



ACEs in Undergraduates: An Overlooked Risk Factor

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thank
thank
you!

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Why Study ACEs in Undergraduates?

ACEs are moderately to severely stressful experiences between 0 to 18 years of age

Childhood abuse

Emotional

(Did a parent or other adult in the household . . .)

1. Often or very often swear at you, insult you, or put you down?
2. Sometimes, often, or very often act in a way that made you afraid you might be physically hurt?

Physical

(Did a parent or other adult in the household . . .)

1. Often or very often push, grab, slap, or throw something at you?
2. Often or very often hit you so hard that you had marks or were injured?

Sexual

(Did an adult or person at least 5 years older ever . . .)

1. Touch or fondle you in a sexual way?
2. Have you touch their body in a sexual way?
3. Attempt oral, anal, or vaginal intercourse with you?
4. Actually have oral, anal, or vaginal intercourse with you?

Household dysfunction

Substance abuse

1. Live with anyone who was a problem drinker or alcoholic?
2. Live with anyone who used street drugs?

Mental illness

1. Was a household member depressed or mentally ill?
2. Did a household member attempt suicide?

Mother treated violently

(Was your mother [or stepmother]):

1. Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?
2. Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
3. Ever repeatedly hit over at least a few minutes?
4. Ever threatened with or hurt by a knife or gun?

Incarcerated household member

1. Did a household member go to prison?

Parental separation or divorce

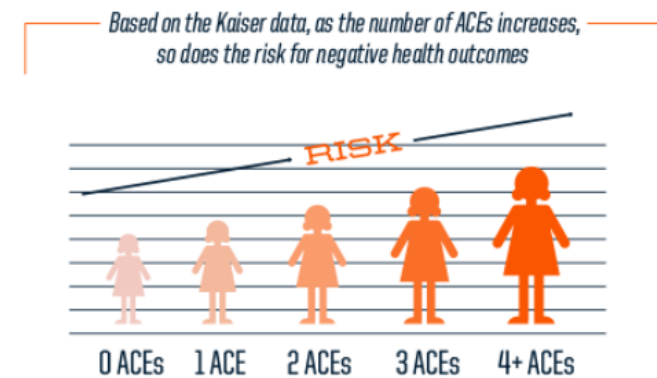
1. Were your parents ever separated or divorced?

ACEs are a risk factor for negative outcomes, especially poor health

Cumulative risk (Rutter, 1970s-80s)

ACEs (Anda & Felitti, 1990s)

simple sum, surprisingly high
predictive power



Mountain of Research



General health-related outcomes

- Health-related quality of life
- Dysregulated cortisol secretion
- Allostatic load
- Compromised immune function
- Shortened telomeres
- Premature mortality

Mental disorders

- Depression
- PTSD
- Anxiety disorders
- Substance abuse
- Psychosis
- Personality disorders

Risky behaviors

- Illicit drug use
- Smoking & early initiation of smoking
- Early initiation of sexual activity; multiple sexual partners

Medical conditions

- COPD
- Liver disease
- STDs
- Ischemic heart disease
- Severe headaches
- Chronic fatigue syndrome
- Arthritis & other autoimmune diseases
- Coronary heart disease

... account for 25-30% of all psychiatric disorders in adults in the U.S. and in 21 countries surveyed by the WHO (Green et al., 2010; Kessler et al., 2010)

Having at least 1 ACE has been estimated to account for 2/3rds of suicide attempts in adults (Dube et al., 2001)

Exposure to 2 or more ACEs reduces lifespan by 7-15 years (Kiecolt-Glaser et al., 2011)



Also related to

poor work performance & unemployment
violent behavior & incarceration rates
... and poor educational outcomes

Meanwhile, undergraduates
are not doing so well.

3/4ths of all lifetime cases of DSM-IV anxiety, mood, impulse-control & substance use disorders start by age 24 (Kessler et al., 2005)

College students show high levels of anxiety, depression, and substance use

(Blanco et al., 2008; Eagan et al., 2014; Eisenberg, Golberstein, & Gollust, 2007; Gallagher, 2014; Hunt & Eisenberg, 2010).

1 in 10 college students reports serious suicidal thinking (American College Health Association)

Table 2. Twelve-Month Prevalence of Any Axis I Psychiatric Disorders, Personality Disorders, and Substance Use in College Students and Non-College-Attending Individuals

Diagnostic or Substance Use Characteristic	% (95% CI)		OR (95% CI)	Adjusted OR (95% CI) ^a
	In College (n=2188)	Not in College (n=2904)		
Any psychiatric diagnosis	45.79 (42.99-48.61)	47.74 (44.72-50.78)	0.92 (0.81-1.06)	0.87 (0.75-1.00)
Any Axis I disorder	39.94 (37.00-42.75)	41.98 (39.10-44.92)	0.92 (0.80-1.05)	0.84 (0.72-0.97)
Any substance use disorder	29.15 (26.81-31.60)	31.51 (28.91-34.24)	0.89 (0.77-1.04)	0.83 (0.70-0.97)
Any alcohol use disorder	20.37 (18.14-22.79)	16.98 (15.21-18.91)	1.25 (1.04-1.50)	1.19 (0.98-1.44)
Alcohol abuse	7.85 (6.52-9.41)	6.76 (5.66-8.05)	1.17 (0.90-1.53)	1.16 (0.87-1.54)
Alcohol dependence	12.52 (10.86-14.40)	10.22 (8.79-11.85)	1.26 (1.01-1.56)	1.16 (0.93-1.46)
Any drug disorder	5.08 (4.08-6.29)	6.85 (5.60-8.35)	0.73 (0.54-0.97)	0.70 (0.50-0.98)
Drug abuse	4.25 (3.31-5.44)	5.35 (4.30-6.63)	0.78 (0.57-1.09)	0.73 (0.51-1.07)
Drug dependence	1.40 (0.96-2.06)	2.26 (1.69-3.02)	0.62 (0.37-1.02)	0.63 (0.37-1.07)
Nicotine dependence	14.55 (12.96-16.31)	20.66 (18.41-23.11)	0.65 (0.54-0.79)	0.60 (0.50-0.73)
Any mood disorder	10.62 (9.10-12.35)	11.86 (10.31-13.60)	0.88 (0.71-1.10)	0.81 (0.64-1.02)
MDD	7.04 (5.84-8.47)	6.67 (5.63-7.89)	1.06 (0.82-1.37)	0.96 (0.72-1.26)
Dysthymia	0.81 (0.49-1.35)	1.12 (0.74-1.71)	0.72 (0.37-1.40)	0.69 (0.35-1.36)
Bipolar disorder	3.24 (2.41-4.35)	4.62 (3.64-5.85)	0.69 (0.48-1.00)	0.67 (0.44-1.00)
Any anxiety disorder	11.94 (10.28-13.82)	12.66 (11.06-14.47)	0.93 (0.76-1.15)	0.84 (0.67-1.04)
Panic disorder	1.95 (1.39-2.72)	2.74 (2.00-3.73)	0.71 (0.44-1.13)	0.61 (0.37-1.03)
Social anxiety disorder	3.24 (2.43-4.30)	3.54 (2.74-4.56)	0.91 (0.61-1.36)	0.81 (0.53-1.24)
Specific phobia	8.06 (6.76-9.57)	8.75 (7.43-10.27)	0.91 (0.72-1.16)	0.83 (0.65-1.07)
GAD	1.64 (1.16-2.30)	2.07 (1.52-2.81)	0.79 (0.50-1.24)	0.77 (0.47-1.28)
Pathological gambling	0.35 (0.14-0.88)	0.23 (0.10-0.50)	1.51 (0.41-5.50)	1.27 (0.40-3.99)
Conduct disorder ^b	1.18 (0.80-1.74)	2.28 (1.70-3.04)	0.51 (0.31-0.86)	0.55 (0.30-0.99)
Any personality disorder ^b	17.68 (15.83-19.70)	21.55 (19.41-23.85)	0.78 (0.65-0.94)	0.82 (0.67-1.00)
Avoidant	2.31 (1.69-3.15)	4.61 (3.74-5.68)	0.34 (0.49-0.71)	0.47 (0.32-0.66)
Dependent	0.51 (0.24-1.07)	1.29 (0.87-1.91)	0.39 (0.16-0.93)	0.46 (0.20-1.03)
Obsessive-compulsive	8.24 (6.91-9.79)	8.00 (6.73-9.49)	1.03 (0.79-1.35)	1.02 (0.76-1.35)
Paranoid	4.86 (3.95-5.98)	8.74 (7.55-10.09)	0.53 (0.41-0.70)	0.63 (0.48-0.83)
Schizoid	3.31 (2.62-4.18)	5.58 (4.46-6.94)	0.58 (0.42-0.81)	0.67 (0.48-0.96)
Histrionic	3.47 (2.62-4.59)	4.43 (3.54-5.52)	0.78 (0.55-1.09)	0.79 (0.56-1.10)
Antisocial	4.70 (3.70-5.95)	8.51 (7.19-10.05)	0.53 (0.39-0.73)	0.55 (0.40-0.75)
Any substance use	79.29 (76.94-81.47)	76.60 (74.02-78.99)	1.17 (1.00-1.37)	0.94 (0.79-1.12)
Any tobacco use	29.45 (27.26-31.74)	41.48 (38.11-44.93)	0.59 (0.59-0.70)	0.53 (0.44-0.64)
Any alcohol use	77.09 (74.61-79.39)	71.97 (69.36-74.43)	1.31 (1.12-1.53)	1.07 (0.90-1.27)
Any drug use	15.21 (13.34-17.29)	15.63 (13.69-17.78)	0.97 (0.79-1.18)	0.84 (0.68-1.04)

Abbreviations: CI, confidence interval; GAD, generalized anxiety disorder; MDD, major depressive disorder; OR, odds ratio.
^aAdjusted for age, sex, race, nativity, marital status, urbanicity, insurance, and family income.
^bAssessed on a lifetime basis.

Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S.-M., & Olfson, M. (2008). Mental health of college students and their non-college-attending peers: results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry*, 65(12), 1429-1437.

Yet, college students underutilize interventions

(Castillo & Schwartz, 2013; Herman et al., 2011; Hunt & Eisenberg, 2010)

Table 4. Prevalence of Mental Health Service Utilization Among College Students and Non-College-Attending Individuals

Past-Year Mental Health Treatment	% (95% CI)		OR (95% CI)	Adjusted OR (95% CI) ^a
	In College (n=998)	Not in College (n=1325)		
For any disorder ^b	18.45 (15.49-21.83)	21.49 (18.46-24.87)	0.83 (0.63-1.09)	0.78 (0.59-1.05)
For mood disorder ^c	34.11 (27.31-41.62)	34.80 (28.71-41.43)	0.97 (0.63-1.50)	0.99 (0.63-1.55)
For anxiety disorder ^d	15.93 (11.48-21.68)	12.37 (9.10-16.60)	1.34 (0.81-2.23)	1.33 (0.78-2.27)
For alcohol or drug disorder ^e	5.36 (3.59-7.94)	9.82 (7.25-13.17)	0.52 (0.30-0.90)	0.49 (0.28-0.87)

Abbreviations: CI, confidence interval; OR, odds ratio.

^aAdjusted for age, sex, race, nativity, marital status, individual income, urbanicity, and family income.

^bAmong those with a past-year diagnosis of alcohol use disorder, drug use disorder, any mood disorder, or any anxiety disorder.

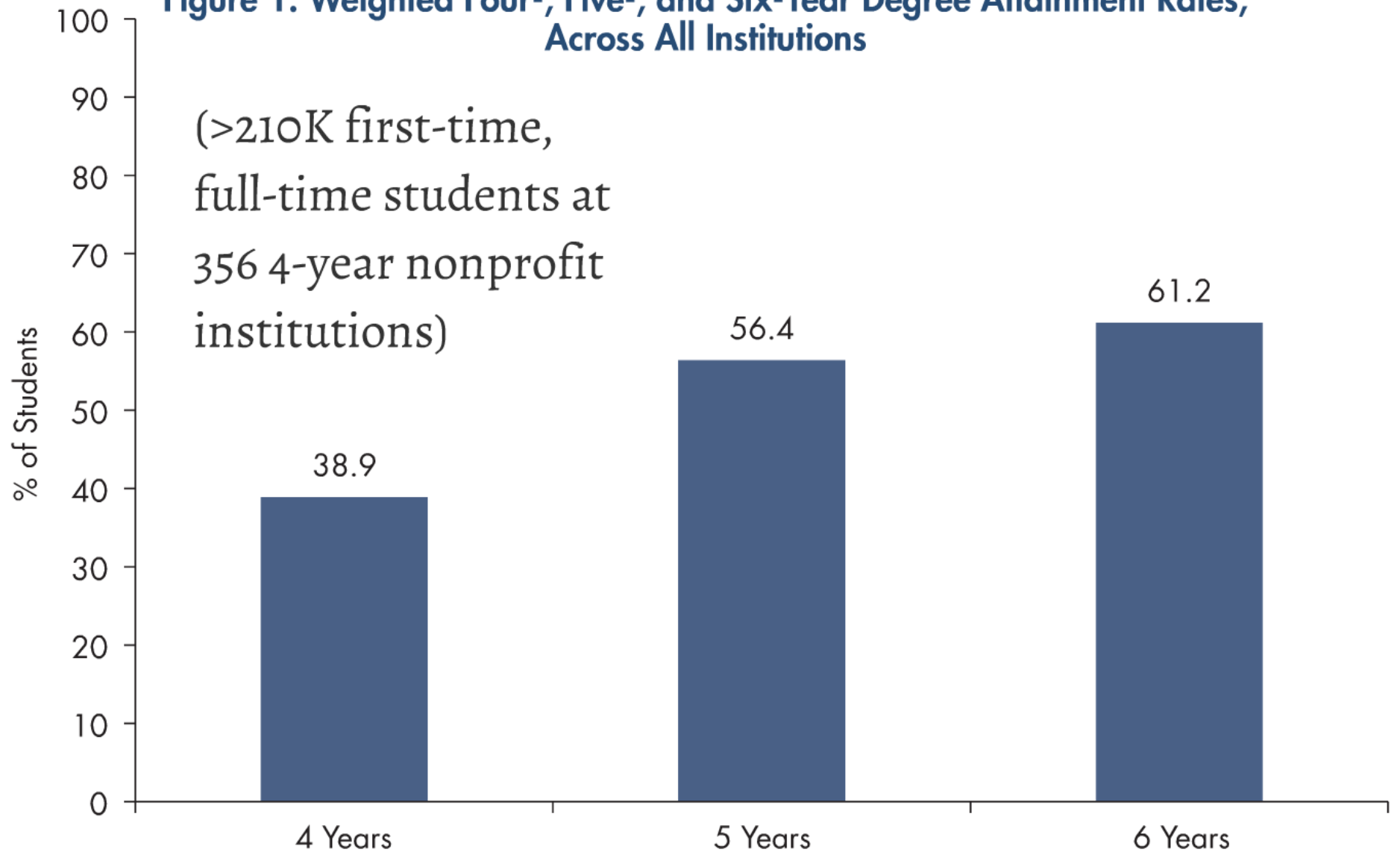
^cAmong those with a past-year diagnosis of major depressive disorder, dysthymia, or bipolar disorder.

^dAmong those with a past-year diagnosis of panic disorder, social anxiety disorder, specific phobia, or generalized anxiety disorder.

^eAmong those with a past-year diagnosis of alcohol or drug abuse or dependence.

