant To Seek Professional Help

Many people think that access to mental health resources should be reserved for crises, or that only seriously disturbed people talk to therapists. For them, a referral to the Counseling Center may elicit a defensive response. It is helpful if you can reassure prospective clients that we see a wide range of presenting problems.

People do not have to be in crisis in order to come to the Counseling Center. It is often easier to deal with situations before they reach crisis proportions. Anything that you can say or do to convey to the individual that seeking counseling is a constructive approach to problem-solving will increase the likelihood of the person accepting a referral.

Prospective clients may also be reassured that talking with a psychologist does not necessarily mean that they are initiating long-term therapy. Sometimes meeting with a counselor one or two times results in a satisfactory resolution of the problem.

Remind clients that any contact they have with Counseling Center staff members is confidential and will have no impact on graduation.

There may be reasons for an individual’s reluctance to talk with a counselor, including prior experience in a therapy relationship that was felt to be unpleasant or unhelpful. The best thing that you can do at this point is to encourage the client to be open to the possibility that an experience with a different therapist might be more rewarding. He or she can come to a trial session to see how it feels. You can also tell them you are aware of other people who have used the services at the Counseling Center with a good outcome.

Despite your best efforts, you may not be successful in facilitating a referral to the Counseling Center. In those cases, you may want to call our staff to discuss the circumstances surrounding your concern. Perhaps we can suggest other ways of approaching the client to help you intervene more effectively on his or her behalf. Ultimately, however, with the exception of cases where the safety of the individual or an identified victim is an issue, we must respect the right of the individual to make a decision to not seek or accept help.

Confidentiality

Professional standards regarding confidentiality are adhered to by members of the Counseling Center staff. Trust is essential to our work and we recognize that our clients are more likely to pursue psychotherapy if they are assured that utilization of our services is considered a private matter. No identifying information regarding our clientele is disclosed to anyone outside of the Counseling Center unless a client provides written authorization to communicate with others. This includes
confirming that someone who has been referred by a member of the faculty or staff has or has not followed through to make an appointment. If you remain concerned about the individual you have referred to us, please follow up directly with him or her to determine whether or not an appointment has been scheduled.

There are a few exceptions to our commitment to protect the privacy of our clients. Illinois law mandates that we can break confidentiality if an individual is in clear and imminent danger of harming him or herself, or another identifiable person. We are also obligated to notify officials if we receive information regarding child or elder abuse, or if the Counseling Center receives a court order to provide information or to appear in a court of law. Such occurrences are rare.

**Consultation**

While the primary purpose of the Counseling Center is to work directly with students, residents and fellows, we also consider consultation with faculty and staff who want to refer clients to us to be an important function. We are glad to speak with you regarding our services, your concerns about someone you are thinking about referring, and about ways to make an effective referral. If we are not immediately available to speak with you, please telephone the answering service and let them know the nature of your call. One of us will return your call that same day.

### Phone Numbers You May Need

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<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Counseling Center</td>
<td>(312) 942-3687</td>
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<td>RUMC Campus Security</td>
<td>(312) 942-5678</td>
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<tr>
<td>RUMC Emergency Room</td>
<td>(312) 947-0100</td>
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<td>Crisis Lines</td>
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<tr>
<td>National Suicide Hotline</td>
<td>(800) 273-8255</td>
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<tr>
<td>Rape Crisis Hotline</td>
<td>(888) 293-2080</td>
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<tr>
<td>Alcoholics Anonymous 24-Hour Hotline</td>
<td>(312) 346-1475</td>
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<tr>
<td>Narcotics Anonymous 24-Hour Hotline</td>
<td>(708) 848-4884</td>
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<tr>
<td>Northwestern Memorial Hospital 24-Hour Hotline</td>
<td>(312) 926-8100</td>
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<tr>
<td>City of Chicago Domestic Violence helpline</td>
<td>(877) 863-6338</td>
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<tr>
<td>Sarah’s Inn Hotline (Domestic Violence)</td>
<td>(708) 386-4225</td>
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<tr>
<td>GLBT National Help Center</td>
<td>(888) 843-4564</td>
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<tr>
<td>Veterans Crisis Line</td>
<td>(800) 273-8255</td>
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<tr>
<td>Hotline for Self-Injurers</td>
<td>(800) 366-8288</td>
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<tr>
<td>Chicago Police Department</td>
<td>911</td>
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