LSPSN:
Law School Peer Support Network Training Manual

University of Minnesota

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TABLE OF CONTENTS

WHY HAVE A PEER SUPPORT NETWORK?

Challenges Unique to Legal Education

- Despite showing higher levels of subjective well-being as compared to peers prior to beginning law school, law students have been found to show large declines in positive affect and life satisfaction, and large increases in negative affect, depression, and physical symptoms by the end of the first year of law school. Students also move away from community service values and towards appearance and image values.[1] These levels of depression have been found to persist to the end of the third year of law school, and are similar to that of individuals who have undergone major life traumas such as death of a spouse, unemployment, and HIV+ diagnosis.[2]
- In one study, 40% of lawyers reported significant levels of obsessive-compulsiveness, anxiety, social alienation and isolation, and interpersonal sensitivity (vs. 2.3% in the general population). In this same study, 10-13% of the lawyers also exhibited current alcohol-related problems.[3]
- Law students' physical and psychological states decline during the first year of law school, as do positive affect and students' attitudes towards law school and the legal profession. Stress from the academic environment, lack of personal time, and social isolation predict these changes in well-being.[4]
- Root Causes of Common Law Student Mental Health Concerns[5]
    - Crush of hopes, dreams & aspirations
        - Law students realize that they will not, for whatever reason (e.g., high debt, low grades, job availability), be able to fulfill their dream (e.g., of wanting to help the poor & underprivileged).
        - Many law students also enter law school with a strong sense of right and wrong, but become disillusioned by the process of learning to "think like a lawyer."
        - The structure of law classrooms (use of the Socratic method, lack of feedback, reliance on class rank as an evaluation and hiring tool, evaluation system that relies on 1 or 2 exams) contributes to

[1] Sheldon, K.M. & Kreiger, L.S. (2004). Does legal education have undermining effects on law students? Evaluating changes in motivation, values, and well-being. *Behavioral Sciences and the Law*, *22*, 261-286.
[2] Reifman, A., McIntosh, D.N., & Ellsworth, P.C. (2000). Depression and affect among law students during law school: A longitudinal study. *Journal of Emotional Abuse, 2*(1), 93-106.
[3] Beck, C.J.A., Sales, B.D., & Benjamin, G.A.H. (1995-1996). Lawyer distress: Alcohol-related problems and other psychological concerns among a sample of practicing lawyers. *American Bar Foundation Research Journal*, *10*(1), 1-60.
[4] Pritchard, M.E. & McIntosh, D.N. (2003). What predicts adjustment among law students? A longitudinal panel study. *Journal of Social Psychology*, *143*(6), 727-745.
[5] Except where otherwise noted, adapted from Suvor, D. & Gibson, B. (2008). Mental Health Initiative: Tool Kit for Student Bar Associations and Administrators. *American Bar Association Law Student Division*, 9-12.

decreases in students' self-efficacy beliefs about their abilities to achieve academically.[6]
        - These things may cause students to lose sight of their passion and purpose for entering law school.
    - Living an unbalanced life
        - Law students are notorious for living "unbalanced" lives and almost seem to take pride in the fact that law school consumes so much of their time.
        - Neglect of areas of one's life outside of law school (e.g., physical health, social life, spiritual connections) leads to many mental health concerns including depression and anxiety.
    - Law school becomes one's identity
        - When success in law school comes to define their own personal value and worth as a human being, law students put their mental health at risk.

Purpose of Peer Support Network

The purpose of the Law School Peer Support Network is to provide law students an accessible resource to cope with the pressures of law school. Students in need of assistance are often leery of accessing "official" supports within or outside the University, for fear that seeking help will pose problems in the bar admissions process. While unfounded, these fears are still prevalent among students. Student behaviors and values are strongly influenced by interactions with their peers – for better or worse. The Peer Support Network provides training to upper division students who have themselves overcome barriers in law school, who are then able to provide support, mentorship, and referrals to other struggling students.

Beyond one-on-one interactions with distressed peers, the Peer Support Network will also promote healthy coping strategies to students through educational programs, pamphlets, and word-of-mouth. The program aims to dispel myths about seeking assistance and to empower students to access the resources they need to develop personally and professionally.

Role of Peer Support Network Members

It is critical for Peer Support members to first understand what their role is NOT: Peer Supports are NOT professional counselors or therapists, and they should always remember the limits on the support they are able to provide to a distressed peer.

[6] McKinney, R.A. (2002). Depression and anxiety in law students: Are we part of the problem and can we be part of the solution? *The Journal of the Legal Writing Institute*, *8*, 229-255.

In a positive sense, the role(s) of a Peer Support member include:

- Listening to and connecting with distressed peers with the goal of connecting them to support resources.
- Educating law students to dispel stigma about seeking help, and empowering them to access available resources.
- Protecting the privacy of confidences shared by peers, but recognizing when additional assistance is required if a peer is a danger to self or others.

A Note About Seeking Help And The Character and Fitness Evaluation

The Character and Fitness evaluation process is a critical part of bar admission in most states, and students are encouraged to familiarize themselves with the expectations for practice early in their law school careers.[7] The primary goal of the Board or Commission evaluating a bar applicant's fitness is to determine whether the applicant has the present ability to fulfill the duties of practice and protect the interests of clients.

Some students assume that a history of alcohol or chemical dependency, criminal matters, academic misconduct, significant mental health impairments, or related concerns will automatically disqualify them from bar admission if they are discovered by the character and fitness evaluators. Students should note that *no single condition or incident* will automatically prevent admission to the bar; rather, bar examiners encourage students to directly address and treat any condition that may lead to a conduct concern or impair an individual's ability to comply with practice standards. Some states, including Minnesota, have also introduced a Conditional Admissions process, which allows a bar applicant with recent impairments to be admitted to practice under certain conditions and supervision. Evidence of current fitness and rehabilitation from past impairments are often important considerations in the Character and Fitness evaluation process. Therefore, seeking appropriate support or treatment is strongly encouraged.

[7] The Character and Fitness standards for admission to the Minnesota Bar are available at: www.ble.state.mn.us/rules.html#rule5. Information about Minnesota's Character and Fitness evaluation process can be found at: www.ble.state.mn.us/character_and_fitness.html.

CONFIDENTIALITY

As Peer Supports will be taking on a lay counselor role, they will be responsible for assuming responsibility regarding confidentiality and its limits.

Maintenance of Confidentiality

- Confidentiality is important in all helping situations as it facilitates the development of safety and trust between helper (the peer support; PS) and helpee (distressed peer; DP). Trust is important as it lends weight to the support and referral being provided by the PS.
- Maintaining confidentiality means not disclosing information with someone (other than with a supervisor or as required by law) that was shared in a PS interaction – including the distressed peer's story, name, or other information about the distressed peer that might lead him/her to be identified.
- It is expected that interactions between distressed peers and peer supports will be kept confidential with a few exceptions (each discussed in more detail below):
    - Legal limits of confidentiality
    - Limits to confidentiality as it pertains to the Law School's Honor Code
- It is best for helping interactions that PS's engage in to be documented, in order to maintain records of the use of the LSPSN. However, distressed peers will remain anonymous in all documentation (i.e., only primary concern, year in school, and referral made will be reported).
- Except in the cases listed below, PS's may consult with one another, with the Dean of Students, and/or with UCCS counselors about the *content* of a DP's concern (but not identifying information) with the goal of providing that peer with the best support and referral possible.

Legal Limits of Confidentiality

State and federal laws and/or professional ethics place limits on client-counselor confidentiality and may require you to release information without the distressed peer's permission to designated authorities. Confidentiality must be broken if someone[8]:

- States that s/he seriously intends to harm him/herself or another person(s)
- Reports or describes any physical abuse, neglect, or sexual abuse of children or vulnerable adults within the last three years (this includes the occurrence of abuse or neglect to the person seeking help if s/he was under the age of 18 at the time of the abuse)
- Reports use of an illegal drug for a non-medical purpose during a pregnancy
- Reports or describes sexual exploitation by counseling or health care professionals

[8] Statutes/authority to be added.

Law School's Honor Code Limits of Confidentiality

As is the case with most states' professional responsibility rules for attorney conduct, the Law School's Honor Code makes compliance a collective duty of the law student community. In addition to barring any activity that may provide a student an advantage over another in an academic context (including plagiarism, unauthorized assistance on an exam, violating stated instructions for a graded exercise, misrepresentation of academic achievement, etc.), the Law School's Honor Code includes an affirmative obligation to report violations. For this reason, Peer Support members are cautioned to dissuade a student from approaching them with an issue that implicates a possible Honor Code violation. If a student is experiencing stress related to possible academic misconduct, he or she should immediately be referred to UCCS for assistance addressing or remedying the matter. If a Peer Support learns of a possible Honor Code violation, he or she is required to report to the Dean of Students or Honor Code investigator.

What To Do About Limits of Confidentiality

- When a distressed peer first contacts you, inform him or her that whatever you discuss will be held in confidence with a few exceptions. Then briefly list the exceptions:
    - "Before you tell me what is going on, I want to let you know that everything we discuss here will be kept confidential with a few exceptions. I will have to break confidentiality if you tell me about serious or imminent intent to harm yourself or someone else, describe physical or sexual abuse of a child or vulnerable adult, or discuss a violation of the law school Honor Code. Do you have any questions about that?"
    - "If you have concerns about a violation of the Honor Code, I can refer you to a number of different places (e.g., Lawyers Concerned for Lawyers, University Counseling and Consulting Services, Boynton Mental Health) where you can speak to someone who would not be obligated to break confidentiality regarding that concern (although the other limits of confidentiality would apply there)."
- Remind them that you will be required to break confidentiality if they start to tell you about something which may require you to report (e.g., they hint at academic dishonesty) if they proceed or tell you enough details to enable you to break confidentiality.
    - "Let me interrupt you for a second. I just warn you that if you give me more details about this situation, I may be required to report this incident to [dean's office; police, etc. as circumstances dictate]. How would you like to proceed from here?"
    - NOTE: If distressed peer chooses not to continue, immediately move to providing referrals.

HELPING INTERACTION PROCEDURE

Overview: Explore, Support, & Refer (ESR)

- Recognize risk signs for suicide and substance abuse and know what steps to take.
- Use active listening skills to explore your distressed peer's concern and provide support.
    - Open Question
    - Restatement of content
    - Reflection of feelings
    - Silence
    - Approval & reassurance
    - Self-disclosures for exploration
- The goals of using these skills are to:
    - Gather information to assess the situation and provide support.
    - Join with the distressed peer to assess the situation so you have power to make a referral to campus or community resources/services.

