

Assisting the Emotionally Distressed Student

A Guide for Staff, Faculty, & Resident Advisors

caps

**counseling and
psychological services**

University of California, San Diego

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Introduction

As a member of the University of California, San Diego (UCSD) campus community, you may be frequently interacting with students. At times, you will have contact with students whose problems or behaviors cause you concern, discomfort, or may interfere with your work or the education of other students. Certain signals that distressed students give out may go unnoticed for a variety of reasons. And when we do notice them it can be difficult to determine the best approach to take with the student. We may feel we are "in over our heads," or we may have competing demands for our time and attention. However, without intervention, the student's state may worsen and you may be faced with that same student and situation again. It is possible that the problem will not be resolved unless there is an intervention. Part of a good intervention involves knowing how to respond to these incidents and what resources to call upon.

As a staff, faculty RA or HA interacting regularly with students, you are in an excellent position to recognize behavior changes that characterize the emotionally troubled student. A student's concerning behavior, especially if it is inconsistent with your previous observations, could reflect a need for intervention or be a "cry for help."

This "tool kit" was created to provide some suggestions for you to consider when these difficult occasions arise. It offers brief, straightforward advice, techniques and suggestions on how to cope with, intervene, and assist troubled and/or difficult students in or out of the classroom, as well as instructions for referring a student to UCSD's Counseling and Psychological Services (and other resources).

Consultation and Referral

UCSD Counseling and Psychological Services (PCS)

190 Galbraith Hall (and offices at every college)

(858) 534-3755

<http://psychservices.ucsd.edu>

Consultation

If you are unsure of how to work with a specific student, we encourage you to consult with one of the counselors on our staff. A counselor at our central office is available to you for consultation during our business hours: Monday through Friday 8:00am-4:30pm (the office is closed on school holidays and weekends). Call us at **(858) 534-3755**, inform the receptionist who you are and ask to speak with the crisis counselor available at that time. A brief consultation may help you sort out the relevant issues and explore alternative approaches. Conveying your concern and willingness to help (including referral) is probably the most important thing you can do for the student. Your support, encouragement and reassurance will be particularly valuable.

Referral Procedure

When you discuss a referral to Counseling and Psychological Services (CAPS) with a student, it is helpful for that student to hear clearly, concisely, and caringly why you think counseling would be helpful. To schedule a **routine** intake appointment, the student should come to the CAPS reception desk in 190 Galbraith Hall (or call us at **534-3755**) and request to schedule an intake appointment with a counselor. He or she may want to look at information about the different counselors on our website (above) to select a counselor that the student feels would be a good fit for him or her. A student who does not request an urgent appointment will be offered an appointment with a counselor in the next few days or weeks. If the matter is **urgent**, the student should specify that so he or she can speak with a counselor that day. If you think the situation may be serious and you have doubts that he or she will follow through with contacting CAPS, consider walking with the student to Galbraith Hall. *A phone call alerting us to the arrival of a student in crisis and/or appraising us of the situation is very appreciated and will facilitate our serving the student in a timely and effective fashion.* Please consider getting the students phone number before they leave your office in case follow-up is needed.

Urgent concerns that may warrant immediate intervention include:

- Suicide risk
- Fear of losing control and possibly harming/hurting oneself or someone else
- Sexual assault
- Physical assault
- Recent death of a friend or family member

Counseling is **confidential** except for a few safety situations in which exceptions to privacy may need to be considered. These include: when the student is deemed to be at high risk of endangering him or herself or others, is gravely disabled, or when there is reason to suspect ongoing abuse of a child or elder.

Services & Fees

CAPS offers short-term counseling and assists with referrals to students who require longer-term psychotherapy. Services are available to all registered UCSD students regardless of insurance coverage. Most services are free. In addition to individual counseling, we have many excellent groups to choose from. These groups are also listed on our website.

