Handbook of Policies and Procedures

Prepared by: Dr. John Taylor, Director

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

965 Fee Road
C18A East Fee Hall
East Lansing, MI 48824-1316
Phone: 517-432-0141

Version 1.0 Prepared October 2017
This seminal Policy and Procedures Handbook is available to anyone who is interested in learning how the Office of Personal Counseling/Health Promotion operates and strives to provide efficient services to MSU COM students, and those staff and faculty who work on their behalf. The handbook is designated “Version 1.0” to indicate it is the very first of its kind, with the expectation there will be many updated ones to follow. These revisions will come as the college works to identify best practices in the delivery of high quality mental health services to our students.

We are especially proud to recognize the most important contributions of our affiliate programs, the MSU COM CARE Team, Peer Mentors, and Medical Student Mental Health Committee. These groups are integral to promoting proactive help-seeking and self-care practices for future doctors. The creative energy and dedication of many MSU COM members will continue to be integral in building a supportive community.

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

Sincerely,

John R. Taylor, Psy.D.
Licensed Psychologist
Director
## Index

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Statement</td>
<td>1</td>
</tr>
<tr>
<td>Values</td>
<td>1</td>
</tr>
<tr>
<td>Goals</td>
<td>2</td>
</tr>
<tr>
<td>Overview of Office Operations</td>
<td>2</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>2</td>
</tr>
<tr>
<td>Staff Information</td>
<td>3</td>
</tr>
<tr>
<td>Procedures for Accessing Services</td>
<td>4</td>
</tr>
<tr>
<td>Fees</td>
<td>4</td>
</tr>
<tr>
<td>Hours of Operation and Emergency Coverage</td>
<td>4</td>
</tr>
<tr>
<td>Description of Services</td>
<td>4</td>
</tr>
<tr>
<td>Informed Consent to Services and Intake Process</td>
<td>6</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>7</td>
</tr>
<tr>
<td>Sexual Assault, Sexual Harassment, Relationship Violence</td>
<td>8</td>
</tr>
<tr>
<td>Counseling Services Website</td>
<td>8</td>
</tr>
<tr>
<td>Conclusion of Counseling Services</td>
<td>8</td>
</tr>
<tr>
<td>Maintenance of Student Counseling Records</td>
<td>9</td>
</tr>
<tr>
<td>Service Documentation and Data Management</td>
<td>9</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>11</td>
</tr>
</tbody>
</table>
Appendices

Appendix A: Student Distress and Crisis Guide for Faculty, Staff and Students .......................... 12

Appendix B: MSUCOM Mental Health Resources Guide .................................................. 13-14

Appendix C: MSU CARE Team Brochure ......................................................................... 15-17

Appendix D: Peer Mentors ................................................................................................. 18

Appendix E: Medical Student Mental Health Committee ................................................. 19

Appendix F: Report to Committee on Student Evaluation ............................................... 20

Appendix G: Student Informed Consent to Services ......................................................... 21

Appendix H: Overview Guidelines for an Initial Student Meeting ................................. 22

Appendix I: Diagnostic Assessment Measures ............................................................... 23-24

Appendix J: Primary Web Pages for the Office of PC/HP .............................................. 25-31

Appendix K: Office Brochure ............................................................................................ 32-33

Appendix L: Authorization for Release of Information .................................................... 34

Appendix M: Student Counseling Note .......................................................................... 35

Appendix N: Excel Data Tracking Worksheet ................................................................. 36

Appendix O: Personal Counseling Service Data ............................................................. 37-45

Appendix P: Student Satisfaction Survey ...................................................................... 46-51

Appendix Q: Surveys for the Q-P-R Suicide Prevention Trainings .................................. 52-54
Policies and Procedures

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

Values
The PC/HP office has certain values, although we also incorporate those of the students we serve. Attention to diversity and multiculturalism, particularly in relation to affecting positive outcomes for students, is considered paramount. VALUES aspirations of this office include:

- **Vision**: To embrace creative, innovative ideas that transform into services which will benefit current and future students, as well as other units, which support their best interests.
- **Approachability**: To always be accessible, welcoming, and friendly, as well as open to feedback about improving services which best-fit student interests.
- **Leadership**: To serve as a key leader in developing, implementing and overseeing the delivery of quality mental health and wellness services that benefit students and those who are involved in their medical training.
- **Understanding**: To offer an open, non-judgmental, mindful position in helping students to find workable solutions that enhance their well-being and educational outcomes.
- **Excellence**: To strive for delivery of effective services based on continual evaluation of the quality and impact of services provided to students.
• **Support:** To be ever ready to provide unwavering assistance to students and those who work on their behalf.

**Goals**

Of first importance is taking into account each person’s unique life context. While these listed goals are commonly in-line with students seeking assistance, an open, flexible approach helps students identify and implement workable solutions:

- Provide professionally delivered, evidence-supported services to MSUCOM students by licensed mental health clinicians including, but not limited to, consultation, risk assessment, outreach, psychoeducational programs, individual, and group counseling.
- Serve as a consultant to MSUCOM faculty and staff as well as an interdisciplinary partner with other on- and off-campus health providers, specialists and other designated resources.
- Promote resiliency/mental wellness initiatives and other programs to help students become holistically centered and able to function optimally.
- Develop and evaluate best practices in assessing effective service outcomes.

**Overview of Office Operations**

This office is a unit, which works under the Associate Dean, Student Services, and in coordination with other units including the Office of Academic/Career Guidance, Registrar’s Office, Scheduling and Student Activities, and MSUCOM CARE Team. The office provides counseling and health promotion programming to MSUCOM’s East Lansing, Macomb University (MUC) and Detroit Medical Center (DMC) sites. MUC and DMC have half the number of students, and for this reason, a counselor is located at each site two days per week. For purposes of team supervision and planning, the Southeast Michigan (SEMI) counselor works at the East Lansing site one day per week. A full-time counselor is available the entire week for East Lansing, although support via telecommunication is available to all sites. The office assistant can coordinate and schedule student appointments and program activities from East Lansing.

**Scope of Practice**

The office provides short-term counseling options for MSUCOM students. Service providers are licensed mental health counselors, which may include limited licensed psychologists, doctoral level licensed psychologists, licensed professional counselors and social workers. As most medical students will be seeking a one-time consultation for direction with their problems, the
counselor combines motivational interviewing and solution-focused approaches in: 1) clarifying the student’s presenting concern; 2) assessing for risk and protective factors; 3) identifying appropriate resources to resolve student concerns; and 4) helping students to follow-through with workable solutions. Short-term counseling services are available; although each student’s unique circumstances are considered. Typically, if more intensive, longer-term psychotherapy is indicated students are referred to local private practice providers.

Staff Information

The PC/HP team is comprised of licensed mental health/health professionals who meet bi-monthly to discuss student cases while adhering to professional and ethical regulations within their specific discipline and scope of practice. Professional biographies on the PC/HP webpage are at www.com.msu.edu/Students/PC_HP_New/Meet_Our_Team.htm. The office assistant does not participate in clinical activities, although she is essential in attending to daily operations such as scheduling, event planning, publishing the Office of Student Services bi-monthly newsletter and webpage development.

