

Dealing
With
Students in Distress

A Guide for Faculty, Staff, and Administrators

Purpose of this Guide

As faculty and staff, you come into contact with many students on a daily basis. You are on the “front lines” and thus are in an excellent position to observe students, identify those who may be in emotional distress, and offer assistance. While your concern and support may often be enough to help the student, there will be times when you may feel a referral for additional professional assistance may be warranted. This booklet is designed to acquaint you with Counseling and Referral Services (CRS) and the CARE Team, to assist you in helping students in distress and to guide you in making referrals to helping professionals. In addition, there is a section outlining suggestions for dealing with specific types of emotional problems.

Prevention is as important in mental health as in physical health. Often problems can be prevented from escalating if students talk to someone early. Thus, it is appropriate to refer students to CRS for assistance with their everyday concerns as college students. We want to stress that we are here to provide assistance with the developmental, situational and adjustment problems common to many college students, as well as some of the more serious issues discussed in this guide.

Campus Assessment & Response Evaluation (CARE) Team

An additional way MUIH intentionally and systematically assists students is through regular meetings of the CARE Team.

The purpose of the CARE Team is to:

- Meet weekly to review critical incidents and develop strategies for intervention to assist students in crises
- Develop protocols for handling specific incidents
- Identify proactive strategies for handling student issues
- Discuss campus trends that may impact student safety, services, programs and general campus life, and make recommendations as appropriate

The CARE Team places a high priority on balancing our students' rights to privacy with the University's duty to respond appropriately to a student experiencing difficulty or expressing at-risk behaviors.

Faculty and staff are encouraged to contact any member of the CARE Team to share information if a member of the faculty or staff feels outreach or follow-up may be of assistance to a student. For more information, contact the Dean of Students.

• Helping Students in Distress: General Guidelines

OBSERVE --- A first, and very important step in assisting a student, is to be familiar with the symptoms of distress. Pay close attention to direct communications, as well as implied or hidden feelings. Focus on the observable symptoms and focus on how it is impacting the student's life.

INITIATE CONTACT --- Don't ignore strange, inappropriate or unusual behavior(s). Talk to the student in question privately, in a direct and matter-of-fact manner, indicating your observations and concerns. Be sure to focus on the symptoms that were displayed and express your concern about how it is impacting the student. Early feedback, intervention and/or referral can prevent more serious problems from developing.

OFFER SUPPORT AND ASSISTANCE --- Your interest, attentive listening and concern may be pivotal in helping a troubled student. Avoid criticisms or sounding judgmental. Allow the student time to respond and acknowledge that their perception may be different. Summarize the essence of what the individual has told you as a way of clarifying the situation. Validate feelings while also encouraging positive action by helping the student to define the problems and generate coping strategies.

REFER --- Know your limits as a helper: only go as far as your expertise and resources allow. When a student needs more help than you are able or willing to give, a referral is appropriate. The following may be helpful in making an individual referral to CRS.

- Talk to the student about the services and procedures of MUIH. An initial appointment can be made in person or via email at counseling@muih.edu. It is important to let the student know that services are confidential and free to enrolled students.
- It is important to provide the individual with a sense of control about their decision to follow your recommendation. In most cases, encouraging the student to initiate their own appointment with CRS is preferred. Sometimes, however, offering to assist in making contact may be beneficial, if you sense the student would benefit from the support of you accompanying them.
- In rare cases, a student may be in an acute crisis in which they demonstrate behavior that elicits serious and immediate concern about personal safety (either the student's or your own) or the student's ability to function (impaired reality testing or judgment). In such acute cases, you are urged to make telephone contact with local law enforcement. If you are unsure if the situation warrants this, a consultation with a counselor or with police services can help determine if emergency treatment is needed.
- It is important to follow up with a student after you make a referral. This conveys your interest. You can also help reduce the stigma associated with counseling by not avoiding the topic, though such discussions should be held privately.

About Confidentiality --- MUIH staff are required by law and professional ethics to protect the confidentiality of all communication between therapist and client (except in cases where harm to self or others is indicated). Consequently, CRS staff cannot discuss with others the details of a student's situation, or even indicate whether the student is being seen in therapy without the student's signed consent. It is suggested that you ask a student directly if they followed up on your recommendation to make contact with CRS.

