When is a student in need of a psychological referral?

A referral for psychological counseling should be considered when you believe a student’s problems go beyond your own experience and expertise or when you feel uncomfortable helping a student with an issue. A referral may be made either because of the way the student’s problems are interfering with his or her academic work, or the student’s behavior raises concerns apart from his or her academic work.

Faculty and staff members are in a unique position to identify students who may need counseling. Because of your frequent contact with students, you are able to observe changes in their behavior which may indicate emotional distress. If you have concerns about a student, please do not ignore them. Your sense, however vague, that something is wrong may be an important warning sign. It is better to err on the side of caution regarding the well-being of others. Although you will not provide counseling, you can express your concerns directly to the student and make a referral, or call Counseling and Psychological Services (CAPS) to consult with a staff member.

Some recognizable indicators that a student may be experiencing more stress than he or she can handle include:

- Marked decline in quality of course work, class participation, quality of papers or test results
- Increased absence from class or failure to turn in work
- Repeated requests for special consideration
- Disruptive classroom behavior
- Listlessness, lack of energy, or falling asleep in class
- Prolonged depression, suggested by a sad expression, apathy, weight loss, tearfulness
- Nervousness, agitation, excessive worry, irritability, aggressiveness, or non-stop talk
- Impaired speech or disjointed, confused thoughts
- Extreme mood changes or inappropriate display of emotions
- Threats against other people
- Coming to class or other activities intoxicated, or smelling of alcohol
- Extreme dependency on faculty or staff, including spending much time visiting during office hours or at other times
- Use of office hours to address personal issues
- Marked decline in personal hygiene
- Marked change in the student’s participation with peers; a shift toward extreme introversion
- Frequent physical complaints such as tension headaches, stomach aches, or other physical pain symptoms
- Direct statements indicating family problems, personal loss, sexual, or physical assault, or reported episodes of racial or gender discrimination
- Talk of suicide, either directly or indirectly such as, “I won’t be around to take that exam anyway,” “I’m not worried about a job, I won’t need one.” or “I wish I could just go to sleep and not wake-up.”
- Comments in a student’s paper that arouse concern, such as essays that focus on despair, suicide, or death

Please keep in mind that every student experiences stress differently, and many disturbances are transient. However, you may become concerned by brief extreme changes or significant changes that continue for some time. If there is doubt about the seriousness of the problem, consult a CAPS staff member about how to evaluate and address the situation.

**How do I make a referral?**

One way of introducing the topic of counseling referral to a student is to summarize what you see as the content of the problem. Be direct and specific, as well as non-judgmental. For example, say something like, “I’ve noticed that you’re falling asleep in class and I’m concerned”, rather than “Why are you constantly asleep in my class?” If a student approaches you, listen to his or her expressed thoughts and feelings. Let the student know that you recognize that he or she is in pain and that you want to help. Tell the student that you recommend referral to CAPS so that he or she doesn’t have to deal with the problem alone.

Sometimes people are resistant to counseling because of stereotypes that counseling is for “crazy people”, the perception that they should be able to handle things on their own, or fears about what counseling might be like. Explain to the student that everybody needs help dealing with tough problems from time to time, and that counseling can provide a sensitive and caring person who will listen to concerns and help find ways to cope more effectively. Inform the student that he or she can come to CAPS for a consultation to determine if they feel comfortable and are appropriate for short-term counseling.

If, despite your best efforts, a student refuses counseling, it is best to leave the subject alone. Coercing a student to counseling is not likely to have a positive result in the long run, although it may be useful for the purposes of getting the student in for an initial evaluation under extreme circumstances. Generally, unless there is some immediate concern about the welfare of the student or others, it is better to try to maintain your relationship with the student rather than to force him or her to go to CAPS.

Once the student has agreed counseling might be useful, there are several possible steps to take, depending on the student's attitude and the urgency of the situation.

1. Give the student information about CAPS and encourage him or her to call or walk into CAPS to make an appointment.
2. Offer to let the student call CAPS for an appointment from your office, so that a public commitment will have been made.
3. Follow up with the student several days later to ascertain if he/she has contacted CAPS. Please know that our services are confidential and should you contact us to follow up, we will not be able to provide any information without a written release from the student.
4. Offer to walk to CAPS with the student to set up an appointment.

What if it’s an “emergency”?

If the student is in crisis, this warrants immediate action. Call CAPS and tell the secretary that you have an emergency, and she will arrange for the student to be seen as soon as possible. If CAPS is closed, call University Police at (973)-655-5222, and they will contact the on-call psychologist. Crisis situations include:

- The student is in significant distress and appears unable to care for him or herself
- The student expresses thoughts about committing suicide, and/or a plan or intent to harm themselves or somebody else
- The student is displaying psychotic symptoms, such as appearing confused and/or agitated, hearing voices, expressing unintelligible speech and/or bizarre, paranoid, or clearly false beliefs about something.

If a student is in immediate danger (they have already taken an overdose, tried to harm themselves in some other way, or are medically ill) call 911. If a student talks or writes about suicide, this should be taken seriously. Suicide is often considered as an option when a student feels depressed, hopeless, trapped, or out-of-control. Making an assumption that talk of suicide is aimed at getting attention can be a potentially fatal mistake.

What happens after a referral is made?

Once a student calls or walks into CAPS, a telephone screening is scheduled the same or next business day. This 15-20 minute phone interview is designed to determine what is troubling the student, urgency of need, and what services would be most helpful. If it is determined that the student's needs would be better met by an off-campus facility or private practitioner, a referral off-campus will be made. If group therapy or short-term counseling at CAPS appears appropriate, the student will be scheduled for a 90-minute assessment in the office to gather additional information. This assessment is called an intake appointment. After the intake, if services at CAPS are deemed appropriate, regular appointments will be scheduled, usually for 50 minutes once a week. At busy times in the year it may be a week or two before regular appointments begin, but students are encouraged to stay in touch by phone or with brief personal contacts to help them feel supported and to monitor symptoms. In some cases, students are referred off-campus for services after the intake when the full assessment indicates treatment by an off-campus facility or private practitioner is most appropriate. In these situations, students may work with the case manager/referral coordinator at CAPS in order to successfully facilitate the referral.

Who provides services and what is offered?

CAPS is staffed by licensed psychologists, case manager/referral coordinator, part-time psychiatrist, and selected graduate students who work under close supervision. The services are included in the student wellness fee and provided with no additional out of pocket
expense. As previously stated, strict confidentiality is maintained in accordance with ethical standards and New Jersey state law. This means no information, including whether a student has made an appointment, can be shared with anyone without the written consent of the student utilizing services. The only exception to this practice is when confidentiality must be broken in order to maintain someone’s safety in the event a student presents imminent danger to himself/herself or someone else.

CAPS offers short-term individual and group psychotherapy, referrals off-campus, crisis intervention, an alcohol and drug program, and psychoeducational workshops on a variety of mental health related topics. Additionally, CAPS staff are available to consult with faculty and staff about psychological issues and concerns of students.

CAPS is located in Russ Hall (next to Freeman Hall) and is open 9 a.m. until 5 p.m., Monday through Thursday, and 8:30-4:30 on Friday. Appointments can be made by walking into CAPS or by calling (973) 655-5211.

**What services are available for faculty and staff?**

Faculty and staff can receive a consultation and referrals for personal concerns through CAPS. Coverage for mental health services may be provided through your health insurance plan. The CAPS staff is knowledgeable about insurance and referral issues should you need assistance.

*Please check out the CAPS website through the Montclair State University website at http://www.montclair.edu/caps*