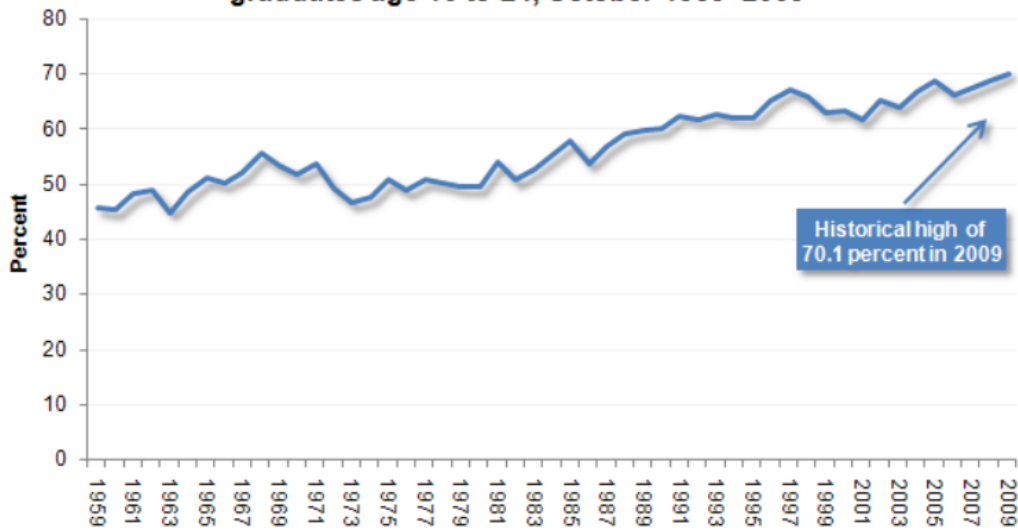
Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S.-M., & Olfson, M. (2008). Mental health of college students and their non-college-attending peers: results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry*, 65(12), 1429-1437.

Figure 1. Weighted Four-, Five-, and Six-Year Degree Attainment Rates, Across All Institutions



(DeAngelo, Franke, Hurtado, Pryor, & Tran, 2011)

College enrollment rate of recent high school graduates age 16 to 24, October 1959–2009



Source: U.S. Bureau of Labor Statistics

Almost 70% of all 18- to 19-year-olds in the US enroll in college

ACEs may help explain some of the variability in health & health-care utilization

But there is little research on
ACEs in undergraduates

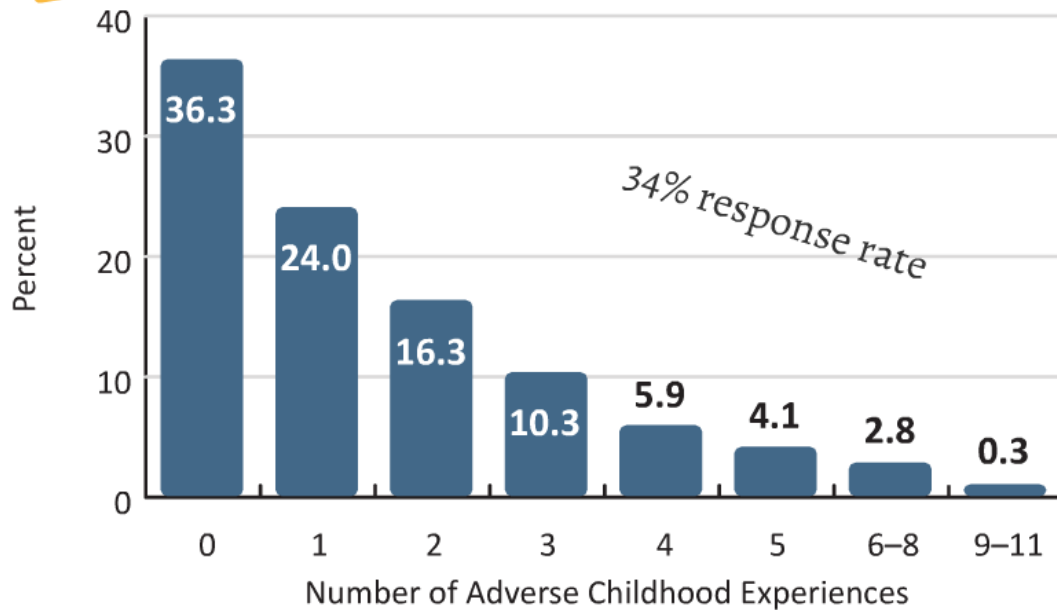
35% of college students in a study in Ireland had at least 2 ACEs (McGavock & Spratt, 2014).

Table 1. Descriptive Breakdown of Child Maltreatment in Each Sample

	Domestic Violence Exposure	Physical Abuse	Sexual Abuse	Emotional Abuse
Total sample (N = 2,637)				
% Endorsed	19.9	13.3	16.5	14.9
% Female	72.6	70.7	86.1	67.5
Maltreated sample (N = 1,129)				
% Endorsed	46.6	31.0	38.4	34.7
% Female	72.2	70.0	85.9	66.6
Multiply maltreated sample (N = 431)				
% Endorsed	68.0	58.0	49.9	57.1
% Female	78.5	74.8	87.9	72.4

Berzenski, S. R., & Yates, T. M. (2011). Classes and consequences of multiple maltreatment: A person-centered analysis. *Child Maltreatment, 16*(4), 250–261

Number of Adverse Childhood Experiences All Students



ACEs Question (Questions pertain to events happening before age 18)	Percent Who Responded Yes, Once, or More Than Once
Did you live with anyone who was depressed, mentally ill, or suicidal?	27.6
Did you live with anyone who was a problem drinker or alcoholic?	16.2
Did you live with anyone who used illegal street drugs or who abused prescription medications?	10.1
Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility?	4.1
Were your parents separated or divorced?	20.3
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	10.8
How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? (Do not include spanking.)	13.6
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	39.8
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	6.5
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	3.8
How often did anyone at least 5 years older than you or an adult, force you to have sex?	1.2

Hence these studies...

Learn more about ACEs in undergrads

- frequencies of a broader range of ACEs?
- relation to health & stress?

Examine factors that can be used to improve health and well-being of students with high levels of ACEs

- patterns of help-seeking
- factors that cut across a **broad** range of interventions

5 Studies of ACEs in Undergraduates



Design & Participants

2 studies (completed):	1 cross-sectional	(N = 321)
	1 longitudinal	(N = 239)
1 study (almost done):	quasi-experimental	(N = 297)
1 study (in progress):	pre-post	(N = 59)
1 study (just started):	longitudinal	(N = 109)

All independent samples

Recruitment:

4/5 studies: REP pool; not all Psych majors

1 study: Rec Center, DRC & campus

1 study: mostly freshmen

Demographics:

~77% female

~72% White, 20% Asian

~85% of parents have at least some college education

~ 32% freshmen, 25% sophomores, 22% juniors, 21% seniors

Measures & Procedure

All electronic surveys (Qualtrics)

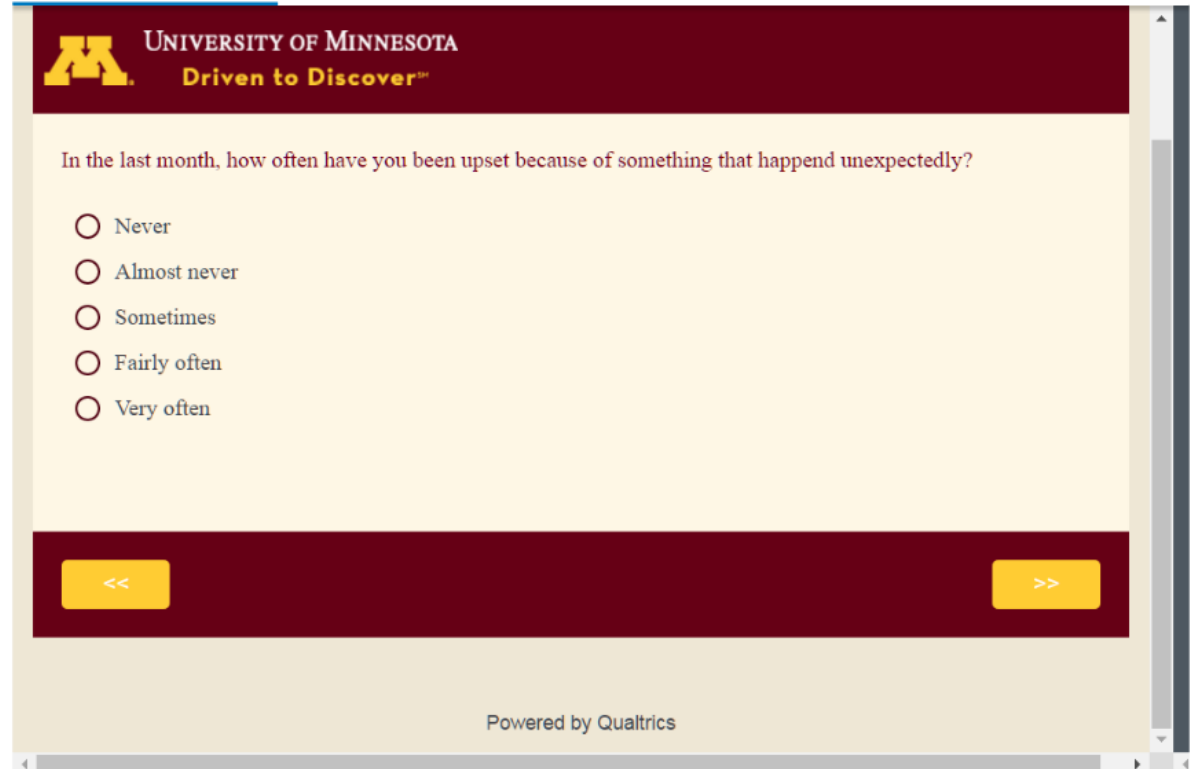
Measures (more info in Results)

ACEs

- Original 10-item ACEs measure in 1st study
- Expanded ACEs measure in 4/5 studies

This talk

Integration/replication



UNIVERSITY OF MINNESOTA
Driven to Discover™

In the last month, how often have you been upset because of something that happend unexpectedly?

Never

Almost never

Sometimes

Fairly often

Very often

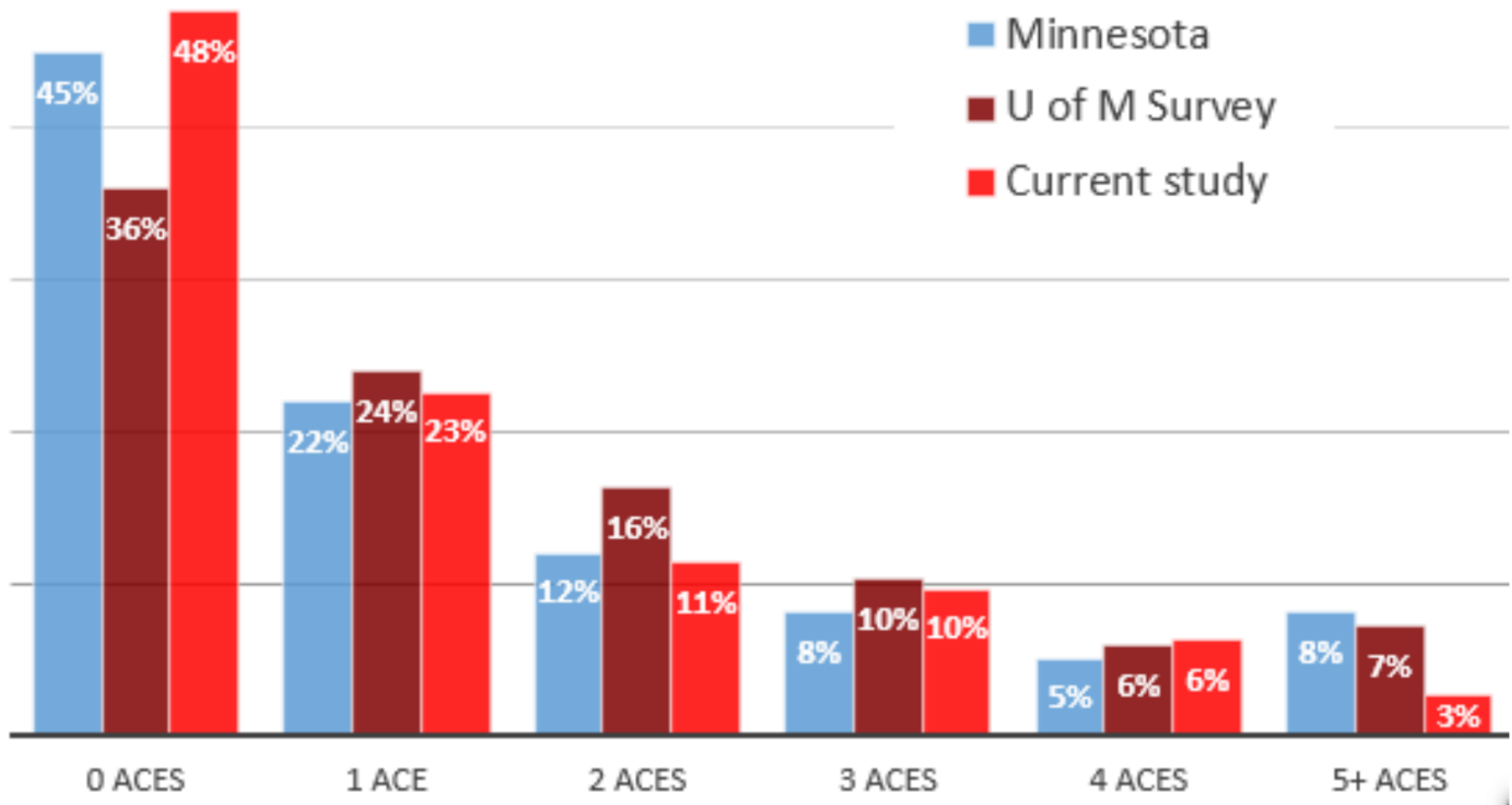
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Powered by Qualtrics



What Have We Found So Far?

Do undergrads really have
enough ACEs to matter?



