



Office of Wellness & Counseling

Handbook of Policies and Procedures

Prepared by: Dr. John Taylor, Director



Wellness

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MSU COM:

“Providing world-class, osteopathic, student-centered graduate and medical education and research in order to foster community access to patient-centered medical care.”

Version 3.0 Revised March 2021



Michigan State University College of Osteopathic Medicine
OFFICE OF WELLNESS & COUNSELING



*“To get through the
hardest journey, we need
take only one step at a
time, but we must keep on
stepping”*

The Office of Wellness & Counseling strives to provide high quality, culturally informed mental health services to MSUCOM students, and those staff and faculty who work on their behalf. While the mental health aspect of our students remains a primary focus, our team believes that the emphasis on “preemptive wellness” is critical in preventing, protecting, mitigating stress and burnout, and maintaining overall well-being. Several new initiatives led by this office reflect this importance including Mental Health First Aid training available to all COM members, CoreWellness, an integrated burnout prevention and resiliency development curriculum for pre-clerkship students, and Koru Mindfulness training, a four-week student course in meditation strategies to manage stress.

We continue to be most proud and appreciative of the contributions of our affiliate partners, the MSUCOM CARE Team, and Peer Mentors. These groups are integral to promoting proactive help-seeking and self-care practices for future doctors. The creative energy and dedication of many MSUCOM members will continue to be integral in building a supportive community.

We appreciate your interest and invite you to contact our office with any questions, ideas, or feedback.

Sincerely,

John R. Taylor, Psy.D.
Director, Wellness & Counseling

Michigan State University College of Osteopathic Medicine
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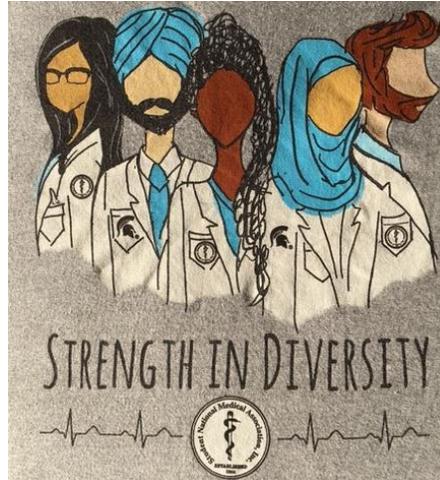


Policies and Procedures

Mission Statement

The Office of Wellness & Counseling (W & C) strives to provide support, guidance, and resources to Michigan State University College of Osteopathic Medicine (MSUCOM) students, as well as faculty and staff who are in positions to foster student well-being and professional growth. Medical school is truly a life-changing event in many ways, and challenges students to be adaptable, resilient, and mindful learners. Through the provision of holistically informed and evidence-based practices, W & C is committed to helping students develop into well rounded, compassionate, and first-rate osteopathic practitioners for the twenty-first century.

Our Commitment to COM's Diversity and Inclusion Mandate



T-Shirt Logo Designed by COM Students for Diversity

The Office of Wellness & Counseling foremost is committed to the college's mission to

“cultivate an open community of individuals who respect and celebrate the broad range of social identities and reject acts of oppression, discrimination, stigma, abuse and harassment.”

Within the context of holistic wellness, it is our recognition that factors of one's race, ethnicity, cultural experiences, gender and sexual orientation, ability, and economic and class background among other significant social identities and life events are paramount in understanding and supporting the overarching dignity and mental, physical and spiritual needs of medical students and the greater college community.

Value Aspirations

Overarching imperatives for this office are summarized under these VALUES aspirations:

- **V**ision: Promoting creative, innovative ideas and services which benefit current and future students, as well as other supporting COM offices and units.
- **A**pproachability: Always accessible, welcoming, and friendly, as well as receptive to feedback with enhancing services which best-fit student interests.
- **L**eadership: Serving as a key leader in developing, implementing and overseeing the delivery of quality wellness programming and mental health services that support students and those who are involved in their medical training.
- **U**nderstanding: An open, non-judgmental, and accepting stance toward assisting students and finding workable solutions that enhance their well-being and educational outcomes.
- **E**xcellence: Striving continually to deliver high quality services which enhance overall student well-being and success.
- **S**upport: Providing unwavering professional assistance and availability to students and those who work on their behalf.

Service Goals

The below service goals are the core of this office's commitment to helping students identify and implement workable solutions to their presenting concerns:

- Provision of professionally delivered, evidence-based services to MSUCOM students by licensed mental health clinicians including, but not limited to, consultation, risk assessment, outreach, psychoeducational programs, and individual, and group counseling.
- Serving in consultative roles with MSUCOM faculty and staff as well as interdisciplinary partnerships with on- and off-campus health providers, specialists and other designated resources.

- Promoting resiliency/mental wellness initiatives and programs to optimize student wellbeing and psychological stability.
- Implementing best practices in assessing the medical student experience and impact of counseling, early prevention/intervention protocols and trainings, and wellness programs.

Overview of Office Operations

This office is a unit, which works under the Associate Dean, Admissions and Student Life, and in coordination with other college units including the Office of Student Engagement and Leadership. The W & C office provides clinical services and health promotion programming to MSUCOM's East Lansing (ELC), Macomb University (MUC), and Detroit Medical Center (DMC) sites. MUC and DMC have a quarter of the number of students that East Lansing has, and a part-time licensed counselor is available at each site. A full-time counselor is available for the East Lansing campus. Counseling sessions are also accessible via telecommunication ("Zoom") for both pre-clerkship and clerkship students. The office assistant typically coordinates director meetings and major program activities across all sites.

Scope of Practice

The office provides short-term counseling options for MSUCOM students. Service providers are licensed mental health counselors, which may include limited licensed psychologists, doctoral level licensed psychologists, licensed professional counselors and clinical social workers. Consistent with the national average, most medical students seek a one-time consultation for help with their problems. The counselor combines motivational interviewing and solution-focused approaches in: 1) clarifying the student's presenting concern(s); 2) assessing for risk and protective factors; 3) identifying appropriate interventions and resources for student problems; and 4) helping students to follow-through with workable action plans. While short-term counseling services are most typically sought by students; longer-term in-house psychotherapy may also be provided on a case-by-case basis. What is essential at the first counseling appointment is for the counselor and student to determine which resources will best address their needs, such as off-campus referral for individual and/or group therapy, psychiatric evaluation, or neuropsychological testing.

Staff Information

The Wellness & Counseling team is comprised of licensed mental health/health professionals who meet weekly to discuss confidential student cases while adhering to professional and ethical regulations within their specific discipline and scope of practice. Professional staff

biosketches can be found at [Meet the Personal Counseling team](#). The office assistant does not participate in clinical activities, although she is essential in attending to daily operations such as scheduling, event planning, co-advising the Peer Mentors student group, serving on the CARE Team, webpage updating, and publishing the weekly student newsletter.

Staff Person	Title	Primary Role	Office Location	Contact Information
John R. Taylor, PsyD (he, him, his)	Licensed Psychologist	Director COM W & C	East Fee Hall 965 Fee Road, C18A East Lansing, MI 48824	Office: 517-432-0142 Cell: 517-755-8513 taylo520@msu.edu
Mary Katherine Burnett, MA (she, her, hers)	Limited License Psychologist	Counseling & Outreach	Detroit Medical Center 4707 St. Antoine Detroit, MI 48201	313-578-9636 313-578-9600/517-884-9600 burne148@msu.edu
Amy Kim, MA, NCC (she, her)	Licensed Professional Counselor	Counseling & Outreach	Macomb University Center 44575 Garfield Road Bldg. UC4 Room 210-1 Clinton Twp, MI 48038	586-263-6711 amykim4@msu.edu
Alissa Berry, B.A. (she, her, hers)	Office Assistant	Managerial Support	East Fee Hall 965 Fee Road, C18A East Lansing, MI 48824	517-432-0141 hardin24@msu.edu

Procedures for Accessing Services

Students can contact counselors directly by e-mail or phone or schedule appointments through the office managerial assistant at the East Lansing site central office.

Fees

All services provided to MSUCOM students are available at no cost. For consultation and care management purposes, students are permitted to invite a significant other or family member to an appointment with express consent.

Hours of Operation and Emergency Coverage

Generally, the East Lansing office is open Monday through Friday from 8:00 a.m. to 5:00 p.m. (regular business hours). On site services are available on Mondays and Wednesdays at Detroit Medical Center and Mondays, Tuesdays, and Thursdays at Macomb University during regular business hours. Friday hours at both southeast Michigan sites are scheduled by counselors on

an as-needed basis. There is some flexibility to arrange extended hours based on student circumstances. Students can schedule appointments (by drop-in, phone, or e-mail) through the office managerial assistant in East Lansing or e-mailing the counselors directly. As counselor schedules allow, walk-ins are welcome, however, counselors may or may not be able to see students depending on their availability and the nature of the visit (e.g., student in crisis).

For after-hours and weekend emergency coverage, the home Wellness & Counseling webpage posts the ***MSU Counseling and Psychiatric Services 24/7/365 after-hours and weekend phone information to an on-duty crisis therapist at 517-355-8270***. The director's e-mail, and links to 24-hour community mental health crisis lines for all Michigan counties are also listed https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54879_54882_91271_91689---.00.html. In the event of an emergency, students should dial 9-1-1 or go to their local hospital emergency room. These instructions are posted on the office's website as well as the *Student Distress and Crisis Guide for Faculty, Staff and Students* (Appendix: A) posted in high visibility areas at each site. Contact information for the director: John R. Taylor, Psy.D., Licensed Psychologist, taylo520@msu.edu

Description of Mental Health Services

Services through Wellness & Counseling aid students in managing the personal and professional demands associated with medical school training. Preclerkship program (first-and second-year) students, who complete their basic sciences and systems biology courses at each site, will typically have direct accessibility to in-house counseling support, whereas other approaches are often necessary for clerkship program (third-and fourth-year) students in clinical training at base hospitals. Video-conferencing through Zoom (both encrypted and HIPAA-compliant) is an alternative means for students in preclerkship and clerkship training to have accessibility to counseling services. While not an inclusive list, common modalities of personal counseling (e.g., Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Solution-Focused Therapy, Interpersonal Therapy) can help students address academic performance issues, test anxiety, broken relationships, grief and loss, acculturation and transition challenges, or emotional problems related to depression, anxiety and emotional trauma. Assistance with a referral to a community provider is an option given student preference. There will also be occasions where students with more intensive needs are connected directly with recommended community services.

An important role for counselors is helping students schedule with off-campus referral resources. Common referrals could be to psychotherapists, psychiatrists, neuropsychologists, and medical specialists. While many MSUCOM students enroll in the Blue Care Network

student insurance plan, some will have their own personal insurance and remain covered under their parents' medical plan. The office strives to assist with "warm referrals" (i.e., counselor contacts the referral source in advance to make sure a provider has availability and accepts the student's insurance). Counselors also work to locate referrals for students who prefer to see someone near their site area or for those across the state doing clerkships. An *MSUCOM Mental Health Resources Guide* (Appendix B) lists on- and off-campus services in the East Lansing and Southeast Michigan areas.

The Wellness & Counseling team are members of the of *MSUCOM CARE Team* (see article and brochure in Appendix C). Staff serving in various student support roles across all three sites meet bi-monthly to review confidential referrals about students of concern. The team operates as a separate, insular body within MSUCOM and all information discussed, gathered, and documented about students is confidential and strictly protected in an encrypted drive only accessible to team members. A primary goal of the CARE Team is to create a community safety net upon which faculty, staff, and students have a conduit to share information about a student who is exhibiting concerning behaviors. Students also have the option of contacting the CARE Team directly for assistance. This has proven particularly helpful to students who are on clerkships across the state. Referrals and responsibility for follow-up are handed off to the team. Multiple *Student Distress and Crisis Guide for Faculty, Staff and Students* (Appendix A) posters are publicly posted at each MSUCOM site and further posters can be obtained by contacting the Office of Wellness and Counseling. The guide identifies key resources along with directions as to which individual or office to contact under specific circumstances.

The office does not serve in any evaluative role for students facing dismissals, reinstatements, or disciplinary actions. However, as a student and counselor may determine it is in the student's best interest, the counselor may serve as an advocate such as with attending meetings with the Committee on Student Evaluation (COSE), the Associate Dean of Admissions and Student Life, or other primary academic deans. When this involves COSE, the student and counselor may decide to submit supportive information, which would be beneficial to the student for reinstatement or other due process. There is a formal *Report to Committee on Student Evaluation* form (Appendix E), which the student may request a counselor to submit to COSE. *A counselor would only provide a report on behalf of the student where the information would be favorably supportive.*

Wellness Education/Bystander Intervention Training

A proactive, preventative emphasis on wellness programming aims to instill in medical students early on the importance of attending to their self-care and subsequent well-being for the long-

term. Resiliency training is a new initiative piloted this past year by the Integrated Wellness Curriculum Project Team comprised of COM faculty and staff responsible for planning, implementing, and assessing the program. Appendix P presents an outline of the module's students complete across their first and second pre-clerkship years, and Appendix Q provides a syllabus of how facilitated discussions of the modules will be coordinated by IWCPT members within students' basic science and systems courses. For an overview of CoreWellness (Levy and Neipris, 2019) refer to this article about the program published in the college newsletter: https://com.msu.edu/news_overview/news/2020/aug/new-wellness-training-curriculum-students-prioritizes-mental-health

Koru Mindfulness is an evidence based (Greeson et. al. 2014) four-week class that teaches key skills in awareness building (i.e., "mindfulness") and self-regulation through standardized meditation practices (see Appendix R). Over 160 students have completed the class to date since its start in the fall of 2019. Students are also provided a free lifetime Koru phone app subscription and accompanying book (Rogers, 2016) designed for the class. For an overview of the Koru Mindfulness class refer to this article in the college newsletter: (https://com.msu.edu/news_overview/news/2020/nov/koru-mindfulness-program-helps-osteopathic-medical-students-achieve-inner-peace).

The Question-Persuade-Refer (QPR) Gatekeeper Suicide Prevention Training (www.qprinstitute.com/) is available to student organizations as well as faculty and staff units. QPR is a 90-minute bystander intervention workshop taught by a certified instructor, and covers key areas such as suicide statistics, myths, clues and warning signs, and implementing the QPR steps. QPR meets the requirements of an evidence based practice as set by the Substance Abuse and Mental Health Services Administration (SAMSHA).

Another training program in the early stages of implementation at MSUCOM is Mental Health First Aid (www.mentalhealthfirstaid.org/). This is eight-hour skills-based training course that teaches participants how to identify, understand, and respond to signs of mental illness and substance use disorders. The training offers skills in providing initial help and support to someone who may be showing signs of a mental health or substance use problem or experiencing a crisis. The **ALGEE** Action Plan is taught: **A** – *assess* for risk of suicide or harm; **L** – *listen* nonjudgmentally; **G** – *give* reassurance and information; **E** – *encourage* appropriate professional help; and **E** – *encourage* self-help and other support strategies. While trainings are being planned for faculty and staff, the goal is to eventually expand the program to include all incoming medical students.

