

RESPONDING TO STUDENT AT-RISK BEHAVIORS

A Guide For Faculty and Staff

Counseling Center
Oaks Building (located by the swimming pool)
(650) 508-3578
Notre Dame de Namur University

INTRODUCTION

This brochure offers information that will more effectively help faculty and staff to better serve students who are experiencing emotional distress. A fall 2007 survey by the American College Health Association showed that 18.9% of college students had experienced depression nation-wide in the previous 12 months; 13.1% suffered from an anxiety disorder. Counselors point out that part of the reason for the higher numbers is that students and parents are more informed about counseling and when it is needed. In addition, the stigma associated with undergoing counseling has decreased.

The college years are a time for discovery and excitement for our students. At the same time, the developmental tasks which are specific for students can also be taxing and difficult. Students leave the security of home, may experience loves and losses, or suffer from alcohol and substance abuse, eating disorders, sexual assault, family problems, and death of loved ones. In a campus community such as NDNU, we can all help by identifying students in need of assistance and consulting helping systems available on campus. If you observe a student whose behavior in or out of classroom indicates s/he may be having difficulties which affect his/her emotional health, you are in an excellent position to encourage the student to seek counseling.

Psychological services are voluntary. Confidential counseling is available to help students work through their current problem or challenge on campus, or through referrals available in the Counseling or Health & Wellness offices. It is important that students are aware counseling is a supportive process in which they are able to discuss their problems, as well as learn some basic coping skills and self-management techniques. It is a process through which they can learn to balance their academic goals and their outside life stresses. Students quite naturally turn to faculty and staff for support in time of crisis. However, if you recognize a more serious issue, it is appropriate to inform the student counseling is available on campus.

This brochure provides information on how to make a referral to Counseling Services, along with suggestions for responding to some specific student behaviors. More information is available at:

<http://www.ndnu.edu/campus-life/counseling/>

Support is available for you!

Please feel free to contact any of the following offices for consultation and assistance:

Dr. Dennis Dow at 508-3578, or

Dr. Edna Esnil at 508- 3714 at the Counseling Center;

Karen Hackett, RN at 508-3756 in the Health & Wellness Center,

Mary Oleksy, Director of Student Development & Responsibility at 508-3657,

In case of emergency, always call 911 and/or Public Safety at 508-3502, or Dr. Raymond Jones, Vice President for Campus Life at 508- 3778.

HELP!

HELPING YOURSELF

You are concerned about a disruptive student, but don't know where to go. You aren't sure if it is serious enough to report to Public Safety, you aren't sure if the student needs counseling and you don't want to make the situation worse. Go to your supervisor or department chair and share your concerns. S/he will be able to help you determine what the situation calls for and how to best proceed. The important thing is that you act on your instincts instead of pushing concerns aside.

HELPING OTHERS

In order to have the conversation go as smoothly as possible, here are some things to keep in mind when you are talking about a concern:

Use "I" statement—talk to the student in person. "I have notice you withdrawing from friends" sounds less accusing than "You're withdrawing from us!" The student is less likely to get defensive.

Talk about why you are concern—Deal directly with issues, without judgment. Ask questions that relate to the circumstances of the student's life. Talking about why you're concern give a more personal flavor so the student can see how s/he is impacting others around her/him.

Offer to help—Be clear that wanting the student to speak with some else does not mean that you think there is something wrong with the student, or that you're not interested. Offer to walk over the Counseling Center with him/her or to Health & Wellness Center so the student can share what is going on.

Recognize your limits— Don't take on big problems. Explain your limitations of your knowledge and experience.

Don't make promises—Avoid making sweeping promises of confidentiality, especially if a student represents a safety risk to him or herself. Plus, this is often the best way to get the student the help s/he may need!

YOUR ATTITUDE of sincere interest and assistance toward a student experiencing mental stress is most important.

MUTUAL DECISIONS on problems and referral creates the best climate for helping a student unless s/he is seriously disturbed and unable to accept such responsibility. Threats or involuntary referrals make for hostile attitudes and/or unmotivated students.

THE REFERRAL'S PURPOSE is made clear to the students as you explain how counseling can assist him/her with his/her concerns.

TIMING is critical. When a student is receptive toward referral, offer to pick up the phone and make an appointment for her/him in her/his presence. Better yet, hand the phone to the student to make the appointment.