ACE measure =

Original ACEs measure (Anda)

+

adapted Juvenile Victimization Questionnaire (Finkelhor)

N = 764

Latent Variables:

	Estimate	Std. Err	z-value	P(> z)	Std. lv	Std. all
adversity =~						
ACE_verbal_abs	1.000				0.676	0.676
ACE_neglct_psyc	1.026	0.069	14.796	0.000	0.694	0.694
ACE_physicl_bs	1.088	0.078	13.910	0.000	0.735	0.735
ACE_sxl_grwnps	0.886	0.099	8.950	0.000	0.599	0.599
ACE_neglect	1.016	0.116	8.768	0.000	0.687	0.687
ACE_fmly_psych	0.719	0.077	9.289	0.000	0.486	0.486
ACE_fmly_sbstn	0.844	0.083	10.161	0.000	0.570	0.570
ACE_dmstc_vln_	0.982	0.069	14.227	0.000	0.664	0.664
ACE_dmstc_vln_	1.079	0.080	13.433	0.000	0.730	0.730
ACE_dmstc_vln_	1.104	0.087	12.722	0.000	0.747	0.747
ACE_prison	0.989	0.110	9.019	0.000	0.669	0.669
ACE_parntl_dth	0.757	0.110	6.873	0.000	0.512	0.512
ACE_divorce	0.713	0.075	9.478	0.000	0.482	0.482
ACE_war	0.900	0.130	6.931	0.000	0.609	0.609
ACE_fmly_sprtn	1.050	0.101	10.382	0.000	0.710	0.710
ACE_billyng_phy	1.176	0.090	13.134	0.000	0.795	0.795
ACE_billyng_vrb	1.128	0.080	14.176	0.000	0.763	0.763
ACE_teasing	1.070	0.074	14.504	0.000	0.724	0.724
ACE_sexual_prs	0.972	0.088	11.020	0.000	0.657	0.657
ACE_discrimntn	1.155	0.113	10.214	0.000	0.781	0.781
ACE_prvcd_dscr	0.756	0.089	8.526	0.000	0.511	0.511
ACE_wt nss_vlnc	0.909	0.080	11.327	0.000	0.614	0.614
ACE_burglary	0.719	0.085	8.412	0.000	0.486	0.486
ACE_stealing	0.693	0.075	9.237	0.000	0.469	0.469
ACE_stealing_frc	0.921	0.112	8.218	0.000	0.622	0.622
ACE_ruin_thngs	0.923	0.072	12.790	0.000	0.624	0.624
ACE_isolated	0.781	0.069	11.354	0.000	0.528	0.528
ACE_wt nss_mrdr	1.092	0.153	7.128	0.000	0.739	0.739
ACE_wt nss_myhm	0.883	0.106	8.347	0.000	0.597	0.597
ACE_witness_wr	1.100	0.193	5.704	0.000	0.744	0.744
ACE_murder	0.860	0.134	6.405	0.000	0.581	0.581
ACE_accident	0.286	0.095	3.011	0.003	0.193	0.193
ACE_illness	0.440	0.073	6.046	0.000	0.297	0.297

CFA:

dropped illness & accidents of loved ones

31 items

single factor vs. multi-factor vs. bifactor vs. hierarchical

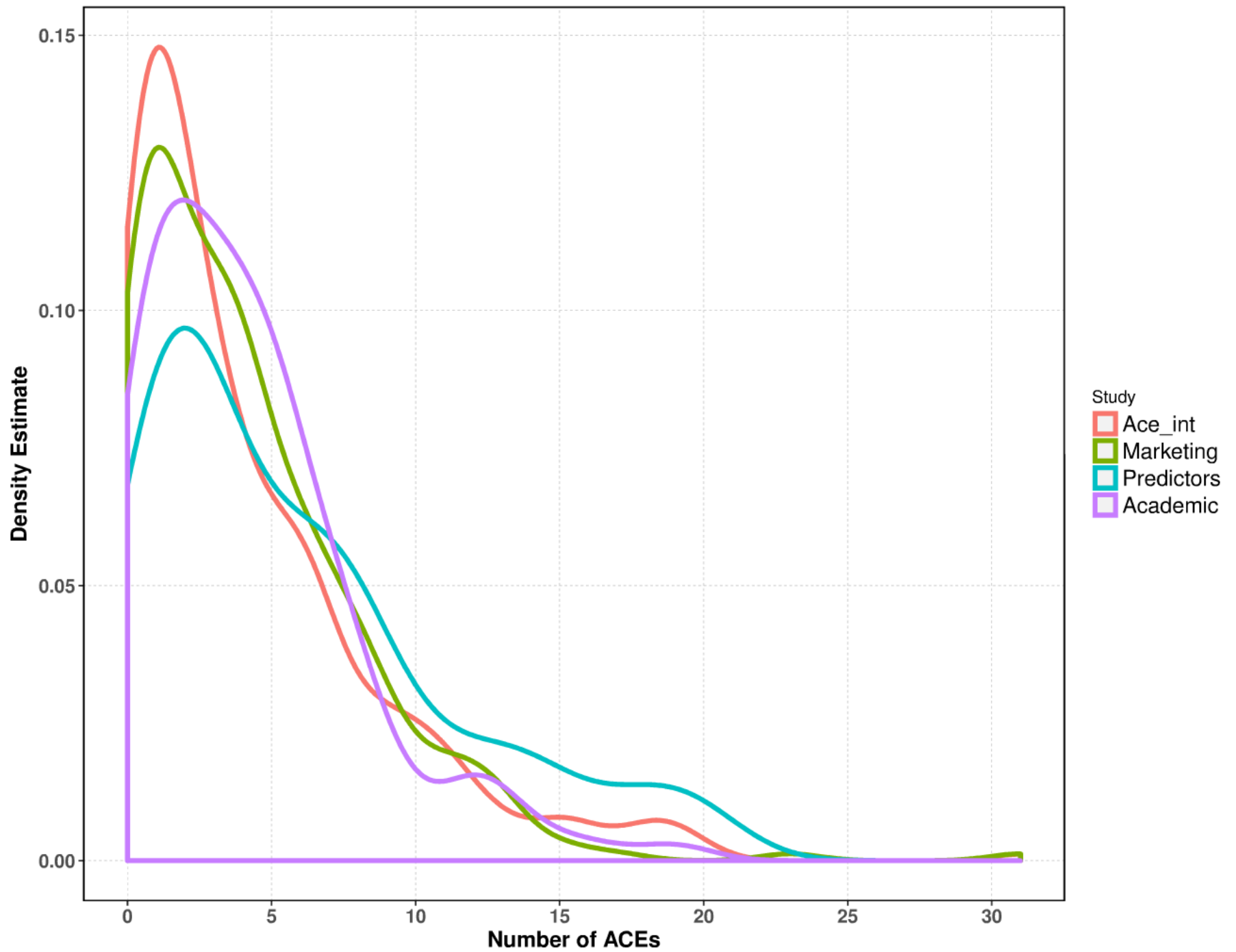
Next semester

test-retest reliability

convergent & predictive validity

Percent of participants who endorsed each ACE ($N = 777$)

Social isolation (Was there a period of time when you had no really good friends and there was no one else you felt close to?)	41
Verbal domestic violence among grown-ups in the household (arguing with, yelling at, and angry at another grown-up family member a lot of the time)	39
Being a victim, where someone stole the respondent's belongings (e.g., money, backpack, bike, etc.)	33
Family psychopathology and suicide in members of the household (diagnosed with depression, bipolar disorder, anxiety, or other psychiatric disorder)	29
Being scared or feeling really bad due to verbal attacks by siblings, peers or significant others (e.g., calling you names, saying mean things, saying they didn't want you around)	28
Being a victim, where someone broke or ruined the respondent's things on purpose	22
Parental separation or divorce	22
Substance use by members of the household (drank or used drugs so often that it caused problems)	20
Verbal abuse by caretakers (Did you get scared or feel really bad because grown-ups who took care of you called you names, said mean things to you, or said they didn't want you?)	18
Being a victim of home burglary (e.g., theft of TV, stereo, car)	18
Psychological neglect by caretakers (Did you often feel that no one in your family loved you or thought you were important or special? Or did you feel that your family members didn't look out for each other, feel close to each other, or support each other?)	18
Perceived discrimination due to skin color, religion, disability, sexual orientation, etc.	16
Threat of physical bullying by siblings, peers or significant others	14
Physical abuse by caretakers (Not including spanking on your bottom; ever hit, beat, kick, or physically hurt you in any way?)	13
Witnessing physical domestic violence among grown-ups in the household (a grown-up getting pushed, slapped, hit, punched, beat up, or hurt with or threatened with a weapon)	12
Witnessing physical violence outside the home (get attacked on purpose WITH a stick, rock, gun, knife, etc.)	13
Witnessing domestic violence by grown-ups in the household toward siblings (see a caretaker hit, beat, kick or physically hurt siblings, not including a spanking on the bottom)	9
Being forced to engage in sexual acts by siblings, peers or significant others	8
Death of caretakers or parental figures (other than due to murder)	7
Sexual abuse by any grownup (touch your private parts when they shouldn't have or make you touch their private parts, force you to have sexual intercourse of any kind?)	6
Physical bullying by siblings, peers or significant others with an object or weapon	6
Witnessing people being shot, bombs going off or street riots	6
Caretakers going to prison	5
Being a victim, where someone used force to steal what the respondent was carrying or wearing	5
Neglect by caretakers (other than psychological; e.g., they might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay.)	4
Forced separation from family (being involuntarily sent away or taken away)	4
Murder of someone close to the respondent	4
Physical bullying due to discrimination due to skin color, religion, disability, sexual orientation, etc.	3
Caretakers or parental figures being abroad to go to war for at least several months	3
Witnessing murder of anyone in real life	2
Witnessing war, where respondent could hear real fighting with guns or bombs	1

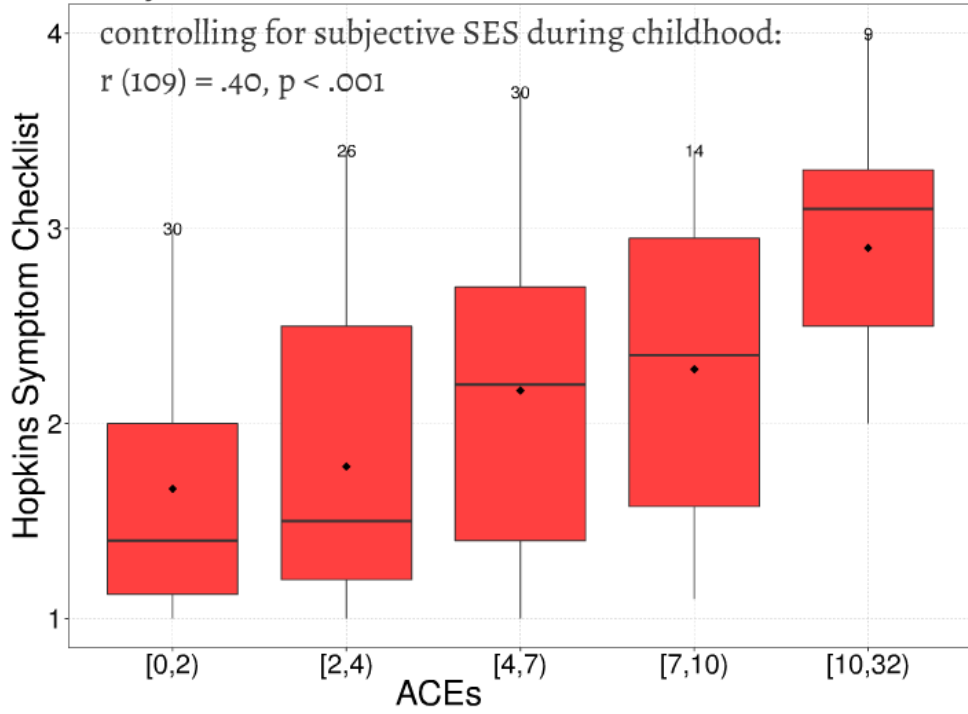


No difference in ACEs, so combined
males & females
Whites & Asians

Varying degrees of correlation with different SES
measures; controlled for these

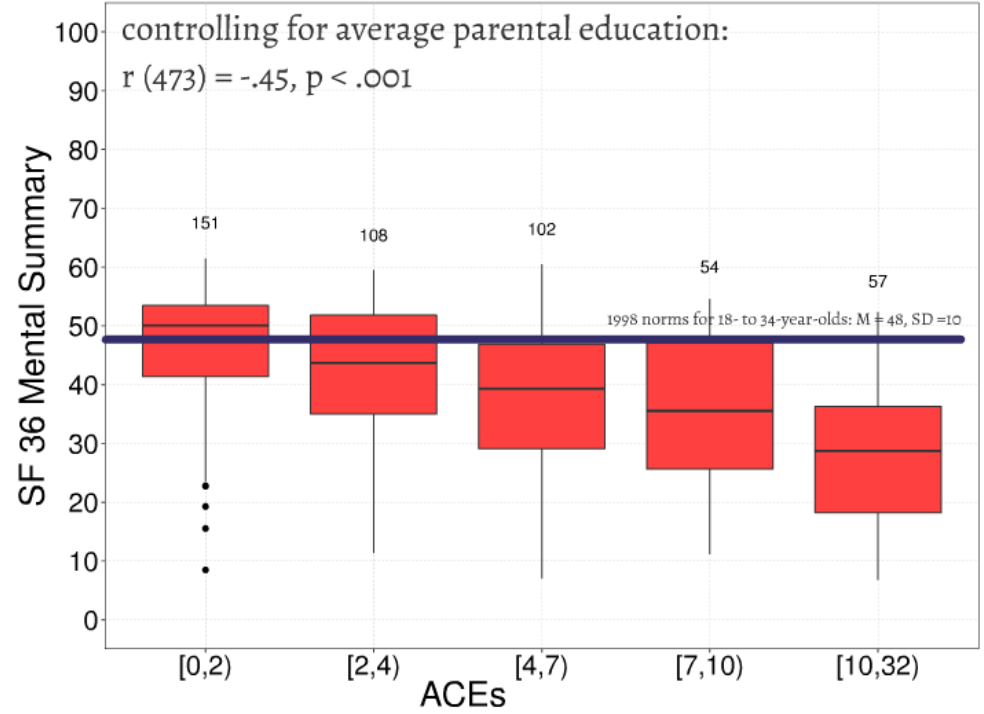
*Are ACEs related to health even
at this relatively young age? ...*

Study: Academic



note on how to read these graphs; bins; Ns; variability

3 studies



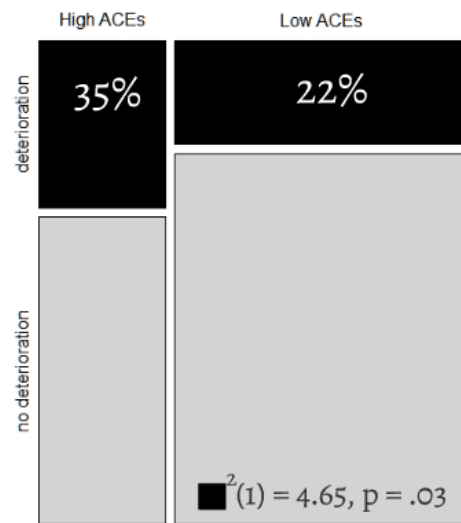
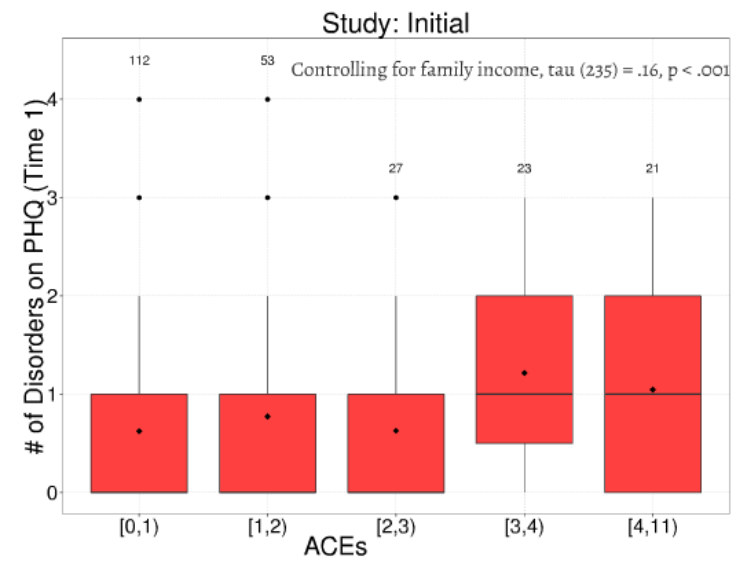
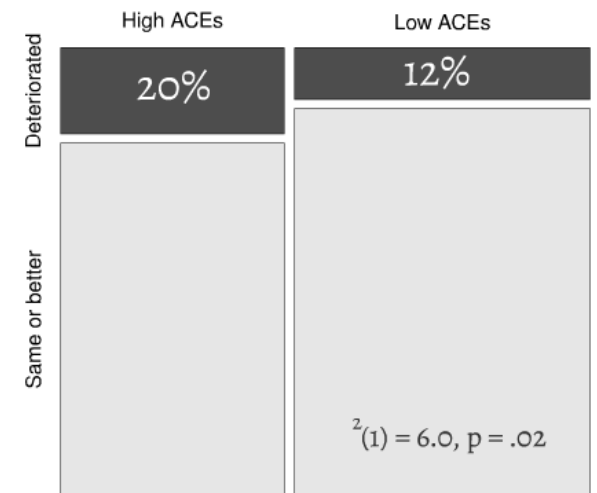
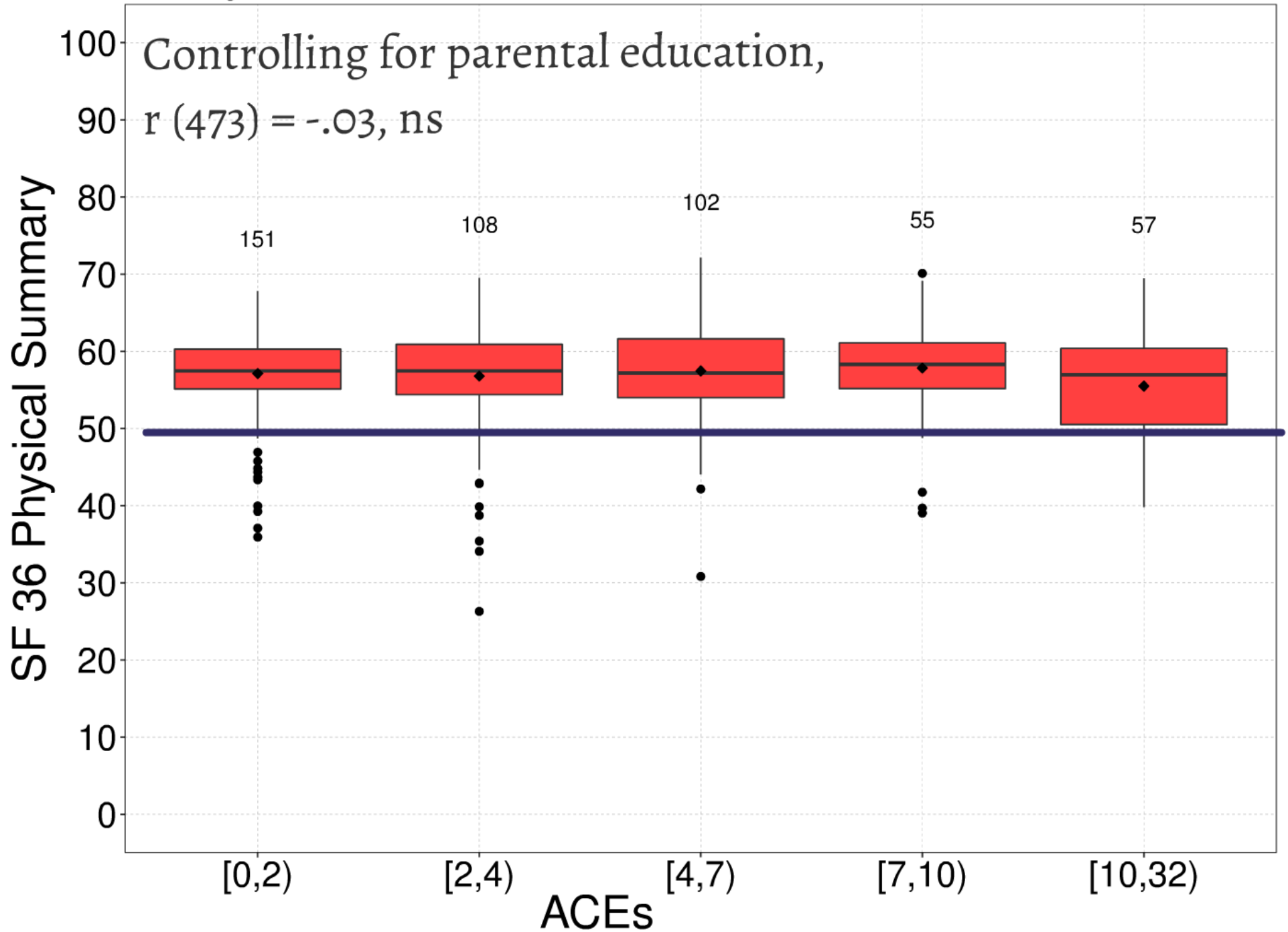


