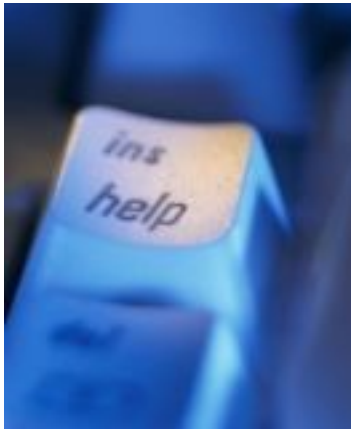


HELPING STUDENTS IN NEED

A Guide for Faculty and Staff



**Centenary Counseling Center
Lower Level of Rotary Hall
(Facing Kings Hwy)
318-869-5466**

www.centenary.edu/services/counseling

Adapted from: University of Maryland Counseling Center *Helping Students in Distress: A Faculty & Staff Guide for Helping Students in Need* <http://www.cte.umd.edu/HSID.pdf>

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The **ANXIOUS** student

WHAT TO DO

- Talk to the student in private.
- Remain calm and assume control in a soothing manner.
- Focus on relevant information, speaking concretely and concisely.
- Help the student develop an action plan that addresses the main concern.
- Refer the student to the Counseling Services (869-5466) for counseling.

AVOID

- Overwhelming the student with information or complicated solutions.
- Arguing with irrational thoughts.
- Devaluing the information presented.
- Assuming the student will get over the anxiety without treatment.

Facts about Anxiety

Anxiety can be generalized across a range of situations, or it may be situation-specific (e.g., test anxiety, social anxiety, public speaking anxiety).

Symptoms of anxiety include:

- agitation
- panic
- avoidance
- irrational fears
- fear of losing control
- ruminations
- excessive worry
- sleep or eating problems

Research suggests that in cases of extreme anxiety, the most effective treatment is often a combination of psychotherapy and medication.



The DEMANDING student

WHAT TO DO

- Talk to the student in a place that is safe and comfortable.
- Remain calm and in control.
- Set clear limits and hold the student to the allotted time for the discussion.
- Emphasize behaviors that are and aren't acceptable.
- Respond quickly and with clear limits to behavior that disrupts class, study sessions, or consultations.
- Be prepared for manipulative requests and behaviors.
- Call Counseling Services (869-5466) for help with identifying strategies for dealing with disruptive behaviors or for a referral for off-campus therapy.

AVOID

- Arguing with the student.
- Giving in to inappropriate requests.
- Adjusting your schedule or policies to accommodate the student.
- Ignoring inappropriate behavior that has an impact on you or other students.
- Feeling obligated to take care of the student or feeling guilty for not doing more.
- Allowing the student to intimidate you.

Facts about Demanding Students

- Demanding students can be intrusive and persistent and may require much time and attention.
- Demanding traits can be associated with anxiety, depression, and/or personality problems.

Characteristics of demanding students include:

- a sense of entitlement
- an inability to empathize
- a need for control
- difficulty in dealing with ambiguity
- perfectionism
- difficulty with structure and limits
- dependency
- fears about handling life



The **DEPRESSED** student

WHAT TO DO

- Talk to the student in private.
- Listen carefully and validate the student's feelings and experiences.
- Be supportive and express your concern about the situation.
- Ask the student if he/she has thoughts of suicide.
- Discuss clearly and concisely an action plan, such as having the student immediately call for a counseling appointment.
- Refer the student to Counseling Services (869-5466)
- Be willing to consider or offer accommodations (e.g., extension on a paper or exam), if appropriate, as a way to alleviate stress and instill hope.

AVOID

- Ignoring the student.
- Downplaying the situation.
- Arguing with the student or disputing that the student is feeling depressed.
- Providing too much information for the student to process.
- Expecting the student to stop feeling depressed without intervention.
- Assuming the family knows about the student's depression.

Facts about Depression

- Depression is a common mental health problem that varies in severity and duration.
- In its less serious form, depression is a temporary reaction to loss, stress, or life challenges. It can be alleviated through the passage of time and/or the natural healing effects of social support, daily routines, and simple coping strategies like distraction and exercise.
- Severe or chronic depression usually requires professional help.

Symptoms of depression include:

- feelings of emptiness, hopelessness, helplessness, and worthlessness
- a deep sense of sadness
- an inability to experience pleasure
- irregular eating and sleeping
- difficulties with concentration, memory, and decision-making
- fatigue and social withdrawal

Sometimes depression includes irritation, anxiety, and anger.

In its most serious form, depression can be accompanied by self-destructive thoughts and intentions as a way to escape from the emotional pain.

Research shows that depression is highly responsive to both psychotherapy and medication.



