



Student Counseling Services

RESPONDING TO DISTRESSED OR DISTRESSING STUDENTS

(Adapted from UCD and OCCDHE guidelines)

Because you come in frequent contact with many students, you are in an excellent position to observe students, identify those who are in distress, and offer assistance. Your care, concern, and assistance will often be enough to help. At other times, you can play a critical role in referring students for appropriate assistance and in motivating them to seek such help. A few guidelines for responding to distressed or distressing students are summarized below:

Observe

The first important step in assisting distressed students is to be familiar with the symptoms of distress and attend to their occurrence. An attentive observer will pay close attention to direct communications as well as implied or hidden feelings.

Initiate Contact

Don't ignore strange, inappropriate or unusual behavior- respond to it! Talk to the student privately, in a direct and matter-of-fact manner, indicating concern. Early feedback, intervention, and/or referral can prevent more serious problems from developing.

Clarify Your Role

When you assume or are placed in the helper role, role conflicts are possible and must be understood. Some students may see you as a figure of authority and this perception may influence how helpful you can be. You may feel friendly with your student, which may make it difficult for you to act objectively in the academic or classroom management role.

Listen Objectively

Listening has frequently been called an art, but it is also a skill that can be acquired with practice. To listen to someone is to refrain from imposing your own point of view, to withhold advice unless it is requested, and to concentrate on the feelings and thoughts of the person you are trying to help, instead of your own. Listening is probably the most important skill used in helping and can be facilitated by allowing the student enough time and latitude to express thoughts and feelings as fully as possible. Some things to listen for include a student's view of him/herself; view of his/her current situation or environment, and the view of the future. Negative comments about these issues indicate a student may be in trouble.

Offer Support and Assistance

Among the most important helping tools are interest, concern, and attentive listening. Avoid criticism or judgmental comments. Summarize the essence of what the student has told you as a way to clarify the situation. Encourage positive action by helping the student define the problem and generate coping strategies. Suggest resources that the student can access: friends, family, clergy, or professionals on campus.

Know Your Limits

As a help-giver, only go as far as your expertise, training, and resources allow. If you are uncertain about your ability to help a student, it is best to be honest about it. Trust your feelings when you think an individual's problem is more than you can handle. When a student needs more help than you are able or willing to provide, it is time to make a referral to a professional. Below are some signs to look for in your feelings that may suggest the assistance of a professional is warranted:

- You find yourself feeling responsible for the student.
- You feel pressure to solve their problems.
- You feel you are over-extending yourself in helping the student.
- You feel stressed-out by the student's issue(s) or behavior.
- You see a behavioral pattern repeating itself in your interaction with the student.
- You feel that the problems a student brings to you are more than you can handle.
- You feel anxious when the student approaches you.

Consult With WCCC Staff

In your attempt to help a student, you may need to talk with a professional. The Whittier College Counseling Center staff can suggest possible approaches to take with students or provide you with support. If your situation is an emergency, call 911.

MAKING A REFERRAL TO WCCC

Faculty and staff are not expected to provide psychological counseling. That is the role of WCCC staff. WCCC professional staff is trained to assess and intervene with emotional problems and psychological disorders. In some instances you may wish to refer distressed and distressing students to WCCC.

When you have decided that professional counseling is indicated...

Inform the student in a direct, concerned, straightforward manner. Because many students initially resist the idea of counseling, it is useful to be caring, but firm, in your judgment that counseling will be useful; to be clear and concrete regarding the reasons you are concerned; and to be familiar with the procedures and the counseling services or other help-giving agencies on campus. Except in emergencies, it is important to allow the student to accept or refuse counseling.

Suggest that the student call or come in to make an appointment.

Provide them the WCCC phone number (562) 907-4239 and location (Haverhill A, next to Campus Safety). Remind the student that our services are free and confidential. If they would like more information before calling, they can visit the WCCC website:

www.whittier.edu/Students/HealthAndWellness/CounselingCenter.

Sometimes it is useful and necessary to assist the student more directly...

... in making an appointment. In these instances, you can offer the use of your phone or call WCCC yourself, while the student is in your office. Occasionally, you may think it wise to actually walk the student over to the WCCC offices. This can be especially helpful to students who are unsure about the location and/or are intimidated about meeting with a WCCC staff member for the first time.

Please note:

If you are concerned about a student but unsure about the appropriateness of the referral, feel free to call WCCC at (562) 907-4239 for a consultation with a professional staff member.

RESPONDING TO STUDENT EMERGENCIES

Emergency situations are rare: however, immediate and decisive action is necessary when they do occur. Generally, a psychological emergency involves one or more of the following conditions:

- A suicide attempt, gesture, threat, or stated intention
- A homicidal attempt, gesture, threat, or stated intention
- Behavior posing a threat to self
- Behavior posing a threat to others
- Loss of contact with reality
- Inability to care for self

In the event of an emergency, it is helpful to follow these basic guidelines:

- Stay calm, as this will help you respond more effectively, and also help to reduce the student's anxiety or agitation.
- If possible, provide a quiet, private place for the student to rest while further steps are taken.
- Talk to the student in a clear, straightforward manner.
- If the student appears to be dangerous to self or others, do not leave the student unattended.
- Make arrangements for appropriate intervention or aid.