Student Supported Programs

Wellness & Counseling team members serve as advisors to *Peer Mentors*, an MSUCOM student organization (Appendix D). Appointed MSUCOM second-year medical students take primary responsibility for leading Peer Mentors, a registered student organization. Peer Mentors nominations happen in the mid-cycle of their first year, and those who are accepted serve in mentoring roles to incoming first year students the following academic year. Peer Mentors play a supportive role through mentoring hours, test reviews, social connectivity events (e.g., chili cook-off, post-exam treats, ping-pong tournament, movie night). Peer Mentors also partners with W & C team advisors for various wellness promotion activities through the year.

Media Wellness Promotion

Utilization of different media formats through the college are a primary way information on important wellness and mental health topics and upcoming events get publicized. Two primary conduits are the college's Communication's Office, and Student Newsletter.

The Wellness and Counseling Office routinely partners with the college's Communication's Office to discuss upcoming events and programs developed for student wellness and mental health support. This article published in the "Spartan DO Expert Take" in the fall of 2020 is an example of an interview on tips for dealing with stress and mental health concerns https://com.msu.edu/news_overview/news/spartando-expert-take/spartando-expert-take-2020-09

Appendices S, T, U and V provide examples of important mental health events that are recognized annually and published in the COM Student Newsletter. Appendix W has examples of feature newsletter articles on wellness and mental health featured by W & C staff.

Informed Consent to Services and Intake Process

At intake, students complete a *Student Informed Consent to Services* form, which outlines the scope and terms of confidentiality. The student's signature on the Informed Consent to Services Form will signify that he/she has read, understands, and agrees to the policy (Appendix F).

When the counselor determines that a student poses a clear and present danger to himself/herself and/or to others, the clinician may selectively release information, without the student's consent, to aid in the care and protection of the student or the endangered other(s). With any kind of reasonable suspicion of child maltreatment (a person under the age of 18), the counselor may selectively release information, without the student's consent, to aid in the care and protection of that child. By state law, this office reports this information to the Michigan

Department of Health and Human Services (Phone: 855-444-3911). Michigan-licensed mental health professionals are also required to report elder abuse and abuse of a vulnerable adult.

The intake process follows *Overview Guidelines for an Initial Student Meeting* (Appendix G), along with review of background information students may provide on the second half of the *Student Informed Consent to Services* form. Students have the option of writing in information. As is historically common among medical students, there may be reluctance to self-report sensitive information. A conversation with the counselor about confidentiality, protection of records, and stigma and fear of negative repercussions may be necessary to alleviate student hesitations. Intakes address student-specified presenting concerns and the counselor has the discretion to utilize additional assessment tools as warranted, such as student-completed depression (e.g., Physician's Health Questionnaire- 9 Item) and/or anxiety (e.g., General Anxiety Disorder-7 Item) checklists. *Clinical Assessment Measures* (Appendix H) for several problems, such as Bipolar Disorder, Post-Traumatic Stress Disorder, Eating Disorders and Alcohol and Other Substance Abuse are stored on counselor flash drives and can be uploaded to their desktop for printing. Students can also do self-assessments of their concerns by taking an on-line mental health screening, accessed from the directory of the Wellness & Counseling home webpage <https://com.msu.edu/current-students/student-life/wellness-and-counseling/mental-health-self-screening>

Crisis Intervention

Crisis intervention is provided to students who are in serious or immediate emotional distress. However, for imminent, life-threatening emergencies, 9-1-1 should be called or the student transported to the nearest hospital emergency room for evaluation. For follow-up, involved staff, faculty or students can call the East Lansing counseling office at 517-432-0141 or 432-0142 or contact the director after-hours by email at taylo520@msu.edu ***An on-duty after-hours crisis counselor is available to MSU students 24/7/365 through the university's Counseling and Psychiatric Services at 351-355-8270.***

The MSU Behavioral Threat Assessment Team (BTAT) provides a multidisciplinary, coordinated response to reports of students (as well as employees and other individuals on MSU-affiliated properties) who have engaged in behavior indicating a possible threat of harm to self or other members of the MSU community. BTAT meets when there is indication to assess the likelihood of risk and identify actions that can be taken to reduce the risk. BTAT may be utilized by Wellness & Counseling or other MSUCOM offices or units in the rare event a student exhibits imminent signs of risk to self or other, short of need for enacting emergency procedures. BTAT may be contacted, for example, for a student exhibiting signs of distress or mental illness who

creates a disruption in the classroom and leaves the premises. However, a life-threatening incident warrants an immediate response by contacting 9-1-1. The purpose of the MSUCOM CARE Team, along with training various student groups, faculty and staff, in Q-P-R Gatekeeper Suicide Prevention and Mental Health First Aid, works to intervene with students at earlier stages before problems escalate. For further information on BTAT go to <http://btat.msu.edu/#:~:text=The%20Michigan%20State%20University%E2%80%99s%20Behavioral%20Threat%20Assessment%20Team,self%20or%20other%20members%20of%20the%20campus%20community> Appendix X includes the BTAT “Green Folder” which provides MSU faculty and staff guidelines for recognizing and referring persons of concern.

If a student has indicated a plan, threatened to, reported attempting, or succeeding in inflicting bodily harm to him or herself or others, a counselor will do a suicide evaluation with the student. This may include clinician use of standardized interview questions from the Columbia-Suicide Severity Rating Scale (Appendix I). If deemed a high risk for suicide, the counselor will discuss hospital admission with the student, and arrange police-assisted transportation to the emergency room. In keeping with professional ethics codes and legal requirements, maintaining the safety of students and others takes precedence over maintaining the confidentiality of the person in crisis. In the event of a necessary disclosure of confidential information, only vital information will be released and then only to persons in a position to make appropriate use of the information. Upon transporting the student to the hospital, counseling staff will notify the director of Wellness & Counseling and the Associate Dean of Admissions & Student Life, Dr. Katherine Ruger who will inform the student’s family of significantly suicidal or dangerous behavior so that they can provide support and help in making decisions. Consultation with the Associate Dean of Admissions & Student Life determines what post-hospitalization supports the student requires, such as a leave of absence from school, or need for updated information on the student’s readiness to return to school.

The MSUCOM First Response Team has developed a protocol for intervention/postvention scenarios including a student in distress, death of a medical student, student threat/domestic violence/stalking, and active shooter. *The key priority is to ensure the safety of students and the MSUCOM community.* This protocol is facilitated by a multidisciplinary team of COM professionals including educators, psychiatrists, psychologists, public relations experts, and student administrators.

All First Response Team representatives will be trained in mental health crisis intervention, communication of sensitive information, suicide prevention, and assessment of behavior that may pose a threat to the safety, health or well-being of the student body, faculty, or community. The team will have familiarity with college, university and community mental

health resources. The team will be called to respond in a critical circumstance and collectively respond to the mental health situation by assessing the issue, notifying the appropriate individuals, and referring to the appropriate resource/service/professionals. All team members will also have the capacity to recognize a mental health emergency and the ability to readily act to notify the proper authorities (911, campus police, emergency medical services).

First Response Team members include:

- Administrative Directors, DMC & MUC
- Director of Communications
- Faculty, Department of Psychiatry
- Director of Wellness & Counseling
- Director of Student Engagement & Leadership
- Assistant Dean, Clerkship Education
- Dean of PA Program Faculty Appointment
- Associate Dean, Diversity & Campus Inclusion
- Associate Dean, Admissions & Student Life

Designated immediate first response contacts include the Director of Wellness & Counseling (517-755-8513) and Associate Dean of Admissions & Student Life, Dr. Katherine Ruger (248-467-4839), with other as-needed offices and individuals identified based on student status (i.e., pre-clerkship or clerkship). Further details, including response protocols, follow-up supports, communication guidelines, and other instructions and recommendations can be found in the MSU First Response Protocol accessible to team members on a shared Google drive file. Appendix J provides a procedural flow-chart for triaging these key crisis situations.

Sexual Assault, Sexual Harassment, Relationship Violence

In the event that a student reports sexual assault, sexual harassment, or domestic violence, they should be made aware of services available to them in their community, and through Michigan State University Sexual Assault Program (www.endrape.msu.edu), MSU Safe Place Relationship Violence and Stalking Program (www.safeplace.msu.edu), and the Office of Institutional Equity (www.oie.msu.edu). As licensed mental health care professionals, MSUCOM counselors maintain therapist-client privilege and confidentiality, as different from other MSU employees who are mandatory reporters. The mental health professional may direct students to additional resources based on the nature of their situation.

Counseling Services Website

The Office of Wellness & Counseling website is a key resource for informing students, parents, faculty, staff, and other interested visitors. The website is routinely reviewed and updated by

the W & C office assistant. The website enables quick access to the MSUCOM Mental Health Resource Guide. The Office of Admissions & Student Life, the department under which this unit operates, developed the MSUCOM mobile phone app which provides an expedient way to access information and resources on a broad array of services and topics (Appendix K). Under the “Wellness” icon are listed a number of resources that are one click away including “24-Hour Counseling” which enables access to key 24-hour crisis resources through MSU, specific to each site location.

Appendix L lists the *Primary Webpages for the Office of Wellness & Counseling* (<https://com.msu.edu/current-students/student-life/wellness-and-counseling>), with the home page directing visitors to important links, such as the National Suicide Prevention Life Line and the MSUCOM CARE Team. Students are also able to access on-line mental health assessments, which provide interpretations of their ratings along with recommendations. Students can contact the director or other W & C team counselors for further consultation and assistance.

Conclusion of Counseling Services

Students typically initiate counseling and the aim is always to assist individuals in addressing their concerns and reaching resolution. For students who do not keep appointments, general practice is for the assigned counselor or office assistant to reach out by e-mail or phone. In some instances, the counselor may terminate counseling when it is therapeutically beneficial to do so, such as facilitating a transfer to an off-campus therapist or other mental health agency.

Maintenance of Student Counseling Records

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides that student records maintained by physicians, psychologists, psychiatrists, or other recognized professionals and paraprofessionals are not educational records. Therefore, student counseling files do not become part of any permanent record at the college but are the property of the Office of Wellness & Counseling and strictly protected. The director, as a licensed mental health professional, is the designated authority in safeguarding the protection of confidential student information. Students may review their records, and request a copy, in the presence of a licensed mental health counselor. Michigan law recognizes the confidential privilege that is inherent in the counselor-client relationship. Should the W & C office receive official requests for student records, the director will contact the consenting student to determine what information to release would be in their best interests. The *Authorization for Release of Information* form will be used when a student asks for counseling information to be shared with a third party (Appendix M).

Service Documentation and Data Management

Records of counseling services provided to students are kept in back-up electronic files on counselors' secure computers and a cloud drive restricted to counselors. Original student paper documents stay in a locked file cabinet in the counselors' offices. A counselor will record contacts using the structured documentation format on the *Student Counseling Note* (Appendix N). The Student Counseling Note should cover the following information:

- 1) **Presenting Concerns:** the subjective experience of the student as related/reported by the student;
- 2) **Risk:** assessing for suicidality, harm to self or others, and general rating of overall risk level using the three-tier triage model –

Level 1/Thriving: The student is going through normal developmental challenges and transitions, and exhibits no major psychological distress and problems; student mental health stabilization and prognosis is deemed favorable

Level 2/Slipping: The student is going through more than the developmentally typical challenges and transitions, and psychological distress or problems are becoming harder to cope with, and affect student emotional, social and/or academic stability

Level 3/Floundering: The student is showing significant signs of psychological distress and destabilizing mental health that place the student at higher risk, and require urgent clinical attention such as active suicidality, self-harming behaviors, psychosis, threat to others, or demonstration of other evident behaviors that cause alarm

- 3) **Background:** includes an objective account of the student's in-session appearance, behaviors and conversation. The information in this section is objective in the sense that it could be verified by observers and contains no analysis/judgment on the counselor's part;
- 4) **Impressions:** this includes the counselor's theory-specific application of therapeutic interventions as well as an estimation of the student's state of well-being; this will be typically compared with student self-evaluation of their progress and confidence in managing their problems on a ten-point scale from "1" (no progress at all/no confidence) to "10" (high progress/high confidence);

- 5) **Intervention/Counseling Approach:** specifies what therapeutic model (e.g., Cognitive-Behavioral Therapy, Interpersonal Therapy, Acceptance and Commitment Therapy) and primary techniques (e.g., meditation, reframing, role-play) were used in the counseling session; and
- 6) **Disposition/Recommendation:** provides a brief statement of how student reported the extent session was helpful, their level of confidence in implementing strategies discussed, and next steps they will follow-through with to accomplish their goals (e.g., homework, follow-up with primary care physician, contact academic advisor).

Counseling assessment and skill development tools found in Appendix O can be used at the therapist's and student's discretion in 1) planning value-directed outcome goals, 2) estimating the workability of old and new ways of problem-solving, and 3) reinforcing cognitive-behavioral strategies that build psychological flexibility and resiliency.

References

Greeson, J.M., Juberg, M.K., Maytan, M., James, K., and Rogers, H. (2014). A randomized controlled trial of Koru: A mindfulness program for college students and other emerging adults (2014). *Journal of American College Health*, 62(4), 222-233.

Levy, J. and Neipris, L. (2019). *CoreWellness: A physician wellness program*.
Info@casenetwork.com

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Appendix A:

 College of Osteopathic Medicine MICHIGAN STATE UNIVERSITY Student Distress and Crises Guide for Faculty, Staff and Students		
MSU Behavioral Threat Assessment Team	BTAT exists to facilitate a multidisciplinary, coordinated response to reports of students, employees, or other individuals on campus who have engaged in behavior indicating a possible threat of harm to self or other members of the campus community.	Fill out BTAT form at btat.msu.edu
Student Distress	If you have any reason to believe there is a student in distress please contact the MSUCOM CARE Team.	MSUCOM CARE Team COM.MSUCOMCareTeam@msu.edu
Academic Distress	If you notice a student struggling academically please refer the student to the Office of Academic and Career Guidance.	Office of Academic and Career Guidance com.acguidance@msu.edu
Emotional Distress	If you believe a student is experiencing emotional distress contact the Office of Wellness & Counseling and refer them to speak with Dr. John Taylor before contacting the MSUCOM CARE Team	Office of Wellness & Counseling EL: 517-432-0141 MSUCOM CARE Team COM.MSUCOMCareTeam@msu.edu
Accommodations	If a student discloses to you that he/she has a disability or medical condition that interferes with test-taking or classroom function, please refer them to RCPD for further assistance.	Resource Center for Person with Disabilities (RCPD) 517-884-7273 MSUCOM CARE Team COM.MSUCOMCareTeam@msu.edu
Death of a Student	Information regarding the death of a student should be directed to Dr. Ruger immediately. Once you have contacted Dr. Ruger please also contact the MSUCOM CARE Team.	Associate Dean of Student Life ruger@msu.edu MSUCOM CARE Team COM.MSUCOMCareTeam@msu.edu
Aggressive Behavior	If a student is displaying aggressive behavior that is threatening the safety of any individual or is disrupting the educational environment please notify the police. Once the police have been notified please also contact the MSUCOM CARE Team.	MSU Police 517-355-2221 911 in an Emergency or if you are at MUC/DMC MSUCOM CARE Team COM.MSUCOMCareTeam@msu.edu
Threat to Self or Others	If a student expresses that he/she has the desire or intent to commit suicide or any other act of self harm contact the Police Department immediately. Once the police have been notified please also contact the MSUCOM CARE Team as well as filling out an MSU BTAT Form.	MSU Police 517-355-2221 911 in an Emergency or if you are at MUC/DMC MSUCOM CARE Team COM.MSUCOMCareTeam@msu.edu MSU BTAT btat.msu.edu
Sexual Misconduct*, Relationship Violence*, Stalking*	Any information related to an allegation of sexual misconduct, relationship violence or stalking must be reported to MSU's OIE and MSU police. File a report: oie.msu.edu	MSU Office of Institutional Equity (OIE) 517-353-3922 and MSU Police 517-355-2221**
Acts of Discrimination	If you witness or are made aware of any act of discrimination against a student please file a report with OIE (oie.msu.edu) and also contact the MSUCOM CARE Team.	MSU Office of Institutional Equity (OIE) 517-353-3922 MSUCOM CARE Team COM.MSUCOMCareTeam@msu.edu

*All University employees, other than those listed on the OIE website, have reporting obligation when the employee becomes aware of relationship violence or sexual misconduct allegedly perpetrated by a member of the University community (faculty, staff, or student) or occurring at a University event or on University property. (<http://oie.msu.edu/mandatory-reporting.html>)

**DMC & MUC must also notify MSU Police about situations under the RVSM policy. Use your best judgement with whether you should also contact your local police department for immediate assistance.