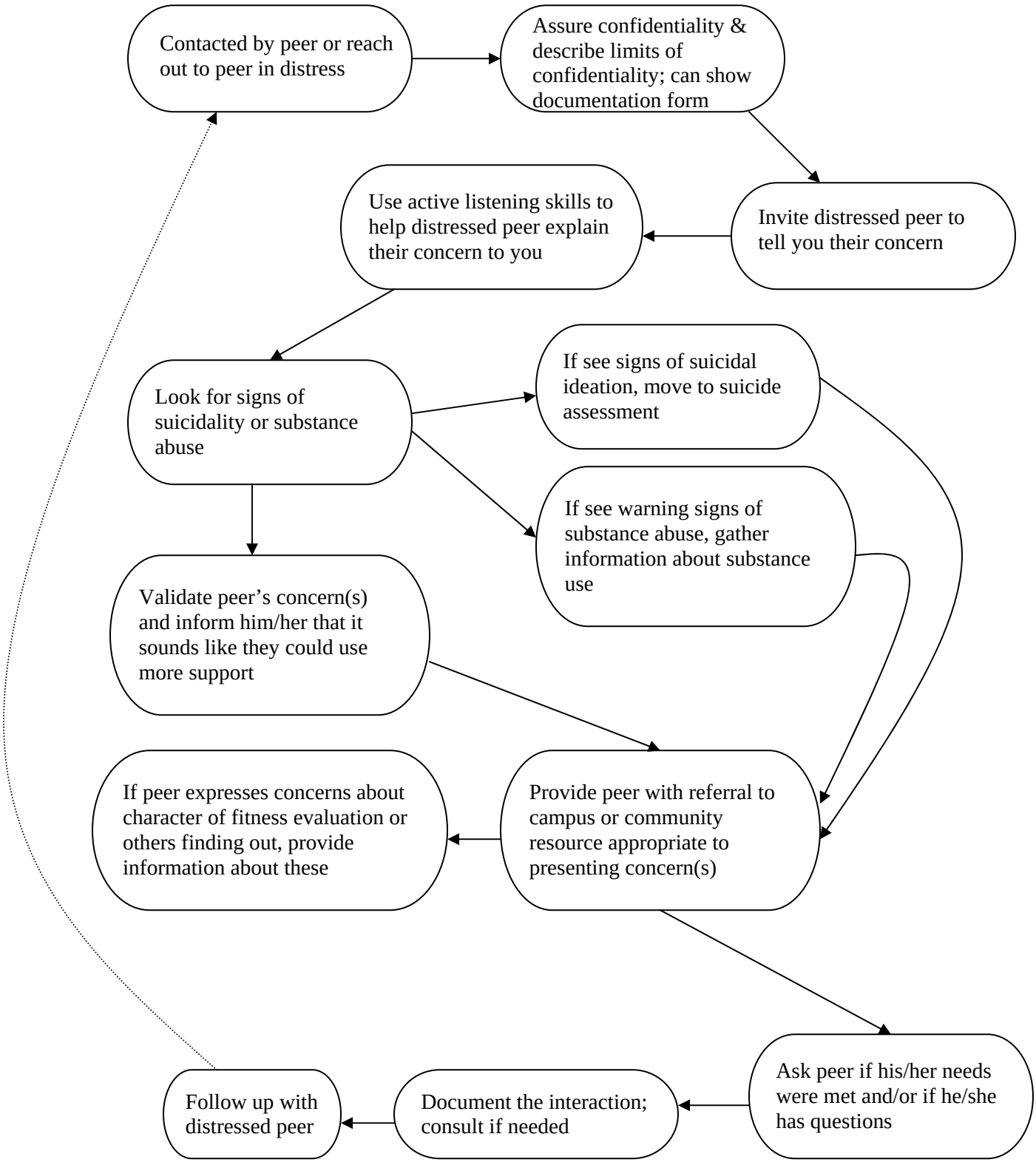
Documentation

In order to track the success of the Peer Support network, Peer Supports will be asked to provide *limited* documentation regarding their interactions with students. Unless a peer is a danger to him/herself or others, Peer Supports should not include information that would help to easily identify the peer seeking assistance.

Information reporting would include:

- Description of distressed peer in general terms (year, age range, demographic info)
- Brief non-identifying statement of the concern
- Action taken, if any, by Peer Support, including:
    - Conversation with distressed peer (include number of meetings)
    - Referral to resources (list referrals made)
    - Consultation sought (with Dean of Students, Lawyers Concerned for Lawyers, UCCS, Boynton)
    - Follow-up completed
    - Other issues, concerns, or questions

Interaction Flow Chart



SUICIDE ASSESSMENT

Suicide Statistics

- Suicide is the 2nd leading cause of death among 25-34 year-olds and is the 3rd leading cause of death among 15 and 24 year-olds (CDC 2005).[1]
- Among individuals ages 15 to 24, there is 1 suicide for every 100-200 attempts (CDC 2002).[2]
- Men take their own lives nearly four times as frequently as women, and represent 78.8% of all US suicides (CDC 2005).[3]
- During their lifetimes, women attempt suicide 2-3 times more frequently than men.[4]
- Research conducted at Campbell University in North Carolina indicated that 11% of lawyers in that state thought about taking their own life at least once a month.[5]
- According to a 1991 Johns Hopkins study of depression in 105 professions, lawyers ranked #1 in the incidence of depression.[6]

Myths about Suicide[7]

- People who talk about suicide are seeking attention and won't really try to kill themselves.
    - Fact: Studies show that 75% of those who commit suicide talk about it or display other warning signs before attempting it.
- Suicidal people are intent upon dying.
    - Fact: The majority of suicidal people are not intent upon dying. Often they simply see no other viable option. The warning signs they give are desperate calls for help before they take this final option.
- Talking about suicide and a person's suicidal feelings will only encourage that person to commit suicide.

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[1] Centers for Disease Control and Prevention (2007). *Suicide Facts at a Glance*, retrieved July 25, 2008 from http://www.cdc.gov/ncipc/dvp/Suicide/SuicideDataSheet.pdf.
[2] Centers for Disease Control and Prevention (2007). *Suicide Facts at a Glance*, retrieved July 25, 2008 from http://www.cdc.gov/ncipc/dvp/Suicide/SuicideDataSheet.pdf.
[3] Centers for Disease Control and Prevention (2007). *Suicide Facts at a Glance*, retrieved July 25, 2008 from http://www.cdc.gov/ncipc/dvp/Suicide/SuicideDataSheet.pdf.
[4] Centers for Disease Control and Prevention (2007). *Suicide Facts at a Glance*, retrieved July 25, 2008 from http://www.cdc.gov/ncipc/dvp/Suicide/SuicideDataSheet.pdf.
[5] As cited in Jones, D.P. & Crowley, M.J. (2008). *"I wish I would have called you before…" Depression and suicide: Make sure you don't utter those words*. Retrieved July 25, 2008 from http://www.abanet.org/barserv/barleader/22-6wish.html.
[6] As cited in Jones, D.P. & Crowley, M.J. (2008). *"I wish I would have called you before…" Depression and suicide: Make sure you don't utter those words*. Retrieved July 25, 2008 from http://www.abanet.org/barserv/barleader/22-6wish.html.
[7] Adapted from Jones, D.P. & Crowley, M.J. (2008). *"I wish I would have called you before…" Depression and suicide: Make sure you don't utter those words*. Retrieved July 25, 2008 from http://www.abanet.org/barserv/barleader/22-6wish.html

- Fact: Talking about suicide may be the only thing that saves a person's life. It can give them a sense of connection and hope by showing that someone cares and finds them important enough to listen and help.

Risk & Protective Factors For Suicide

Demographic Risk Factors

- Older than 25 years[8]
- Graduate students at greater risk than undergraduates[9]
- Gender differences in death by suicide in undergraduate and general populations may not exist in a graduate student population[10]
- Suicide rate for American Indians/Alaska[11] natives about equal to overall US rate; suicide rate for Hispanic Americans[12], Asian Americans[13], and Black Americans[14] are about half the overall US rate
- Lesbian, gay, or bisexual students at greater risk than heterosexual counterparts[15]

Individual Risk Factors

- Perfectionism[16]
- Lack of connection with others[17]

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[8] Silverman, M., Meyer, P., Sloane, F., Raffel, M., & Pratt, D. (1997). The Big Ten student suicide study. *Suicide and Life Threatening Behavior, 27*, 285-303 as cited in Suicide Prevention Resource Center. (2004). Promoting mental health and preventing suicide in college and university settings. Newton, MA: Education Development Center, Inc.

[9] Silverman, M., Meyer, P., Sloane, F., Raffel, M., & Pratt, D. (1997). The Big Ten student suicide study. *Suicide and Life Threatening Behavior, 27*, 285-303 as cited in Suicide Prevention Resource Center. (2004). Promoting mental health and preventing suicide in college and university settings. Newton, MA: Education Development Center, Inc.

[10] Silverman, M., Meyer, P., Sloane, F., Raffel, M., & Pratt, D. (1997). The Big Ten student suicide study. *Suicide and Life Threatening Behavior, 27*, 285-303 as cited in Suicide Prevention Resource Center. (2004). Promoting mental health and preventing suicide in college and university settings. Newton, MA: Education Development Center, Inc.

[11] Suicide Prevention Resource Center. *Suicide Among American Indians/Alaska Natives*. Retrieved July 25, 2008 from http://www.sprc.org/library/ai.an.facts.pdf.

[12] Suicide Prevention Resource Center. *Suicide Among Hispanic Americans*. Retrieved July 25, 2008 from http://www.sprc.org/library/hispanic.am.facts.pdf.

[13] Suicide Prevention Resource Center. *Suicide Among Asian Americans*. Retrieved July 25, 2008 from http://www.sprc.org/library/asian.pi.facts.pdf.

[14] Suicide Prevention Resource Center. *Suicide Among Black Americans*. Retrieved July 25, 2008 from http://www.sprc.org/library/black.am.facts.pdf.

[15] McDaniel, J.S., Purcell, D., & D'Augelli, A.R. (2001). The relationship between sexual orientation and risk for suicide: Research findings and future directions for research and prevention. *Suicide and Life-Threatening Behavior, 31*, 84-105.

[16] O'Connor, R.C. (2007). The relations between perfectionism and suicidality: A systematic review. *Suicide and Life-Threatening Behavior, 37*(6), 698-714.

- Barriers to accessing mental health treatment or unwillingness to seek mental health treatment because of the stigma[18]
- Feelings of guilt, shame, powerlessness, worthlessness, self-hatred, or inadequacy[19]
- Physical illness[20]
- Impulsive or aggressive tendencies[21]
- History of depression or bi-polar disorder**[22,23]
    - Or history of other mental illnesses such as post-traumatic stress disorder, bulimia, anorexia, schizophrenia
    - 90% of people who commit suicide have diagnosable and treatable mental illnesses[24]
- Substance abuse**[25,26]
- Family history of suicide or violence**[27,28]
- Previous suicide attempt(s)**[29,30]

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[17] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

[18] [18] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

[19] Jones, D.P. & Crowley, M.J. (2008). *"I wish I would have called you before…" Depression and suicide: Make sure you don't utter those words*. Retrieved July 25, 2008 from http://www.abanet.org/barserv/barleader/22-6wish.html.

[20] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

[21] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

[22] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

[23] American Foundation for Suicide Prevention Risk Factors for Suicide. Retrieved July 25, 2008 from http://www.afsp.org/index.cfm?page_id=05147440-E24E-E376-BDF4BF8BA6444E76.

[24] American Foundation for Suicide Prevention Risk Factors for Suicide. Retrieved July 25, 2008 from http://www.afsp.org/index.cfm?page_id=05147440-E24E-E376-BDF4BF8BA6444E76.

[25] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

[26] American Foundation for Suicide Prevention Risk Factors for Suicide. Retrieved July 25, 2008 from http://www.afsp.org/index.cfm?page_id=05147440-E24E-E376-BDF4BF8BA6444E76.

[27] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

[28] American Foundation for Suicide Prevention Risk Factors for Suicide. Retrieved July 25, 2008 from http://www.afsp.org/index.cfm?page_id=05147440-E24E-E376-BDF4BF8BA6444E76.

[29] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.

[30] American Foundation for Suicide Prevention Risk Factors for Suicide. Retrieved July 25, 2008 from http://www.afsp.org/index.cfm?page_id=05147440-E24E-E376-BDF4BF8BA6444E76.

External Risk Factors: Acute Life Crises[31,32]

- Recent loss (death of friend/family member, relationship breakup, loss of job, money, status, security)**
- Academic problems
- Financial Problems
- Physical or sexual assault
- 1 in 5 suicides of college students occurs the same day as an acute life crisis
- 1 in 4 suicides of college students takes place within 2 weeks of an acute life crisis

** = highest risk factors

Protective Factors[33]

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Warning Signs for Suicide

An easy acronym for remembering the warning signs of suicide is: IS PATH WARM?[34]

I deation
S ubstance abuse

P urposelessness
A nxiety
T rapped
H opelessness

[31] Silverman, M., Meyer, P., Sloane, F., Raffel, M., & Pratt, D. (1997). The Big Ten student suicide study. *Suicide and Life Threatening Behavior, 27*, 285-303 as cited in Suicide Prevention Resource Center. (2004). Promoting mental health and preventing suicide in college and university settings. Newton, MA: Education Development Center, Inc.
[32] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.
[33] Centers For Disease Control and Prevention. *Risk Factors for Suicide*. Retrieved July 25, 208 from http://www.cdc.gov/ncipc/dvp/Suicide/Suicide-risk-p-factors.htm.
[34] American Association of Suicidology. *IS PATH WARM?* Retrieved July 25, 2008 from http://www.suicidology.org/associations/1045/files/Mnemonic.pdf.

W ithdrawal
A nger
R ecklessness
M ood change

Warning signs of acute risk include:

- Threats to hurt or kill oneself, talking of wanting to hurt/kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary
- These things might be remembered as expressed and communicated **IDEATION**.

