HAZEN CENTER FOR INTEGRATED CARE, HAZEN HALL: COUNSELING CENTER

*** Walk in hours Mon.-Fri. 8-11a.m. ***
Open Mon.-Friday 8am-4:45pm

We Can Help!

Our Services
- Individual, group, couples, and family counseling
- Psychiatric consultations and assessments
- Referral to campus or community providers
- Outreach/programming by request
- Support provided to campus community as needed during crisis situations

Our Process
1) Come to the center or give us a call during business hours
2) Request to speak with a counselor
3) A counselor will either meet with you for a brief "triage" visit, or call you later that day to briefly discuss concerns
4) An intake appointment will be scheduled
5) Complete paperwork either online via our client portal, or in the office before your appointment
6) Attend an intake appointment (usually within one week of triage, sooner if concerns are imminent or more severe)
7) Develop a plan for treatment with your counselor and follow up with recommendations

Our Staff:
Darlene Schmitt, MEd, LMHC--Associate Director
Luke Myer, LMSW, CASAC--Alcohol/Other Drugs
Katie Cariola, MEd, LMHC--DBT skills; personality disorders
Sharon Belle-Render, MEd, LMHC--Transfer students; triage/brief assessments
Julie Pettit, MS, LMHC, NCC-- Generalist
Dana Godfrey -- 2 days/week in CC; sexual assault issues
Barbara Dahlberg, FMHNP--BC -- Psych. NP 3 days/week
Dr. Mike Scharf, MD-- Psychiatric assessments; complex mental health concerns

CONTACT INFORMATION
Phone: (585) 395-2207
After hours, calls will go to “FoneMed” answering service which is staffed by professionals who will assist callers over the phone
Fax: (585) 395-5045
Email: askacounselor@brockport.edu
Website: www.brockport.edu/cc

HOTLINES
Lifeline: 211 OR (585) 275-5151
RESTORE: (585) 589-1312
Crisis Text Line: Text “GO” to 741-741

What to Look For
How to identify a student in need and/or of concern:
- Directly threatens suicide
- Talks about wanting to die
- Noticeable changes in behavior, appearance or mood
- Deliberately injures themselves
- Appears depressed, sad, withdrawn
- Disruptive behaviors
- Reports from others that the person is a danger to themselves or is threatening someone else
- Bizarre behavior (no rational basis; seems confused; doesn’t make sense when speaking)

What to Do & Not Do
- Q.T.I.P. – Quit Taking It Personally & remember, it’s not about you
- Remain Calm – Before acting, take a deep abdominal breath and think
- Assess the Situation – Are there other students being impacted? Look for nearest exit
- Listen – Through the behavior: Notice non-verbal communication, tone of voice, etc.
- Don’t become hostile or punitive – (it’s not the time for that & may escalate behavior)
- Focus on the Behavior – Not on the Person: Tell the person the behavior is inappropriate
Tactics & Tips

- Lower your voice, using a quiet, gentle but firm tone
- Watch your body language, keeping it open
- Use “I” statements
- Set clear expectations
- Use behavioral terms (ex. I notice you are pacing)
- Be empathetic (ex. I can tell you are disappointed)
- Actively listen & summarize
- Know your limitations (ex. I want to support you but know the Counseling Center can help even more than I can)
- Do not touch the person or say you know how they feel
- Do not minimize the person’s feelings
- Do not respond to threats of legal action
- Refer to our Housing License and Code of Conduct as expectations for behavior

Behavioral & Cognitive Warning Signs of Suicide

- Prior suicidal attempts
- Lethality of past attempts (how serious it was)
- Family history of suicide
- Recent loss/history of multiple losses
- Sudden change in behavior
  - Withdrawal/social isolation
  - Increased absences or tardiness
  - Talking/writing about suicide
  - Watching violent movies on TV or computers
  - Reading violent materials
  - Giving away possessions
- Decreased concentration
- Drastic change in appearance, and functioning (i.e. grades; hygiene; social interactions)
- Increased disorganization
- Delusional or paranoid thoughts

Early Signs of Violent Behavior

- Art/poems/writing with violent themes
- Low frustration tolerance
- Externalizes blame for problems
- Significant change in mood
- Poor impulse control
- Seen by peers as “different”
- Recent loss or history of multiple losses
- Expressed feelings of hopelessness
- Sleep and eating disturbances
- Poor academic performance
- Decreased motivation