APPOINTMENT is written down and given to the student. This should include:

- Date of appointment
- Name of counselor
- Office is in the Oaks Building, near the swimming pool
- Phone: 508-3578, where messages can be left 24 hours a day
- Counseling Center hours are 10:00 am – 4:00 pm, by appointment. Drop-in times are also available

*REFERRALS may also be made to Campus Chaplain, Directors of Spirituality & Mission, Health & Wellness, Housing & Residence Life, or Academic Success Center.

GENERAL SOURCES OF DISTRESS FOR STUDENTS

Frustrations -- Expectations of self and/or others are not realized:

- Failure -- Performing less than self-expectations
- Loss -- family member, friend(s), emotional support, financial support

Loneliness -- Willingness to seek contact is inhibited:

- Lack of social self-confidence
- Lacks ability to get needs met in a relationship
- Existential loneliness, unable to find meaning or purpose in life

Pressures -- Confidence or willingness to meet self or other's expectations is low:

- Competition with other students, or with self

- Academic expectations
- Social expectations
- Family expectations
- Complexity and pace of modern life

Conflict -- Intentions or motivations are divided between:

- Roommate versus no roommate
- Boyfriend/girlfriend, marital, familial
- Dependence versus self-direction
- Safety versus risk of involvement
- Sexual desires versus restraint
- Studiosusness versus play

THE DEPRESSED STUDENT

Depression, and the variety of ways it manifests itself, is part of a natural emotional and physical response to life's ups and downs. With the busy and demanding life of a college student, it is safe to assume most students will experience some periods of reactive (or situational) depression in their college careers. It is when the depressive symptoms become so EXTREME or are so enduring that they begin to interfere with the student's ability to function in school, work, or social environment, so that the student will come to your attention and be in need of assistance.

Due to the opportunities which faculty and staff have to observe and interact with students, they are often the first to recognize that student s in distress. Students experiencing depression often respond well to a small amount of attention for a short period of time. Early intervention increases the chances of the student's return to previous performance levels.

Signs & Symptoms

- Tearfulness/general emotionality
 - Marked diminished performance
 - Infrequent class attendance
 - Lack of energy/motivation
 - Increased anxiety (generalized, test, performance)
 - Irritability
 - Deterioration in personal hygiene
 - Alcohol or drug use
 - Feelings of guilt, worthlessness
 - Difficulty concentrating, making decisions, remembering
- Persistent physical symptoms such as headaches, digestive disorders, chronic pain

Helpful To:

- Let the student know you're aware s/he is feeling down and you would like to help
- Reach out more than halfway and encourage the student to discuss how s/he is feeling
- Offer options to further investigate/manage the symptoms of depression

Not Helpful To:

- Minimize the student's feelings (everything will be better tomorrow)
- Bombard the student with "fix it" solutions or advice
- Be afraid to ask whether the student is suicidal if you think s/he may be

THE SUICIDAL STUDENT

It is important to view all suicidal comments as serious. Watching for some of the following behaviors will also give you clues to what's going on with a student. If several of these are true, refer the student to Counseling Services for assessment.

- Sleeping much more and later than use to
- Not sleeping well and waking up early
- Taking lots of naps
- Appetite has changed so that the student is not hungry or overeats
- Withdrawing from friends and family
- Not attending class
- Expresses hopelessness or guilt
- Sudden mood or behavior changes
- Giving possessions away
- Expresses that life isn't worth the trouble

There are generally four areas that we explore with students who are depressed and have some level of suicidal ideation to assess the likelihood of an attempt to take their life. They are:

- Do they have a well-developed plan that includes an easily available method?
- Have they attempted before?
- Has a friend, family member or acquaintance taken their life through suicide?
- Do they use substances such as alcohol and other depressants that also can weaken impulse control?

