

# *Mental Health Ambassador Handbook*

San José State University Counseling Services

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**This MHA Handbook belongs to:**

Ambassador: \_\_\_\_\_

Ambassador#: \_\_\_\_\_

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## Crisis Support/Hotlines

<b>Life Threatening Emergency</b>	911; Request a CIT ( <i>Crisis Intervention Team</i> ) Officer
<b>National Suicide Prevention Life line (24/7)</b>	1-800-273-TALK (1-800-273-8255) 1-800-SUICIDE (1-800-784-2433)
<b>Santa Clara County:</b> Mental Health Center/Referrals (24/7) Emergency Psychiatric Services (24/7) Suicide and Crisis Services (24/7) San Jose/Main Number North County South County	1-800-704-0900 1-408-885-6100; 1-408-885-5673  1-408-379-3312 1-650-494-8420 1-408-683-2482
<b>SJSU</b> Campus Police Department(24/7) Counseling Services (8 – 5, Mon - Fri)	1-408-924-2222 1-408-924-5910

# Prelude

## Why Mental Health Ambassadors?

College students' mental health has been challenged by several factors:

1. **College students are of high risk of experiencing mental health problems and/or mental disorders.** For example,
  - According to the American College Health Association (ACHA, 2006),
    - More than 40% college students reported having difficulties in functioning as a result of feeling depressed within the past 12 months.
    - About one tenth of college students reportedly had “seriously considered suicide” within the past 12 months.
  - Mental disorders such as Social Anxiety Disorder, Bipolar Disorders, Major Depressive Disorder, Panic Disorder, Eating Disorders, and Schizophrenia tend to begin during the traditional college age, late adolescence and early adulthood (DSM-IV-TR, 2000).
2. **College students do not seek mental health help from mental health professions, even for severe problems.** College students tend to seek help from peers -- 80% of students reportedly planned to seek guidance and advice from peers (Sharkin, Plageman, & Mangold, 2003), and less than 2% of the students indicated that they would seek help from mental health professionals or professors (Berkeley Graduate Student Mental Health Study; Hyun, Quinn, Madon, & Lustig, 2006).
3. **Low mental health literacy affects college students' health.** College students reported that they did not know about available mental health services, counseling was unrelated to their needs (Atkins, Morten, & Sue, 1998), and their problem was not serious enough for counseling (Sharkins et al., 2003). Moreover, in a recent survey by the American Psychiatric Association (2006), 45% of the adult participants reported that they know “only a little or almost nothing at all about mental illness.”
4. **People do not seek the help they need due to the stigma associated with mental disorders** (U.S. Department of Health and Human Services, DHHS, 2001), even when early treatment will significantly improve the prognosis and chance of recovery.

The Mental Health Ambassadors program was created to help San José State University (herein may be referred to as SJSU) students meet these challenges. Mental Health Ambassadors are the student allies of SJSU Counseling Services. They are trained to provide students with accurate information about mental health services on campus, increase students' mental health literacy, and reduce stigma associated with mental disorders and mental health problems.

## Purposes of this Handbook:

- As a training manual and reference for the Ambassadors.
- As a tool for informing and educating the public about mental health issues and to fight against stigma. Many pages of the Handbook are stand-alone handouts.

*Thank you*

*Deanna's, Ellen's, and David's contributions to chapters.  
Deanna's and Terri Thames's reviews and feedbacks.*

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# CHAPTER ONE. MENTAL HEALTH AMBASSADORS

## WHO ARE THE MENTAL HEALTH AMBASSADORS?

Mental Health Ambassadors (MHAs) are the ambassadors, official envoys, representatives, and messengers of the San José State University Counseling Services. They have the knowledge, skills, and attitude to be an Ambassador and to accomplish the Mental Health Ambassadors' mission. They also are liaisons between the SJSU community and the SJSU Counseling Services.

## WHAT IS THE MENTAL HEALTH AMBASSADORS' MISSION?

To **improve the psychological wellbeing of the SJSU students and SJSU community** through

- Promoting SJSU Counseling Services.
- Increasing mental health literacy.
- Reducing stigma associated with mental health disorders and problems.
- Fostering a supportive and informative campus culture for issues related to mental health problems and mental disorders.

## WHAT ARE THE MENTAL HEALTH AMBASSADORS' OBJECTIVES?

1. Increase SJSU students' knowledge and awareness about:
  - a. SJSU Counseling Services.
  - b. Mental health problems and disorders.
  - c. Mental Health literacy.
2. Reduce the stigma associated with mental health disorders and problems.

## WHAT ARE THE MAIN REQUIREMENTS OF MENTAL HEALTH AMBASSADORS?

1. Open to challenges and excited about learning.
2. A positive attitude related to mental health disorders and problems.
3. A strong desire to improve the health of students and the SJSU community.
4. A cumulative GPA of 2.0 or better.
5. Complete the Ambassador Training, attend weekly meetings, actively participate in four Counseling Services activities (for example, tabling, presentation, outreach, etc.), and complete a final project related to mental health issues.

## WHAT MAKES AN AMBASSADOR?

Having the knowledge, skills, and attitudes that enable them to achieve their mission and objectives.

1. The desire to learn, to help, and to promote a positive and accurate attitude about mental health issues (Being perky, extroverted, or outgoing is NOT required.)
2. Professionalism
3. Willingness to challenge self.
4. Willingness to apply the MHA knowledge and skills to take care of and improve self.

## HOW IS MHA DIFFERENT FROM PEER COUNSELORS?

The MHAs are similar to Peer Counselors in having positive attitudes toward mental health, good communication skills, and skills and knowledge to help students to be healthy and successful. However, MHAs are different from Peer Counselors in:

- Primary goal: MHAs' primary goal is making *systematic change* -- changing the culture and attitudes as well as reducing the stigma related to mental health issues for SJSU students and community. Peer counselors primary goal is to provide support to their peers and produce individual changes.
- Main activities: MHAs are encouraged to create and engage in diverse programs and activities to help them to achieve their mission (e.g., presentation, tabling, designing handouts, participating in student organization meetings, talking to professors), while peer counselors mainly provide individual peer counseling.

# CHAPTER TWO. MENTAL HEALTH LITERACY

## WHAT ARE MENTAL "ILLNESSES"?

**First, think about what "mental illness" means to you.**

Are you referring to Gollum ("The Lord of the Rings"), Voldemort ("Harry Potter")? Are you talking about drinking problem, depression, eating disorders, sleep disorders, or anxiety? Or are you thinking about phobia, low self-esteem, guilt, ADHD, Alzheimer, and Autism?

~Growth Question~  
How and how much do cultures, context, and knowledge shape our beliefs about what "normal" and "mentally healthy" is?

The term "**mental illness**" (Defined as: "A term rooted in history that refers collectively to all of the diagnosable mental disorders." DHHS 1999, p.38.) refers to mental disorders that have been assigned a diagnosis. Therefore, this term is not inclusive. Use "mental health problems" and "mental disorders" instead.

**Definition of "mental health problem":** "Almost everyone has experienced a mental health problem...mental health problems are signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder" (DHHS, 1999). Mental health problems affect people in many ways and to various degrees, such as school, friendships, health, work, family.

### Definition of "mental disorders"

"Mental disorders are characterized by abnormalities in cognition, emotion or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities" (DHHS, 1999, p. 38).

### Most Important:

1. **"Mental health" is a continuum and the definition of "mentally healthy" varies across time, culture, and environment.** On this "mental health" continuum, there are two terms you need to be familiar with: "Mental health problems" and "Mental Disorders."
2. **Mental disorders are real health conditions,** and are the second leading cause of disability and premature death (DHHS, 1999).
3. **Individuals with mental health problems or mental disorders are able to function well in many areas of their life while experiencing difficulties in other areas of their life. Most people can NOT tell if another person has mental disorder or mental health problems.** Many people have told me, "had that person never told me, I would never have imagined..."

## WHAT FACTORS ARE RELATED TO MENTAL HEALTH?

**Numerous factors affect (not "cause") a person's mental health, but NONE of these factors is "think too much," "too weak," or "crazy."** The **likelihood** of experiencing mental disorders and mental health problems is influenced by the interactions of many factors such as:

- o **Genetics:** All mental disorders and problems as well as differences in human behaviors are "genetically complex" (DHHS) – there is no "depression" or "crazy" gene. In addition, not all genes get to express themselves. Finally, gene expression can be induced by behaviors (see Schneiderman et al., 2005).
- o **Infections** (Yes, for real): Some germs and viruses are known to change human behaviors and mood when they are working and even years after they are gone. For example, PANDAS (*Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections*; Not the black-and-white furry animals) was found to produce Obsessive-Compulsive Disorder symptoms in children.
- o **Physical Health:** Think about how your mood may be affected by the flu or food poison. Physical illnesses lead to changes in mental health. For example, diabetes mellitus may lead to panic attacks, depression, and delirium; hyperthyroidism (overactive thyroid) may lead to agitated or apathetic depression anxiety, panic attacks, and delirium (Morrison, 1997).
- o **Brain defect or injury; prenatal damages.**
- o **Nutrition and exposure to toxins** may also play a role in developing mental disorders or problems.
- o **Psychological factors** such as stressful life events, mood, affect, personality, and gender (DHHS, 1999).

~Growth Question~  
Most people consider differences in hair color, eye color, skin color, nose shape, height, voice, sensitivity to color, and dexterity "natural."  
Do you think that people could be "naturally" different in temperament, sensitivity to emotions, mood change, vulnerability, attention span, concentration, and reactions to stress?

~Growth Question~  
Why is getting a medical checkup important for individuals with mental disorders? [Hint ]: why is maintaining physical health important for mental health?

- **Social factors** such as family, socioeconomic status, interpersonal relationships, and racial, cultural, and religious background.
- **"Protective factors"**: Having some control in response to severe events, having choices and resources, having psychological supports (WHO, 2007), religions, cultural, and ethnic beliefs; community involvement; a satisfying social life; social integration; access to mental health care and services (WHO, 2006)

**In sum, mental disorders and mental health problems are the product of interactions among nature, nurture, and context.**

~~Growth Question~~  
How does knowing these possible factors influence your attitudes and beliefs about "mental disorders" and "mental health problems?"



### **Toolbox 1. The Buffer Theory** (By W.-C. Lee)

The "Buffer Theory" is a useful tool for explaining the intricate nature of mental disorders and mental health problems: Everyone has a "mental health buffer." Just like fingerprints, every person's mental health buffer is born unique, with a distinct size, shape, thickness, structure, material, and impact-response patterns. The buffer's characteristics are influenced by learning, skills, experiences, health, and environments – it can be cracked, thinned, strengthened, fortified, reshaped, and/or grown. For example, a person's buffer tends to become thinner when stressed (think about how your mood change when you are sleep-deprived). At times, our buffers become too thin or broken despite our hard work, and, as a result, we do not deal with things the way we could and even "small" things can negatively impact us. Other times, when we have tried our best and are exhausted, our buffers still become broken because the external challenges were too strong (You can stop a bicycle with your bare hands, but can you stop a semi truck with your bare hands, even if you try your hardest?). During these difficult times, we need to find an expert to help us learn skills, rest, and use the best materials to rebuild, strengthen, and protect our buffers. Mental health professionals are "buffer experts," they are trained professionals who work with you to help understand the characteristics of our buffers and ways to maintain and strengthen them. Moreover, they will help you to update and upgrade the software of your buffer, so you will have more tools and shields to deal with future impacts.

Note 1. I often suggest people do a daily "buffer check" -- ask yourself, "How is my buffer today/now?" Based on your answer, you can do things to adjust your buffer or try to reduce/avoid possible impacts.

Note 2: The "buffer theory" is derived from the "Diatheses-Stress Model". (Zubin, & Spring, 1977)

## **HOW COMMONLY DO PEOPLE EXPERIENCE MENTAL HEALTH PROBLEMS?**

**Almost every person** (DHHS, 1999). "No community is unaffected by mental illnesses; no school or workplace is untouched." (New Freedom Commission to Mental Health, 2003).

## **HOW COMMONLY DO PEOPLE EXPERIENCE MENTAL DISORDERS?**

### **Very Common.**

- Mental disorders affect people of all ages and of all backgrounds.
- In the U.S., within a given year (NIMH, 2007):
  - About 26.2% of American adults (18 or older) experience a diagnosable mental disorder.
  - In 2004, more than 32,000 individuals died of suicide.
- Globally, according to World Health Organization (WHO):
  - In 2002, 154 million people were affected by depression and 106 million people were affected by alcohol and/or substance use disorders.
  - Each year, about 877,000 individuals die by suicide.
  - Mental disorders are under-diagnosed.

## **ARE PEOPLE WHO EXPERIENCE MENTAL DISORDERS GETTING HELP?**

**Few people experiencing a mental disorder sought or received the treatment they needed.** According to WHO (2007), about 20% of the people experiencing a mood, anxiety, or substance use disorder will seek help within one year of the start of their symptoms. In the U.S., among individuals who met the criteria for mental or addictive disorders, only 28.5% reportedly received treatment for their disorder (Gonzalez, Tinsley, & Kreuder, 2002).

### **What prevents people with mental disorders from getting the help they need and deserve?**

Many reasons. For example, stigma, lack of knowledge, lack of awareness, barriers, lack of means (money, transportation, time), lack of appropriate services...

~~Growth Question~~  
For physical illness, we say to our friends and family, "you better go see a doctor now!" What makes people hesitate to say the same thing about mental disorders or mental health problems?

## **WHAT HAPPENS WHEN PEOPLE DO NOT RECEIVE TREATMENT FOR MENTAL DISORDERS?**

Mental disorders left untreated can lead to **more frequent and more severe episodes as well as social, academic, financial, and other difficulties and consequences.** For example, without treatment, Major Depression Disorder tends to return every several years (mode = 4 years), and the length between episodes of Bipolar Disorder could become shorter. Early treatments may also improve the prognosis of patients with Schizophrenia.



## HOW ARE MENTAL DISORDERS AND MENTAL HEALTH PROBLEMS TREATED?

**“Psychotherapy,” (“Counseling”, or “talk therapy”) and/or psychopharmacologic treatment.** For most of the mental disorders and mental health problems, an individual has a wide range of choices of different and effective treatments. Often, the **most effective treatment for mental disorders is a combination of psychotherapy and psychopharmacological treatment (medication).**

~ Growth Question~

You know that many factors relate to mental health. If you were asked to design a complete treatment program for mental health problems and mental disorders, what components would you include in this program?



### **Toolbox 2. Getting “Help” ≠ “Weak” or “Stupid”: The “Swim Across the Pacific Ocean” Analogy**

Let’s say you are a four-time Olympic 400m swimming gold medalist.

If I put you in the middle of a bathtub and ask you to “swim” to safety, you would laugh.

If I put you in the middle of a baby swimming pool and ask you to “swim” to safety, you would probably step out of it with your eyes closed. If I put you in the middle of a standard swimming pool, you surely can get to safety with minimal effort. What if I put you in the middle of the Pacific Ocean and asked you to choose between (A) swimming back to U.S., or (B) taking a cruise ship back to U.S., what would you choose?

You see, often we need help, not because we are not capable or we are lazy, but because we are, against our wish, put in the middle of the Pacific Ocean, with big sharks and jelly fishes. “Getting help” at times is the smartest and most courageous thing to do. The only way for you to never ask for help is to stop living, learning, and growing. By getting “help,” you get on the cruise ship, you can teach more people to swim, you can win more medals, and maybe save one or two persons with your swimming skill. You get to the coast, and you go back to swim in all the pools you want.

Many times life throws us into the middle of the Pacific Ocean or Bermuda Triangle, and a mental health professional is the person who has spent years in graduate school to learn ways to fly a helicopter or navigate a rescue ship to send you to safety. **It is still up to you to get on the ship and continue the journey.** You do not have to like the ride, really. And remember, if you throw psychologists into the middle of Pacific Ocean, they will need the coast guard – we are all human beings. (By W.-C. Lee)

## HOW DO MEDICATIONS TREAT MENTAL HEALTH PROBLEMS AND MENTAL DISORDERS?

“Psychotherapeutic medications act by **controlling symptoms**... in many cases, they can help a person **function** despite some continuing mental pain and difficulty coping with problems” (NIMH, 2002, p. 2).

## SOME IMPORTANT POINTS ABOUT TREATING MENTAL HEALTH PROBLEMS AND DISORDER WITH MEDICATIONS:

- **“Psychotherapeutic medications do not cure mental illness.”** (NIMH, 2002, p.2). When you break your leg, you need a crutch (medication) to help you walk. However, eventually, you need to strengthen your muscles and learn to walk again without the crutches. Psychotherapeutic medications are like crutches for your mind – it helps you, but you still need to do the work.
- **Each person is unique; therefore, each medication produces different main effects and undesired effects on each person.** Something that works wonders for Sammy may have no effect on Jason. Something may produce few undesired effects on Kalihila but a lot on Candy. The implications:
  - You and your psychiatrist may try different medications or different combinations of medications to find the best treatment for you.
  - As your body changes (e.g. health status change, weight change, aging), the effects of your medication on your symptoms may change (e.g., less effective, more potent, or produce different undesired effects).
  - Follow-up (return) visits are vital to safe and effective treatment.
  - Never stop taking medication without first consulting with your psychiatrist. When not tapered off properly, some medications may cause serious (may even life-threatening) undesired effects. For example, stop taking SSRIs abruptly may lead to nausea, headache, dizziness, lethargy, and/or flu-like symptoms; stop taking some anti-anxiety medications may lead to rebound anxiety (Mayo Clinic, 2008).

## DO PEOPLE NEED TO STAY ON MEDICATION FOREVER?

For some people, medication is a temporary crutch – you take the medication for a short period of time, you get better, and you can taper off the medication. For some, taking medication for a longer period of time may be most appropriate. All in all, it is an important decision you will make based on many factors and your psychiatrists’ recommendations.

## Where can I get more information about psychopharmacologic treatment for mental health problems or mental disorders?

- **“Let’s Talk Facts About Choosing a Psychiatrist”** by American Psychiatric Association, a four-page easy-to-read document on what a psychiatrist is, where a person can start, and what treatments a psychiatrist uses to treat mental health problems and mental disorders. <http://healthyminds.org/factsheets/LTF-ChoosingPsych.pdf>
- California Board of Psychology **“Statement on Medication.”** <http://www.psychboard.ca.gov/medicate.htm>.



