

*They come here to learn,  
but face challenges in doing so.*

***Listening to  
Students with ADHD***

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**Listening to  
Students with ADHD...**

***“It is difficult to keep up with some of the upper division classes. The ones that move fast paced can be difficult, but I truly find tests difficult. It can be hard to focus with fast-paced learning & high expectations for students, which can make the pressure of tests & school more of a chore rather than a fun experience.”***

—female, age 23, has recently diagnosed ADD (attention deficit disorder)

***“Engaging and welcoming. Classes are challenging, yet are thought out. Teachers are engaging & definite pro’s.***

***Take any and every chance to talk with professors.”***

—ADHD Male

***“Its what I expected”***

—18 asian male ADHD

***“I have ADD and met with the DSPS (disabled) because I’m diagnosed. I don’t get many benefits.”***

—a 21 year old girl

***“My experience here has been really good so far. My ADD has made focusing & deadlines pretty tricky to accomplish.***

***I’ve had really good teachers. Met close friends.”***

—white, female, 22 years old, ADD, straight

***“Sometimes professors go to quickly through the course. I also go through personal struggles so that is also a challenge when trying to focus on school.***

***Sometimes professors can be unapproachable so it makes it difficult to get the help you need. However getting involved helps a lot.***

***I like the support I get from my sorority and also the teachers who genuinely care about the betterment of their students and their grades in school.***

***The amount of work out on us, it is hard to balance school/work/and an internship.”***

—Sicilian/irish, Californian (bay area), 19 y.o., Christian, add/depression

***“Having ADHD, being at this college has helped me a lot because the classes I take are my decision so I feel more interested and engaged in the learning environment.***

***I would like to share that as someone with ADHD having understanding engaging teachers is helpful for students that may suffer with that disability***

***Not allowing myself to be distracted and not having a smart phone has helped me because I am able to focus in class***

***(I don’t like) Having teachers that drone”***

—diagnosed with ADHD since kindergarten

***“It’s a diverse campus so I fit in regardless.”***

—Caucasian female 22 heterosexual, AD/HD, contacts, transfer ARC, raised by single mom, 1 older sister, no financial help

***“Difficult to focus. Most of my peers are much younger than I am. It feels as if Sac State lacks cultural diversity.***

***I like most of the professors I’ve had so far – they all have been great + share a common love for teaching that truly shows. They are their because they love teaching + not for a salary.”***

—white; female, straight, AD/HD, 25 years of Age

***“Difficult. It’s hard.***

***Unfriendly students.”***

—ADHD White

***“I have a lower tolerance for students distracting others in class.***

***The rampant cheating I observe is more disheartening than when I was younger.”***

—White male 36 years old, returning to school, ADHD

***“SSWD has been awesome. I like the little rooms (in the Center)—I have ADD so I don’t get distracted in the room all by myself where I can focus. And they’re awesome about giving reading programs like KURZWEIL...where I can see and hear the material.***

***It’s really hard to hear when professors talk to the board, and some teachers don’t write at all. When I record, some don’t like it. If they don’t allow, then I’m not shy at all about stopping them when I have questions.”***

—Auditory Processing Disorder since kindergarten (I have to be able to see and hear)

***“I’ve performed with the Marching Band for all 4 years so far, which really helped me find a good group of friends, and a good place to escape from the crazy outside world. Also, working on campus has really allowed me to see every type of person on campus.***

***I enjoy: the calmness of campus, teachers actually caring, the diversity in classes offered, the amount of facilities offered to students on/off campus, getting the majority of my classes offered for my major.***

***Teachers not replying back to messages, or pushing students away without helping (answering) them has been a real struggle.”***

—21, Female, 4<sup>th</sup> year, ADD, white

***“The biggest challenge is the AD/HD, I have never been seen by a doctor for it but I have read up on it and I am positive I have it, my mind is constantly running in all different directions at the same time and hardly can I focus on one particular thing.***

***Most teachers do care and there is a TON of help I can get on campus.***

***Whole life I felt I was lied to about college. I can’t take whatever I want, there is still a sh--ton required classes which is ridiculous and I will not continue with this. I am going to pursue a career in acting and theater.”***

—White, mexican, age 20 years, first to go to college, low income family, never that good at academics, AD/HD, heterosexual.

