

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
- 5) Attend an intake appointment (usually within one week of triage, sooner if concerns are imminent or more severe)
- 6) 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- Appears depressed, sad, withdrawn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