Additional warning signs include:

- Increased **SUBSTANCE** (alcohol or drug) use
- No reason for living; no sense of **PURPOSE** in life
- **ANXIETY**, agitation, unable to sleep or sleeping all the time
- Feeling **TRAPPED**, like there is no way out
- **HOPELESSNESS**
- **WITHDRAWING** from friends, family, society, work
- Rage, uncontrolled **ANGER**, seeking revenge
- Acting **RECKLESS** or engaging in risky activities, seemingly without thinking
- Dramatic **MOOD** changes

What You Can Do

- Have an empathic, caring attitude to the pain the person is in.
- Explore the situation using reflections of feeling, restatement of content, open & closed questions
    - "How are you doing?"
    - "It sounds like you're really hurting right now."
    - "How are you eating? Sleeping? What kind of support system do you have?"
- When risk factors and/or warning signs are present ask one of the following:
    - "Are you thinking about ending your life?"
    - "It sounds like you're feeling pretty down. Have you had any thoughts of suicide?"
    - "Sometimes when people are feeling the way you have described, they have thoughts of ending their life. Are you having those thoughts?"
- If the answer is "no" ask:
    - "Who would you tell if you were?"
    - "I'm glad you are not currently thinking about suicide. If that changes, here are some resources you can access…[provide referrals from below]"
- If the answer is "yes" ask detailed questions to get at how, when, and where:
    - "What have you thought about doing?" OR "How would you do it?"

  - "Do you have access to the means to carry out your plan?"
  - "When are you planning to do this?"
  - "Where were you planning to do this?"
  - "Have you ever attempted suicide in the past?"
- Subsequent responses depend on level of risk:

<u>Low Risk Level</u>

- Thoughts but no plan or intent for suicide
- Good social supports
- Positive situational factors
- No history of attempts
- Cooperative and self-aware
- Some coping skills
- What you should do:
  - Reinforce and encourage coping skills
  - Help explore greater use of social support
  - Refer for counseling to reduce distress
  - Follow up with the distressed peer

<u>Moderate Risk Level</u>

- Suicide plan and means, but no immediate intent
- Ambivalence about following through
- Other factors such as substance use, few social supports, history of attempts
- What you should do:
  - Consult with a colleague, supervisor, or mental health resource
  - Reinforce and encourage coping skills
  - Explore reasons to live and alternative courses of action (but don't give advice)
  - Help explore greater use of social support
  - Refer for counseling as quickly as is reasonable
  - Follow up with the distressed peer

<u>High Risk Level</u>

- Suicide plan and means
- Intent to harm self or others within day or week
- What you should do:
  - Don't leave the peer alone
  - Refer to immediate walk-in or crisis counseling
    - If during business hours (8-4:30) and on campus, call University Counseling & Consulting Services (612-624-3323; 340 Appleby Hall), Boynton Mental Health Services (612-624-1444; 3rd floor of Boynton Health Center) or walk peer to either center

        - If after hours and/or off campus, call 911, the Crisis Connection (612-379-6363 *or* 1-866-379-6363), or Lawyers Concerned for Lawyers (651-525-6466 *or* 866-525-6466)
- If in immediate danger, call 911.

<u>REMEMBER:</u> Your role is not to take full responsibility for helping this person or preventing this person from injuring him/herself, but to refer him/her to appropriate resources!

SUBSTANCE ABUSE

Substance Abuse Statistics

- 2-3% of the American college student will die from alcohol related causes
- 30% of college failure is alcohol related[1]
- Alcohol plays a role in 50% of all arrests[2]
- 75% of men and 50% of women involved in sexual assaults had been drinking prior to the assault; 75% to 90% of campus rapes involve alcohol use[3]
- According to one study, 31% of law students fell into a "definite alcoholism" category.[4]
- The most commonly abused "substance" among law students is believed to be alcohol, although there are signs that prescription drug abuse is also on the rise.[5]
- Alcohol can have a significant negative impact on students' academics. According to a 1992 study by the CORE institute of more than 50,000 college students[6]:
    - A students averaged ~ 3 drinks/week
    - B students averaged ~ 5 drinks/week
    - C students averaged ~ 7 drinks/week
    - D & F students averaged ~11 drinks/week

Myths about Substance Abuse[7]

- Alcohol is not a dangerous drug from which to detox.
    - Fact: Alcohol, along with benzodiazepines and barbiturates, are the most dangerous drugs from which to detox. Since alcohol is a liquid, it can affect every organ system. Without medical intervention, a person detoxing from alcohol on his or her own can still have a seizure up to a week after his or her last drink. A person who has been drinking heavily should always seek medical assistance before stopping drinking or using on their own.
- Alcohol detox is completed within a couple of days.
    - Fact: A person can continue to detox from the physical effects of alcohol for up to a week if he/she has been drinking frequently and in large quantities. Although his or her body may be cleared of alcohol and there

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[1] Bigsby, C., Ratcliff, E., & Rexrode, L (1996). *Page 5: The Myths and Facts of Alcohol*. Retrieved July 25, 2008 from http://www.runet.edu/~kcastleb/myths.html.
[2] Bigsby, C., Ratcliff, E., & Rexrode, L (1996). *Page 5: The Myths and Facts of Alcohol*. Retrieved July 25, 2008 from http://www.runet.edu/~kcastleb/myths.html.
[3] Bigsby, C., Ratcliff, E., & Rexrode, L (1996). *Page 5: The Myths and Facts of Alcohol*. Retrieved July 25, 2008 from http://www.runet.edu/~kcastleb/myths.html.
[4] As cited in: Suvor, D. & Gibson, B. (2008). *Mental Health Initiative: Toolkit for Student Bar Associations and Administrators*. American Bar Association, Law Student Division.
[5] As cited in: Suvor, D. & Gibson, B. (2008). *Mental Health Initiative: Toolkit for Student Bar Associations and Administrators*. American Bar Association, Law Student Division.
[6] As cited in: "Alcohol and Academics," http://www.bhs.umn.edu/alcohol/consequences.htm
[7] Groberski, M. (2008). *Myths About Alcohol and Other Substance Use*. Unpublished document, University Counseling and Consulting Services, University of Minnesota.

is no longer a medically dangerous situation, it can take up to a few weeks before his/her cognitive (e.g., concentration, attention, memory) and emotional (e.g., mood stability, depressed mood) functioning improves.

- If I drink because I'm depressed, I only need to address the depression and I'll stop drinking when I don't feel depressed anymore.
    - Fact: It is possible that depressed mood led to drinking. However, once the drinking is established, it also needs to be addressed. You will need more positive ways of coping than drinking. Developing those new ways to cope will help with the depression. Also, alcohol is a depressant and continued drinking will exacerbate, not relieve, the depression.
- My problem is with alcohol, so I don't need to care about using any other substances.
    - Fact: It is possible that you will start to use another substance in a problematic way or go back to alcohol to use what really satisfies you. Also, some substances are very similar (e.g., benzodiazepines are equivalent to alcohol, and a person who has trouble with alcohol will likely also have problems with benzodiazepines).
- A person has to have physiological symptoms of withdrawal and/or tolerance to be an alcoholic or drug-addicted.
    - Fact: Physiological symptoms of withdrawal and/or tolerance may be present, but they are *not* required for a person to be alcoholic or an addict. What *is* required is evidence of loss of control over substance use.
- A person who does not look or act drunk after drinking a lot of alcohol is not intoxicated.
    - Fact: People who do not look or act drunk after drinking a lot of alcohol are still impaired. However, their body has adapted to the presence of alcohol in its system. Level of intoxication is based on amount of alcohol consumed, gender, height and weight.

Identifying Problematic Substance Use

Although these indicators may be the result of a variety of different concerns, the existence of several indicators from this list of can alert you to possible substance abuse problems that may need to be investigated further. [8,9]

Physical Indicators

- Observed abnormalities of skin, eyes, coordination, and speech.
- Pattern of frequent illness

[8] Groberski, M. (2008). *Signs of A Possible Substance Use Problem*. Unpublished document, University Counseling and Consulting Services, University of Minnesota. Adapted in part from American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV* (4th Ed.). Washington, DC: American Psychiatric Association.

[9] Boynton Mental Health Clinic. *Indicators of Trouble with Drugs and/or Alcohol*. Retrieved July 25, 2008 from http://www.bhs.umn.edu/alcohol/indicators-popup.htm.

- Sleep disturbances
- Digestive disturbances
- Increase in, or high tolerance for, alcohol and/or other drugs
- Evidence of or talks about withdrawal symptoms
- Decreased concern about grooming or appearance
- Passing out
- Smell of alcohol on the student's breath or when by him/her, and he/she is not intoxicated.
- Increase in, or high tolerance for, alcohol and/or other drugs
- Persistent desire or unsuccessful attempts at decreasing or controlling his/her use.
- Significant amounts of time spent on trying to obtain the substance, using the substance, and/or recovering from the use of the substance.

Emotional Indicators

- Use of alcohol, tobacco, and/or other drugs to deal with emotions
- Guilt about actions during intoxication
- Reduced emotional control
- Dramatic mood swings
- Guilt or shame about use of alcohol, tobacco, and/or other drugs
- Anxious reactions
- Frequently irritable or angry
- Self-abusive behavior
- Depression

Cognitive Indicators

- Decreased attention and concentration spans/inability to focus on a task
- Increased forgetfulness
- Decreased problem-solving skills
- Blackouts (total memory loss for a period of time)

Social Indicators

- Family and other relationship difficulties
- Financial problems
- Legal problems
- Friends who are regular users of alcohol, tobacco, and/or other drugs
- Decreased leisure time activities and interests because of use
- Poor or deterioration of work record/performance
- Fighting and/or physical aggression
- Personality change
- Offensive behavior or interference with the rights of others

Specific Behaviors

- Frequent intoxication
- Engaging in binge drinking (Man: 5+ drinks per drinking occasion; Woman: 4+ drinks per drinking occasion.)
- Persistent desire or unsuccessful attempts at decreasing or controlling his/her use.
- Significant amounts of time spent on trying to obtain the substance, using the substance, and/or recovering from the use of the substance.
- Ignoring or excusing behavior associated with alcohol or other drug problems (e.g., traffic accidents, physical injury, DUI)
- Acting irresponsibly (e.g., staying out late, not showing up for work/class, handing in assignments late)
- Maintaining that there is no problem and highlighting other possible causes for observed indicators of a problem
- Acknowledging that there might be a problem, but that it is not a big deal
- Suicidal, homicidal, and /or aggressive behavior when under the influence
- Lowered academic performance
- Impulsivity, poor judgment and/or poor decision-making while under the influence
- Illegal behavior while under the influence (caught or not)

How to Confront or Approach a Peer With a Concern About Substance Use[10]

- Make direct comments that are nonjudgmental and nonevaluative with empathy and interest. Observe nonverbal cues (your own as well as theirs). Remember: You're on their side.
- Do not engage in an argument, get defensive, or try to push your agenda on the peer. Your role is to make observations and help to the extent that he/she would like.
- Bring up issues with substance use as you would any other problem (see section on "Providing Referrals" for more information about this). Tell him or her that you have some observations about them that you would like to share and ask him/her if you can do so.
- Focus on the behaviors you and/or others have observed and the negative impact of that behavior as you and others have seen it.
- Encourage them to take an online assessment of their substance use such as: http://www.mentalhealth.umn.edu/screening/index.html or the self-assessment from the Hazelden website: http://www.alcoholscreening.org/AS/index.aspx?CID=86

[10] Groberski, M. (2008). *Talking About Substance Use*. Unpublished document, University Counseling and Consulting Services, University of Minnesota.

- Ask him/her if he/she has been aware of this issue before and if they have done anything in the past that has helped the behavior to cease, or at least to not be a problem.
- Extend an offer to be supportive of them obtaining input from a professional; offer to help them call or make an appointment. Using the "Referral List" section below, provide them with information about appropriate referral sources.
- Indicate your willingness to be of assistance at a later point in time if they change their mind or would like to talk further.

ACTIVE LISTENING SKILLS

This section provides a description of active listening skills (attending & listening, open questions, restatement of content, reflection of feelings, silence, approval/reassurance, self-disclosure for exploration), followed by examples for each verbal skill for one didactic case example. This is followed by workbook-style practice section where vignettes are provided, followed by sample responses.