***“Everything is as expected***

***Normal college life nothing special”***

—Asian, New to College, AD/HD, 26, male

***“I feel like a fairly normal student. However, the challenge I face is having AD/HD as college student. This can be hard because most classes consist of heavy note taking, which requires focus, attention, and decent listening skills. Nevertheless, I feel my highly creative and intuitive personality is related to my disorder. This creativity comes in linguistic or typographic ways. Therefore, I excel in giving creative speeches or writing creative papers.***

***I just have always loved giving presentation in my classes. This is because public speaking can be creative, yet it has a spontaneous component. Both of which I am a pro at. However, some professors turn the creative, subjective art of writing or speaking into an objective science that seems more like a rigorous quantified approach to letters or words!***

***I like creativity (cr8tive), communication (public speaking), writing! Holistic learning, conceptual/abstract instead of practical & linear.”***

—No student specifics given other than what is stated above

***“Have always really enjoyed my professors. Beautiful campus. Wish I got more help w/ADHD.***

***(I like) Teachers w/empathy + kindness who remind me that school is a blessing.”***

—21 years old, female, ADHD, white, bi, sorority member

***“ADD is really hard to explain, because it’s not usually considered so bad you get accommodations for it, unless you need medication for it. When I say I have ADD, people say ‘oh, no, you don’t.’***

***I don’t use medication for it, and I cannot believe that people use it (abuse it) just to study.***

***I have to have quiet for my ADD, and I can’t multitask like others can.***

***I don’t like it when teachers get off topic, it distracts me even more.***

***With ADD you have to move, you need some kind of outlet. I chew gum, keep things in my hands to play with or jiggle my feet, which might be disruptive to the people or environment around me.***

***So you’re sitting there in class—and you feel claustrophobic. You can’t move because you don’t want to distract others, you have the teacher in front of you, so you know you shouldn’t move and can’t leave. You have this uncontrollable need to move, where it will just explode out of you.***

***Straight lecture is hard—but having breaks, activities, or group discussions offer the opportunity to move.”***

—24, female, graduating senior, have been here six years, I have ADD and low vision

## Students with ADHD

Attention Deficit/Hyperactivity Disorder (ADHD) is a lifelong, persistent pattern of inattention and/or hyperactivity and impulsivity that interferes with functioning or development across time and settings, according to The American Psychological Association's Diagnostic and Statistical Manual (DSM-V), the source for identification and description of various conditions. There are three types of ADHD possible: inattentiveness, hyperactivity-impulsivity, or a combination of both inattentiveness and hyperactivity-impulsivity.

While these terms, in whole or in part, may well apply to the majority of our students and ourselves at times, the difference is that adults with one of those types of ADHD manifest multiple symptoms causing severe disruptions across multiple areas of their lives, and this has occurred since childhood. ADHD can pose such significant challenges that people diagnosed with it may qualify for accommodations under the Americans with Disabilities Act.

According to the California State University Policy for the Provision of Accommodations and Support Services to Students with Disabilities, one of nine categories of disabilities established for reporting purposes in the California State University system is ADHD: "A neuro-cognitive disorder characterized by inattention, restlessness, impulsivity, and behavioral dysregulation, or a combination of these. Problems with focus and attention manifest as chronic problems with concentration, organizing work, planning, sustaining effort, and utilizing short-term memory."

### *How ADHD Affects the Brain*

ADHD is a brain-based disorder. "Executive Functioning" is the term used for important operations of the brain that people with ADHD show deficits in, such as planning, organizing, prioritizing, strategizing, managing emotions, and regulating behaviors through consideration of short- and long-term consequences of actions.