### Toolbox 3. “Coward,” “Lazy,” or “Smart”? – About Taking Medication (By W.-C. Lee)

Many people consider taking medication for mental health problems or disorders “cowardly,” “lazy,” or “taking the easy way out.” Is it?

Let’s think about this: People who are of high risk for or having osteoporosis are encouraged to take calcium or medications for their health. People who do not have enough vitamin D, even when human beings can produce it, are encouraged to take Vitamin D supplements for health. People do not judge people who take medications/supplements for their physical health. However, people sometimes have negative views about people who take medications for mental health problems or disorders, even though there is plenty of evidence on individual variations in chemical balance as well as external influences on mental health. How does taking supplements/medications for physical health differ from taking medications to replenish/regulate the neurotransmitters for mental health? By taking medications as psychiatrists suggest, a person shows courage by dealing with and treating mental disorders despite the stigma associated with medications.

## DOES PSYCHOTHERAPY TREAT MENTAL HEALTH PROBLEMS AND MENTAL DISORDERS?

**Yes.** Psychotherapy (“talk therapy”) has been found to be effective in treating many mental health problems and mental disorders. Psychotherapy has been found to be as effective as or even more effective than medication for some mental health problems and disorders. However, the combination of psychotherapy and medication is the most effective treatment method for many mental health problems and disorders.

### How could “talking” really help? I mean, people “talk” all the time, right?

There are many types of “talking.” If “talking” is not a skill, there wouldn’t be books on persuading, negotiating, presenting, etc. Therapeutic talk is an advanced skill mental health professionals have to go through rigorous graduate training to obtain and is extremely different from regular “talk.” [See Toolbox 4.]

**Psychotherapy (“talk therapy”) has been found to produce positive and detectible brain structure changes.** “There is no longer any doubt that psychotherapy can result in detectable changes in the brain,” Etkin et al. (2005, p. 155) concluded their review on recent studies. For example, successful psychotherapy was found to help people with Obsessive-Compulsive Disorder or depression to restore their brains “to a state that superficially resembled” the brains of healthy individuals (Etkin et al., 2005).



### Toolbox 4. Everyone can Use a Knife, but not Everyone is a Surgeon. (By W.-C. LEE)

The differences between regular talk and “therapeutic talk” are clear when we think about how a chef is different from a surgeon. Chefs are experts in using knives: Cutting, paring, chopping, etc. However, we do not ask a chef to perform surgery on us. Why? The significant difference is the knowledge and training surgeons have above and beyond using a knife.

When you see surgeons using a knife, you know that they are “using a knife” based on their years of training for specific purposes in a specific setting. A chef can use a knife to cut something, but with the knowledge and training of being a surgeon, a surgeon can use the knife to help patients with different illnesses.

Likewise regular talk is different than therapeutic talk. Yes, you come to talk therapy to talk, but mental health professionals are using “therapeutic talk” -- a specific tool they have been trained for years to use in specific ways, for specific purposes, and in specific settings and contexts. To be able to do this “therapeutic talk,” licensed mental health professionals must complete rigorous graduate-level training and acquire thousands of hours of practical training. For example, in California, a psychologist must have a doctoral degree, complete 3,000 hours of supervised clinical training, and pass the national and state licensing exams to be licensed. A little secret I will let you in on: As a psychologist, my “therapeutic talk” is significantly different from my regular “talk.” When I am with a client, I am like a surgeon – I use all my attention and energy to observe, think, analyze, and identify the most effective ways and tools to help my clients – after a day of work, I often feel tired because of all the work I have done behind the “therapeutic talk.”

So, the next time people say, “I don’t see how talking can help,” you might want to ask them, “I know how to use a knife, would you let me perform a surgery on you?”

## WHAT HAPPENS IN PSYCHOTHERAPY?

The process of psychotherapy varies somewhat based on the licensed mental health professional you work with. However, all of the mental health professionals should and need to

- make an effort to understand you and listen to your needs and goals.
- respect you and keep a professional boundary.
- encourage you to ask questions and inform you about the process of therapy, treatment options for your issues, and realistic expectations for therapy and outcomes.
- obtain your agreement on treatment modality, fee, etc.



### Toolbox 5. Help People Understand What Therapy Is (By W.-C. LEE)

- A. **“Seeking a Coach.”** Do the best athletes have coaches? They always do – the best athletes know that they always have something to improve and coaches help them achieve and stay at the top of their game.

Working with a therapist is like getting a “Life coach” – no matter if you are at the top of your game or not, your therapist can help you to improve your “game”.

B. **The “Life Classes.”** Kids have to go to classes to learn math, language, writing, etc., to prepare them for their future. However, have you noticed that there is NO school or classes on skills and knowledge people need to maintain their health in a modern society such as “parenting”, “coping with stress/disappointment/trauma,” “maintaining relationships,” “having self-esteem,” “being assertive,” or “being happy”? It is unfair and cruel to blame a person for failing a statistics exam without taking the class; is it fair to expect people (and yourself) to successfully deal with many life issues without having appropriate knowledge, skills, and tools? To get “A’s” in your “life classes,” consider working with a therapist – most therapists are trained experts in “life classes” to help you to gain skills and knowledge you need to be who you really want to be and who you can be in life.

C. **The “Computer Software.”** People hurry to upgrade or download anti-virus patches for their computers to protect their computers and files from new viruses and spywares – new viruses and spy programs will continue challenging our computer safety and continually updating our computer defense system is a must. You can upgrade and update your “life programs” (your ways of thinking, wisdom, skills, knowledge, perspectives, etc.), too, through attending workshops or psychotherapy. Most importantly, in workshops and therapy you control what you “download” and want to use to protect and improve your “computer.” Mental health professionals are the programming experts on life strategies and skills – they help you to debug, terminate viruses, upgrade software, and/or install patches. Many people attend therapy to take care of themselves by “upgrading their life software” to ensure their “computers” are well-protected and running effectively.

D. **The “Buffer Theory.”** (see Toolbox 1).

### WILL MY THERAPIST/COUNSELOR...

#### Act like Dr. Phil, Dr. Laura, or Frasier?

**Probably not.** Therapy takes time, just as a surgeon needs time to examine you, gather information, and prepare you for the operation. What Dr. Phil, Dr. Laura, and Frasier provide to their guests, because of the nature of a “talk show,” is “advising” or “consultation” instead of “psychotherapy.” In therapy, licensed mental health professionals should and need to take time to really understand you and listen to you, so that they can provide the treatment(s) that best meets your needs.

#### Blame me or my parents?

**No. Most likely, NO.** Psychology and therapy today are quite different from the time of Freud; significant advances in sciences have advanced psychology and psychotherapy. The focus of psychotherapy has shifted away from blaming someone (for example, you or your parents), finding what’s “wrong” with you, and/or calling you “anal.” Current mental health professionals focus on helping you achieve your goals through skill learning, knowledge learning, and identifying ways for you to improve your life as well as manage and reduce your symptoms.

**Please Remember: Psychotherapy NEVER NEVER includes sex.** Even developing a romantic relationship between a psychotherapist and a patient a couple years after the last therapy session is strongly discouraged to protect patients’ welfare. An ethical and professional psychotherapist will always put patients’ well-being first. (A good read on the process of psychotherapy is “[What to Expect as a Client](http://www.nbcc.org/clientrights)” from National Board of Certified Counselor website: <http://www.nbcc.org/clientrights> ).

### HOW SOON WOULD MENTAL HEALTH PROBLEMS OR DISORDERS BE IMPROVED WITH PSYCHOTHERAPY?

It depends on many factors; for some issues, people feel and get better in days, weeks, or months; for some other problems it may take longer.

- According to a classic study (Howard, et al., 1986), 53% of people who attended therapy reported significant improvements after 8 sessions, 30% after only two sessions, and 75% after 26 sessions.
- More than 50% of college students who received **4 or more sessions** made progress in a nationwide college student sample (Draper et al., 2002). In another study (Wolgast et al., 2005), more than half of the college students made clinically significant progress after 14 to 20 sessions.

### WILL WHAT I SAY IN PSYCHOTHERAPY BE CONFIDENTIAL?

Mostly, yes. “Confidentiality” protects privacy and helps you will you feel safe to talk in therapy. Mental Health professionals take pride and special care in protecting the confidentiality and trust between them and their clients. However, under certain circumstances (e.g., child/elder abuse, danger to life, and court orders) the laws mandate that mental health professionals report to appropriate authorities.

If you have any questions or concerns about “confidentiality,” do ask. Mental health professionals are required to explain the limits of confidentiality to you.



### Toolbox 6. Supporting People who are Making Changes (By W.-C. LEE)

“I don’t see any immediate changes” discourages many people who start therapy. However, change is NEVER a linear process; when people try to change, there are always ups, downs, plateaus. The following tools are useful in encouraging people who are trying to make changes.

#### A. The “Critical Mass” for Noticeable Change.

If I take a sheet of paper from a 500-sheet pile while you aren’t watching, you wouldn’t notice any change of the pile. If I take a second, a third, and a fourth sheet while you aren’t watching, you wouldn’t notice any change and probably would look at the pile, think, “nothing has changed.” However, if I continue taking one sheet of paper from the pile every day, eventually, one day, after 100 sheets are gone and the **change is big enough for you to notice** (the “critical mass” has been achieved), you will say, “when and how did the paper disappear!?” Many times, changes at the beginning are too small for us to notice. However, if you continue working on it, the small changes will accumulate and arrive at the critical mass for you to see the changes. (Jigsaw puzzle, plants, and erosions can also be used for this analogy).

#### B. “Alice in Wonderland.”

In the story, when the poker cards were chasing Alice, Alice ran as fast as she could, but stayed at the same spot...what happened? Because the ground was moving in the opposite direction. When you feel that you have not made “progress” even though you have worked as hard as possible, it is usually a good idea to take a look at your environment. You may find that you are not moving forward because the ground is moving in the opposite direction – and being able to stay where you are, instead of regressing, you are actually making “progress.” (Similar analogy: up-stream rolling/swimming).

#### C. Non-linear progression.

Non-linear progress is a inherent part of learning and progressing, just like driving to a place and growing. However, our culture has taught us to believe that if you can not make change at least at a “steady” pace, you are a failure. This belief is untrue, unrealistic, and discouraging. People need to remember that progress is NEVER a linear process, there will always be flats, plateaus, small valleys, and declines that you have to go through to build your next growth.

## IN CALIFORNIA, WHO CAN PROVIDE PROFESSIONAL PSYCHOTHERAPY AND ARE REGULATED/MONITORED BY CALIFORNIA LAWS?

**Licensed mental health professionals such as** Psychiatrists, Licensed Clinical Psychologists (Ph.D., Psy.D.), Marriage and Family Therapists (MFT), Licensed Clinical Social Workers (LCSW), and psychiatric nurses, and **interns who are supervised by licensed mental health professionals.**

### What does “licensed” mean??

Being licensed as a mental health professional to provide psychotherapy is conceptually similar to getting a driving license to drive. Table 1 below provides a detailed explanation of “being licensed” using a psychologist as an example.

- Licensing “not only specifies the nature of the title (“psychologist”) and training required for licensure, but it also usually defines what specific professional activities may be offered to the public for a fee” (Trull, 2005, p. 65).
- By granting a “licensed” status to the qualified professionals, the state is able to inform the consumers about the status of a mental health professional in a clear and concise way.

**Table 1: What does “licensed” as a psychologist mean?**

<i>Psychologist’s License</i>	<i>Driver’s license</i>
Purpose: To protect the consumers as well as the profession of psychology from unqualified individuals providing psychological services.	Purpose: To protect life and increase safety.
Completed the minimal education (a doctoral degree) and training requirements (3000 hours of supervised experiences).	Completed the minimal education (driver’s handbook) and training (learning license) requirements.
Passed the national and state licensing exams.	Passed the written and driving exams.
Regulated by the state; violation of laws has consequences.	Regulated by the state: violation of laws has consequences.
Allowed to provide psychological services defined by laws.	Allowed to drive certain types of cars.
Required to renew license every 2 years. Taking continuing education classes/training is required for renewing the license. .	Need to renew the license. May need to meet some requirements for license renewal.



### Toolbox 7. The power of “Mental Power” (By W.-C. Lee)

Many people believe that people with mental health problems should “just snap out of it,” “just try harder,” or “be able to think their way out of it.”

To challenge these beliefs, you can ask people to do one or more of the following activities:

- (1) Could you please close your eyes and think really really really hard and try to turn off the light for me with your “mental power?”
- (2) Please spend 20 minutes every morning, think really really really hard to try to make yourself look like Brad Pitt; (3) please think really really really hard to increase your height, and (4) when your friend’s leg is broken, yell at your friend, “think your leg out of being broken!”

Human minds are extremely powerful, but this power needs to be used wisely and effectively as well as in the right places: work “hard” does not equal to work “smart” and “efficient,” and “will power” does not equal to “skills.” To maintain health and achieve your goals, your mental power needs to be used in the right way with the right tool and the appropriate skills, which you will gain from therapy and workshops.

## WHAT ARE THE DIFFERENCES BETWEEN SOME MENTAL HEALTH PROFESSIONALS?

Mental health professionals are similar in many ways, however, they are different in education and training as well as types of services they can provide (see Table 2 below).

**Table 2. Differences between various mental health professionals in California.**

<i>Title</i>	<i>Psychiatrist</i>	<i>Psychologist</i>	<i>MFT</i>	<i>LCSW</i>	<i>“psycho-therapist”</i>
Regulated by California laws?	Yes	Yes	Yes	Yes	No
Need to pass licensing exams?	Yes	Yes	Yes	Yes	No
Minimal degree required?	M.D.	Ph. D. or Psy.D.	Master’s	Master’s	No
Provide psychotherapy?	Yes	Yes	Yes	Yes	?
Prescribe medications?	Yes	No	No	No	No
Order medical tests?	Yes	No	No	No	No
Required to follow Ethics codes?	Yes	Yes	Yes	Yes	No

## HOW DO I CHOOSE A MENTAL HEALTH PROVIDER?

Similar to finding a coach, people need to do homework and may need to try several choices before finding a mental health provider to meet their needs. The following are essential steps:

1. **Prepare and inform yourself** for this process by reading information from credible sources such as:
  - **“Finding Help: How to Choose a Psychotherapist.”** A 5-page, easy-to-read document by American Psychological Association (APA; 2004). See <http://www.apahelpcenter.org/articles/pdf.php?id=51>
  - **“Deciding to See a Psychologist: How to Choose One and What to Expect.”** A 6-page, easy-to-read document by Canadian Psychological Association (CPA, 2007). See: <http://www.cpa.ca/cpsite/userfiles/Documents/psychologist/psychologist.pdf>
  - **“For Your Peace of Mind - A Consumer Guide to Psychological Services.”** A 28-page booklet published by California Board of Psychology. See <http://www.psychboard.ca.gov/pubs/consumer-brochure.pdf>
  - **“Let’s Talk Facts About Choosing a Psychiatrist”** by American Psychiatric Association, a 4-page, easy-to-read document on what a psychiatrist is, where a person can start, and what treatments a psychiatrist uses to treat mental health problems and mental disorders. See: <http://healthyminds.org/factsheets/LTF-ChoosingPsych.pdf>
2. **Be picky.** You surely will not settle for any person to be your coach or buy a car without doing some research, and you need to be picky when you are choosing your psychotherapist. Some steps to help you to pick a therapist are:
  - If you feel comfortable, talk to several candidates before you make your decision.
  - **Ask your mental health provider** questions or find out about your therapist. Ethical mental health providers welcome questions and provide you answers about, for example
    - The mental health provider’s credential, training, and license status. You can verify a provider’s license status from <http://www.psychboard.ca.gov/> (for Psychologist) and <http://www.bbs.ca.gov/> (for Marriage and Family Therapists, Licensed Clinical Social Workers, Licensed Educational Psychologists, Marriage and

Family Therapist Interns, and Associate Clinical Social Workers). To verify your psychiatrist's status ("Board Certified") use [www.abms.org](http://www.abms.org) or call toll-free at 1.866.ASK.ABMS (1.866.275.2267).

- Fees, treatment methods and processes (What kind of therapy, how often, how long, etc.).
- Expertise and experiences. For example, "have you worked with people with OCD?"
- The providers' theory and how they work with clients, and their opinions on medications.

### 3. Listen to yourself

- Ask yourself:
  - How do I feel about my mental health provider?
  - Does my mental health provider respect me? Am I comfortable talking to my provider?
  - Am I making progress?
  - Does my mental health provider listen to my concerns and welcome my questions?

### 4. What if... (My mental health provider and I don't work well together; I am not making progress, etc.)

Even the "best" mental health providers can not match with or be effective for everyone. Therefore, when you feel that treatment provided by your mental health professionals aren't working for you:

- **Please do NOT conclude that psychotherapy or medication does not work for you.**
- **Discuss your concerns with your mental health providers.** You are strongly encouraged to do so. Ethical mental health providers focus on your well-being; they want to know if they are helping you. You show respect and trust when you talk about your dissatisfactions and concerns with them. Moreover, they see your being open and honest as a sign of strength, motivation, and trust.
- **Try another mental health provider.**



#### Toolbox 8. What does "Get over it" really mean? (By W.-C. Lee)

Often people feel irritated, discouraged, or frustrated when "I thought I was over it!" For example, you don't want to go to certain places, sometimes you feel sad when thinking about someone you lost a long time ago, or an old song makes you tearful. Does "I am still having feelings about it" mean you are "Not over it?" What does "over" mean? What does "healed" mean? What is the reasonable outcome you can expect from counseling?

"Getting over" does NOT mean "100% forget" or "100% feel nothing." As a human being, people avoid harm and try not to make same mistakes. For example, people avoid eating at the place that gave them terrible stomach flu before, and they drive extra carefully after a car accident. When people "get over" something, they **don't** forget what they have learned or experienced – so they can change their behaviors to avoid pain or making the same mistake in the future.