Throughout this section, keep in mind that the goal of using these skills is to:

(1) connect with provide support to the distressed peer
(2) assess and gain understanding of the distressed peer's concerns
(3) join with the distressed peer in order to gain leverage and successfully facilitate a referral to campus or community resources/services
(4) gain clarity about what type of referral would be most appropriate

Attending & Listening[1]

- Attend to the helpee by orienting yourself physically towards him or her. Listening involves capturing and understanding the helpee's message. Together, attending and listening behaviors help helpees feel safe enough to discuss their concerns. It is a way of communicating to helpees that they are valued, worth being listened to, and that you care.
- The acronym ENCOURAGES can help you remember what is involved in attending and listening:
    - **E** = maintain moderate levels of eye contact (avoid looking away frequently or staring) and have an interested facial expression
    - **N** = use a moderate amount of head nods (not a statue or a bobble-head)
    - **C** = respect cultural differences in nonverbal behaviors
    - **O** = generally maintain an open stance towards the distressed peer (arms open, lean forward, face distressed peer squarely)
    - **U** = use acknowledgements such as "um-hmm"
    - **R** = relax and be natural but professional
    - **A** = avoid distracting nonverbal behaviors (e.g., pen clicking, interruptions, foot tapping)
    - **G** = match the client's grammatical style and pace of speech
    - **E** = listen with the "third ear" (i.e., the meaning behind what the distressed peer is saying, not just what is overtly communicated; pay attention to nonverbal behavior)
    - **S** = use space appropriately (don't sit too close or too far from peer)

[1] Adapted from: Hill, C.E. (2004). *Helping Skills: Facilitating Exploration, Insight, and Action*. Washington, DC: American Psychological Association. For ease of reading/writing, throughout this section, I refer to Peer Supports as "helpers" and distressed peers as "helpees."

Open Questions[2]

What are Open Questions?

- Open questions lead helpees to expand and demonstrate that helpers are listening and interested in what the helpees is saying. They ask for clarification or explore thoughts or feelings. They can be posed as a question ("How do you feel…?) or a statement ("Tell me more…").
- We contrast them from closed questions which involve a yes/no or very specific answer. Closed questions do not encourage exploration, so it is best to try to avoid them unless you are seeking very specific information (e.g., for a suicide assessment).
    - USE: "How…", "What…", "Tell me…"
    - AVOID: "Do…", "Can…", "Why…"
- Think of them as akin to your direct examination.

Why Open Questions?

- To start a conversation with someone (e.g., "What's been going on?")
- To encourage or request exploration and elaboration, especially of thoughts and feelings.
    - Often people are not fully aware of their thoughts, feelings, and reactions to situations because things happen fast or because they do not take (or have) the time to reflect. ("What were you thinking when that happened?" "How are you feeling about it now?")
    - Breaking problems down into parts can help people understand them better. ("How is this like past experiences?" "Walk me through what happened.") .
- To hear more about something of interest or importance (e.g., "Tell me more about that.").
- To encourage clarification; this can be especially helpful when people are vague or rambling (e.g., "Explain that a bit more. What did you mean by that?" "Give me an example of what you are talking about.").
- To get information in a way that helps us to understand the person and their life context more fully ("How does this relate to your values?").

How to Ask Open Questions

- Start by attending and listening
- Pause before asking the question to be sure you want to be asking this question and to make sure it is open.

[2] Adapted from: Hill, C.E. (2004). *Helping Skills: Facilitating Exploration, Insight, and Action*. Washington, DC: American Psychological Association. For ease of reading/writing, throughout this section, I refer to Peer Supports as "helpers" and distressed peers as "helpees."

- Keep the question short, simple, and tentative. Speak slowly and use a low, supportive tone of voice.
- Keep the focus on:
    - The helpee rather than on other people.
    - The present rather than the past.
- Try to vary the format and avoid only asking questions. Asking only questions is a lot of work for the helper and can feel like an interview for the helpee.

Helpful Hints for Open Questions

- Rephrase closed questions into open questions (e.g., "What could you do tonight?" instead of "Have you thought about calling a friend tonight?")
- Keep the focus on the helpee rather than on other people (e.g., "What was your reaction to her statement?" instead of "What did she say next?")
- Avoid asking multiple questions without giving the helpee time to respond in between. Similarly, avoid following up open questions with closed questions (e.g., "How were you feeling? Were you scared?")
- Avoid "why" questions. They tend to put people on the defensive and are difficult to answer honestly. Although "why" questions ask about motives, people are sometimes unaware of their motives. "Why's" can also imply criticism. Rephrase "why" questions to make them less blaming (e.g., "How did you start fighting with her?" instead of "Why did you fight with her?")
- Avoid questions that already have an answer or convey condescension or your own values (e.g., "You don't really think that's the right decision, do you?)

Didactic Case Example

In early October, you are contacted by a 2L student who recently found out that she is pregnant, rather unexpectedly. Her boyfriend is another 2L student; she describes the relationship as "not very serious," and says he is ambivalent about having a child with her. She is due right before spring semester finals and is conflicted about what to do about the pregnancy. Her friends who know have been pressuring her to terminate the pregnancy, but she indicates that although she is pro-choice, due to her religious convictions, she has always questioned if abortion is something she would choose for herself. She is normally a good student but has been too upset to attend class regularly or complete her assignments. In addition to her distress about her situation, she is also concerned about what will happen if other students learn about her condition or any action she takes. Time is of the essence, as she is approximately 8 weeks pregnant.

Write a few **open questions** you might ask this person:

Possible Open Questions For Didactic Case Example

- How do you feel when thinking about terminating the pregnancy?
- How do you feel when thinking about continuing the pregnancy?
- Tell me about your support system as you deal with this issue.
- What happens when you are too upset to attend class?
- What thought are running through your head when you are upset about this?
- Tell me more about your conflict regarding this pregnancy.
- How does your boyfriend's ambivalence about this pregnancy impact you?
- What are your biggest fears about this pregnancy?
- How does it feel to have your friends pressuring you to have an abortion?
- What exactly are you concerned will happen if other students find out about your pregnancy?
- Have you had any thoughts about hurting yourself? [NOTE: Because this case is one in which suicide assessment is appropriate, given the PS's distress & circumstances, closed questions about risk are warranted.]

Restatement of Content[3]

What is a Restatement of Content?

- A restatement is a paraphrasing of the content or meaning of what a helpee has said.
- Restatements usually use similar words to the helpee's, but fewer. So, they are often a synopsis of what the helpee said, but more concrete and clear.
- Restatements can be phrased either tentatively or as a direct statement.
- Restatements get at the gist of what a helpee said in one sentence or phrase.
- Restatements DO NOT contain feeling words. (If they did, they would be a reflection of feelings.)
- Summaries are a special kind of restatement that consolidate what a peer has said by tying together several ideas or statements expressed.
    - Summaries can be a great way to begin or end an interaction with someone.

[3] Adapted from: Hill, C.E. (2004). *Helping Skills: Facilitating Exploration, Insight, and Action*. Washington, DC: American Psychological Association. For ease of reading/writing, throughout this section, I refer to Peer Supports as "helpers" and distressed peers as "helpees."

Why use Restatements of Content?

- Restatements can show helpees that we support them, that we have been listening, and that we understand what they are saying.
- Restatements can be a way of checking out whether or not we understand what helpees are trying to say.
- Helpees may be unclear about a particular issue, and restatements can help them focus or clarify their thoughts/feelings. It can help people to hear what they've been saying and how their thoughts come across to others, allowing them to evaluate what they really think (e.g., if they really believe what was just said or if they forgot something).
- Restatements promote exploration as they allow helpees to think through issues more thoroughly and encourages expression of feeling.
    - Restatements might be particularly useful for cognitively-oriented individuals for whom expression of feeling is too difficult or threatening. They can also be helpful for feeling-oriented individuals who might benefit from taking a step back from their feelings.

How to Give a Restatement

- Listen empathically to capture the essence of what the helpee has said. "Essence" is often what you sense the helpee is most unsure of, most concerned about, or understands the least.
    - We listen empathically because we want to understand what is important to the helpee.
    - We focus on the essence to encourage helpees to explore.
    - Try not to formulate the restatement in your head while the helpee is talking!
- Take time to pause and think before delivering your restatement. Take a deep breath and give the restatement slowly and supportively.
- Keep it short—one sentence or less.
- Try to vary your introduction. Possible introductions include:
    - So…
    - I wonder if…
    - It sounds like…
    - So what you're saying is…
    - I'm hearing that…
    - I wonder whether…
- Keep the focus on the helpee. This allows him/her to focus on his/her own role in the issue and explore his/her thoughts in more depth.
    - This can be tough because we often talk about other people and their thoughts, feelings, and behaviors.
- Be tentative in your delivery. You want to make sure you are really thinking about the content of what the helpee is saying and picking out key elements without

judgment. You also want to give the helpee space to correct you if you misheard or misunderstood.

Helpful Hints For Restatements

- Do not assume you understand anything about the helpee. Even if you have many similarities (age, gender, ethnicity, sexual orientation, etc) you cannot assume that your experiences and feelings are similar.
- Pick the most important part of the helpee's statements to restate. Remember that a restatement doesn't have you capture everything. You want to focus on the gist of what the helpee is saying.
    - If you try to get to all the details, you'll be talking too much, the focus won't be on the helpee, and you (or they) might get confused.
    - If there are several important points worthy of restatement, look for what is most important by attending to nonverbal messages, what the helpee focuses on most, what is left unresolved, or what the helpee seems to have questions or conflicts about. Only one issue can be dealt with at a time.
- If you don't understand what the helpee has said, asking him or her to repeat himself/herself is better than pretending you don't understand. Alternatively, you can preface your restatement with "I'm not sure if I understand what you are trying to say. What I think I'm hearing is that… Is that what you are saying?"

Didactic Case Example

In early November, you are contacted by a 2L student who recently found out that she is pregnant, rather unexpectedly. Her boyfriend is another 2L student; she describes the relationship as "not very serious," and says he is ambivalent about having a child with her. She is due right before spring semester finals and is conflicted about what to do about the pregnancy. Her friends who know have been pressuring her to terminate the pregnancy, but she indicates that although she is pro-choice, due to her religious convictions, she has always questioned if abortion is something she would choose for herself. She is normally a good student but has been too upset to attend class regularly or complete her assignments. In addition to her distress about her situation, she is also concerned about what will happen if other students learn about her condition or any action she takes. Time is of the essence, as she is approximately 8 weeks pregnant.

Write a few **restatements of content** you might give this person:

Possible Restatements of Content For Didactic Case Example

- You are having trouble deciding what to do about this unexpected pregnancy.
- So I'm hearing that this situation is making it hard for you to attend to your classwork.
- It sounds like you are really debating about what to do in this situation.
- You are 8 weeks pregnant and have to make this big decision as soon as possible.
- You are at a point where you have to decide what you think about abortion for yourself.
- You are going through a really rough time right now.
- I wonder if you are uncertain about the effect of having a baby at this point in your life.

Reflections of Feeling[4]

What are Reflections of Feeling?

- A reflection of feeling is a repeating or paraphrasing of the helpee's statements, including an explicit identification of feelings.
- The feelings may be stated by the helpee (in exactly the same or similar words) or inferred by the helper.
- Feelings can be inferred from the helpee's nonverbal behavior, the context, the content of the helpee's message, or the helper's projection of him/herself into the helpee's situation.
- Can be phrased either tentatively or as a statement.

Why Use Reflections of Feeling?

- The skill of reflections of feeling assumes that it's important to talk about feelings and that they are a key part of the human experience.
    - Some researchers have described "the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action" as emotional intelligence. Reflections involve using our own emotional intelligence with helpees to help them become more emotionally intelligent for themselves.
    - Acknowledging feelings can give us important information about ourselves or helpees—what might be causing one's distress, who we are, what to pay attention to, etc.
- We may ignore, deny, or not express our feelings; unexpressed feeling can create emotional and physical distress.
    - Why?
        - We've learned through negative reinforcement, such as getting scolded or ignored when we cried.
        - We weren't encouraged for cultural reasons (e.g., gender role prescriptions in US discourage men from expressing feelings other than anger)
        - We don't know what it's like to be "heard," so we don't know how to choose people/friends to share feelings with.
    - What happens when we ignore, deny, or don't express our feelings?
        - They may leak out in other, sometimes destructive ways (e.g., snapping at someone, punching things)
        - They can get "blocked" ant translate into physical ailments or somatic complaints.
        - We can close up, get stuck, or "explode"

[4] Adapted from: Hill, C.E. (2004). *Helping Skills: Facilitating Exploration, Insight, and Action*. Washington, DC: American Psychological Association. For ease of reading/writing, throughout this section, I refer to Peer Supports as "helpers" and distressed peers as "helpees."