<table>
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<tr>
<th>Staff Person</th>
<th>Title</th>
<th>Primary Role</th>
<th>Office Location</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>John R. Taylor, Psy.D.</td>
<td>Licensed Psychologist</td>
<td>Director Counseling</td>
<td>East Fee Hall 965 Fee Road, C18A</td>
<td>517-432-0142 <a href="mailto:john.taylor@hc.msu.edu">john.taylor@hc.msu.edu</a></td>
</tr>
<tr>
<td>Adjunct Instructor</td>
<td></td>
<td></td>
<td>East Lansing, MI 48824</td>
<td></td>
</tr>
<tr>
<td>Department of Psychiatry</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Al Aniskiewicz, Ph.D., ABPP</td>
<td>Licensed Psychologist</td>
<td>Consultant</td>
<td>West Fee Hall 909 Fee Road, B117</td>
<td>517-353-3070 <a href="mailto:al.aniskiewicz@hc.msu.edu">al.aniskiewicz@hc.msu.edu</a></td>
</tr>
<tr>
<td>Professor Emeritus</td>
<td></td>
<td></td>
<td>East Lansing, MI 48824</td>
<td></td>
</tr>
<tr>
<td>Department of Psychiatry</td>
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<tr>
<td>Mangala Sadasivan, Ph.D., CCC</td>
<td>Speech-Language Pathologist</td>
<td>Director PEAK Learning Center</td>
<td>West Fee Hall 909 Fee Road, B322</td>
<td>517-432-5043 <a href="mailto:mangala.sadasivan@hc.msu.edu">mangala.sadasivan@hc.msu.edu</a></td>
</tr>
<tr>
<td>Associate Professor</td>
<td></td>
<td></td>
<td>East Lansing, MI 48824</td>
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<tr>
<td>Department of Psychiatry</td>
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<tr>
<td>Kristopher Amos, M.A.</td>
<td>Counselor</td>
<td>Counseling Outreach</td>
<td>MSUCOM Detroit Medical Center MSUCOM Macomb University</td>
<td>517-432-0141 <a href="mailto:kristopher.amos@hc.msu.edu">kristopher.amos@hc.msu.edu</a></td>
</tr>
<tr>
<td>Limited License Professional</td>
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<td>Education</td>
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<tr>
<td>Counselor</td>
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<td></td>
</tr>
<tr>
<td>Alissa Berry, B.A.</td>
<td>Office Assistant</td>
<td>Clerical Support</td>
<td>East Fee Hall 965 Fee Road, C18A</td>
<td>517-432-0141 <a href="mailto:alissa.harding@hc.msu.edu">alissa.harding@hc.msu.edu</a></td>
</tr>
<tr>
<td>Office Assistant</td>
<td></td>
<td></td>
<td>East Lansing, MI 48824</td>
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Procedures for Accessing Services
Students can contact counselors directly by e-mail or schedule appointments through the office assistant at the East Lansing site central office. The assistant has access to each counselor’s Outlook calendar.

Fees
Services provided to MSUCOM students are available at no cost.

Hours of Operation and Emergency Coverage
Generally, the East Lansing office is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Services are available on Tuesdays and Thursdays at Detroit Medical Center and Wednesdays and Fridays at Macomb University from 8:00 a.m. to 5:00 p.m. There is some flexibility to arrange extended hours based on student circumstances. Students can schedule appointments (by drop-in, phone, or e-mail) through the office assistant in East Lansing or e-mailing the counselors directly. As counselor schedules allow, walk-ins are welcome, however, counselors may or may not be able to see students depending on their availability and the nature of the visit (i.e., student in crisis). After-hours and on weekends, students, staff and faculty are instructed to contact the director of PC/HP by e-mail. The Associate Dean, Student Services, is backup and reachable by e-mail at bill.falls@hc.msu.edu. In the event of an emergency, students should dial 9-1-1 or go to their local hospital emergency room. These instructions are posted on the office’s website as well as the Student Distress and Crisis Guide for Faculty, Staff and Students (Appendix: A) posted in high visibility areas at each site. Contact information for the director: John R. Taylor, Psy.D., Licensed Psychologist, john.taylor@hc.msu.edu.

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

An important role for counselors is helping students schedule with off-campus referral resources. Common referrals are to psychotherapists, psychiatrists, neuropsychologists and medical specialists. While many MSUCOM students enroll in the Blue Care Network plan, some will have their own personal insurance and remain covered under their parents’ medical insurance. The office strives to assist with “warm referrals” (i.e., counselor makes contact with the referral source in advance to make sure providers have availability and accept the student’s insurance). Counselors also work to locate referrals for students who prefer to see someone in their home area or for students across the state in clerkship program training. An MSUCOM Mental Health Resources guide (Appendix B) lists on- and off-campus services in the East Lansing and Southeast Michigan areas.

Workshops on specific wellness topics such as meditation, anxiety management, relationships, and alcohol and substance use occur throughout the academic year to students. As student interests warrant, certain ad hoc groups open, such as for test anxiety and stress management. The Question-Persuade-Refer Gatekeeper Suicide Prevention Training (www.qprinstitute.com/) is also available to student organizations as well as faculty and staff units.

The director of PC/HP plays a major role in leading the MSUCOM CARE Team (see article and brochure in Appendix C). Staff serving in various student support roles across all three sites meet bi-monthly to review confidential referrals about students of concern. The team operates as a separate, insular body within MSUCOM and all information discussed, gathered, and documented about students is confidential. A primary goal of the CARE Team is to create a community safety net upon which faculty, staff, and students have a conduit to share information about a student who is exhibiting concerning behaviors. Students also have the option of contacting the CARE Team directly for assistance. This has proven particularly helpful to students who are on clerkships across the state. Acknowledgment of referrals and responsibility for follow-up are handed off to the team. A Student Distress and Crisis Guide for Faculty, Staff and Students (Appendix A) is posted in several visible locations at each MSUCOM site and further posters can be obtained by contacting the Office of Personal Counseling/Health Promotion or the Office of Academic and Career Guidance. The guide identifies a number of resources along with directions as to which individual or office to contact under specific circumstances.
The director serves as co-advisor to Peer Mentors, a MSUCOM student organization (Appendix D), and the Medical Student Mental Health Committee (MSMHC) (Appendix E). MSUCOM medical students primarily lead both Peer Mentors and MSMHC. Peer Mentors nominations happen in the spring of their first year, and those who are accepted serve in mentoring roles to incoming first year students the following academic year. The advisors for Peer Mentors are the directors of the Offices of Personal Counseling/Health Promotion (Dr. John Taylor), and Academic and Career Guidance (Ms. Kim Peck). Peer Mentors play a supportive role through mentoring hours, test reviews, fun events (e.g., chili cook-off, post-exam treats), and fund raisers.

The MSMHC works under the Office of PC/HP and by the unit director, Dr. John Taylor, and faculty member, Alyse Ley, D.O. from the MSU Department of Psychiatry. Student nominations take place in the fall of their first year, and for those elected, serve on the committee from their second year until graduation in their fourth year. The committee organizes fall and spring events, which all first and second year students are required to attend. Seasonal events include a panel of physicians and upper classmates discussing their personal challenges, and a mindfulness meditation presentation. The MSMHC, under the direction of their advisors, has Institutional Review Board (IRB) approval to conduct an annual Mental Health Survey in the fall, which all students complete. Students can opt out of including their personal survey in the data set. Reporting on the survey data for the 2016 and 2017 academic years is upcoming in the spring of 2018.

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

Informed Consent to Services and Intake Process

At intake, students complete a Student Informed Consent to Services form, which outlines the scope and terms of confidentiality. The student’s signature on the Informed Consent to Services Form will signify that he/she has read, understands, and agrees to the policy (Appendix G).
When the counselor determines that a student poses a clear and present danger to himself/herself and/or to others, the clinician may selectively release information, without the student’s consent, to aid in the care and protection of the student or the endangered others. With any kind of reasonable suspicion of child maltreatment (a person under the age of 18), the counselor may selectively release information, without the student’s consent, to aid in the care and protection of that child. By state law, this office reports this information to the Michigan Department of Health and Human Services (Phone: 855-444-3911). Licensed mental health counselors are also required to report elder abuse and abuse of a vulnerable adult.