The Suicidal Student

A suicidal person is usually intensely ambivalent about killing himself or herself, and often responds positively to assistance. Suicidal states are typically time-limited. High risk indicators include: feelings of hopelessness and futility; a severe loss or threat of loss; a detailed suicide plan; history of prior attempts; alcohol or other drug abuse; severe depression, and feelings of alienation and isolation from others. Suicidal students usually want to communicate their feelings and any opportunity to do so should be encouraged. Often there may be some ambiguity and you aren't certain if the person is at risk for self-harm. When in doubt, refer the student to CAPS and we will evaluate the level of risk.

If you observe the following warning signs that indicate suicidal risk, particularly in combination, communicate with a mental health professional or the police as soon as possible:

1. Expression of desire to kill him/herself or wishing to be dead.
2. Presence of a plan to harm self.
3. Methods and means are available to carry out plan to harm self.
4. Suicide plan is specific as to time, place; notes already written.
5. High stress due to grief, illness, loss of new job, academic difficulty, etc.
6. Symptoms of depression are present such as dramatic change in sleep or appetite; severe hopelessness or agitation; feelings of exhaustion, guilt/shame; loss of interest in school, work or sexual activities; deterioration in hygiene.
7. Intoxication or drug abuse (including alcohol).
8. Previous suicide attempt by the individual, a friend or family member.
9. Isolation, loneliness, or lack of support.
10. Withdrawal or agitation.
11. Preparation to leave, giving away belongings, saying unusual "good-byes."
12. Secretive behavior.
13. Major mood changes (e.g., elation of person who has been depressed).
14. Indirect comments implying death is an option they are considering (e.g., person implies he/she may not be around in the future).

If you suspect a student may be suicidal, it is very important that a professional counselor is contacted – even if there is no intent for actual self-harm. In addition to professional support, encourage the student to review the Emergency Assistance section of our website, as well as www.metanoia.org/suicide/samaritans.htm and www.ulifeline.org, which provide information for people struggling with suicidality and others supporting them through this difficult period.

Helpful Responses—

- Taking the person seriously; 80% of suicides give some warning of their intent.
- Acknowledging that a threat of suicide (or attempt) is a plea for assistance.
- Asking the individual directly whether s/he is considering suicide (e.g., "*You seem so upset and discouraged that I'm wondering if you are thinking of harming yourself? In what way?*").
- Being available to listen, to talk, to be concerned; but refer to Counseling and Psychological Services (534-3755) or, after hours, call campus police at 534-HELP.
- Consulting with the above resources as necessary.
- Administering to yourself (self-care). Helping someone who is feeling suicidal is hard, demanding, and draining work. Don't go it alone.

Less Helpful Responses—

- Minimizing the situation or depth of feeling (e.g., "*Oh, it will be much better tomorrow.*").
- Being afraid to ask the person if they are so depressed or sad that they want to hurt themselves or are considering taking their life.
- Overcommitting yourself and, therefore, being unable to deliver on what you promise.
- Ignoring your limitations (e.g., not consulting with available resources).
- Putting yourself in a compromising position of "promising" not to consult with others.

The Depressed Student

Feelings of depression, and the variety of ways depression manifests itself, is part of a natural response to life's ups and downs. With the busy and demanding life of a college student, it is safe to assume that most students will experience periods of reactive (or situational) depression in their college careers.

Major Depression (also known as Clinical Depression) however, more dramatically involves one's mood, body, thoughts and behavior. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. Major depression is **not** a passing blue mood. It is not a sign of personal weakness or a condition that can be wished or willed away. People with depression cannot merely "pull themselves together" and get better. It will interfere with a student's ability to function in school or a social environment. Without treatment, symptoms can last for weeks, months or years. Appropriate treatment, however, can help over 75% of those who suffer from depression.

Due to the opportunities for RA's, faculty, and staff to observe and interact with students, they are often the first to recognize that a student is in distress. Look for a pattern of these indicators, but understand that not everyone who is depressed experiences every symptom.