So, how will people know that they are "healing," "getting over it," or "moving on"? It is when the past has less and less unwanted/unwelcome power over who you are and who you want to be, when you no longer define yourself 100% by what happened, when you see your strengths as well as areas of growth instead of seeing only negatives, and when you may think about or decide to forgive more and more. It is when you think about "that," your heart still feels something, but you know "I can deal with it, and I will do what's best to honor and care for myself and people I care about."

At times, even after many years, you may find your "old wound" is hurting or oozing something. That might not mean you are "not over it"; instead, it may be a signal -- that you need to take care of your self, you have grown and your "old wound" needs to be further integrated, re-defined, or fortified, or you may have found a blind spot of your wound. It is a totally normal process – take a deep breathe, put on your self-caring and problem-solving hats, and get the support, guidance, and help to get through this challenge.

## CHAPTER THREE. SJSU COUNSELING SERVICES

### Counseling Services: Summary

- Hours: 8 am to 5 pm; Monday to Friday, except University holidays.
- No Fee. **FREE** and **CONFIDENTIAL** services for SJSU students.
- Location: **Administration Building 201.**
- Phone Number: **(408)924-5910**
- Website: <http://www.sa.sjsu.edu/counseling/index.html>
- Provide:
  1. Psychological Counseling
  2. Educational Counseling
  3. Psychiatric Services
  4. Other Services: Workshops, Groups, Consultation, and Outreach

### 1. PSYCHOLOGICAL COUNSELING

#### Psychological Counseling

- ✓ Free for SJSU students.
- ✓ “Real Counselors” – licensed psychologists, licensed social worker, and interns.
- ✓ Walk-in and then by appointments.
- ✓ Can talk about anything – “small” or “big.”
- ✓ Counseling for individual, couples/partners, friends, roommates.
- ✓ Flexible – designed to meet your needs.
- ✓ Confidential.
- ✓ No obligations.

#### ANY FEES?

**No fee** for San José State University students to receive psychological counseling (psychotherapy) from Counseling Services.

#### IS THE SERVICE CONFIDENTIAL?

**Yes.** SJSU Counseling Services takes confidentiality seriously and proactively protects students’ confidentiality to provide them a safe place to talk, work on issues, and grow. There are, however, limits to confidentiality, and students are encouraged to ask a counselor to explain about confidentiality in detail and clarify any questions students might have.

#### I AM WORRYING ABOUT A FRIEND, CAN I TALK TO A COUNSELOR ABOUT MY FRIEND?

**Of course!** When your friends or family members are experiencing problems, talking to a counselor can help you to gain skills and knowledge to help you and maybe them to cope.

## WHAT PROBLEMS OR ISSUES CAN I WORK ON IN COUNSELING?

- **ALL.** No problem is “too small,” “petty,” “a joke,” or “too insignificant.”
- Many people come to Counseling Services to better themselves, gain information, and learn skills.
- You also can obtain advice for you or others.
- Many reasons bring students to psychological counseling, for example: Stress, depressed mood, lack of motivation, anxiety, worries, eating disorders, body image, relationship (breakup, divorce, arguments, friendship, family, romantic relationship, roommate problems, etc.), grief, loss, trauma, abuse, procrastination, self-understanding, self-esteem, improving life skills (e.g., time management, assertiveness, self-care, etc.), and sleep problems.

**“Small problems” are opportunities to learn skills and increase resilience.** Think about how people learn to swim -- most people start from shallow water. Skills learned from dealing with “small problems” can be generalized and may help you to deal with other problems. For example, assertiveness skills you learned to deal with your roommates may help you to deal with difficult situations at work, too.

## DO YOU PROVIDE COUPLES COUNSELING?

**Yes.** Students can bring their spouse, partner, or significant other to the Counseling Services for relational counseling; only one of you needs to be an SJSU student.

## WHO ARE THE COUNSELORS?

- They are competent and experienced mental health providers such as licensed psychologists, licensed social worker, and doctoral-level interns.
- Who are “interns”?

Interns are the future psychologists. All licensed psychologists, even Dr. Phil, were “interns” once. As medical doctors must go through the “intern” process, doctoral-level psychology students must complete at least 3,000 hours of supervised clinical experiences to be eligible to become a licensed psychologist. Interns are supervised by experienced psychologists.

### Interns are Effective Counselors

In several studies, researchers found that interns are as effective in helping their clients as experienced psychologists. (See Buckley, Newman, Kellett, & Beal, 2006)

## HOW OFTEN AND HOW LONG DO I SEE A COUNSELOR?

- **Length** of each appointment = 50 minutes. However, the length of each appointment may vary for different reasons.
- **Frequency** of appointments depends on students’ needs. Students can meet with a counselor weekly, bi-weekly, tri-weekly, monthly, or even semester-ly.
- **Number of sessions** depends on students’ needs and other factors. Some students find one appointment is enough, and other students might need more sessions. SJSU students can receive 6- 8 counseling sessions each semester.

## MAY I CANCEL OR CHANGE MY APPOINTMENT?

**Of course!** The counselors know that students need to deal with many unexpected or last-minute changes. All you need to do is pick up the phone and call to reschedule your appointment, as soon as possible.

## MAY I BRING A FRIEND WITH ME?

**Of course!** Many students ask a trusted friend or a family member to accompany them to their psychological counseling appointments.

## DO YOU PROVIDE REFERRALS?

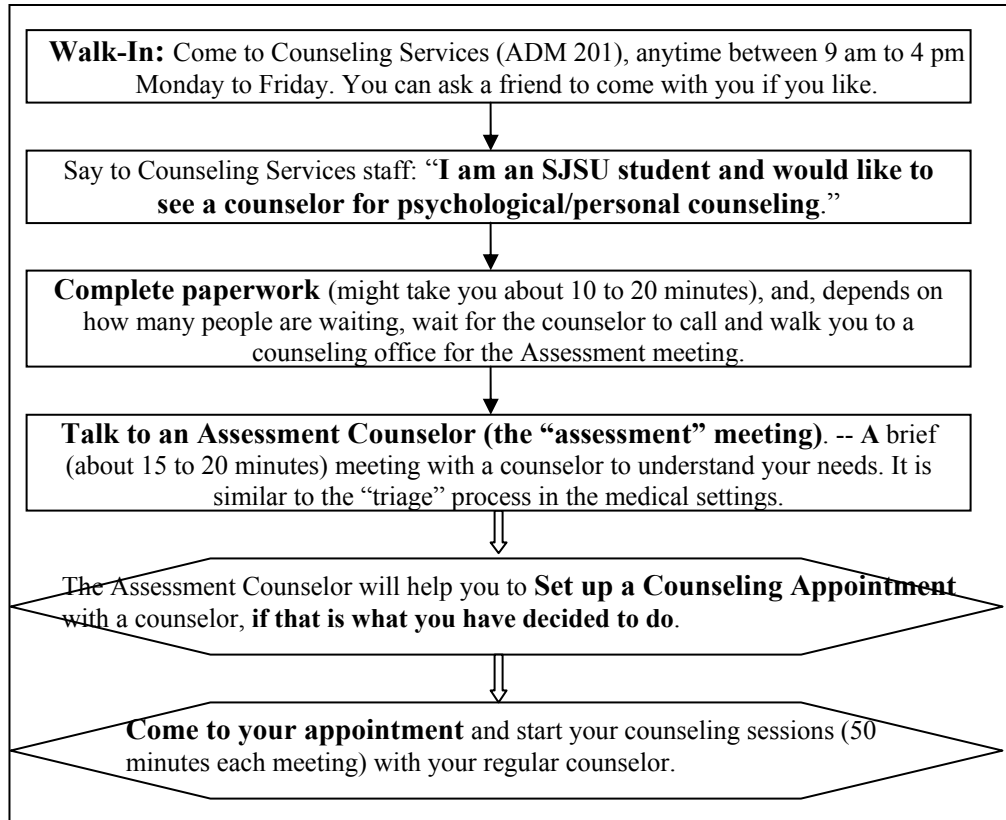
**Yes.** Counseling Services maintains a list of mental health providers (psychologists, marriage and family therapists, social workers) in the San José area. Ask a counselor for a referral list. To better serve you, the counselor may ask you about preferences and needs.

## WHAT IS THE PROCESS OF GETTING AN APPOINTMENT FOR PSYCHOLOGICAL COUNSELING?

- **For Crisis:**
  - 8 am to 5 pm: Come to the Counseling Services and inform our staff that you are in crisis
  - Non-office hours, **call 911, SJSU Campus police (408)924-2222, or County Suicide & Crisis Line at 408-279-3312**
- **For non-crisis and first-timers:**
  - Come to Counseling Services between 9 am to 4 pm and start from there, see the flowchart on next page for details.



### Making an appointment with a counselor:



## 2. EDUCATIONAL COUNSELING

*By Wei-Chien Lee and Deanna Peck*

### Educational Counseling

- ✓ Free for SJSU students
- ✓ Walk-in (hours vary by semester) OR by appointments
- ✓ For all educational issues; e.g., educational success skills, choosing majors or careers, educational planning
- ✓ Flexible – designed to meet your needs
- ✓ Confidential

#### ANY FEES?

**No.** There is no fee involved for educational counseling. However, if you decide to take personality and/or career inventories/tests, you may need to pay a nominal fee for the materials and process.

#### ANY OBLIGATIONS?

There are no “obligations.” You talk to the counselor and you decide what to do. To maximize your learning and the benefit you will receive from educational counseling, there may be some “homework” to do. However, it will always be your decision on what you do and don’t do for your counseling process.

## WHAT IS EDUCATIONAL COUNSELING?

Being a successful college student takes more than “studying really hard.” To enjoy your college years and be successful, you also need to learn, for example, how to:

- Manage time; plan and organize your busy schedule and find time to do things.
- Take notes and take exams.
- Understand your professors and talk to them.
- Give a presentation/public speech.
- Review the tons of readings before exams.
- Reduce your stress and anxiety related to tests, dating, social, presentations, etc.
- Make smart and wise decisions (about friendships, health, romantic relationships, jobs, classes, etc.).
- Plan and prepare for careers and future.
- Keep yourself on top of things when...
- Plan your financial future.
- Assert yourself.
- Find out which SJSU department you should talk to and what questions to ask.
- Understand “who I am” and “what do I want to do.”
- Connect with your classmates and professors.
- Actively and effectively participate in organizations and other activities.

**Educational Counseling @ SJSU Counseling Services** is the place for you to learn and hone these skills in a free, private, safe, and individualized setting. The educational counselors at the Counseling Services are caring and trained professionals with the skills, knowledge, training, and experiences in helping students to learn all the above “how to’s” and much more.

## HOW DO EDUCATIONAL COUNSELORS DIFFER FROM ACADEMIC ADVISORS?

Educational counselors and academic advisors differ in what they focus on. **Educational counselor:**

- **Help you to build success beyond grades and classes by gaining and honing skills and knowledge.** Maximizing college experience and building a successful future require more than getting good grades. Successful people practice advanced skills such as networking, communicating, leading, decision making, self-developing, and planning. Most classes do not teach you these skills, but educational counselors help you to learn and polish them. In addition, educational counselors help you to know yourself, identify strengths and areas of growth, work smart, and gain meta-skills (e.g., how to learn, how to make decisions) to help you to be more effective and efficient.
- **Focus on you, the “whole person,” are the focus.** Many factors affect your success: Academic skills, family, relationship, health, stress, and unexpected events, for example. Educational counselors, as vital members of the Counseling Services, recognize the interconnection between personal and academic success. Therefore, educational counselors focus on the whole picture. They help you to use various tools, resources, and support to overcome challenges in and out of classrooms and to recover, grow, and achieve your educational and personal goals..
- **Provide individualized meetings that meet your needs.** Your needs and plans guide the content and pace of your meetings with educational counselors.
- **Take the “Whole Campus” perspective of student development.** Educational counselors are knowledgeable in the whole university experience (academic departments, student services, resources), not just one department. Your needs are their priority. Therefore, they do not push you to consider certain majors or certain classes; they provide suggestions, help you explore, and support you to make your decisions.

## WHAT ARE SOME ISSUES I CAN DISCUSS WITH AN EDUCATIONAL COUNSELOR?

Anything that impacts you at the university you can bring to an educational counselor. The counselor will work with you and, when appropriate, help you to find the right person to work with you. Some issues students often discuss with educational counselors include: Approaching a faculty member, academic success skills, and staying on the course of study when challenges outside of school impact you.



### Toolbox 9. Educational Counselors are “Super Students” (Lee & Peck, 2007)

What is Educational Counseling?

Think about this: As a college student, you often see some students who seem to be good at something that you wish you could master, too. For example, Veronica takes excellent notes, Fong gives powerful presentations, John does not procrastinate, Raja knows about the campus, Joyce does not get stressed, and Betiyat makes friends easily. You wonder “how do they learn to do that?” “I want to be like that, too.” What can you do to help you to “be like that?”

Think of educational counselors as “Super Students” who have student-success tools and are really nice, ready to work with you, and want you to have the knowledge and skills of Veronica, Fong, John, Raja, Joyce, Betiyat, etc. In addition, educational counselors know the real nuts and bolts about SJSU. They also know how to find information and resources. The best thing is, helping you become successful makes educational counselors happy.

## WHAT HAPPENS IN EDUCATIONAL COUNSELING?

**You will be listened to, understood, and supported in solving problems and you will obtain knowledge and skills with your educational counselor.** Students can come in with particular issues (e.g., “when I take exams, I can’t remember anything I have studied for.”), general concerns (e.g., “how do I talk to my professors about my grades?”), and/or subjects that need consultation (e.g., “I have decided to do this, how can I make the most out of it?” or “How will this decision affect my educational plans?”). Educational counseling is for every student – you can always learn something from Educational Counseling.

## HOW DO I MAKE AN APPOINTMENT WITH AN EDUCATIONAL COUNSELOR?

- **Schedule an appointment** by phone (408-924-5910) or in-person (come to the Counseling Services).
  - Advantages of making an appointment compared with “Walk-in.”
    - Your time is guaranteed.
    - You may choose the appointment; you can plan your day.
    - You have more time with the counselor.
- **Walk-in.** Walk-in meetings are available during certain times. For a walk-in meeting with an educational counselor, you come to Room 201 in the Administration Building during the walk-in hours and request to see an educational counselor. Walk-in appointments are on a first come first served basis. Therefore, you might need to wait for your meeting.

## HOW LONG IS AN EDUCATIONAL COUNSELING APPOINTMENT?

- **Scheduled appointments.** A typical educational counseling appointment is 30 minutes. However, if the issue is particularly challenging or you would like more time, you can request a 50-minute appointment.
- **Walk-in's:** Walk-in meetings with an educational counselor are approximately 15 minutes.

## WHAT IF I WANT TO RESCHEDULE OR CANCEL AN APPOINTMENT?

**No problem.** Just call 408-924-5910 and let us know. The earlier the better so that other students may have a chance to make an appointment.

## HOW DO I PREPARE FOR MY EDUCATIONAL COUNSELING APPOINTMENT?

For ALL educational counseling appointments:

- Bring a copy of your current San José State University transcript (does not have to be the official transcript).
- Bring a copy of your current class schedule.
- Know your MySJSU user ID and password.

The most effective appointment is one in which you have done some reflective preparation – think and write down your concerns and your ideal outcomes (e.g., “I would like to be able to...”)

## HOW MANY TIMES DO I SEE AN EDUCATIONAL COUNSELOR?

It is based on your needs. Many students see an educational counselor once and feel satisfied by the results. Other students find that seeing an educational counselor several times is more beneficial. Some students see an educational counselor once or twice a semester throughout their college years. You are encouraged to ask and discuss with the educational counselor the optimal approach for you. And remember, you always can change your mind and return anytime.

## I HEARD ABOUT PERSONALITY AND CAREER TESTS, WHAT ARE THEY?

Career and personality tests are “inventories” (because they do not have “right” or “wrong” answers) that help you to gain insights into your current interests, preferences (e.g., learning environment, ways to process information), and styles.

These inventories may help you several ways:

- **Encourage you to explore.** Many students look at their results from these inventories and say, “I did not know there is a major for this,” or “how do I get more information about that?”
- **Help you identify your current preferences, strengths, and styles.** For example, you may find that you prefer hand-on learning much more than lecture. Your educational counselor then helps you to gain skills to get through lectures or to find more hand-on classes.
- **Give you some directions.** For example, you might be thinking about being a lawyer or an engineer, and based on the results of these inventories, your interests are extremely similar to those who are happily being an intellectual property lawyer who specializes in high technology. You can then, explore more about this specific field.

### **Important.**

- To get the most out of your time and these inventories, we strongly recommend that you see a professional to interpret your inventory results.
- These inventories do NOT give you definite answers and are not the end. They are snapshots. Your results will change as you learn, grow, and develop.

### 3. PSYCHIATRIC SERVICES

REVIEWED BY S. DAVID. LO. M.D.

#### Psychiatric Services

- ✓ By referral only (meet with a psychological counselor or a doctor at Health Services).
- ✓ Confidential.
- ✓ No “pill-pushing.” Your opinions and concerns will be heard and discussed.
- ✓ Free or nominal fees for SJSU students.

#### WHO ARE PSYCHIATRISTS?

- They are medical doctors (M.D.) specializing in psychiatry by completing a medical degree, a 4-year (typical) residency, and passing the Board exam (yes, that’s a lot of training....). They have the knowledge and skills to recommend medical treatment and/or counseling for your issues.
- “A psychiatrist is a medical physician who specializes in the diagnosis, treatment, and prevention of mental illnesses, including substance abuse and addiction. Psychiatrists are uniquely qualified to assess both the mental and physical aspects of psychological disturbance.” (American Psychiatric Association, 2005).
- Psychiatrists, in addition to their medical training, received training in providing psychotherapy.

~Growth Question~  
Both psychiatrists and family doctors have medical degrees. What are pros and cons of seeing a psychiatrist instead of a family doctor for mental health problems or mental disorders?