The intake process follows Overview Guidelines for an Initial Student Meeting (Appendix H), along with review of background information students may provide on the second half of the Student Informed Consent to Services form. Students have the option of writing in information. As is historically common among medical students, there may be reluctance to self-report sensitive information. A conversation with the counselor about confidentiality, protection of records, stigma and fear of negative repercussions may be necessary to alleviate student hesitations. Intakes address student-specified presenting concerns and the counselor has the discretion to utilize additional assessment tools as warranted, such as student-completed depression (e.g., Physician’s Health Questionnaire-9 Item) and/or anxiety (e.g., General Anxiety Disorder-7 Item) checklists. Diagnostic Assessment Measures (Appendix I) for a number of problems, such as Bipolar Disorder, Post-Traumatic Stress Disorder, Eating Disorders and Alcohol and Other Substance Abuse are stored on counselor flash drives and can be uploaded to their desktop for printing.

Crisis Intervention

Crisis intervention is a service provided to students who are in serious or immediate emotional distress. However, for imminent, life-threatening emergencies, 9-1-1 should be called or the student taken to the nearest hospital emergency room for evaluation. For follow-up, involved staff, faculty or students can call the East Lansing counseling office at 517-432-0141 or 432-0142 or contact the director after-hours by email at john.taylor@hc.msu.edu. The Associate Dean, Student Services, is available for back up at bill.falls@hc.msu.edu.

If a student has indicated a plan, threatened to, attempted, or succeeded in inflicting bodily harm to him or herself or others, a counselor will do a suicide evaluation with the student. If deemed a high risk for suicide, the counselor will discuss hospital admission with the student, and police-assisted transportation to the emergency room. In keeping with professional ethics codes and legal requirements, maintaining the safety of students and others takes precedence over maintaining the confidentiality of the person in crisis. In the event of a necessary
disclosure of confidential information, only vital information will be released and then only to persons in a position to make appropriate use of the information. Upon transporting the student to the hospital, counseling staff will notify the director of PC/HP or the Associate Dean, Student Services, who inform the student’s family of significantly suicidal or dangerous behavior so that they can provide support and help in making decisions. Consultation with the Associate Dean, Student Services determines what post-hospitalization supports the student requires, such as a leave of absence from school, or need for updated information on the student’s readiness to return to school.

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

Counseling Services Website
Given the important and growing role that the Office of PC/HP’s website plays in informing students, parents, faculty, and staff about services, the center’s website will be regularly reviewed and updated. The Office of PC/HP aspires to provide an interactive website that enables quick access to key resources:

Appendix J lists the Primary Webpages for the Office of Personal Counseling/Health Promotion, with the home page directing visitors to important links, such as the National Suicide Prevention Life Line and the MSUCOM CARE Team. Students are also able to access on-line mental health assessments, which provide interpretations of their ratings along with recommendations. Students can contact the director of the Office of PC/HP for further consultation and assistance. The self-help resource page includes links to topics pertinent to students such as managing panic attacks and burnout. Office Brochures, which are available at all three sites, are downloadable from the main webpage (Appendix K).

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

**Maintenance of Student Counseling Records**

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

**Service Documentation and Data Management**

Records of counseling services provided to students is stored in paper and back-up electronic files on counselors’ secure computers. Original student files stay in a locked file cabinet in the director’s office. Counselor will record contacts using the structured documentation format on the *Student Counseling Note* (Appendix M). The Student Counseling Note should cover the following information:

1) **Presenting Concerns**: the subjective experience of the student as related/reported by the student;

2) **Risk**: assessing for suicidality, harm to self or others, and general rating of overall risk level using the three tier triage model –

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

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

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

3) **Background:** includes an objective account of the student’s in-session appearance and behaviors. The information in this section is objective in the sense that it could be verified by observers and contains no analysis/judgment on the counselor’s part;

4) **Impressions:** this includes the counselor’s theory-specific application of therapeutic interventions as well as an estimation of the student’s state of well-being; this will be typically compared with student self-evaluation of their progress and confidence in managing their problems on a ten-point scale from “1” (no progress at all/no confidence) to “10” (high progress/high confidence);

5) **Intervention/Counseling Approach:** specifies what therapeutic model (e.g., Cognitive-Behavioral Therapy, Interpersonal Therapy, Acceptance and Commitment Therapy) and primary techniques (e.g., meditation, reframing, role-play) were used in the counseling session; and

6) **Disposition/Recommendation:** provides a brief statement of how student reported the extent session was helpful, their level of confidence in implementing strategies discussed, and next steps they will follow-through with to accomplish their goals (e.g., homework, follow-up with primary care physician, contact Academic and Career Guidance or PEAK Program for Healthy Cognitive Living and Academic Success).

Documentation of de-identified demographic and service information is through an Excel Data Tracking Worksheet (Appendix O). Analyzed information is for purposes of understanding student trends in utilizing clinical services as well as counseling outcomes. This first ever data tracking methodology reflects students treated by the director (Dr. Taylor) for the academic year 2016-2017. For the current 2017-2018 academic year, all counselors will routinely gather student information. An annual Personal Counseling Service Data report (see Appendix N) is compiled which summarizes and compares these various sources of student information.
Utilization of the information is for internal reporting of service data from the Office of PC/HP to college administration and other appropriate audiences.

Program Evaluation

Development of recent surveys evaluated student satisfaction with counseling services (Appendix P) and participant feedback from training workshops. As outcome evaluations become standard practice, future assessment of health promotion programs will be invaluable. Two examples are the Peer Mentor/Medical Student Mental Health Committee and MSU Student Services Staff Training Surveys for the Question-Persuade-Refer (QPR) Gatekeeper Suicide Prevention Trainings (Appendix Q).
Appendix A:

Student Distress and Crises Guide for Faculty, Staff and Students

MSU Behavioral Threat Assessment Team
BTAT exists to facilitate a multidisciplinary, coordinated response to reports of students, employees, or other individuals on campus who have engaged in behavior indicating a possible threat of harm to self or other members of the campus community.
Fill out BTAT form at btat.msu.edu

Student Distress
If you have any reason to believe there is a student in distress please contact the MSUCOM CARE Team.
msucomcareteam@hc.msu.edu

Academic Distress
If you notice a student struggling academically please refer the student to the Office of Academic and Career Guidance.
Office of Academic and Career Guidance
ac.guidance@hc.msu.edu

Emotional Distress
If you believe a student is experiencing emotional distress contact the Office of Personal Counseling/Health Promotion and refer them to speak with Dr. John Taylor before contacting the MSUCOM CARE Team.
Office of Personal Counseling/Health Promotion
EL: 517-432-0141
msucomcareteam@hc.msu.edu

Accommodations
If a student discloses to you that he/she has a disability or medical condition that interferes with test-taking or classroom function, please refer them to RCPD for further assistance.
Resource Center for Person with Disabilities (RCPD)
517-884-7273
msucomcareteam@hc.msu.edu

Death of a Student
Information regarding the death of a student should be directed to Dr. Falls immediately. Once you have contacted Dr. Falls please also contact the MSUCOM CARE Team.
Associate Dean of Student Service
bill.falls@hc.msu.edu
msucomcareteam@hc.msu.edu