Appendix B:



MICHIGAN STATE
UNIVERSITY

College of
Osteopathic Medicine

MSUCOM Mental Health Resources (ctrl + click to follow the link)

National Suicide Prevention Lifeline: (800) 273-8255

Crisis Text Line: Text "HOME" to 741741

24-Hour Crisis Numbers:

MSU Counseling and Psychiatric Services (CAPS) 24/7/365 After-Hours Crisis Counseling (517) 355-8270

MSU Sexual Assault Program Crisis Line (517) 372-6666

Eve: End Violent Encounters (517) 372-5572

Detroit-Wayne Mental Health Authority 24-Hour Centralized Crisis Access Center: (1-800) 249-4141

Macomb County Community Mental Health Crisis Services: (586) 307-9100

[Find a Crisis Line by Michigan County](#)

Emergency Psychiatric Services:

Lansing Area [Sparrow Hospital](#) (517) 364-1000

Detroit Area [Henry Ford Hospitals](#) (313) 916-2100

MSUCOM CARE Team: MSUCOMCARETeam@hc.msu.edu

If you are concerned about a fellow student or are seeking personal support you can send an e-mail to the team. *Your contact is kept strictly confidential.* Please include a brief description of what the concern is about for the person or yourself. E-mails will be responded to within 24 hours during regular weekday business hours from 8:00 a.m. to 5:00 p.m. ***If you are concerned about an immediate safety risk to self or others, dial 9-1-1.*** For further information about the CARE Team go to www.com.msu.edu and click on MSUCOM CARE Team *near the bottom right corner* of the home page.

Wellness & Counseling Office:

Confidential professional consultation and counseling regarding any issue of concern for MSUCOM students. This office also assists students in connecting with referrals near their site. Sessions can be scheduled currently online by Zoom. ***Note: if you or someone you are concerned about is threatening suicide or harm to oneself or another dial 9-1-1 immediately.*** Counselor contact information:

Dr. John R. Taylor (EL): 517-432-0141, taylo520@msu.edu

Ms. Amy Kim (DMC): 586-263-6711, kimamy4@msu.edu

Ms. Mary Katherine Burnett (MUC): 313-578-9636, burne148@msu.edu

Peer Mentor Office Hours (All Three Campuses):

1:1 confidential peer mentoring by OMSII to OMSI, topic of discussion is open to anything desired by OMSI. To be connected with a Peer Mentor, please email peermentors.msucom@gmail.com.

Appendix B:

Non-Crisis MSU Campus Resources

MSU Fee Hall Psychiatry Clinic: 517-353-3070 www.psychiatry.msu.edu/services

MSU Counseling and Psychiatric Services (CAPS): 517-351-8270 Mental health services are free to enrolled MSU students – General Information https://caps.msu.edu/general_info/index.html

MSU Resource Center for Persons with Disabilities: 517-884-7273 www.rcpd.msu.edu

MSU Alcohol and Other Drugs Program: 517-884-6598 www.healthpromotion.msu.edu/alcohol-drugs/

MSU Safe Place Relationship Violence and Stalking Program: 517-355-1100 www.safeplace.msu.edu/

MSU Center for Survivors: 517-355-3551 www.endrape.msu.edu

MSU Sexual Assault Healthcare Program: 517-353-2700 <https://centerforsurvivors.msu.edu/sexual-assault-healthcare-program/index.html>

MSU Student Veterans Resource Center: 517) 884-5973 www.veterans.msu.edu/

Off Campus Resources (Identified by Site Location)

Eve's House (Lansing, MI): 517-372-5572, www.eveinc.org/emergency-shelter
Shelter and supportive services to victims of domestic and sexual violence

Brighton Center for Recovery (Brighton, MI): (877) 976-2371 www.stjohnprovidence.org/brighton-center-for-recovery Rehabilitation center for assistance with drug or alcohol addiction

Central City Integrated Health – Detroit Community Health Center: 313-831-3160
www.centralcityhealth.com/ Mental health, housing, and substance abuse programs

National Alliance on Mental Illness (NAMI) - Michigan Chapter: www.namimi.org/
Facilitates support groups for parents, relatives, or friends of persons with mental illness

National Recovery Referral Helpline and Therapist Directories by City

Substance Abuse and Mental Health Services Administration (SAMHSA): 1-800-662-HELP (4357)
www.samhsa.gov/find-help/national-helpline Treatment Referral and Information Service

Psychology Today – Find a Therapist: www.psychologytoday.com/us

The Michigan Mental Health Networker: www.mhweb.org/directory3.htm

Appendix C:

New CARE Team promotes student mental wellness

Mar 13, 2017 1:00 AM

It's no secret that medical students face stress – lots of it. Unabated stress can significantly hinder academic performance, resulting in depression or worse.

As part of a school-wide effort to address student wellness issues, the MSU College of Osteopathic Medicine has launched the CARE Team to identify potentially troubled students early, and to offer assistance to help them overcome their difficulties.

CARE Team members will take a proactive and preventative approach to risk assessment and want to engage everyone in the MSUCOM community in their work. The goal is to educate students, faculty and staff to recognize signs of student distress.

“Medical students tend to be high-performers who are sometimes reluctant to ask for help,” said John Taylor, director of the MSUCOM Office of Personal Counseling/Health Promotion. “We want to create a culture of help-seeking behavior. We're all in this together.”

While students can seek help on their own, building a corps of others who are trained to recognize signs of distress might help prevent the future doctors from suffering or losing ground in their studies.

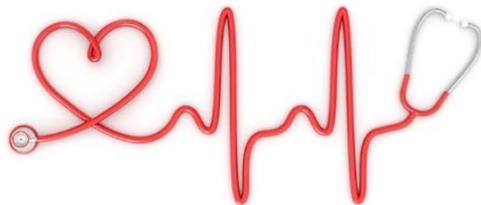
“The goal is not to discipline or interfere in the student's life, but simply to offer help, to let the student know that they do not have to face their challenges alone,” Taylor continued. “The student may then voluntarily take advantage of the resources provided by the CARE Team, or they may choose not to.”

Coordinating wellness efforts within MSUCOM has always been a challenge.

“Because the services are not centralized, oftentimes someone will want to help a student in need but not know who to call, so they don't call anyone,” said Kim Peck, director of the Office of Academic Success and Career Planning.

The CARE Team serves as a central hub for directing appropriate services to the student, depending on what their issue is. Services that may be recommended include personal counseling, academic advising, tutoring and medical care. All CARE Team communications and services are strictly confidential.

To learn more about the CARE Team, visit <https://com.msu.edu/current-students/student-life/wellness-and-counseling/care-team> or email com.MSUCOMCARETeam@msu.edu.



MICHIGAN STATE
UNIVERSITY

Contact Us: [DMC - East Lansing](#) - [Macomb](#) | [MSU Home](#) | [Report a Problem](#) | [Privacy Statement](#)
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Appendix C:

Mission

The MSUCOM CARE Team is committed to improving the wellbeing of students and promoting student success at all three sites of the Michigan State University College of Osteopathic Medicine by proactively and collaboratively identifying and assisting students in distress. The team coordinates with students, faculty, and staff using thoughtful approaches to identifying, assessing and intervening with individuals of concern.

Goals

The MSUCOM CARE Team strives to:

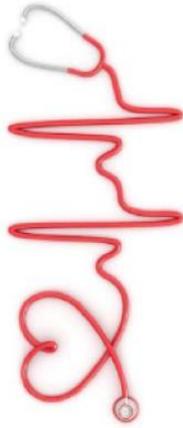
- Identify distressed students
- Provide resources, referrals, and other forms of support to individuals in distress
- Prevent escalation of concerning situations
- Enhance the wellbeing and safety of the MSUCOM community
- Collaborate with faculty, staff, administration, and concerned others
- Educate the MSUCOM community about identifying concerning behaviors
- Foster a culture in which concerns for others can be respectfully shared

Unless otherwise permitted by law, MSU or College policy, information provided to members of the MSUCOM CARE Team will remain confidential and will not be disclosed to third parties without first obtaining consent.

All University employees, other than those exempt by OIE, have reporting obligation when the employee becomes aware of relationship violence or sexual misconduct allegedly perpetrated by a member of the University community (faculty, staff, or student) or occurring at a University event or on University property. (<http://oie.msu.edu/mandatory-reporting.html>)

In some circumstances a referral will need to be forwarded onto either the Behavior Threat Assessment Team (BTAT), Office of Institutional Equity (OIE), and/or MSU police based on the university's policies and procedures.

COM.MSUCOMCARETeam@msu.edu



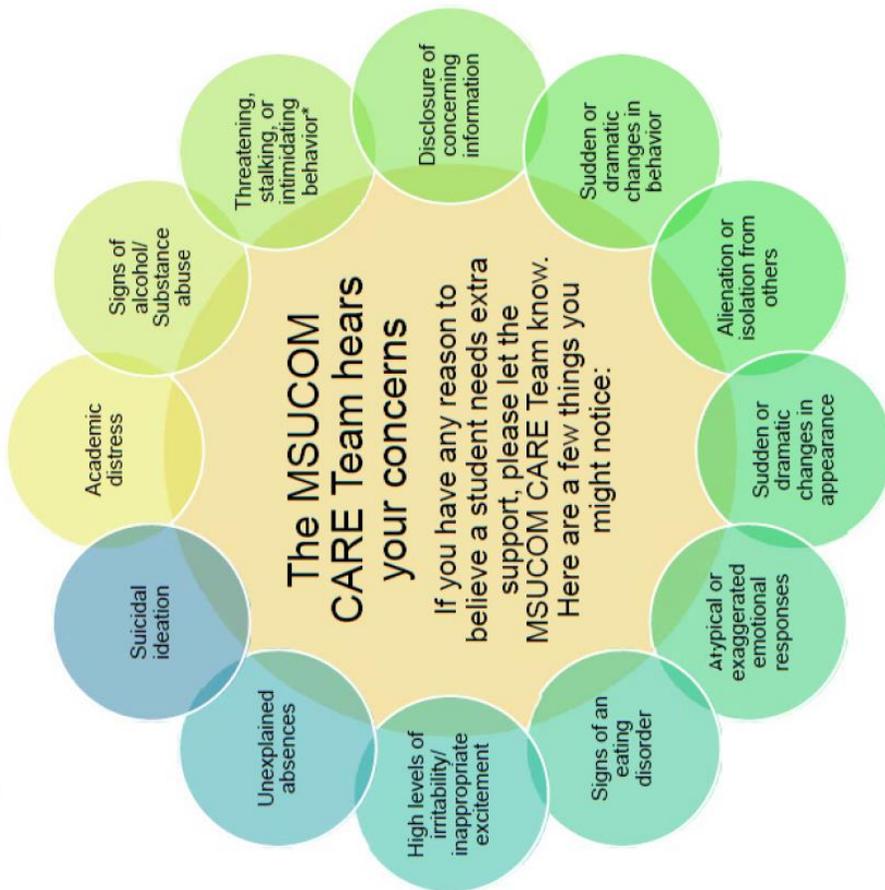
MSUCOM CARE TEAM

*Guidelines for referring a student
of concern*



Appendix C:

Medical students face inordinately stressful and challenging situations throughout their education and training. In recognition of the potential impact of student mental health problems on community wellbeing and safety, the MSUCOM CARE Team aims to educate students, faculty, and staff on the early recognition of signs of student distress and the available avenues for assistance. In addition, the team takes a proactive and preventative approach to risk assessment increasing the likelihood of timely and effective interventions.



CARE Team Process
Refer a student to the CARE Team
 Please email your concerns and include, at a minimum, the student's name, reasons for your concern, whether you have attempted to approach the student yourself, and the outcome of that interaction, if any. All referrals will be kept anonymous unless otherwise indicated by the referrer.

COM.MSUCOMCARETeam@msu.edu

Review of referrals by CARE Team
 Concerns are reviewed during normal MSUCOM business hours, generally 8:00am until 5:00pm, Monday through Friday. **If you are concerned about an immediate safety risk to self or others, please call 911 and fill out an MSU BTAT Form (btat.msu.edu).**

Response to referrals
 Depending on the circumstances, a CARE Team member may respond by directly reaching out to the referred student or otherwise assist in connecting the student with appropriate resources across campus. The CARE Team will continue to monitor the situation and follow-up with the student as needed to promote student success.

The CARE Team
 Individuals from all three MSUCOM sites make up the MSUCOM CARE Team including: Offices of the Associate Dean/Student Services, Registrar, Academic and Career Guidance, Personal Counseling and Health Promotion, Scheduling and Student Activities, and Academic Programs.

*If you witness any criminal behavior, please contact your local police department before referring a student to the MSUCOM CARE Team. If your concern involves an immediate safety risk to self or others, please call 911.

Appendix D: Peer Mentors

The Peer Mentors

The Peer Mentors Program is composed of second-year MSUCOM students who have been nominated by colleagues and faculty to act as advisors on various issues of being an osteopathic medical student. The Peer Mentors have been trained in issues of confidentiality and giving assistance to entering students regarding all facets of medical school: learning strategies, healthy stress reduction, community, issues of personal relationships, etc.

PEER MENTORS (PM)

PeerMentors.msucom@gmail.com

Who are Peer Mentors?

Peer Mentors are nominated for their ability to lend a helping hand, listening ear, and genuine concern to those who need it. They provide advice and can refer to the many great resources MSUCOM has to offer. Peer Mentors can ensure privacy and compassion in all they do.

