

RECOGNIZING AND ASSISTING THE EMOTIONALLY DISTRESSED STUDENT

A Guide for Faculty and Staff

Your Role in Student Mental Health

As a faculty or staff member of the UW Colleges campus community, you interact with students. At times, you may have contact with students whose problems or behaviors cause you concern, discomfort, or interfere with your work or the education of other students.

During these times you may feel distracted by competing concerns, such as students waiting to see you or your work to be completed. But a student's behavior, especially if it is inconsistent with your previous observations, could constitute as a cry for help. Signals that distressed students give out may go unnoticed or ignored for a variety of reasons.

However, it is unlikely that a situation involving a distressed student will just go away on its own. Without an intervention of some kind, the problems can persist and become more serious. An effective intervention requires knowing how to respond to these situations and how to find the resources that are available.

This guide was created to help you when these difficult occasions arise. It offers straightforward advice, techniques, and suggestions on how to cope with, intervene, and assist troubled and/or distressed students. We invite you to utilize this guide as you continue your valued service to UW Colleges students and the larger academic community.

Intervention

Suggested Guidelines When Talking with Distressed Students

Openly acknowledging to students that you are aware of their distress, sincerely concerned about their welfare, and willing to help them explore alternative responses, can have a profound and positive effect. We encourage you, whenever possible, to speak directly and honestly with a student when you sense that he/she is in emotional distress.

When you are directly involved with a student experiencing distress we recommend the following:

- Request to see the student in private. This may help minimize embarrassment and defensiveness.
- Briefly acknowledge your observations and perceptions of their situation.
- Express your concerns directly and honestly.
- Listen carefully and try to see the issues from the student's perspective without necessarily agreeing or disagreeing.
- Attempt to identify the problem. You can help by exploring with the student alternative responses to their present distress.
- Inappropriate and strange behavior should not be ignored. Comment on what you have observed, but not in a judgmental way.
- Involve yourself only as far as you feel comfortable and competent. The mental health counseling services staff on campus are available to assist you.

Consultation

Exploring Your Options

If you are unsure of how to work with a specific distressed student, we encourage you to consult with one of the mental health counselors on campus. Each campus has a list of mental health counselors available for consultation. **XXXXXX** A brief consultation may help you sort out the relevant issues and explore alternative approaches.

Referral

Getting Help for the Student

When you discuss a referral for counseling with a student, it would be helpful for the student to hear your concerns in a clear and concise manner and why you think counseling would be helpful. The following questions and answers may be helpful in your decision to refer a student to counseling services:

When should I refer a student to counseling Services?

The decision to refer a student to counseling services is first based upon your own observations; i.e., does the student show signs and symptoms of emotional distress?

While each student experiences emotional distress in a different way, some common indicators you might observe include:

- Expressed suicidal thoughts or attempts

- High levels of irritability including undue aggressive or abrasive behavior expressed towards you or others
- Lack of energy
- Marked change in personal hygiene
- Bizarre or strange behavior
- Sadness, tearfulness
- Frequent binge eating episodes or extreme loss of appetite
- Dependency, i.e., the student who hangs around your office or makes excessive appointments to see you
- Infrequent class attendance and inadequate effort put into assignments
- Falling asleep in class
- Lack of enthusiasm about various aspects of student life
- Unusual bruises or lacerations on face and/or body

How should I refer a student to Counseling services?

You can make a referral to counseling services in any of the following ways:

- Simply suggest that the student make an appointment with the mental health counselor on campus. Find a list of campus counselors here: [XXXXXX](#)
- Volunteer to call the campus counselor while the student is with you in order to ensure that contact is made.
- Offer to walk the student to Student Services where the staff will assist the student.

Counselors are under ethical and legal obligations not to release confidential information. They cannot tell faculty or staff members when a student is receiving counseling services. Counselors may listen to information you want to share with them about the student, but may only provide you with information regarding the student with his/her written permission. The only exception is when the student presents a danger to self or others.

After you refer a student to counseling, it is the student's prerogative to provide you with any additional information. If you would like to know if the student contacted the counseling office, you can directly ask the student. The student can then decide how much they care to reveal to you about their situation.

Campus Threat Assessment Group (TAG)

The campus Threat Assessment Group (TAG) was created to identify troubling, disruptive, at-risk or threatening behavior and determine appropriate steps to protect the university community and community at large. The team is generally comprised of:

- Assistant Campus Dean for Student Services
- Assistant Campus Dean for Administrative Services
- Campus Dean/CEO or Associate Dean

- Campus Mental Health Counselor
- Local Police Department Liaison (as needed)

Faculty and staff are encouraged to contact any member of the TAG Team to share information if they feel outreach or follow-up may be of assistance to a student. Campus TAG Teams are listed here: **XXXXX**

Recognizing the Emotionally Distressed Student

➤ *The Student Experiencing Depression*

Depressed feelings are part of a natural emotional and physical response to life's ups and downs, situational depression is an expected reaction to an identifiable stressor during which symptoms come and go and eventually lift. Most college students will experience periods of situational depression at some point during their college careers. Major depression is not a passing blue mood nor is it a sign of personal weakness or a condition that can be wished or willed away. Without treatment, symptoms can last for weeks, months or years. Appropriate treatment can help over 80% of those who suffer from depression.

Symptoms of Depression:

- Persistent sad, anxious or "empty" mood
- Feelings of hopelessness, pessimism
- Loss of interest or pleasure in hobbies that a person once enjoyed
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, being "slowed down"
- Thoughts of death or suicide, suicide attempts
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- Inconsistent class attendance
- Decline in personal hygiene

How Faculty and Staff Can Help

DO: Let the student know you are aware that she/he is feeling down and you would like to help.