- Many different feelings may relate to a particular situation, and it is important to acknowledge and experience multiple feelings.
- Once we experience our feelings, we can accept them and decide how we want to respond to them. This can allow us to be more open to new feelings and experiences.

<u>How To Give a Reflection of Feeling</u>

- Listen to the helpee, using your "third ear" and pause to take a breath and formulate your reflection before giving it.
- You will get information for the reflection from several sources:
    - The verbal content of the helpee's statements. If the helpee names some feelings reflect those feelings back or use a synonym. If the helpee does not use a feeling word, listen for feelings behind the content.
    - Nonverbal behaviors
    - Tone of voice
    - Imagine how you would feel if you were in his/her situation
    - If the helpee is expressing only one feeling, think about what the opposite feeling might be or other common feelings for that situation (e.g., if helpee is only talking about sadness about a sudden relationship breakup, you might wonder about anger)
- Pick a specific feeling word to reflect (see list below). Ideally, we want to reflect the most salient, important, or intense feeling(s) the helpee is experiencing (since we know that there are often several feelings going on at once) and focus more on the current feelings than how the peer has felt in the past.
    - Don't agonize over what word(s) to pick. You don't need to pick the perfect feeling; research suggests that reflections that are in the ballpark still help people feel understood.
- Keep the reflection short, tentative, and focused on the helpee.
- Try to vary the format of your reflections. Some typical ways of phrasing reflections include:
    - You feel _____ because _____.
    - It sounds like you feel _____ and _____.
    - If I were you, I might feel _____.
    - You seem _____.
    - I hear you saying that you feel _____.
    - That sounds _____.
    - I'm hearing a lot of _____ in your voice.
    - I wonder if you feel _____.
    - So you're feeling _____.
    - Could you be _____?
    - You look like you might be feeling _____, _____, and _____.
    - My hunch is that you feel _____.
- After delivering your reflection, PAUSE! Give the helpee time to absorb and think about the reflection. Don't rush in to say something if the helpee is moved by the reflection and experiences more intense feelings.

Helpful Hints For Reflections of Feeling

- Listen for the basic underlying feeling. Look for what the helpee says with the most intensity. The helpee's verbal content (whether or not there are feeling words) may or may not accurately his/her feelings.
- Use an empathic tone, convey concern, and show you are trying to understand. Don't judge helpees (e.g., "You're angry about *that*?"). Speaking softly and slowly can make your voice warmer.
- Use a tentative tone to encourage helpees to determine what feelings are going on internally rather than paying attention to what they "should" feel.
- Reflect present rather than past feelings (e.g., "You sound angry right now when you describe that situation from last week." Instead of "You were angry when that happened last week.").
- Try to vary the feeling words you use.
- If the helpee starts to cry or experience other feelings in the moment, try to stay with him/her and try not to "take away" the sadness (or other feeling being experienced), but accept the helpee and the feelings. You might want to be silent for a minute to allow the tears or other expression of feeling sit, and then give another reflection in a soft tone of voice to help the helpee verbalize the feelings.
- If your reflection of feelings is inaccurate or if the helpee does not respond well to your reflection, have him/her to explain more about how he/she feels and try again to understand the feelings.

Feeling Words List[1]

	Levels of Intensity		
Categories of Feeling	***Mild***	***Medium***	***Strong***
Happy/Joyful/Excited	Cheerful	Delighted	Ecstatic
	Pleased	Energized	Thrilled
	Glad	Hopeful	Overjoyed
Sad/Depressed	Blue	Resigned	Hopeless
	Low	Melancholy	Miserable
	Down	Upset	Crushed

[1] This is by no means meant to be a comprehensive list of feelings, and the placement of the feelings in each column (and row) is debatable. The goal of including this list is to demonstrate that there are many words to describe different feelings and that each word can connote different levels of intensity. Part of being able to use reflections of feelings effectively includes building one's feeling word vocabulary.

Categories of Feeling	***Levels of Intensity***		
	Mild	***Medium***	***Strong***
Angry/Hostile	Uptight	Frustrated	Furious
	Mad	Irritated	Disgusted
	Annoyed	Exasperated	Enraged
Confused	Foggy	Doubtful	Numb
	Surprised	Mixed Up	Trapped
	Unsure	Uncomfortable	Panicky
Scared/Anxious	Uneasy	Dread	Terrified
	Nervous	Worried	Threatened
	Fearful	Anxious	Desperate
Inadequate/Weak/ Helpless	Tired	Embarrassed	Ashamed
	Shaky	Helpless	Vulnerable
	Worn out	Powerless	Exhausted
Strong/Competent	Able	Tough	Powerful
	Healthy	Confident	Potent
	Firm	Brave	Aggressive
Shame/Guilt	Bad	Remorseful	Mortified
	Apologetic	Regretful	Humiliated
	Foolish	Embarrassed	Degraded
Hurt/Cheated/ Blamed/Criticized	Let down	Disappointed	Forsaken
	Put down	Misunderstood	Betrayed
	Hurt	Blamed	Victimized

Didactic Case Example

In early November, you are contacted by a 2L student who recently found out that she is pregnant, rather unexpectedly. Her boyfriend is another 2L student; she describes the relationship as "not very serious," and says he is ambivalent about having a child with her. She is due right before spring semester finals and is conflicted about what to do about the pregnancy. Her friends who know have been pressuring her to terminate the pregnancy, but she indicates that, although she is pro-choice due to her religious convictions, she has always questioned if abortion is something she would choose for herself. She is normally a good student but has been too upset to attend class regularly or complete her assignments. In addition to her distress about her situation, she is also concerned about what will happen if other students learn about her condition or any action she takes. Time is of the essence, as she is approximately 8 weeks pregnant.

Write a few **reflections of feeling** you might ask this person:

Possible Reflections of Feeling for Didactic Case Example

- That sounds scary.
- You feel confused because your opinion about abortion is shifting now that you are faced with the possibility of having one.
- You look sad as you talk about this.
- I'm wondering if you feel angry with yourself for getting into this situation.
- It sounds like you feel ashamed about being pregnant, because you don't want other students to know about it.
- I have a hunch that you're on the verge of panicking.

Silence[2]

What is silence?

- Silence is a pause during which neither the helper nor the helpee is speaking.
- Silence can occur after a helpee's statement, within a helpee's statement, or after a simple acceptance of the helper's statement.

Why use silence?

- Can be used to convey empathy, warmth, and respect to helpees
    - Can give helpees time and space to talk and allow them time to reflect or think through what they want to say without interruption
    - Can indicate to helpees that you are patient, unrushed, and have time to listen
    - During these silences, just focus on attending and nonverbally conveying support

[2] Adapted from: Hill, C.E. (2004). *Helping Skills: Facilitating Exploration, Insight, and Action*. Washington, DC: American Psychological Association. For ease of reading/writing, throughout this section, I refer to Peer Supports as "helpers" and distressed peers as "helpees."

- Silence can be negative or inappropriate when used because the helper doesn't know what to say, is anxious, angry, bored, or distracted.
    - Feeling uncomfortable with silence is common for helpers.
    - If silence is uncomfortable for you, try to breathe deeply, relax and think about what might be going on for the helpee; use silence to make an empathic connection with the helpee rather than focusing on yourself.
- Can be helpful to follow up silences with an open question such as "How are you feeling?" or "What were you thinking about just now?"

Approval/Reassurance[3]

What is approval/reassurance?

- Approval/reassurance provides emotional reassurance encouragement, or reinforcement to the helpee. For example:
    - "Wow, that must be really hard!"
    - "It's understandable that you feel so stressed right now."
    - "It's not uncommon for law students to feel the way you do right now."

Why use approval/reassurance?

- Can be used to provide support or reinforcement, instill hope, indicate empathy, and suggest that a helpee's feelings are normal and to be expected.
- Can be used to foster exploration and help helpees feel safe enough to keep talking about their concerns.
- It can sound fake if it is used too much, too early, or insincerely. You also want to be careful to not use it for the purpose of alleviating anxiety or distress, minimizing feelings, or denying feelings.

Self-Disclosure for Exploration[4]

What is self-disclosure for exploration?

- Self-disclosures for exploration involve disclosing information about your own experiences or feelings to helpees. For example:
    - "During my first year of law school, I realized that part of what made me so unhappy was that I had lost touch with all my friends. I wonder if something similar is going on with you?"
    - "One thing that really helped me my first year was to write down my reasons for coming to law school in the first place and tape them to the cover of my laptop. What do you think about that?"
- Things you might consider self-disclosing include your ways of dealing with adjusting to law school, your experiences with stress in starting law school, how you balance your personal life and school, etc.

Why use self-disclosure for exploration?

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[3] Adapted from: Hill, C.E. (2004). *Helping Skills: Facilitating Exploration, Insight, and Action*. Washington, DC: American Psychological Association. For ease of reading/writing, throughout this section, I refer to Peer Supports as "helpers" and distressed peers as "helpees."

[4] Adapted from: Hill, C.E. (2004). *Helping Skills: Facilitating Exploration, Insight, and Action*. Washington, DC: American Psychological Association. For ease of reading/writing, throughout this section, I refer to Peer Supports as "helpers" and distressed peers as "helpees."

- Self-disclosures of experiences can be used to indicate that you understand what a helpee is going through because you went through something similar. This can help someone feel more "normal" or less alone.
    - You want to be conscious of not doing this for your own needs, with the purpose of turning the conversation to yourself, or minimizing the client's needs.
    - Before self-disclosing, pause to ask yourself how the disclosure will be helpful to the helpee.
    - Follow-up with an open question about how it fits for him/her.
- They can be done with the goal of providing information.
- Self-disclosures of feelings can model for helpees what they might be feeling, by stating what you have felt or would feel in a similar situation. This can help people recognize or express their feelings.
- Note that the more common use of self-disclosures is one thing that might differentiate you from a mental health professional (who will likely self-disclose less).

Practice Cases

This section contains 4 vignettes with space to formulate your own open questions, restatements of content, and reflections of feeling. At the very end of this section are sample responses of each type for each vignette. They are not the only or the "right" responses one might give… just a sampling of responses for you to consider.

Practice Case 1

A 1L student approaches you shortly before spring semester finals after learning that her younger brother--with whom she is very close--was diagnosed with brain cancer and will require aggressive chemo and radiation treatments. He is in California with her family and she is distraught about being so far away. She is concerned about whether she should request a leave to go home, or stick it out in school and possibly miss spending time with him.

Open Questions

Restatement of Content

Reflection of Feelings

Practice Case 2

A student comes to you out of concern for a friend whose behavior has recently changed. He went from being very involved in school and his study group to being withdrawn and often absent from class. The reporting student has tried to email and call the student several times but has received no response. He came to you after three days of no contact and not seeing his friend in school.

Open Questions

Restatement of Content

Reflection of Feelings

Practice Case 3

A 3L friend comes to you very upset. He has been one of the most active and visible students in your class, but he is nearing graduation and does not yet have a job. He confides that despite (or because of) all his activities, his grades are very low and he is getting panicked about his post-graduate prospects. He is a director for Tort and an organizer of a spring symposium, and he's feeling like he may not be able to fulfill his responsibilities here, or in his classes.

Open Questions

Restatement of Content

Reflection of Feelings

Practice Case 4

A 2L student comes to you about a young man in her seminar. She's not quite sure how to put her finger on it, but he strikes her as very odd, and a little scary. He dresses strangely and often seems to not have showered recently. He is by turns sullen or confrontational in class discussions. He seems to have a particular concern with her, as they have differing political perspectives and on more than one occasion he has followed her out of class to return to a controversial subject about which they disagreed. She says that when she sees him on campus, he glares at her. In light of recent campus events across the country, she's worried about whether someone should "do something" about this student.

Open Questions

Restatement of Content

Reflection of Feelings

Practice Case Sample Responses

Practice Case 1

- Open Questions:
    - What would consequences be of taking time off?
    - What are you most afraid of right now?
    - How would it feel if you took time off?
    - How would it feel to be at school if you didn't take time off?
    - How is this situation impacting your ability to prepare for finals?
    - What do you need right now?
- Restatement of Content:
    - Every day with your brother feels precious right now.
    - Your heart is with your brother.
    - You are torn between sticking things out this semester and going home to see your brother.
    - You want to be with your brother while there is still a chance to do so.
- Reflection of Feelings:
    - You are distraught at being so far away from your family.
    - You are worried about requesting a leave of absence despite the news about your brother.
    - If I were you, I'd feel very afraid about what might happen to my brother.
    - It must feel really lonely to be dealing with your brother's illness from so far away.