						
President Kelly Carbary East Lansing	Vice President Ryley Mancine East Lansing	Vice President Casey Schukow DMC	Vice President Francesca Tiberio MUC	Secretary Maria Pluszczynski East Lansing	Treasurer Lauren Lowes East Lansing	
						
Student Life Enrichment Julie Ruehl East Lansing	Student Life Enrichment Irgena Hafizi DMC	Student Life Enrichment Erin Vitale MUC	Community Coordinator Ilinca Caluser East Lansing	Community Coordinator Alana Koepf East Lansing	Community Coordinator Tabtlla Chowdhury DMC	Community Coordinator Rachel Eaton MUC
						
Advisor Dr. John Taylor East Lansing	Advisor Ms. Alissa Berry East Lansing	Advisor Ms. Pauline Tobias DMC	Advisor Ms. Rachel Reid DMC	Advisor Ms. Erica Suszek MUC	Advisor Ms. Brooke-Lynn Vij MUC	

Events and Programs

- One-on-one peer mentoring • Q&A information sessions each semester
- Snacks and support after exams • Health and Wellness support

Appendix E: Report to Committee on Student Evaluation



**Michigan State University College of Osteopathic Medicine
WELLNESS & COUNSELING**



Report to Committee on Student Evaluation

Student Name: _____

Student Number: _____

The above person, as a current student of MSUCOM, has provided consent with the below signature to release the following confidential information in preparation for a meeting with the Committee on Student Evaluation (COSE). All information provided has been reviewed with the requesting student and their consulting counselor in keeping with best ethical and professional practices in the delivery of services through the Office of Wellness & Counseling. If COSE requires further information from the student's designated counselor this additional information may be provided with the student's full informed consent.

Student Signature: _____ Date: _____

Summary of Counselor Discussion with Student in Preparation for COSE

Counselor Recommendations Derived from Discussion with Student in Preparation for COSE

1

Referrals

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> PEAK |
| <input type="checkbox"/> Off-Campus Mental Health Specialist | <input type="checkbox"/> Course faculty |
| <input type="checkbox"/> RCPD | <input type="checkbox"/> Other _____ |

Counselor Signature: _____ Date: _____

John R. Taylor, Psy.D., Licensed Psychologist
Director, Wellness & Counseling
517-432-0142 john.taylor@hc.msu.edu

Appendix F: Student Informed Consent to Services



Michigan State University College of Osteopathic Medicine
OFFICE OF WELLNESS & COUNSELING

Student Informed Consent to Services

Student Preferred Name: _____

As a current student of MSUCOM, I consent to receiving mental health services by a licensed counselor through the Office of Wellness & Counseling. The licensed clinicians of the Office of W & C work as a team and may consult with one another on an as-needed basis to ensure the safety and confidentiality of student information. My signature confirms my counselor has explained to me that my contacts and any other information associated with services provided, overseen and supervised by the MSUCOM Office of W & C are strictly **confidential and protected**. My signature further confirms that my counselor has explained what is to be expected in our contacts: including the purpose for why background information is asked about me and mutually used to help me resolve my problem(s). In the event that I am at risk of suicide or otherwise harming myself or another person I understand my confidentiality may be broken for life-saving purposes such as emergency care and hospitalization. There may be circumstances where it is beneficial for me and my counselor to collaborate with other faculty or staff within COM or outside parties. In this situation I understand a written authorization by me is required to release and exchange information between my counselor and other designated parties.

Student Signature: _____ Date: _____

We appreciate your taking a few moments to provide some information about yourself. This will aid you and your counselor in identifying what areas of help and types of solutions may be beneficial in addressing your questions and concerns. *If there is an item you are not comfortable answering, feel free to leave it blank and let your counselor know.*

I prefer to be identified by my sex as: _____

I prefer (or not) to identify my sexual orientation as: _____

My preferred pronouns are: _____

I prefer to identify my race/ethnic/cultural background as (please write in): _____

The reason I am seeking counselor support is for (feel free to elaborate): _____

Is there other information you would like your counselor to know about you? (feel free to elaborate):

I have received mental and/or medical health services previously for (please indicate if for therapy and/or medication and dates received): _____

Other supportive services (e.g., RCPD, PEAK) through MSU or COM I have received are: _____

Appendix G: Overview Guidelines for an Initial Student Meeting



Michigan State University College of Osteopathic Medicine OFFICE OF WELLNESS & COUNSELING

Overview Guidelines for an Initial Student Meeting

Counselor Greeting and Introduction (30 seconds)

Counselor Asks If There Are Any Questions about the Student Informed Consent to Services (1 minute)

Counselor Sets an Agenda for What Student Can Expect from Initial Visit: (1-2 minutes “tops”) as follows:

- To understand what concern(s) student has and why they are seeking help
- For counselor to work with student to find answers, solutions, and resources
- At half-point counselor will check in to see if concerns are being addressed and meeting is on track
- Toward end to review what was discussed, clarified, resolved and agreed upon for next steps
- To ask student to what degree meeting was helpful and how confident they feel in resolving their concern(s)

Tips for Initial Meeting (*Keep to 45 Minutes and Reserve Last Ten Minutes for Review*)

- Go into meeting with expectation that this may be a one-time visit
- Follow the student’s lead – ask questions if they clarify, summarize and refocus on student’s main concern – maximize focus on where student is striving and validate normality of their experience
- Be judicious as to when to ask for further background information – *avoid “rabbit holes” or “fishing excursions”*
- Students are often visibly stressed and it helps to observe in the moment and encourage feelings to “show up”
 - In this case be prepared to process affect but let the student do the work – *the goal is to decompress*
- Stick with a realistic expectation of what can be accomplished in the meeting – *be mindful and don’t rush*
- As meeting winds down, ask student to *what extent the discussion was helpful*. And also ask to *what extent he/she is confident in carrying through with any next steps, solutions, recommendations that were identified*
- Finally, it may be evident for the counselor to recommend another meeting; however, more often it works well to ask the student if or when they might like to meet again. If they hesitate reassure that they don’t have to decide right at the moment but can let you know by e-mail or check-in as needed

Appendix H: Clinical Assessment Measures

ADHD

ADHD Self-Report Scale WHO
 ADHD Screening Initial EVAL
 Disruptive Disorders Behavior Rating Scale/Parent-Teacher
 Wender Utah Rating Scale

Anxiety/Worry

Achievement Test Anxiety
 Adult Anxiety Checklist
 Beck Anxiety Self-Rating Scale
 Generalized Anxiety Disorder- 7 Item
 OCD Checklist
 Penn State Worry Questionnaire
 Sheehan Anxiety Scale
 Social Avoidance and Distress Scale
 Social Phobia Inventory
 State Trait Anxiety Inventory (for Cognitive and Somatic Anxiety)
 Yale Brown Obsessive Compulsive Scale
 Yale Brown Obsessive Compulsive Symptom Checklist

Autism/Asperger's

Autism Spectrum Quotient
 PDD Assessment Scale

Bipolar

CIDI Screening Scale for Bipolar Disorder
 Hypomania/Mania Symptom Checklist
 Mood Disorder Questionnaire
 Standards for Bipolar Excellence (STABLE)

Borderline Personality Disorder/Other Personality Disorders

Borderline Symptom List-23
 ICD 10 Personality Disorders Examination WHO
 Personality Belief Questionnaire

Couples

Couples Pre-Counseling Inventory

Culture and Race Related Topics

California Brief Multicultural Competence Scale
 Color Blind Racial Attitudes Scale
 Cultural Competence Self-Assessment Questionnaire
 Discrimination Stigma Scale
 Racial and Ethnic Microaggression Scale
 Stereotype Vulnerability Scale
 Vancouver Index of Acculturation

Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition

ICD-10 Classification of Mental and Behavioural Disorders

Depression

Beck Depression Inventory-II
 Physician's Health Questionnaire-9
 Zung Depression Screening Scale

Disability/Functional Impairment

Disability Assessment Schedule WHO
 Weiss Functional Impairment Rating Scale

Dissociation/Depersonalization

Cambridge Depersonalization Scale
 Dissociative Experiences Scale-II
 Multidimensional Inventory of Dissociation

Eating Disorders

Eating Attitudes Test (Eat-26)
 Bulimia Nervosa Stages of Change Questionnaire

LBGT

Coming Out Growth Scale
 Lesbian, Gay, Bisexual Identity Scale
 Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults

Mental Status Examination

Mental Status Examination Rapid Record Form

Appendix H: Clinical Assessment Measures

Pain

Chronic Pain Self-Efficacy Scale
 Comparative Pain Scale
 Health Measures Reference Guide
 Pain Assessment Scale
 Pain Disability Index
 Pain Inventories Function
 Pain Self-Efficacy Questionnaire
 Patient Comfort Assessment Guide
 Sickness Impact Inventory
 The Pain Catastrophizing Scale
 Universal Pain Assessment Tool

Psychosis

Delusion Rating Scale
 Malingering of Psychotic Disorders
 Peters Delusional Inventory
 Positive and Negative Syndrome Scale
 Psychosis Process of Recovery Questionnaire

Post-Traumatic Stress Disorder

Clinician Administered PTSD Scale for Children and Adolescents (DSM-IV)
 Life Events Checklist Interview
 Life Events Checklist Standard
 Life Stressor Checklist Revised
 PCL-5 Criterion A

Risk Assessment

Self-Harm Inventory
 Scale of Suicidal Ideation
 CAMS Suicide Status Form-IV

Sleep

Epworth Sleepiness Scale
 International Classification of Sleep Disorders-Revised

Somatic Symptom Disorders

Clinician Rated Severity of Somatic Symptom Disorder
 DSM-5 Somatic Symptom Diagnostic Criteria
 Somatic Dissociation Questionnaire-20
 Somatic Symptom Scale-8

Stress

Burnout Inventory
 College Students Stressful Events Checklist
 Perceived Stress Scale
 Professional Quality of Life Scale
 Vulnerability to Stress Questionnaire

Substance Abuse

Alcohol Use Disorders Identification Test-C
 Marijuana Use Decisional Balance Scale
 Subjective Opiate Withdrawal Scale

Traumatic Brain Injury

Rivermead Post Concussion Symptoms Questionnaire
 TBI Screening
 TBI Sports Readiness Intake

Appendix I: Columbia Suicide Severity Rating Scale



NATIONAL SUICIDE PREVENTION LIFELINE

Columbia-Suicide Severity Rating Scale (C-SSRS)

The **Columbia-Suicide Severity Rating Scale (C-SSRS)** is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research.

Several versions of the C-CCRS have been developed for clinical practice. The **Risk Assessment** version is three pages long, with the initial page focusing on a checklist of all risk and protective factors that may apply. This page is designed to be completed following the client (caller) interview. The next two pages make up the formal assessment. The C-SSRS Risk Assessment is intended to help establish a person's immediate risk of suicide and is used in acute care settings.

In order to make the C-SSRS Risk Assessment available to all Lifeline centers, the Lifeline collaborated with Kelly Posner, Ph.D., Director at the Center for Suicide Risk Assessment at Columbia University/New York State Psychiatric Institute to slightly adjust the first checklist page to meet the Lifeline's Risk Assessment Standards. The following components were added: helplessness, feeling trapped, and engaged with phone worker.

The approved version of the C-SSRS Risk Assessment follows. This is one recommended option to consider as a risk assessment tool for your center. If applied, it is intended to be followed exactly according to the instructions and cannot be altered.

Training is available and recommended (though not required for clinical or center practice) before administering the C-SSRS. Training can be administered through a 30-minute interactive slide presentation followed by a question-answer session or using a DVD of the presentation. Those completing the training are then certified to administer the C-SSRS and can receive a certificate, which is valid for two years.

To complete the C-SSRS Training for Clinical Practice, visit <http://c-ssrs.trainingcampus.net/>

For more general information, go to <http://cssrs.columbia.edu/>

Any other related questions, contact Gillian Murphy at gmurphy@mhaofnyc.org.

Appendix I: Columbia Suicide Severity Rating Scale

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann
© 2008 The Research Foundation for Mental Hygiene, Inc.

RISK ASSESSMENT VERSION

(* elements added with permission for Lifeline centers)

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.			
Suicidal and Self-Injury Behavior (Past week)		Clinical Status (Recent)	
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Aborted attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Self-injury behavior w/o suicide intent	<input type="checkbox"/>	Lifetime
Suicide Ideation (Most Severe in Past Week)		<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Wish to be dead	<input type="checkbox"/>	Helplessness*
<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	Feeling Trapped*
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Suicidal intent (without specific plan)	<input type="checkbox"/>	Mixed affective episode
<input type="checkbox"/>	Suicidal intent with specific plan	<input type="checkbox"/>	Command hallucinations to hurt self
Activating Events (Recent)		<input type="checkbox"/>	Highly impulsive behavior
<input type="checkbox"/>	Recent loss or other significant negative event	<input type="checkbox"/>	Substance abuse or dependence
	Describe:	<input type="checkbox"/>	Agitation or severe anxiety
		<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Pending incarceration or homelessness	<input type="checkbox"/>	Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Current or pending isolation or feeling alone	<input type="checkbox"/>	Homicidal ideation
Treatment History		Protective Factors (Recent)	
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments	<input type="checkbox"/>	Identifies reasons for living
<input type="checkbox"/>	Hopeless or dissatisfied with treatment	<input type="checkbox"/>	Responsibility to family or others; living with family
<input type="checkbox"/>	Noncompliant with treatment	<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Not receiving treatment	<input type="checkbox"/>	Fear of death or dying due to pain and suffering
Other Risk Factors		<input type="checkbox"/>	Belief that suicide is immoral, high spirituality
<input type="checkbox"/>		<input type="checkbox"/>	Engaged in work or school
		<input type="checkbox"/>	Engaged with Phone Worker *
		Other Protective Factors	
		<input type="checkbox"/>	
Describe any suicidal, self-injury or aggressive behavior (include dates):			