Studies on the brains of people with ADHD show chemical differences (in neurotransmitters), structural differences (in brain development, volume, and activity), and connectivity differences (communication networks between the different parts of the brain related to reward and consequence, as well as to attention). When you look at the brain scans of people with ADHD and those without it, in the former you would see significantly lower activity in the two areas of the brain responsible for motor activity and attention, as well other differences in volume and grey and white matter in other regions.

### *What Causes ADHD*

The exact cause of ADHD is not yet known, but there is a definite genetic component, as well as other risk factors that include: premature birth or low birth rate, childhood exposure to environmental toxins, brain injury, and extreme neglect or abuse. Maternal stress or smoking, drinking, and drug use are also under study.

ADHD is not caused by parenting style, family conflict, trauma, poverty, excessive sugar intake, or too much television or video gaming, although these may make symptoms worse.

## *Clearing Up Misconceptions about ADHD*

*ADHD is not made up.*

ADHD is real. Symptoms of ADHD were described as far back as the late 1700s and documented in children at the turn of the last century.

ADHD is recognized by the National Institutes of Health, the American Medical Association, the Centers for Disease Control, the World Health Organization, the American Psychiatric Association, and other major professional medical, psychiatric, and psychological associations.

Thousands of clinical and scientific studies on ADHD have been published, including those of brain scans of people with and without ADHD, showing clearly the many differences in the brain caused by ADHD, as previously described.

*ADHD does not equate with lower intellect.*

ADHD is a neuro-behavioral condition, in no way related to IQ. People with ADHD range in intellect much like the general population—from lower to higher, even superior, IQs.

Many people of noteworthy success, creativity, and intellect have ADHD, including, it is believed, entertainment icon Walt Disney, President John Fitzgerald Kennedy, Jr., and business mogul Richard Branson. Strengths recognized in people with ADHD include innovation, creativity, spontaneity, and courage to try new things

*ADHD is not over-diagnosed.*

The number of children with ADHD continues to rise each year, and some argue this is due to over-diagnosis. However, diagnosis is a lengthy process, involving multiple measures, and research shows that nine out of ten children are diagnosed by healthcare practitioners using best practice guidelines.

The rise in rate is instead explained in terms of the growing awareness of the condition, resulting in less stigma attached to it, and, therefore, greater disclosure of it and screening for it.

*ADHD is not just a childhood affliction.*

While ADHD symptoms may lessen or even disappear over time for some, findings from studies on the number of children who continue to manifest symptoms of ADHD into adulthood range at one-third to two-thirds, and up to as high as three-fourths.

Approximately 4% to 5% adults have ADHD in America, totaling 10 million people, at rates roughly equal in women and men.

### ***What It's Like to Have ADHD***

ADHD is experienced differently in individuals. Symptoms may vary in type and range from mild to severe in degree of manifestation. Treatment also may lower or prevent incidence of symptoms. With that in mind, adults with ADHD may experience one or more of the following:

- Easily sidetracked or distracted, trouble concentrating and paying attention—like “life in a snow globe” or “continual channel surfing without having control of the remote.” This can be overwhelming.
- Racing thoughts and inner agitation, as well as outward signs of restlessness—fidgeting, interrupting, difficulty sitting still for too long, impatience, difficulty in waiting, signs of boredom. Often this is described as needing to be perpetually “on the go,” as if being driven by a motor that just keeps running.
- Time-management and memory problems—trouble with punctuality, procrastination, adherence to deadlines, prioritization of responsibilities, and time allocation to tasks. Difficulty remembering important dates or tasks to be done means things can fall through the cracks completely or are done last-minute, and school, work, and personal life may suffer.
- Difficulty in doing tasks—getting organized, starting things, following directions, paying attention to detail, staying on it, and finishing. The list of things that need to be done may pile up, the frustration of tasks done incorrectly mounts, and the inability to complete tasks can dismay and discourage.
- Impulsive behavior—can blurt out things without thinking before speaking, behave without considering others or the consequences, make decisions without much deliberation, and go for quick, easy fixes rather than long-term solutions. Some may have disruptive behavior disorders that often come with ADHD: Oppositional Defiant Disorder (40% of individuals with ADHD) and Conduct Disorder (20-25% of adults with ADHD). This can complicate their lives even further.
- Low self-esteem—probably have been told from the time they were children that they are stupid, dumb, bad, lazy, immature, irresponsible, trouble makers, slackers, and/or can’t control themselves. They, too, likely wondered why or beat themselves up because they just couldn’t focus like everyone else.
- Troubles outside of academia—relational problems, work problems, financial problems, addiction problems, sleeping difficulties, accidents, and other problems due to forgetting things, losing or misplacing items, and risk-taking behavior or legal problems. The stress and distractions continue to pile up even higher....
- Emotional difficulties—quick-tempered, easily frustrated, trouble coping with stress, or experience mood swings. Approximately 38% of adults with ADHD have at least one other co-occurring mental health condition: anxiety (53%), depression (47%), and bipolar disorder (20% may show symptoms). This can make day-to-day functioning all the harder when their lives may already be difficult enough.



## *College Students with ADHD*

The number of people with ADHD pursuing their postsecondary education is on the rise, with the number of college students estimated to have ADHD at 2% to 8%.

In the National College Health Assessment by the American College Health Association (Spring 2020), for example, 9.3% of college students reported having ADHD, 8.9% said they had been diagnosed with ADHD, and 63.6% of these students had been treated by a healthcare or mental health professional for it in the past year.

Here at Sacramento State, there are 116 students with Attention Deficit/Hyperactive disability as a primary disability, according to the Fall 2020 Census.

College life can present even more challenges for someone with ADHD, especially in contrast to high school education: Longer classes, most in straight lecture format, and greater class reading and assignment amount and difficulty can all be a tremendous adjustment. A big, new campus with lots of new people and new social situations, as well as more independence and freedom than younger new students may have ever had in a school environment, can cause distractions and stress.

Furthermore, many students coming straight from their high school had a lot more structure there to keep them on track and, typically, a stronger monitoring system in terms of school faculty and staff keeping them on task. If diagnosed, they also likely received services and accommodations in the high school setting; in college, however, most do not. One study found that only about 20% disclose they have ADHD to the college, and of those who do, only 19% of that number used the resources offered.

It should also be noted that people with ADHD often have learning disabilities—up to a 50% likelihood. As if listening to lectures, working on assignments, and studying for exams wasn't already challenging enough with the ADHD!

Research shows that students with ADHD are more likely to have difficulty transitioning into college, have greater problems with academics and lower grades, and are more frequently on academic probation. One study showed that only 15% of young adults with ADHD earn their undergraduate degree (compared to 48% of the control group).

However, some students with ADHD may really flourish in college as compared to high school: Total time spent in class each week is far less and scheduling may make it easier to arrange classes with strategic break times. Students can choose their own classes and major. They may also attend events, join clubs, and enjoy other extracurricular activities of interest. Despite the odds, they may find college a more satisfying and rewarding learning environment than from that which they came.

[Based on information from the [Attention Deficit Disorder Association \(ADDA\)](https://add.org/), <https://add.org/> and [Children and Adults with Attention Deficit Disorder \(CHADD\)](https://chadd.org/), <https://chadd.org/>]

## What We Can Do

They face definite challenges to earning their college degree, but there are things we can do to support and assist them in their college education, in addition to the accommodations required for students with disabilities. The following suggestions would be helpful to students with ADHD on our campus and in our classrooms, and many would be helpful to just about all of our students!

