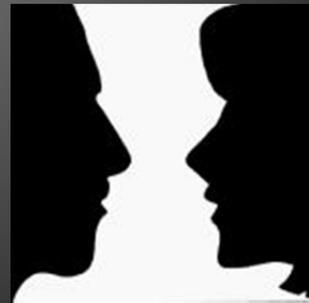


# The Emotionally Distressed Student



Revised and Edited January 2015

This document was created to help faculty and staff cope with, intervene, and assist emotionally troubled students. Although not likely a trained counselor, faculty and staff can serve as first responders helping students in crisis connect to professional help.

CSU Monterey Bay  
Health and Wellness Services

Personal Growth and  
Counseling Center

(831) 582-3969

[csumb.edu/pgcc](http://csumb.edu/pgcc)



# The Personal Growth and Counseling Center

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## INTRODUCTION

As a member of the California State University, Monterey Bay campus community, you are constantly interacting with students. At times, you will have contact with students whose problems or behaviors will cause you concern, discomfort, or may interfere in the education of other students. The difficulty is that most often, these types of people or situations do not go away.

As a faculty or staff member, interacting daily with students, you are in an excellent position to recognize behavior changes that characterize the emotionally troubled student. A student's behavior, especially if it is inconsistent with your previous observations, could well constitute an inarticulate "cry for help." Although you are not likely a trained counselor, you can serve as a first responder helping students in crisis connect to professional help.

This document was created to help you when these difficult occasions occur. It offers straightforward advice, techniques and suggestions on how to cope with, intervene, and assist troubled and/or difficult students in or out of the classroom.



### **GUIDELINES FOR INTERVENTION**

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

1. Request to see the student in private.<sup>1</sup> This may help minimize the embarrassment and defensiveness.
2. Briefly acknowledge your observations and perceptions of the situation and express your concerns directly and honestly.
3. Listen carefully to what is troubling the student and try to see the issues from her/his point of view without necessarily agreeing or disagreeing.
4. Attempt to identify the student's problem or concern, as well as your own concerns or uneasiness. You can help by exploring alternatives to deal with the problem.
5. Comment directly on what you have observed without interpreting or judging. Strange and inappropriate behavior should not be ignored.
6. Involve yourself only as far as you want to go. At times, in an attempt to reach or help a troubled student, you may become more involved than time or skill permits. Extending oneself to others always involves some risk--but it can be a gratifying experience when kept within realistic limits. If the burden becomes too heavy, however, you may refer to the PGCC and we will provide direct intervention, and / or refer to an appropriate facility.

<sup>1</sup>How to accomplish this will probably vary by the circumstances, and by the nature of the student's distress. Although it is beyond the scope of this handbook to go into depth on how to do this for all situations, this is discussed in a little more depth under the specific categories of student distress.



## The Personal Growth and Counseling Center

### CONSULTATION AND REFERRAL

#### Consultation is Available

If you are unsure of how to handle a specific student, we encourage you to consult with one of the counselors on our staff. Call us at (831) 582-3969, inform the receptionist who you are (faculty, staff, administrator) and ask to speak with a Counselor Faculty. A brief consultation may help you sort out the relevant issues, explore alternative approaches and suggest new ways to cope with the anxiety or stress the student may be experiencing. Overall, when dealing with most students in crisis situations, conveying your concern and willingness to help in any way you can (including referral) is probably the most important thing you can do. Your support, encouragement (including referral), and reassurance will be particularly valuable to a student in crisis.

#### Referral to the Personal Growth and Counseling Center

When you have determined that a referral to The Personal Growth and Counseling Center (PGCC) is appropriate, you can be most helpful by clearly and concisely telling the student why you think counseling would be helpful. You might also tell the student a few facts about our services. For instance, all services are free to enrolled students, and professional counselors provide counseling Monday through Friday from 8 AM to 5 PM. All discussions are confidential except when the student presents a danger to self, others, or when certain kinds of abuse are involved. Early intervention is preferable to crisis intervention. To ensure prompt attention, it is best to call in advance for an appointment. Having the student make the call increases her/his responsibility and commitment to come for counseling; however, there may be times, especially if the student is in crisis, when it is advantageous for you to call and support the student in making the appointment and/or accompany the student to our office. We will schedule the student with one of our staff as quickly as possible. Please do not ask for a specific counselor, as we have rotating crisis counselors available.

#### — DO —

- Have the student call (831) 582-3969.
- Inform the receptionist who you are (student, faculty, staff, administrator).
- Identify the need for an assessment (indicate if it is urgent).
- Ask to speak with a counselor faculty.

#### Urgent Referral

In some situations, it may be imperative to request the student be seen as soon as possible. If a student's situation is urgent, she/he will probably have concerns involving:

- Suicide/Fear of losing control and possibly harming/hurting someone



## The Personal Growth and Counseling Center

- Sexual assault
- Physical assault or witness to an assault or accident
- Fear for her/his life or for the life of someone they know
- Abuse/Recent death of a friend or family member

### — DO —

- Call or have the student call (831) 582-3969.
- Inform the receptionist who you are (student, faculty, staff, administrator).
- Identify the need for an urgent assessment (indicate if it is urgent) and ask to speak with a counselor faculty.
- The counselor faculty will make a professional assessment of how quickly the student needs to be seen and appropriate action will be taken.