#### WHO NEEDS TO SEE A PSYCHIATRIST?

- Numerous illnesses (e.g., thyroid problems, head trauma, etc.) and other factors (e.g., side effects of some medications) produce symptoms similar to mental disorders symptoms. Therefore, the American Psychiatric Association (2005) states, “...no mental illness diagnosis should be considered without a thorough [medical] examination.” Psychiatrists have the knowledge, skills, and tools (e.g., order tests) to screen for possible physical (“organic”) causes of your “psychological” symptoms.
- **For some mental health problems and disorders, the use of medication IS necessary or provides the most effective response in conjunction with counseling.**

**Remember:**  
**At the SJSU Counseling Services, you are encouraged to discuss the reasons for seeing a psychiatrist with your counselor and doctor.**

#### AREN'T PSYCHIATRISTS JUST “PILL PUSHERS?”

**No. The psychiatrist at the SJSU CS is NOT a pill pusher.** Our psychiatrist recommends and helps students to adjust the dosage or taper off medications when appropriate. Our psychiatrist is familiar with the current literature on treating mental disorders. He affirms that individually tailored treatments are best for mental health problems and disorders – Psychotherapy seems to be most effective for some mental disorders, medication seems to be most effective for others, and the combination of medication and psychotherapy is most effective for many mental disorders.

#### IS THIS SERVICE CONFIDENTIAL?

Yes. The Counseling Services respects your privacy, wants to provide you a safe place to talk, and takes special care to ensure students’ confidentiality within the limits of laws. When you have questions about confidentiality or are not sure about what confidentiality is talk to our psychiatrist.

#### ANY FEES?

There is NO fee for regularly enrolled students. However, Open University, master's thesis, SAL, and special program students need to pay \$25 per session. In addition, there are fees associated with no show and late cancellation.

#### HOW DO I MAKE AN APPOINTMENT WITH THE PSYCHIATRIST?

Your psychological counselors at SJSU Counseling Services and the physicians at the Student Health can refer you to see the psychiatrist. You are encouraged to talk to your counselors or doctors about seeing a psychiatrist.

#### WHERE DO I MAKE AN APPOINTMENT?

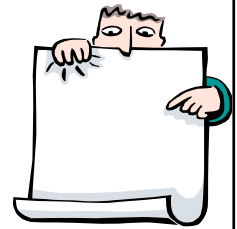
Administration Building Room 201 (Counseling Services).

## HOW SHOULD I PREPARE FOR MY FIRST APPOINTMENT WITH A PSYCHIATRIST?

- **Be an informed consumer:**
  - Have realistic expectations for the meeting and for the effects of medication.
  - Read **"Psychiatry FAQ"** by American Psychiatric Association. <http://www.healthyminds.org/psychiatryfaq.cfm>. Answers are provided to questions such as "what are the most common treatments psychiatrists use," and "how do I select a psychiatrist?"
- **Prepare accurate information for your appointment.** 1-2 weeks before your appointment, start recording:
  - **Everything** you have been taking: Energy drinks, over-the-counter medication, vitamins, herbs, nutritional supplements, prescribed medication, and street drugs.
  - Any **diet** you have been on (high protein, zero fat, Atkins, etc) – some diets may affect the effectiveness of medications.
  - All "psychological" and "physical" symptoms experienced and any changes.
  - Psychological AND medical history of self and family members.
- **List all questions and concerns, then prioritize them.**
- **Take notes. You may also want to ask a friend to be in the appointment with you.**

### Crib Sheet #1: Questions to ask your psychiatrist during the first meeting (By W.-C. Lee)

- √ What is my current diagnosis?
- √ What are the best treatments for my condition? (What are ways to treat my condition?)
- √ What can I do to help my recovery?
- √ Will psychotherapy help my condition?
- √ What can my friends and family do to help me recover?
- √ What might be some factors that are linked to my condition?
- √ What are the possible courses/prognosis of my condition? (How will my condition change over time and with treatment?)
- √ Medication
  - Do you recommend medication for my condition?
  - What are the pros and cons of taking meds for my condition?
  - Dosage, frequency, times, cautions of the medicine.
  - What are the possible undesired effects (side effects) of my medication? What do I do about these undesired effects?
  - How soon might my symptoms change once I start taking medication?
  - What happens when I drink (alcohol) or use any drugs or substance while I am on the medication?
  - What are some signs indicating that I might need immediate medical attention?
  - How about supplements? I heard that XYZ can help my condition.
- √ About return visit/follow up:
  - What are the reasons for a return/follow-up appointment?
  - What are some things (e.g., mood, energy level, headaches) to keep track of/pay more attention to?
  - How long will the return visit be? (one hour? 20 minutes?)
- √ Any recommendations for readings/information about my condition?



## WHAT QUESTIONS MAY I ASK MY PSYCHIATRIST?

**Anything.** A direct quote from our psychiatrist, Dr. Lo, "Anything! It is a good thing that students have questions."

## WHAT HAPPENS IN AN APPOINTMENT?

You and your psychiatrist will work together to (1) help the psychiatrist to understand your symptoms, and (2) gather information for making a diagnosis and treatment plan. Your psychiatrist might order medical tests and **might** prescribe medication for you. Your psychiatrist also will answer any questions.

Much information will be exchanged between you and your psychiatrist in appointments. Many students find taking notes, bringing a recorder, or bringing someone with them helps to get the most out of their appointments.

## HOW LONG IS AN APPOINTMENT?

The first appointment (intake) takes about 50 to 60 minutes. A return/follow-up appointment takes about 20 to 30 minutes.

## HOW OFTEN DO I NEED TO SEE A PSYCHIATRIST?

This is a decision you and your psychiatrist make based the psychiatrist's recommendations, your needs, and other factors. Many students only see their psychiatrists a few times each semester or year.

## WHERE DO I GET MY PRESCRIPTION FILLED?

**Any pharmacy of your choice.** Many students use the Student Health Pharmacy.



### Toolbox 10. Why do I need to stay on meds for a period of time? (By W.-C. Lee)

Imagine you broke your leg. Imagine your doctor put your broken leg in a cast and gave you a pair of crutches. With the cast and crutches, you could walk again and feel less pain. Imagine a week later, your doctor calls you and says, "I have no idea how well your bone has healed, but take a hammer to break your cast, throw away your crutches, and run a mile. Let me know how you do."

What ?!! You think, "This is insane." We all know that even with the cast and the crutches, it takes time for our body to heal, and it may take longer for the broken bone to rebuild its strength.

So does our brain. When you take medications for your brain, you need to give your brain enough time to not only heal, but to rebuild. As the medications start working, your symptoms may be reduced, just like you could walk again with the cast and crutches. Staying on the medication for a period of time after your symptoms have been reduced is necessary to give your mind and brain time to rebuild and strengthen.

## 4. OTHER SERVICES

### Other Services

- ✓ Include: Groups, workshops, consultation, and outreach.
- ✓ We aim to meet students' needs.
- ✓ Free for SJSU students
- ✓ Confidential (for groups, consultations, and some workshops and outreach).

### WHAT ARE AND WHY "OTHER SERVICES?"

People have different learning styles and preferences. For example, some people prefer learning from lectures while others from group projects, mentors, or reading. Therefore, Counseling Services provides students a variety of services (an "all-you-can-eat mental health buffet") to match with students' needs, preferences, and styles. We encourage students to join therapy groups, attend workshops, visit our website and Facebook group, go to outreach activities, and make requests for us to provide activities, presentations, and trainings. Students do NOT need to be in individual counseling to attend these services.

### GROUPS:

#### What is "Group Therapy?"

Group therapy takes many forms and has a common denominator of a group of people meeting together for similar purposes. Most therapy groups are led by mental health providers and have a predetermined format and goals. To read more about "what is a group," try one of the following links:

- [http://sa.sjsu.edu/counseling/workshops\\_groups/group\\_therapy.html](http://sa.sjsu.edu/counseling/workshops_groups/group_therapy.html) from the SJSU Counseling Services Website.
- [http://www.counseling.umd.edu/Services/srv\\_gpth.htm](http://www.counseling.umd.edu/Services/srv_gpth.htm) from University of Maryland Counseling Center.

#### Why group therapy?

Groups provide a unique environment, different from individual therapy or workshops, for you to learn and to grow. Many SJSU students found that they learn different things from group and individual therapy. Some students feel more comfortable in group than in individual counseling. Most students enjoy the support from their groups and learning from other group members.

#### Dose group therapy work?

**Yes.** "Reviews of the research literature ...consistently conclude that group treatment is more effective than no treatment" (Trull, 2005, p. 419).

### What groups does Counseling Services provide?

Groups of various topics, focus, and format are provided every semester. For example, relationships, self-growth, body image, and managing emotions. Visit Counseling Service website for current groups provided ([http://sa.sjsu.edu/counseling/workshops\\_groups/group\\_therapy.html](http://sa.sjsu.edu/counseling/workshops_groups/group_therapy.html)).

All groups provided by Counseling Services are **Free**.

### How do I join a group?

- Call or come to Counseling Services (408-924-5910, Administration Building Room201): ***“I am interested in \_\_\_\_\_ group. Please tell me about the process/more information about it?”***
- If you are in individual counseling, discuss your interests with your counselor.
- For some groups, the group leaders will meet with you to tell you about the groups you are interested in and let you decide if their groups meet your needs.

### May I attend both group therapy and individual counseling?

**Absolutely.** Many students meet with their individual counselors and attend a group to work on different or similar issues.

## WORKSHOPS

### What is a workshop?

A workshop is one or a series (1 to 3 meetings) of short seminars (50 to 90 minutes each meeting) designed to help students to improve self or gain tools to deal with some issues. All workshops are **free**, open to all SJSU students, and usually do NOT require RSVP – just identify topics you are interested in and show up.

### How many workshops can I attend?

As many as you like.

### "Spartan Success" Certificate

Students will earn a Spartan Success Certificate by attending 4 or more workshops from the Spartan Success Series. See [http://sa.sjsu.edu/counseling/workshops\\_groups/spartan\\_success\\_series.html](http://sa.sjsu.edu/counseling/workshops_groups/spartan_success_series.html).

### What workshops does Counseling Services provide?

A wide range of workshops are provided to students. For example, college success skills, time management, stress management, money management, communication skills, assertiveness skills, conflict resolution skills, test taking skills, test anxiety, note taking skills, preparing for exams, interpersonal skills, relationship issues, procrastination, perfectionism, and sleep.

**For current information** on workshops provided by Counseling Services, check the Counseling Services website: [http://sa.sjsu.edu/counseling/workshops\\_groups/workshops.html](http://sa.sjsu.edu/counseling/workshops_groups/workshops.html)

## CONSULTATION:

### What is the "consultation" service provided by the Counseling Services?

When faculty, staff, parents, and students are worried about a particular student or students, they are encouraged to talk to a counselor (telephone or in person) to explore ways to help the students of concern. For example, professors can ask counselors about ways to refer students to the Counseling Services, learn about the warning signs of problems, and gain tools to communicate with students about difficult issues. The **free and confidential** consultation service is for SJSU faculty, staff, and students. See more at Counseling Services website:

[http://sa.sjsu.edu/counseling/consultation\\_outreach/consultation\\_services.html](http://sa.sjsu.edu/counseling/consultation_outreach/consultation_services.html)

## OUTREACH

### What is "Outreach?"

"Outreach" includes all activities counselors do outside their offices to promote SJSU students' well-being and health. These activities have many forms and take place in a wide range of settings. Examples of outreach activities include: Guest-speaking in classes, supporting student activities and events, tabling, providing workshops and training to student organizations, and being a panelist or discussant in a class, student activity, or university event.

### Use your creativity and imagination and ask us!

We want to work with you! If you have an idea, explore and brainstorm with Dr. Ellen Lin (408-924-5910).

### Any fee?

**No.** Outreach services provided to SJSU students are free and no obligations.

### How do I request outreach services?

Call 408-924-5910 and ask to speak to **Dr. Ellen Lin**: *"I would like to request an outreach service."*

## CHAPTER FOUR. MENTAL HEALTH ISSUES



**People talking or thinking or talking about suicide or homicide should seek professional consultation/help immediately.**

### 1. SOME SIGNS OF MENTAL HEALTH PROBLEMS AND DISORDERS.

#### **KNOW THE MEANING OF "SIGNS."**

Knowing traffic signs is essential for safety. Knowing and understanding the meaning of mental health problem signs is vital to safety, health, and life. However, signs of mental health problems and disorders are complex and enigmatic – environment, culture, personality, backgrounds, and many other factors may obscure the sign and change the expression of signs, as shown in the following examples.

- Example 1. Many physical disorders have psychological symptoms similar to mental disorders. For example, hyperthyroidism, a serious illness, can be “easily mistaken for” (Morrison, 1997) mood disorders (e.g., depression, bipolar disorders) or anxiety disorders (e.g., social phobia, generalized anxiety disorder, and panic disorder).
- Example 2. Culture and social background influence people’s mental health problems symptoms and experience (DSM-IV-TR; Nguyen, Huang, Arganza, & Liao, 2007). For example, complaint of “nerves” and headache may be the main symptoms of major depressive disorder in people from Latin and Mediterranean cultures (DSM-IV-TR, p. 353).

Therefore, when we think about the “signs” of mental health problems and mental disorder or problems, we always need to remember that:

1. **People who are talking and/or thinking about suicide must seek professional health immediately.**
2. Mental health status needs to be evaluated by mental health professionals. People do not go to a coffee shop to fix their cars, they do not ask a chef to fix their computers, and they should not assess and diagnose themselves for their psychological health.
3. Mental health status can NEVER be judged by a single sign and without contextual information such as age, health, life style, cultures, norms, history, and events.



## WARNING SIGNS OF MENTAL HEALTH PROBLEMS FOR ADULTS IN THE U.S.

- **Talking, thinking, “just joking” about direct or indirect suicide or self-harm.**
  - *Some examples: “I don’t mind if a car/truck/train hit me.” “No body would care if I disappear/die tonight.” “Will you miss me if I die?” “The world will be better/the same without me.” “I wonder if it is quick/painful to...” “Death seems to be a nice solution.”*
- **Violent behavior**
- **Talking or thinking about homicide.**
- **Significant changes in**
  - **Grade, class attendance, or job performance**
  - **Eating patterns:** Eating too much, not eating, having food issues.
  - **Personality and temperament.** For example, an outgoing person becomes socially withdrawn for no apparent reasons.
  - **Sleep patterns.**
  - **Relationships.**
  - *Some examples: “XX looks/seems to be different.” “XX changed a lot.” “I wonder what happened to XX.” “XX is not himself/herself lately.”*
- **Having trouble going about daily activities.** For example, miss classes/work; unable to go to important activities, forgets to shower; not taking care of self.
- **Having difficulties in coping with problems.**
- **Strange and not-reality based thoughts and ideas.**
- **Uncontrollable emotions and/or behaviors.** For example, feeling like “I have to talk,” feeling “very high” for no apparent reason for a couple of days, feeling depressed or apathetic for a long period of time, checking-and-rechecking things.
- **Excessive emotions: Anxiety, anger, hostility, fears, sadness, elation for no apparent reason.**
- **Extreme highs and/or lows of moods.**
- **Abuse of alcohol or drugs.**
- **Unexplained scars, wounds, and physical ailments.**



### Important!!

Individuals of diverse backgrounds, children, teenagers, and older adults often have different “signs” and symptoms for mental health problems or mental illness. For more information about signs of mental health problem for children, teenagers, and older adults, see:

- American Psychiatric Association website:  
<http://www.healthyminds.org/warningsigns.cfm>
- Mental Health American website:  
<http://www1.nmha.org/infoctr/factsheets/11.cfm>

## **2. HOW TO REFER PEOPLE TO COUNSELING:**

Thinking about referring a person to counseling? Referring people to counseling is challenging. The following steps may guide you to encourage people to seek counseling.

### **GENERIC STEPS FOR REFERRING PEOPLE TO COUNSELING:**

#### **Step 1. Answer this question first: Is this a situation involving violence and/or safety issues (suicide, homicide)?**

- If your answer is **YES**, **call 911**. Life needs to be protected first, and then we might have a chance to improve the mind.
- If your answer is **No**, go to Step 2.

#### **Step 2. Take a deep breath, clear your head, and think about safety first.**

Talking about and referring people to counseling takes energy, courage, and brains. Think first about safety (your and the person's). Then think about what might be the most appropriate and safest way to help: Trying to stop a running away semi-truck with your hands may be heroic, but using a run-away ramp will get the job done.

#### **Step 3. Gather information.**

- San Jose State University students:
  - Call or walk in Counseling Services for a consultation. *"I need a consultation; I want to talk to a personal/psychological counselor about how to talk to/help/refer a friend I am worried about."*
- Finding resources and referrals:
  - Call the College Counseling Services near the person you are concerned about, they usually maintain a referral list.
  - Ask your family doctor for recommendations.
  - Check insurance company's website for their preferred mental health providers.
  - Check the websites of professional organizations such as American Psychiatric Association ([www.healthyminds.org](http://www.healthyminds.org)), American Psychological Association ([www.apa.org](http://www.apa.org)), or American Association of Marriage and Family Therapy ([www.aamft.org](http://www.aamft.org)).

#### **Step 4. Plan -- Prepare for when, where, how, what, if, and "Plan B's."**

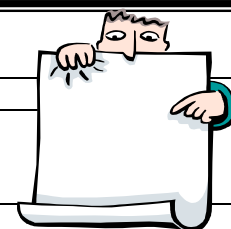
Walking up to your friends bluntly stating, "you need help" might not produce the outcome you prefer. Planning ahead ensures the effectiveness of your actions and messages.

- **Make a plan; Write down, think through, and rehearse:**
  - Several possible times and places for the talk. Keep safety issues in mind.
  - The reasons for your action and your goals: You need to be clear about why you do something and what **realistic expectations** you might have for your action.
  - Things you want to say to the person:
    1. Your **observations**. Talking only about the **behaviors** you saw and avoiding any hypotheses or interpretation. For example, *"I noticed that you have been crying (not sleeping, not going to classes, drinking, yelling at people) a lot"* is a more respectful and effective message than "I think you have a problem dealing with the break up." (see **Crib Sheet #2 on next page**).
    2. **Reasons for the talk**. For example, this person is important to you, you want to help, and you know that a professional will provide effective help.
    3. **Never diagnose your family and friends**, even if you are a psychology major or a mental health professional. *"I care about you"* and *"I worry about you because I noticed these changes"* are more respectful and effective than "you are sick." Diagnostic sentences such as "you need help" or "I think you are depressed" are judgmental and condescending.
    4. If you feel comfortable and safe to do so, "Counseling helped me/my XXX" is the sentence that has persuaded and moved many students to enter counseling.
  - Possible choices: Talk to a doctor, call a hotline, talk to a counselor. Make "counseling" one of the choices that you highly recommend.
  - Your self-care plan.