DO: Encourage the student to discuss how she/he is feeling.

DO: Offer options to further investigate/manage the symptoms of depression.

DO: Encourage the student to seek help and suggest the campus mental health counselor.

DON'T: Minimize the student's feelings (i.e., everything will be better tomorrow).

DON'T: Bombard the student with "fix it" solutions or advice.

DON'T: Neglect to ask whether the student is suicidal, if you think this is a possibility.

DON'T: Ignore remarks about suicide.

➤ ***The Student Experiencing Suicidal Thoughts***

It is not uncommon for students to engage in some degree of suicidal thinking. As faculty or staff, you may be in contact with students who have expressed these thoughts to you. It is important that you do not simply overlook these comments, because the student may be reaching out to you.

Suicidal risk is based on a constellation of clues, not just observing any one behavior.

These clues seem to fall into the following categories:

1. Situational Clues- one or more significant losses may have occurred.
 - Overwhelming loss(es): death of a loved one, break-up with a partner, etc.
 - Loss of highly valued entities: support systems, social institutions, etc.
 - Loss of status or opportunity: rejection from undergraduate school, not being accepted into major of choice, loss of status on the job.

2. Emotional Clues – several depressive symptoms often are present
 - Sleeping too little or too much
 - Difficulty concentrating
 - Eating much more or much less than usual
 - Low energy
 - No longer interested in previously pleasurable activities
 - Apathy
 - Poor self care (not showering/dirty clothing)
 - Crying spells
 - Feelings of worthlessness
 - Increased social isolation
 - Low self-esteem
 - Preoccupation with death
 - Hopelessness about the future
 - Irritability and mood swings

3. Verbal Clues—something a person says, overtly or covertly, may communicate suicidal thoughts and intent
 - "I'm going to kill myself."
 - "I wish I were dead."

- “I’m not the person I used to be.”
 - “My family or everyone would be better off without me.”
 - “I just can’t go on,” or “I can’t take it any longer.”
 - “I just feel like I am in the way all the time.”
 - “Life has lost its meaning for me.”
 - “Nobody needs me anymore.”
 - “If (such and such) happens/doesn’t happen I am going to kill myself.”
 - “I don’t have the strength to go on anymore.”
 - “I am getting out.”
4. Behavioral Clues – something the person does may communicate a self-destructive motive
- A previous suicide attempt, particularly a recent or highly lethal attempt
 - Giving away valued possessions
 - Procuring means: buying a gun or asking for sedatives, etc.
 - Composing a suicide note
 - Putting personal affairs in order
 - Poor adjustment to recent loss of loved one
 - Sudden, unexplained recovery from severe depression
 - Resigning from social groups, extracurricular activities, not attending classes
 - Bizarre or inappropriate behaviors
 - Crying spells without external triggers
 - Becoming disorganized, loss of contact with reality
 - Any unexplained change in typical behavior (change in grades, increased aggression, drug use, mood changes, etc.)
 - Visiting a physician for unexplained or vague symptoms (75% of successful suicides were preceded by such a visit within one month of suicide)
 - Substance abuse: alcohol and/or other drugs
 - Change in eating behaviors: e.g., overeating or loss of appetite

How Faculty and Staff Can Help

DO: Talk about suicide openly and directly.

DO: Try to sound calm and understanding.

DO: Be confident and caring and know the resources available.

DO: Take charge and walk the student to Student Services or the campus counseling office.

DON’T: Sound shocked by anything the person tells you.

DON’T: Emphasize the shock and embarrassment that the suicide would be to the person’s family before you’re certain that’s not what he/she hopes to accomplish.

DON’T: Ignore comments such as “The world would be better off without me.”

DON'T: Engage in philosophical debate on the moral aspects of suicide. (You may not only lose the debate, but also the suicidal person.)

DON'T: Become too personally involved with the student.

➤ ***The Student Exhibiting Verbal Aggression and Violence***

Verbal aggressions and violent behaviors have increased on university campuses nationwide. It is very important to recognize, take seriously, and be prepared to act strategically in response to such behaviors.

Students usually become verbally abusive in frustrating situations they perceive as being beyond their control. Anger becomes displaced from those situations onto the nearest target (you). Explosive outbursts or ongoing belligerent hostile behavior become the student's way of gaining power and control. It is important to remember that for the most part the student is not angry with you personally but at his/her world and that you are an object of pent-up frustrations.

Violence in these situations 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 all of the student's emotional controls. This behavior is often associated with the use of alcohol and other drugs.

Prevention

- Be familiar with your surroundings—both in your classroom and in your office. Plan your escape route (if needed) in advance for all classrooms where you teach as well as your office.
- Be familiar with the campus Emergency Action Plan.
- Ensure that you have a way to communicate for help. (It may benefit you to have in place a "code word" for a call for help to another staff member.)
- Be observant of students' behaviors and your surroundings.
- Consult with the TAG Team or the campus mental health counselor.

How Faculty and Staff Can Help

DO: Remain calm, get help if needed; take some deep breaths

DO: Have access to a door; keep large furniture such as a desk between you and the student.

DO: Maintain a posture that is poised, but not fearful; be ready to move quickly.

DO: Acknowledge the student's anger and frustration (e.g., "I can hear how upset you are.")

DO: Be direct and firm about behaviors you will accept (e.g., "I need for you to step back," or "I'm having a hard time understanding you when you yell.")

DO: Allow them to open up, get their feelings out, and tell you what is upsetting them.

DO: If possible, leave an unobstructed exit for the person.

Wausau Aspirus Hospital	
Behavioral Health Services	847-2205
Emergency Department	847-2160
Wausau Police Department	
Emergency	9-911 OR 911
All other inquires	261-7800