

**CRISIS TRAINING OUTLINE
FALL QUARTER 2010**

8:30 am-12 pm

(3 hour schedule presentation , with +30 minutes flextime included)

I. GOALS/SERVICES

25 Minutes

A. Introduction:

Briefly introduce CAPS as a unit and then introduce staff which are present (Name, Position, Office location).

Have RA staff do introductions as well.

B. Review Agenda/Goals of the presentation:

(p.3 in Manual)

This training is to help you recognize your role as a RA/NA/CA during a crisis and available crisis resources:

1. CAPS Services
2. How to identify a Crisis and determine level of Crisis
3. Developing skills to respond to students in Crisis
4. Identifying available Crisis Resources
5. Self-Care and Community Care

Remember that you are a member of the RA team. You are not alone and should never feel alone in a crisis situation.

This is the building block for all other modules and learning in this area is cumulative -- the more you practice the better you are. This session is just the beginning of a year-long process of developing these skills further.

C. Discuss Services that CAPS provides :

Provide Handouts-CAPS Brochures with description and phone numbers

Have RA staff refer to Crisis Manual during presentation

(Page 2 in Manual)

- Location (Central office at SHS, East Wing; therapists available in different colleges/residences)
- Individual, Couples, Family, Group Counseling -(Types of Issues addressed; # of sessions; therapists available)

- Scheduling an Appointment – Introduce new phone triage (students will call our main number and will be given a phone appointment with a CAPS counselor(usually within 24 hours). The counselor will spend about 15 minutes on the phone with the student learning about the student's concerns. (Initial evaluation/crisis appt is free with payment of reg fees--counselor will develop treatment plan which may include on or off-campus treatment)
- Crisis Services: Discuss availability of Crisis Services, After Hours Services. (Crisis consultation by phone is available when RA's have concerns about a student)
- Psychiatric Services
- Consultation
- Outreach Services (give 3 weeks advance notice, examples of outreaches)
- Emergency Numbers (refer to p. 2 in Manual)

II. COMMUNICATION SKILLS:

25 Minutes

A. Listening:

You were chosen for the RA job because you have good communication skills and the ability to build rapport with others. The atmosphere of trust and friendliness you create with your residents while dealing with routine matters and simple questions lays an important foundation for listening more deeply. Part of listening is knowing when to do it, as opposed to giving advice and handling routine issues.

1. What are some qualities of a good listener?

On a blackboard/whiteboard brainstorm with the group the qualities of a good listener and the things that get in the way of good listening (Presenter may see "Cues for Positive Feedback" toward the end of this outline for ideas.)

- Ask RAs and make two columns of what works and what doesn't work when listening.
- Look for an understanding of non-verbal as well as verbal behavior
- Look for an understanding of the role of feelings and empathy.
- Be alert to cultural differences and different styles of communication: what is said/not said, verbal and non-verbal norms, assertive vs. passive, etc.
- What are the dangers of assuming you know what is going on? etc.

B: Listening, Consulting, or Referring:

1. What would you do in these different situations?:

Make three columns and have RAs decide which illustrate when listening is enough, when one should consult, when one should consult and refer

- Use specific examples that residents may face: conflict with roommate, feeling lonely, feeling stressed over a homework assignment, failing classes, death of a family member, a suspected eating disorder, feeling increasingly depressed, etc.
- Decision tree (Last page of Manual)

(This leads into crisis module which will follow)

III. BREAK 10 Minutes

Ask for 4-6 returning RA volunteers for exercise to present 30 second scripted role plays of possible crisis scenarios for the large group (see Appendix G, Role Play Scenarios). Reiterate that they do not have to solve the scenario, only to present the scenario.