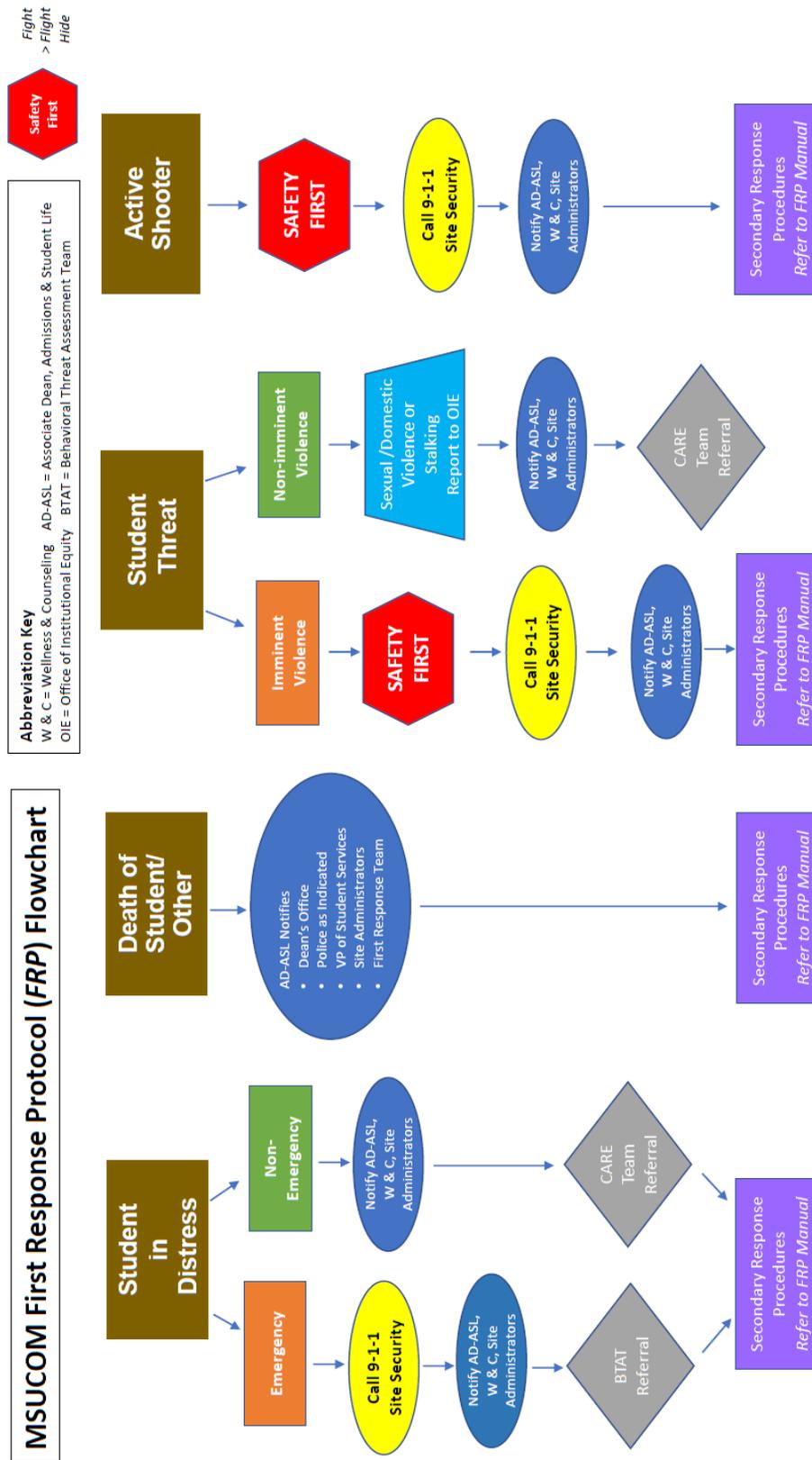
Appendix I: Columbia Suicide Severity Rating Scale

SUICIDAL IDEATION		Lifetime: Time He/She Felt Most Suicidal	Past 1 month							
<i>Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.</i>										
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i> If yes, describe:	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. <i>Have you actually had any thoughts of killing yourself?</i> If yes, describe:	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it." <i>Have you been thinking about how you might do this?</i> If yes, describe:	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <i>Have you had these thoughts and had some intention of acting on them?</i> If yes, describe:	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i> If yes, describe:	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
INTENSITY OF IDEATION										
<i>The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.</i>										
<u>Lifetime - Most Severe Ideation:</u> Type # (1-5) _____ Description of Ideation _____		Most Severe	Most Severe							
<u>Recent - Most Severe Ideation:</u> Type # (1-5) _____ Description of Ideation _____										
Frequency <i>How many times have you had these thoughts?</i> (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day		---	---							
Duration <i>When you have the thoughts how long do they last?</i> (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous		---	---							
Controllability <i>Could/can you stop thinking about killing yourself or wanting to die if you want to?</i> (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts		---	---							
Deterrants <i>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?</i> (1) Deterrants definitely stopped you from attempting suicide (2) Deterrants probably stopped you (3) Uncertain that deterrants stopped you (4) Deterrants most likely did not stop you (5) Deterrants definitely did not stop you (0) Does not apply		---	---							
Reasons for Ideation <i>What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?</i> (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply		---	---							

Appendix I: Columbia Suicide Severity Rating Scale

SUICIDAL BEHAVIOR <i>(Check all that apply, so long as these are separate events; must ask about all types)</i>	Lifetime	Past 3 months	
<p>Actual Attempt: A potentially self-injurious act committed with at least some wish to die, <i>as a result of act</i>. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. Have you made a suicide attempt? Have you done anything to harm yourself? Have you done anything dangerous where you could have died? <i>What did you do?</i> <i>Did you _____ as a way to end your life?</i> <i>Did you want to die (even a little) when you _____?</i> <i>Were you trying to end your life when you _____?</i> <i>Or Did you think it was possible you could have died from _____?</i> Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe:</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Total # of Attempts _____</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/></p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Total # of Attempts _____</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/></p>	
<p>Has subject engaged in Non-Suicidal Self-Injurious Behavior?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	
<p>Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (<i>if not for that, actual attempt would have occurred</i>). Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything? If yes, describe:</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Total # of interrupted _____</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Total # of interrupted _____</p>	
<p>Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything? If yes, describe:</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Total # of aborted or self-interrupted _____</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Total # of aborted or self-interrupted _____</p>	
<p>Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)? If yes, describe:</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Total # of preparatory acts _____</p>	<p>Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>Total # of preparatory acts _____</p>	
	Most Recent Attempt Date:	Most Lethal Attempt Date:	Initial/First Attempt Date:
<p>Actual Lethality/Medical Damage: 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; <i>medical</i> hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; <i>medical</i> hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death</p>	<p>Enter Code _____</p>	<p>Enter Code _____</p>	<p>Enter Code _____</p>
<p>Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over). 0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care</p>	<p>Enter Code _____</p>	<p>Enter Code _____</p>	<p>Enter Code _____</p>

Appendix J: MSUCOM First Response Protocol (FRP) Flowchart



Appendix K: MSUCOM Mobile APP



College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY



MSUCOM Mobile APP



The screenshot displays the MSUCOM mobile application interface. At the top, there are three tabs: "Student", "Wellness", and "Medical Care". The "Student" tab is active, showing a grid of service icons: Registrar Services, Advising, ACE Program, and Resources. Below this is a "PEAK Learning Center" icon. A central message reads "If it's important to you, it's important to us!". The "Wellness" tab is also visible, showing icons for Counseling Team, Schedule Counseling, Emergency Assistance, Self-Assessments, and Mental Health Resources. The "Medical Care" tab is active, listing various services and contact information: National Suicide Hotline (1-800-273-8255), East Lansing - Counseling & Psychiatric Services (CAPS), MSU Sexual Assault Program, MSU Safe Place Relationship Violence and Stalking Program, Detroit Medical Center (DMC) - Harper University Hospital, and Macomb University Center (MUC) - McLaren - Macomb Hospital. A large blue arrow points from the "Wellness" section towards the "Medical Care" section.

Appendix L: Primary Web Pages for Office of Wellness & Counseling

MICHIGAN STATE UNIVERSITY

College of Osteopathic Medicine

Home | About Us | Future Students | Admitted Applicants | Current Students | Alumni & Friends | Faculty & Staff | News

Calendar | Directory | Departments | Research & Scholarly Activity | Continuing Education

Search...

Home > Current Students > Student Life > Wellness and Counseling

Wellness and Counseling

The MSU College of Osteopathic Medicine is fully committed to the physical, mental and emotional health of our students.

If you are experiencing difficulties during your time with us, we encourage you to seek help. Please call the Office of Wellness and Counseling at (517) 884-2596 or email Dr. John Taylor at taylorj20@msu.edu.

If you know a student who is experiencing difficulties, please consider reaching out to the College of Osteopathic Medicine CARE Team.

Contact the Suicide Prevention Lifeline at (800) 273-TALK (8255). The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. More information is available at suicidepreventionlifeline.org.

For 24-hour access to an on-duty crisis therapist, students can call the MSU Counseling and Psychiatric Services mainline after 5:00 p.m. and anytime during the weekends, 365 days per year at 517-355-8270. Or visit <https://caps.msu.edu/emergency>.

In case of a life-threatening emergency, please call 911 or go to the nearest emergency room.

In This Section

- Preclerkship Medical Education
- Clerkship Medical Education
- Class-Specific Information
- Dual Degree Programs
- Enrollment Services and Student Records
- Academic and Career Advising
- Financial Aid and Scholarships
- Student Life
- Student Engagement and Leadership
- Diversity, Inclusion and Safety
- Wellness and Counseling
- Medical Care
- Personal Counseling
- CARE Team
- Mental Health Self-Screening
- University Resources
- Title IX
- Wellness and Counseling Documents and Resources

Appendix L: Primary Web Pages for Office of Wellness & Counseling



Home > Current Students > Student Life > Wellness and Counseling > Personal Counseling

Personal Counseling

Medical school is a life-changing, challenging experience. Through the provision of holistically-informed and evidence-based practices, the Office of Wellness and Counseling is committed to helping students develop into well-rounded, compassionate, and first-rate osteopathic practitioners for the twenty-first century.

The core team is represented by qualified clinical health professionals who are experienced in helping students with adjustment issues, psychological difficulties, academic obstacles, and the variety of challenges medical students face.

If you are experiencing difficulties during your time with us, we encourage you to seek help. You will be treated with sensitivity and dignity, and our services are always confidential. Informed, written consent by the student is always required in instances where students request communication with other parties on their behalf.

No problem is too daunting, and the team is committed to working side-by-side with students, and turning seeming adversity into growth-enhanced learning.

We are here for you.

Contact

Meet the Personal Counseling team:

Schedule an Appointment

To schedule an appointment, please contact Alissa Berry at hairdin24@msu.edu or Dr. John Taylor at taylorj520@msu.edu.

In This Section

- [Prelicensure Medical Education](#)
- [Clerkship Medical Education](#)
- [Class-Specific Information](#)
- [Dual Degree Programs](#)
- [Enrollment Services and Student Records](#)
- [Academic and Career Advising](#)
- [Financial Aid and Scholarships](#)
- [Student Life](#)
- [Student Engagement and Leadership](#)
- [Diversity, Inclusion and Safety](#)
- [Wellness and Counseling](#)
- [Medical Care](#)
- [Personal Counseling](#)
- [CARE team](#)
- [Mental Health Self-Screening](#)
- [University Resources](#)
- [Title IX](#)
- [Wellness and Counseling Documents and Resources](#)
- [Clinical Outreach](#)
- [Student Organizations](#)
- [Our Communities](#)
- [Compliments and Concerns](#)
- [Student Handbook and Course Catalog](#)

Appendix L: Primary Web Pages for Office of Wellness & Counseling

Home > Faculty/Staff Directory

Faculty/Staff Directory

Filter By: Search:



Alissa Berry

Student Life
Personal Counseling
Staff

East Lansing

East Fee Hall
965 Wilson Rd., Room
C18B
East Lansing, MI 48824

☎ (517) 884-2596

✉ hardin24@msu.edu



Mary Katherine Burnett, M.A., LLP

Personal Counseling
Staff

Detroit Medical Center

✉ burne148@msu.edu

Mary Katherine (MK) is a dedicated mental health professional with a background in neuropsychology, developmental disabilities, and psychotherapy. Her skill sets include psychological assessments, diagnostics, and effective treatment plans. Her mission is to provide a safe, confidential, and empathetic environment where students can feel comfortable exploring thoughts, behaviors, and emotions openly on their journey to personal wellness.



Amy Kim, M.A., LPC

Personal Counseling
Staff

East Lansing

✉ kimamy4@msu.edu



John Taylor, Psy.D.

Student Life
Personal Counseling
Faculty

East Lansing

East Fee Hall
965 Wilson Rd.
East Lansing, MI 48824

☎ (517) 432-0142

✉ taylor520@msu.edu

Dr. Taylor, a licensed psychologist, is director of Wellness & Counseling services in the MSU College of Osteopathic Medicine. He completed his doctorate in clinical psychology at Central Michigan University, and internship in pediatric psychology at the MSU College of Human Medicine/Department of Pediatrics and Human Development. He was previously a staff psychologist at the MSU Counseling Center and has wide experience treating student populations.

Appendix L: Primary Web Pages for Office of Wellness & Counseling

MICHIGAN STATE UNIVERSITY

College of Osteopathic Medicine

Home | About Us | Future Students | Admitted Applicants | Current Students | Alumni & Friends | Faculty & Staff | News

Calendar | Directory | Departments | Research & Scholarly Activity | Continuing Education

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- [Personal Counseling](#)
- [CARE Team](#)
- [Mental Health Self-Screening](#)
- [University Resources](#)
- [Title IX](#)
- [Wellness and Counseling Documents and Resources](#)

Home > Current Students > Student Life > Wellness and Counseling > Mental Health Self-Screening

Mental Health Self-Screening

These online self-screenings are confidential. If you complete a screening and wish to follow up with an appointment or have additional questions, please print the survey results and contact Dr. John Taylor at (517) 432-0141 or by email at taylorj20@msu.edu.

- Alcohol or Substance Abuse
- Anxiety
- Bipolar Disorder
- Depression
- Eating Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Psychosis
- Suicide

Appendix L: Primary Web Pages for Office of Wellness & Counseling

The screenshot displays the Mental Health America (MHA) website. At the top left is the MHA logo with the text "Mental Health Information Resources About Us". To the right is a search icon and "LOG IN". A prominent orange button reads "TAKE A MENTAL HEALTH TEST".

Find Tools that Help

Take the first steps to mental health.

TAKE A MENTAL HEALTH TEST LEARN MORE ABOUT MENTAL HEALTH

Take a Mental Health Test

DEPRESSION TEST ANXIETY TEST PTSD TEST

BIPOLAR TEST PSYCHOSIS TEST ADDICTION TEST

EATING DISORDER TEST PARENT TEST YOUTH TEST SEE ALL TESTS

Find Support that Works for you

- Things to try on your own**
Dozens of community-sourced tools, filtered for the help you need. Take back control.
- Connect with others**
Interact with others who have dealt with or are dealing with the same issues as you.
- Find a Provider**
Vetted (and used) by MHA staff. From telemedicine to traditional talk therapy to yoga and more.
- Learn about treatments**
Learn more about mental health conditions, recommended steps towards recovery, and where to find help.

Appendix L: Primary Web Pages for Office of Wellness & Counseling

3/29/2021 Suicide Risk Screening: MedlinePlus Medical Test
 You may also need a screening if you have certain risk factors. You may be more likely to try to harm yourself if you have:

- Tried to kill yourself before
- Depression (<https://medlineplus.gov/depression.html>) or other mood disorder (<https://medlineplus.gov/mooddisorders.html>)
- A history of suicide in your family
- A history of trauma or abuse
- A chronic illness (<https://medlineplus.gov/chronicillness.html>) and/or chronic pain (<https://medlineplus.gov/chronicpain.html>)

A suicide risk screening can be very helpful for people with these warning signs and risk factors. Other warning signs may need to be addressed immediately. These include:

- Talking about suicide or wanting to die
- Searching online for ways to kill yourself, getting a gun, or stockpiling medicines such as sleeping pills or pain medicines
- Talking about having no reason to live

If you or a loved one has any of these warning signs, seek help right away. Call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

What happens during a suicide risk screening?

A screening may be done by your primary care provider or a mental health provider. A mental health provider is a health care professional who specializes in diagnosing and treating **mental health** (<https://medlineplus.gov/mentalhealth.html>) problems.