Figure 1. Proportion of participants whose Patient Health Questionnaire (PHQ) scores worsened by the end of the semester vs. those whose scores improved or stayed constant. Participants with 0 or 1 ACEs were defined as "low ACEs" (N = 333, 70%), and participants with 2 or more ACEs were defined as "high ACEs" (N = 142, 30%).

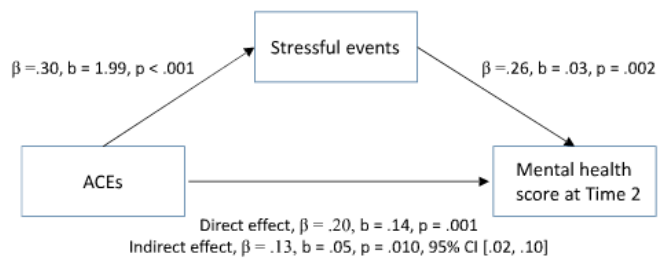
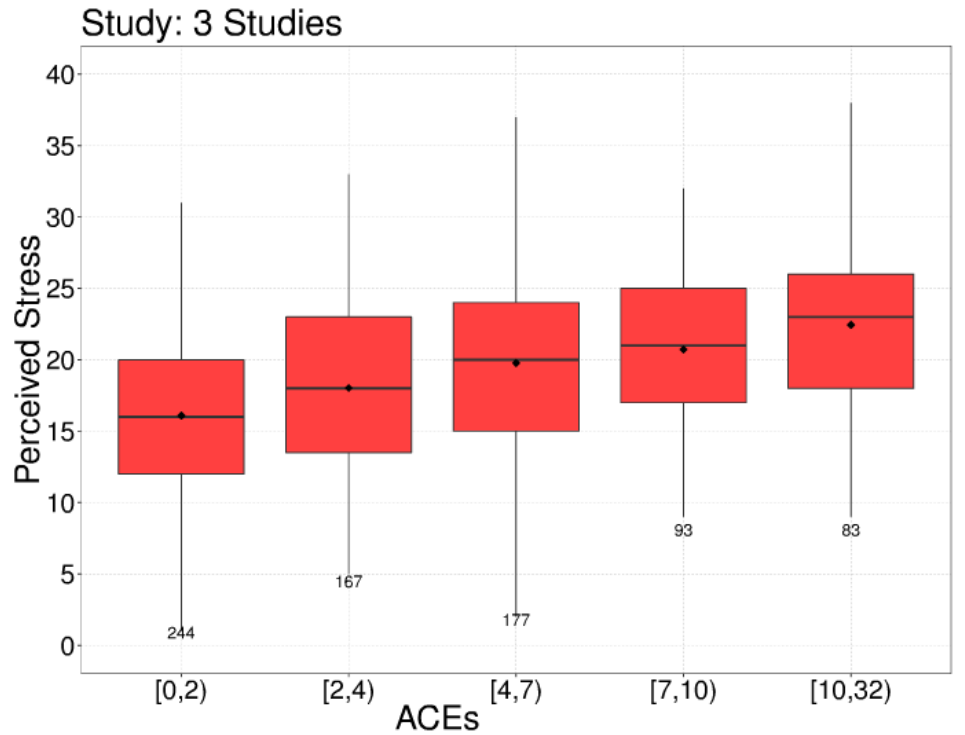
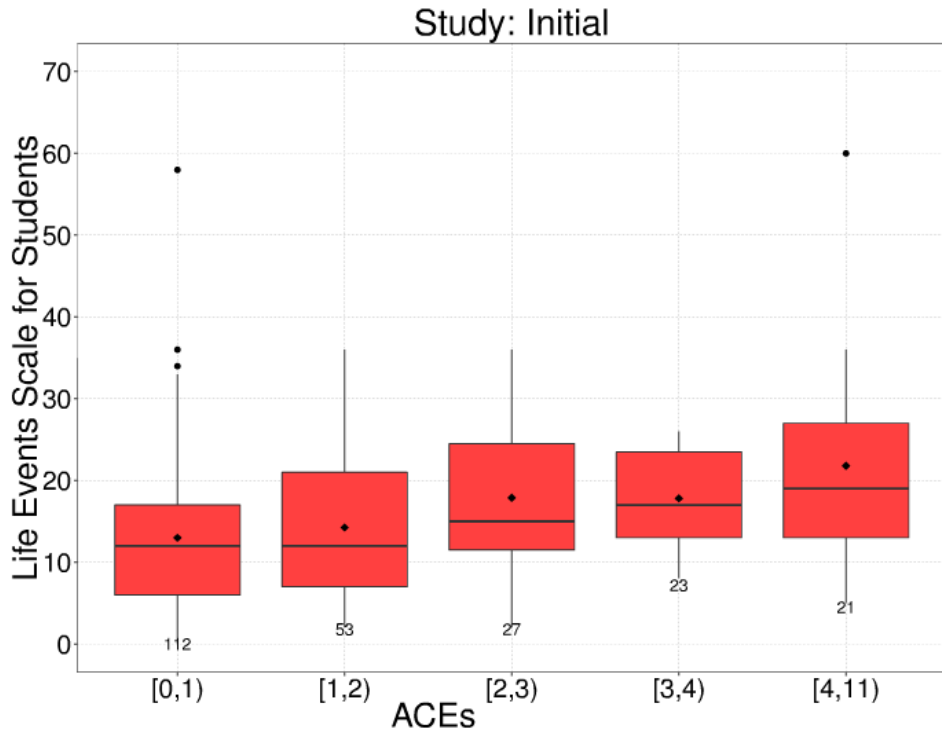


"Compared to one year ago, how would you rate your general health now?" (1-5; N = 461; deteriorate = somewhat worse or much worse)

Study: 3 studies



Could their poor mental
health have to do with stress?



Controlling for parent education; N = 463

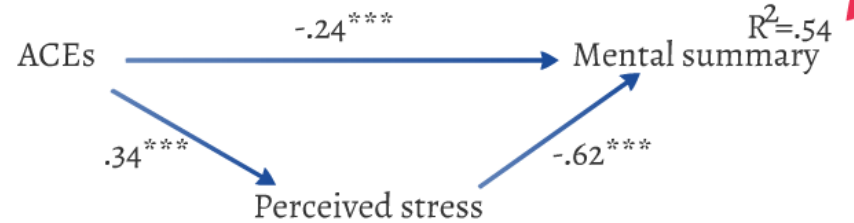
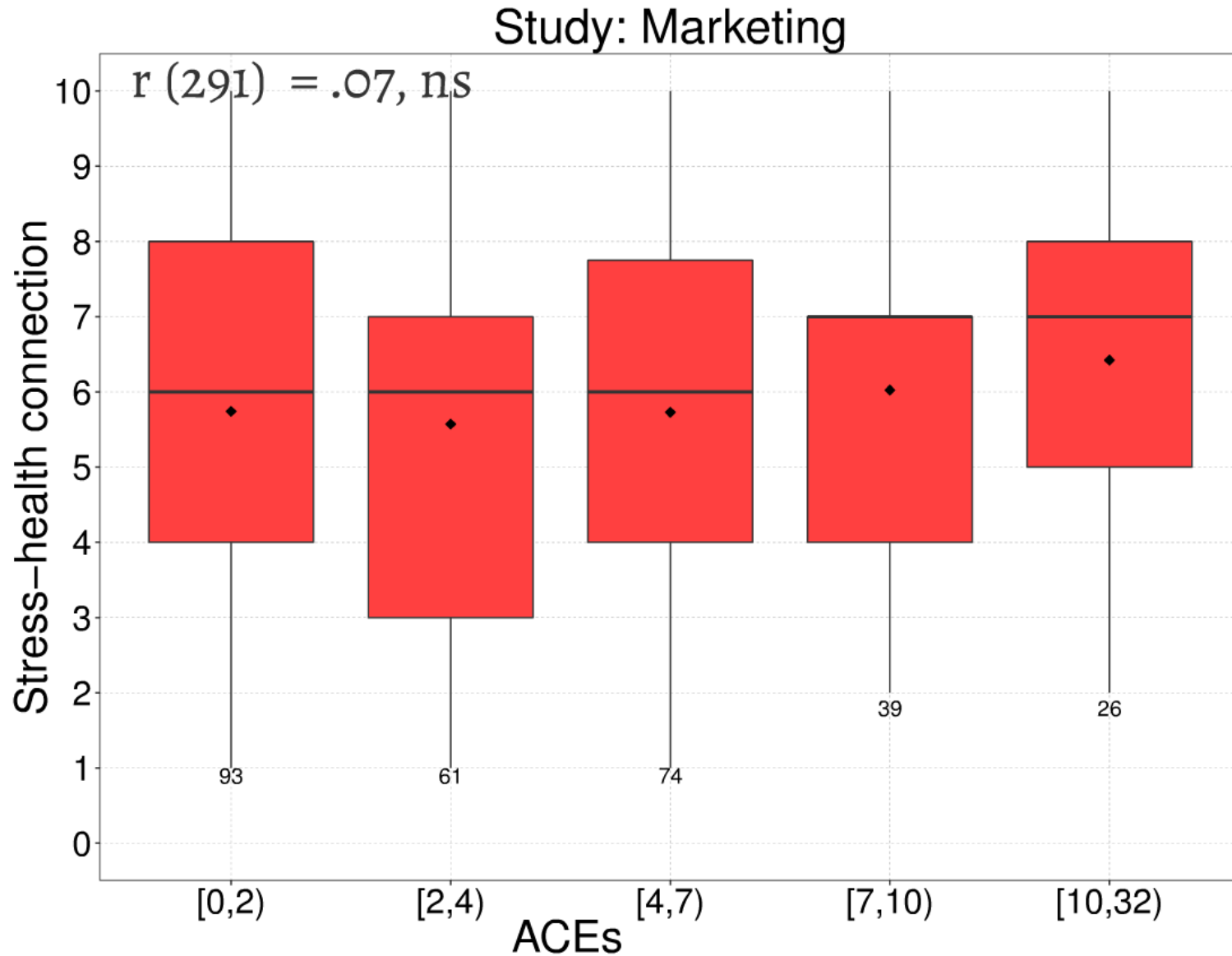


Figure 1. Results of the mediation analysis, including standardized (β) and unstandardized (b) path coefficients. Childhood family income and mental health score at Time 1 were used as covariates. R^2 for the total effect = .21
ACEs = Adverse childhood experiences.

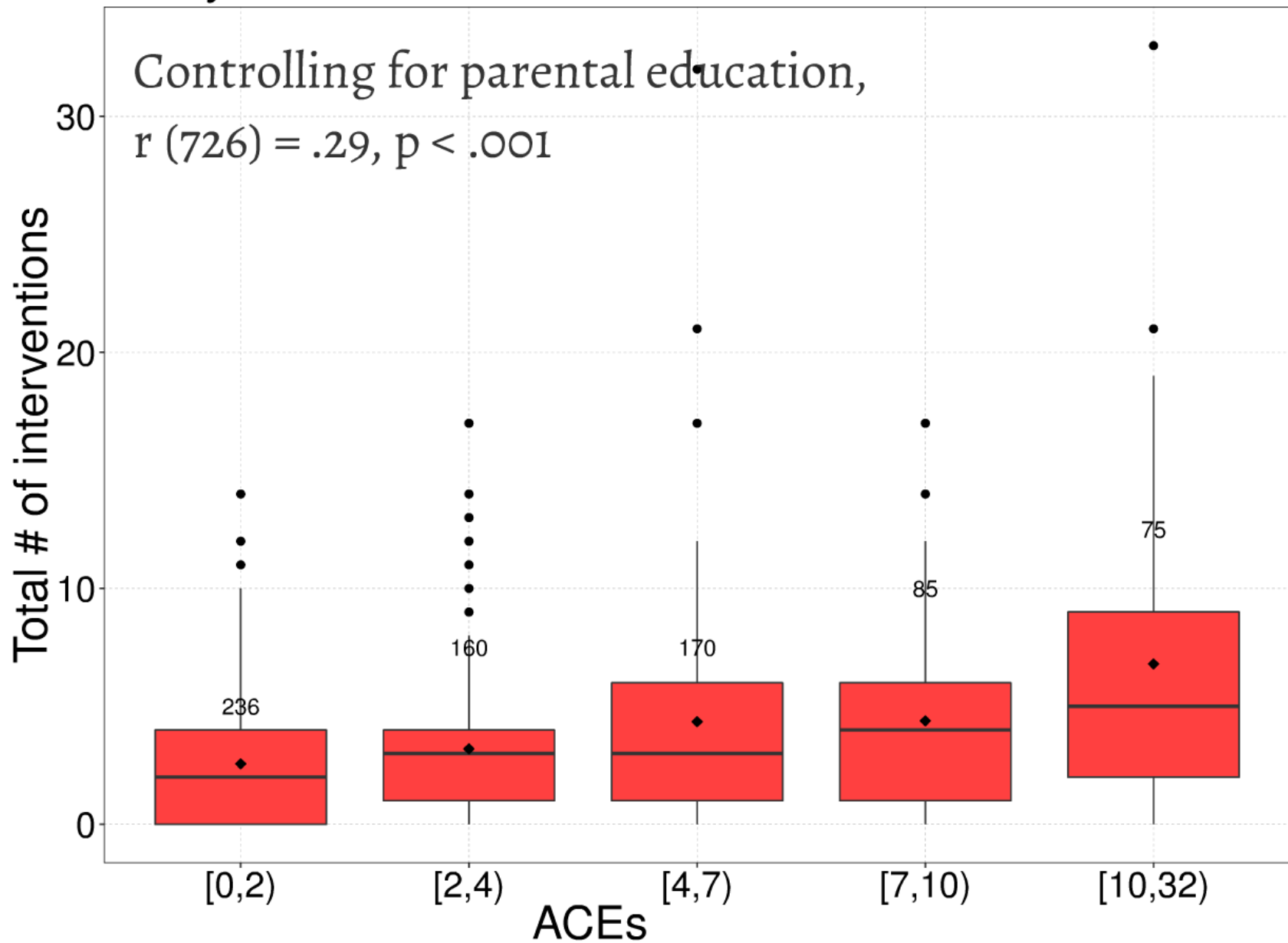
To what extent do you think your current stress level is related to your current level of health? (1-10; “not related at all,” to “very closely related”)



Maybe they just don't
seek enough help? ...