Examining these four areas will help in determining how serious the threat of a student taking his/her life. If a student appears to have a plan for how to end his/her life, that is often a red flag. **Don't leave suicidal student alone.**

Signs & Symptoms

- Seek assistance if a student exhibits any of the following signs:
- Threatening to hurt or kill himself/herself
- Looking for ways to kill oneself by seeking guns, pills, etc.
- Feeling hopeless
- Talking about dying, death or suicide when these actions are out of the ordinary for this student
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling rage or uncontrollable anger or seeking revenge
- Increasing alcohol or drug use
- Experiencing dramatic mood changes
- Feeling anxious, agitated or unable to sleep, or sleeping all the time
- Feeling trapped—Like there’s no way out
- Withdrawing from roommates, friends, family, and society
- Seeing no reason for living or having no sense of purpose in life

Helpful To:

- Talk about suicide openly and directly
- Be confident, caring and know the resources available
- Take charge and bring the student to the Counseling Services
- Listen to the small voice inside that says, “Something isn’t right with this student”

Not Helpful To:

- Get too involved with the student
- Ignore comments like, “I won’t be a problem much longer” or “nothing matters” or “it’s no use”
- Be too busy to intervene

THE ANXIOUS STUDENT

Anxiety is a normal response to a perceived danger or threat to one’s well-being. For some students, the cause of their anxiety will be clear; but for others it is difficult to pinpoint the reason for distress. Students with social anxiety may avoid make a presentation, using the computer around others, initiating conversations, shaking hands, doing work in front of others, eating or drinking in the presence of others; being in a crowd.

The student may also complain of difficulty concentrating, always being “on edge,” having difficulty making decisions, sleeping problems or being too fearful to take action.

Signs & Symptoms

- When intense anxiety strikes it could be a panic attack.
- Rapid heart rate
- Sweating/hot flashes
- Trembling
- Shortness of breath or hyperventilation
- Tingling fingers or toes
- Nausea
- Chest pain
- Headache and dizziness
- Abdominal distress
- A sense of impending doom or death

Helpful To:

- Let them discuss their feelings and thoughts. Often this alone relieves a great deal of pressure
- Provide reassurance
- Talk slowly and remain calm
- Be clear and directive
- Provide a safe and quiet environment until the symptoms subside

Not Helpful To:

- Minimize the perceived threat to which the student is reacting
- Take responsibility for the student's emotional state
- Overwhelm student with information or ideas to "fix" their condition
- Become anxious or overwhelmed

THE STUDENT UNDER THE INFLUENCE

Alcohol is the most widely used psychoactive drug. In addition to being the preferred drug on college campuses, it is common to find students who abuse alcohol also abusing other drugs, both prescription and illicit. Fads and peer pressure affect patterns of use. Forty-one percent of college students engage in binge drinking, which is defined as five drinks in row (four for women). Consuming alcohol in large quantities quickly can be lethal. Other adverse affects include: hangovers, hospitalization for alcohol overdose, poor academic performance, missing classes, injury, and unprotected sexual activity. Prevention strategies have not been very effective in reducing the amount of binge drinking due to its glamorization at fraternity parties and local bars which promote happy hours,

all-you-can-drink specials, weekend discounts, ladies' nights, and penny or nickel drinks.

The effects of alcohol on the user are well-known. Student alcohol abuse is most often identified by faculty when irresponsible, unpredictable behaviors affects the learning situation (e.g., drunk and disorderly conduct in class) or when a combination of the health and social impairments associated with alcohol abuse sabotages student performance. Because of the denial that exists in most substance abusers, it is important to express your concern about the student in terms of specific changes in behavior or performance (not your suspicions about alcohol/drugs).

Helpful To:

- Confront the student with his/her behavior that is of concern
- Address the substance abuse issue if the student is open and willing
- Offer support and concern for the student's overall well-being
- Suggest that the student talk with someone about these issues and maintain contact with the student after the referral is made

Not Helpful To:

- Convey judgment or criticism about the student's substance abuse
- Make allowances for the student's irresponsible behavior
- Ignore signs of intoxication in the classroom

THE VIOLENT AND VERBALLY AGGRESSIVE STUDENT

Violence, because of emotional distress, is rare and typically occurs when the student's level of frustration has been so intense or of such an enduring nature as to erode the student's emotional controls. This behavior is often associated with the use of alcohol and other drugs.

Signs & Symptoms*

- Repeated loss of temper
- Vandalism or property damage
- Increased use of drugs and alcohol
- Increased demonstration of risk-taking behaviors
- Announcing plans or threats to commit acts of violence/hurt others
- Feelings of rejection and marginalization
- Repeated discipline problems or frequent run-ins with authority
- Inappropriate classroom outbursts

*No single behavior is enough to warrant concern, however a cluster of these behaviors indicate a serious possibility of violence

REMAIN CALM. Get help if necessary (send a student/staff for other staff, faculty, public safety).