Aggressive Behavior
If a student is displaying aggressive behavior that is threatening the safety of any individual or is disrupting the educational environment please notify the police. Once the police have been notified please also contact the MSUCOM CARE Team.
MSU Police 517-355-2221
911 in an Emergency or if you are at MUC/DMC
msucomcareteam@hc.msu.edu

Threat to Self or Others
If a student expresses that he/she has the desire or intent to commit suicide or any other act of self harm contact the Police Department immediately. Once the police have been notified please also contact the MSUCOM CARE Team as well as filing out an MSU BTAT Form.
MSU Police 517-355-2221
911 in an Emergency or if you are at MUC/DMC
msucomcareteam@hc.msu.edu
MSU BTAT btat.msu.edu

Sexual Misconduct*, Relationship Violence*, Stalking*
Any information related to an allegation of sexual misconduct, relationship violence or stalking must be reported to MSU’s OIE and MSU Police. File a report: oie.msu.edu
MSU Office of Institutional Equity (OIE)
517-353-3922
and
MSU Police
517-355-2221*

Acts of Discrimination
If you witness or are made aware of any act of discrimination against a student please file a report with OIE (oie.msu.edu) and also contact the MSUCOM CARE Team.
MSU Office of Institutional Equity (OIE)
517-353-3922
MSUCOM CARE Team
msucomcareteam@hc.msu.edu

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

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

MSUCOM Mental Health Resources

Counseling and Health Promotion Office:  
www.com.msu.edu/Students/PC_HP_New/Personal_Counseling_Home_Page.htm  
Confidential professional consultation and counseling regarding any issue of concern for MSUCOM students.  
This office also assists students in connecting with referrals near their site.  
Sessions can be scheduled in-person or arranged on-line by Zoom.  
*Note: if you or someone you are concerned about is threatening suicide or harm to oneself or another dial 9-1-1 immediately.* Counselor contact information:

- Dr. John R. Taylor (EL): 517-432-0141, [john.taylor@hc.msu.edu](mailto:john.taylor@hc.msu.edu)
- Dr. Al Aniskiewicz (EL): [Al.Aniskiewicz@hc.msu.edu](mailto:Al.Aniskiewicz@hc.msu.edu)
- Kris Amos, LLPC (MUC and DMC), [Kristopher.Amos@hc.msu.edu](mailto:Kristopher.Amos@hc.msu.edu)

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

National Suicide Prevention Lifeline: (800) 273-8255

Peer Mentor Office Hours (All Three Campuses):  
1:1 confidential peer mentoring by OMSII to OMSI, topic of discussion is open to anything desired by OMSI.  
Mentoring Chairs for each site are:  

- JP Kelly, [kellyj46@msu.edu](mailto:kellyj46@msu.edu) (East Lansing)  
- Megan Spencer, [spenc324@msu.edu](mailto:spenc324@msu.edu) (Detroit)  
- Hannah Winget, [wingetha@msu.edu](mailto:wingetha@msu.edu) (Macomb)

MSU Campus Resources

MSU Counseling and Psychiatric Services (CAPS): 517-355-8270 [www.CAPS.msu.edu](http://www.CAPS.msu.edu)  

MSU Fee Hall Psychiatry Clinic: 517-353-3070 [www.psychiatry.msu.edu/services](http://www.psychiatry.msu.edu/services)  

MSU Safe Place Relationship Violence and Stalking Program: [www.safeplace.msu.edu/](http://www.safeplace.msu.edu/)  

MSU Sexual Assault Program: (517) 372-6666 [www.endrape.msu.edu](http://www.endrape.msu.edu)
Appendix B:

Off Campus Resources (Identified by Site Location)

Shelter and supportive services to victims of domestic and sexual violence

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

Detroit Central City Health Center: (313) 578-6123
Mental health, housing, and substance abuse programs

Macomb County Community Mental Health: (855) 996-2264
Crisis center with resources for substance abuse, urgent behavioral healthcare, and abuse reporting

Macomb Family Services (Clinton Twp, MI): (586) 226-3440
Counseling for individuals, families, and children; Sliding scale is available. Ability to pay for substance abuse (MCOSA.) Medicaid is accepted when referred from C.M.H. and C.A.R.E. Medicare, BC/BS, and private fee are also accepted

Michigan Mental Health Networker (Lansing, Oakland, Washtenaw and Wayne County):
The Michigan Mental Health Networker provides mental health services information to treatment professionals, social service organizations and the general community. The Networker collects information about therapists, agencies and self-help groups in Ann Arbor, Detroit Metro, Jackson, Lansing, and other areas of mid-to-lower Michigan. Go to: www.mhweb.org/index.html

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

New Center Community Services (Detroit, MI): (313) 961-3200
Mental health, and substance abuse counseling

myStrength
The health club for your mind™

A website based on Cognitive Behavioral Therapy models dedicated to providing many daily motivational tips and resources for individuals struggling with depression, anxiety and/or stress.
FREED FORMACOMBCOUNTYRESIDENTS/VISITORSONLY.
SIGN UP TODAY:
1. Visit www.myStrength.com
2. On the www.myStrength.com home page, click on "Sign-up."
3. Enter the following Access Code for MACOMB COUNTY COMMUNITY MEMBERS: MCCOMHcomm
4. Enter the following Access Code for MACOMB COUNTY CONSUMERS ONLY: MCCOMHper
5. Complete the myStrength sign-up process with a brief Wellness Assessment and personal profile.
6. Go Mobile by using the access code above, get the myStrength app for smart phones such as; iOS and Android devices at: www.mystrength.com/mobile.
Appendix C:

New CARE Team promotes student mental wellness

Mar 13, 2017 1:00 AM

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

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

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

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

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

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

Coordinating wellness efforts within MSUCOM has always been a challenge.

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

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

To learn more about the CARE Team, visit http://com.msu.edu/About/CARETeam or email msucomcareteam@hc.msu.edu.
Mission
The MSUCOM CARE Team is committed to improving the well-being of students and promoting student success at all three sites of the Michigan State University College of Osteopathic Medicine by proactively and collaboratively identifying and assisting students in distress. The team coordinates with students, faculty, and staff using thoughtful approaches to identifying, assessing and intervening with individuals of concern.

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

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

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

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

MSUCOMCARETeam@hc.msu.edu

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

The MSUCOM CARE Team hears your concerns
If you have any reason to believe a student needs extra support, please let the MSUCOM CARE Team know. Here are a few things you might notice:

- Unexplained absences
- High levels of irritability/appropriate excitement
- Signs of an eating disorder
- Abnormal or exaggerated emotional responses
- Sudden or dramatic changes in appearance
- Alienation or isolation from others
- Sudden or dramatic changes in behavior
- Disclosure of concerning information
- Threatening, stalking, or intimidating behavior
- Signs of alcohol/Substance abuse
- Academic distress
- Suicidal ideation

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

MSUCOMCARETeam@hc.msu.edu

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

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

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

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

Peer Mentors (PM)
PeerMentors.MSUCOM@gmail.com

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

“A mentor empowers a person to see a possible future, and believe it can be obtained.” ~Shawn Hitchcock

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

Advisors
Dr. John Taylor
Ms. Kim Peck
Ms. Alissa Berry

Administrative Assistant

President
Vice Presidents
Secretary
Treasurer
Fit for Life Chair

President
Kelsey Stoddard
Nataliya Bukaryn
Sean Beyer
Lindsay Schichtel
Hajwan Augustin
Madison Fringer

Vice Presidents
Denise Nguyen
Khadije Saad
Jessica Greb
JP Kelly
Megan Spencer
Hannah Winget
Alex Miranda
Omar El Kateeb
Ryan Rosen