The primary campus resources for responding to mental health emergencies are the WCCC and Campus Safety. The following options are available to you:

- Phone consultation with a WCCC staff member is available at (562) 907-4239 during weekday work hours of 8am to 5pm.
- You can walk the student over to WCCC for crisis consultation during weekday work hours of 8am to 5pm.
- If the student is unusually aggressive or otherwise unmanageable, Campus Safety is available to offer assistance at (562) 907-4211.
- Be prepared to provide as much information as possible about the student and the situation to the campus resource you contact.
- After-hours crisis services are available by phone for psychological crisis assessment, consultation, and safety planning during evenings, weekends, and holidays. Individuals seeking this service should call Campus Safety who will then contact the on-call WCCC staff member.

SPECIFIC GUIDELINES FOR HELPING DISTRESSED STUDENTS

A. The Verbally Aggressive Student

Students sometimes become verbally abusive when confronted with frustrating situations, which they perceive as beyond their control. Anger and frustration become displaced from those situations to you. Typically, the anger is not a personal attack, although it may be directed at you.

Do:

- 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 see how upset you are because you feel your rights are being violated and nobody will listen."
- Allow them to ventilate, get the feelings out, and tell you what is upsetting them.
- Reduce stimulation; invite the person to your office or other quiet place if this is comfortable.
- Tell them that you are not willing to accept their verbally abusive behavior, e.g., "When you yell and scream at me that way, I find it hard (impossible) to listen."
- Tell them they are violating your personal space and to please move back (if they are getting physically too close), e.g., "Please stand back – you're too close."
- Help the person problem-solve and deal with the real issues when he/she becomes calmer.

Don't:

- Get into an argument or shouting match.
- Become hostile or punitive yourself, e.g., "You can't talk to me that way!"
- Press for explanation or reasons for their behavior - "Now I'd like you to tell me exactly why you are so obnoxious."
- Look away and not deal with the situation.
- Give away your own rights as a person.

B. The Violent Or Physically Destructive Student

Violence related to emotional distress is very rare and typically occurs only when the student is completely frustrated, feels powerless, and is unable to exert sufficient self-control. The adage, "An ounce of prevention is worth a pound of cure," best applies here.

Do:

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation, e.g., "I can see you're really upset and really mean business and have some critical concerns on your mind."
- Explain clearly and directly what behaviors are acceptable, e.g., "You certainly have the right to be angry but hitting (breaking things) is not O.K."
- Stay in open area and divert attention when all else fails, e.g., "if you hit me, I can't be of help."
- Get necessary help (other staff, Campus Safety, Health Center, WCCC.)
- Remember that student discipline is implemented by the Dean of Students Office.

Don't:

- Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, statements like, "You're leaving me no choice."
- Threaten, dare, taunt, or push into a corner.
- Touch.

C. The Student In Poor Contact With Reality

These students have difficulty distinguishing fantasy from reality, the dream from the waking state. Their thinking is typically illogical, confused, disturbed; they may coin new words, see or hear things which no one else can, have irrational beliefs, and exhibit bizarre or inappropriate behavior. Generally, these students are not dangerous and are very scared, frightened and overwhelmed.

Do:

- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation of the environment and see them in a quiet atmosphere (if you are comfortable in doing so).
- Acknowledge your concerns and state that you can see they need help, e.g., "It seems very hard for you to integrate all these things that are happening and I am concerned about you; I'd like to help."
- Acknowledge the feelings or fears without supporting the misconceptions, e.g., "I understand you think they are trying to hurt you and I know how real it seems to you, but I don't hear the voices (see the devil, etc)."
- Reveal your difficulty in understanding them (when appropriate), e.g., "I'm sorry but I don't understand. Could you repeat that or say it in a different way?"
- Focus on the "here and now." Switch topics and divert the focus from the irrational to the rational or the real.
- Speak to their healthy side, which they have. It's O.K. to joke, laugh, or smile when appropriate.

Don't:

- Argue or try to convince them of the irrationality of their thinking, which may lead them to defend their position (false perceptions) more passionately.
- Play along, e.g., "Oh yeah, I hear the voices (or see the devil)."
- Encourage further revelations of craziness.
- Demand, command, or order.
- Expect customary emotional responses.

D. The Suspicious Student

Typically, these students complain about something other than their psychological difficulties. They are tense, anxious, mistrustful, loners, and have few friends. They tend to interpret minor oversights as significant personal rejection and often overreact to insignificant occurrences. They see themselves as the focal point of everybody's behavior and everything that happens has special meaning to them. They are overly concerned with fairness and being treated equally. Feelings of worthlessness and inadequacy underline much of their behavior.

Do:

- Express compassion without intimate friendship. Remember, suspicious students have trouble with closeness and warmth.
- Be firm, steady, punctual, and consistent.
- Be specific and clear regarding the standards of behavior you expect.
- Be aware that humor may be interpreted as rejection.