Practice Case 2

- Open Questions:
    - What are you most concerned about for your friend?
    - What are you thinking of doing next?
    - What do you think has happened to your friend?
- Restatement of Content:
    - Your friend has been withdrawn for a while and non-communicative for 3 days.
    - Your friend hasn't responded to your repeated attempts to reach him.
    - This behavior has been very atypical for your friend.
    - You observed a very sudden change in your friend.
- Reflection of Feelings:
    - You are really worried about your friend.
    - You feel lost in how to help your friend.
    - If I were you, I'd feel helpless right now.
    - I wonder if you might be feeling angry that your friend has not responded to your attempts to reach out to him?

Practice Case 3

- Open Questions:
    - What's your biggest fear right now?
    - What kind of work do you want to do?
    - How might you sell your experience with activities to employers?
    - What feels the most do-able to you right now?
    - What is stressing you out the most right now?
- Restatement of Content:
    - You think that you put too much energy into activities, and it's hurting your ability to get a job.
    - You are really behind right now.
    - Your responsibilities have piled up.
    - Your grades are not what you would like them to be.
- Reflection of Feelings:
    - You're terrified that you won't get a job.
    - Panic is setting in.
    - It sounds like you are feeling overwhelmed.
    - I wonder if you feel guilty that you might not be able to fulfill your responsibilities.
    - If I were you, I might feel a bit angry at myself for letting activities interfere with my grades.

Practice Case 4

- Open Questions:
    - What do you make of this student's manner and appearance?
    - What are you worried will happen?
    - What do you think someone should "do"?
    - How does he make you feel?
    - Tell me more about what makes him odd or scary to you.
- Restatement of Content:
    - There's a man in your seminar who makes you uncomfortable.
    - You think someone should do something about this student.
    - What I'm hearing is that you think this guy is potentially dangerous.
    - You feel targeted by this odd man in your seminar.
- Reflection of Feelings:
    - You feel afraid of this man.
    - This man makes you uncomfortable.
    - You're worried about what might happen with this student.
    - I can understand why you would feel threatened by this man.

PROVIDING REFERRALS[1]

Myths About Seeking Help

As noted above, seeking help actually increases, rather than decreases, a student's ability to succeed in school and be admitted to the bar, despite many myths to the contrary. Students should seek out appropriate supports and use them consistently to be able to demonstrate "evidence of rehabilitation" from any condition or incident that may pose concerns for bar examiners.

Why is it important to refer?

- University and community services exist to help students manage life stressors while studying here.
- As stated earlier, your goal is not to become the distressed peer's counselor (you have your own life and stressors to manage) but to help your peer find appropriate resources.
    - It is not the goal of the LSPSN that PS's take on other people's problems and then feel responsible for the outcome of the problem!
- Talking about using services can help break stigma barriers around using services.
    - This is your opportunity to provide your distressed peer with information about the importance of seeking help and how seeking help is (and is not) related to the Character of Fitness evaluation (if that is a concern).
- The exploration you have done and the connection you have developed with your distressed peer can give you leverage for persuading your peer that help is available and that you and help them find places to help.
- You can provide information about where to go and possibly also help them make an appointment or accompany them to the service provider.

How to refer?

- You are ready to refer once you have explored your distressed peer's concern enough to have an understanding of what is going on and what kinds of services might be helpful for him/her.
- Use restatements and reflections of feeling to state what you heard as the main concerns.
- Use "I" statements to name your concerns about the peer. State your concerns in specific, nonjudgmental terms. Tell him/her clearly what is concerning to you.
- Use "I" statements to name one or more referral options.
- Encourage the distressed peer to engage in some self-care activities.
    - "What can you do to take care of yourself right now?"

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[1] Entire section is adapted from: University of Minnesota Student Mental Health—Twin Cities Campus (2008). *How To Help A Friend*. Retrieved on July 25, 2008 from http://www.mentalhealth.umn.edu/friend/index.html.

- Follow up your referral with an open question such as "What do you think about that?" or "What would that be like for you?"
    - If the distressed peer expresses some hesitation or concern, reflect that back to them and explore what the hesitation or concern is about. When a distressed peer verbally or non-verbally expresses ambivalence about pursuing a referral, it can be helpful to ask about both sides of the ambivalence. For example: "What are some reasons in favor of going?" "What appeals to you about this?" and "What are some reasons against going?" "What concerns you about going?"
    - Provide information to him/her as needed (e.g., about the impact of pursuing counseling on the Character of Fitness evaluation, about confidentiality, about not needing things to be "that bad" to warrant a referral to counseling).
- If the distressed peer resists the referral or becomes defensive, simply restate your concerns and recommendations.
- Indicate your willingness to be of assistance at a later point in time regardless of whether or not they follow through with the referral.
- Ask the distressed peer to follow up with you in a few days, and inform him/her that if you do not hear back, you will follow up with him/her in a week or so to ask if they need any more assistance.
- Get support for yourself if you feel you need it or if you don't know what else to do to help your distressed peer.
    - From 8am – 4:30pm, University Counseling and Consulting Services (612-624-3323) and the Mental Health Clinic at Boynton Health Service (612-624-1444) provide in-person and telephone consultation to students and others who are not sure what to do to help a distressed peer.
    - After business hours, contact the Crisis Connection (612-379-6363 or 1-800-379-6363)
    - Consult with Assistant Dean Erin Keyes
- In keeping with the empowerment approach of the PSN, ask the peer to follow up with you in a few days, and indicate that if you do not hear back within a week, you will follow up with him/her.

Where to refer?

- Use www.mentalhealth.umn.edu, which provides links to and information about mental health services on campus.
    - **"Default" referrals should be University Counseling & Consulting Services, Boynton Mental Health Service and Lawyers Concerned for Lawyers (see beginning of Referrals section for detailed info about all three services).**
    - If possible, provide the distressed peer with one of the www.mentalhealth.umn.edu cards.

  - Distressed peers who would like to do some self-assessment of different mental health concerns can do so via http://www.mentalhealth.umn.edu/screening/index.html
- Use the referral sources list in this training manual.
- Contact the campus police (320-589-6000) for general questions or 911 on campus for emergencies.

Example

Didactic Case Example

In early November, you are contacted by a 2L student who recently found out that she is pregnant, rather unexpectedly. Her boyfriend is another 2L student; she describes the relationship as "not very serious," and says he is ambivalent about having a child with her. She is due right before spring semester finals and is conflicted about what to do about the pregnancy. Her friends who know have been pressuring her to terminate the pregnancy, but she indicates that although she is pro-choice, due to her religious convictions, she has always questioned if abortion is something she would choose for herself. She is normally a good student but has been too upset to attend class regularly or complete her assignments. In addition to her distress about her situation, she is also concerned about what will happen if other students learn about her condition or any action she takes. Time is of the essence, as she is approximately 8 weeks pregnant.

Possible Response

- "So, you are unexpectedly pregnant, are not in a supportive relationship, and don't know what to do. You're feeling scared, confused, and pressed to make a decision as soon as possible.
- I am concerned about you because this situation is interfering with your schoolwork and because of the time pressure to make a decision.
- I wonder if you need a safe place to explore your thoughts and feelings about your situation before you make a decision.
- I know that it can be hard to have these kinds of conversations with people who are in ongoing parts of your lives. Since you mentioned you are concerned about what other students might say, it sounds like that might be true for you.
- If I were in your situation, I would talk it through with a counselor at UCCS or Boynton. What are your thoughts about doing this?"

Practice Cases

Practice Case 1

A 1L student approaches you shortly before spring semester finals after learning that her younger brother--with whom she is very close--was diagnosed with brain cancer and will require aggressive chemo and radiation treatments. He is in California with her family and she is distraught about being so far away. She is concerned about whether she should request a leave to go home, or stick it out in school and possibly miss spending time with him.

Response:

Practice Case 2

A student comes to you out of concern for a friend whose behavior has recently changed. He went from being very involved in school and his study group to being withdrawn and often absent from class. The reporting student has tried to email and call the student several times but has received no response. He came to you after three days of no contact and not seeing his friend in school.

Response:

Practice Case 3

A 3L friend comes to you very upset. He has been one of the most active and visible students in your class, but he is nearing graduation and does not yet have a job. He confides that despite (or because of) all his activities, his grades are very low and he is getting panicked about his post-graduate prospects. He is a director for Tort and an organizer of a spring symposium, and he's feeling like he may not be able to fulfill his responsibilities here, or in his classes.

Response:

Practice Case 4

A 2L student comes to you about a young man in her seminar. She's not quite sure how to put her finger on it, but he strikes her as very odd, and a little scary. He dresses strangely and often seems to not have showered recently. He is by turns sullen or confrontational in class discussions. He seems to have a particular concern with her, as they have differing political perspectives and on more than one occasion he has followed her out of class to return to a controversial subject about which they disagreed. She says that when she sees him on campus, he glares at her. In light of recent campus events across the country, she's worried about whether someone should "do something" about this student.

Response:

Possible Responses to Practice Cases

Practice Case 1

- "Wow, I can see why it's so difficult to be far away from your family right now. You're feeling really scared about what might happen with your brother, but also torn because you feel like you should finish out the semester and stay here.
- I'm concerned that if you stay here, you will be really struggling to balance your school and family concerns.
- It sounds like you could really use some support right now. One of the best places to get that will be from a counselor at UCCS or Boynton—they could really be helpful to you as you struggle with this decision. In cases like this, I always think that finding out more information about each option can be particularly useful in making the decision, so it might be helpful to talk to the dean's office at the law school and maybe also your professors about what a leave would entail and how it might impact your semester grades. That way you can also get information about what would be involved (and what would be the consequences) of taking next semester off too, if that's what you decide you want to do.
- What do you think?
- In the meantime, what can you do to take care of yourself?"

Practice Case 2

- "You are really concerned about this friend and don't know what do to about the fact that you haven't heard from him.
- Given what you've said, I share your concern about him, although I am also concerned that you feel responsible for him.
- If I were in your shoes, I would call either UCCS or Boynton and ask their on-call crisis counselor what you can do. The other option, if you really think his safety is in imminent danger, is to call the campus police; they are really great with mental health emergencies.
- What are your reactions to that?
- What can you do to take care of yourself during this stressful time?"

Practice Case 3

- "You've said that you're getting really worried about a few things—your grades, fulfilling your current responsibilities at school, and finding a job. I can understand why you might feel a little panicky right now—that's a lot to manage at once!
- I'm concerned about how much you are trying to manage all by yourself.
- I have 2 thoughts about places that could be helpful for you. It seems like time management is part of your struggle, and I think that academic counseling at UCCS can be really helpful with that. Actually, they also have career counseling, so they could be helpful for that, too. Another option to help you with the job search would be the career center here in the law school. Their info is on http://www.law.umn.edu/careers/index.html.

- What would it be like to pursue one of those resources?
- In the meantime, what can you do to take care of yourself?"

Practice Case 4

- "This student is really upsetting and scaring you.
- Given what you have said, I'm concerned about how much this is impacting your sense of safety.
- In situations like this, I find it really helpful to make sure I'm doing things to take care of myself—what can you do to help yourself feel safer and more comfortable on campus?
- If I were you, part of taking care of myself would involve 2 things: First, I would contact the dean's office here at the law school and tell them what you told me, and let them be the ones to decide whether or not someone should "do something" about this student. Second, I'd contact a counselor at Boynton or UCCS; they could provide you with a lot of support in this scary time, and possibly help you make plans about what to do if things don't change with this guy.
- What are your reactions to what I just said?"

WHAT IF…

You are contacted by email?

- Peer supports are strongly discouraged from using email as a means of providing support for distressed peers. Rather, it is encouraged that email primarily be used to initiate contact and to work out logistics for a face-to-face meeting.

Example

As a Peer Support, you get an anonymous email (with sender's info obscured) from a young man who is concerned about an incident that happened off campus. He became very drunk while partying with friends, including a young woman he was hoping to get to know better. He can't remember large parts of the evening, but the next day he is contacted by University Police regarding an alleged sexual assault.