Secretary
Treasurer
Fit for Life Chair

Sunshine Committee Chairs
Mentoring Chairs
Health and Wellness Chairs

Sunshine Committee Chairs
Mentoring Chairs
Health and Wellness Chairs

Denise Nguyen
Khadije Saad
Jessica Greb
JP Kelly
Megan Spencer
Hannah Winget
Alex Miranda
Omar El Kateeb
Ryan Rosen

EL
DMC
MUC
EL
DMC
MUC
EL
DMC
MUC
Appendix E: Medical Student Mental Health Committee

Medical Student Mental Health Committee (MSMHC)

We are committed to increasing awareness, decreasing stigma, and improving treatment options to strengthen the mental health of MSUCOM medical students. Please feel free to reach out to us …

Advisors

Alyse Ley, DO
John Taylor, PsyD

Class of 2018 Representatives

Joan Han, President
Arpon Shaked, Vice President

Class of 2019 Representatives

Elise Yoon, EL
Ayah Anam, EL
Dominic Misial, MUC
Jonathan Kirupakaran, MUC
Ryan McCabe, DMC
William Childs, DMC

Class of 2020 Representatives

Parvathy Sankar, EL
Emma Hare, EL
Jessica Greb, MUC
Natalie Bartnak, MUC
Zina Chaker, DMC
Khadija Saad, DMC
Appendix F: Report to Committee on Student Evaluation

Michigan State University College of Osteopathic Medicine
OFFICE OF PERSONAL COUNSELING/HEALTH PROMOTION

Report to Committee on Student Evaluation

Student name: ________________________________

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

Student Signature: ___________________________ Date: _____________

Summary of Counselor Discussion with Student in Preparation for COSE

Counselor Recommendations Derived from Discussion with Student in Preparation for COSE

1) 
2) 
3) 
4) 

Referrals

☐ None ☐ Off-Campus Mental Health Specialist ☐ PEAK
☐ RCPD ☐ Course faculty ☐ Other ____________________________

Counselor Name and Professional Information: John R. Taylor, Psy.D., Licensed Psychologist
Director, MSU COM PC/HP
965 East Fee Road, Room C-18A East Fee Hall
East Lansing, MI 48824
Phone: 517-432-0142 E-mail: john.taylor@hc.msu.edu

Counselor Signature: ___________________________ Date: _____________
Appendix G: Student Informed Consent to Services

Michigan State University College of Osteopathic Medicine
OFFICE OF PERSONAL COUNSELING/HEALTH PROMOTION

Student Informed Consent to Services

Student Preferred Name: ____________________________

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

Student Signature: ____________________________ Date: __________

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

I prefer to be identified by my sex as (please circle one): Male/Female/Prefer Not to Answer

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

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

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

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

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

Other supportive services (e.g., RCPD, PEAK) through MSU or COM I have received are: ____________________________
Appendix H: Overview Guidelines for an Initial Student Meeting

Overview Guidelines for an Initial Student Meeting

Counselor Greeting and Introduction (30 seconds)

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

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

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

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

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

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

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

Autism/Asperger’s
Autism Spectrum Quotient
PDD Assessment Scale

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

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

Couples
Couples Pre-Counseling Inventory

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

Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition

ICD-10 Classification of Mental and Behavioural Disorders

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

Disability/Functional Impairment
Disability Assessment Schedule WHO
Weiss Functional Impairment Rating Scale

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

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

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

Mental Status Examination
Mental Status Examination Rapid Record Form
Appendix I: Diagnostic Assessment Measures

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

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

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

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

**Sleep**
- Epworth Sleepiness Scale
- International Classification of Sleep Disorders-Revised

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

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

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

**Traumatic Brain Injury**
- Rivermead Post Concussion Symptoms Questionnaire
- TBI Screening
- TBI Sports Readiness Intake
Appendix J: Primary Web Pages for Office of PC/HP

Personal Counseling and Health Promotion (PC/HP)

Our office is devoted to addressing the personal and professional issues of MSUCOM medical students. If it’s important to you, it’s important to us.

The premise upon which our office is built:

- Confidentiality is paramount.
- Each individual will be treated with dignity.
- Everyone needs and deserves to be heard; no issue is too small or too large.

Information about PC/HP
- Meet our PC/HP Team
- Take an Online Mental Health Screening
- Schedule an Appointment
- Online Self-Help Resources
- University Resources

In case of a Life-Threatening Emergency, please call 911 or go to the nearest emergency room.

The Lifeline is FREE, confidential, and always available.
HELP a loved one, a friend, or yourself.

Our CARE Team

COM Programs and Resources
- Medical Student Mental Health Committee (MSMHCC)
- Mental Health Guide
- MSUCOM Mindfulness Facebook Page
- PEAK
- Peer Mentors Group
- Personal Counseling/Health Promotion Brochure
- PC/HP Information Card

*To get through the hardest journey, we need take only one step at a time, but we must keep on stepping.*
Appendix J: Primary Web Pages for Office of PC/HP

Information about PC/HP

Welcome to the Office of Personal Counseling/Health Promotion website and associated webpages. We aspire to make the information easily accessible and helpful to busy student doctors (and faculty and staff). If for some reason you are unable to find what you are in need of, please contact the Director, Dr. John Taylor, at (517) 432-0162 or john.taylor@msu.edu.

Mission of Personal Counseling/Health Promotion

The new office of Personal Counseling/Health Promotion strives to provide support, guidance, and resources to COM students, as well as faculty and staff who are in positions to foster student well-being and professional growth. Medical school is truly a life-changing event in many ways, and challenges students to be adaptable, resilient, and mindful learners. Through the provision of holistically-informed and evidence-based practices, PC/HP is committed to helping students develop into well-rounded, compassionate, and first-rate osteopathic practitioners for the twenty-first century.

The Personal Counseling/Health Promotion Team

A team-oriented, interdisciplinary approach is seen as integral to identifying interventions which contribute to student success. The core team is represented by qualified clinical health professionals who are experienced in helping students with adjustment issues, psychological difficulties, academic obstacles, and the variety of challenges medical students face. Strict adherence to student confidentiality is protected by the team. Informed, written consent by the student is always required in instances where students request communication with other parties on their behalf. No problem is too daunting, and the team is committed to working side-by-side with students and turning seeming adversity into growth-enhanced learning.

The Service-Oriented Pledge

The Office of PC/HP and the PC/HP Team strives to provide current, proven, and outcome-oriented services which enhance the medical student experience. Through the provision of consultation, individual and group counseling, workshops, student advocacy, leadership/advocacy roles, and other programming, the primary directive of this office and team is to put students first. Consumer feedback is welcome and sought after to continually evaluate how our services can be improved upon.

*Worry never robs tomorrow of its sorrow, it only saps today of its joy.* - Leo Buscaglia
Appendix J: Primary Web Pages for Office of PC/HP

Meet our PC/HP Team

**John R. Taylor, PsyD**
Director, Personal Counseling/Health Promotion
(517) 332-8141
John.Taylor@msu.edu

**Al Aniskiewicz, PhD, ABPP**
Clinical Psychologist
Professor, Psychiatry and Neurology
Al.Aniskiewicz@msu.edu

**Mangala Sadasivan, PhD, CCC**
Director, PEAK Program
(517) 332-8903
Mangala.Sadasivan@msu.edu

**Kristopher Amon, LLPC**
Counselor, Personal Counseling/Health Promotion
(517) 332-8141
Kristopher.Amon@msu.edu

**Ms. Alissa Berry**
Administrative Assistant, Personal Counseling/Health Promotion
(517) 334-2596
Alissa.Berry@msu.edu

"Praise your words, not your voice. It is rain that grows flowers, not thunder."
- Ramsay
Appendix J: Primary Web Pages for Office of PC/HP

Take an Online Mental Health Screening

These screenings are confidential. If you complete a screening and wish to follow up with an appointment or have additional questions, please print the survey results and contact Dr. John Taylor.