On the one hand, more likely to seek help...

Study: 3 studies



What kinds of help do they seek?

"Have you received any of the following types of help for health-related problems **in the past two years**? Please respond yes or no for all items that apply. (N=777)

Percent of students in the low- and high-ACEs groups who indicated using different kinds of help (N = 777)

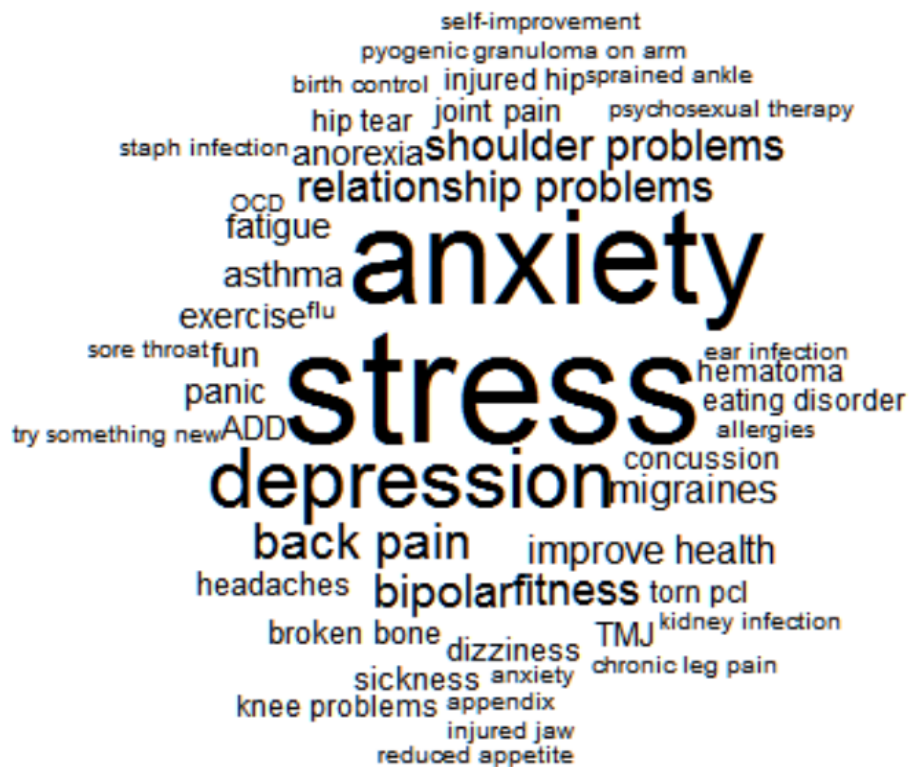
	Low ACEs	High ACEs
Internal support from friends and relatives	47	60
Group activities for improving physical health (e.g., organized physical fitness activities, zumba classes, yoga classes, etc.)	45	43
Individual outpatient visits with a general practitioner to address medical problems (e.g., someone in family practice, nurse, GP, etc.)	25	36
Individual outpatient visits with a psychologist, social worker, or psychiatrist for psychological interventions (e.g., cognitive-behavior therapy, psychoanalytic therapy, mindfulness, general talk therapy, etc.)	14	33
Individual outpatient visits with a medical specialist to address medical problems (e.g., a neurologist, oncologist, ear, nose and throat specialist, etc.)	20	32
Individual outpatient visits with a psychiatrist for management of medications related to psychological or psychiatric problems (e.g., medications for ADHD, depression, anxiety, etc.)	10	28
Physical therapy	18	23
Hospitalizations, partial hospitalization, or day treatment program for medical problems	11	22
Other personally administered interventions related to medical problems (e.g., self-help books related to health, over-the-counter medications)	33	23
Massage therapy	15	20
Other personally administered interventions related to psychological problems (e.g., self-help books related to mental health, over-the-counter medications such as St. John's wort)	8	19
Accommodations for psychological problems (e.g., extra time on exams)	4	18
Internal support from religious institutions or organizations	11	16
Online self-guided interventions for psychological issues (e.g., online courses on stress management or brain training exercises)	7	15
Hospitalizations, partial hospitalizations, or day treatment program for psychological or psychiatric problems	2	12
Meetings with a nutritionist	8	11
Workshops for psychological problems, by a professional (e.g., a workshop on mindfulness or healthy living)	4	11
Formal group-based treatments for psychological problems (i.e., group therapy for eating disorders)	2	9
Online support group/chat rooms around a mental health issue	2	8
Family therapy by a professional (e.g., psychologist, social worker, etc.)	1	8
Informal group-based interventions for a psychological problem (e.g., support groups in the community, such as Alcoholics Anonymous, other groups getting together on their own around a mental health issue)	1	8
Accommodations for medical or physical disabilities (e.g., extra time on exams)	2	7
Online support group/chat rooms around a medical issue	2	6
Intervention with a health issue, led by a professional (i.e., interventions that involved active participation by you, your teachers, your family, friends, other people working with you or in your community, etc.)	1	6
Alternative medicine on a one-on-one basis (e.g., herbal quality, acupuncture, Ayurvedic medicine)	6	6
Occupational therapy	1	5
Couples therapy by a professional (e.g., psychologist, social worker, etc.)	1	5
Informal group-based interventions for a medical problem (e.g., support groups in the community around a physical health issue)	1	4
Hospitalizations, partial hospitalizations, day treatment, or rehab for drug or alcohol use problems	1	4
Workshops for medical problems, led by a professional (e.g., a workshop on how to live with diabetes)	1	4
Life coaching	4	4
Outpatient sessions with a neuropsychologist (e.g., for cognitive rehabilitation)	0	3
Other	1	3

Note: Participants were asked to check all responses that applied, so percentages do not add up to 100.

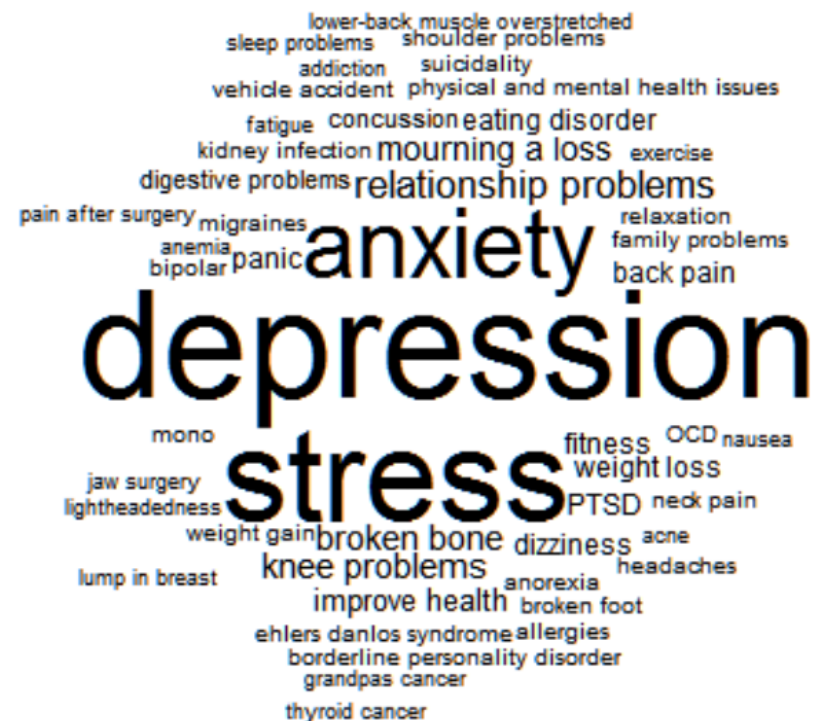
What do they seek help for?

"What was the reason why you sought this help, in about 5 words or less (e.g., dizziness, depression, stress, mourning a loss, relationship problems, broken bone, etc.)? " (Open-ended)

Low ACES



High ACEs

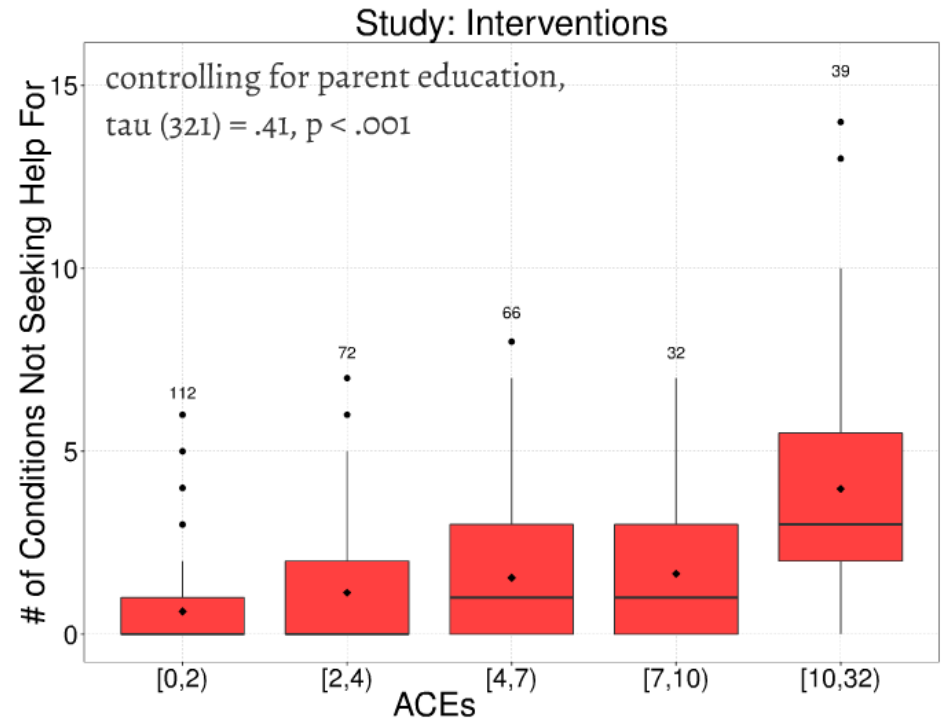


... but still have more problems they are not seeking help for

"Are there any mental or physical health problems that are currently bothering you for which you have not sought any help? Please check all items that apply. If you are not sure about the category, please write the name of the problem at the end of this section. "

	Low ACEs	High ACEs
Yes	37%	63%

$\chi^2(1) = 33.23, p < .002, OR = .26$



What are they NOT seeking help for?

Percent of students indicating they currently had conditions they were not seeking help for

	Low ACEs	High ACEs
Stress	21	40
Anxiety disorders	7	22
Depressive disorders	6	21
Poor lifestyle (e.g., diet, exercise)	5	20
Interactions with family	1	11
Interactions with romantic partners	2	11
Eating disorders	4	9
Interactions with peers	3	8
Diseases of the skin and subcutaneous tissue	7	8
Sleep/wake disorders	2	6
Endocrine, nutritional, and metabolic diseases, immunity disorders	1	6
ADHD or ADD	3	5
Problems related to sexual functioning	1	5
Trauma and stressor-related disorders	0	4
Obsessive-compulsive and related disorders	2	4
Diseases of the respiratory system	3	4
Diseases of the digestive system	2	4
Substance-related and addictive disorders	2	3
Diseases of the genitourinary system	1	3
Personality disorders	0	3
Other	3	2
Bipolar and related disorders	2	2
Infectious and parasitic diseases, not including colds or flu	2	2
Diseases of the blood and blood-forming organs	0	2
Diseases of the nervous system and sense organs	1	2
Learning disorders or disabilities	1	1
Sexual victimization	1	1
Diseases of the circulatory system	1	1
Diseases of the musculoskeletal system and connective tissue	1	1
Autism spectrum disorder	0	1
Schizophrenia spectrum and other psychotic disorders	0	1
Gender dysphoria	0	1
Dissociative disorders	0	1
Communication disorders	1	0
Motor disorders	0	0
Disruptive, impulse control, and conduct disorders	0	0
Somatic symptom and related disorders	0	0
Neoplasms	0	0

Note. Participants were asked to indicate all responses that applied; thus, the percentages do not add up to 100.

COUNSELING AND PSYCHOLOGICAL SERVICES

ABOUT US

CLINICAL SERVICES

OUTREACH & EDUCATION

COMMUNITY RELATIONS

PROFESSIONAL TRAINING

CLINICAL SERVICES

INDIVIDUAL PSYCHOTHERAPY

EATING CONCERNS

GRADUATE & PROFESSIONAL STUDENT SERVICES

COMMON STUDENT CONCERNS

INSURANCE COVERAGE

LEAVE OF ABSENCE

DRUGS AND ALCOHOL

Individual Psychotherapy

Individual therapy with a counselor consists of meeting one-on-one for up to twelve sessions in a semester (usually once a week or every two weeks). These meetings typically last 45-50 minutes, and are meant to help achieve mutually agreed upon therapy goals. Typical therapy goals related to stress include helping you feel better and function at your best, giving you skills to manage your emotions more adaptively and healthily, improving your self-concept and esteem, and achieving a more positive perspective on life experiences (family up-bringing, school peer experiences, relationship break-up, academic issues, death, separation, loss and adjustment to life changes).

Individual counseling sessions work best as a collaborative venture in which you are as candid as possible with your counselor and work together to develop a supporting and trusting relationship.

To receive services, please call CAPS at 612-491-2151 to schedule an initial phone consultation with a counselor. The initial consultation will last about 15 minutes and usually will be on the same day you call. The counselor will collect some information from you and help connect you with the services most appropriate for your needs.

Quick Info

Crisis Information

Emergencies: 911
CAPS Main #: 612.863.0395
Centre County CAN HELP:
1.800.643.5432

CAPS Location

Check-in is on the 5th floor of the Student Health Center

Provider Locator

Search for private mental health care providers near University campuses.

Internship

Doctoral Internship Info
CAPS offers a doctoral internship accredited by the APA.

Quick Info



Counseling & Psychological Services (CAPS)

About CAPS

Our staff of trained undergraduate peers work with hundreds of U of M students per year to teach strategies for coping with stress. Services at CAPS are designed to enhance students' ability to benefit from the University environment and academic experience.

As undergraduate peers fully trained in working on stress with students, staff at CAPS can help you address your concerns in a caring and supportive environment. CAPS can help students resolve personal stressors that may interfere with their academic progress, social development, and satisfaction at the University. Some of the more common stressors include difficulties in regulating emotions, problems in relationships (friends, roommates, or family); sexual identity; lack of motivation or difficulty relaxing, concentrating or studying; weight issues; sexual assault; and uncertainties about personal values and beliefs



Division of Student Affairs • Health & Wellness • Counseling & Psychological Services • Information & Self-Screenings • Stress Management & Relaxation

Health & Wellness

Counseling & Psychological Services

Information & Self-Screenings

4 Month Stress Management & Relaxation

Stress is a natural part of the human experience. In fact, stress can provide motivation and increase our performance. It is stress that helps us "psych up."