IV. CRISIS MODULE 1 Hours 30 Minutes

A. RA Role Plays: 3 Minutes

Introduce these as Possible Crisis Scenarios you may face as an RA

B. Large group discussion on General Crisis Information 15 minutes

From the role plays, generate discussion and review some basic aspects of the RA's role in crisis situations and/or general information regarding student crisis using the list below (p. 3-6 of Manual):

- What is a crisis? (types, severity)
- Types of stressors and common responses of students
- Role and responsibility of RA
 - Who are the members of their crisis team?
 - How to enlist team
 - What information to gather
 - When and how to consult
 - When and how to refer
 - Refer to Decision Tree (last page of manual)

Remind RA/NA/CAs that they are not responsible for solving the person's problems. Their goal is to support the person in the moment, gather important info, consult with and mobilize other members of team, and refer. They are encouraged to consult in every case involving even what seems like a slight degree of risk of harm to self or others.

- Examples of less severe problems; How to respond
- Privacy vs. confidentiality (professional confidentiality and

exceptions; paraprofessional requirements)

B. Videos and discussion (40 Minutes)

1. Pre-video instructions 3 minutes

- Emphasize video as basis for discussion, not necessarily role models.
- Emphasize video not scripted or modeled.
- Emphasize information-gathering for consultation (not assessment of risk).
- Ask students to watch what was effective/not effective in video vignette.
- Ask students to observe what information is gathered, what information they would want to communicate to their team and to the professional consultant, what additional information they might want to get, etc. They can also notice what other issues come up for them while watching the video.

2. Video vignette 1 7 minutes Issues: Depression, Suicidal ideation, Referral

3. Post-video discussion (refer to crisis manual) 15 minutes

- What was effective?
- What was ineffective?
- What would you do differently?
- What are some additional questions you would ask? Or information you would want to gather?
- Use video as a point of departure to explore optional scenarios (e.g.: what if a the student who minimizes their crisis or refuses to speak with a professional? What if the student seems depressed but doesn't admit to suicidal feelings or plans, etc.?)
- Review key procedural issues in Manual of "Outline of Procedures for possibly suicidal students" (p. 10-13)
 - Causes: Emotional pain, ambivalence, etc.
 - Warning Signs
 - Exercise on asking a person if s/he is suicidal
 - Asking does not cause suicide
 - Person will likely feel supported if asked

4. Video vignette 2 7 minutes Issues: Possible psychotic student.

5. Post-video discussion (refer to crisis manual) 15 minutes

- What was effective?
- What was ineffective?
- What would you do differently?
- What are some additional questions you would ask? Or information you would want to gather?
- Use video as a point of departure to explore optional scenarios
- Review key procedural issues in Manual of "Outline of Procedures for potentially Psychotic Behavior " (p. 16-17) and "Outline of Procedures for possibly aggressive students" (p. 14-15)

C. BREAK 10 Minutes

D. Crisis Vignettes 15 minutes

- Provide Instructions
- Divide RA Staff into Teams A, B, and C.
- Handout Crisis Vignettes A, B, and C and (p. 25-26 in Manual)
- CAPS Staff float and give input.

F. Large Group Discussion 30 Minutes

Each group gets 10 minutes to share and answer questions.

1. What is your role as an RA in this situation?

2. In regards to this particular student, what issues(s) does this situation present?

3. Within the residential community, what issue(s) does this situation present?

4. What more information, if any, do you need?

5. Who, if anyone, would you consult with?

6. Assuming that all the essential facts are known,
 - a. What are your options?

b. What is your plan of action?

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| G. Self-Care & Community Care | 20 minutes |
| Addressing crisis situation in your community/residence effectively
Importance of Self-Care & how to implement into your daily life (give examples) | |
| H. Concluding remarks | 5 minutes |
| Reiterate support of CAPS to RA staff and point to other resources | |
| I. Evaluations | 5 Minutes |

CUES FOR POSITIVE FEEDBACK

The following behaviors should be encouraged:

1. *Empathy*: The listener accurately reflects back feelings being communicated by the individual.
2. *Accurate Listening*: The listener paraphrases accurately the content of the message of the individual.
3. *Body Language*: Listener conveys interest and openness in posture, gestures, and non-verbal communication.