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<td>Suicide</td>
<td>Alcohol or Substance Abuse</td>
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<td>Anxiety</td>
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<td>Bipolar Disorder</td>
<td>Burn Out</td>
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<td>Depression</td>
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<td>Eating Disorder</td>
<td>Psychosis</td>
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<td></td>
<td>PTSD (Post-Traumatic Stress Disorder)</td>
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</table>

"Do something today that your future self will thank you for."
Appendix J: Primary Web Pages for Office of PC/HP

How to Schedule an Appointment

If you need to schedule an appointment to see Dr. Taylor, I am happy to help you. You may call, email, or stop by my office in person. I will keep all of your information confidential between myself and Dr. Taylor.

Ms. Alissa Berry
My phone number: (517) 432-0141
My email: herdin24@msu.edu
My office: C18-B, East Fee Hall (East Lansing campus)

"Be kind whenever possible. It is always possible." —Dalai Lama
Appendix J: Primary Web Pages for Office of PC/HP

Self-Help Resources

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<th>Resource</th>
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<td>How to Stop a Panic Attack</td>
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<td>A Breathing Meditation to Cultivate Mindfulness</td>
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<td>Mindfulness Meditation: Acceptance of Thoughts and Feelings</td>
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<td>Guided Meditation for Self-Compassion</td>
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<td>Mindfulness Meditation Taster with John Kabat-Zinn</td>
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<td>How Health Professional Students Can Manage Test Anxiety</td>
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<td>How to Manage Medical Student Stress and Burnout</td>
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<td>Resources Related to Self-Care and Burnout (from OST582)</td>
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"If you change the way you look at things, the things you look at change."
-Wayne Dyer
## Appendix J: Primary Web Pages for Office of PC/HP

### University Resources

<table>
<thead>
<tr>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Center for Persons with Disabilities</td>
</tr>
<tr>
<td>Counseling Center</td>
</tr>
<tr>
<td>Office of Institutional Equity (OIE)</td>
</tr>
<tr>
<td>Clin Health Center Psychiatry</td>
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<tr>
<td>Safe Place</td>
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<tr>
<td>LBGT Resource Center</td>
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<tr>
<td>Sexual Assault Program</td>
</tr>
<tr>
<td>Mosaic: The Multicultural Unity Center</td>
</tr>
<tr>
<td>Office of International Students and Scholars</td>
</tr>
<tr>
<td>Family Resource Center</td>
</tr>
</tbody>
</table>

*What a wonderful thought it is that some of the best days of our lives haven’t happened yet.*
Mission of the Office of Personal Counseling/Health Promotion

The new office of Personal Counseling/Health Promotion strives to provide support, guidance, and resources to COM students, as well as faculty and staff who are in positions to foster student well-being and professional growth. Medical school is truly a life-changing event in many ways, and challenges students to be adaptable, resilient, and mindful learners. Through the provision of holistically-informed and evidence-based practices, PC/HP is committed to helping students develop into well-rounded, compassionate, and first-rate osteopathic practitioners for the twenty-first century.

Meet Our Team

John R. Taylor, PsyD
Director, Personal Counseling/Health Promotion
John.Taylor@hc.msu.edu

Al Amskiewicz, PhD, ABPP
Clinical Psychologist
A.Amskiewicz@hc.msu.edu

Mangala Sadasivan, PhD, CCC
Director, PEAK Program
Mangala.Sadasivan@hc.msu.edu

Kristopher Amos, LRPC
Counselor
Kristopher.Amos@hc.msu.edu

"To get through the hardest journey, we need take only one step at a time, but we must keep on stepping."
COM Programs and Resources

Individual and Group Counseling

The Office of Personal Counseling/Health promotion offers confidential individual and group counseling sessions for a variety of issues. These issues include but are not limited to adjustment challenges, psychological difficulties, academic obstacles, and the variety of challenges medical students face.

Medical Student Mental Health Committee (MSMHC)

MSMHC was founded by medical students Joan Han and Arpna Shah. They developed MSMHC to provide a safe and supportive community for medical students, with appropriate resources and education to contribute to improved mental self-care.

Mindfulness and Meditation

The student mindfulness group provides pre-exam meditations, and an outlet to cultivate mindfulness and a meditation practice with other COM students.

MSUCOM CARE Team

The MSUCOM CARE Team collaborates with students, faculty, and staff to improve the well-being of students, and promote student success at all three sites. To refer a student to the CARE Team, go to www.com.msu.edu/About/CARETeam/

Peer Mentors

The Peer Mentors are made up of peer-nominated students who display an ability to lend a helping hand, listening ear, and genuine concern to those who need it. They provide advice, and can refer to the many great resources MSUCOM has to offer. Peer Mentors also ensure privacy and compassion at all times.

PEAK Learning Center

Dr. Mangala Sadashivan is director of the PEAK Learning Center. PEAK provides COM students with academic success workshops and assistance in applying PEAK principles to specific academic goals. PEAK also provides students with "BOOTCAMP for DOATOS" preparation, along with the ECHO (Emotional Cognitive Health Outreach) initiative.

For more information about our programs: com.msu.edu —> Students —> Student Service Divisions —> Counseling & Health Promotion

Schedule an Appointment

To schedule an appointment with Dr. Taylor or Kris Amos, please contact:
Ms. Alissa Berry
Phone: (517) 432-0141
Email: Alissa.Harding@hc.msu.edu
Office: C18-B East Fee Hall
East Lansing campus

To schedule an appointment with Dr. Anskiewicz or Dr. Sadashivan, please contact by e-mail; listed.

The Lifeline is FREE, confidential, and always available. HELP a loved one, a friend, or yourself.

Get rapid access to expert advice and local resources: Call 1-800-273-TALK (8255) or text "START" to 116111.
Appendix L: Authorization for Release of Information

Student Authorization for Disclosure of Academic and/or Personal Information

Medical Student Name

Date of Birth: ____________________________

Phone Number: __________________________

Email Address: __________________________

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

From: ____________________________

To: ____________________________

I consent for ONLY THE FOLLOWING information to be disclosed:

☐ Ongoing communication as needed between the parties specified above

☐ Verbal exchange of information

☐ Information about student academic performance

☐ Information about personal challenges that could be impacting student academic performance

☐ Other – specify ____________________________

The purpose of this disclosure is (check one):

☐ Ongoing Academic Support  ☐ Ongoing Counseling Support  ☐ Disability Services Request

☐ Other (Specify): ____________________________

________________________________________________________________________

Medical Student Signature ____________________________ Date __________

Michigan State University

College of Osteopathic Medicine

Office of Counseling and Health Promotion

965 Fee Rd

610 East Fee Hall

East Lansing, MI 48824

517-332-0141

Fax: 517-334-8082

MSU is an affirmative-action, equal-opportunity institution.
Appendix M: Student Counseling Note

Michigan State University College of Osteopathic Medicine
OFFICE OF PERSONAL COUNSELING/HEALTH PROMOTION

Student Counseling Note

Student: 
Date and Time of Appointment: 
Referral Source: 
Presenting Concern: 
Risk: 
Background (Add as Necessary from First Contact): 
Impressions: 
Intervention/Counseling Approach: 
Disposition/Recommendations: 