Your primary care provider may give you a physical exam and ask you about your use of drugs and alcohol, changes in eating and sleeping habits, and mood swings. These could have many different causes. He or she may ask you about any prescription drugs you are taking. In some cases, **antidepressants** (<https://medlineplus.gov/antidepressants.html>) can increase suicidal thoughts, especially in children, teenagers, and young adults (under the age of 25). You may also get a blood test or other tests to see if a physical disorder is causing your suicidal symptoms.

During a blood test, a health care professional will take a blood sample from a vein in your arm, using a small needle. After the needle is inserted, a small amount of blood will be collected into a test tube or vial. You may feel a little sting when the needle goes in or out. This usually takes less than five minutes.

Your primary care provider or a mental health provider may also use one or more suicide risk assessment tools. A suicide risk assessment tool is type of questionnaire or guideline for providers. These tools help providers evaluate your behavior, feelings, and suicidal thoughts. The most commonly used assessment tools include:

- **Patient Health Questionnaire-9 (PHQ-9)**. This tool is made up of nine questions about suicidal thoughts and behaviors.
- **Ask Suicide-Screening Questions**. This includes four questions and is geared toward people aged 10-24.
- **SAFE-T**. This is a test that focuses on five areas of suicide risk, as well as suggested treatment options.

2/5

<https://medlineplus.gov/ask-suicide-risk-screening/>

3/29/2021 Suicide Risk Screening: MedlinePlus Medical Test
 National Institutes of Health / U.S. National Library of Medicine



COVID-19 Information
 Get the latest public health information from CDC (<https://medlineplus.gov/covid.html>)
 Get the latest research information from NIH | Español
 Learn more about COVID-19 and you from HHS

Home → Medical Tests → Suicide Risk Screening

URL of this page: <https://medlineplus.gov/lab-tests/suicide-risk-screening/>

Suicide Risk Screening

What is a suicide risk screening?

Every year nearly 800,000 people around the world take their own lives. Many more attempt **suicide** (<https://medlineplus.gov/suicide.html>). In the United States, it's the 10th leading cause of death overall, and the second leading cause of death in people aged 10-34. Suicide has a lasting impact on those left behind and on the community at large.

Although suicide is a major health problem, it can often be prevented. A suicide risk screening can help find out how likely it is that someone will try to take their own life. During most screenings, a provider will ask some questions about behavior and feelings. There are specific questions and guidelines that providers can use. These are known as suicide risk assessment tools. If you or a loved one is found to be at risk for suicide, you can get medical, psychological, and emotional support that may help avoid a tragic outcome.

Other names: suicide risk assessment

What is it used for?

A suicide risk screening is used to find out if someone is at risk for trying to take their own life.

Why do I need a suicide risk screening?

You or a loved one may need a suicide risk screening if you notice any of the following warning signs:

- Feeling hopeless and/or trapped
- Talking about being a burden to others
- Increased use of alcohol (<https://medlineplus.gov/alcoholuseandabuse.html>) or drugs (<https://medlineplus.gov/druguseandaddiction.html>)
- Having extreme mood swings
- Withdrawing from social situations or wanting to be alone
- A change in eating and/or sleeping habits (<https://medlineplus.gov/sleepdisorders.html>)

1/5

<https://medlineplus.gov/lab-tests/suicide-risk-screening/>

Appendix L: Primary Web Pages for Office of Wellness & Counseling

3202021 Suicide Risk Screening: MedlinePlus Medical Tool

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<https://medlineplus.gov/lab-tests/suicide-risk-screening>

3202021 Suicide Risk Screening: MedlinePlus Medical Tool

• **The Columbia-Suicide Severity Rating Scale (C-SSRS).** This is a suicide risk assessment scale that measures four different areas of suicide risk.

Will I need to do anything to prepare for a suicide risk screening?

You don't need any special preparations for this screening.

Are there any risks to screening?

There is no risk to having a physical exam or a questionnaire. There is very little risk to having a blood test. You may have slight pain or bruising at the spot where the needle was put in, but most symptoms go away quickly.

What do the results mean?

If the results of your physical exam or blood test show a physical disorder or a problem with a medicine, your provider may provide treatment and change or adjust your medicines as necessary.

The results of a suicide risk assessment tool or suicide risk assessment scale can show how likely it is you will attempt suicide. Your treatment will depend on your risk level. If you are at very high risk, you may be admitted to a hospital. If your risk is more moderate, your provider may recommend one or more of the following:

- **Psychological counseling** from a mental health professional
- **Medicines**, such as antidepressants. But younger people on antidepressants should be closely monitored. The medicines sometimes increase suicide risk in children and young adults.
- **Treatment for addiction to alcohol** (<https://medlineplus.gov/alcoholabuseandabuseofdrugs.html>) or drugs

Learn more about laboratory tests, reference ranges, and understanding results (<https://medlineplus.gov/lab-tests/how-to-understand-your-lab-results/>).

Is there anything else I need to know about a suicide risk screening?

If you feel you are at risk for taking your own life, seek help right away. There are many ways to get help. You can:

- Call 911 or go to your local emergency room
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255). Veterans can call and then press 1 to reach the Veterans Crisis Line.
- Text the Crisis Text Line (text HOME to 741741).
- Text the Veterans Crisis Line at 832255.
- Call your health care or mental health provider
- Reach out to a loved one or close friend

If you are worried that a loved one is at risk for suicide, **don't leave them alone.** You should also:

- Encourage them to seek help. Assist them in finding help if needed.
- Let them know you care. Listen without judgement, and provide encouragement and support.
- Restrict access to weapons, pills, and other items that could cause harm.

You may also want to call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for advice and support.

<https://medlineplus.gov/lab-tests/suicide-risk-screening>

Appendix L: Primary Web Pages for Office of Wellness & Counseling

The screenshot displays the website for the College of Osteopathic Medicine at Michigan State University. At the top, there is a navigation menu with links for Home, About Us, Future Students, Admitted Applicants, Current Students, Alumni & Friends, Faculty & Staff, and News. A search bar is located on the right side of the header. Below the navigation is a large banner image of a diverse group of students in white lab coats. The main content area is divided into two sections:

In This Section

- Prelicensure Medical Education
- Clerkship Medical Education
- Class-Specific Information
- Dual Degree Programs
- Enrollment Services and Student Records
- Academic and Career Advising
- Financial Aid and Scholarships
- Student Life
- Student Engagement and Leadership
- Diversity, Inclusion and Safety
- Wellness and Counseling
- Medical Care
- Personal Counseling
- CARE Team
- Mental Health Self-Screening
- University Resources
- Title IX
- Wellness and Counseling Documents and Resources
- Clinical Outreach
- Student Organizations
- Our Communities
- Compliments and Concerns
- Student Handbook and Course Catalog
- Facilities, Operations, Security

University Resources

As a student, you have access to excellent health care, including mental health care. Resources include:

- Counseling & Psychiatric Services
- LGBT Resource Center
- Mosaic: The Multicultural Unity Center
- Office of Institutional Equity
- Office for International Students and Scholars
- Resource Center for Persons with Disabilities
- Resources for Veterans
- Safe Place
- Sexual Assault Program
- Student Health Services

Appendix L: Primary Web Pages for Office of Wellness & Counseling

The screenshot displays the website for the Michigan State University College of Osteopathic Medicine. At the top, there is a navigation menu with links for Home, About Us, Future Students, Admitted Applicants, Current Students, Alumni & Friends, Faculty & Staff, and News. A search bar is located on the left. The main content area features a large image of a man and a woman in white lab coats. Below the image, the text reads: "The MSU College of Osteopathic Medicine is committed to creating and maintaining an inclusive community, in which students, faculty and staff can work together in an atmosphere free from all forms of discrimination and harassment." This is followed by a section titled "Title IX" which states: "Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex in any education program or activity that receives federal funding. It is the mission of the Title IX program at Michigan State University to cultivate a campus community that is free of sex discrimination and sexual harassment, including relationship violence and sexual misconduct. If any member of the college community experiences attitudes or behaviors that violate that policy, you can reach out to any College of Osteopathic Medicine employee for assistance. For more information, please visit the MSU Office for Civil Rights and Title IX." On the right side of the page, there is a dark green sidebar with the heading "In This Section" and a list of links: Preceptorship Medical Education, Clerkship Medical Education, Class-Specific Information, Dual Degree Programs, Enrollment Services and Student Records, Academic and Career Advising, Financial Aid and Scholarships, Student Life, Student Engagement and Leadership, Diversity, Inclusion and Safety, Wellness and Counseling, Medical Care, Personal Counseling, CARE Team, Mental Health Self-Screening, University Resources, Title IX, Wellness and Counseling Documents and Resources, Clinical Outreach, Student Organizations, Our Communities, Compliments and Concerns, Student Handbook and Course Catalog, and Facilities, Operations, Security.

Appendix L: Primary Web Pages for Office of Wellness & Counseling

The screenshot displays the Michigan State University College of Osteopathic Medicine website. At the top, there is a navigation bar with the university logo and a search box. Below this is a secondary navigation bar with links for 'Calendar', 'Directory', 'Departments', 'Research & Scholarly Activity', and 'Continuing Education'. A main navigation bar includes links for 'Home', 'About Us', 'Future Students', 'Admitted Applicants', 'Current Students', 'Alumni & Friends', 'Faculty & Staff', and 'News'. The main content area features a large image of a smiling man in front of flags. Below the image, a breadcrumb trail reads: 'Home > Current Students > Student Life > Wellness and Counseling > Wellness and Counseling Documents and Resources'. The main heading is 'Wellness and Counseling Documents and Resources', followed by a list of links: 'Mental Health Resource Guide', 'Mental Health Services for Students', and 'Physical Health Services for Students'. On the right side, a dark green sidebar titled 'In This Section' contains a list of menu items, with 'Wellness and Counseling Documents and Resources' highlighted in green.

MICHIGAN STATE UNIVERSITY

Search...

College of Osteopathic Medicine

Calendar | Directory | Departments | Research & Scholarly Activity | Continuing Education

Home | About Us | Future Students | Admitted Applicants | Current Students | Alumni & Friends | Faculty & Staff | News

Home > Current Students > Student Life > Wellness and Counseling > Wellness and Counseling Documents and Resources

Wellness and Counseling Documents and Resources

- [Mental Health Resource Guide](#)
- [Mental Health Services for Students](#)
- [Physical Health Services for Students](#)

In This Section

- [Preclerkship Medical Education](#)
- [Clerkship Medical Education](#)
- [Class-Specific Information](#)
- [Dual Degree Programs](#)
- [Enrollment Services and Student Records](#)
- [Academic and Career Advising](#)
- [Financial Aid and Scholarships](#)
- [Student Life](#)
 - [Student Engagement and Leadership](#)
 - [Diversity, Inclusion and Safety](#)
 - [Wellness and Counseling](#)
 - [Medical Care](#)
 - [Personal Counseling](#)
 - [CARE Team](#)
 - [Mental Health Self-Screening](#)
 - [University Resources](#)
 - [Title IX](#)
 - [Wellness and Counseling Documents and Resources](#)
 - [Clinical Outreach](#)
 - [Student Organizations](#)
 - [Our Communities](#)
 - [Compliments and Concerns](#)
- [Student Handbook and Course Catalog](#)
- [Facilities, Operations, Security](#)

Appendix M: Authorization for Release of Information

Student Authorization for Disclosure of Academic and/or Personal Information

Medical Student Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

I authorize the disclosure of my individual academic and/or personal information between the parties indicated below:

From: John R. Taylor, Psy.D. Director, Wellness & Counseling MSU College Osteopathic Medicine C-18A East Fee Hall East Lansing, MI 48824 Phone: 517-432-0142 E-mail: taylo520@msu.edu	To:
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**College of
Osteopathic
Medicine**

**Office of
Student Life
Wellness &
Counseling**

965 Wilson Rd Rm C18
East Lansing, MI 48824

517-432-0141

I consent for ONLY THE FOLLOWING information to be disclosed:

- Ongoing communication as needed between the parties specified above
- Verbal exchange of information
- Information about student academic performance
- Information about personal challenges that could be impacting student academic performance
- Other – specify _____

The purpose of this disclosure is (check one):

- Ongoing Academic Support Ongoing Counseling Support Disability Services Request
- Other (Specify): _____

This authorization is active for one year from the date of signature unless a different expiration date is indicated by the student as follows: _____ Note: This authorization may be revoked by the signing student at any time.

Medical Student Signature

Date

Appendix N: Student Counseling Note



Michigan State University College of Osteopathic Medicine
OFFICE OF WELLNESS & COUNSELING



Student Counseling Note

Student: s

Date and Time of Appointment: s

Referral Source: s

Presenting Concern: s

Risk: s

Background (Add as Necessary from First Contact): s

Impressions: s

Intervention/Counseling Approach: s

Disposition/Recommendations: s

Professional Signature

Date

Appendix O: Counseling Assessment Tools

Assessment Tools

Assessment: The Love, Work, Play and Health Questions

Love	Where do you live? With whom? How long have you been there? Are things okay at your home? Do you have loving relationships with your family or friends?
Work	Do you work? Study? If yes, what is your work? Do you enjoy it? If not working, are you looking for work? If not working and not looking for a job, how do you support yourself?
Play	What do you do for fun? For relaxation? For connecting with people in your neighborhood or community?
<i>Health</i>	Do you use tobacco products, alcohol, illegal drugs? Do you exercise on a regular basis for your health? Do you eat well? Sleep well?

Assessment Tools

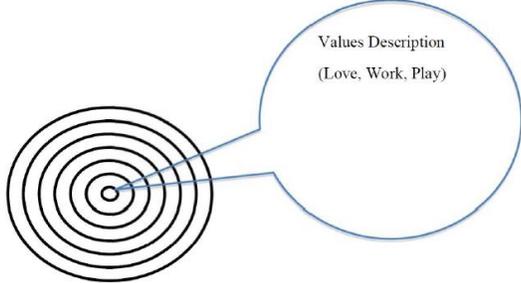
Assessment: The Three Ts Questions

Time	When did this start? How often does it happen? What happens before / after the problem? Why do you think it is a problem now?
Trigger	Is there anything--a situation or a person--that seems to set it off?
Trajectory	What's this problem been like over time? Have there been times when it was less of a concern? More of a concern? And recently . . . getting worse, better?
<i>Workability Question</i>	What have you tried (to address the problem)? How has that worked in the short run? In the long run or in the sense of being consistent with what really matters to you?