In cases like this, you can:

- Inform the student that although you cannot provide him with ongoing support over email, you would like to be able to provide him with support in person.
- Offer to use email as a means of arranging a time for you to provide support in person.
- Provide information about the confidentiality of your support (and the limits thereof).
- Indicate that if he is not comfortable seeking support from a classmate, there are other places that might provide him with support. Provide him with referrals to Lawyers Concerned for Lawyers, Boynton, and UCCS
    - LCL might be a particularly good referral for this person, as they can provide him with information about the impact of this situation on him as both a person and as a law student.

You are asked directly what to do by a DP?

- Generally, it's not a good idea (nor is it helpful) to give advice to someone seeking help, particularly around questions like "What should I do?" Often, when that question is asked, the person in distress doesn't really want an answer (or there is a specific answer that he/she is looking for).
- One thing you can say in this situation is "That's not a question I can answer, as that is a very personal question that only you can answer. What I can do is help you talk through the options you are considering. If that is not enough, I can also give you referrals to counselors who can help you come to your own decision."

A DP develops a crush on a PS or wants the PS to be BFF's?

- Because as a PS, you are not a mental health professional, there are no ethical prohibitions against developing an ongoing relationship with someone you are helping.

- However, you may have your own sense of boundaries or discomfort in this situation. Attend to your feelings and reactions in a situation like this, as they are important. Being a PS does not obligate you to be someone's friend (or more).
- If you do want to develop a friendship (or more) with this person, consider what the longer-term consequences might be of this. Keep in mind that this relationship would have originated from an interaction with an inherent power difference. You may be at greater risk to be in a "savior" role for this person, rather than having a balanced partnership.
- In this case, you might:
    - Say, "I feel like you need more support than I can provide you with right now…" and move on to re-iterating referrals or, if the DP feels isolated and lonely, you can help him/her brainstorm ways to meet people and make friends.
    - Say, "Given the intimate nature of our discussions, I can understand why you feel comfortable with and close to me. But I feel uncomfortable developing our relationship beyond this helping role. I don't think it would be fair to you because things are already unequal between us, since you've been vulnerable with me, but I have disclosed relatively little about myself to you."

Someone doesn't seem to want your help?

Example

Your library carrel is located near the bathrooms. You notice a young woman you recognize from a class frequently using the bathroom while you are studying. You hear faint retching sounds during her visits. One day as she walks past, you ask her if she is feeling ok. She becomes visibly flustered and defensive, and rushes off. It has been several days since you have seen her in the Library, and in class, she avoids you.

- There will be times when your help is rejected. It's important to remember that people will make their own decisions about seeking help when in distress, and everyone has their own time-table for readiness to acknowledge that there is a problem and to seek help for it.
- In these cases, do your best to not take the rejection of your help personally.
- What you can do in a case like this is express your concern and ask if you can help or offer support. You can also just provide a referral.
- Other things you might say in a case like this include:
    - "I've noticed you haven't been to the library and are uncomfortable around me since I asked if you were ok. I didn't mean to upset you, but I'm here to support you if you need it."
    - "I can understand if you don't want to talk to me about what's going on, but I'm concerned about you and I think that it might be helpful for you to talk to someone. Here is information about the confidential mental health services available on campus."

Someone is potentially at risk?

Possible Harm to Others Example

A 2L student comes to you about a young man in her seminar. She's not quite sure how to put her finger on it, but he strikes her as very odd, and a little scary. He dresses strangely and often seems to not have showered recently. He is by turns sullen or confrontational in class discussions. He seems to have a particular concern with her, as they have differing political perspectives and on more than one occasion he has followed her out of class to return to a controversial subject about which they disagreed. She says that when she sees him on campus, he glares at her. In light of recent campus events across the country, she's worried about whether someone should "do something" about this student.

- You may learn about possible harm to others indirectly, as in this example where potential for harm is being reported to you. You might also observe this young man's behavior yourself and be concerned.
    - In cases such as this (when the potentially harmful person is not the one you are helping), you can encourage the distressed peer to report the questionable behavior to administrative authorities (i.e., Erin Keyes). Alternatively, you could report the potential for risk to Erin yourself.
- You may learn about possible harm to other directly, such as if a distressed peer says something that may threaten harm to someone else.
    - If this happens, you can assess the potential for harm similarly to the way you would with suicidality (i.e., assess ideation, plan, and intent).
    - Express your concerns to the student and remind him/her about the limits of confidentiality.
    - If you believe someone is at imminent risk, seek consultation from Erin Keyes, UCCS, Boynton, LCL, or the Crisis Connection.

Potential Harm to Self Example 1

A student comes to you and reveals he is having a really hard time. He is rather vague about his concern, but seems generally low, with a flat affect. He asks you to promise that you are 100% confidential, and asks when you would have to report on someone. When you explain you are confidential except in cases of Honor Code violations or when a student is in danger to self or others, he abruptly ends the conversation. For several weeks after your interaction, you see him sleeping in the library at all hours.

Potential Harm to Self Example 2

A student comes to you out of concern for a friend whose behavior has recently changed. He went from being very involved in school and his study group to being withdrawn and often absent from class. The reporting student has tried to email and call the student several times but has received no response. He came to you after three days of no contact and not seeing his friend in school.

- You may, at time, have concerns about someone's potential to harm themselves but do not have the opportunity/ability to assess for suicidality.
- In the first case, (as with the example above under "someone doesn't want your help"), the most you can do is to express your concern, offer to help, and provide this individual with referrals. In this case, it may also be helpful to inform the dean's office about your concerns about this student.
- In the second case, in addition to the referral for the PS to consult with UCCS or Boynton about what to do, you can (if you feel comfortable doing so) offer to reach out to this individual yourself. If you do so, again, the most you can do is express concern, offer to help, and provide referrals.

REFERRAL LIST

"Default" Referrals
Although this rather extensive referral list is provided here for your own benefit and so that you can provide distressed peers with additional referrals if needed, your default referrals (especially for any mental health concern) should be**:**

University Counseling & Consulting Services (UCCS)
340 Appleby Hall
128 Pleasant Street SE
Minneapolis, MN 55455
Phone: 612-624-3323
http://www.uccs.umn.edu/index.html

Offers both individual and group counseling for a range of concerns including academic difficulties, career exploration, and personal concerns.

Boynton Mental Health Service (BMHS)
410 Church Street SE
Minneapolis, MN 55455
Regular Appointments: 612-624-1444
Crisis Counseling/Appointments: 612-625-8475
http://www.bhs.umn.edu/services/mentalhealth.htm

Offers individual, couples, and group psychotherapy. Students need health insurance to be eligible; their insurance is billed and they share a co-pay. Psychiatric/medical management services are also available.

Lawyers Concerned for Lawyers (LCL)
http://mnlcl.org/
Phone: 612-332-4805 or 1-800-367-3271

Offers **free confidential** help to law students. Our mission is to help members of the legal community who suffer from alcohol or drug addictions, mental health disorders, chronic stress from work, family, school or other behavioral problems. Our goal is to improve their lives and the delivery of justice. **DOR** (Delivering Organization Results) provides crisis counseling, assessments, referrals, and short-term counseling on a 24-hour basis for LCL clients. DOR staff are licensed mental health and chemical dependency counselors, available throughout Minnesota. DOR may be called directly for assistance: 612-332-4805 or 800-367-3271 (see http://mnlcl.org/services/dor.html for more info).

Basic Referral Resource List, Arranged Topically

Problem, Question, Concern	**Office or Individual to Contact (for more detailed information about *d resources see detailed list below; otherwise refer to info in this table)**
Addictions	• Lawyers Concerned for Lawyers: http://www.mnlcl.org/services/lawstudents.html • Boynton Mental Health Service: http://www.bhs.umn.edu/programs/assessments.htm#chemicalhealth • UCCS (esp. Scott Slattery, PhD, LP or Mark Groberski, PhD, LP) • Minnesota Alcoholics Anonymous (see www.minnesotarecovery.info/) • Self-assessment: www.bhs.umn.edu/services/echug.htm or http://www.alcoholscreening.org/AS/index.aspx?CID=86
Anxiety	• Boynton Mental Health • BHS Anxiety group: http://www.bhs.umn.edu/programs/anxietygrp.htm • UCCS • Self-Assessment: https://www.mentalhealthscreening.org/screening/demographic.asp?qtype=6
Bias/Discrimination	• Student Conflict Resolution Center* • Office of Conflict Resolution*
Career	• UCCS (general career counseling) • University of Minnesota Law School Career Center: http://www.law.umn.edu/careers/index.html
Child Care	• UofM Child Care Center*
Conflict	• Student Conflict Resolution Center*
Counseling—Academic	• Assistant Dean of Students Erin Keyes • UCCS • Student Academic Success Services: http://www.uccs.umn.edu/education/sass.htm
Counseling—Couples	• Boynton Mental Health • Community Mental Health Centers: o Community University Health Care* o Hamm Clinic* o Family & Children's Service* o Neighborhood Involvement Program* o Chrysalis* o Family Service Incorporated*

Problem, Question, Concern	**Office or Individual to Contact (for more detailed information about *d resources see detailed list below; otherwise refer to info in this table)**
Counseling—Group	• UCCS: http://www.uccs.umn.edu/counseling/group.htm • Boynton: http://www.bhs.umn.edu/programs/mhgroups.htm
Counseling—Individual	• UCCS • Boynton Mental Health • Lawyers Concerned for Lawyers • Community Mental Health Centers: o Community University Health Care* o Hamm Clinic* o Family & Children's Service* o Neighborhood Involvement Program* o Chrysalis* o Family Service Incorporated*
Crisis	• Crisis Connection hotline: 612-379-6363 (24/7)* • Boynton Mental Health: 612-625-8475 (walk-in counseling from 8-4:30 M-F) • UCCS: 612-624-3323 (walk-in counseling from 8-4:30 M-F) • Lawyers Concerned for Lawyers: 1-800-634-7710 (24/7)
Cultural	• International Student Support Services* • Interfaith Campus Coalition* • Office for University Women* • Men's Center* • Minnesota International Student Association: http://www.tc.umn.edu/~misa/
Depression	• See Counseling-Individual • Self-Assessment: http://www.mentalhealthscreening.org/screening/screening/default.aspx
Disability Services	• Disability Student Services* • Disabled Student Cultural Center: http://www.tc.umn.edu/~dscc/pages/information/
Eating Disorders	• Boynton Mental Health • UCCS • STAR Clinic* • Emily Program*
Emergency—Campus	• University of Minnesota Police; www.umn.edu/police/ 612-624-2577*
Emergency—General	• 911

Problem, Question, Concern	**Office or Individual to Contact (for more detailed information about *d resources see detailed list below; otherwise refer to info in this table)**
Escort Service	• 612-624-WALK (9255)
Financial	• Lutheran Social Services: www.lssmn.org/debt • Boynton Financial Counseling Service: http://www.bhs.umn.edu/services/financialcounseling.htm • Office of Student Finance*
General Assistance	• United Way—First Call for Help http://www.unitedwaytwincities.org
GLBT	• University of Minnesota GLBTA Programs Office* • UCCS (individual counseling; can request queer-identified counselor) • Boynton Mental Health (individual counseling) • UofM Queer Students Cultural Center: http://www.tc.umn.edu/~qscc/ • Out!Law (U of M Lambda Law Student Association) • OutFront Minnesota* • MN LGBT Mental Health Providers Network: http://www.mnlgbtmhpn.org/
Grief	• UCCS Grief/Loss Group For Students Who Have Lost Parents or Siblings (contact Sarra Beckham-Chasnoff, PhD, LP; (612) 624-3675) • Center for Grief, Loss, & Transition* • Family Service Inc., Suicide/Grief Support Group
Legal	• Student Legal Services*
Nutrition	• Boynton Nutrition Services: http://www.bhs.umn.edu/services/nutrition.htm
Physical Health	• Boynton Health Service: http://www.bhs.umn.edu/
Pregnancy & Contraception	• Boynton—Women's Clinic: http://www.bhs.umn.edu/services/womensclinic.htm • Planned Parenthood of MN: http://www.plannedparenthood.org/mn-nd-sd/
Self-Care	• Boynton Health Service Yoga, Tai Chi, & Pilates for stress management: http://www.bhs.umn.edu/comfortzone/index.htm • Boynton Massage Therapy: http://www.bhs.umn.edu/services/massage.htm • University of MN Center For Spirituality and Healing: http://www.csh.umn.edu/ • University of MN Recreational Sports*
Sexual Assault or	• Aurora Center*

Problem, Question, Concern	**Office or Individual to Contact (for more detailed information about *d resources see detailed list below; otherwise refer to info in this table)**
Harassment	• Women's Advocates*
Sleep/Insomnia	• General Sleep Info: http://www.sleepfoundation.org/ • UofM Sleep Disorders Clinic: http://www.uofmmedicalcenter.org/Services/SleepMedicineandSleepCenter/ClinicalServices/c_497382.asp

More Detailed Information About Each Referral, Arranged Alphabetically

Aurora Center for Advocacy & Education *(for survivors of sexual assault and harassment)*
407 Boynton, 410 Church Street SE
Minneapolis, MN 55455
Business line: 612-626-2929 / TTY line: 612-626-4279
Crisis line (24 hours): 612-626-9111
URL: http://www1.umn.edu/aurora/

TAC provides free and confidential crisis intervention to victims of sexual assault, relationship violence, stalking and harassment. TAC also provides services for "concerned persons," that is, people who are concerned about a friend or loved one who has experienced these types of crimes. TAC accepts walk-in clients and operates a 24-hour help line, which is answered 365 days a year.