_________________________________________ Date
### Appendix N: Excel Data Tracking Worksheet

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</table>
Appendix O: Personal Counseling Service Data

Personal Counseling Service Data
Sept 6, 2016 to August 15 2017
John Taylor, Psy.D., Licensed Psychologist
Director, MSUCOM Office of
Personal Counseling/Health Promotion

Introduction

In the past year the MSUCOM Office of Personal Counseling/Health Promotion went through restructuring of its service model to align with best practices in the delivery of mental health services to students:

- MSUCOM CARE Team
- Reformatting the MSUCOM PCHP team comprised of licensed health professionals from the Department of Psychiatry
- Developing documentation practices for protecting student confidentiality while enabling collation of data essential for informing service delivery practices and quality control
- QPR Suicide Prevention Training for MSUCOM students, faculty and staff
- Hiring a licensed mental health counselor to provide a range of services to students at MUC and DMC
- Further clarifying and enhancing the roles of student groups involved with mental health promotion: Peer Mentors and Medical Student Mental Health Committee
- Forming closer working relationships with faculty, staff and other units and groups involved with students
Appendix O: Personal Counseling Service Data

Data Summary of MSUCOM
Seen by Dr. Taylor

- For the fall, spring and summer semesters of the academic year, 2016-2017 1st year COM students were the largest group (52%) served (n = 94/182)
- An almost equal number of self-identified male (n = 90) and female students (n = 92) were seen
- Students racially/ethnically self-identified as 34% non-Caucasian and 66% white
- The most predominant presenting concern, life stress (n = 96) was tied to numerous factors such as academics, relationship issues, family conflict and loss
- Thirty-six percent of students seen had at least 1 previous counseling encounter (n = 66) and 31% (n = 49) had used or were currently taking at least one psychotropic medication
- 36 students seen (20%) met criteria for a major psychiatric diagnosis
- The majority of students (95%) were deemed Level 1 low risk (n = 172), 9 were ranked moderate risk (Level 2) and one student met Level 3 criteria for the highest risk level leading to psychiatric hospitalization.

Personal Counseling COM Student Demographic Data

Self-identified by Sex
- Males: 92, 51%
- Females: 90, 49%

Self-identified by Race/Ethnicity
- White: 120, 66%
- Black: 7, 4%
- Asian: 15, 8%
- Hispanic: 14, 8%
- Middle Eastern: 26, 14%

Student Class Standing (N = 182)
- 1st Years: 94
- 2nd Years: 66
- 3rd Years: 18
- 4th Years: 4
Appendix O: Personal Counseling Service Data

Personal Counseling Types of Student Presenting Concerns

- Stress: 96
- Relationships: 50
- Academics: 43
- Consultation: 19
- Loss: 6
- Traumatic Event: 5
- Social: 4
- Career: 3
- Substance Abuse: 2
- Medical Health: 2
- Reinstatement: 1
- Acculturation: 1

Note: 26 students reported more than one area of concern

Personal Counseling Student Mental Health Treatment History

- Number of Students with Previous Involvement in Psychotherapy:
  - Therapy: 116, 64%
  - No Therapy: 66, 36%

- Number of Students with Previous Use of Psychotropic Medication:
  - Psychotropic Medication: 111, 69%
  - No Medication: 49, 31%
Appendix O: Personal Counseling Service Data

Service Utilization Patterns for Students Presenting with the Most Significant Mental Health Issues

- There was a significant difference in the number of sessions used by students with anxiety and depression disorders (N = 100) compared to students with temporary adjustment disorders (N = 68).
- Students identified with depression and anxiety disorders (N = 33) represented 18% of students seen while utilizing 26% of total hours of service provided to all students.
- Taken together, thirty-four percent of students presenting with the most significant problems (N = 61) utilized 44% (168 hours) of the total number of service hours provided to all students (N = 381).
Appendix O: Personal Counseling Service Data

Personal Counseling Risk Level Assessment Data

Clinician Assessment of Students Seen by Risk Level

- Level 1: Thriving; No major psychological problems reported, transitional adjustment, stabilized mental health
- Level 2: Slipping; Psychological distress/destabilizing mental health but coping, transitional/academic difficulty
- Level 3: Floundering; Psychological distress/destabilized MH escalates from Level 2 to high risk behavior requiring urgent clinical attention such as active suicidality, self-harming behaviors, psychosis or threat to others

Personal Counseling Recommendations Data

Recommendations Developed from Student Counseling Intake Session

- ADHD Testing (Referred)
- Advising
- Counseling (In-house)
- Group Therapy
- PEAK
- PRN (Seen as Needed)
- Psychotropic Medication
- Referred for Therapy
- Withdrawal
Appendix O: Personal Counseling Service Data

Prevalence of Previous Use of Psychotherapy and Psychotropic Medication Reported by Students

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Psychotherapy</th>
<th>Medication</th>
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</thead>
<tbody>
<tr>
<td>No Diagnosis (N = 85)</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>Adjustment Disorder (N = 28)</td>
<td>39%</td>
<td>18%</td>
</tr>
<tr>
<td>Anxiety/Depressive Disorder (N = 33)</td>
<td>67%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Overall Impressions of Personal Counseling Service Data for Fall 2016 and Spring 2017 Semesters

- On the whole, the majority of students (66%) seen (N = 121/182) were managing personal pressures, albeit, they were experiencing various levels of transient or normal stress.
- For future study is to identify how students in the majority are dealing with medical school and life pressures differently, than students with more significant mental health issues.
- Irrespective of the level of stress and mental health difficulties medical students may experience there is a need to 1) identify the range of stress management approaches students find effective, and 2) determine what factors enable students to benefit from implementing specific self-care approaches, including counseling.
## Appendix O: Personal Counseling Service Data

### Assessment Tools

#### Assessment: The Love, Work, Play and Health Questions

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

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

Assessment Tools

Ball’s-Eye Plan

Values Description
(Love, Work, Play)

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Action Plan:

Patient

Beginning of Visit

Please Circle a number below to describe how you’ve been over the past week in 4 areas.

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Clinician

Date

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

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Appendix O: Personal Counseling Service Data

Educational Tools

**OPEN**
- If “stuck,” be curious, model acceptance, notice the “mind”
- Support openness and curiosity about previously avoided inner experiences
- Attend to thinking as an ongoing process, rather than the world structured by it

**AWARE**
- If confused, go to present/look at different perspectives
- Promote flexible, voluntary and purposeful attention to the now
- Support mindfulness and noticing the continuity of consciousness

**ENGAGED**
- When possible, promote connection between values and action
- Move toward identifying ongoing and qualities of action meaningful in the here and now
- Construct concrete behavior change exercises

*Figure 7.2* Pillars of Psychological Flexibility and suggested therapeutic actions.
Appendix P: Student Satisfaction Survey

Overview of MSUCOM Personal Counseling Student Satisfaction Survey

Presented by:
Dr. John Taylor
Director
Office of Personal Counseling/Health Promotion

Overview of MSUCOM Personal Counseling Student Satisfaction Survey

- For the 2016-2017 academic year (Sept. to mid-May)
  144 unique students seen by Dr. Taylor were invited by e-mail to complete an anonymous satisfaction survey
- Approximately 44% of students replied (n = 63)
- The survey identified continued areas for improvement including timely responsiveness to student requests for assistance and services
- This data will serve as baseline upon which to gauge the future quality and effectiveness of services offered through the Office of Personal Counseling/Health Promotion
Appendix P: Student Satisfaction Survey

Overview of MSUCOM Personal Counseling Student Satisfaction Survey

Percentage of students agreeing to these questions:
• Scheduling with the counselor went smoothly – 79.4%
• My counselor made it safe for me to share my concerns openly – 85%
• My counselor understood my problems – 72%
• My counselor helped me identify ways to deal with my problems effectively – 74.6%
• Counseling added to my ability to cope with medical school pressures – 68.2%
• I believe all of my information was confidential unless I gave permission to release it – 85.7%
• I would encourage fellow medical students to use counseling services – 80.9%

Overview of MSUCOM Personal Counseling Student Satisfaction Survey

Comparisons of counselor/student interactions by gender and racial/ethnic identity suggest the majority of students seen had a positive encounter.