When Counseling May Be Needed

Trauma or Crisis in Relationships

- Break-up or change in relationship status
- Loss or illness of a family member or close friend
- Conflict with roommate, friend, or family
- Victim of assault

Unusual Behavior or Marked Change in Behavior

- Listlessness or frequently falling asleep in class
- Disruptive or threatening behavior in classroom or residence
- Changes in appearance, including weight and hygiene
- Extreme mood changes or excessive, inappropriate display of emotion
- Sudden withdrawal from people or excessive sleep
- Hyperactivity, chronic irritability, or excessive anxiety
- Confusion, disorientation, or bizarre behavior

Problems with Academic Performance

- Poor academic performance and preparation, especially if such behavior represents a change from previous functioning
- Repeated request for special accommodations
- Test or speech anxiety
- Confusion over low performance

Harmful Statements or Behaviors

- Overt references to suicide or statements of helplessness or hopelessness
- Indications of persistent or prolonged unhappiness
- Extreme risk-taking behavior

Substance Abuse

- Evidence or excessive use of alcohol or other drugs
- Impaired daily functioning secondary to substance use (e.g.-not attending classes, not going to work)

The above list outlines behavioral changes or stressful events in students' lives which may warrant counseling. The following sections address specific types of emotional concerns you may find when working with students. It is critical to remember that you may be a key source of support to a student, you cannot be expected to do it all. When you feel particularly concerned about a distressed student, please feel free to consult with CRS staff, or encourage the student to seek help through our services.

The Depressed Student

Signs and Symptoms

Because we all experience some of the symptoms of depression at one time or another, we all have some personal knowledge of what the depressed student is going through. A depressed student is likely to be experiencing some of the following symptoms:

- Sadness, tearfulness
- Guilt or anger at themselves
- Trouble concentrating or remembering
- Loss of interest in schoolwork or usual activities
- Feelings of worthlessness or inadequacy
- Physical Symptoms
 - Changes in appetite
 - Difficulty sleeping
 - Low energy level
- Feelings of hopelessness or helplessness
- Suicidal thoughts

Facts about Suicide

It is important to take all suicidal comments seriously and to make appropriate referrals.

- College students have higher suicide rates than non-college people of the same age
- More men commit suicide; more women attempt
- There are more attempts at the beginning and end of the semesters
- Talking about suicide will not plant the idea in a person's mind, but will probably relieve some of the tension they are experiencing
- Feeling isolated increases the likelihood of suicide
- The more developed the suicide plan, the greater likelihood for suicide

Helpful Responses

- Reach out more than halfway and encourage the student to talk about their feelings
- Tell the student about your concern for their wellbeing
- Talk about suicide if that is on the student's mind
- Refer if suicidal (counseling@muih.edu or 911)
- Frequent contact, even for a few minutes, begins to relieve feelings of isolation (encourage the student to be in contact with family, friends, counselor)

Less Helpful Responses

- Saying "don't worry," or "everything will be better tomorrow." This may only make the student feel worse
- Becoming overwhelmed by the student's problems. This may only provide evidence that they should feel helpless
- Assuming too much responsibility for the student and his/her problems
- Trying to ignore or minimize their feelings

The Student in Poor Reality Contact

This student may have trouble distinguishing fantasy from reality. To some extent, the person will appear confused or illogical.

You may notice that the student's speech jumps from one topic to another with little or no logical connection between topics. This student may also pay a great deal of attention to some unimportant detail that is being discussed or may be generally scattered and incoherent. This student may coin new words and expect others to understand their meaning or may put words together because they rhyme, not because they make grammatical sense.

The student may make inappropriate emotional responses. For example, they may overreact to their feelings, or be very "flat" emotionally. Many times the person knows that his/her emotions are inappropriate, but just feels overwhelmed and cannot control them.

Someone in poor contact with reality may experience themselves as especially powerful or important or may believe that people are attempting to harm or control them in some way. They may also feel that certain actions have special meaning for them (e.g.- when people in a small group begin to laugh, then they are laughing at them.)

This student may experience hallucinations, usually auditory, although the hallucination can be experienced through any sense.

Helpful Responses

- Respond to them with warmth and kindness, but with firmness
- If you are comfortable in doing so, remove extra stimulation from the environment and see them in a quiet atmosphere
- Recognize their concerns and state that you can see they need help
- Acknowledge their feelings or fears without supporting the misperceptions (e.g.- "I understand how you think they are trying to hurt you and I know how real it seems to you, but I don't hear the voices.")
- Reveal your difficulty in understanding them ("I'm sorry, but I don't understand. Could you repeat that or say it in a different way?")