#### **Step 5. Action:**

- Based on your plan, find the appropriate place, time, and occasion to talk, and to take care of yourself after the action.

**Crib Sheet#2 Talking about Psychotherapy/Counseling with...** (By W.-C. Lee)



<i>Instead of this...</i>	<i>Try this</i>
<b>Ordering:</b> <ul style="list-style-type: none"> <li>▪ You need to listen to me.</li> <li>▪ We need to talk.</li> </ul>	<b>Inviting:</b> <ul style="list-style-type: none"> <li>▪ I wonder if I may ...</li> <li>▪ I would like you to know...</li> </ul>
<b>Diagnosing/interpreting:</b> <ul style="list-style-type: none"> <li>▪ You have a problem/illness.</li> <li>▪ You are depressed/not doing well.</li> </ul>	<b>Talking about observable behaviors:</b> <ul style="list-style-type: none"> <li>▪ I have noticed that you have been crying a lot/not eating/sleeping a lot, etc.</li> </ul>
<b>Judging:</b> <ul style="list-style-type: none"> <li>▪ You are not dealing with your issues.</li> <li>▪ You are not coping well.</li> <li>▪ You need to face the problem.</li> <li>▪ You should not play computer games all day.</li> </ul>	<b>Talking about observable behaviors:</b> <ul style="list-style-type: none"> <li>▪ You seem sad to me.</li> <li>▪ You have not played your guitar for a long time.</li> <li>▪ You did not go to your classes for a month.</li> <li>▪ I noticed that you have been throwing up after dinners.</li> </ul>
<b>Suggesting solutions &amp; Teaching:</b> <ul style="list-style-type: none"> <li>▪ I think you should think less.</li> <li>▪ You need to try harder.</li> <li>▪ Can't you just snap out of it?</li> <li>▪ You need help.</li> <li>▪ You need to seek counseling</li> </ul>	<b>Being there and sharing your thoughts:</b> <ul style="list-style-type: none"> <li>▪ I worry...</li> <li>▪ I care about...</li> <li>▪ I have been thinking about what I can do for you; I wonder what might be some things I can do for you.</li> </ul>
<b>Unintentionally focusing on yourself:</b> <ul style="list-style-type: none"> <li>▪ <u>I</u> know exactly how you feel...</li> <li>▪ <u>I</u> want to do something for you.</li> <li>▪ <u>I</u> need to talk to you.</li> </ul>	<b>Focusing on what makes you concerned:</b> <ul style="list-style-type: none"> <li>▪ This behavioral change worries me</li> <li>▪ How/what can I do for you to...?</li> </ul>
<b>Glossing over</b> <ul style="list-style-type: none"> <li>▪ Seeing a counselor is not that big a deal.</li> <li>▪ Everyone has a therapist.</li> <li>▪ Everyone can talk.</li> <li>▪ It's just talking.</li> </ul>	<b>Stick with facts:</b> <ul style="list-style-type: none"> <li>▪ It may be difficult to see a counselor; People have doubts about counseling.</li> <li>▪ People who sought counseling often wish they had done it earlier.</li> <li>▪ Attending counseling takes efforts and courage.</li> <li>▪ Mental health professional are trained professionals.</li> </ul>

### **3. CREDIBLE SOURCES FOR MENTAL HEALTH INFORMATION**

Not all information on the internet is trustworthy. The following is a list of credible mental health information websites:

- **National Institute of Mental Health (NIMH)**
  - Website: <http://www.nimh.nih.gov/>
  - Description:
    - Easy-to-read information on different mental health disorders (symptoms, related factors, treatment options).
    - Many documents and handouts are in English and en Español.
    - **Join clinical trials** on mental disorders.
    - Searching for low cost health clinics.
- **Suicide Prevention** – by Center for Disease Control and Prevention (CDC)
  - Website: <http://www.cdc.gov/ncipc/dvp/Suicide/default.htm>
- **"About Suicide"**
  - By American Association of Suicidology. Website: <http://www.suicidology.org/>
  - By American Foundation for Suicide Prevention. Website: <http://www.afsp.org>.

- **Medlineplus** – by the U.S. National Library of Medicine and the National Institute of Health.
  - Website: [www.medlineplus.org](http://www.medlineplus.org)
  - Description:
    - A website that provides comprehensive and most up-to-date information on various health-related topics (physical and mental disorders, drug information, effectiveness of supplements, etc).
    - Also en Español
- **ULifeline** – by Jed foundation.
  - Website: <http://www.ulifeline.org>
  - **Description:** “An anonymous, confidential, online resource center, where college students can be comfortable searching for the information they need and want regarding mental health and suicide prevention.”
- **American Psychological Association**
  - Website: [www.apa.org](http://www.apa.org)
  - Description:
    - Easy-to-read information on various psychology-related topics
    - Find psychologists
    - Psychology glossary:
- **American Psychiatric Association**
  - Website: <http://www.healthyminds.org/>
  - Description:
    - Easy-to-read information on mental health related issues (select: “Topics”).
    - Find a psychiatrist.
- **American Counseling Association: Consumer/Media**
  - Website: <http://www.counseling.org/Resources/ConsumersMedia.aspx>
  - Description:
    - Easy-to-read information on counseling
    - Find a counselor.
- **U.S. Department of Health and Human Services (DHHS)**
  - Website: <http://allmentalhealth.samhsa.gov/>
  - Description:
    - Easy-to-read information on mental health related issues
    - Find mental health services and resources.
- **Mental Health Dictionary by DHHS's Mental Health Information Center**
  - Website: <http://mentalhealth.samhsa.gov/resources/dictionary.aspx>
  - Description: Plain English for psychological jargon.
- **Association of State and Provincial Psychology Board**
  - Website: <http://www.asppb.org/consumerInformation/practice/default.aspx>
  - Description: Consumer information related to the practice of psychology, seeking treatment, and consumer rights.
- **Coping with Tragedy: Helpful resources to assist schools in helping students to cope with tragic events** – by California Department of Education:
  - Website: <http://www.cde.ca.gov/ls/ss/cp/tragedy.asp>
- **California Department of Mental Health**
  - Website: <http://www.dmh.cahwnet.gov/>
  - Description: Consumer information, consumer rights, verifying mental health providers' license.

## CHAPTER FIVE. USEFUL SKILLS

### 1. KNOWING STUDENT SUCCESS RESOURCES AT SJSU *By Deanna Peck*

#### SJSU Campus Resources (page 1 of 4)

Office	Purpose, Location, Phone #, & Website
<b>Administration Building</b>	This building houses many different departments including: Counseling Services, Undergraduate Studies, the Provost's Office, Institutional Research, Disability Resource Center, Graduate Studies & Research, the Office of Student Conduct & Ethical Development, Vice President of Student Affairs Office, Connect, Motivate, & Educate, and the Women's Resource Center. <b>Located at the corner of 7<sup>th</sup> St. and San Fernando St. Phone numbers and websites vary – see each individual department.</b>
<b>Admissions</b>	Admissions is the university department that reviews all prospective applications. If a student has a question regarding their admission status or where to send transcripts when applying to San José State University, this is the office they would contact. <b>Student Services Center - Located under the 10th St. Garage at the Corners of 10th St. and San Fernando. Entrance is on 9th St. 408.924.2550.</b> <a href="http://info.sjsu.edu/home/admission.html">http://info.sjsu.edu/home/admission.html</a>
<b>ASPIRE</b>	Assistance is available for first generation, low income, or disabled students. ASPIRE offers academic advising, study skills workshops, and social activities to encourage friendships among ASPIRE students. These services are offered for the entire college career. Only legal residents or U.S. citizens that meet at least one of the other criteria listed qualify for this program. <b>Student Services Center - Located under the 10th St. Garage at the Corners of 10th St. and San Fernando. Entrance is on 9th St. 408-924-2540.</b> <a href="http://aspire.sjsu.edu/">http://aspire.sjsu.edu/</a>
<b>Associated Students</b>	Student government for all of campus. They provide check cashing, fax services, legal advice, money orders, stamps, laptop rentals, recreation programs, intramural sports, printing and duplicating services, and much more. <b>AS House. 408-924-6240.</b> <a href="http://as.sjsu.edu/">http://as.sjsu.edu/</a>
<b>Career Center</b>	Provides services to assist students and members of the community in establishing career goals and developing effective job hunting strategies. Their services include a Career Resource Lab, career planning services, internship opportunities, Cooperative Education Program, Sparta Jobs, a bank of jobs and internships (at <a href="http://www.careercenter.sjsu.edu">http://www.careercenter.sjsu.edu</a> ) and a recruiting services program. <b>Modulars - Building F Between 9th &amp; 10th St. at San Fernando and San Carlos Streets. 408-924-6031.</b> <a href="http://www.careercenter.sjsu.edu/">http://www.careercenter.sjsu.edu/</a>
<b>Counseling Services</b>	Professionally trained staff members provide confidential counseling services to all SJSU students. Various programs have been devised to help students handle the many pressures and demands that face them at different times. These include personal and group counseling, crisis counseling, educational counseling, referral and consultation services, and special workshops. There is no charge to currently enrolled students for any of these services. Call or stop by and make an appointment. <b>Administration Building, Room 201 - Located on the corner of 7th St. and San Fernando. 408-924-5910.</b> <a href="http://www.sa.sjsu.edu/counseling">http://www.sa.sjsu.edu/counseling</a>
<b>Disability Resource Center</b>	The Disability Resource Center (DRC) offers an array of retention services to all registered students with disabilities (permanent and temporary). Professional staff are trained and prepared to discuss disability needs and academically related issues. The following is a partial list of retention services: advocates to faculty and staff with accommodations and access; Alternative Media Center; Adaptive Technology personal/academic counseling; priority registration; readers, note takers, scribes; sign language interpreters; special admissions; test accommodations. <b>Administration Building, Room 110 - Located on the corner of 7th St. and San Fernando. Main Office: 408-924-6000, Deaf &amp; Hard of Hearing: 408-924-6542, ATC: 408-808-2123.</b> <a href="http://www.drc.sjsu.edu/">http://www.drc.sjsu.edu/</a>

Office	Purpose, Location, Phone #, & Website
<b>Dr. Martin Luther King, Jr. Library</b>	The largest campus-community collaboration west of the Mississippi River. Open to both SJSU students and community residents. A great place to study and do research. The reference librarians are a huge help so don't be afraid to ask for assistance. <b>150 E. San Fernando St. 408-808-2000.</b> <a href="http://www.sjlibrary.org/">http://www.sjlibrary.org/</a>
<b>Event Center &amp; Aquatic Center</b>	The Event Center is a 129-thousand square foot facility which includes ten racquetball courts, an aerobics room, fitness room with fitness and cardiovascular equipment, a mini-gym, box office and health bar. Facilities include showers and day-use lockers. The complex also includes the Aquatic Center, with one of the largest outdoor pools in California. It is available for lap and recreational swimming. <b>290 S. 7th St. Paseo de San Carlos &amp; 7th St. 408-924-6360.</b> <a href="http://www.union.sjsu.edu/">http://www.union.sjsu.edu/</a>
<b>Financial Aid &amp; Scholarships</b>	The main activity of Financial Aid is to process financial aid applications for SJSU students to help finance their education. Each year over 10,000 applications are received for grants, loans, and work study. Drop-in appointments are available throughout the semester on a first-come, first-serve basis. Students can see a counselor to discuss their financial status. <b>Student Services Center - Located under the 10th St. Garage at the Corners of 10th St. and San Fernando. Entrance is on 9th St. 408-283-7500.</b> <a href="http://www.sjsu.edu/faso/">http://www.sjsu.edu/faso/</a>
<b>Instructors</b>	Instructors can be very helpful and it is highly encouraged that you visit them during office hours. They can give suggestions on the current class that you are taking or they can help you network in the future and may end up being a wonderful reference for you. <b>Varied</b>
<b>International Programs and Student Services</b>	Provides advising and services for SJSU's international student community, coordination for the campus Study Abroad program, and information about the CSU International programs. <b>Clark Hall 543. 408-924-5920.</b> <a href="http://www.sjsu.edu/depts/ipss/index.htm">http://www.sjsu.edu/depts/ipss/index.htm</a>
<b>Learning Assistance Resource Center</b>	LARC offers free tutoring for a variety of topics. Please refer to their website to get the exact topics and times of tutors. They also have workshops such as the WST Preparation and Grammar Help. <b>Student Services Center, Room 600 - Located under the 10th St. Garage at the Corners of 10th St. and San Fernando, 408-924-2587.</b> <a href="http://www.sjsu.edu/larc/">http://www.sjsu.edu/larc/</a>
<b>Major Advisors</b>	Major advisors are found in every department on campus. They are the people you want to see when planning for your major classes. They are also good resources for making connections in your desired field of study. <b>See your department's website for more information on their advising.</b>
<b>MOSAIC Cross Cultural Center</b>	An office that is committed to fostering a multi-culturally sensitive & skilled community. It creates multicultural educational opportunities for students, and prepares innovative, socially-just leaders for a global community. This office is also dedicated to facilitating the academic and cultural empowerment of under-represented students. There is a small resource library with books and videos and a calendar of multicultural events. <b>Student Union 3rd Floor. 408-924-6255.</b> <a href="http://sa.sjsu.edu/mosaic/index.jsp">http://sa.sjsu.edu/mosaic/index.jsp</a>
<b>Nutrition Education Action Team (NEAT)</b>	NEAT is a dynamic group of nutrition students who advocate healthy nutrition practices to SJSU students and community members. Members of NEAT present nutrition education seminars and workshops, organize outreach events, and coordinate events for National Nutrition Month and Eating Disorders Awareness Week. You can also contact the coordinator for individual nutritional counseling. Health Building 106 (Corner of 9th St. and Paseo de San Carlos). NEAT: 408-924-6136. Nutritional Counseling: 408-924-6118. <a href="http://sa.sjsu.edu/student_health/health_ed/neat.html">http://sa.sjsu.edu/student_health/health_ed/neat.html</a>
<b>Office of Student Conduct &amp; Ethical Development</b>	Handles disciplinary cases for students from the university. The cases range from alcohol misconduct to academic dishonesty. Administration Building, Room 218 - Located on the corner of 7th St. and San Fernando. 408-924-5985. <a href="http://sa.sjsu.edu/judicial_affairs/index.html">http://sa.sjsu.edu/judicial_affairs/index.html</a>

Office	Purpose, Location, Phone #, & Website
<b>Ombudsperson</b>	<p>While an employee of the university, the Ombudsperson is an independent agent available to any person connected with the campus who has a concern about university policy and procedures. This person can be especially helpful if there is a student - faculty/staff conflict.</p> <p>Administration Building, Room 218 - Located on the corner of 7th St. and San Fernando. 408-924-5985. <a href="http://sa.sjsu.edu/ombudsman/index.html">http://sa.sjsu.edu/ombudsman/index.html</a></p>
<b>Orientation</b>	<p>Orientation is a good opportunity for new students and students interested in SJSU to become familiar with the campus and the many educational and social opportunities available to them on campus. Orientation also chooses leaders to introduce new students to campus. This is a great way to get involved and develop some leadership skills. <b>Student Involvement - Clark Hall. 408-924-5950.</b> <a href="http://www.sjsu.edu/orientation/">http://www.sjsu.edu/orientation/</a></p>
<b>Peer Health Education Program</b>	<p>The Peer Health Education Program's objective is to recruit, train and organize student peer groups to conduct outreach seminars and educational events to increase student awareness and responsible decision making regarding gender and sexual health, CPR and first aid, lifestyles and stress management, and ethnic health. <b>Health Building 106 (Corner of 9th St. and Paseo de San Carlos). 408-924-6203</b></p>
<b>Peer Mentor Center</b>	<p>The Peer Mentor Center is designed to give student to student support. You can get tutoring there or just talk to another student about your concerns. They are great listeners who can refer you to the most appropriate campus resource if a referral is needed. <b>Clark Hall, Academic Success Center. 408-924-2198</b></p>
<b>Prevention Education Program</b>	<p>The PEP Center provides a variety of services from the Condom-CoOp to programs about alcohol and drug usage. PEP's objective is to promote responsible choices about alcohol, tobacco, drugs, and increase awareness of issues of sexual assault and date/acquaintance rape, through individual counseling and outreach events (presentations, displays, referrals and distributing resources). <b>Health Building 106 (Corner of 9th St. and Paseo de San Carlos). 408-924-5945.</b> <a href="http://sa.sjsu.edu/student_health/health_ed/peer_education.html">http://sa.sjsu.edu/student_health/health_ed/peer_education.html</a></p>
<b>Spartan Shops, Inc.</b>	<p>Spartan Shops operates, the bookstore, the Dining Commons, the Union, the Marketplace &amp; On Fourth in the library, along with the food at the Event Center. Students would also go to Spartan Shops to activate Tower Cards and utilize the Gold Points plan. Old Cafeteria Building East Side facing the Union. 408-924-1850. <a href="http://www.spartanshops.com/">http://www.spartanshops.com/</a></p>
<b>Student Advising Center</b>	<p>The Student Advising Center is where you want to go when you are undecided and planning your classes. They assist with all General Education (GE) planning. They will also discuss your probation or disqualification status if you are undeclared. If you have a declared major, you will want to see your major advisor. Student Services Building - Located under the 10th St. Garage at the Corners of 10th St. and San Fernando. 408-924-2129. <a href="http://www.sjsu.edu/sac/">http://www.sjsu.edu/sac/</a></p>
<b>Student Health Center</b>	<p>There are a variety of out-patient services for students as well as for first-aid and emergency cases. Students must be registered and have paid student fees. Services include outpatient clinical care, x-ray, physical therapy, pharmacy services and educational workshops. Most of the services are free with the exception of some lab work, tests, and prescriptions. The Student Health Services is open during the academic year from 8:00 a.m. to 4:00 p.m., Monday through Friday, Emergencies that occur when the Student Health is not open are referred to local hospitals. Health Building 106 (Corner of 9th St. and Paseo de San Carlos). General: 408-924-6120, Appointments: 408-924-6122. <a href="http://sa.sjsu.edu/student_health/index.jsp">http://sa.sjsu.edu/student_health/index.jsp</a></p>
<b>Student Involvement</b>	<p>Research suggests that getting involved beyond the classroom is related to persisting in college through graduation. The Student Life Center is the place to visit to learn about involvement opportunities on campus. Located within this office are Student Organizations (over 180 student groups), Greek Life (working with local and national fraternities and sororities), Student Government advising, New Student Orientation (providing new students with an introduction to campus) and other programs for student leaders (including leadership development workshops and a student leader reception). The center employs students in a variety of leadership roles and sponsors an annual Welcome Day for returning students and the national Who's Who Among Students in American Universities and Colleges award. Clark Hall, Suite 140. 408-924-5950. <a href="http://sa.sjsu.edu/sll/index.jsp">http://sa.sjsu.edu/sll/index.jsp</a></p>