Depression Symptoms

1. Persistent sad, anxious or "empty" mood
2. Feelings of hopelessness, pessimism
3. Feelings of guilt, worthlessness, helplessness
4. Loss of interest or pleasure in hobbies and activities that you once enjoyed, including sex and school
5. Insomnia, early morning awakening or oversleeping
6. Appetite loss and/or weight loss, or overeating and weight gain
7. Decreased energy, fatigue, being "slowed down"
8. Thoughts of death or suicide, suicide attempts
9. Restlessness, irritability
10. Difficulty concentrating, remembering, making decisions
11. Persistent stress-related physical symptoms, such as headaches, digestive disorders and chronic pain
12. Inconsistent class attendance
13. Decline in personal hygiene

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 getting better, sooner.

It is helpful to:

- Let the student know you're aware she/he is feeling down and you would like to help.
- Reach out more than halfway and encourage the student to discuss how she/he is feeling.
- Offer options to further investigate/manage the symptoms of depression.
- Encourage them to seek help, possibly suggesting CAPS.
- Do not ignore remarks about suicide. Always report them to a CAPS counselor.

It is less helpful to:

- Minimize the student's feelings (e.g., "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 she/he may be.

The Student who has been Sexually Assaulted

According to the Bureau of Justice Statistics Research Report (December, 2000) 5% of college women nation wide experience a rape or attempted rape in a given academic year. Men can also be the victims of rape and sexual assault. It is important to respond sensitively to students who disclose having experienced a sexual assault or an attempted assault.

The Bureau of Justice report also tells us that 95% of the assaults of college women go unreported in any formal way. One-third of women do not tell anyone of their experience, and two-thirds tell a friend or other trusted individual. Complicating the issue of reporting is the fact that most assailants are persons known to the victim; they are not strangers.

If you are the person trusted with this information, what can you do?

It is helpful to

- Listen to the person's account
- Prompt the person to continue the narrative by asking "and then what happened?"
- Let the person know you care about his/her well-being
- Appreciate any feelings disclosed as normal under the circumstances
- Assist the person in obtaining additional support and help (see resources below)
- Ask about the person's physical condition, i.e., the possibility of physical injury or exposure to disease or (for women) pregnancy
- Ask about the person's current experience of safety; if they do not feel safe in their environment, offer assistance in increasing their sense of safety
- In addition to CAPS, consider contacting the UCSD Student Safety Awareness Program at 534-5793 or the 24 hour Rape Crisis Hotline at 858-272-1767 for consultation.

It is 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 done differently
- Make decisions for the person

The student may need and want to seek medical attention, even some time after the assault, to check for physical damage and to test for sexually transmitted disease and pregnancy.

Federal law requires all campus personnel (except counselors in the Student Counseling Center) to make an anonymous report of an incident of sexual assault to the office of Campus Safety. This report is used for statistical purposes and contains only the nature of the incident and the location and date of occurrence.

The Anxious Student

Anxiety is a normal response to a perceived danger or threat to one's well-being or self-esteem. For some students, the cause of their anxiety will be clear; but for others it may be difficult to determine. It is our experience that anxiety is very often a result of the intense academic competition among the students, or a fear of inadequacy regarding some academic challenge. Personal relationships may also be at the root of the concern. Regardless of the cause, one or more of the following symptoms may be experienced: rapid heartbeat, chest pain or discomfort, dizziness, sweating, trembling or shaking, and cold clammy hands. 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. In rare cases, a student may experience a panic attack in which physical symptoms occur spontaneously and intensely in such a way that the student may fear he or she is dying. The following guidelines are appropriate in most cases.

It is helpful to:

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

It is less helpful to:

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

The Student Who May Have an Eating Disorder

People with an eating disorder think about food, weight, and body shape in distorted ways. This leads to ways of eating and managing weight that

- are harmful to the mind and the body--and can be deadly;
- make it hard for the person to do the things he/she wants to do in classes, sports, and with friends and family;
- make the person feel anxious and miserable most of the time;
- are often upsetting to others.