### *In Conversation*

Remember that students with ADHD may appear to be bored or not listening, may interrupt frequently or talk a whole lot, may become impatient in waiting or frustrated easily with the “ups and downs of life.” We don’t always know who might have ADHD, but we do know those can be real symptoms of it. Misperceptions can form and then serve to adversely shape interactions thereafter if we lose sight of that.

Try to reduce surrounding distractions when talking to the student with ADHD or move to a better locale, if possible. If it’s something important, make sure to gain the student’s full attention and repeat if necessary. We can all at times become distracted in interactions with others, and students with ADHD may have a harder time than most.

### *In the Classroom*

Prevent or minimize distractions in the classroom for the ADHD student (unnecessary fliers on the wall in the front of the room, side conversations, texting, an open door by a busy hallway, etc.).

Provide a timeline or agenda for each class (stated or, even, better, written) so that students know about how long they will need to focus for different segments of the class.

Let learners know it’s okay to get up and stretch at any point in the lecture, as long as they are able to do so unobtrusively. Just knowing that they have that option can be a huge measure of comfort for students with ADHD, as well as other students with health conditions, even if they never once take you up on the invitation.

Start each lecture with a preview of the key material to be covered (so they know what to focus on), transition clearly between points (so they can more easily stay on track or get back on track if they lose focus), and then summarize key points at the end (so that these are reinforced or received at the end if missed when previously discussed).

Present key material orally and visually, and be explicit when there are items you really want students to focus on (e.g., “This is important,” “This will be on the exam,” “You need to know this in order to do the assignment correctly”).

Try not to lecture for too long of a period of time, and try to pepper the lecturing that you do with:

- Good stories
- Interesting examples
- “Fun facts” about the subject matter
- Humor
- Controversy in the material you are teaching
- Common misconceptions of the lecture topic cleared up
- Use of online interaction tools or “clickers” (classroom response systems that encourage active learning via student response to lecture material)
- Instructor emphasis on the value and utility of the information presented
- Opportunity for students to consider the ways that course material relates to their personal lives or how to use it to good effect inside or outside the classroom
- Great questions posed to the class
- Frequent invitations for students to comment and ask questions of their own
- Quick polls of the class [“With a show of hands, how many of you... (something in relation to topic)?”], Zoom polls, or fun quiz games, such as Kahoots

Try to break up the lecture portions of the class by teaching in other ways, such as:

- Pair work or group work
- Full and active class discussion
- Debate of the material, with students taking sides and arguing their position
- Hands-on work
- Role-play exercises
- Great clips
- Learning games, competitions, and contests
- Energizer activities related to course material
- Requests for volunteers to do something or lead a group/class discussion (the student with ADHD is likely to jump up)
- Demonstration or simulation exercises
- Creative exercises
- Self-assessment questionnaires or other hand-outs that ask students to apply course material to themselves or their lives
- Classroom assessment techniques that ask students to briefly respond in short, informal writing to questions about the day’s lecture (e.g., “What was most clear/unclear/valuable/interesting/etc. to you about today’s lesson?”)
- Student movement around the classroom
- Short “stretch breaks,” if possible

Don't under-estimate the power of your own great energy and enthusiasm for what you teach in keeping the focus and enjoyment of your students.

Offer frequent opportunities for students to ask questions, but also look for nonverbal signs of confusion indicating that they may have lost attention and are now a little lost, as most students can become from time to time.

Encourage students to get in the practice of comparing their class notes with one another to help students fill in any "holes" in their notes due to inattention.

Facilitate study groups in preparation for examinations. These can be more active learning opportunities for students and also a great way to obtain information missed or not fully understood.

### ***With Regard to Class Materials and Assignments***

Be ready with the textbook selection and course syllabus, complete with class calendar. Some students' accommodations may require lead time to convert materials into accessible formats for the students whose ADHD also comes with print disabilities. These and other students with ADHD may also want the advance time to get organized and started with course reading and possibly assignments, given these are things that may take longer for them to complete. There may also be other accommodations needed for students receiving services through SSWD.