STAY SAFE. Have access to a door, keep furniture/desk between you and the student.

DO NOT THREATEN, CORNER, OR TOUCH THE STUDENT.

Aggressive means “to attack, to commit the first act of hostility or offense...to assault first. Students usually become verbally abusive in frustrating situations they perceive as being beyond their control. Anger and upset becomes displaced from those situations onto the nearest target (YOU). Explosive outbursts or ongoing belligerence, hostile behavior becomes the student’s way of gaining power and control. It is important to remember that, for the most part, the student is not angry at you personally, but at his/her world and you are the object of pent-up frustrations.

Helpful To:

- Acknowledge their anger and frustration (e.g., “I hear how angry you are”)
- Rephrase what they are saying and identify their emotion (e.g., “I can hear how upset you are and nobody will listen”)
- Reduce stimulation; invite the student to a quiet place if this comfortable
- Be directive and firm about behaviors you will accept (e.g., “I need for you to step back,” “I’m having a hard time hearing you when you yell/curse”)
- Allow them vent, get the feelings out, and tell you what is upsetting him/her

Not Helpful To:

- Ignore warning signs (body language, i.e., clenched fists)
- Get into an argument or shouting match
- Become hostile or punitive yourself e.g., Make threats or dares
- Press for explanations for their behavior

THE STUDENT IN POOR CONTACT WITH REALITY

This student has difficulty distinguishing “fantasy” from reality. Their thinking is typically illogical, confused or irrational (e.g., speech patterns that jump from one topic to another with no meaningful connection); their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre and

disturbing. This student may experience hallucinations, often auditory, and may report hearing voices (e.g., someone is/will harm or control him/her). **WHILE THIS STUDENT MAY ELICIT ALARM OR FEAR FROM OTHERS, THEY GENERALLY ARE NOT DANGEROUS OR VIOLENT.** If you cannot make sense of his/her conversation, try to consult with or refer to Counseling Center as soon as possible.

Helpful To:

- Respond with warmth and kindness, use firm reasoning
- Remove extra stimulation from the environment (turn off radio, step outside noisy classroom)
- Acknowledge your concerns and verbalize s/he need help
- Acknowledge his/her feelings or fears without supporting the misperceptions (e.g., "I understand you think someone is following you, and it must seem real to you, but I don't see anyone and I believe you are safe.")
- Acknowledge your difficulty in understanding him/her and ask for clarification
Focus on the "here and now."

Not Helpful To:

- Argue or try to convince him/her of the irrationality of their thinking as this commonly produces a stronger defense of the false perception
- Play along (e.g., "Oh, yes, I hear voices, devil, etc.")
- Encourage further discussion of the delusional processes
- Demand, command, or order him/her to do something to change their perceptions
- Expect customary emotional responses

THE SUSPICIOUS STUDENT

The suspicious student complains about something other than her/his psychological difficulties. S/he is tense, cautious, mistrustful, and have few friends. This student tends to interpret a minor oversight as a significant personal rejection and often overreacts to insignificant occurrences. S/he sees himself/herself as the focal point of everyone's behavior and everything that happens has special meaning. Usually s/he is overly concerned with fairness and being treated equally. S/he project blame onto others and will express anger indirectly. Many times s/he feels worthless and inadequate.

Helpful To:

- Send clear, consistent messages regarding what you are willing to do and what you expect

- Express compassion without being overly friendly or familiar
- Be aware of personal boundaries and space when interacting
- Be aware of your own anxiety about how the student is acting or communicating
- Let him/her know that you are concerned

Not Helpful To:

- Be overly warm or sympathetically close to the student
- Flatter the student, laugh with them or be humorous
- Assure the student that you are their friend or advocate
- Assure them that you will be fair in your treatment of them

THE SEXUALLY ASSAULTED STUDENT

According to the Bureau of Justice Statistics Research Report (December 2000) 5% of college women nationwide experience a rape or attempted rape in a given academic year. It is important to respond sensitively to students who disclose having experienced a sexual assault or an attempted assault. As many as 95% of the assaults go unreported in any formal way because due to the fear of stigma. One-third of women do not tell anyone of their experience, and two-thirds tell a friend or other trusted student. Complicating the issue or reporting is the fact that most assailants are students known to the victim, they are not strangers. If you are the student trusted with information, what can you do?