“My counselor made it safe for me to share my concerns openly”

![Graph showing comparisons of counselor/student interactions by gender and racial/ethnic identity.]

Strongly Agree | Strongly Disagree
--- | ---
Male (N = 18) | 4.22 | 1
Female (N = 41) | 4.94 | 1

Strongly Agree | Strongly Disagree
--- | ---
White (N = 36) | 4.36 | 1
Other (N = 18) | 4.67 | 1
Appendix P: Student Satisfaction Survey

Please Indicate the Primary Concerns You Discussed with Your Counselor

- Situational: 49 (77.8%)
- Academics: 27 (42.9%)
- Emotional: 10 (30.2%)
- Relationship: 16 (25.4%)
- Family: 14 (22.2%)
- Loss: 8 (12.7%)
- Other: 5 (7.9%)

Please Indicate the Extent to Which You Agree or Disagree with Each Statement

Scheduling with the counselor went smoothly.

- Strongly Agree: 42 (66.7%)
- Agree: 8 (12.7%)
- Neutral: 4 (6.3%)
- Disagree: 4 (6.3%)
- Strongly Disagree: 5 (7.9%)

My counselor made it safe for me to share my concerns openly.

- Strongly Agree: 43 (68.3%)
- Agree: 11 (17.5%)
- Neutral: 0 (0%)
- Disagree: 2 (3.2%)
- Strongly Disagree: 7 (11.1%)
Appendix P: Student Satisfaction Survey

Please Indicate the Extent to Which You Agree or Disagree with Each Statement

My counselor understood my problems.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>38 (57.1%)</td>
<td>13</td>
<td>5</td>
<td>3</td>
<td>11 (20.6%)</td>
</tr>
<tr>
<td>Agree</td>
<td>17 (25.4%)</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>1 (1.6%)</td>
</tr>
<tr>
<td>Neutral</td>
<td>3 (4.6%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>2 (3.2%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>8 (14.3%)</td>
</tr>
</tbody>
</table>

My counselor helped me identify ways to deal with my concerns effectively.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>30 (47.6%)</td>
<td>17</td>
<td>12</td>
<td>14</td>
<td>11 (20.6%)</td>
</tr>
<tr>
<td>Agree</td>
<td>17 (27%)</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1 (1.7%)</td>
</tr>
<tr>
<td>Neutral</td>
<td>12 (19%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>3 (5%)</td>
<td></td>
<td></td>
<td></td>
<td>2 (3.2%)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>6 (9.5%)</td>
<td></td>
<td></td>
<td></td>
<td>8 (14.3%)</td>
</tr>
</tbody>
</table>

Please Indicate the Extent to Which You Agree or Disagree with Each Statement

Counseling added to my ability to cope with medical school pressures.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>29 (46%)</td>
<td>14</td>
<td>9</td>
<td>4</td>
<td>11 (19%)</td>
</tr>
<tr>
<td>Agree</td>
<td>13 (21%)</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>2 (3.4%)</td>
</tr>
<tr>
<td>Neutral</td>
<td>4 (6.7%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>7 (11.8%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>7 (11.8%)</td>
<td></td>
<td></td>
<td></td>
<td>8 (13.9%)</td>
</tr>
</tbody>
</table>

I believe all of my info was kept confidential unless permission given.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>52 (82.5%)</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8 (13.9%)</td>
</tr>
<tr>
<td>Agree</td>
<td>0 (0%)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>8 (13.9%)</td>
</tr>
<tr>
<td>Neutral</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>8 (13.9%)</td>
</tr>
</tbody>
</table>
Appendix P: Student Satisfaction Survey

Please Indicate the Extent to Which You Agree or Disagree with Each Statement

I would encourage fellow medical students to use counseling services.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>44</td>
<td>7</td>
<td>1</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Percentage</td>
<td>66.8%</td>
<td>11.1%</td>
<td>1.6%</td>
<td>6.3%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Please indicate how you were referred to personal counseling

- Self
- Classmate
- Faculty
- Staff
- PE/AF
- Dr. Fak's office
- Other

Recommendations from MSUCOM Personal Counseling Student Satisfaction Survey

- Continue to improve student accessibility to timely professional services
- Improve on clarifying problem identification and student outcome expectations at first encounter
- While the survey data is encouraging questions from outlying students’ scores and responses are essential to address:
  - What counselor x student factors can be identified to better aid students in getting the help and resources they need?
  - What student x school factors can be identified to better aid students in getting the help and resources they need?
Appendix P: Student Satisfaction Survey

Recommendations from MSUCOM Personal Counseling Student Satisfaction Survey

• Input from a small, albeit a most important, group were those students who reported dissatisfaction with services. Some key areas to address include:
  – Establishing an atmosphere of trust and accountability with students from the first encounter onward: This could entail counselor follow-up wellness contacts by e-mail or phone
  – Increasing office credibility/visibility through ongoing relationship building and working with various COM student organizations
  – Sending out future student surveys focused on identifying other types of mental health and wellness resources that may be better suited for the medical student population
  – Continuing efforts currently supported by the office of PC/HP to reach out to students at all three sites
Appendix Q: Surveys for the Q-P-R Suicide Prevention Trainings

Peer Mentor/MSMH QPR 5/20/17 Training Survey (n = 75)

Very Likely

Very Unlikely

How likely are you to recommend this training to another student?

How likely are you to be prepared to apply the skills you learned from this training?

Peer Mentor/MSMH QPR 5/20/17 Training Survey Respondent Feedback

What did you find most helpful about the training?

What did you find least helpful about the training?

Roleplay 18
Interactive 17
Action Steps 15
Examples 7
Resources 4
Presenters 4
Content 3
MH Module 2

Roleplay 11
Videos 3
Too Long 3
Repetition 2
On Weekend 2
Too Early 1
Appendix Q: Surveys for the Q-P-R Suicide Prevention Trainings

Survey Respondent Suggestions

- Need to address the real issues why students are having issues
- Specific strategies to deal with burnout
- This training should be taught to all staff and students
- Training should be offered sooner (than second year)
- Include discussion of survivors of sexual assault
- More time for role play
- Shorten the length of the power points

MSUCOM Student Services Staff
5/24/17 Training Survey

![Survey Results Chart]

Very Likely

Very Unlikely
Appendix Q: Surveys for the Q-P-R Suicide Prevention Trainings

MSUCOM Student Services Staff
5/24/17 Training Survey Respondent Feedback

What did you find most helpful about the training?

- Roleplay: 7
- Everything: 3
- Resources: 2
- Group Discussion: 2
- Myth-busting: 1
- Content: 1

What did you find least helpful about the training?

- Roleplay: 1
- Length Presentation: 1

Survey Respondent Comments

- It was all helpful
- Application of your knowledge through role plays
- The length of the presentation could be shortened
- Appreciated participants sharing stories of dealing with distressed students
- Actually asking a person if they were suicidal was important
- Having resources for future reference useful