Appendix O: Counseling Assessment Tools

Assessment Tools

Bull's-Eye Plan



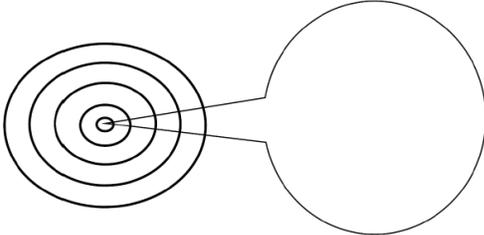
Values Description
(Love, Work, Play)

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Low Consistency
Higher Consistency

Action Plan:

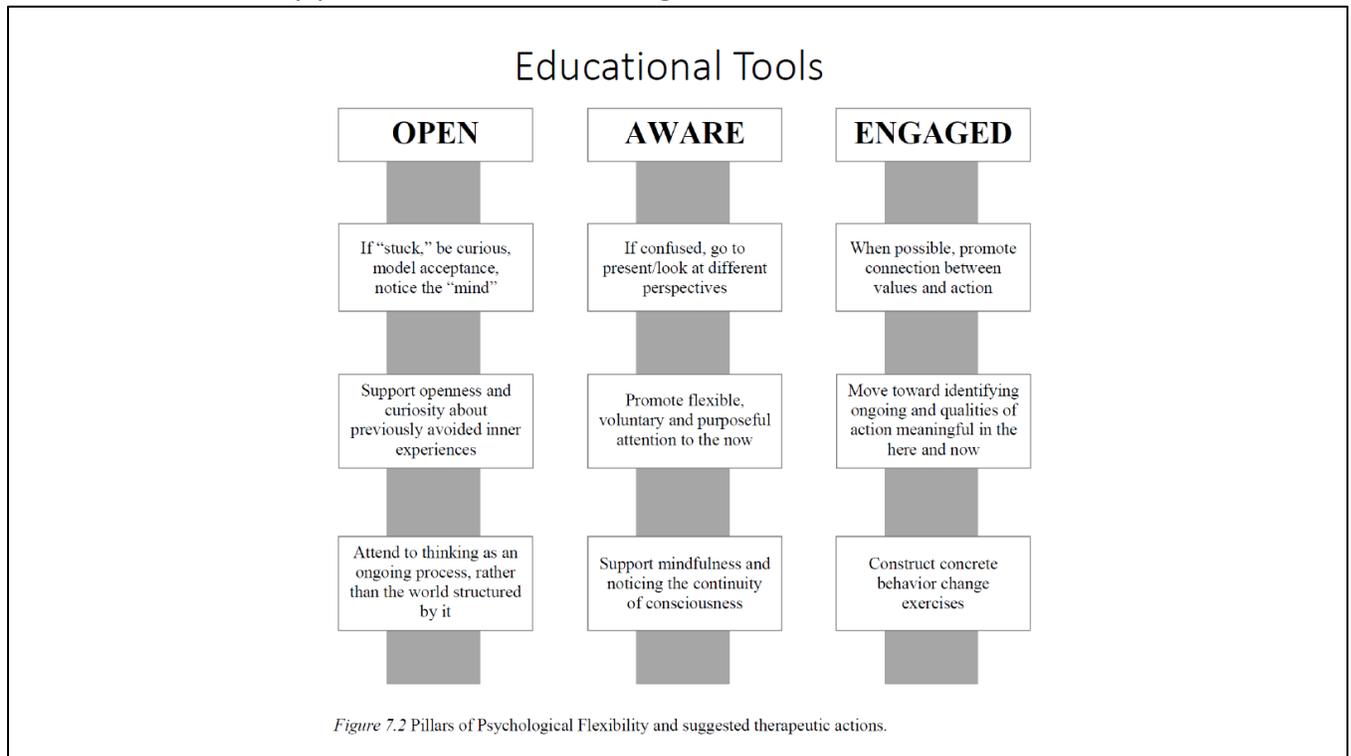
Patient	Clinician	Date							
Beginning of Visit									
Please Circle <input checked="" type="radio"/> a number below to describe how you've been over the past week in 4 areas.									
1.									
1	2	3	4	5	6	7	8	9	10
LOVE									
1	2	3	4	5	6	7	8	9	10
WORK / SCHOOL									
1	2	3	4	5	6	7	8	9	10
PLAY									
1	2	3	4	5	6	7	8	9	10
HEALTH									



Please circle a number to indicate consistency over the past week.

1	2	3	4	5	6	7	8	9	10
Not Consistent								Very Consistent	

Appendix O: Counseling Assessment Tools



Appendix P: Overview CoreWellness Curriculum



Wellbeing for Physicians-in-Training Coping with the Unique Demands of Healthcare

CoreWellness™ is the first comprehensive, standardized, online wellbeing curriculum designed to provide trainees with the practical skills they need to manage stress and adversities typical of medical training

Learners will:

- Identify the impact of stressors on cognitive, emotional, and physical wellbeing
- Practice skill-building exercises that improve resilience
- Increase training in proactive, self-care measures

CoreWellness includes:

- 19 online, self-directed learning modules (including 12 on skill building) that cover evidence-based strategies (See back)
- Facilitator's Guide to optimize group discussions that reinforce knowledge, build trust, empathy and comradery
- Two Leadership modules, including a step-by-step guide to design, implement, and sustain a Culture of Wellbeing

The CoreWellness Advantage

- ⇒ **Comprehensive topics all in one program**
- ⇒ **Standardized and repeatable each year independent of schedules**
- ⇒ **Easily integrated into existing activities**
- ⇒ **Research-defining best practices**



Collaborate on Research and Learning

Be part of the CoreWellness Collaborative for Research & Learning (CWC-RL), led by Catherine Florio Pipas, MD, MPH, CaseNetwork's Chief Wellness Officer and Professor, Geisel School of Medicine, Dartmouth

The CWC-RL was created to share practices, data and metrics. We are committed to advance the wellbeing of our members by:

- Highlighting the implementation strategies of *CoreWellness* Users
- Sharing and analyzing data on knowledge skills, attitude, satisfaction and completion
- Publishing scholarly findings
- Conducting **bimonthly wellbeing webinars**

To Learn More about *CoreWellness™*

Contact Number: 800-654-1745, X106 • Email: [kjacobson@casenetwork.com](mailto:kjacobsen@casenetwork.com) • Website: www.casenetwork.com

Appendix P: Overview CoreWellness Curriculum



COREWELLNESS

Wellbeing for Physicians-in-Training Coping with the Unique Demands of Healthcare

Evidence-Based Wellbeing Strategies

1. **Mind Pulse Exercise (Cognitive Behavioral Therapy Basics)**
Introduction to detecting thinking patterns (ABCs)
2. **Emotional Temperature Exercise (Emotional Intelligence)**
Self-awareness of stressors and adversities that trigger strong emotions.
3. **Thought X-Ray Exercise (Cognitive Reframing)**
Understand counterproductive behavioral responses generated by cognitive distortions.
4. **Nucleus Beliefs Exercise (Resilience Building)**
Detect deep-rooted beliefs of oneself, others, the future, and the world.
5. **Gaussian Thought-Distribution Exercise (Stress Management)**
Put things in perspective to determine the likelihood of events occurring.
6. **Positive Evidence Points Exercise (Self-Confidence)**
Build self-esteem through positive self-affirming statements, documenting benchmark achievements and positive feedback.
7. **Mindful Healer Exercise (Mindfulness)**
Eliminate unhelpful beliefs using breathwork, progressive muscle relaxation, visualization, meditation, and yoga.
8. **Narrative Medicine Exercise (Narrative Writing)**
Sharing patient stories to nurture empathy and compassion.
9. **Personal Mission-Statement Exercise (Prioritizing Purpose)**
Describe one's overall purpose and day-to-day meaning for going into medicine.
10. **Experiencing Gratitude Exercise (Appreciative Inquiry and Gratitude)**
Helps savor the good things in life and express gratitude on a daily basis.
11. **Conflict Resolution Exercise (Conflict Management)**
Understand and diffuse anger, problem solve, and resolve conflict.
12. **Leadership Exercise (Leadership Training)**
Teaching medical students to be leaders in an institutional wellness initiative.

To Learn More about *CoreWellness™*

Contact Number: 800-654-1745, X106 • Email: [kjacobson@casenetwork.com](mailto:kjacobsen@casenetwork.com) • Website: www.casenetwork.com

Q: CoreWellness OMS I and OMS II Syllabus

	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6
M1: Intro to Burnout	ANTR 510					
M2: Wellness	ANTR 510					
M3: Resilience	ANTR 510					
M4: Mind Pulse Exercise		OMM 511				
M5: Emotional Temp Exercise		BMB 528				
M6: Thought X-Ray Exercise		PHM 564				
M7: Nucleus Beliefs Exercise			OST 571-NMS			
M8: Gaussian Thought-Distribution Exercise			OST 573-Endocrine			
M9: Positive Evidence Points Exercise			OST 556-Pediatrics			
M10: Mindful Healer Exercise				OST 574-Female Repro IPE Event?		
M11: Narrative Medicine Exercise				FCM 640		
M12: Personal Mission Statement Exercise						
M13: Experiencing Gratitude Exercise					(OST 577- Psychopathology)	
M14: Conflict Resolution Exercise					OST 579- Cardiovascular ?	
M15: Medical Student Leadership						
M16: Self-Assessment Tools						(OST 583- Geriatrics) ?
M17: Character Strengths Tool						
M18: Simulated Subintern Encounter						?=wait until clerkship?

Appendix R: Koru Mindfulness Training Flyer



“Mindfulness has given me
a tool kit to manage my stress.”

Katherine Zhang, English & Economics Major, Koru graduate

Ready to change your life?

Koru Mindfulness is the only evidence-based¹ mindfulness curriculum designed for college-aged adults.

Koru’s randomized, controlled trial shows results:

- > Students reported feeling more calm
- > Students improved their mindfulness
- > Students felt more rested
- > Students had greater self-compassion

In four weeks, students learn practical skills that help them manage stress and open their minds.

Join the growing Koru community of >10,000 students at over 100 institutions.

¹ Greeson, J.M., Juberg, M., Maytan, M., James, K., & Rogers, H. Journal of American College Health., 2014.



KORU
mindfulness

Four, 75 min classes

Small group learning

Learn useful,
practical skills

Now enrolling! Sign up at: [yoururl.here](#)

Appendix T: LBGTQ Pride Month (June)

Mental Health Resources

Michigan State University
College of Osteopathic Medicine
Wellness and Counseling Office



The Trevor Project

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25. Trained counselors are available 24/7 and provide a judgement-free and supportive environment to talk.

Contact:

Helpline: 1-866-488-7386, Website: www.thetrevorproject.org



National Alliance on Mental Illness (NAMI)

NAMI is the nation's largest mental health organization dedicated to building better lives for those with mental illness. The NAMI HelpLine is a free, nationwide peer-support service providing information, resource referrals, and support. Staff can help you identify the best resource options for your concerns.

Contact:

Helpline: 1-800-950-NAMI (6264), Website: www.nami.org



Trans Lifeline

Trans Lifeline is a trans-led organization that connects trans people to the community, support, and resources needed to thrive. The Trans Lifeline's Hotline is a peer support service run by trans people for trans and questioning callers. Trans-identified staff are available to provide support and resources.

Contact:

Helpline: 877-565-8860, Website: www.translifeline.org



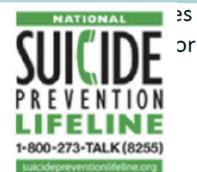
National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a national network of local crisis centers 24/7, free and confidential support for individual in distress, and your or your loved ones.

prevention and

Contact:

Helpline: 1-800-273-8255, Website: www.suicidepreventionlifeline.org



S.A.F.E. PLACE

S.A.F.E. Place provides temporary shelter and crisis intervention services to victims of domestic violence and their families in Calhoun, Barry, Eaton, and surrounding counties. Trained staff are available 24/7 via the Helpline for domestic violence support.

Contact:

Helpline: 1-888-664-9832, Website: www.safeplaceshelter.org



Resources for Michigan State University Students

All Michigan State University students may access the following resources:

- Counseling and Psychiatric Services (CAPS): 517-355-8270
- MSU's Center for Survivors (sexual assault program): 517-372-6666 (24/7 crisis hotline) or visit <https://centerforsurvivors.msu.edu>

MSUCOM Students may also contact the Office of Wellness and Counseling at 517-884-2596

Appendix U: National Suicide Prevention Week (September)



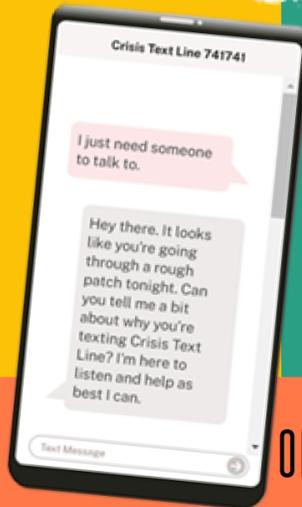
NATIONAL SUICIDE PREVENTION WEEK

September is National Suicide Prevention Month (#SPM20) and National Suicide Prevention Week is **September 6 - 12, 2020**.



RESOURCES:

- **MSU CAPS**
 - Free counseling and medical services to all MSU students
 - 24/7/365 Crisis Counselors
 - Call 517-355-8270
- Mobile Crisis Counselor anywhere in the USA
 - Text 741741



ONLINE RESOURCES

- [Suicide Prevention Lifeline](#)
- [Active Minds](#)
- [American Foundation for Suicide Prevention](#)
- [National Alliance on Mental Illness](#)



Appendix V: National Depression Screening Day (October)

DEPRESSION



27%

of medical students experience depression worldwide

HOW CAN YOU TAKE CONTROL?

KNOW THE SIGNS

- Persistent restless, irritable, or sad mood
- Fatigue or difficulty sleeping
- Appetite and weight changes
- Lost interest/pleasure
- Concentration difficulties
- Suicidal ideation

PARTICIPATE IN SCREENING

- Symptoms are mistaken as a "NORMAL PART OF LIFE"
- Only 15% of medical students experiencing depression seek treatment
- Screening can be the FIRST STEP to getting help

[SCREEN HERE](#)



MSUCOM WELLNESS AND COUNSELING



National Helpline
1-800-662-HELP (4357)
Free, confidential
treatment referral and
information service.



MSU CAPS

Remote crisis services 24/7/365
Dial "1" for crisis counselor at:
517-355-8270.
[Group counseling services](#)
[Self-Care Guide](#)



PSYCHOLOGY TODAY

Comprehensive collection of articles and blogs focusing on topics in psychology. Directory of local therapists, psychiatrists, and treatment facilities.

PRIORITIZE YOUR WELLNESS



MEDITATION APPS

MINDFULNESS
meditate, mindfully eat, & unplug from electronics

VITAMIN D
spend time outside or invest in a light therapy lamp

JOURNAL
write as an outlet, make a self-care plan

SOCIAL SUPPORT
reach out to friends & family

Click [HERE](#) for self-care ideas during the pandemic & [HERE](#) for self-care plan examples

Appendix W: Student Newsletter Featured Topics



A Conscientious St. Patrick's Day

Origins of St. Patrick's Day are based on the Catholic feast day of St. Patrick, which happens to fall within the religious season of Lent. This season often entails sacrifice and abstaining in preparation for the Easter holiday. As St. Patrick's Day evolved over the 20th century, it became an excuse for people to indulge during a time of limitation. Alcohol has become a centerpiece of American festivities, which leave many struggling with issues of alcohol dependence and mental health difficulties. If you find yourself struggling, know that you are not alone, and the COM Wellness & Counseling office has resources to help you. Start with a screening [here](#).