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The **EATING DISORDERED** student

WHAT TO DO

- **Speak to the student in private.**
- **Be supportive and express concern for the student's health and well-being.**
- **Identify specific behaviors or symptoms that are of concern.**
- **Refer the student to Counseling Services (869-5466) for counseling and information about nutritionist and eating disorder treatments in the community.**

AVOID

- **Focusing on weight rather than health and effective functioning.**
- **Judging the student's behaviors or labeling them ("self-destructive").**
- **Recommending solutions such as "accept yourself" or "just eat healthy".**
- **Commenting on student's weight loss, as you may be inadvertently encouraging unhealthy behaviors.**
- **Getting into a battle of wills with the student. If the student is resisting your efforts, restate your concerns and leave the door open for further contact. If you think the situation is urgent, consult a professional at Counseling Services.**
- **Assuming that the family knows about the disorder.**

Facts about Eating Disorders

- Eating disorders arise from a combination of psychological, interpersonal, and socio-cultural factors and have serious emotional, mental and medical consequences.
- Characteristics of anorexia nervosa include severe restriction of food intake; refusal to maintain minimally normal weight; intense fear of weight and fat; and obsessive focus on weight as a basis of self-worth.
- Characteristics of bulimia include excessive concern with body weight/shape; recurrent episodes of binge eating and "purging behaviors", such as self-induced vomiting; misuse of laxatives, diuretics, and diet pills; fasting; or excessive exercise.
- Binge-eating/compulsive overeating involves impulsive eating, independent of appetite, without purging behaviors. These behaviors may be habitual or reflect the same psychological features as bulimia.
- Depression/anxiety often accompany eating disorders.

Symptoms associated with eating disorders include:

- marked decrease/increase in weight
- preoccupation with weight and body shape
- moodiness or irritability
- social withdrawal
- development of abnormal or secretive eating behaviors
- food restriction or purging behaviors
- fatigue and increased susceptibility to illness
- perfectionism

Treatment of eating disorders combines psychological, medical and nutritional procedures. In extreme cases, a student may need to leave campus to obtain more intensive or inpatient care.

The **SUICIDAL** student

WHAT TO DO

- Talk to the student in private.
- Remain calm and stay in control.
- Take the student's disclosure as a serious plea for help.
- Ask the student directly about feelings and plans.
- Express care and concern, and assure the student that you will help her/him reach a professional.
- Escort the student to Counseling Services on the lower floor of Rotary Hall (facing Kings Hwy).
- Call DPS (869-5000) on weekends or after hours

AVOID

- Minimizing the situation. All threats need to be considered potentially lethal.
- Arguing with the student about the merits of living.
- Allowing friends to assume responsibility for the student without getting input from a professional.
- Assuming the family knows that the student has suicidal thoughts.

Facts about Suicide

- Although suicide is a rare event, it is the second leading cause of death among college students.
- Suicidal states are often associated with major depression, a combination of acute anxiety and depression, post traumatic stress disorder, and bipolar disorder.
- Suicidal people often tell people about their thoughts or give clues to others about their feelings.

Some factors associated with suicide risk are:

- suicidal thoughts
- pessimistic view of the future
- intense feelings of hopelessness, especially when combined with anxiety
- feelings of alienation and isolation
- viewing death as a means of escape from distress
- personal or family history of depression or psychosis
- personal or family history of suicide attempts
- substance abuse
- history of self-mutilation

A suicidal student who confides in someone is often ambivalent about suicide and open to discussion.

Students who are at high risk usually have a specific plan, have a means that is lethal (e.g., medication, knife, gun), and tend to be or feel isolated.



The SEVERELY DISORIENTED or PSYCHOTIC student

WHAT TO DO

- Consult with Counseling Services (869-5466) to assess the student's level of dysfunction.
- Speak to the student in a direct and concrete manner regarding your plan for getting him/her to a safe environment.
- Accompany the student to Counseling Services, or arrange for a DPS escort (869-5000) to a local hospital's emergency room if the student is highly impaired.
- Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to the point of paranoia.
- Recognize that a student in this state may be dangerous to self or others.

AVOID

- Assuming the student will be able to care for him/herself.
- Agitating the student.
- Arguing with unrealistic thoughts.
- Assuming the student understands you.
- Allowing friends to care for the student without getting professional advice.
- Getting locked into one way of dealing with the student. Be flexible.
- Assuming the family knows about the student's condition.

Facts about Psychotic Thinking

- The main feature of psychotic thinking is poor reality testing or "being out of touch with reality".

Symptoms include:

- disorganized speech and behavior
- extremely odd or eccentric behavior
- inappropriate or complete lack of emotion
- bizarre behavior that could indicate hallucinations
- strange beliefs that involve a serious misinterpretation of reality
- social withdrawal
- inability to connect with or track normal communication

Bipolar disorder involves periods of serious depression combined with periods of extreme euphoria and frenzied thinking and behavior, the latter of which can reflect poor reality testing.