Some of the warning signs of an eating disorder include:

1. Marked increase or decrease in weight that is not related to a medical condition.
2. Abnormal eating habits such as secretive bingeing, leaving for restroom to purge food after meals, absence in dining halls, eating peculiar combinations of food, etc.
3. Intense preoccupation with dieting, weight and body image; this may be evidenced by frequently weighing self and constant criticism of body.
4. Compulsive or excessive exercising, as evidenced by expressions of extreme guilt if the person doesn't exercise; rigid routine unrelated to athletic training; exercising when injured, or negative effects in other areas of life (e.g. missing classes to exercise).
5. Restrictive eating or purging through vomiting, fasting, laxatives, diet pills or diuretics.
6. Emotional instability--moodiness, depression, loneliness, and/or irritability.

It is helpful to:

- Establish trusting 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 may want to involve that person in the process. Roommates can be particularly informative with this problem.
- The student may deny the problem. At this point you may want to consult with the Dean of Students or counseling center staff. If the student's behaviors appear to be life threatening, then 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.

It is less 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.

The “Grandiose” or “Hyper” Student

These students are characterized by having persistently lofty or irritable moods. During these moods, they often see themselves in a grand light, sometimes believing that they are famous or that the work they are doing is awe-inspiring. They often are overly talkative, with racing thoughts. Typically, their high energy interferes with their sleep. They can be very irritable and overly involved in pleasurable activities, such as sex or spending money. Generally, these students are not dangerous, but caution should be taken, especially if alcohol or other drugs are involved. If they try to put their rapid thoughts and words into action, they may place themselves in unsafe situations.

It is helpful to:

- Sound calm and be direct.
- Talk with them in a quiet but openly accessible physical space.
- Assess their safety (e.g., can they get home safely?)
- Connect them back to a supportive friend or family member.
- Discuss the student's behavior with your supervisor or department chair.
- Contact CAPS at 534-3755 and/or walk the student to CAPS.

It is less helpful to:

- Enter their physical space or touch them.
- Try to out-talk them.
- Challenge their thinking.
- Be confrontive.
- Ignore them.

The Suspicious Student

Usually these students complain about something other than their psychological difficulties. They are tense, cautious, mistrustful and may have few friends. These students tend to interpret a minor oversight as significant personal rejection and often overreact to insignificant occurrences. They may see themselves as the focal point of everyone's behavior, and everything that happens may be perceived to have special meaning. Usually they are overly concerned with fairness and being treated equally. They may project blame on to others and express hostility and anger. (Although this often *feels* personal, do not take it personally.) Many times they will feel worthless and inadequate.

It is helpful to:

- Send clear, consistent messages regarding what you are willing to do and what you expect.
- Express compassion.
- Be aware of personal boundaries and space when interacting (keep a comfortable distance, both physically and emotionally).
- Be aware of your own anxiety about how the student is acting or communicating.
- Let them know that you are concerned.

It is less 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.

The Student Under the Influence

We are all aware of the toll that abuse of alcohol and other drugs can take on individuals, families, friends and colleagues. In a recent survey of college presidents, alcohol abuse was identified as the campus life issue of greatest concern. The costs are staggering – in terms of academic failure, sexual assault, vandalism and other consequences.

Warning Signals of Alcohol and Other Drug Abuse

There are many signs of alcohol and other drug use, abuse, and addiction. None of these signs alone are conclusive proof of an alcohol or other drug problem. Other conditions could be responsible for unusual behavior such as an illness or reaction to a legally prescribed drug. Any one, or a combination, of these could be cause for alarm.

1. Impairment of Mental Alertness

Lack of concentration, short-term memory loss, confusion, and inability to follow directions.

2. Impairment of Mood

Depression, extreme mood swings, flat or unresponsive behavior, hyperactivity, nervousness.

3. Impairment of Motor Behavior

Hand tremors, loss of balance, loss of coordination, staggering, inability to work normally, slurred speech, passing out from alcohol or other drug use.

4. Impairment of Interpersonal Relationships

Detachment from or drastic change of social relationships, becoming a loner or becoming secretive, attempts to avoid friends or co-workers, loss of interest in appearance, change of friends, extreme change in interests or tendency to lose temper, becoming uncharacteristically argumentative or borrowing money without repaying.