Office	Purpose, Location, Phone #, & Website
<b>Student Services Center</b>	This building houses Academic Services & the Student Advising Center, ASPIRE, the Bursar's Office, the Educational Opportunity Program, Enrollment Services, Financial Aid and Scholarships, the Learning Assistance Resource Center, McNair Scholars, and the Office of the Registrar. Students also get the tower card and any replacement cards here. <b>Located under the 10th St. Garage at the Corners of 10th St. and San Fernando. Entrance is on 9th St. 408-283-7500. For websites see individual offices.</b>
<b>Student Union</b>	The Student Union is the hub of campus activity. Located with the Student Union is the Union Art Gallery, ballroom and meeting rooms, television and study lounges, music listening room, non-academic scheduling office, information center, games area (bowling, billiards, ping-pong, table games, pinball and video games), Spartan Bookstore, Spartan food Service, Associated Students Business Office. <b>Student Union. 408-924-6350. <a href="http://www.union.sjsu.edu/">http://www.union.sjsu.edu/</a></b>
<b>Testing &amp; Evaluation</b>	Trained staff administer and score a variety of tests to students: personality, vocational interest, an aptitude tests. Students who wish to earn credit-by-examination in specific courses are tested here. Students may also earn waivers of state and local graduation requirements by successful completion of exams. The department staffs an active admission and certification testing program as well as offering College Level Examination Program test for college credit (for matriculating SJSU students only). Industrial Studies Design Building, room 228, 408-924-5980. <a href="https://testing.sjsu.edu/tindex.htm">https://testing.sjsu.edu/tindex.htm</a>
<b>University Housing Services</b>	University Housing Services (UHS) provides affordable student housing for SJSU students who wish to have the on-campus living and learning experience. There are seven residence halls located on campus and Spartan Village apartments located approximately one mile south of the main campus. 2nd floor of Campus Village B. 408-795-5600. <a href="http://housing.sjsu.edu/">http://housing.sjsu.edu/</a>
<b>University Police Department</b>	The University Police Department is dedicated to keeping San José State University safe. The officers are on duty 24 hours a day. Parking Services is also located within UPD. Escorts are available at night for students walking alone. Located in the ground floor of the 7th St. Garage on the corners of San Salvador St. and 7th St. 408-924-2222. <a href="http://www.sisupd.com/">http://www.sisupd.com/</a>
<b>Visitor Relations &amp; Admissions Counseling</b>	This office functions in recruiting students to SJSU from California high schools and community college. Information on how to apply to SJSU or questions about the admission process is available through this office. Campus tours are also arranged through this office. <b>Student Services Center - Located under the 10th St. Garage at the Corners of 10th St. and San Fernando. 408-924-2564. <a href="http://www.sjsu.edu/visit/">http://www.sjsu.edu/visit/</a></b>
<b>Women's Resource Center</b>	The center is a good place to meet other people who care about women's issues. It offers peer counseling, support groups, employment opportunity listings, referrals to community resources, grassroots organizations, events related to women's issues, supervised internships for credit, and a small lending library. <b>Administration 249 - Located on the corner of 7th St. and San Fernando. 408-924-6500.</b>
<b>Writing Center</b>	Instructional resource for all students of all disciplines and writing abilities. The Writing Center has workshops and one to one tutoring. It is a great place to get tips and advice on writing any paper - at the beginning or close to your final draft. <b>Clark Hall, Suite 126, 408-924-2308. <a href="http://www.sjsu.edu/writingcenter/">http://www.sjsu.edu/writingcenter/</a></b>

## 2. PRACTICING EDUCATION SUCCESS SKILLS AND KNOWLEDGE

*By Deanna Peck*

### HOW CAN YOU HELP OTHER STUDENTS AS AN AMBASSADOR?

As an ambassador, you are expected to be a well rounded, achieving student. Essentially, you are a **student role model**. You will learn to have good study habits as well as time management skills. You will get to know about campus resources and what it means to be an effective student at SJSU. You will be a great referral resource for other students and can guide them to many campus offices.



## DOES THIS MEAN YOU HAVE TO BE ON THE HONOR ROLL?

No, **not at all**. The best role models sometimes are students who have been on probation and have struggled, but have plunged through the challenges and have succeeded.



## HOW ARE YOUR OWN STUDY SKILLS?

If someone asked you, “Are you a good student?” what would you say? Do you know how many hours you should study per week for every unit of class you have? Hint: It’s the same number of your average class units. That’s right. For every unit you have, you should spend 3 hours studying per week. Are you doing that?

### Did you know...?

If you spend 6 minutes planning, you’ll save 1 hour of time in execution.

(Brian Tracy, *Eat That Frog*).

## ARE YOU AN EFFECTIVE TIME MANAGER?

Do you find yourself asking for more hours in a day? A good time management plan can help you get motivated, alleviate procrastination, prevent cramming, and give some time to relax and enjoy your surroundings. Out of all life styles – it is perhaps the student life style that needs some of the more demanding time management.

## DO YOU KNOW YOUR CAMPUS RESOURCES?

If a student asked where to find tutoring, would you know where to send them? What about someone looking for information on getting involved? Students will ask you all kinds of questions about the university and you need to be well versed in what each office can do. The SJSU website is a great resource for finding answers, but there are some offices that you want to know well. See the Campus Resources List in Section of Chapter 5 (p. 29-32) for descriptions and locations of such offices. The names listed in this resource have been “friends” of Counseling Services and are good resources.

## WHAT WILL YOU HEAR THE STUDENTS TALKING ABOUT? ACADEMIC TERMINOLOGY & MORE

### ACADEMIC RENEWAL -

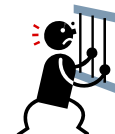
San José State University has a program that allows students the opportunity to take a class over if the grade a initially received was below a C-. If the students take the repeat class for Academic Renewal, the grade received will **replace the initial grade** in the student’s cumulative GPA. Both grades will appear on the student’s transcript. See your SJSU Catalog or <http://info.sjsu.edu/web-dbgen/narr/catalog/rec-2126.html> for a full explanation of academic renewal and other ways to repeat courses and the possible benefits.

### ACADEMIC PROBATION -

A student will be on academic probation any time their cumulative GPA is **below a 2.0**. See your SJSU catalog or <http://info.sjsu.edu/web-dbgen/narr/catalog/rec-2245.html> for more information on Academic Probation.

### ACADEMIC DISQUALIFICATION -

A student will be academically disqualified if their San José State University Cumulative GPA falls below a certain level. That level is determined by the number of units the student has. With 1-29 units completed at least a 1.5 GPA must be maintained. With 30-59 units completed the GPA must be above a 1.7 . See your SJSU catalog or <http://info.sjsu.edu/web-dbgen/narr/catalog/rec-2245.html> for a more detailed description of Academic Disqualification.



Don't get put in Academic Jail!



### Toolbox 11. Every student should know how to calculate their own GPA. Do you? (D. Peck, 2007)

GPA's are calculated by taking the number of units for each class and multiplying it by the grades points earned per unit. You do this for all of your classes and then add these grade points together. You divide that number by the total number of units you are taking for the semester.

#### Example:

Math	= 3 units – you earned a C+	= 3 x 2.3 = 6.9
English	= 3 units – you got a A-	= 3 x 3.7 = 11.1
Yoga	= 1 unit – you secured a B+	= 1 x 3.3 = 3.3

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Total Grade Points = 6.9 + 11.1 + 3.3 = 21.3

**Grade Point Average (GPA) = 21.3/7units = 3.04 GPA**

## **GPA - GRADE POINT AVERAGE.**

On every SJSU transcript, students will see three GPAs. They should be aware of what each one means and how to figure out their own GPA. The first one the **Current GPA** is the semester GPA, the second one is the **SJSU Cumulative GPA** (the cumulative GPA from classes taken at SJSU), and the third one is **All College GPA** (the GPA from classes at SJSU and other accredited institutions of higher education). Your SJSU catalog has more information regarding the university grading system including how many grade points each letter grade is worth. You can also visit <http://info.sjsu.edu/web-dbgen/narr/catalog/rec-2112.html>

### **On-Line GPA calculators:**

<http://www.back2college.com/gpa.htm>

<http://www.iastate.edu/~registrar/gpa-calc/gpaCalculator.html>

## **REINSTATEMENT -**

If a student has been academically disqualified from SJSU, they can be reinstated. Your SJSU catalog can explain more or you can see <http://info.sjsu.edu/web-dbgen/narr/catalog/rec-2255.html>

\*\*\* As you might notice, your San José State Catalog and the Semester Schedule of Classes are some of the best resources a student can use to search for initial answers. However, sometimes it is easier to speak with someone in person to understand these policies and regulations. That is what the Educational Counselors are for, so if a student is asking these types of questions, referrals are always encouraged.

## **HOW CAN YOU HELP STUDENTS BE MORE SUCCESSFUL AS AN AMBASSADOR?**

You can listen to them. Just by having another peer listen to and empathize with us, we might feel better. Sometimes, we need a sounding board to help us think through our problems and to find creative solutions. You can be that sounding board. But, don't feel like you have to do it all alone. Remember your resources and accompany students to the most appropriate office if they would like more information or help. And sometimes just sometimes, you'll get to see those happy days from students.

# **3. COMMUNICATION SKILLS**

*By Ellen J. Lin*

## **"TALKING" IS NOT COMMUNICATING**

In your capacity as an ambassador, you will be communicating with a wide variety of individuals across the campus. There are times when you will mostly be listening and providing support, whether it is for a friend, a classmate, or other individuals. Other times, you may be in a position to mediate a conflict, or you may want to influence others to change their behavior.

Below are some communication guidelines for your personal and professional development. The first section includes some general communication tips that are helpful across a variety of situations. The second section addresses times when you will mostly be listening, encouraging disclosure, and providing support. When you convey that you are paying attention to another person and you are actively listening, this will encourage the other person to talk more about themselves. As you try to influence another to change their behavior, you'll want to first master your attentive skills and convey your understanding of what the other person has said. As you may know, without feeling heard, a person is likely to keep defending, arguing, or repeating their point. The last section includes guidelines for giving feedback to a person and asserting yourself during a conflict between yourself and another person.

### **(1) GENERAL COMMUNICATION TIPS**

Effective communication enhances interpersonal relationships by building accurate understandings. Here are a few communication tips to improve your peer relationships.

**Use "I" Statements.** Talk in terms of yourself, and specify your feelings as result of their behavior. For example, try not to say, "You're so inconsiderate. You're always late," (in which case, you're labeling and generalizing the person's actions.) Also, do not disguise "you" statements within an "I" statement (e.g., "I feel that you were being disrespectful when you were late!"). Instead, you could say "I feel really upset that I had to wait again."

**"Reflect" feelings, and rephrase what you heard.** Show the speaker you care and that you're really paying attention. "Let me see if I understand what you just said. You're saying that we should..." Even if the speaker does not specify their feelings or emotions, try to guess what they may be feeling. For example, you could say "Sounds like you're feeling sad" or "You must feel pretty angry." Generally, it is best to reflect the speaker's feelings first and/or rephrase what they have said before you start to state your own perspectives. This assures the speaker that you have heard them so that

they are not focused on trying to get their point across. And, this allows the speaker to then turn their attention to you. **Effective face-to-face communication** makes a difference at home, at work, and in social situations. Try to be clear and precise. Think about what you really want to say. Cover one idea at a time. Focus on specific behaviors and not personality characteristics.

**Know your posture.** Posture is part of your communication language. Work on standing—or sitting—tall. Others may interpret your slouched posture as disinterest, disrespect, boredom, etc.

**Use appropriate eye contact.** Appropriate eye contact can aid understanding and communicate respect. Keep in mind that depending on cultural background, too much eye contact can make the other person uncomfortable.

**Choose your voice volume.** Talking too loudly can threaten listeners. Talking too softly can bother listeners and lead to misunderstanding.

**Attend to contextual, cultural, and individual variations.** Many variables contribute to effective communications. For example, when cultural and social expectations conflict, communication will be more complex and difficult. Some of the communication skills you learned at school may be less effective when you are interacting with an elder within your culture because of different hierarchical relationship and communication expectations.

**Roadblocks to effective communication:**

- **Moralizing, preaching, should's and ought's.** Talking as if you are an authority. (“You shouldn’t feel like that.” “You should like SJSU; everybody else does.”)
- **Teaching, lecturing.** Trying to influence by using your own opinion. (“But college is great!” “You’ve got to get along with your roommate.”)
- **Judging, criticizing, blaming.** Making a negative judgment or evaluation. (“You’re not thinking clearly.” “That’s immature,” “You’re wrong, plain and simple.”)
- **Interpreting, analyzing, diagnosing.** Telling others what their motives are. (“You’re just trying to get attention.” “You don’t really believe that.”)
- **Withdrawing, distracting, sarcasm, humoring, diverting.** Trying to get the other person away from the problem; withdrawing from the problem yourself; kidding them. (“Let’s talk about something more pleasant.” “Forget about it.” “How’s your racquetball game?”)

**In Summary...**

Effective Communication Skills	Unhelpful Communication Habits
<ul style="list-style-type: none"> <li>• Active listening.</li> <li>• Use attending communication skills (nodding to agree or to convey understanding, eye contact).</li> <li>• Empathize by reflecting your understanding of how the other person feels.</li> <li>• Convey respect for the person.</li> <li>• Voice and expressions are congruent with the other person.</li> <li>• Aware of your posture (facing speaker, leaning forward).</li> <li>• Help explore all sides and alternatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Talking too much; not listening.</li> <li>• Giving advice (“you should...”) or lecturing; (e.g., “You’d better start studying; it’s almost midterms time.” “Stop complaining.”).</li> <li>• Non-responsiveness or interrupting; thinking of a response while the other person is still talking.</li> <li>• Name-calling, labeling, or making fun of others.</li> <li>• Fail to match person’s affect (e.g., being too cheery when they’re talking about sad events).</li> <li>• Inappropriate eye contact or showing impatience (e.g., glancing at your watch).</li> <li>• Bombard with probing questions; interrogation; forming quick solutions.</li> </ul>

**(2) CONVEYING SUPPORT AND LISTENING VS. INFLUENCING CHANGE**

When you are not listening, you are saying “No” to the speaker. “Listening” is vital for any effective communication. Before you start to give advice or suggestions for another person to change their behavior, first use these attending communication techniques to show that you are paying attention to what they are expressing.

### A. Ways to show that you are listening and present (“Attending” skills):

<b>Minimal Encouragement</b>	Head up; appropriate eye contact; nodding to agree or to express understanding.
<b>Paraphrase</b>	Re-word the meaning of what has been said, in your own words. “If I understand you correctly, you’re saying that...”
<b>Summary</b>	Point out key points and feelings of what has been said thus far.
<b>Open-Ended Questions</b>	Questions that provide an opportunity for the other person to elaborate so that you can learn their ideas and frame of reference. <ul style="list-style-type: none"> <li>◆ What: Draws out facts</li> <li>◆ How: Draws out feelings</li> </ul>
<b>Closed Questions</b>	Leading questions that can be answered in a few words, if you want specific information. (E.g., Which...? Do you...? Have you...?)
<b>Reflection of Feelings</b>	Put yourself in other’s shoes and then state what you believe the other person is feeling. This helps others get a sense that they’re understood. For example, “It must be worrisome...” “Sounds like you’re feeling sad.”

After you have understood and appropriately conveyed your understanding of the other’s struggles by using the above attending techniques, below are some communication skills to influence the other person’s behavior. These communication techniques are also effective when you are mediating between two people.

### B. Influencing Communications (use only AFTER you have built rapport)

<b>Feedback</b>	Telling the other person what behavior (not characteristics) you have observed. Sometimes getting that feedback helps to increase a person’s awareness.
<b>Information/ Explanation</b>	Sharing with others what you know (facts) and how you understand things. Often other people will be more motivated to do what we want if they understand the background/reason for the request and the importance of what is asked.
<b>Advice</b>	Suggesting a course of action that you know would be helpful, based on research or literature. This skill is frequently used poorly – use <i>only</i> when someone asks for advice or you have asked for permission to give advice.
<b>Confrontation</b>	Explicitly pointing out inconsistency. This is better received when done in a low tone, and pointing out specific behaviors/facts. For example, “You mentioned X, yet I see you doing Y.”

### (3) GIVING CONSTRUCTIVE FEEDBACKS

Consider giving feedback when another person’s behavior, as you have observed it, has caused a problem and you would like it to change. The process of confrontation includes telling the other person your observations, explaining how you feel about their *behavior* and stating what you want to be different and why. This section is specifically written for confrontations with your peers and not necessarily with your elders. In many cultures, you are to speak to your elders with reverence and it would be inappropriate to directly challenge your elders. Thus, please keep in mind that this section is specifically written for confrontations with your peers.