Psychological illnesses that involve psychotic features often have an onset between the late teens and early 30s.



The **AGGRESSIVE** or **POTENTIALLY VIOLENT** student

WHAT TO DO

- **Assess your level of safety. Call DPS (869-5000) if you feel in danger.**
- **Remain in an open area with a visible means of escape.**
- **Explain to the student the behaviors that are unacceptable.**
- **Stay calm and gain control of the situation by setting limits.**
- **Use a time-out strategy (that is, ask the student to reschedule a meeting with you once she/he has calmed down) if the student refuses to cooperate and remains aggressive and/or agitated.**
- **Consult with the Counseling Center (869-5466)**
- **Contact DPS (869-5000) to see if they have a record of previous abuse by this student.**
- **Contact DPS (869-5000) to have them come to monitor the situation.**

AVOID

- **Staying in a situation in which you feel unsafe.**
- **Meeting alone with the student.**
- **Engaging in a screaming match or behaving in other ways that escalate anxiety and aggression.**
- **Ignoring signs that the student's anger is escalating.**
- **Touching the student or crowding his/her sense of personal space.**
- **Ignoring a gut reaction that you are in danger.**

Facts about Aggression

- Aggression varies from threats to verbal abuse to physical abuse and violence.
- It is very difficult to predict aggression and violence.

Some indicators of potential violence include:

- paranoia/mistrust
- an unstable school or vocational history
- a history of juvenile violence or substance abuse
- prior history of violence or abuse
- fascination with weapons
- history of cruelty to animals as a child or adolescent
- impulse control problems



RESPONDING TO SUBSTANCE ABUSE

WHAT TO DO

- Treat the situation as serious.
- Share your concern and encourage the student to seek help.
- Recognize that denial is a powerful aspect of substance problems and that it can involve conscious or unconscious lying and distorting of the truth.
- Refer the student to Counseling Services for counseling and information about Substance abuse programs in the community.

AVOID

- Ignoring or making light of the problem.
- Chastising or condoning the behavior.
- Assuming that experimenting with drugs or alcohol is harmless.

Facts about Substance Abuse

- Alcohol and drug abuse among college students interferes with academic performance, puts them at risk for serious accidents and even death, and can lead to addiction problems for a subset of individuals.
- Substance use and abuse among college students is often a misguided way to cope with anxiety, depression, and the stressors of college life.
- Research shows that the most abused substance is alcohol and that a large number of college students engage in binge drinking.

Signs that a student may have a substance problem include:

- repeated failure to handle academics, work or personal responsibilities
- a pattern of unexplained underachievement
- substance-related disciplinary or legal problems such as assault, driving under the influence, and date rape
- denial of the negative and harmful consequences of substance use, even in the face of serious problems.



The VICTIM OF AN ABUSIVE DATING RELATIONSHIP

WHAT TO DO

- See the student in private.
- Recognize that the student may be fearful and vulnerable.
- Remember that abusive relationships involve complex dynamics, including high levels of denial and, thus, are difficult to change.
- Be aware that interventions from a variety of sources increase the chances for change.
- Refer the student to Counseling Services for help (869-5466).
- Encourage the student to call DPS when rape or violence is involved (869-5000).
- Encourage the student to connect with family and friends.

AVOID

- Downplaying the situation.
- Lecturing the student about poor judgment.
- Expecting the student to make quick changes.

Facts about Sexual Assault

- Sexual assault is sexual contact initiated against a person without consent.
- Consent can't be inferred from passivity or silence; nor can a current or previous relationship constitute consent.

Examples of sexual assault include:

- completed or attempted rape
- threats of rape
- sexual coercion
- unwanted sexual contact with force or threat of force
- stalking

Although most assaults are committed by men against women, men can be assaulted by women, and same-sex assaults also occur.



The VICTIM OF SEXUAL ASSAULT

WHAT TO DO

Listen without conveying judgment and be aware that victims can feel shame and anger.

- Refer the student to Counseling Services for assessment and referral (869-5466).
- Call DPS (869-5000) if the student needs immediate medical attention.

AVOID

- Expressing judgment even when high-risk behaviors on the part of the victim (e.g., intoxication) were involved.
- Pressuring the student to file a police report.

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The VICTIM OF HAZING

WHAT TO DO

- Talk to the victimized student in private.
- Recognize that the student may be feeling vulnerable and experiencing a range of emotions.
- Advise the student to report the incident to the Dean of Students (869-5117).
- Advise the student to report the incident to DPS (869-5000)
- Refer the student for follow-up counseling at Counseling Services (869-5466) if appropriate.

AVOID

- Minimizing the situation.
- Agreeing to being bound to confidentiality.