Outpatient Programs

- [Sparrow Intensive Outpatient Substance Abuse Program](#): 517-364-7700
- [Henry Ford Outpatient Addictions Treatment](#): 248-661-6100 (SE Michigan); 800-531-3278 (South Central Michigan)

Inpatient Programs

- [Ascension Brighton Center for Recovery](#): 810-227-1211
- [Henry Ford Residential Addictions Treatment](#): 248-661-6100 (SE Michigan); 800-531-3278 (South Central Michigan)

Michigan Certification Board for Addiction Professionals

- [MCBAP Registry](#): Identify a provider by county

Recovery Groups

- [Alcoholics Anonymous](#): Find AA meetings in Michigan

Helplines

- [Substance Abuse and Mental Health Services Administration \(SAMSHA\) Treatment Referral and Information Service](#): 1-800-662-HELP (4357)

Alcohol and Substance Use Education (For I/BSU Students, Staff and Faculty)

- [MSU Alcohol and Other Drugs Program](#): Contact ACD Coordinator: Cara Ludlow at 517-353-5564 or ludlowc@msu.edu

Your Wellness and Counseling Team

- Contact Dr. John Taylor, Director, MSU COM Wellness & Counseling at taylor520@msu.edu or Aissa Berry, Administrative Assistant at hardin24@msu.edu

Appendix W: Student Newsletter Feature Topics

Finding Inner Peace and Maximizing Joy this Holiday Season

Wellness and Counseling

It's the most wonderful time of the year! But when the holiday season comes with a dizzying array of demands and to-do's, holiday stress can leave us feeling less than wonderful. A recent survey conducted by the American Psychological Association reports that 8 out of 10 individuals anticipate increased stress over the holidays. In some cases, this spike in stress and anxiety can even lead to feelings of depression, often called the "Holiday Blues." If you find yourself feeling frantic or overburdened, take some time to reconnect with the here and now through mindful practices. Here are a few ways to find inner peace and maximize joy this holiday season:

- Rather than focus on creating a picture-perfect holiday, let go of expectations and appreciate the moments as they unfold. Quiet feelings of self-criticism and embrace self-compassion as you sit back and enjoy the holiday experience.
- Cultivate authentic connections with your loved ones by being more purposeful in the way you spend time together. Setting your textbooks or social media aside for a few hours to focus on the present moment can nourish relationships and shape our memories for years.
- Foster joy in an intentional way. The next time you notice something that makes you smile, pause and reflect on this feeling.
- Finally, remember the reason for the season. Instead of getting caught up in the hustle and bustle of the holidays, take the time and effort to reaffirm what the season really means to you, whether it is about family, community, or traditions.

If you would like to learn more about mindful practices for the holidays, or if you find that you are still struggling with holiday stress, please contact the Wellness and Counseling Office. We wish you all peace and joy this holiday season!



Appendix W: Student Newsletter Featured Topics

The Procrastination Trap
By Maria Hanelin, Master's in Public Health Intern



Do you ever find yourself falling into the “I’ll do it later” trap? Perhaps you prioritize watching TV, scrolling through social media, or playing video games when you have an ever-growing mound of schoolwork to tackle. As it turns out, even the most organized and committed students occasionally fall victim to procrastination.

In fact, studies suggest that 70% - 95% of students engage in procrastination behavior on a regular basis. While procrastination may not be something that can be avoided entirely, becoming cognizant of the reasons why we procrastinate can help.

Research indicates that there are a number of cognitive distortions that lead to procrastination in students, such as:

- overestimating how much time one has left to perform a task
- overestimating how motivated one will be in the future
- underestimating how long certain tasks will take
- mistakenly assuming that the “right frame of mind” is needed to work on a project.

Although breaking the procrastination habit isn’t easy, there are several strategies students can practice to get back on track:

📌 **Tackle Fear:** Procrastination behaviors can be rooted in fear, such as fear of failure, fear of making mistakes, or even fear of success. Identifying and challenging the irrational beliefs that feed chronic procrastination can be a helpful first step to behavior change.

📌 **Make a List:** Make a to-do list with the tasks you would like to accomplish. Add deadlines and estimations of how long each item will take to complete. If necessary, break down each task into more manageable segments so projects feel less overwhelming. Make sure to eliminate distractions while tackling agenda items.

📌 **Mindfulness:** Mindful awareness can be helpful in recognizing emotions that may trigger procrastination behaviors. By recognizing the way some tasks make us feel (bored, tired, worried...) we can divert procrastination behaviors before they happen by nonjudgmentally accepting these emotions and letting them pass.

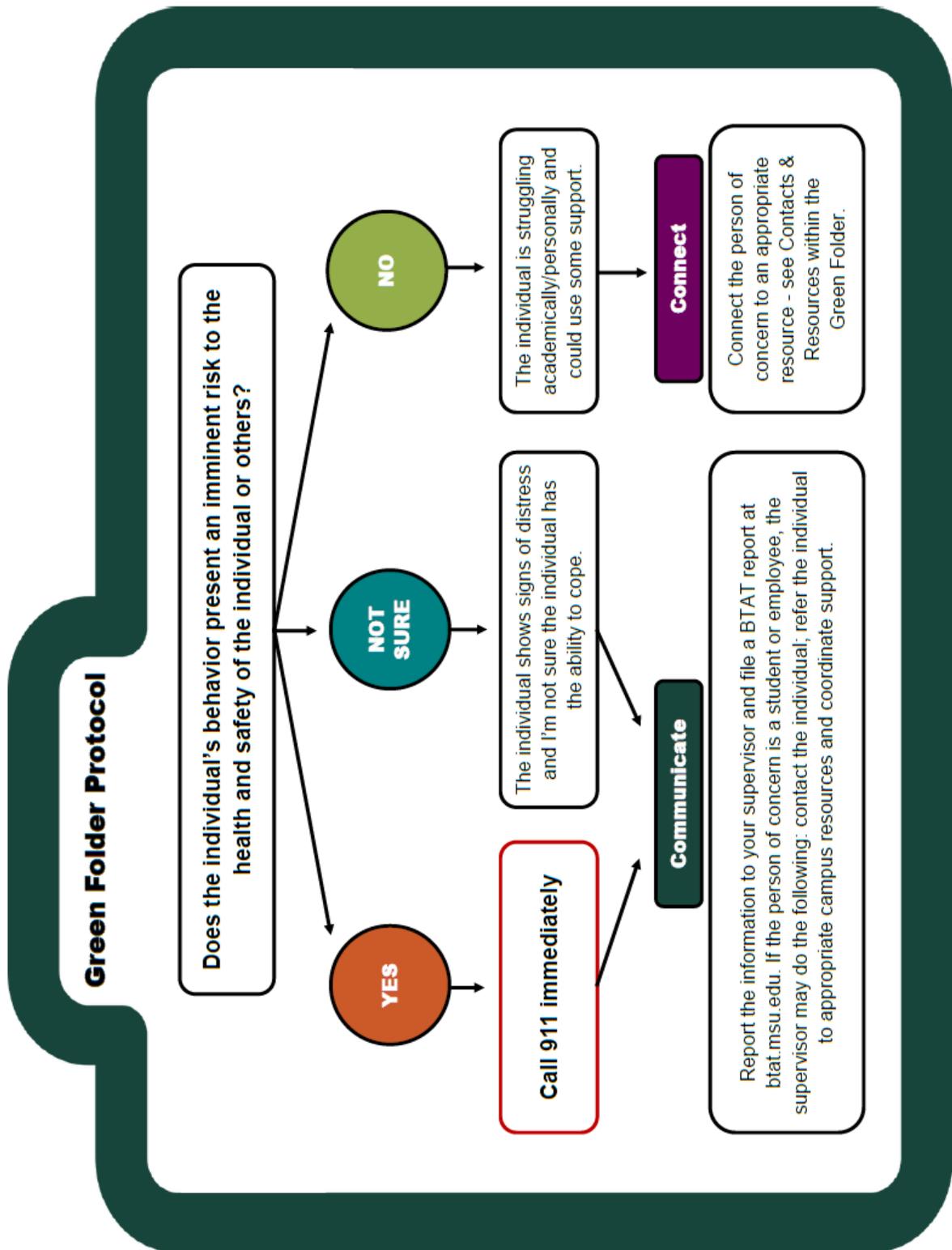
📌 **Reward Yourself:** Once you have completed a task, or part of a task, reward yourself! Give yourself the opportunity to indulge in something that you find fun or enjoyable. When a behavior is followed by a pleasant outcome, we are more likely to repeat that behavior in the future.

While procrastination is a tricky behavior to overcome, it can be done! These tips can help you avoid the unnecessary stress and anxiety that stems from putting tasks off until the final hour. If you would like to learn more about tips for overcoming procrastination or find that you are still struggling with procrastination behaviors, please contact the Wellness and Counseling Office.

Appendix W: MSU BTAT “Green Folder”



Appendix W: MSU BTAT “Green Folder”



Appendix W: MSU BTAT “Green Folder”

Contacts & Resources

Emergency Response - Call 911

Non-emergencies

MSU Police Department	517-355-2221
East Lansing Police Department	517-351-4220
Lansing Police Department	517-483-4600
Lansing Township Police Department	517-485-1700
Meridian Township Police Department	517-332-6526
Bath Township Police Department	517-641-6271
Ingham County Sheriff's Office	517-676-2431
Principal Administrators	
Associate Provost for Graduate Education	517-353-3220
Associate Provost for Undergraduate Education	517-353-5380
Dean of Students	517-884-0789
Vice President for Student Affairs & Services	517-355-7535
Consultation and Urgent Response (24-Hour Availability)	
Community Mental Health (24-Hour Emergency Service)	517-346-8460
Counseling and Psychiatric Services (CAPS)	517-355-8270
End Violent Encounters (EVE) 24-Hour Hotline	517-372-5572
McLaren Greater Lansing Hospital	517-975-6000
MSU Safe Place	517-355-1100
National Suicide Prevention Lifeline	1-800-273-8255
Center for Survivors 24-Hour Crisis Line	517-372-6666
Sparrow Hospital (24-Hour line)	517-364-1000

Student Support Resources

Associated Students of Michigan State University (ASMSU)	517-355-8266
Dean of Students Office	517-884-0789
LBGT Resource Center	517-353-9520
Migrant Student Services	517-432-9900
Office for Cultural and Academic Transitions	517-353-7745
Office for International Students and Scholars	517-353-1720
Office of Institutional Equity	517-353-3922
Office of the University Ombudsperson	517-353-8830
Residence Education and Housing Services	517-884-5483
Resource Center for Persons with Disabilities	517-884-7273 TTY: 517-355-1293
Student Affairs and Services	517-355-7535
Student Health Services at Olin	517-884-6546
Student Parent Resource Center	517-432-3745
Student Veterans Resource Center	517-884-5973
Faculty & Staff Resources	
Employee Assistance Program	517-355-4506
Office of Institutional Equity	517-353-3922
Resource Center for Persons with Disabilities	517-884-7273 TTY: 517-355-1293
WorkLife Office	517-353-1635

This is not a comprehensive list. For additional resources and assistance, contact the Behavioral Threat Assessment Team at btat.msu.edu. For emergencies, call 911.

Appendix W: MSU BTAT “Green Folder”

The Green Folder

What is the Green Folder?

This informational guide is designed to assist faculty and staff in recognizing and supporting students and employees of concern. Individuals may feel alone, isolated, and hopeless when faced with academic and life changes. These feelings can easily disrupt academic and work performance or overall functions, which may lead to serious consequences, including dysfunctional coping.

Who do you contact regarding a person of concern?

Any concerns regarding an individual's health and safety, including mental health, should be shared with the Behavioral Threat Assessment Team via the online reporting form at btat.msu.edu.

For emergencies: Call 911

Non-emergencies: Call MSU Police Department at 517-355-2221

What about privacy for students?

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records.

FERPA permits disclosure of student information without the student's consent when there is an articulable and significant threat to the health or safety of the student or other individuals. This exception allows disclosure to appropriate individuals, including the student's parents and the police. Student information may also be disclosed without written consent to school officials who have a legitimate educational interest or a need to know. Information learned through observation is not a part of a student's education record and not protected by FERPA. Student information may be shared with careful consideration for student privacy and compliance with FERPA.

Additional information regarding complying with FERPA is available at <https://reg.msu.edu/ROInfo/Notices/PrivacyGuidelines.aspx>.

Who is a mandatory reporter?

All university employees, with some exceptions, have a reporting obligation when they become aware of conduct involving relationship violence, stalking, or sexual misconduct. For more information, visit <https://oie.msu.edu/resources/mandatory-reporters.html>.

What is your role?

1

Receive information about the person of concern.

Manage the situation: The welfare of the campus community is the top priority when an individual displays threatening or potentially violent behavior. Seek help immediately.

Listen sensitively and carefully: Use a non-confrontational approach, and a calm voice (e.g., "I'd like to help").

Be direct: Don't be afraid to ask the individual directly if they are under the influence of drugs or alcohol, feeling confused, or having thoughts of harming themselves or others (e.g., "Have you been feeling bad enough to consider hurting or killing yourself?")

2

Follow the appropriate reporting process - see Green Folder Protocol section.

3

Coordinate support and collaborate with services that support the individual's health and well-being.

Connect to resources: Offer alternatives and assist the individual in choosing the best resource.

4

For students, refer and give contact information for Counseling and Psychiatric Services (CAPS). For employees, refer and give contact information for the Employee Assistance Program (EAP).

Consultation and documentation: Document your interactions with the distressed individual and consult with your supervisor after any incident.

Appendix W: MSU BTAT “Green Folder”

Indicators

Know the indicators of distress and risk factors for individuals of concern. Be vigilant of patterns, duration, and severity - not just symptoms. For emergencies - call 911.

Academic	Physical	Psychological	Behavioral
Sudden decline in quality of work or grades	Significant change in hygiene or appearance	Family/relationship violence and sexual misconduct	Persistent disorderly or disruptive behavior
Repeated absences from class, lab, or other meetings	Noticeable weight loss or gain	Self-disclosure of personal issues such as family problems, financial, difficulties, or grief	Unusual, atypical, disturbing behavior, or isolation from others
Disorganized performance	Significant fatigue or change in energy level	Problems with concentration or changes in mood or anxiety, such as irritability, panic, or depressed mood	Reports of suicidal or self-injurious behavior (giving away prized possessions), or thoughts of harming self or others
Multiple requests for extensions	Signs of drug or alcohol use (high or intoxicated)	Difficulty controlling emotions	Threats of violence to others
Overly demanding of faculty and staff	Visible injuries (cuts, burns, bruises)	Thoughts of suicide or harming others	Acts of violence to others
Atypical content in writings or presentations	Garbled, tangential or slurred speech	Delusions, paranoia, or hallucinations, such as hearing voices	Harassing or controlling behavior
Individual or group meetings tend to focus on personal concerns rather than academic issues	Pressured speech (loud, overly animated, agitated, or rapid)	Reported concern by peers about the mental health of the individual	Destruction of property, theft, or vandalism
	Increase in psychosomatic complaints that do not have a medical etiology	Loss of motivation, apathy or trouble looking towards the future	Possession of a dangerous weapon or firearm on campus

This is not a comprehensive list. For additional resources and assistance, contact the Behavioral Threat Assessment Team at btat.msu.edu. For emergencies, call 911.

Oct 2019