But, too much stress results in DIS-stress. Psychological DIS-stress occurs when the demands in our life are greater than our internal resources. This amount of stress actually impairs our performance and interferes with our ability to think clearly.

Excessive levels of stress, left unchecked, can also result in symptoms of physical and mental illness. Chronic stress suppresses the immune system, making us more susceptible to illness. Prolonged stress can also trigger depression, anxiety, and other psychological symptoms.

So, take steps to Manage Your Stress Before it Manages You!

Our staff is well trained to help you with stress management. They will work with you step by step to help you manage stress. By following these steps, you can start to cope with stress in about 4 months.

- + Step 1: Identify Your Values and Priorities
- + Step 2: Clarify Your Goals
- + Step 3: Time Management
- + Step 4: Physical Self-Care
- + Step 5: Social and Emotional Support
- + Step 6: Healthy Thinking
- + Step 7: Relaxation Techniques

As many college and graduate students are aware, juggling responsibilities of school, jobs, exams, friends, family and life in general can cause stress. While each person reacts differently to stress, possible signs and symptoms can include headache, trouble sleeping, feeling anxious or tense, increased moodiness, difficulty concentrating, depression, increased or decreased appetite.

So what can I do to achieve a better quality of life?

CAPS has designed an Interactive Online Program to help you manage stress! We all have stress – sometimes it's helpful, but sometimes it gets in the way.

Stress and Relaxation Interactive Online Program

The exercises and information within this Program are designed to help you:

- Take control of your own stress & wellness
- Learn new strategies & skills that will help master stress in your everyday life
- Understand how stress impacts your goals & values

It's helpful to learn about stress and how to manage it. Why? Because increasing awareness is the first step in managing your stress to improve your health! This Interactive Online Program will help you figure out if stress is helping or hurting you... and what to do about it.

CAPS

- Crisis Services
- Psychiatric Services
- Individual Counseling
- Group Counseling
- Mental and Physical Health Screenings
- Outreach Programs
- Consultation Services
- Getting Help with Depression
 - Healthy Relationships
 - Resources For Depression
 - Stress And Relaxation Interactive Program
 - Level One
 - Level Two
 - Level Three
 - Assessment Resources
 - Program Design
 - Substance Use and Abuse

Outreach, Consultation & Prevention Training For Faculty, Staff & Parents **EMERGENCY**

Home > Counseling > Services Logout

COUNSELING

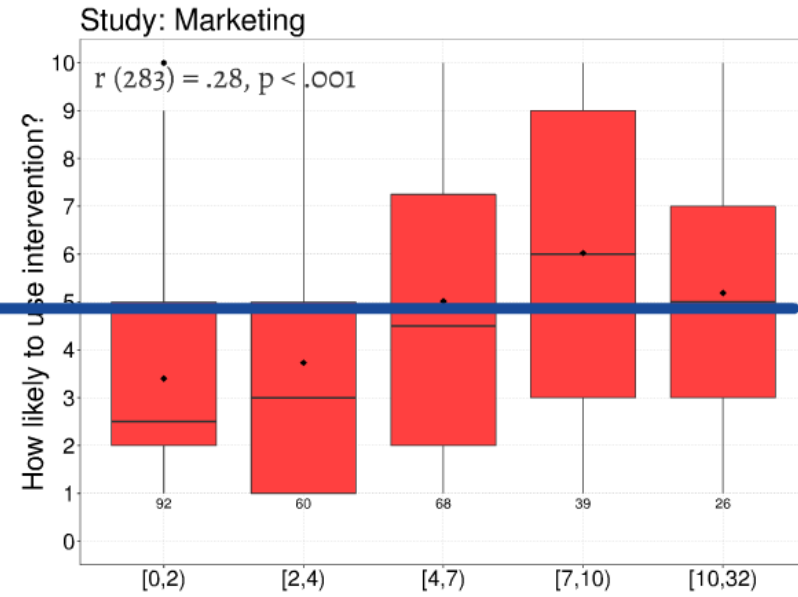
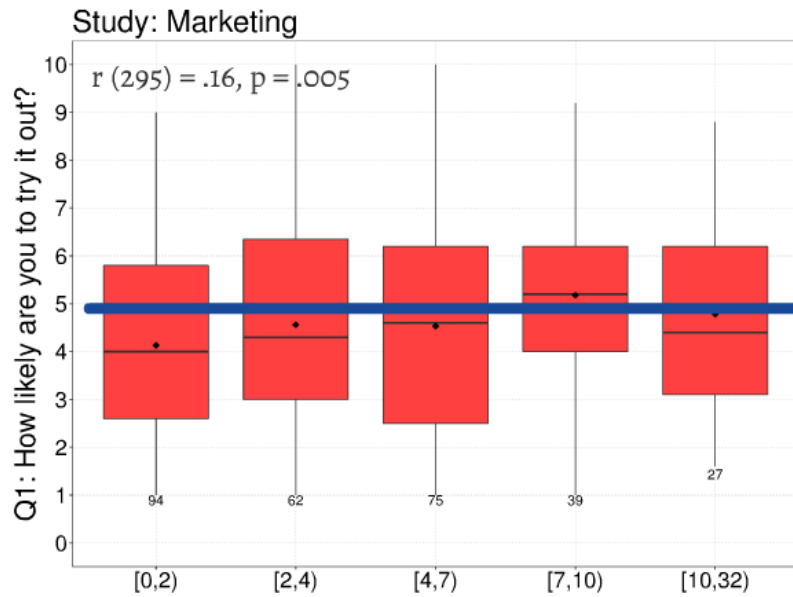
- Services
 - Making the Initial Appointment
 - Group Counseling
 - Alcohol & Other Drug Office
 - Referrals for Private Therapy
 - Specialized Assessments
- Seeking Help for Others
 - Staff
 - Make An Appointment
 - Confidentiality Policy
 - Frequently Asked Questions


SERVICES

Counseling Center services are designed to help students address many of the academic, emotional, social, and environmental concerns they face. There is no need to suffer from stress, because other people in our lives. Our staff is trained and prepared to help you through whatever stressors you may need assistance with. They will teach you coping skills for stress, help you plan for them, and/or there for you to help you figure out solutions for your individual needs. If you feel that it's time to stop feeling bad about how other people are causing you stress and talk to someone, call us to make an appointment.

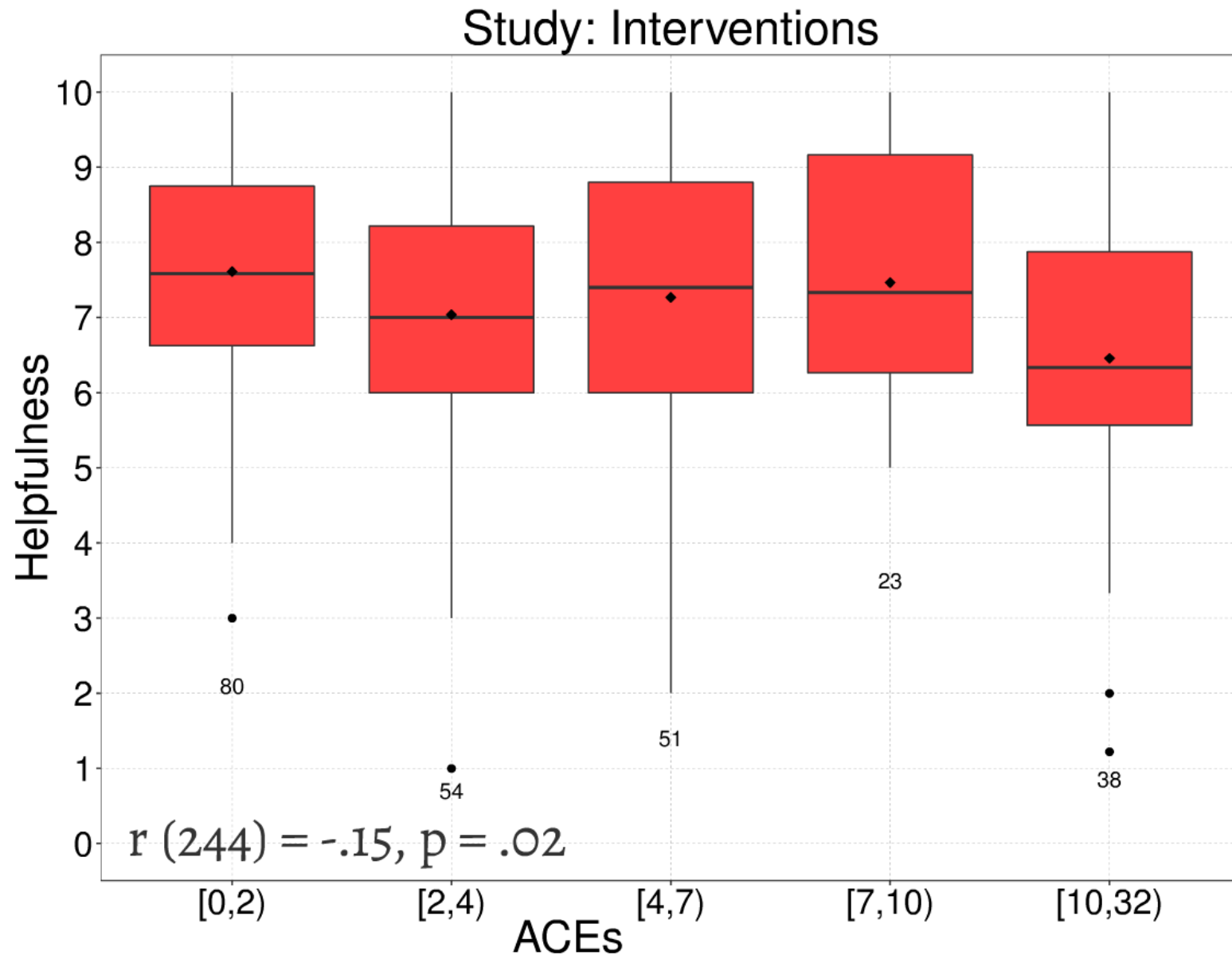
"How likely would you be to try out the service if it were available (1-10; "not at all likely" to "very likely")?"

Students use all kinds of external and/or professional help to cope with stress.... If you are not currently using any such... to cope with your stress, how likely is it that you might use such an intervention before you graduate from college (1-10; "not likely at all" to "very likely")



OK, but when they do receive help, do they benefit as much? 

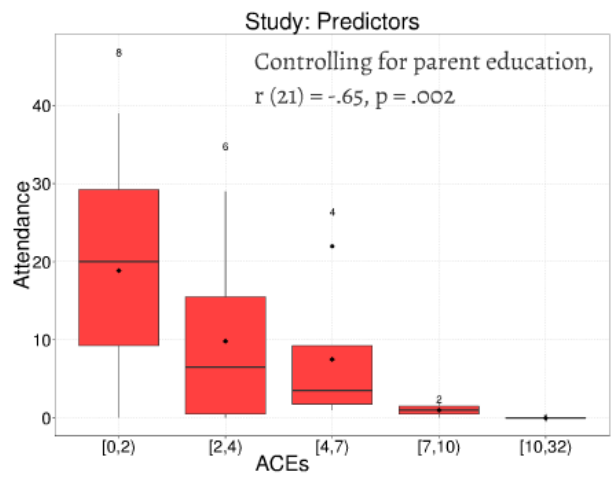
How helpful did you find this form of help?
(1 = extremely unhelpful, 10 = extremely helpful)



"Did you stop prematurely, before the problem you sought help for was resolved? For example, did you stop receiving this help before a predetermined number of sessions/visits or before the person helping you said you were ready to stop?"

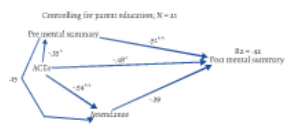
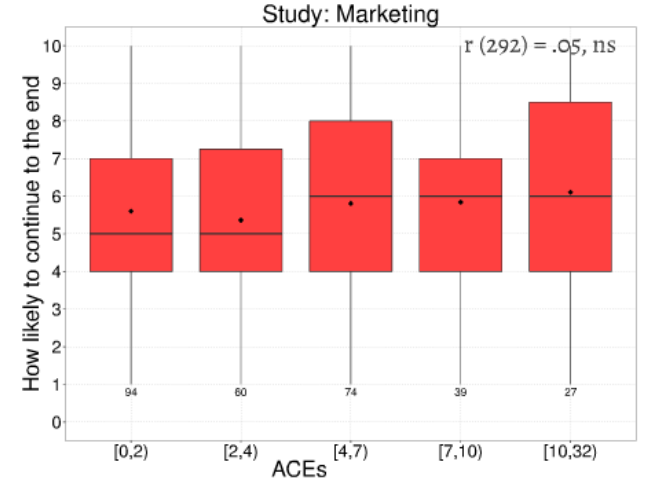
	Low ACEs	High ACEs
Yes	16%	30%


$\chi^2(1) = 9.27, p = .002, OR = 2.28$



Note: no Boynton :-)

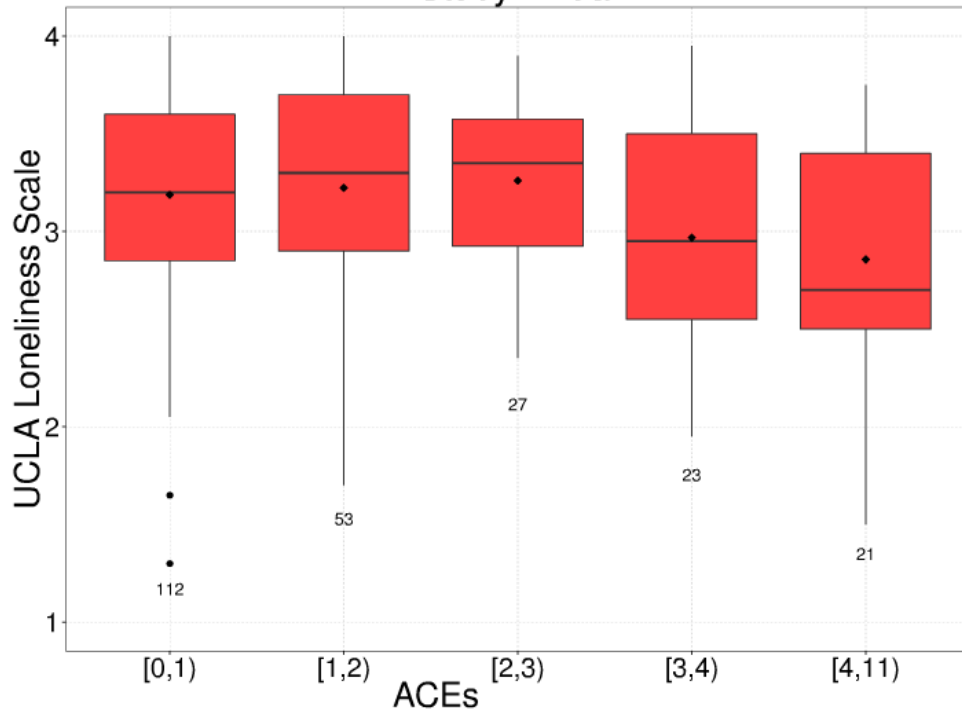
"Let's assume that you use some kind of structured intervention to cope with your stress before you graduate from college and that it is a semester-long intervention. How likely is it that you would continue with it until the end? (1-10; "not likely at all" to "very likely")"



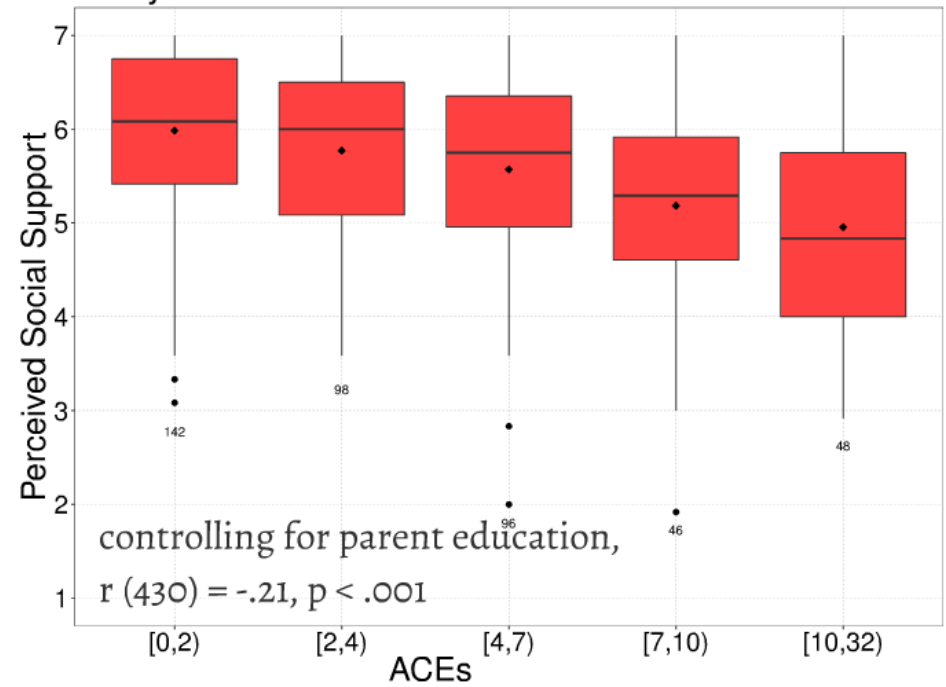
Could their poor mental health & suboptimal help-seeking have to do with lack of coping resources & maladaptive attitudes toward their own health? 