A constructive feedback process may enhance interpersonal relations by correcting misunderstandings. This is most likely to happen when confrontation does not include blame, and it is approached as an exploratory, shared process.

#### A. Before you give someone feedback, ask yourself:

- Is it an appropriate time to discuss this topic?
- Is the person in a good emotional state to be confronted?
- Am I in a good frame of mind myself? (Or do I just want to strike out somewhere because of other frustrations I am feeling?)
- Is the behavior or problem something that the other person has the power to change?
- Within the cultural context of the person, is the person likely to listen and hear your feedback, depending on your age, your relationship with the person, your status, etc.?
- Is it appropriate for you, depending on your relationship with the person, to be the one giving the person feedback?
- Is the behavior something the person has been told before and chose not to change?
- Am I willing to take responsibility for helping that person change? (This might include being specific about what you want, maintaining the relationship long enough to provide necessary emotional support, being open to compromise or change yourself.)

If you answer “no” to any of the above questions, you may want to reconsider whether you want to proceed with the confrontation at this time.

## B. Steps for providing feedback:

1. If the confrontation is potentially upsetting for the other person, or if it will require a long discussion, then ask first whether this is a good time for the person to talk about something important.
2. Begin by giving feedback about the specific behavior you are responding to. Behavioral feedback requires a description of what was done and includes statements prefaced with, “When I saw you do...” Or “You said a few minutes ago that...” It is an observation of their behavior without evaluating what you saw, *without* using an adjective to describe either the person or the behavior.
3. The next step is to identify how you feel about the behavior. Verbalizing feelings independently of the stated observation has several advantages: a) it reduces the chance that the confrontation will be misinterpreted; b) it allows others to understand your feelings and to correct you if they think your interpretation is wrong; and c) it expresses mutual responsibility by assuming that the problem comes from the combination of your feelings and the other person’s behavior  
For example, a feeling statement after a description of the behavior might be, “When you take time off to chat with your friends during working hours, I have to cover for you and then I think I am being taken advantage of and I get angry.”
4. Seek to understand the other person’s views first when they explain their behavior. Use your attentive communication skills to fully listen to their perspective. Try to place yourself in the other person’s perspective. Use reflective and summarizing statements to first convey your understanding of their position and the reason for their behavior.
5. Emphasize the other person’s strengths and positive views, then empower the person to contribute effectively to resolve the difficulty between the two of you. Collaboratively, ask the person for ideas on how to resolve the conflict between the two of you.
6. Limit your own negative feelings and focus on collaboratively forming behavioral solutions together with the other person.
7. You may want to state what you want the other person to do differently, if the other person is not able to specifically describe an alternative to their previously offensive behavior. Make clear what you want them to do behaviorally (not feel, think, or be). Say what you want, not what you don’t want. (“I want you to tell me when you think I am being rude to you,” rather than, “I don’t want you to hide your feelings from me.”)
8. Explain why you want the change. Explaining “why” might require a statement about your own values (“I really like to have a clean kitchen”) or it may clarify how the change in behavior will help you (“If I’m not distracted, I can get my homework done more quickly”). Openly expressing your own values and needs helps to make confrontation a cooperative process. The other person can better understand the reasons for your feedback and has an opportunity to object if your reasons seem wrong or unfair. Sharing information also increases the likelihood of a mutually agreeable change.
9. Throughout the interchange, maintain a caring and just approach. And, remind yourself that the other person will not be perfect, as no one is. Be willing to forgive if the other person apologizes and accepts responsibility for contributing to the conflict.
10. Be honest yourself and apologize if you have also contributed to the conflict.

*Reference for the section: “Building United Judgment: A Handbook for Consensus Decision Making” (1981) published by The Center for Conflict Resolution, Washington State University.*

## 4. MANAGING STRESS

*By David Emmert and W.-C. Lee*

### WHAT IS STRESS?

Stress is a normal human experience. When “stressors” appear in your radar, they trigger a series of adaptive biological and psychological responses to signal your mind and body that “something happened, and you need to do something to cope, avoid harm, or ready/prepare yourself to do something.” Social, environmental, cultural, and biological factors influence stress responses, stress expression, and the practice of stress management.

### WHAT CAUSES STRESS?

**Stressors.** Anything (“good” or “bad”; interpersonal or environmental; internal or external) that requires a person to respond to or deal with it may initiate stress responses. For example, giving a presentation, procrastinating, traffic, computer breakdown, parking, meeting family expectations, being on a date, paying bills, and taking exams. However, **stressors and stress reactions are extremely personal**; each person has different stressors and different stress responses.

## WHY DO PEOPLE NEED TO MANAGE THEIR STRESS?

Because un-managed stress may cause **physical illness, emotional disturbances, changes in cognitive abilities, and changes in behaviors** (Bee, 2000; Mayo Clinic, 2004; American Medical Women’s Association, 2007). According to Mayo Clinic (2004), when people are over-stressed they might feel irritable, have sleep problems, don’t get joy out of life, have relationship problems, or lose appetite or overeat. On the other hand, **actively managing stress will help people to be healthy, productive, poised, and confident.**

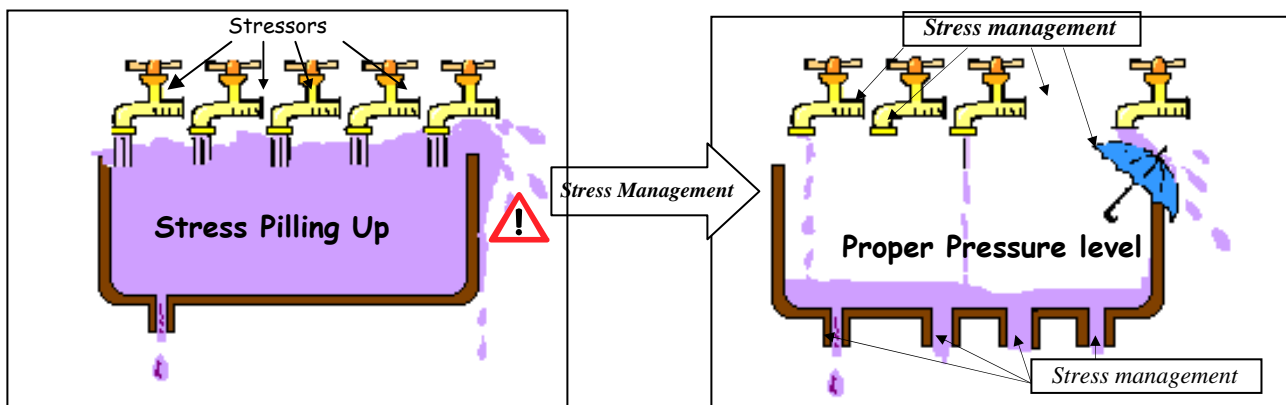
## HOW DO I MANAGE MY STRESS?

Because stress involve stressors, you, and environment, there are main paths to mangle stress:

1. **Reduce stressors** by identifying your stressors and taking actions to change environment, behaviors, and perceptions to reduce the number, frequency, and intensity of stressors in your life.
2. **Manage stress responses** to reduce stress’s negative impacts on you.
3. **Increase your resilience.** Practice skills that strengthen your buffer such as maintaining physical health, building support networks (e.g., friends, family, mentors, spiritual), creating meanings for your life, acknowledging and using your strengths to contribute to the greater good. (Duckworth et al, 2005).

**\*\*\*Important: As stressors and stress responses are unique to each person, effective stress management practice and skills need to be individualized.** In stress management, one size never fits all. Moreover, because stress response is personal, consider attending counseling to gain skills, insights, and knowledge to identify your individualized stress management plans.

**REGULAR PRACTICE IS VITAL FOR EFFECTIVE STRESS MANAGEMENT.** People have to deal with stressors constantly, but most people invest little time to manage or reduce their stress. As a result, overflowed stress accumulates in their system and causes serious psychological and physical consequences. Imagine a sink with a clogged drain, the overflow will eventually ruin your room (see **picture A** below). However, when practicing stress management regularly, people will be able to maintain a proper stress level, which keeps you motivated instead of petrifying you (see **picture B** below).



A. Little to no stress management => Overflow

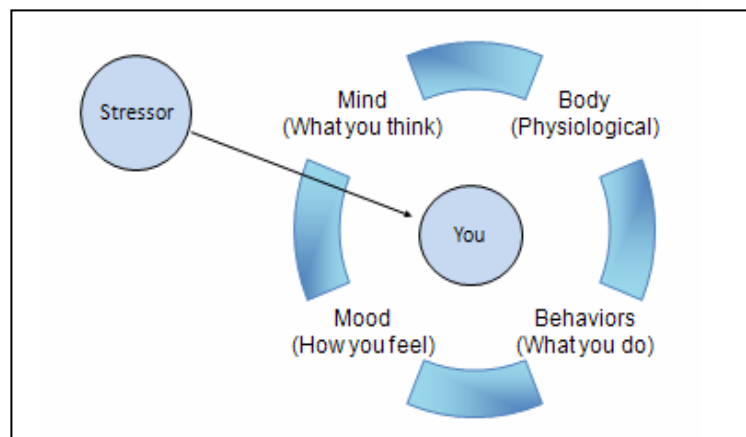
B. Active managing stress => Health and Motivation

## A FIVE-TARGET MODEL OF STRESS MANAGEMENT:

A stress system includes at least five components: The stressor and your mind, body, behavior, and mood (see Figure 1). As in any system, change in one part will lead to changes in other parts. Therefore, you can manage your stress by changing (1) the stressors, (2) mind, (3) body, (4) behavior, or (5) mood, based on your resources, needs, and preferences. We encourage you to start working on one of the components and eventually on all five.

Figure 1. The Anatomy of Stress (Emmert, 2007).

*\*Special thanks and recognition to Timothy Carmody, Ph.D. for the influence of his Thought Map*



## (1) TARGET FOR STRESS MANAGEMENT: STRESSORS.

**Know your stressors:** Starting by making a list of things that affect you (trigger stress response) or you can start by checking ones that apply to you from the following list. Most people do not realize that everyday they deal with many stressors until they look at this list (see Worksheet 1 below).

**Identify Stressors that you can change or influence in your current situation.** When targeting your stressors to manage stress, it is vital for you to distinguish what you can do or have control over now, what you can do or change later, and what you may have no control over or influence on. For example, you may not know when your computer file will be corrupted, but you can always make extra backups. You may not be able to quit your job now, but with planning and effort you may be able to quit next year.

### Worksheet# 1. Identify Your Stressors (By W.-C. Lee)

- Daily Hassles: Computer/car breakdown, printer out of ink, paper jam, file corrupted, traffic, feeding self, grooming, decide what clothes to wear, want to “go” when you can’t, running between classes, being treated rudely or unfairly, terrible drivers, inconsiderate people, finding books from the libraries, catch the bus, find a parking space, remember to feed meters, waiting in line ...
- Work: Deadline, performance, bosses, coworkers, salary...
- Money: Bills, tuition, textbooks, gas price, beer price, flower price on 2/14...
- Relationships: Child/family care, family expectations, relationship problems (friend, family, significant other, roommates, organizations), pet(s), remember someone’s B-day or anniversary...
- Life events: Birth, death, lost job, status change, childbirth, moving, job change, position change, role change, new family members, holidays, travel, vacation...
- Health...
- Curricular: Course requirements, deadlines, required courses, educational/career decisions, staying focused/awake in classes...
- Faculty: Unavailable teachers, changed deadlines...
- Psychological: Perfectionism, fear of inadequacy, worry about approval, depression, anxiety, value conflicts...
- Physical/environmental: Rushing to classes, lost in a crowd, getting through the cafeteria lines, find a seat, hot/cold classrooms...
- Performance: Giving presentation, practicum/internship, papers, grades, exams, group report, public speaking, remember to bring assignments to classes...
- Social: peer pressure, intimacy, sex, loneliness, meeting others, fitting in...

**Identify the actions you can take to reduce the number, frequency, and intensity of those stressors that you can do something about now.** For example, going to the library to study, set an earlier deadline for self, turn off your cell phone or IM for 1 hour a day, delete/file e-mails that have sat in your inbox for three months, or take notes when you are sleepy in class.

## (2) TARGET FOR STRESS MANAGEMENT: YOUR MIND.

Thoughts link to feelings and responses. Two skills for reducing stress and improving health by using our mind are “CBT” and “mindfulness.”

**CBT** (Cognitive-behavioral therapy) is a form of counseling that emphasizes the power of our conscious mind. CBT proposes that **learning and practicing more realistic and adaptive ways of thinking may improve your mood and behavior** (Beck, 1995). Try the following exercise:

*Imagine how these thoughts would affect what you do and how you feel.*

I can't handle this. I'm going to lose it!	Versus	I'm so frustrated, but I'll do my best.
If I can't get this, I can't do anything!	Versus	This is tough, but I'll get through it.
They all probably think I'm an idiot!	Versus	I can't read minds; I'm too hard on myself.

You may find that the sentences on the right are more motivating and constructive than the sentences on the left. The sentences on the left contain “cognitive distortions” -- thought patterns that we learned or were taught that are based on partial/selective perspectives or faulty logic. Identifying and replacing these patterns with adaptive ones will reduce your stress and help you to approach your challenges in a realistic and constructive way.

Some common “cognitive distortions” are (based on: Leahy & Holland, 2000):

- **Catastrophizing:** Imagining that the worst possible outcome for an event will happen, no matter how unlikely, and believing that you wouldn't be able to cope. *Example: “I bet I'll mess up this job interview, and all the others too. I'll never get a good job, and I'll end up living out on the street!”*
- **Mind reading:** Assuming you know exactly what other people are thinking, and predicting the worst. *Example: “They all probably think I am a loser.”*

- **Negative Filtering:** Focusing almost entirely on the negatives and dismissing the positives. *Example: A person who eats well and exercises thinks, “I’ll probably get cancer since my grandma had it.”*
- **Overgeneralizing:** Overestimating a pattern based on insufficient evidence. *Example: “Everyone in this class is smarter than me.”*



**Toolbox 12. You are Correct, It’s Never Only about “Thinking.”** (By W.-C. Lee)

Replacing cognitive distortions with realistic and adaptive logic may help you see the big picture, be more motivated, or feel better. However, you are right, as many of you have pointed out, learning constructive thinking patterns is NOT enough -- it is an excellent beginning.

Using cognitive distortions is like traveling blindfolded with a bad compass; you run into trees, fall into holes, and get lost, not because you are not trying to get to your destination, but because you couldn’t see and are misled.

However, you are NOT going to be magically and automatically beamed to your destination just because you took off the blindfold and got a working compass. You still need to travel to your destination – sweat, climb, jump, crawl, etc.

Replacing faulty logic and cognitive filters is not the destination. It is the beginning. It is a challenging beginning. To create the changes and achieve the goals you want, you need to act – by obtaining tools, gaining skills and knowledge, working smart, practicing, and learning while being informed and guided by constructive and adaptive thinking skills and logic.

**Mindfulness.** Often, the human mind is preoccupied with replaying past events, imagining possible future scenarios, or escaping into a world of fantasy. However, through conscious effort and practice skills such as mindfulness, people can become more engaged in the present moment. Health professionals are recognizing and utilizing mindfulness to help alleviate suffering (Kabat-Zinn, 1990; Segal, Williams, & Teasdale, 2002; Smith, 2005).

Mindfulness meditation has been defined as: Paying attention in a particular way -- on purpose, in the present moment, and non-judgmentally (Kabat-Zinn, 1994); observe thoughts like clouds passing in the sky, or a leaf floating down a stream. To become mindful, people are encouraged to practice the following: Thoughts are just thoughts, they are not facts; don’t believe everything you think; being more present and engaged in this moment, the one in which you are living, is a path to increased wellbeing and health.

**Starting Point: Mindful Daily Activity.** Choose a daily activity to practice mindfully. Some examples include: taking a bath or shower, brushing your teeth or combing your hair, drinking tea, having a conversation on the phone, getting a massage, or listening to music. Find a daily activity that you would normally pay little attention to, and try to pay full attention to it -- try experiencing this activity as though you had never tried it before, with curiosity. Practice experiencing the activity as it is, rather than judging it as good or bad, and note (instead of react to or judge ) where your thoughts went when you drift from the present moment.

**Worksheet #2: Mindfulness Practice** (D. Emmert, 2007)

My mindful daily activity : \_\_\_\_\_

My experiences practicing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(3) TARGET FOR STRESS MANAGEMENT: YOUR BODY.**

Among different ways, SJSU students found that practicing deep breathing regularly, getting better sleep, and getting physical exercise and proper nutrition helped them reduce stress.

**Practicing Deep Breathing Regularly.** Taking deep breaths puts your body in a relaxed state. In stressful situations, taking deep breaths will help your mind and body to relax. Deep breathing takes different forms and ways. Most people need to try several different breathing methods to find their favorite and most effective one. Toolbox 13 contains one of the breathing methods that you can practice.





### Toolbox 13 How to do Deep Breathing (By D. Emmert)

Begin with a slow exhale, and allow your diaphragm to relax.

Then, Place one hand on your stomach (so that your bellybutton is between your ring finger and pinky), and your other hand on your chest. Practice letting your stomach expand with each in-breath, without letting your chest rise. The goal is to only let the hand over your stomach move. With DB, you allow more oxygen to enter your body with each breath, and do not need to breathe quite as frequently as a result. Be sure to slow down your rate of breathing if you begin to feel lightheaded. Practice finding the right breathing pace for you, and let your exhalation last longer than the inhalation (Rygh & Sanderson, 2004).

**Get Better Sleep.** With practice, many people find these practices to be highly effective in helping them to get better sleep (based on: Leahy & Holland, 2000):

- **Develop regular sleep times:** Get up and go to sleep at the same times (schedule 7-8 hours) regardless of how tired or awake you feel.
- **Avoid forcing or pressuring yourself to fall asleep:** This causes frustration and anxiety, which inhibits sleep. Remind yourself, "I'll just rest my body and focus on feelings of relaxation".
- **Use your bed for sleep (and sex) only:** Many people with insomnia use their bed for watching T.V., studying, etc. Help your mind associate your bed with rest.
- **Avoid going to bed on an overly full stomach or having caffeine past noon:** Your diet will influence your sleep. Avoid being too full, and having frequent trips to the bathroom at night due to drinking a lot of liquids before bedtime. Also, a soda or coffee in the afternoon can make it difficult to sleep later in the evening.
- **Leave your worries on the floor -- Don't take your worries to bed:** You can give yourself permission to make bedtime a "worry free" time. Practice letting go of your worries at night.
- **Get regular exercise (15-20 minutes) during the day:** This can be very beneficial for your mood as well, just don't exercise right before going to sleep.
- **Develop a pre-sleep relaxation routine:** This can include: soothing music, stretching, meditation, a bubble bath, etc. Practice winding down before bedtime.