Helpful To:

- Listen to the student’s account
- Prompt the student to continue the narrative by asking “and then what happened?”
- Let the student know you care about his/her well being
- Appreciate any feelings disclosed as normal under the circumstances
- Refer the student to the University SARN (Sexual Assault Response Network).
- The Coordinator of the SARN is Mary Oleksy, Director of Student Development & Responsibility. For more information on the SARN, please visit <http://www.ndnu.edu/campus-life/std-develop-respon/>
- Ask about the student’s current experience of safety; if they do not feel safe in their environment, offer assistance in increasing their sense of safety
- Ask about the student’s physical condition, i.e., the possibility of physical injury or exposure to disease or (for women) pregnancy

Not Helpful To:

- Relate your own experience or story in any detail

- Pursue specific details, except to clarify what you are hearing
- Offer judgments about what might have been differently
- Make decisions for the student

Some Resources to Consider

- Rape Trauma Services (650) 692-7273
- Public Safety (or 911) 508-3502
- Health & Wellness 508-3756
- Counseling Center 508-3758
- Student Development & Responsibility 508-3657
- Vice President for Campus Life 508-3778

THE STUDENT WITH AN EATING DISORDER

A student with an eating disorder thinks about food, weight, and body shape/ image in distorted ways that:

- Are harmful to the mind and the body---and can be deadly
- Make it hard for the student to do the things s/he wants to do in classes, and with friends and family
- Make the student feel anxious and miserable most of the time
- Are often upsetting to others

Eating disorders are very prevalent:

- More than 5 million Americans suffer from an eating disorder. This includes 5% of you women, 1% of you men
- College women ages 18-22 have a higher incidence than those younger, older, or not in college
- 15% of young women have substantial disordered eating attitudes and behaviors
- An estimated 1000 women die each year of anorexia nervosa
- A recent study of college men (Journal of American College Health 2002) showed that 20% had significant issues about their weight and shape, they regularly used restrictive eating behaviors.

Eating disorders can last from months to years. If left untreated they disrupt social relationships, school and work. They can cause psychological, medical and dental problems. All eating problems affect a student's self-esteem. If the problem lasts long enough the student feels trapped and hopeless and is afraid s/he will never recover.

Signs & Symptoms

- Marked increase or decrease in weight that is not related to a medical condition
- Abnormal eating habits, such as bingeing, absence in café, eating peculiar combinations of food
- Intense preoccupation with weight and body image; weighing self frequently and being self-critical
- Compulsive and excessive, rigid, extreme exercising (along with guilt with missing exercise)
- Restrictive eating or bingeing and purging vomiting, fasting, laxatives, diet pills or diuretics

Helpful To:

- Establishing rapport with the student
- Focus on specific behaviors that concern you, behaviors are difficult to deny
- Express concern for the student in a caring, supportive and non-judgmental manner
- Do not get into a battle over whether or not the student should label the behavior an "eating disorder." Focus on the negative consequences of the student's actions and appeal to a desire to reduce or eliminate these negative consequences
- If you have information from a third party you might want to involve that student in the process, roommates can be especially informative with this problem
- The student may deny the problem, at this point you might want to consult with the Health & Wellness Director, or Counseling Center.
- If the student's behavior appear to be life threatening definitely seek assistance
- Reassure the student that help is available and change is possible
- Try to get the student to make a commitment to contact a counseling and/or medical referral, if the student expresses reluctance, find out why and address the concerns
- Follow-up; show continued support, ask about the referral

Not Helpful To:

- Confront the student when you do not have privacy
 - Argue with the student
- Give advice about weight loss, exercise or appearance
Attempt to force the student to eat

USING YOUR CELL PHONE AS AN EMERGENCY TOOL

Putting "ICE" or "In Case of Emergency" contact number in your cell phone is a simple emergency preparedness strategy. Experts suggest programming the acronym "ICE" followed:

1st by the Belmont Police Department number 595-7400, and

2nd by NDNU Public Safety number (650) 504-0656/(650) 740-1483

HOW TO MAKE REFERRALS TO THE COUNSELING CENTER

When you escort the student (90% follow through rate)

When you call and make an appointment (80% follow through rate)

When you refer to a specific counselor (80% follow through rate)

IT IS SIGNIFICANTLY LESS when you merely suggest the student go and see a counselor.