

The left side of the slide features a decorative design consisting of several vertical stripes in shades of light blue and teal, and a series of overlapping circles in teal and light blue. The main title is positioned to the right of these elements.

HOW TO HELP A FRIEND IN DISTRESS

**Presented by UC Merced Counseling
& Psychological Services (CAPS)**

GOALS OF PRESENTATION

- Identify effective helping tools
- Identify how to respond to a student who is experiencing emotional distress
- Identify CAPS services and how to make a referral



FIRST...

Discuss a time when you talked about something difficult with someone, and how it was helpful.



Avoidance +
Advice Giving =
Major Barriers to Helping
Behavior



EXAMPLE

<http://www.youtube.com/watch?v=Ow0lr63y4Mw>



STEPS TO ESTABLISHING A HELPING RELATIONSHIP

- Establish a supportive environment
- Use effective listening skills
- Engage appropriate follow-up
- Be aware of your own feelings and reactions
- Know the resources and when to refer



ESTABLISH A SUPPORTIVE ENVIRONMENT

- Focus on the person talking
 - Move to a quiet, distraction reduced environment
 - Put away cell phones, MP3 players, etc.
 - Maintain appropriate body language (use eye contact, sit/stand close to the other person, etc.)
- Be aware of verbal and nonverbal information
 - Listen to the content, but also pay attention to the process (emotion, tone, body language, etc.)



USE EFFECTIVE LISTENING SKILLS

- Paraphrase
 - Ex: “So what you’re saying is...”
- Validate
 - Ex: “I can see you’re really upset about this.”
 - Ex: “I can understand why you’re angry.”
- Clarify the problem
 - Ex: “Tell me more about what happened.”
 - Ex: “I want to make sure I understand...”



ENGAGE APPROPRIATE FOLLOW-UP

- Clarify what the person needs
 - Ex: “How can I help you right now?”
 - Ex: “What would you like to see done differently?”
- Offer support by engaging the person in a partnership
 - Ex: “Perhaps we can discuss some ways of approaching this situation.”
 - Ex: “Let’s work this out together.”



BE AWARE OF YOUR OWN FEELINGS AND REACTIONS

- Check in with yourself
 - Ex: “Am I saying this because I think this is what the person wants to do, or because it is what I want them to do?”
- Notice when you are becoming frustrated, anxious, etc.
 - Ex: “I’m feeling frustrated that this situation isn’t changing. Maybe I should discuss it with someone.”



KNOW THE RESOURCES AND WHEN TO REFER

- Remember that you don't have to know everything
- Suggest that CAPS might be a place where the student can get support with the situation
- Accompany the student to CAPS, if this is what he/she wants
- Contact CAPS if you have any questions



WHAT ARE BARRIERS TO EFFECTIVE LISTENING?

○ Ordering

- Telling others what to do
 - Ex: “Tell your roommate that you’re not going to put up with her making noise all night.”

○ Judging

- Negatively evaluating others or a situation
 - Ex: “It’s really stupid that your boyfriend said that to you.”



WHAT ARE BARRIERS TO EFFECTIVE LISTENING?

○ Giving advice or opinions

- Suggesting what others should do, rather than assisting them to figure out what is best for them to do
 - Ex: “I think you should talk to your instructor if you’re unhappy about your grade.”

○ Placating

- Agreeing automatically, not authentically
 - Ex: “I’m sure everything will be fine.”



WHAT ARE BARRIERS TO EFFECTIVE LISTENING?

○ Leading

- Guiding the other to the answer you've chosen
 - Ex: “What did you say that made them do that?”

○ Assigning a value

- Saying that something is “good/bad,” “right/wrong”
 - Ex: “It’s great that you decided to go to tutoring to get help with your math class.”



Examples!!!



KEEP IN MIND...

- It is not your responsibility to change a person or control his/her actions
- You can only control your actions, which can include talking to the person in a non-judgmental manner and assisting them in finding appropriate resources



WHAT IS AN EMERGENCY?

- Suicidal talk, gesture, or attempt
 - When a student has made a suicide attempt with the potential of life-threatening injury
 - When a student has made a suicide attempt without the potential of life-threatening injury
 - When a student has made suicidal comments, but has not actually made a suicide attempt



RECENT INTERPERSONAL VIOLENCE

- Rape/Sexual Assault
- Physical Assault
- Domestic Violence
- Stalking (in person, by phone/text, online, etc.)



BIZARRE BEHAVIOR OR GROSS IMPAIRMENT IN THINKING ABILITY

- Seeing and/or hearing things that others do not see or hear
- Rapid or pressured speech
- Talking about things that do not seem to make sense to others



SELF-DESTRUCTIVE OR LIFE-THREATENING BEHAVIORS

- Excessive and/or dangerous alcohol or substance abuse (including legal or illegal drugs)
- Self-injury (self-cutting, scratching, burning, etc.)
- Disordered eating (self-starving, binging/purging, engaging in excessive exercise, etc.)
- Extreme risk-taking (e.g., drinking and driving)



SEVERE LOSS OF EMOTIONAL CONTROL

- Extreme worry, fear, or panic
- Extreme irritability
- Severe drop in academic performance
- Self-isolation



Role Plays!!!



SCENARIO 1

- Your roommate has been engaging in binge-drinking, and his grades have been slipping. You also found a notebook on his desk in which he wrote that life doesn't seem to be worth living, and that it might be better off if he "weren't here."