**Physical Activity and Nutrition.** Regular physical activities and a healthy diet are vital for self-care. Set one goal to improve your physical activity this week, and one for nutrition. Remember: Eat at least 3 healthy meals a day (mindfully), exercise at least 3 times per week, get at least 6-8 hours of sleep each night, avoid nicotine, reduce caffeine, and make a weekly goal!

#### (4) TARGET FOR STRESS MANAGEMENT: YOUR EMOTIONS

When we accept, understand, and manage our emotions, we can reduce stress level and increase self-understanding, self-confidence, and well being. Research has shown that writing about emotional circumstances in our lives can help us function better, both physically and emotionally (Thorne, 2004). Expressive writing and many other creative methods give your emotions an outlet and make your emotions tangible, so you may understand them, process them, or get them out of your mind. (SJSU students who would like to learn more hands-on emotion management skills may consider joining the emotion manage group, creative healing group, women's group, men's group, or individual consultation or counseling.

##### *Keys to expressive writing:*

- Take 10 minutes to write down your thoughts and feelings
- Write for yourself, not as if you were going to share it
- Forget about grammar, rules, and performance – No judgment, expectation, or criteria.
- It is okay to express a wide range of thoughts & emotions
- This is for you -- you may save or destroy your creations.
- Switch topics or do something else if the process is too upsetting.

~Remember to obtain Social Support and work with a Counselor.

#### (5) TARGET FOR STRESS MANAGEMENT: YOUR BEHAVIORS.

Behaviors change our feelings. Changing behavior and doing something at times may be more immediate, practical, or effective than other methods of stress management. Doing planned pleasant activities and practicing assertive communication are examples of actively managing stress through doing something.

**Planned Pleasant Activities.** Scheduling and participating in enjoyable activities throughout the week are essential for your sense of well-being. Engaging in these positive activities, as well as having something to continually look forward to, will help keep you feeling more balanced and manageable. **To start:** Start an ongoing list, and build-up ideas and activities.



### Toolbox 14: Pleasant Activities: Self-Care or Self-Indulge? (by W.-C. Lee)

Many people avoid engaging in self-care and pleasant activities because they do not want to “spoil” or “indulge” themselves. Here are some general criteria to help you to decide if the activity you are thinking about doing is “self-indulgent” or “self-caring.”

1. This behavior is a conscious choice of yours. (“I decided that...” instead of “my roommate dragged me...”)
2. This behavior will serve a purpose of your choice (e.g., feel relaxed, less stressed, renew my motivation, give myself a break, boost my sense of well-being...).
3. The intended/“good” outcomes are equal to or outweigh the undesired/“bad” consequences for you and people you care about. For example, a 15-minute nap takes your time away from studying, but may help you to be more productive for the next two hours. Consider both long-term and short-term outcomes, as well as the long-term and short-term effects this behavior may have on you and on people you care about.
4. The activities are NOT used for procrastinating or avoiding (consciously or subconsciously). There is a difference between “taking a break” and “procrastinating” (See #5 and #6 below).
5. You stick with your original plan for this activity.
6. You feel productive or good while doing the activity.
7. After the activity, your mind is clearer, your sense of well-being, self-efficacy, or self-caring is increased, or you feel better, more relaxed, energized, focused, motivated, or productive.

For practice, use the above criteria to examine three activities many of us do daily – flipping through television channels, surfing the internet, and hitting the snooze button many times in the morning. Also think about the long-term outcomes of no self-care behaviors on you and people you care about. See what you find and decide what you want to do.

No taking proper care of yourself is like skipping car maintenance. If you want to get to your destination, do not skip self-care and do shy away from activities that give you bad aftertaste.

**Assertive Communication.** Assertive communication means communicating in a way that does not violate the rights of others (Bourne, 2005). In certain contexts and to certain audiences, being assertive for oneself or for others may be more effective than other styles of communication. Using assertive skills appropriately has been linked to improved mood (Segal, 2005) and effective coping with potentially stressful situations (Tomaka et al., 1999).

**Assertive vs. Aggressive.** “Being assertive” is a challenging skill because the definition of assertive is context- and cultural-dependent. The same behavior may be considered as assertive or aggressive depending on place, time, age, gender, culture, religion, and the other party’s or person’s characteristics. Moreover, as learning any skills, being able to be assertive when needed requires learning, practicing, and making mistakes.

Being assertive does not equal being “bossy,” “aggressive,” or “dominating.” Understanding and remembering the differences between “assertive” and “aggressive” will help you to use your assertive skills when you decide to.

	<i>Assertive</i>	<i>Aggressive</i>
Definition	Feelings, opinions, and needs are expressed without violating the rights of others.	Feelings, opinion, and needs are expressed at the expense of other’s feelings or rights.
Goals	Problem-solving, mutual benefit, setting boundaries, inform. (“This behavior is disrespectful, please do not do it again. This is my boundary, and I am letting you know so you do not cross it/I am asking you to back up”).	Attack; revenge; harm; win.
Focus	Current and identifiable behavior (e.g., “You left your socks on my book”)	Characteristics, personality, background, family, preferences. (e.g., “Your mama did not teach you manners.” “What’s wrong with you?”)
Intend outcome	Win-win; inform, understanding, mutual respect, self-protect.	Win-lose.

*Note: The definition of “assertive” varies across culture, time, social expectations, and power. For example, for less-privileged or oppressed groups, their acts of assertion are often interpreted as aggression by the in-power, more privileged, and oppressors. Think about how women’s rights movement was perceived when it began.*

**Effective stress management also requires reducing stress at different levels (immediate, long-term, and preventive).** The worksheet below will help you to plan or evaluate your stress management practice. For your health, try to tackle all three level of stress management on a regular basis.

### **Worksheet #3 Stress Management Plan - Choose, Try, and Practice.**

*(By W.-C. Lee; Based on Shuttleworth, 1997).*

#### **Level One: Reactive Stress Management –for immediate and short-term stress reduction.**

- |   |  |
|---|--|
| <input type="checkbox"/> Take 5 deep breaths.<br><input type="checkbox"/> Talk to someone.<br><input type="checkbox"/> Listen to music.<br><input type="checkbox"/> Look at the bright side.<br><input type="checkbox"/> Remind yourself of your goals.<br><input type="checkbox"/> Picture yourself in 10 years.<br><input type="checkbox"/> Call a “time out” – stop doing what you are doing or leave the scene.<br><input type="checkbox"/> _____ | <input type="checkbox"/> Walk for 5 to 10 minutes.<br><input type="checkbox"/> Hug a person or an animal.<br><input type="checkbox"/> Take a hot bath.<br><input type="checkbox"/> Do a self-care activity.<br><input type="checkbox"/> Remember your happiest memory.<br><input type="checkbox"/> _____ |
|---|--|

#### **Level Two: Active stress management – strengthen your buffer; wellness lifestyle and cognitive growth.**

- |   |  |
|---|--|
| <input type="checkbox"/> Eat healthy.<br><input type="checkbox"/> Daily relaxation practice.<br><input type="checkbox"/> Practice self-assertion.<br><input type="checkbox"/> Let go of perfectionism.<br><input type="checkbox"/> Practice mindfulness.<br><input type="checkbox"/> Do something for others (people, animal, earth).<br><input type="checkbox"/> Hobbies<br><input type="checkbox"/> Volunteer<br><input type="checkbox"/> Reduce chemicals = alcohols, soda, NoDoz, street drugs, OTC drugs, etc.<br><br><input type="checkbox"/> Gain life and success skills by taking classes, reading, or attending counseling. Examples: <ul style="list-style-type: none"> <li>▪ Improve interpersonal skills and relationships.</li> <li>▪ Set goals, manage time, prioritize, stop procrastination, be productive.</li> <li>▪ Be able to say NO, assert self, and set appropriate boundaries.</li> <li>▪ Improve self-esteem, self-efficacy, and self-understanding.</li> <li>▪ Forgive someone.</li> <li>▪ Communicate effectively and accurately.</li> <li>▪ Gain advanced relaxation skills.</li> </ul> <input type="checkbox"/> _____ | <input type="checkbox"/> Regular physical activities.<br><input type="checkbox"/> Manage time and make plans.<br><input type="checkbox"/> Practice healthy self-talk.<br><input type="checkbox"/> Stop judging self or others.<br><input type="checkbox"/> Build support.<br><input type="checkbox"/> Journaling.<br><input type="checkbox"/> Gardening, grow something<br><input type="checkbox"/> Give<br><br><input type="checkbox"/> _____ |
|---|--|

#### **Level Three: Preventive stress management – Make significant changes to increase resiliency and wellbeing.**

- 
- Learn skills and knowledge to
- (Duckworth et al., 2005)*
- Create joy and make peace.
  - Understand and use your strengths and talents to benefit something or someone.
  - Create a meaningful life – being a part of something bigger than you.
- 
- Finding meaning; Find and/or define meaning in life.
- 
- 
- Simplify life style.
- 
- 
- Develop authentic and nurturing relationships.
- 
- 
- Examine major life perspectives.
- 
- 
- Make major self-transformation.
- 
- 
- \_\_\_\_\_

## REFERENCES

- American College Health Association (2006). *American College Health Association-National College Health Assessment (ACHA-NCHA) Web Summary: Updated April 2006*. Retrieved on 11/25/2006 from [http://www.acha.org/projects\\_programs/ncha\\_sampledata.cfm.2006](http://www.acha.org/projects_programs/ncha_sampledata.cfm.2006).
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision*. Washington, DC: American Psychiatric Association.
- American Psychiatrist Association (2005). *Let's talk facts about choosing a psychiatrist*. Retrieved on 12/27/2007 from <http://healthyminds.org/factsheets/LTF-ChoosingPsych.pdf>
- American Psychiatrist Association (2006). *Fact sheet: Consumer survey on mental health*. Retrieved on 7/20/2008 from <http://healthyminds.org/multimedia/2006consumersurveyfacts.pdf>.
- Psychological Association (2004). *Finding help: How to choose a psychologist*. Retrieved from <http://www.apahelpcenter.org/articles/pdf.php?id=51> on 12/07/2007.
- Atkinson, D. R., Morten, G. & Sue, D. W. (1998). *Counseling American minorities*. Boston: McGraw-Hill.
- Barkham, M., Connell, J., Stiles, W., Miles, J., Margison, F., Evans, C., et al. (2006). Dose-Effect Relations and Responsive Regulation of Treatment Duration: The Good Enough Level. *Journal of Consulting and Clinical Psychology, 74*(1), 160-167.
- Barkham, M., Rees, A., Stiles, W., Shapiro, D., Hardy, G., & Reynolds, S. (1996). Dose-effect relations in time-limited psychotherapy for depression. *Journal of Consulting and Clinical Psychology, 64*(5), 927-935.
- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: The Guilford Press.
- Bourne, E. J. (2005). *The Anxiety and Phobia Workbook 4th Edition*. Oakland, CA: New Harbinger.
- Buckley, J. V., Newman, D. W., Kellett, S., & Beail, N. (2006). A naturalistic comparison of the effectiveness of trainee and qualified clinical psychologists. *Psychology and Psychotherapy: Theory, Research and Practice, 79*(1), 137-144.
- California Board of Psychology. (2007). *Statement on Medication*. Retrieved on 12/29/2007 from <http://www.psychboard.ca.gov/medicate.htm>.
- California Board of Psychology. (2005). *For your peace of mind - A consumer guide to psychological services* Retrieved on 12/07/2007 from <http://www.psychboard.ca.gov/pubs/consumer-brochure.pdf>.
- Canadian Psychological Association. (2007). *Deciding to see a psychologist: How to choose one and what to expect*. Retrieved on 12/07/2008 from <http://www.cpa.ca/cpasite/userfiles/Documents/psychologist/psychologist.pdf>.
- Draper, M., Jennings, J., Baron, A., Erdur, O., & Shankar, L. (2002). Time-Limited Counseling Outcome in a Nationwide College Counseling Center Sample. *Journal of College Counseling, 5*(1), 26-38.
- Duckworth, A., Steen, T., & Seligman, M. (2005). Positive Psychology In Clinical Practice. *Annual Review of Clinical Psychology, 1*(1), 629-651.
- Emmert, D.A., (2007). *Integrating mindfulness-based approaches with cognitive-behavioral therapy: An individual treatment program for generalized anxiety disorder*. Unpublished doctoral dissertation, California School of Professional Psychology at Alliant International University, San Francisco Bay, California.
- Etkin, A., Pittenger, C., Polan, H.J., & Kandel, E. R. (2005). Toward a neurobiological of psychotherapy: Basic science and clinical applications. *The Journal of Neuropsychiatry & Clinical Neurosciences, 17*(2), 145-158.
- Germer, C. K. (2005). Mindfulness: What is it? What does it matter? In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp. 3-27). New York: Guilford Press.
- Gonzalez, J., Tinsley, H., & Kreuder, K. (2002). Effects of psychoeducational interventions on opinions of mental illness, attitudes toward help seeking, and expectations about psychotherapy in college students. *Journal of College Student Development, 43*(1), 51-63.
- Hatchett, G. (2004). Reducing Premature Termination in University Counseling Centers. *Journal of College Student Psychotherapy, 19*(2), 13-27.
- Howard, K., Kopta, S., Krause, M., & Orlinsky, D. (1986). The dose-effect relationship in psychotherapy. *American Psychologist, 41*(2), 159-164.
- Hyun, J. K., Quinn, B. C., Madon, T., & Lustig, S. (2006) Graduate student mental health: Needs assessment and utilization of counseling services. *Journal of College Student Development, 47*, 247-266.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Dell Publishing.
- Kabat-Zinn, L. (1994). *Wherever you go, there you are: Mindfulness meditation for everyday life*. New York: Hyperion.
- Leahy, R. L., & Holland, S. J. (2000). *Treatment plans and interventions for depression and anxiety disorders*. New York: Guilford Press.
- Morrison, J. (1997). *When Psychological Problems Mask Medical Disorders: A Guide for Psychotherapists*. New York: Guilford.
- National Institute of Mental Health (2002). *Mediation: A detailed booklet that describes the medications for treating mental disorder*. Retrieved on 9/22/2007 from <http://www.nimh.nih.gov/health/publications/medications/medications.pdf>.
- National Institute of Mental Health (2007). *The numbers count: Mental disorders in America*. Retrieved on 7/21/2008 from: <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml>.

- New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America: Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD, DHHS.
- Nguyen, L., Huang, L., Arganza, G., & Liao, Q. (2007, January). The Influence of Race and Ethnicity on Psychiatric Diagnoses and Clinical Characteristics of Children and Adolescents in Children's Services. *Cultural Diversity and Ethnic Minority Psychology, 13*(1), 18-25.
- Rygh, J. L., & Sanderson, W.C. (2004). *Treating generalized anxiety disorder: Evidence-based strategies, tools, and techniques*. New York: Guilford Press.
- Schneiderman, N., Ironson, G., & Siegel, S. D. (2005). Stress and health: Psychological, behavioral, and biological determinants. *Annual Review of Clinical Psychology, 2005*(1), 607-628.
- Segal, D. (2005). Relationships of Assertiveness, Depression, and Social Support Among Older Nursing Home Residents. *Behavior Modification, 29*(4), 689-695.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.
- Seligman, M., Rashid, T., & Parks, A. (2006). Positive Psychotherapy. *American Psychologist, 61*(8), 774-788.
- Sharkin, B.S., Plageman, P. M., & Mangold, S. L. (2003). College student response to peers in distress: An exploratory study. *Journal of College Student Development, 44*, 691-698.
- Seligman, M., Steen, T., Park, N., & Peterson, C. (2005). Positive Psychology Progress: Empirical Validation of Interventions. *American Psychologist, 60*(5), 410-421.
- Smith, J. C. (2005). *Relaxation, meditation, & mindfulness: A mental health practitioner's guide to new and traditional approaches*. New York: Springer Publishing Company, Inc.
- Thorne, B. E. (2004). *Cognitive therapy for chronic pain: A step-by-step guide*. New York: Guilford Press.
- Tomaka, J., Palacios, R., Schneider, K., Colotla, M., Concha, J., & Herrald, M. (1999). Assertiveness predicts threat and challenge reactions to potential stress among women. *Journal of Personality and Social Psychology, 76*(6), 1008-1021.
- Trull, T. J. (2005). *Clinical Psychology* (7<sup>th</sup> ed.). Thomson Wadsworth: Belmont, CA.
- U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- Webb, R., & Widseth, J. (2005). Commentary on Gregory Hatchett's 'Reducing premature termination in university counseling centers. *Journal of College Student Psychotherapy, 19*(4), 49-59.
- Wolgast, B. M., Rader, J., Roche, D., Thompson, C. P., von Zuben, F. C., & Goldberg, A. (2005). Investigation of clinically significant change by severity level in college counseling center clients. *Journal of College Counseling, 8*, 140-152.
- World Health Organization (WHO) (2006). *Preventing suicide: A resource for counsellors*. Retrieved on 09/19/2007 from [http://whqlibdoc.who.int/publications/2006/9241594314\\_eng.pdf](http://whqlibdoc.who.int/publications/2006/9241594314_eng.pdf).
- World Health Organization (WHO) (2007). *Gender and women's health*. Retrieved from [http://www.who.int/mental\\_health/prevention/genderwomen/en/](http://www.who.int/mental_health/prevention/genderwomen/en/) on 09/19/2007.
- Zubin, J. & Spring, B. (1977). Vulnerability: A new view of schizophrenia. *Journal of Abnormal Psychology, 86*, 103-126.