

Case Study of “Five-Tier Pyramid” Psychological Education: Analysis of Interpersonal Crisis Intervention for College Students with Depression

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Abstract: In recent years, the prevalence of depression among college students has steadily increased due to factors such as their primary family environment, societal pressures, interpersonal relationships, and self-perception. These students are particularly susceptible to psychological crises upon entering university campuses. Empowering students with depression and serving as their spiritual “ferryman” is a critical initiative for university counselors committed to their original mission of cultivating virtue and nurturing students. It is essential to thoroughly understand the developmental experiences and real-life challenges faced by students with depression, delving beyond their overt behavioral manifestations to uncover the underlying root causes, thereby effectively addressing their practical issues. This study proposes the “five-tier Pyramid” psychological education framework, which integrates the collaborative efforts of the institution, faculty, counselors, classes, and students. By harnessing the comprehensive effects of holistic, ongoing, and all-encompassing psychological education, it aims to enhance intervention strategies for students with depression, offering practical insights for university counselors engaged in crisis prevention and intervention.

Keywords: Psychological Education; Depression; Interpersonal Relationships; Crisis Intervention; Student Affairs

1. Introduction

Depression, characterized by profound and enduring feelings of sadness, diminished interest, and fatigue, is a prevalent psychological disorder with high clinical recovery rates but low treatment acceptance and high recurrence rates [1]. According to the 2022 *National Depression*

Report, depression is increasingly affecting younger populations, with individuals under 18 accounting for 30% of all cases, half of whom are students. Compared to their peers, students with depression experience heightened negative emotions under academic stress upon entering university, leading to increased conflicts and exacerbation of depressive symptoms. This escalation poses significant risks, severely impacting campus safety and stability. For university counselors, providing specialized support to students with depression is paramount to ensuring their smooth adjustment and progression through college life. Drawing on real-life cases encountered in my professional practice, this article aims to offer insights and guidance to educators working with student psychological health issues.

2. Case Overview

A, a 20-year-old sophomore male student with a good academic record, exhibits introverted tendencies. According to feedback from his dormitory mates, A’s irregular daily routines and independent behavior have become disruptive, particularly his recent habit of staying up late at night with lights on to study, disturbing his roommates’ sleep. Despite repeated reminders, A remains indifferent to their concerns. Over time, tensions escalated among the roommates, leading to significant conflicts. Subsequently, I had a private conversation with A and learned that he had been diagnosed with depression and is currently undergoing medication. His recent insomnia, lack of concentration in class, and heightened academic stress have driven him to stay awake at night reading. Additionally, A shared childhood experiences where attempts to approach animals, like chickens, resulted in injury, and efforts to socialize in middle school led to rejection by peers. These negative interpersonal encounters instilled in him a fear of social interaction and a belief that such

interactions inevitably lead to harm, shaping his self-reliant personality [2].

3. Key Points of the Case

In this case, the interpersonal conflicts between A and his roommates not only share the common characteristics of depressed students, such as depression, loss of interest, behavior withdrawal, sleep disorders, etc., but also have the particularity of A itself. For example, A's bad experience of being hurt by animals in his childhood and being isolated by classmates in his youth led him to have an unreasonable belief that he would be hurt if he communicated with others. This unreasonable belief seriously affected his normal interpersonal communication and he did not actively communicate with his roommates, resulting in a "red light" in dormitory relations.

(1) A suffers from depression and serious insomnia. How to help A relieve depressive symptoms, improve sleep quality, and return to normal life and work, so as to solve the apparent contradiction of "inconsistent work and rest time" in the dormitory. (2) A took the initiative to communicate with others in his youth, but was ostracized and isolated, resulting in psychological trauma, and did not dare or want to communicate with others after adulthood. How to use the power of professionals to help A correct unreasonable beliefs and reshape cognition. (3) A has no friends in life, no one to talk to when depressed and anxious, and negative emotions cannot be relieved. How to help A to make friends and improve interpersonal relationships, so as to obtain effective social support.

4. Case Resolution Strategies

In addressing this case, our approach aims not only to resolve A's psychological issues but also to tackle his interpersonal challenges. Drawing on extensive psychological work experience, we utilize a five-tier educational psychology system— "school- college- counselor- class-student" pyramid —to mobilize collective efforts effectively and address the issues faced by A, a student suffering from depression [3].

4.1 Integrated Medical-School Collaboration: Ensuring Seamless Psychological Referral Channels

A's interpersonal tension, academic anxiety, and sleep disorders stem from severe depression,

which has significantly impacted his physical and psychological well-being. Thus, the immediate priority is to establish contact with his parents, inform them of his situation, and consult with his medical professionals regarding medication adjustments to better address A's insomnia. His negative childhood and adolescent social interactions have ingrained irrational beliefs, fostering fear of social interaction and concern over potential harm, severely affecting his interpersonal relationships. Therefore, beyond establishing a referral channel between students and hospitals, we must also facilitate access to the school's psychological counseling "green channel". Through liaison with the school's psychological center, I assisted A in scheduling counseling appointments and persuaded him to attend counseling sessions actively. With patient guidance, A complied and attended multiple counseling sessions at the school's counseling center, yielding positive outcomes.