Give freedom in topic choice and offer a variety of assignments and forms of assessment when possible, such as papers, presentations, tests, group projects, and hands-on work. Then students can choose the subject and assignment format they are most interested in, which may in turn help with assignment focus and completion.

Craft larger, longer-term assignments using scaffolding when you can, so that smaller steps (assignment given in chunks, with separate due dates, if possible) lead to bigger steps in end-assignment completion. This can help students achieve a lot in terms of course objectives and end tasks, while also helping to keep focus on one task at a time, which can seem more "doable" for some students.

Allow students the opportunity to have you review a rough draft of their work prior to the due date or arrange for peer review opportunities in your course; you might also consider building rough drafts into an assignment process/grade, when possible. This helps the student to stay on track with due dates and assignment requirements, and may prevent failure to do the assignment correctly or at all.

Remember, also, that some students' ADHD may sometimes impact their ability to follow assignment directions and requirements properly. They may go off-topic, misunderstand assignment parameters, miss requirements, and so on, in some cases doing more than expected but still not delivering what was asked. Allowing an assignment re-do can be helpful in such instances to help the student salvage a grade, as well as increase learning.

When tests come around: Remember when proctoring an exam that the student with ADHD may find it difficult to keep their heads down and eyes on their exam only, which may be mistaken for cheating. Some students find that their headphones with music can help with focus and concentration.

Be sure to have any exam accommodations in place for the student:

For the on-ground, exam. make tests available for the student in the Testing Center at least five business days before the scheduled exam date for conversion to accessible formats for students with print-related disabilities.

[Testing Center Website](https://www.csus.edu/student-affairs/centers-programs/testing-center/) <https://www.csus.edu/student-affairs/centers-programs/testing-center/>

Remember that online exams might require creation of extended time for the student. Instructions for how to do so may be found on Canvas.

### ***Last But Not Least:***

Talk with students who are struggling and appear to show symptoms of ADHD that are interfering with their learning:

The student may reveal that they have diagnosed ADHD and have been deemed eligible for accommodations through SSWD for it, but are choosing not to ask for them in the classroom. In such cases, it may be helpful to remind the student that the challenges of ADHD may be considerable in the college learning environment, and there is good reason that, by law, accommodations are in place for those eligible—to level the playing field for those whose brains work differently to pursue their higher education.

Alternatively, the student may disclose they have diagnosed ADHD, but have not gone through SSWD to see about services—or may not have ever once looked into the possibility that they have ADHD. In these situations, refer the student to SSWD.

Further information regarding SSWD services and steps to take to apply for accommodations may be found on the following page of this document, “Campus Resources.”

SSWD also offers assistance and guidance regarding ADHD that might be interfering with a student’s academic work but have not yet been recognized as such. Students and faculty with questions may contact or come by the office for further information.

SSWD also offers assistance and guidance regarding learning disabilities that might be interfering with a student’s academic work but have not yet been recognized as such.

Students and faculty with questions may contact or come by the office for further information. If no assessment report or documentation is available for ADHD or a learning disability, a Learning Disabilities Specialist can meet with students for an informational appointment to discuss their academic experience and options before students proceed with an assessment. Students with other disabilities that may impact learning should consider submitting other documentation for review and discussion of possible accommodations.

## Campus Resources

### ***Services for Students with Disabilities (SSWD)—***

Offers a wide range of support services to ensure students with disabilities have equal access and opportunity to pursue their educational goals. Application instructions are provided on the website for students with mobility or other physical disabilities, blindness/visual impairment, psychological disorders/cognitive disabilities, learning disabilities, and ADD/ADHD, and students who are deaf/hard of hearing. Services and accommodations for students may include, but are not limited to: specialized educational materials, adaptive equipment, adaptive computer training and use, note-taker services, testing accommodations, consultation with faculty for students with special academic needs, library assistance, disability management advising/counseling, on-campus housing accommodation, and graduate and professional program assistance and information referrals. Students with questions and faculty with inquiries or wanting to make a referral are welcome to contact or come by the office for more information.