Center for Grief, Loss, & Transition
1133 Grand Avenue
St. Paul, Minnesota, 55105
Phone: 651-641-0177
Fax: 651-641-8635
URL: http://www.griefloss.org/

Provides specialized therapy and education in the areas of complicated grief, trauma, and life transition. Our staff includes licensed psychologists, marriage and family therapists, social workers, and professional counselors. The Center is a nonprofit organization dedicated to offering hope for the difficult times in our lives.

Chrysalis/Tubman
4432 Chicago Avenue S.
Minneapolis, MN 55407
Phone: 612-871-0118 / TTY: 612-824-2780
Email: info@chrysaliswomen.org
URL: http://chrysaliswomen.org/

This agency offers individual, group, couples, and family counseling. Their primary target group is women but they will serve men and children who are tangentially related to women being served as clients. Their main office is located in Minneapolis but they also operate a separate office in St. Paul. They accept most insurance companies and also provide services on a sliding fee scale. They offer appointments until 9pm Monday through Thursday. They have on staff a psychiatrist and a psych nurse for medication management services; they also have a number of identified GLBT therapists and do a considerable amount of work with this client population.

Community-University Health Care (CUHC)

2001 Bloomington Ave. S.
Minneapolis, MN 55404
Phone: 612-638-0700
URL: http://www.ahc.umn.edu/cuhcc/

Offers individual, couples, and group psychotherapy. This agency serves anyone and bills insurance when possible. There is a sliding fee scale for the co-payments and for individuals who are underinsured or uninsured. This agency is open M-F 8-5 and Tuesday and Thursday evenings from 5-8pm. Psychiatric/medication management services are also available.

Crisis Connection

Phone: 612-379-6363 or 1-866-379-6363
URL: http://www.crisis.org/

This 24-hour crisis-counseling center serves clients over the telephone providing counseling and referrals. There are no walk-in appointments. This agency typically spends 20 minutes or less aiding individuals in determining solutions to current problems and often encourages clients to seek additional face-to-face counseling.

Disability Student Services

McNamara Alumni Center - 200 Oak Street SE, Suite 180
Minneapolis, MN 55455-2002
Phone: 612-626-1333 (V/TTY)
Fax: 612-626-9654
URL: http://ds.umn.edu/

Disability Services (DS) works with students with all types of disability conditions (e.g., psychiatric, physical, vision, hearing, systemic, or learning disabilities), to ensure equal learning and working opportunities at the University of Minnesota.

The Emily Program *(serving individuals with eating disorders)*

St. Paul Location (also locations in Stillwater, St. Louis Park, Duluth, & Burnsville)
2265 Como Avenue - Suite 100
St. Paul, MN 55108
Phone: 651-645-5323
Fax: 651-647-5135
Email: info@emilyprogram.com
URL: http://www.emilyprogram.com/index.html

The Emily Program is a treatment program that provides comprehensive psychological, nutritional, and medical care for individuals with eating disorders.

Family & Children's Service

414 S. 8th Street
Minneapolis, MN 55404
Phone: 612-341-1666
URL: http://www.everyfamilymatters.org/
Note: There are other branch offices in Minneapolis (612-729-0340), Brooklyn Park (612-560-4412), and Bloomington (612-884-7353).

This agency offers individual, group, couples, and family counseling. They also offer specialized services for GLBT clients, individuals seeking to leave prostitution, and credit counseling. They accept many insurance plans and offer a sliding fee scale. They have daytime and evening appointments available.

Children's Home Society and Family Services

1605 Eustis St.
St. Paul, MN 55108
Phone: 651-646-7771
URL: www.chsfs.org

This agency offers individual, couples, family, and group counseling. They serve all ages and address all presenting concerns. They accept most insurance plans and also have a sliding-fee scale. They have daytime and evening appointments (Monday, Tuesday, and Thursday until 9pm).

Gay, Lesbian, Bisexual, Transgender, Ally Programs Office

46 Appleby Hall
128 Pleasant St SE
Minneapolis, MN 55455
Phone: 612-625-0537
Fax: 612-625-9682
Email: glbt@umn.edu
URL: http://www.glbta.umn.edu/

The Gay, Lesbian, Bisexual, Transgender, Ally (GLBTA) Programs Office is dedicated to improving campus climate for all University of Minnesota students, staff, faculty, alumni, and visitors by developing and supporting more inclusive understandings of gender and sexuality.

Hamm Clinic

408 St. Peter Street, Suite 429
St. Paul, MN 55102
Phone: 651-224-0614
URL: http://www.hammclinic.org/

This agency offers individual, group, couples, and family therapy. They work with clients 17 years of age and older (with the exception of children involved in family therapy). They offer a sliding fee scale and accept insurance plans and Medicare. They are open Monday and Tuesday from 8:30-8 and Wednesday through Friday from 8:30-5.

Interfaith Campus Coalition

URL: http://www.iccmn.org

The Interfaith Campus Coalition is a body of religious professionals and student leaders at the University of Minnesota that integrates varieties of religious experience with campus life. We foster dialogue, understanding and respect among peoples of different faiths and traditions at the university.

International Students and Scholar Services (ISSS)

190 Hubert H. Humphrey Center
301 19th Ave S.
Minneapolis, MN 55455
Phone: 612-626-7100
Fax: 612-626-7361
Email: isss@tc.umn.edu
URL: www.isss.umn.edu

Men's Center

3249 Hennepin Avenue South, Suite 55
Minneapolis, MN 55408
Phone: 612-822-5892
Fax: 612-821-6424
URL: http://www.tcmc.org/index.html

The Men's Center provides resources for men seeking to grow in body, mind and spirit, and from that foundation advocates for healthier family and community relationships. Since 1996, The Men's Center began offering Men Helping Men with Anger Management classes, pioneering this vital healing field. They also offer a variety of support groups and resources for Twin Cities men.

Neighborhood Involvement Program (NIP)

2431 Hennepin Ave. S.
Minneapolis, MN 55405
Phone: 612-374-3125
URL: http://www.neighborhoodinvolve.org/

This agency offers a wide variety of services including medical and dental services, general counseling and rape and sexual abuse counseling, a clothes closet, and programs for youth (17 and younger) and seniors (60 and over). The counseling services are on a sliding fee scale (no insurance accepted) and are offered for individuals, groups, couples, and families. The rape and sexual abuse counseling services accept some insurance plans and also accept payment on a sliding fee scale. They have daytime and evening appointments available.

Office for Conflict Resolution

Carolyn Chalmers, University Grievance Officer;
Jean Henrichsen, Case Administrator University Grievance Office
662 Heller Hall (West Bank)
271-19th Avenue South
Minneapolis, MN 55455
E-mail: conflict.resolution@umn.edu
Phone: 612-624-1030
Fax: 612-625-0889
URL: http://www1.umn.edu/ocr/

The Office for Conflict Resolution provides an integrated conflict management system for University employees who have workplace concerns. It replaces the University Grievance Office but continues to offer the hearing procedures that were previously available.

Office for University Women/Women's Center

64 Appleby Hall
128 Pleasant Street SE
Minneapolis, MN 55455
Phone: 612-625-9837
Director: 612-625-6039
Fax: 612-624-9028
Email: women@umn.edu
URL: http://www1.umn.edu/women/about.html

The Office for University Women (OUW) a unit of the Office of the Vice President and Vice Provost for Equity and Diversity, is charged with improving and enhancing the campus climate for women faculty, staff, and students.

Office of Student Finance (Financial Aid)

One Stop Student Services Center University of Minnesota
URL: http://onestop.umn.edu/finances/financial_aid/

East Bank:
333 Science Teaching & Student Services
222 Pleasant St. S.E.
Minneapolis, MN 55455-0239
Fax: 612-625-3002
Monday-Thursday: 8am-5:30pm
Friday: 8am-4pm
Hours extended to 6pm, Tu-Th, during the first week of fall and spring terms.

West Bank:
130 West Bank Skyway
219 19th Avenue South
Minneapolis, MN 55455 Fax: 612-626-9129
Mon-Tue: 8am–5pm, Wed-Fri: 8am–4pm (fall and spring terms)
Monday-Friday: 8am–4pm (summer term, holiday periods)

OutFront Minnesota (GLBT advocacy agency)

310 38th Street East, #204
Minneapolis, MN 55409-1337
Phone: 612-822-0127 or 800-800-0350
URL: http://www.outfront.org/index.html
Serves the GLBT and allied communities of Minnesota with a wide variety of programs and services.

Recreational Sports

General Information 612-625-6800
Membership/Tour info 612-626-9240
Rec Center Front Desk 612-626-9222

URL: http://www.recsports.umn.edu/

STAR Center for Family Health

KDWB University Pediatrics Family Center
McNamara Alumni Center
University of Minnesota
Department of Pediatrics
200 Oak St. S.E., Suite 160
Minneapolis, MN 55455-2002
Phone: (612) 626-4260
Fax: (612) 624-0997
URL: http://www.med.umn.edu/peds/ahm/programs/star/home.html

The STAR Center (Services for Teenagers At Risk) Adolescent Eating Disorder and Weight Management program offers an inter-disciplinary outpatient program for adolescents and young adults (men and women ages 12-25) with eating disorders and weight management issues. The STAR Center includes individual therapy, medical and nutrition therapy, and family therapy to address the complex biological and psychological issues related to eating in adolescents and young adults.

Student Conflict Resolution Center

254 Appleby Hall (East Bank)
128 Pleasant St. S.E.
Minneapolis, MN 55455
Phone: 612-624-SCRC (7272)
Email: sos@umn.edu
URL: http://www.sos.umn.edu/

Offers informal and formal conflict resolution services to resolve students' campus-based problems and concerns. An ombudsman provides confidential, neutral and informal options. An advocate is available to assist students in formal grievance or disciplinary proceedings.

Student Legal Services

160 West Bank Skyway
219 19th Avenue South
Minneapolis, MN 55455
Phone**:** (612) 624-1001
Fax: (612) 624-7351
Email: usls@umn.edu
URL: http://www.umn.edu/usls/

Provides legal representation and legal advice to eligible students on the Twin Cities campus.

University of Minnesota Child Care Center

1600 Rollins Avenue S.E.
Minneapolis, MN 55455
Phone: 612-625-2273
URL: http://www.cehd.umn.edu/ChildCareCenter/

The Child Care Center (UMCCC) is licensed by the state of Minnesota. It cares for 140 children, ages 3 months to pre-kindergarten, of University faculty, staff and students.

University of Minnesota Police Department

511 Washington Ave S.E.
100 Transportation and Safety Building
Minneapolis, Minnesota 55455
Phone: 612-624-COPS (2677) non-emergency or 911 for emergencies
Email: umpolice@umn.edu
URL: http://www.umn.edu/police/

Women's Advocates

Phone: 612-227-9966; 24-hour Crisis line: 612-227-8284
URL: http://www.wadvocates.org/

Shelter serving domestic abuse survivors and their children. Maximum 54 spaces incl. children. Offers a variety of groups for women residing in the shelter and domestic abuse group for women in or out of the shelter. There is no charge to stay in the shelter.