4.2 Home-school Cooperation: Building Multiple Channels for Mutual Communication

A's strained relationships with his dormitory mates reflect his social challenges and lack of effective interpersonal skills. Through monitoring A's social media updates, I initiated several heartfelt conversations with him, listening attentively to his thoughts and feelings. This approach provided him an outlet for expression during times of confusion and anxiety, offering acceptance and timely encouragement to make him feel valued by his teachers. Simultaneously, I maintained close communication with A's parents, guiding them to support him through platforms like WeChat, phone calls, and video calls, emphasizing understanding over criticism and ensuring A feels the warmth of family care. Moreover, addressing A's academic anxieties, I proactively engaged with faculty members at his college, ensuring they paid special attention to his needs and provided tailored assistance to help him better adapt to academic life [4].

4.3 Teacher-student Interaction: Comprehensive Implementation of Psychological Health Education

A's dormitory mates, aware of his regular use of antidepressants, continued to hold him to high standards typical of any student, indicating their

limited understanding of depression and how to interact with affected students. This highlights a gap in the comprehensive education on psychological health among university students. Addressing this issue, I invited counselors from the psychological center to conduct a lecture series titled “Understanding Depression—Guardians of the Galaxy of Depression” and organized a psychological salon focusing on “Your Perspective on Depression”. Through these sessions, teachers provided insights, fostering interactive discussions among students to enhance their understanding of depression and learn effective ways to support individuals affected by it. This initiative yielded positive outcomes in promoting awareness and empathy within the class [5].

4.4 Student-support Initiatives: Providing Diversified Social Support Systems

A’s fear and resistance towards interpersonal interactions fundamentally stem from a defensive mechanism of self-denial. Breaking through this defense mechanism requires harnessing the power of peer psychological support. Peers and students share the same living environment, similar developmental stages, and identity characteristics, making it easier for them to resonate with each other and for the “troubled” individual to open up. Therefore, establishing a peer interaction system among dormitories, counseling committees, and class leaders is crucial. This involves providing peer members with professional training in group counseling to equip them with effective consultation skills. In interacting with A, employing techniques such as sincerity, empathy, and repetition is essential to show genuine care and support. Encouraging classmates of different personality types to actively approach and genuinely accept A fosters a diversified social support system within the class, ultimately aiding A in overcoming his social challenges [6].

4.5 Self-initiative: Overcoming Interpersonal Relationship Challenges at a Deeper Level

Internal breakthrough leads to stress relief, while external breakthrough fosters growth. While external support is crucial, A also needs to actively initiate changes to return to a normal academic life. Firstly, by encouraging A to step out of his self-isolation, I guided him to seek help from others when feeling down, actively

sharing his feelings with those around him and appropriately venting negative emotions. Secondly, guiding A to understand that everything, including interpersonal relationships, involves a process. When initiating interactions with others, it’s important to acknowledge and accept the possibility of negative emotions. It’s crucial to sincerely express one’s feelings and needs to gain understanding and acceptance from others. Moreover, with the assistance of a psychologist, it’s essential to challenge and reshape any misconceptions A may have about interpersonal relationships, actively engaging in positive social interactions, and continually enhancing his interpersonal skills [7]. Only through these steps can A truly overcome deeper interpersonal challenges and rediscover a fulfilling social life.

5. Conclusion

5.1 Integrating Pharmacological Treatment with Psychological Counseling

In recent years, the incidence of depression among college students has been steadily increasing due to compounded psychological pressures such as academic stress and job anxiety. Students with depression often experience interpersonal tension, academic anxiety, and maladjustment, which can lead to psychological crises that significantly impact campus safety and stability. In addressing these issues, counselors must recognize that the root cause of psychological crises lies in the students’ underlying illnesses. The key to resolving these issues is to urge students to promptly seek consultation at reputable psychiatric hospitals for proper diagnosis and treatment with appropriate antidepressant medications. Once the student’s condition is adequately managed pharmacologically, leveraging the resources of the school’s counseling center becomes crucial to provide professional psychological counseling services. This integrated approach aims to achieve synergistic therapeutic effects where the whole is greater than the sum of its parts, thereby genuinely assisting students in overcoming psychological challenges.

5.2 Balancing Psychological and Practical Solutions

As a counselor, it’s essential to recognize that behind every overt behavior lies a covert motive. Understanding the underlying motivations

behind the apparent conflicts of students with depression is crucial to helping them return to normalcy. The root cause of the dormitory conflicts experienced by A stems from his irrational cognitive beliefs about interpersonal interactions [8]. Therefore, in addressing the issues faced by students with depression, counselors must delve deeply into the hidden motivations behind their abnormal behaviors. By employing scientifically proven and effective methods, counselors can resolve both psychological and practical issues, ultimately achieving comprehensive solutions.