Low social support

Study: Initial

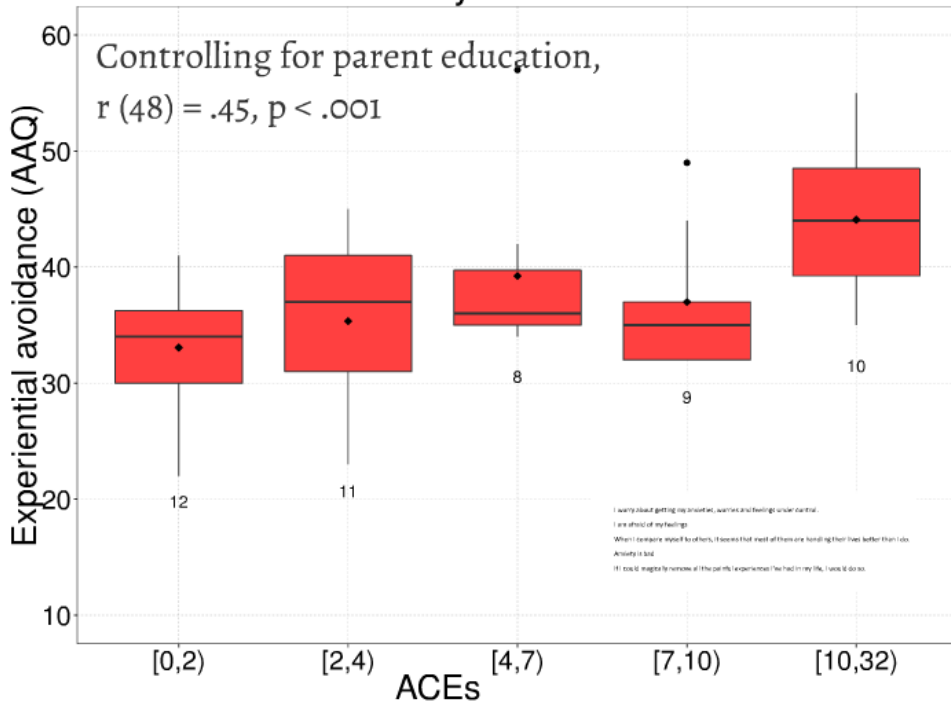


Study: 3 studies

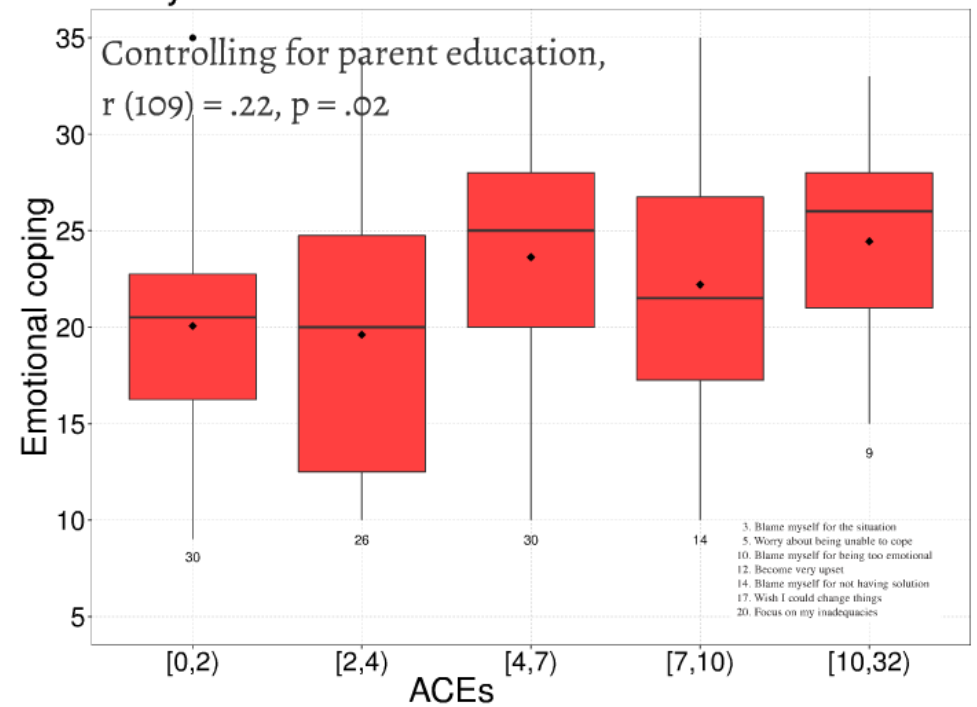


Poor coping skills

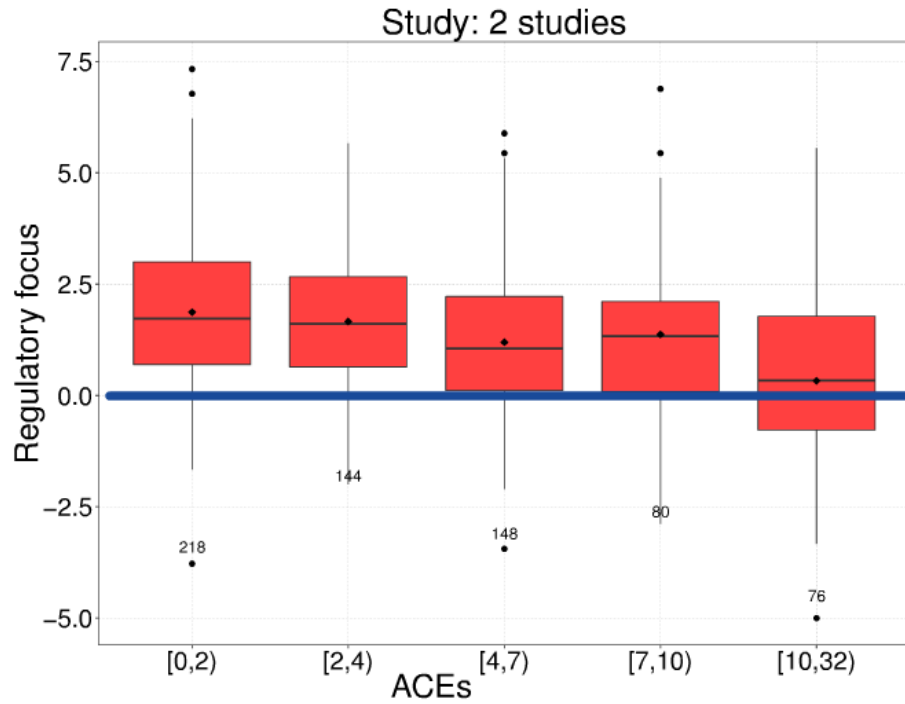
Study: Predictors



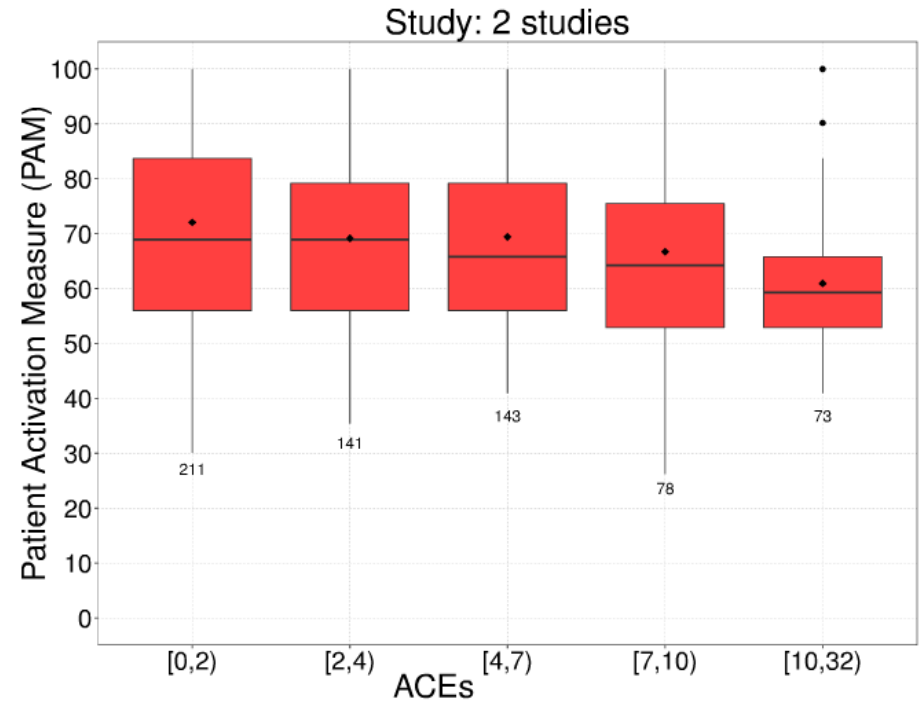
Study: Academic



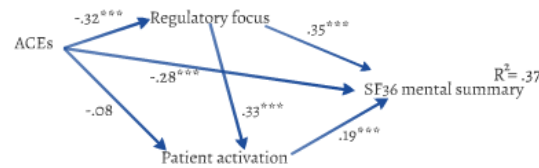
Low regulatory focus

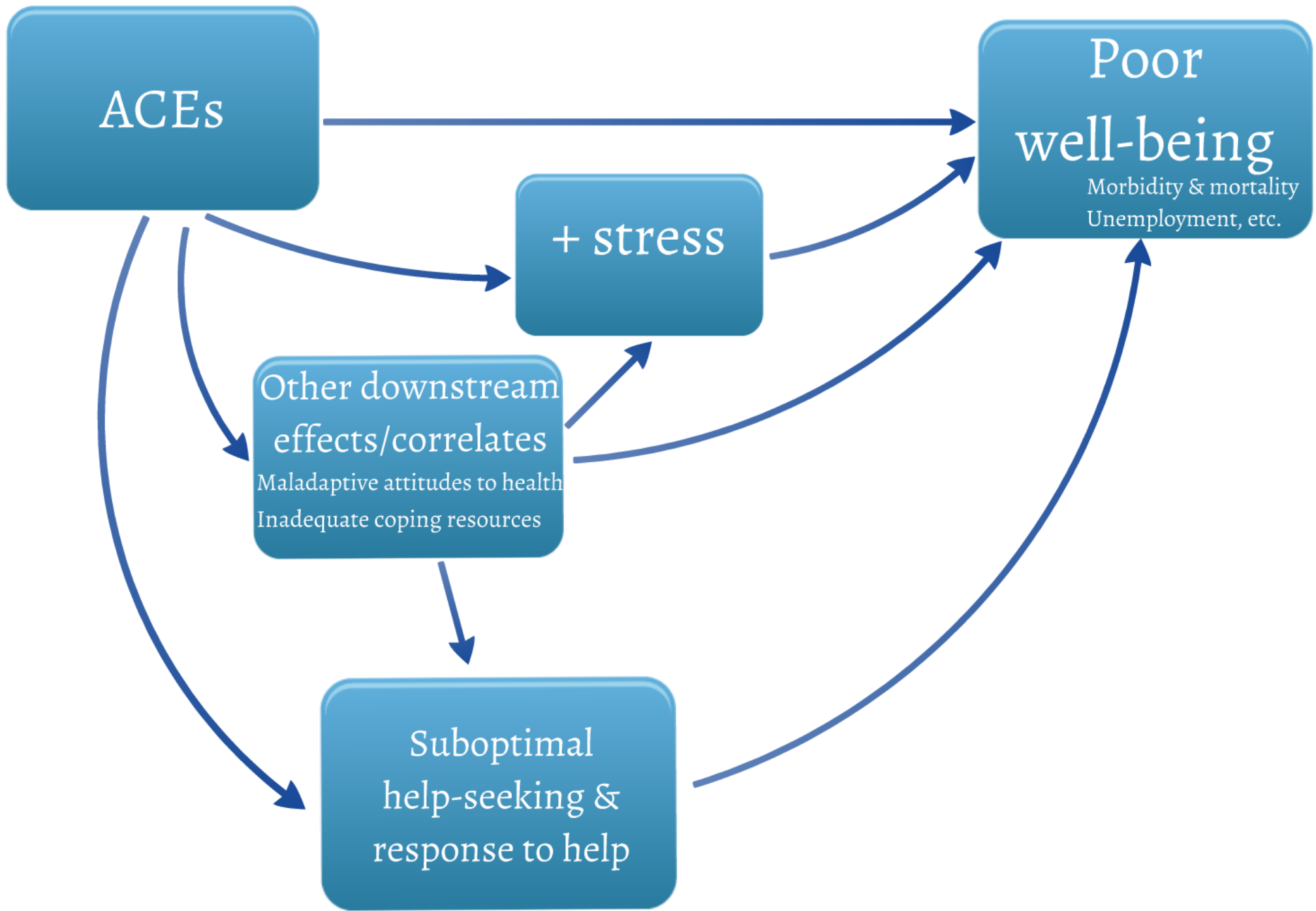


Low patient activation



Controlling for parent education....





What Is To Be Done?

So ACEs have the potential to explain at least some of the mental health problems college students are facing now.

The Good News

- Captive audience
- Opportunity for (relatively) early prevention;
still time to disrupt the developmental cascade

The Bad News

ACE Profiles Across Birth Cohorts (N = 19,333)

	Age 18–34	Age 35–49	Age 50–64	Age 65–79	
Cumulative ACE score	1975–1991 31.9%	1960–1974 28.0%	1945–1959 27.7%	1930–1944 12.5%	Design-based <i>F</i>
0	33.04%	31.35%	36.64%	48.26%	10.29***
1	20.84	22.24	22.69	23.75	
2	14.27	15.02	14.61	12.84	
3	10.13	11.04	10.19	6.68	
4	7.42	7.82	7.01	4.59	
5+	14.31	12.53	8.86	3.88	


actual, perceived, remembered, disproportionate deaths?

Logan-Greene, P., Green, S., Nurius, P. S., & Longhi, D. (2014). Distinct contributions of adverse childhood experiences and resilience resources: A cohort analysis of adult physical and mental health. *Social Work in Health Care, 53*(8), 776–797.