Location: Lassen Hall 1008

Phone: (916) 278-6955

[SSWD Website](https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/) <https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/>

### ***Assistive Technology Lab (ATL)—***

Provides technological services to students with disabilities referred by SSWD counselors/specialists, including: a lab with alternative access to computers for students with disabilities to work on coursework and a training room for students to receive instruction on the adaptive technology appropriate to the student's disability (such as screen magnification and reading, scan/read programs). The ATL also provides consultation and assistance to faculty to convert course textbooks, syllabi, exams, class web content, slides, and handouts into alternative formatted instructional materials for students (such as Braille).

Phone: (916) 278-7915

ATL Computer Lab: Academic Information Resource Center 2011

ATL Training Lab: Academic Information Resource Center 2010

### ***Maryjane Rees Language, Speech and Hearing Center—***

Offers speech, language, and hearing services for people with communication challenges and/or cognitive disorders, including but not limited to: hearing loss, reading disorders, speech sound disorders, stuttering, cleft palate, voice disorders, and conditions associated with stroke, brain injury, concussion, progressive disorders, and other neurological impairment. Services are free to all, and those interested may get further information on the website, call, or stop by.

Location: Folsom Hall (7667 Folsom Blvd.) Room 2203 Phone: (916) 278-6601

[Center Website](https://www.csus.edu/college/health-human-services/community-services/language-speech-hearing-center.html) <https://www.csus.edu/college/health-human-services/community-services/language-speech-hearing-center.html>

***TRiO Student Support Services Program (through SSWD)—***

Provides to students with disabilities, who meet TRiO eligibility requirements and are in need of academic support to better stay and succeed in college, services that include: supplemental instruction, tutoring, adaptive equipment, readers, note-takers, proctors and test arrangements, specialized instruction materials, individualized counseling, transition coaching, assistance with graduate school admission, and more.

Location: Lassen Hall 1008

Phone: (916) 278-6955

[TRiO Website](https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/student-resources.html) <https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/student-resources.html>

***Counseling (Student Health and Counseling Services)—***

Helps students to cope with such things as stress, academic difficulties, cultural adjustment, relationship issues, anxiety, depression, bereavement, post-traumatic symptoms, questioning sexuality and coming out, eating disorders, addiction and alcohol abuse. The privacy and confidentiality of all who use Counseling Services is maintained fully within the bounds of law and professional ethics.

Location of Counseling Services: The WELL, Second Floor

Phone: (916) 278-6461

Location of Urgent Care Clinic: The WELL, First Floor

[Counseling Services Website](https://www.csus.edu/student-life/health-counseling/counseling/) <https://www.csus.edu/student-life/health-counseling/counseling/>

*Students in an immediate crisis* should contact 911 or the Suicide Hotline at 1-800-273-TALK (8255).

Students with urgent concerns who would like to see someone right away may walk in to receive counseling at the Urgent Care Clinic (WELL, First Floor) any time during its hours of operation or call to speak with the After Hours Nurse at: (916) 278-6461.

Students who want to receive counseling or explore if counseling is right for them may schedule an appointment by calling or coming in Counseling Services, or going online through the Patient Portal. This typically begins with a consultation appointment, where the student can talk about their concerns and receive support and feedback. Many students find that they feel better and their needs are met in just one session. Students who want to continue counseling may choose individual counseling in follow-up single session appointments (to meet their needs in the moment) or short-term individual therapy (more than one session with the same mental health clinician). Students may also join group therapy (with five to ten other students): There is a diversity of groups (including those for men, women, LGBT students, international students, and undergraduate students) and topics (including groups for anxiety, anger management, mindfulness and meditation, creating good habits, coping with loss, improving relationships, and surviving family dysfunction).

(With appreciation to all who work with students with disabilities on our campus, including Services to Students with Disabilities, for assistance.)