5. Violation of University Rules or Impairment of Academic and Work Performance

Inability to perform work assignments at usual level of competence; missed deadlines; missed appointments, classes or meetings; complaining of or feeling ill as an excuse for poor performance; coming to class, practice, or work intoxicated/high; legal or judicial problems associated with alcohol or other drug use. (*Note:* Some individuals with substance abuse problems are still able to function at very high levels of performance.)

Getting a person to seek help may be a challenge. Here are a few hints:

Educate yourself about substance abuse. Confront the person while they are sober. A good time may be after a binge when they are sick. Show honest concern and patience (not anger).

It is helpful to:

- Assess safety (e.g., Can they drive home?)
- Accept and acknowledge feelings of student; give him/her a chance to air his/her feelings.
- Permit the student to say how s/he regards his/her problems; what s/he thinks his/her alternatives are, what s/he tried, etc.
- Explore further with the student, then support by recapping the strengths and resources of the student.
- After listening and obtaining information, bring the topic back to alcohol or other drug issues.

- Identify and clarify what the major issues are that s/he appears to have described.
- Repeat as simply as possible the main concern of the student regarding alcohol or other drug use.
- Be willing to admit limitation of your assistance and be ready to refer to specialists.

It is less helpful to:

- Convey judgment, shame, or criticism about the student's substance use.

The Student in Poor Contact with Reality

These students have difficulty distinguishing "fantasy" from reality. Their thinking is typically illogical, confused or irrational (e.g., speech patterns 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, may report hearing voices, or experience delusions (e.g., someone is/will harm or control them, they may have supernatural powers).

While this student may elicit alarm or fear from others, they generally are not dangerous or violent. If you cannot make sense of their conversation, consult with or refer to CAPS as soon as possible.

It is helpful to:

- Acknowledge their 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.").
- Remove extra stimulation from the environment, (turn off the radio, step outside a noisy room).
- Acknowledge your concerns and verbalize that they need help.
- Acknowledge your difficulty in understanding them and ask for clarification.
- Respond with warmth and kindness.
- Use firm reasoning.
- Focus on the "here and now."

It is less helpful to:

- Argue or try to convince them 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 them to do something to change their perceptions.
- Expect customary emotional responses.

Violence and the Verbally Aggressive Student

Many campuses are concerned with the number of incidents regarding strong verbal aggression and violent behavior. It is helpful to know some indicators for this type of behavior and develop personal action plans should it occur. The most accurate predictor of violent behavior is *past violent behavior*. If an individual has a history of such behavior, she or he is more likely than someone with no history to engage in it again. Since it is unusual for you to be privy to such information, it is necessary for you to be attentive to current behavior. Frequently, assault is predicted on the basis of observing hostile, suspicious and agitated behavior. In the absence of the above symptoms the presence of hyper-vigilance (i.e., looking around a lot), extreme dependency, or delusions and hallucinations may be risk factors. Other signs and symptoms that may indicate a potential loss of control are fearfulness or anger. Verbal communication may be loud and pressured. In the face of this behavior you should try to remain calm. Taking some deep breaths will help, as will relaxing the muscles. Your posture should be alert with your hands in front of you. Keep your voice low and be aware of everything in the room, including the exit.

It is helpful to:

- Maintain a posture that is poised, ready to move quickly but not fearful.
- Avoid physical contact or use only in a defensive manner.
- Maintain a voice quality that is matter-of-fact, monotone.
- Use clear, assertive statements of consequences; repeat as necessary.
- Use eye contact sparingly - only to emphasize a point.
- Avoid gestures if possible as they may be interpreted as signs of weakness. Increase your advantage by placing yourself behind a table or chair near an exit.
- If possible, leave an unobstructed exit for yourself and the perpetrator.

It is less helpful to:

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

Once the student/individual leaves your area, be sure to debrief with your immediate supervisor or department chair. The counselors in CAPS are also available for consultation.

The campus **police at (858) 534-HELP** are a good resource and may be called at any time. The level of police involvement is determined on a case-by-case basis. Finally, and for your own well-being, take any threats seriously and be prepared to act accordingly.

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