Helping A Distressed Student

Step 1: Observed or Reported Behavior of Concern

Common Warning Signs

ACADEMIC WARNING SIGNS

- Excessive procrastination
- Uncharacteristic poor preparation or performance
- Repeated requests for extensions or special considerations
- Unusual classroom interactions, e.g. argumentative
- Ongoing career or course indecision
- Excessive absence or tardiness
- Avoiding or dominating discussions
- References to suicide or homicide in verbal statements or in writing
- Difficulty concentrating or attending

EMOTIONAL WARNING SIGNS

- Hopelessness
- Frequent crying spells/distress
- Panic episodes
- Poor ability to regulate emotions
- Agitation
- Irritability
- Unrelenting sadness or anxiety

INTERPERSONAL WARNING SIGNS

- Asking advisor or faculty for help with personal problems
- Dependency on advisor or faculty
- Hanging around staff or faculty office
- Avoidance of faculty or advisor
- Disruptive behavior
- Inability to get along with others
- Complaints from other students
- Social Isolation

**BEHAVIORAL WARNING SIGNS**

- Change in personal hygiene
- Dramatic weight gain or loss
- Frequently falling asleep in class
- Agitation and/or aggressiveness
- Unruly behavior
- Impaired Speech
- Disjointed thoughts
- Intense emotions or distress
- Physically harming self, such as cutting or burning
- Substance impaired
- Panic Attacks

**Step 2: Determine Level of Distress**

**FUNCTIONAL DISTRESS**

- Does not interfere with daily activities, e.g. the student maintains regular routine of going to class or work
- Anxiety because of academic performance
- Mild depression or blues due to relationship problems
- Homesickness
- Situational stress
- Does not last more than two weeks

**CHRONIC DISTRESS**

- Some disruption or interference in daily activities e.g. not going to classes regularly
- A repetitive disturbance in adjustment and or pattern of disruptive behaviors
- Frequent crying spells
- Repeated outburst of temper
- Chronic physical or mental condition
- Repeated alcohol or drug abuse
- Poor coping skills
- Ongoing problems more than two weeks in duration

**CRITICAL NON-EMERGENCY DISTRESS**

- Unusually loud or disruptive behavior
- Restlessness, agitation, unusual or disturbed thoughts
- Excessive withdrawal or isolation
- Noticeable fatigue, loss of energy, disturbed sleep or changes in appetite
- Fear of leaving room
- Significant weight change or appetite disturbance
- Significant changes in personal hygiene
- Panic attack related to recent stressors such as academic performance or relationship problems

**CRITICAL OR EMERGENCY DISTRESS**

- Threatens directly or indirectly or takes action to harm self
- Threatens directly or indirectly or takes action to harm others
- Actively psychotic such as hallucinating or delusional and unable to care for self
- Student requests to speak to a counselor

**STEP 3 – RESPOND**

**FUNCTIONAL DISTRESS HOW TO HAVE A CONVERSATION**

- Talk privately to minimize embarrassment or defensiveness
- Avoid making promises to keep information confidential
- Listen carefully to both content and emotions expressed
- Ask how you can best support the student during this difficult time
- Express concern in a non-judgmental way
- Respect the student’s value system
- Consider a referral to psycho-educational programming e.g. stress management workshop or counseling center

**FUNCTIONAL DISTRESS OBSERVATION**

- Observe any ongoing difficulties

**CHRONIC DISTRESS HOW TO HAVE A CONVERSATION**

- See guidelines under response to functional distress
• Discuss your observations and perceptions of the situation directly and honestly with the student
• Help the student identify options for action and explore possible consequences

CRONIC DISTRESS HOW TO REFER TO THE COUNSELING CENTER

• Be frank with the student about the limits of your ability to help them
• Encourage them to seek experts who may help them address their concerns
• Consider consulting with Counseling Center staff for suggestions on referring reluctant students or to discuss student concerns
• Remind the student that counseling services are confidential and accessible

CRONIC DISTRESS, HOW TO DOCUMENT

• Make a record of your observations, conversation and recommendations
• Engage in ongoing observation

CRITICAL NON-EMERGENCY CONSULTATION

• During office hours contact the Counseling Center staff for recommendations
• Ask for the Counseling Center Associate Director or Director or walk-in counselor
• Provide counseling center staff with a description of the situation that has led to your concern

CRITICAL NON-EMERGENCY, HOW TO REFER

• During office hours, walk with a willing student to the counseling center
• For students who are resistant or unwilling to come to the counseling center or who are argumentative, agitated or hostile, please contact the office of the dean of students for assistance
• Consider referral to the Student Behavioral Intervention Team (SBIT) via the office of the dean of students
• CRITICAL NON-EMERGENCY DOCUMENTATION
• Record concerns and observations, consultations and actions taken
• Engage in ongoing observation

FOR CRITICAL EMERGENCY CALL 911
• Emergency personnel will manage and transport the students in life-threatening emergencies

WHEN TO PAGE THE ON CALL COUNSELOR VIA UNIVERSITY POLICE after hours

• Page the on call counselor if the student is threatening to harm self or others, but hasn’t taken direct action
• Page the on call counselor via university police if the student requests to speak with a counselor
• Page the on call counselor for consultation regarding critical mental health concerns and appropriate intervention
• Do not page the on-call counselor if the student is under the influence, rather request transport to the hospital or otherwise detain to ensure student safety

FOR CRITICAL EMERGENCY DOCUMENTATION

• Record concerns and observations, consultations, decision-making process and actions taken

STEP 4 – FOLLOW UP

FOR FUNCTIONAL DISTRESS / CHECK IN WITH STUDENT

• Recommend the counseling center if the student indicates ongoing concerns.

FOR CHRONIC DISTRESS / CHECK IN WITH STUDENT

• Ask student if he/she has followed up with the counseling center
• Continue to encourage the student to seek counseling for ongoing concerns
• Offer to help the student connect with the counseling center
• If student indicates dissatisfaction with the counseling center, encourage student to express concerns to the counseling center director or associate director

FOR CRITICAL NON-EMERGENCY, REQUEST A CONSULTATION

• If the student continues to exhibit critical concerns, contact the office of the dean of students or communicate your concern to the dean of students (SBIT)

FOR CRITICAL OR EMERGENCY FOLLOW-UP

• Student follow-up will be coordinated by the student behavioral intervention team via the office of the Dean of Students.