Facts about Hazing

- Hazing involves persecution and harassment with difficult, meaningless, or humiliating tasks; it is used as a rite of passage or initiation into a campus organization.
- Hazing can be psychologically damaging and present serious physical risks (including death) to students.
- A student may or may not know that hazing will be a part of an initiation process.
- A student may or may not know how extreme hazing might become during an initiation process.
- Campus rules and regulations prohibit hazing, and some hazing activities are illegal.



The VICTIM OF STALKING

WHAT TO DO

- Encourage the victimized student to trust his/her instincts.
- Advise the student to contact DPS (869-5000).
- Advise the student to document unwanted contacts and maintain evidence of harassment.
- Advise the student to take precautions to ensure safety, including a change in routine travel routes and schedules, and making use of campus escorts when possible (869-5000).
- Refer the student to Counseling Services for counseling (869-5466)

AVOID

- Ignoring or minimizing the situation.
- Suggesting that the victim is responsible for the unwanted attention.
- Taking responsibility for protecting the student.
- Failing to alert the proper authorities.

Facts about Stalking

- Stalking is repeated following or harassment of an individual that is designed to instill a sense of fear or danger.
- Stalkers often have an irrational obsession with the victim and try to gain power and omnipotence through control and intimidation.
- Stalking behavior includes tailing the victim as well as harassment via phone, email, FAX, and letters; unwanted gifts; and unwanted attentiveness.
- Stalkers can be male or female and targets can be of the same or opposite sex.



RESPONDING TO STUDENTS WITH DISABILITIES

WHAT TO DO

- Speak to the student in private about your concerns.
- Treat each student with sensitivity and respect.
- Acknowledge the difficulties that the student is having.
- Refer the student to Disability Services (869-5466)
- Be open to follow-up consultation with DSS regarding accommodations for the student.
- Remember that any student requesting accommodations must have valid documentation on file with Disability Services and present verification of approved accommodations (usually sent via email to the student's professors).

AVOID

- Using patronizing language with the student.
- Underestimating or questioning the stated disability.
- Assuming the student understands the academic limitations imposed by the disability.
- Assuming the student qualifies for accommodations without Disability Services' verification.

Facts about Disability

- Students with documentation of a physical, learning or psychiatric disability are eligible to access accommodations through Disability Services (869-5466)
- Students with **physical disabilities** present special classroom access needs associated with limitations in mobility, speaking, hearing, and/or vision.
- Students with **medical disorders** may experience difficulties participating in their academic programs due to the condition itself or the ongoing treatment protocol.
- Students with **learning disabilities** have neurological impairments that interfere with and slow down information processing, memory and retrieval, and output. These disabilities can have a detrimental impact on reading, writing, math, attention, concentration, and/or overall organization.
- Students with **psychiatric disabilities** have a chronic and debilitating psychological condition that interferes with their ability to participate in the routine educational program. Examples of conditions that fall under this classification include Bipolar Disorder, Major Depression, Anxiety Disorders, and Post Traumatic Stress Disorder.
- Students with **Attention Deficit/Hyperactivity Disorder (AD/HD)** may experience inattentive, hyperactive, and/or impulsive behaviors due to a dysfunction of the central nervous system. These behaviors may compromise an individual's social, vocational and academic performance.
- Students with disabilities may not realize that they have a particular problem and that treatment/accommodations are available.

The student who **PROCRASTINATES**

WHAT TO DO

- See the student privately.
- Help the student assess time management skills and refer the student to the Academic Resource Center (869-5399) for skill building.
- Help the student set specific and realistic goals. Procrastinators often cannot see the trees for the forest!
- Be clear with deadlines, limits, and consequences.
- Identify how procrastination hurts the student and use his/her suffering as a motivator for change. Procrastinators will not seek help unless they are suffering from the procrastination.
- Recognize that there are often strong emotions underlying procrastination, such as guilt, fear, anger, depression, panic, and shame. Chronic procrastinators may have low self-esteem and suffer extreme guilt.
- Refer the student for counseling at Counseling Services (869-5466) when the student is suffering emotionally or academically from her/his procrastination.

AVOID

- Assuming that the student is lazy or stupid.
- Communicating in ways that increase shame and, thereby, decrease motivation to change.
- Being pushy because the student could respond with resentment or rebellion.
- Conveying disappointment or irritation if the student does not make quick progress. Such messages may lead to a stand off, which is a relationship pattern that procrastinators often have with others.

Facts about Procrastination

- Procrastination is putting off something that is in the student's best interests to do, or doing less important things first.
- Avoidance of important work can lead to stress, depression, shame, and guilt which, in turn, can cause the student to avoid the same tasks in the future.
- While some students procrastinate because a given task is aversive, there is usually an emotional cause at the root of serious procrastination.

Emotional causes underlying procrastination may be classified into four categories:

- perfectionism
- fear of success
- fear of failure
- rebellion