The following behaviors should be constructively discouraged:

1. The listener interrupts.
2. The listener offers excessive and/or inappropriate advice.
3. The listener asks too many questions.
4. The listener talks about his/her issues.

30 SECOND ROLE PLAY SCENARIOS (For Beginning of Crisis Module)

1. You are a student in the residence hall, talking to your RA:

My roommate has been partying all quarter, especially on the weekends. I'm starting to get really worried about him. He never goes to class, he rarely sleeps, and he's up at all hours. It's really starting to bother me too, because I can't study at all in our room, and I really don't want to go back to our dorm room anymore.

2. You are a student in the residence hall, talking to your RA:

I'm really worried about Shauna. Last quarter we started dieting together and it seemed to be going really well. But yesterday she confided in me that she has been throwing up and she doesn't want me to tell anyone about it. She doesn't know though, that Jason came to me because he's noticed that she doesn't want to eat with him anymore. I just don't know what to do to help her.

3. You are a student in the residence hall, talking to your RA:

I don't know what to do. I can't go to my classes because I don't understand what's going on, and I really feel like I don't fit in here. I'm lonely and I really miss my family. And it seems like no one here really seems to understand what it's like to be Latino. Its getting so bad that I haven't slept all week and I can't even eat.

4. The two of you (male and female) are standing at the door of your dorm room, yelling at each other:

Male: "There's no way you're leaving now!!!"

Female: "Leave me alone!!!"

Male shoves her back into the room.

CRISIS VIGNETTES

General Questions

1. What is your role as an RA in this situation?
 2. In regards to this particular student, what issues(s) does this situation present?
 3. Within the residential community, what issue(s) does this situation present?
 5. What more information, if any, do you need?
 6. Who, if anyone, would you consult with?
 7. Assuming that all the essential facts are known,
 - a. What are your options?
 - b. What is your plan of action?
- A. Toward the end of winter quarter, a number of students come to you stating that a student in your building appears increasingly depressed and distant. The students report that the resident, Alex, a Filipino American male, has not been going to classes, has not been eating, and has been staying up all hours. Alex has told people "I don't feel welcome at UCSC and I'm not sure I'll be here next quarter. Nothing is working out the way I want it to." He recently gave away his favorite CD's. Residents are concerned but don't want you to involve them. You ask Alex how he's been doing and he says " Not too bad, but could be better." Alex gives no additional information.

- B. Recently, a number of residents have come to you individually expressing concern about Diane, a resident on your floor. They report that for the past couple months, Diane has not been eating much during meals with them; however, they suspect that she is taking food from the dining hall and later eating by herself in her room. One friend states that she thought she once heard Diane throwing up in the bathroom; lately, the custodians have noted that they have found signs of vomit in the toilet. Diane's friends also note that Diane has been going to the gym frequently and never misses a workout, even if she is sick. There was one time when Diane even fainted after a workout. Diane's weight does not seem to have changed significantly.

Diane's friends tell you that a few of them have expressed their concerns to her, but that Diane has denied that there is any problem. Diane says that she is just under a lot of stress and has lost her appetite lately and is exercising to help her deal with her stress. Your residents come to you very agitated and wanting to know what to do. They also implore you to keep their identities and this conversation confidential. One of Diane's friends is particularly upset because she has a sister at home who is suffering from an eating disorder.

- C. A student in the apartments comes to you and says that he is concerned about his roommate Charles. The student reports that Charles has been acting differently lately. For instance, he has been "jumpy" whenever anyone enters the apartment and has been acting fearful and suspicious of the friends that his roommates bring home. In fact, Charles has spoken to them in threatening ways and almost started fights. After he started acting differently, Charles's girlfriend broke-up with him and he has been making comments that he wants to "get back at her." Students around the college have begun to talk about his behavior. The student also tells you that Charles has not been sleeping as much as he used to, hasn't shaved in a couple of weeks, and seems to spend some nights in the forest surrounding campus.