5.3 Effective Integration of Diverse Resources for Establishing a Robust Psychological Prevention and Intervention Mechanism

As a counselor, it's crucial to recognize the limited impact of individual efforts when intervening in psychological crises. A's tense relationship with his roommate could have led to more severe consequences without timely intervention. Addressing A's interpersonal challenges required skillfully integrating resources from hospitals, counseling centers, faculty, parents, and students, effectively resolving his crisis. While A did not exhibit self-harm in this instance, many students with depression may resort to self-injury or even suicide amid significant academic and personal pressures. Intervening in such life-threatening psychological crises necessitates leveraging the "five-tier pyramid" psychological education framework. This approach coordinates efforts across families, hospitals, school counseling centers, student services, and security offices, ensuring comprehensive protection of students' well-being [9].

5.4 Continuous Enhancement of Psychological Health Literacy and Effective Identification of Psychological Disorders

As a counselor, it is essential to acquire a comprehensive understanding of common psychological disorders such as depression, schizophrenia, and bipolar disorder, including their diagnostic criteria. This knowledge enhances the ability to identify and assess students' mental health effectively [10]. For students with depression, early detection, intervention, referral, and treatment are crucial to seize the "golden period" for depression management. Achieving early detection and intervention hinges significantly on harnessing

the influence of resident advisors. The dormitory environment, being central to students' daily lives, often amplifies behavioral manifestations of psychological issues. Thus, maximizing the role of resident advisors as key leaders is imperative. Strengthening their awareness of psychological crisis intervention and enhancing their psychological support skills enable quicker and more effective identification of students' abnormal behaviors or underlying psychological issues. This proactive approach ensures timely extinguishing of potential "sparks" in campus psychological crises, thereby better safeguarding campus safety and stability.

5.5 Learn to Classify and Grade Students, and Take Corresponding Intervention Measures based on Their Psychological Crisis Situation

As a counselor, we should deeply understand that the students we face are diverse, and the students are different from each other in terms of personal growth environment and personality characteristics, and the psychological problems they produce are also different. Therefore, when counselors carry out psychological education work in the face of students with psychological problems, they should first realize from the ideological perspective that students' psychological problems are diverse, which may be derived from the unhappiness of students' native families, and may also be derived from adverse experiences such as campus bullying and frustration trauma during the growth of students. It may even be caused by traumatic stress disorder caused by a major psychological crisis experienced by the students themselves. Based on this, when counselors carry out psychological education work for students with psychological problems, they should take corresponding psychological crisis intervention measures for students with different psychological crisis situations, such as multi-level classification. If students have psychological problems due to academic pressure, life adaptation, interpersonal relationship, emotional problems and other realistic difficulties, they can take regular heart-to-heart talks to understand the crux of students' psychological problems. Psychological intervention measures such as emotional ABC theory and cognitive behavioral therapy are more effective, which can guide students to see their troubles and problems more quickly and

get out of the emotional quagmire as soon as possible. If students' psychological problems in adulthood are caused by adverse experiences in childhood, the psychoanalytic theory of Freud is used to intervene. By digging deep into the root causes of adverse experiences in early years, students are helped to look at the experiences in childhood with adult thinking, so as to help students get out of the shadow of childhood and deal with difficulties and setbacks in life with adult methods. If the student has no obvious incentive, such as depression, decreased interest and other reactions, or even appears auditory hallucinations, hallucinations and other psychiatric symptoms, the counselor should pay great attention to it. At this time, the student has become a serious psychological problem, and its psychological problems have reached the standard of disease diagnosis, and the psychological crisis caused by the student may greatly lead to safety risks. Counselors should follow up as soon as possible and keep in close contact with students' parents, guide students' parents to pay attention to students' psychological crisis through ideological work for students' parents, and work together to help students. Together, they can persuade students to go to a nearby psychiatric hospital for assessment and diagnosis, accept professional psychological treatment, and take corresponding psychiatric drugs. In the daily life of students, students can be guided to participate in sports, in order to improve the concentration of students. In order to further follow up the situation of students in psychological crisis, counselors can choose one of their roommates as a one-to-one companion for students in psychological crisis. They are mainly responsible for following up the ideological changes and behavior of students in psychological crisis, so as to timely report to counselors, so as to ensure the safety of students. Of course, the intervention of counselors is inevitably important, but students with psychological problems also need to master some self-adjustment skills in order to better self-guidance. Counselors can appropriately provide some psychological counseling methods for students with psychological problems, such as self-suggestion, attention transfer, reasonable catharsis, compensation sublimation, physiological adjustment, active help, etc. Students can even adjust their own mental state through sports, listening to music, reading and other methods. Of course, the above work

requires counselors to master professional psychological knowledge, which puts forward higher requirements for counselors' psychological literacy, but it is also the basis for counselors to do a good job in psychological education. It is hoped that all counselors can strive to improve their own psychological quality, enhance the ability of psychological crisis intervention, in order to carry out good psychological education work, and contribute their own strength to the psychological education work in colleges and universities.

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