SCENARIO 1 DISCUSSION

- **DO:** Approach your roommate and “check in”
- **DO:** Listen
- **DO:** Express your concern
- **DO:** Encourage your roommate to make an appointment at CAPS
- **DO:** Contact the UCM Police Department at (209) 228-2677 if you are concerned that your friend is in imminent danger



SCENARIO 2

- You find your friend sobbing in the hallway. She informs you that she was studying in the room of a classmate, and this person forced her to have sex with him. Your friend is concerned that she could get in trouble, as this person offered her a wine cooler and she accepted it, even though she is under age. In addition, she is afraid her parents will blame her for the assault because she was drinking alcohol. She asks that you not tell anyone about this.



SCENARIO 2 DISCUSSION

- **DO:** Validate your friend's experience
- **DO:** Explain to your friend that she is not to blame for the assault
- **DO:** Provide referrals for the Violence Prevention Program Campus Advocate (209) 386-2051 and/or CAPS
- **DO:** Contact the Violence Prevention Program or CAPS if you have questions yourself



SCENARIO 3

- A friend has demonstrated some marked changes recently. His appearance is disheveled, and he seems confused. His conversations are hard to follow and often seem out of context. Your roommate has told you that he has been disruptive in lecture. The behavior does not feel threatening to anyone, but has created a lot of concern.



SCENARIO 3 DISCUSSION

- **DO:** Speak with your friend in private
- **DO:** Express your concern for some of the changes you have seen (be specific)
- **DO:** Suggest that your friend might benefit from contacting CAPS
- **DO:** Offer to walk your friend to CAPS, if desired
- **DO:** Contact CAPS yourself if you have any questions or would like to discuss your concerns



SCENARIO 4

- You have noticed that your friend has been throwing up in the bathroom lately. She has been engaging in bingeing and purging a couple of days per week for the past month. She is very embarrassed about this, and does not want to talk about it.



SCENARIO 4 DISCUSSION

- **DO:** Express your concern regarding your friend's behavior
- **DO:** Suggest that she might find it helpful to talk with a professional at CAPS
- **DO:** Seek assistance from a trusted staff member or contact CAPS for a consultation



SCENARIO 5

- Your friend confides in you that he has been experiencing panic attacks approximately two times per week. Your friend has become increasingly concerned that he might have a panic attack in public, and this has contributed to his missing classes and not socializing with friends. Your friend is concerned that his parents will find out that this is impacting his grades. He states that attending counseling is not traditionally accepted in his culture.



SCENARIO 5 DISCUSSION

- **DO:** Discuss this with your friend in private
- **DO:** Listen
- **DO:** Validate your friend's concerns
- **DO:** Provide a referral to CAPS or Health Services (209) 228-2273



What are some
myths you have
heard about
counseling?



MYTH # 1

- Myth: Counseling services are not available at UC Merced.
- Fact: Counseling & Psychological Services (CAPS) is located in the middle of campus on the first floor of the Gallo Recreation Center!



SERVICES OFFERED

Free, Confidential Counseling to All Registered Students

- Short term individual counseling
- Couples counseling
- Group counseling
- Crisis visits
- Consultation
- Outreach



CONTACT INFORMATION

- Phone number **(209) 228-4266**
 - 24 hours a day, 7 days a week
 - After hours crisis services
- Hours: Monday through Friday
 - 8:00 a.m. through 5:00 p.m.
 - Open year round, including summer
 - Closed holidays and weekends
- E-mail: counseling@ucmerced.edu
- Website: counseling.ucmerced.edu



MYTH # 2

- Myth: It is hard to make a counseling appointment.
- Fact: Making an appointment at CAPS couldn't be simpler!



HOW TO MAKE AN APPOINTMENT

- Call **(209) 228-4266**
 - Must call during normal business hours to make an appointment
- In person at CAPS
- Via email at counseling@ucmerced.edu



MYTH # 3

- Myth: Only crazy people go to counseling.
- Fact: At CAPS, we see students with a wide range of concerns.



REASONS FOR COMING IN

- Adjustment to college
- Homesickness
- Academic difficulties
- Stress/Anxiety
- Depression
- Identity questions
- Multicultural issues
- Family problems
- Eating disorders
- Relationship issues
- Domestic/dating violence
- Sexual assault
- Grief/loss
- Substance abuse
- Suicidality



MYTH # 4

- Myth: If I go to CAPS, my counselor will tell my parents/friends/instructors/etc.
- Fact: Counseling at CAPS is confidential.



CONFIDENTIALITY

- All information is confidential
- Counselors cannot share any information with anyone outside of CAPS without a signed release of information from the student
 - Counselors cannot even say if we know a student without his or her written permission



EXCEPTIONS TO CONFIDENTIALITY

- Imminent danger to self
- Imminent danger to others
- Child, elder, or dependent adult abuse
- All trainees (interns and post-docs) are supervised by a licensed staff member
 - Supervisors have access to client information



MYTH # 5

- Myth: It is not possible to talk to a counselor after business hours.
- Fact: CAPS crisis line is available 24/7.



ON CALL/CRISIS SERVICES

- After hours call (209) 228-4266
- A licensed clinician will answer
- Can discuss short-term strategies until caller can make a CAPS appointment
- All calls are documented and forwarded to CAPS by next business day
- Staff member will contact student for follow-up and to schedule an appointment



Questions?