Don't:

- Assure the student that you are his/her friend; agree you're a stranger, but even strangers can be concerned.
- Be overly warm and nurturing.
- Flatter or participate in their games; you don't know the rules.
- Challenge or agree with any mistaken or illogical beliefs.
- Be ambiguous.

E. The Anxious Student

These students are highly anxious about the unknown and may perceive danger is everywhere. Uncertainty about expectations and interpersonal conflicts are primary causes of anxiety. High and unreasonable self-expectations increase anxiety also. These students often have trouble making decisions.

Do:

- Let them discuss their feelings and thoughts.
Often this alone relieves a great deal of pressure.
- Reassure when appropriate.
- Remain calm.
- Be clear and explicit.

Don't:

- Make things more complicated.
- Take responsibility for their emotional state.
- Overwhelm with information or ideas.

F. The Demanding Passive Student

Typically, the utmost time and energy given to these students is not enough; they often seek to control your time and unconsciously believe the amount of time received is a reflection of their worth.

Do:

- Let them, as much as possible, make their own decisions.
- Set limits on the time and energy you are willing to spend with the student.

Don't:

- Let them use you as their only source of support.
- Get trapped into giving advice, "Why don't you, etc.?"

G. The Substance-Abusing Student

Given the stresses of university life, students are especially susceptible to drug abuse. A variety of substances are available that provide escape from pressing demands. These drugs soon create their own set of problems in the form of addiction, accident proneness, and poor health. The most abused substance--so commonplace we often forget that it is a drug--is alcohol. Alcohol and other drug-related accidents remain the greatest single cause of preventable death among college students.

Do:

- Be on the alert for signs of drug abuse:
preoccupation with drugs, inability to participate in class activities, deteriorating performance in class, periods of memory loss (blackouts).
- Share your honest concern for the person.
- Encourage to seek help.
- Get necessary help in instances of intoxication.

Don't:

- Ignore the problem.
- Chastise/lecture.
- Encourage the behavior.

H. The Depressed Student

Typically, these students get the most sympathy. They show a multitude of symptoms, e.g., guilt, low self-esteem, feelings of worthlessness, and inadequacy as well as physical symptoms such as decreased or increased appetite, difficulty staying asleep, early awakening, and low interest in daily activities. Depressed students are frequently lethargic, but sometimes depression is accompanied by agitation.

Do:

- Let the student know you're aware he/she is feeling down and you would like to help.
- Reach out more than halfway and encourage the student to express how he/she is feeling, for he/she is often initially reluctant to talk, yet others' attention helps the student feel more worthwhile.
- Tell student of your concern.

Don't:

- Say, "Don't worry," "Crying won't help," or "Everything will be better tomorrow."
- Be afraid to ask whether the student is suicidal if you think he/she may be.

I. The Suicidal Student

Suicide is the second leading cause of death among college students. The suicidal person is intensely ambivalent about killing himself/herself and typically responds to help; suicidal states are definitely time limited and most who commit suicide are neither crazy nor psychotic. High risk indicators include: feelings of hopelessness and uselessness; a severe loss or threat of loss; a detailed suicide plan; history of a previous attempt; history of alcohol or drug abuse; and feelings of alienation and isolation. Suicidal students usually want to communicate their feelings; any opportunity to do so should be encouraged.

Do:

- Take the student seriously – 80% of suicides give warning of their intent.
- Acknowledge that a threat of or attempt at suicide is a plea for help.
- Be available to listen, to talk, to be concerned, but refer the student to WCCC, the Student Health Center or other appropriate agency when you yourself are getting overwhelmed.
- Administer to yourself. Helping someone who is suicidal is hard, demanding, and draining work.

Don't:

- Minimize the situation or depth of feeling, e.g., "Oh it will be much better tomorrow."
- Be afraid to ask the person if they are so depressed or sad that they want to hurt themselves (e.g., "You seem so upset and discouraged that I'm wondering if you are considering suicide.")
- Over commit yourself and, therefore, not be able to deliver on what you promise.
- Ignore your limitations.

II. Warning Signs of Potentially Suicidal Behavior

If you observe any of the following warning signs that might indicate suicidal risk, communicate them to a mental health professional as soon as possible.

- Expression of desire to kill himself/herself or wishing to be dead
- Presence of a plan to harm self
- Means are available to carry out a plan to harm himself/herself
- Suicide plan is specific as to time, place, notes already written
- High stress due to grief, illness, loss of new job, academic difficulty, etc.
- Symptoms of depression are present, such as loss of appetite and sleep; severe hopelessness or agitation; feeling of exhaustion; guilt/shame; loss of interest in school, work or sexual activities; and change or deterioration of hygiene
- Intoxication or drug abuse (including alcohol)
- Previous suicide attempt by the individual, a friend, or a family member
- Isolation, loneliness, or lack of support
- Withdrawal or agitation
- Preparation to leave, giving away possessions, packing belongings
- Secretive behavior
- Major mood changes, e.g. elation of person who has been depressed, extroversion of previously quiet person
- Indirect comments implying death is an option, e.g., person implies he/she may not be around in the future