Less Helpful Responses

- Arguing, disputing their illusions, or trying to convince them of the irrationality of their thinking. It just makes them defend their position (false perceptions) more
- Playing along (e.g.- "Oh yeah, I hear voices..see the devil!")
- Encouraging further revelations of delusional thinking. It would be more helpful to switch topics and divert focus from delusions to reality
- Demanding, commanding, or ordering them to do something or change themselves

The Aggressive Student

Aggression can take many forms, from very subtle, passive acts to violent outbursts. It often results when a student perceives a threat, feels frustrated and/or out of control. Some aggressive people express hostility immediately without regard for their circumstances or the people around them. Others deny their anger and frustration until their hostility builds to the point of an explosive outburst. Many times, persons who are verbally or physically aggressive feel inadequate and use hostile behavior as a way to build up their self-esteem. Often these individuals believe you will reject them so they become hostile and reject you first to protect themselves from being hurt. They may see you as attempting to control them and lash out to try to gain some sense of control.

It is important to remember that the student is generally not angry at you personally, but is angry at their world and you are the handy target of pent-up frustrations.

Overall, dealing with an aggressive student will be handled best by maintaining a firm, consistent and calm control in the situation (i.e. know what you are doing and what your goals are).

Helpful responses

- Allow the individual to express their anger, and tell you what is upsetting.
- Tell the student that you are not willing to accept abusive behavior (e.g. “When you yell at me I cannot listen.”) If you need to, explicitly state what behaviors are acceptable.
- Stick to the limits you set.
- If the person begins to get too close to you, tell them to please move back.
- Reduce stimulation. If you are comfortable doing so, invite them to your office or another quiet place. If you sense a threat, arrange for a colleague to be nearby.
- Rephrase what the individual is saying and identify his/her emotions.
- Get help if necessary (supervisor, colleague, police).

Less Helpful Responses

- Arguing
- Pressing for explanations about his/her behavior
- Looking away and not dealing with the situation
- Physically restraining or grabbing the student
- Making threats, dares or taunts

The Anxious Student

We have all experienced anxiety in response to a perceived stressful situation. Anxiety becomes heightened as the situation becomes more vague and less familiar.

A panic attack is an overwhelming sense of dread and fear, and is the extreme result of feeling anxious. Some of the physiological components of general anxiety and panic attacks are rapid heart palpitations, chest pain or discomfort, choking, dizziness, sweating, trembling or shaking, or cold, clammy hands. The student may experience feelings of worry or fear and may anticipate some misfortune. They may complain of poor concentration, being on edge, being easily distracted, memory problems, and/or fitful sleep. The student may also state unreasonably high self-expectations, and be very critical of his/her present performance. This student may constantly think about and discuss his/her problems and possible solutions, but be too fearful to take action.

Helpful Responses

- Let them discuss their feelings and their thoughts.
- Help them, if possible, to define their stressors and their ineffective and effective coping strategies.
- Encourage them to break down tasks into workable steps so as to feel less overwhelmed.
- Relaxation techniques, deep breathing, meditation, and enjoyable exercise (e.g. walking) can all be helpful in reducing anxiety. Encourage them to engage in these behaviors or to seek professional help to learn these and other coping strategies.
- Be clear and explicit about what you are expecting from them, and what you are willing to do. It may be helpful to have them repeat what you have said to ensure that they understand.

Less Helpful Responses

- Taking responsibility for their emotional state.
- Trying to solve their problems as if they were your own.
- Becoming anxious or overwhelmed along with them.

The Demanding Student

Any amount of time and energy may simply not be enough for some students. Such students often seek to control your time and unconsciously believe that the amount of time received is a reflection of personal worth. In many instances, these people feel incompetent to handle their own lives.

Helpful Responses

- Set clear and precise limits with the student.
- Stick to limits no matter how much s/he protests.
- Let the individual make their own choices, clarifying the logical consequences of such choices.
- Refer the student to other students in class, their friends, or campus/community resources.

Less Helpful Responses

- Taking responsibility for the individual.
- Letting the student “trap” you into solving more and more of his/her life problems.
- Allowing them use you as a sole source of support

The Suspicious Student

Usually these students complain about something other than their psychological difficulties. They are tense, cautious, mistrustful, and have few friends. These students tend to interpret a minor oversight as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of others’ behavior and everything that happens may seem to be interpreted in a suspicious light. Usually they are over-concerned with fairness and being treated equally. They project blame onto to others and will express anger in indirect ways. Many times they will feel worthless and inadequate.

Helpful Responses

- It is important to send clear, consistent messages regarding what you are willing to do and what you expect.
- Express “reserved compassion,” mindful that a suspicious student may have trouble with closeness and warmth.

Less Helpful Responses

- Being overly warm or nurturing or assuring the person that you are their friend. Let the student know that you can still be concerned without being intimate.
- Trying to flatter them or to be cute or humorous to try to relieve your own anxiety. This will probably distance the student from you.