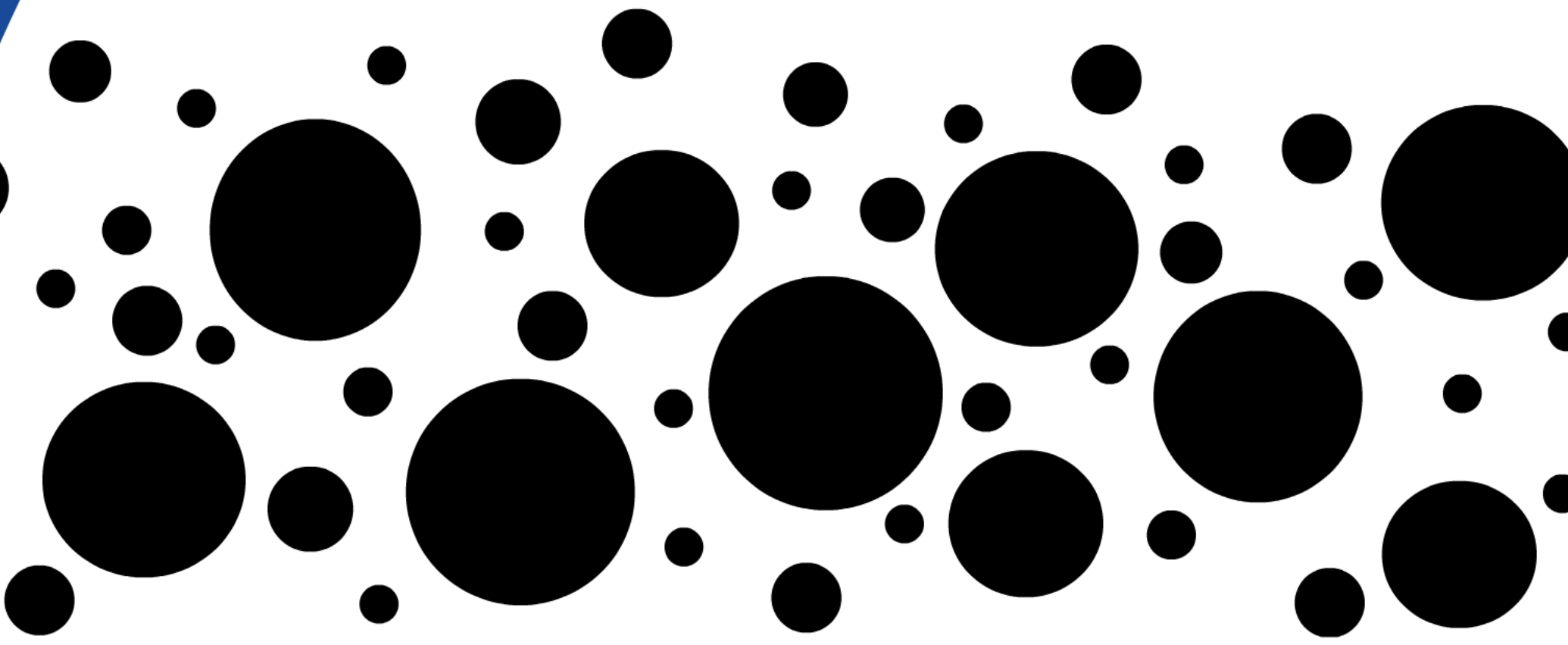
More Bad News

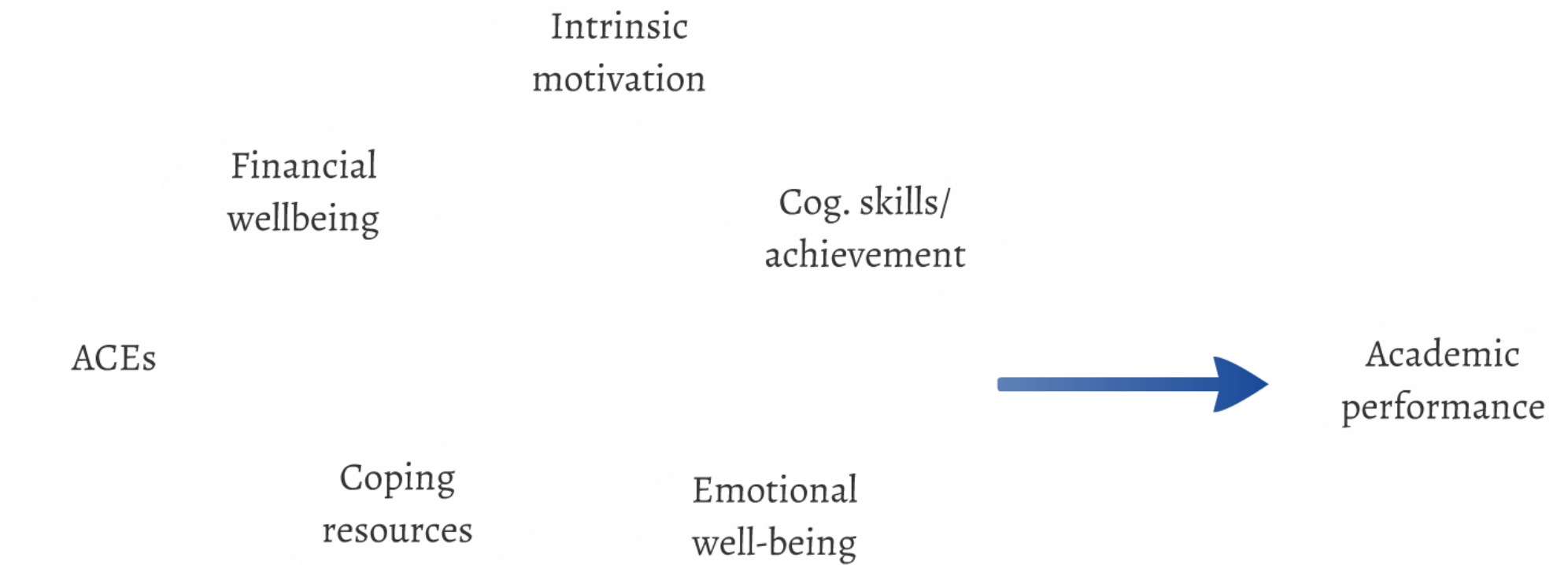
New government = more ACEs + less funding to deal with sequelae

- economy (poverty, unemployment)
- quality of, & access to, health care
- social justice, level of income inequality
- cultural attitudes toward violence
 - maltreatment
 - victimization due to crime
 - (perceived) discrimination
 - bullying
 - family psychopathology & discord, substance abuse, DV
 - parental separation due to deaths (suicides, illnesses), wars, imprisonment & deportations



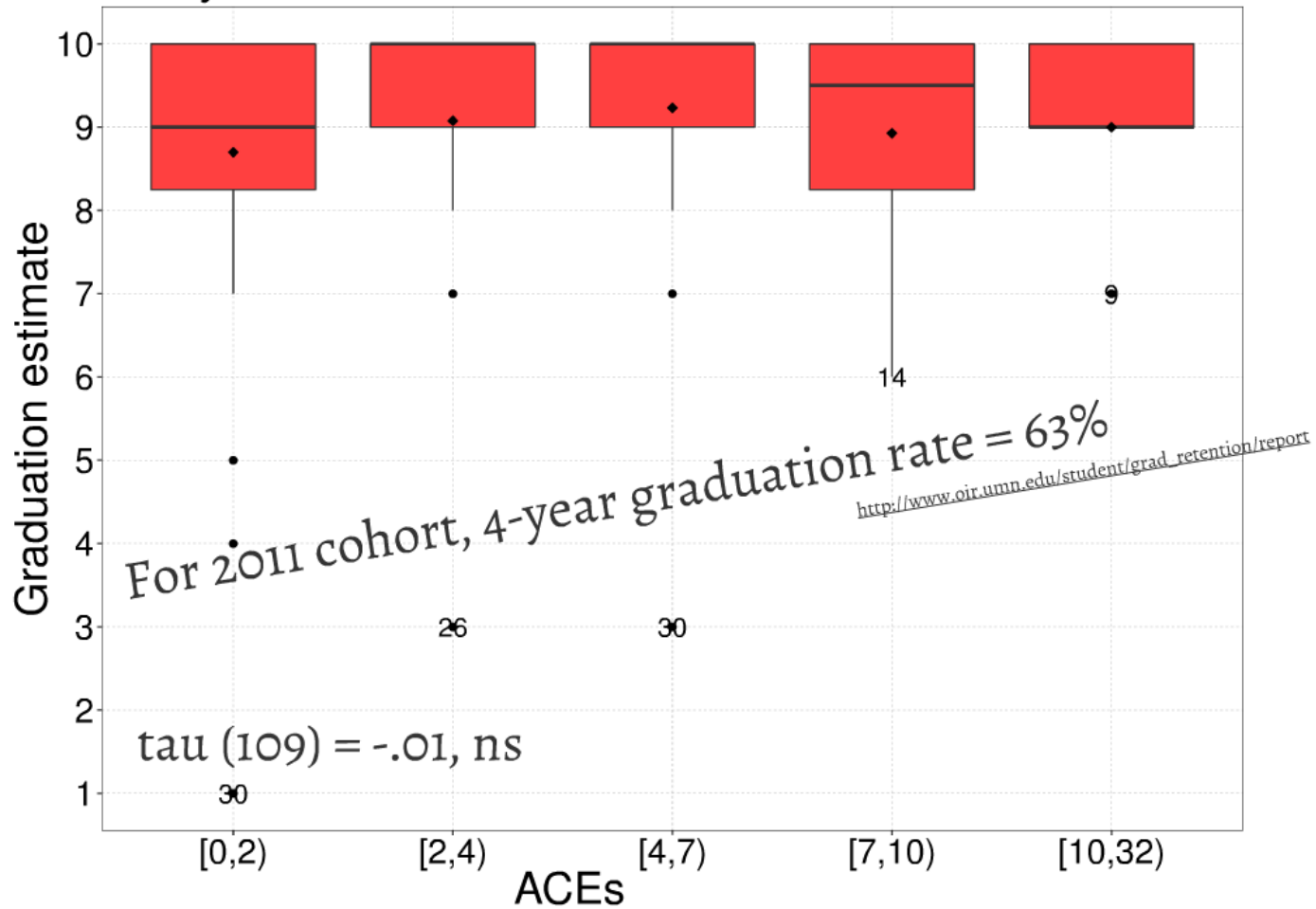
What can the U &
researchers at the U do?





"Please indicate the likelihood that you will graduate from the University of Minnesota in 4 years, from 1 (not likely at all) to 10 (extremely likely)."

Study: Academic

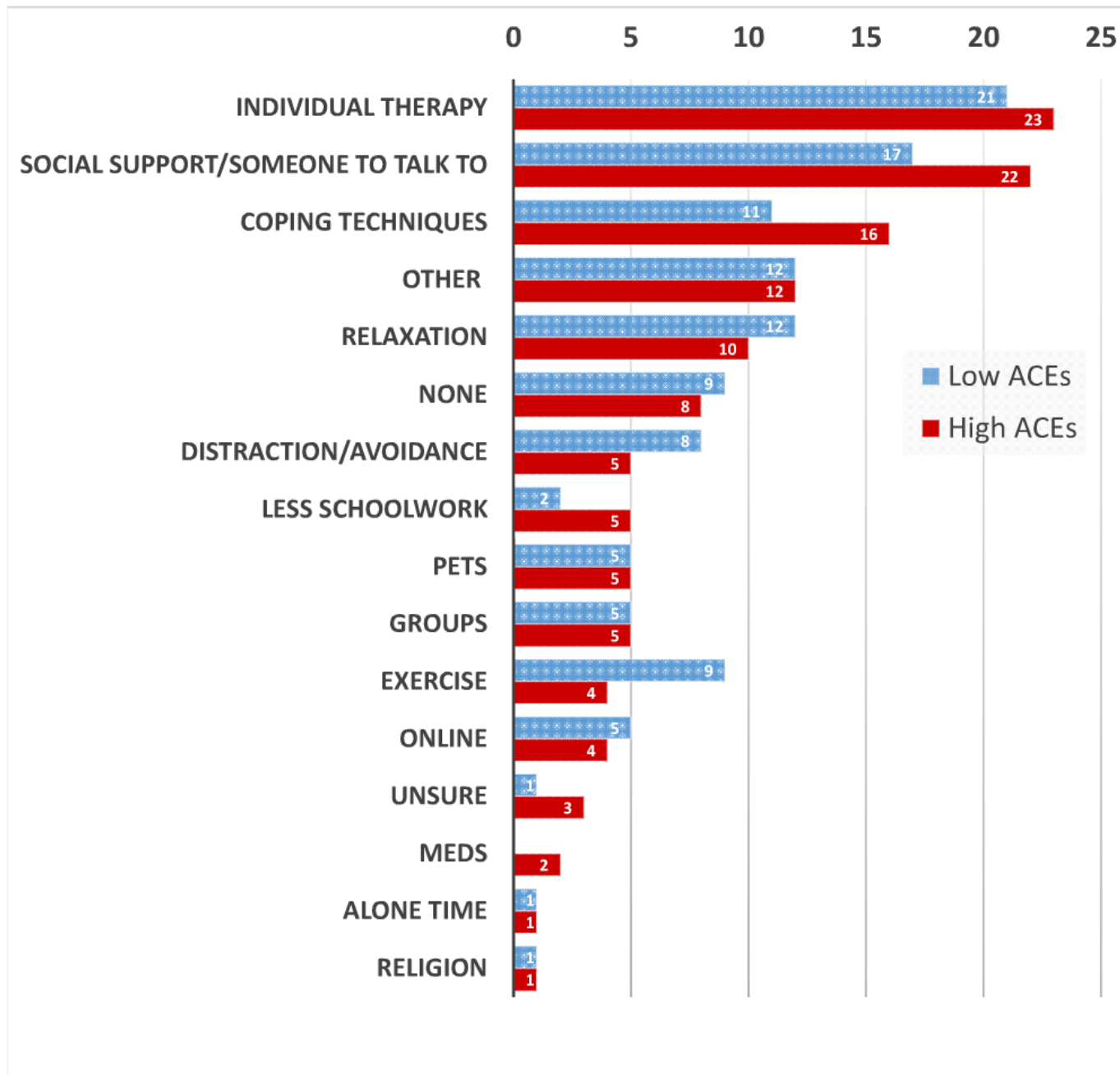








"What kinds of help would you like to have to cope better with stress?" (Open-ended question; N = 297)



“If you have sought help for health-related problems in the past two years, where did you find out about this help? Please check all that apply.”

Percentages of students indicating which sources of information they used about health-related problems

	Low ACEs	High ACEs
Google & other search engines	45	54
Recommendations of friends and family	33	35
Referral by another professional	27	37
General information distributed by the university	14	25
Information learned in classes and from teachers	12	25
Facebook, Twitter, & other social networking sites	5	11
Movies & TV shows	3	7
Other media (TV or radio news, news sources on the internet, popular magazines)	2	9
Self-help books	2	6
Other	3	4

Note. Participants were asked to indicate all responses that applied; thus, the percentages do not add up to 100.

Please indicate if you are currently enrolled in any of the courses below.

CLA 1001 CLA First Year Experience - 1

CLA 1005 Introduction to Liberal Arts Learning

CLA 1002 CLA First Year Experience - 2

APPS 1620: Current Topics Strategies for Student Success

LASK 1001: Mastering Skills for College Success

LASK 1102: Academic Success

PUBH 1001: Success over Stress

PUBH 1003 - Alcohol and College Life (ACL)

PUBH 1004 - Sexuality Matters

PUBH 1005 - Sleep, Eat, and Exercise

CFAN 3301: Grad and Professional School: Success Strategies for Prep

EDHD 1701: Introduction to TRiO Identity, Culture, and College Success

Other courses specifically aimed at coping with the academic or psychological challenges of college life:

39%





Who is responsible for
taking care of students with
high levels of ACEs?