### **Student Encounters that become Out of Control, Disruptive, or Threatening**

Disruptive student behavior is defined as behavior which interrupts, obstructs, or inhibits the teaching and learning processes. The faculty member determines what disruptive behavior is and has a duty to attend to it. This behavior can take many forms such as persistent questioning, verbal attacks, incessant arguing, intimidating shouting and physical disruption.

In addition to this document please refer to [The California State University standards for student conduct under Title V of the California Code of Regulation](#) which has been provided by the Office of Judicial Affairs ([www.csumb.edu/judicial](http://www.csumb.edu/judicial)).

### **When to Call The University Police Department**

- When you believe that you or another person is in immediate danger.
- When you believe that the student is about to harm her/himself.
- When you believe that the student is out of control and is disrupting the classroom.



## THE DEPRESSED STUDENT

Depression, and the variety of ways it manifests itself, is part of a natural emotional and physical 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. It is when the depressive symptoms become so extreme, or are so enduring, that they begin to interfere with the student's ability to function in school, work, or social environments, that the student will come to your attention and be in need of assistance. Due to the opportunities that faculty and staff have 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:

- Tearfulness / general emotionality
- Dependency (a student who makes excessive requests for your time)
- Markedly diminished performance
- Lack of energy / motivation
- Infrequent class attendance
- Irritability
- Deterioration in personal hygiene
- Alcohol or drug use

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 rapid return to optimal performance.

### — DO —

- Let the student know you've noticed that they appear to be feeling down and you would like to help.
- Reach out and encourage the student to discuss how she/he is feeling.
- Offer options to further investigate and manage the symptoms of the depression (e.g., referral to PGCC).

### — DON'T —

- Minimize the student's feelings, e.g., "Don't worry. Everything will be better tomorrow."
- Bombard the student with "fix it" solutions or advice.
- Chastise the student for poor or incomplete work.
- Be afraid to ask whether the student is suicidal if you think she/he may be.  
(See next section, e.g., "Have you thought of harming yourself?")



## THE SUICIDAL STUDENT

Suicide is the second leading cause of death among college students. According to the American College Health Association National College Health Assessment II findings from 2013, 8.6% of CSUMB students reported they seriously considered suicide and 2.3% reported an attempt. It is important to view all suicidal comments as serious and make appropriate referrals. High risk indicators include:

- Feelings of hopelessness, helplessness and futility
- A severe loss (real or perceived) or threat of loss
- Events that trigger humiliation, shame, or despair (real or anticipated)
- Feelings of alienation and isolation and/or withdrawing from others
- Giving away prized possessions
- Putting personal affairs in order
- Preoccupation with death

There are four areas we explore with students who are depressed and are experiencing suicidal ideation to assess their suicide risk.:

1. Do they have an organized plan that includes an easily available method?
2. Do they have a history of a previous attempt?
3. Has a family member, friend, or acquaintance completed suicide?
4. Is there a history of or do they have current issues with alcohol or drug abuse that can impair their impulse control?

### — DO —

- Take the student seriously—most suicidal people communicate their intent.
- Be direct--ask if the student is suicidal, if she/he has a plan, and if she/he has the means to carry out that plan. Exploring this with the student may actually decrease the impulse to commit suicide, lower their anxiety level, or act as a deterrent.
- Be available to listen, but refer the student to the PGCC or a community hotline for additional help. Attempt to make sure the student actually gets some help by following up with them.
- Take care of yourself. Suicide intervention is demanding and draining work. Consult and debrief with the PGCC staff as needed.

### — DON'T —

- Minimize the situation or ignore indirect comments like “nothing matters; it’s no use.”
- Be afraid of planting the idea of suicide in an already depressed mind by inquiring about it (they will very likely feel relieved that someone has suspected).
- Get too involved with the student, (consult, refer, and document).
- Be too busy to intervene.



## THE VERBALLY AGGRESSIVE STUDENT

Students may become verbally abusive when they encounter frustrating situations which they believe are beyond their control. They can displace anger and frustration from those situations onto the nearest target. Explosive outbursts or ongoing belligerent, hostile behavior become this student's way of gaining power and control in an otherwise out-of-control experience. It is important to remember that the student is generally not angry at you personally, but is angry at her/his world and you are the object of pent-up frustrations. This behavior is often associated with the use of alcohol and other drugs.

### — DO —

- Acknowledge the student's anger and frustration, e.g., "I hear how angry you are."
- Rephrase what the student is saying and identify her/his emotion, e.g., "It appears you are upset because you feel your rights are being violated and nobody will listen."
- Reduce stimulation; invite the student to a quiet place if this is comfortable.<sup>3</sup>
- Allow student to tell you what is upsetting her/him.
- Be directive and firm about the behaviors you will accept, e.g., "Please stand back; you're too close," and/or "I cannot listen to you when you yell and scream at me that way."
- Help the student problem-solve and address the issues when she/he becomes calm, e.g., "I'm sorry you are so upset; I'd like to help if I can."
- Be honest and genuine; do not placate aggression.

<sup>3</sup> Do not do this if you fear for your safety. In all instances, ensure that a staff or a faculty person is easily accessible to you in the event that the student behavior escalates.

### — 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 explanations for their behavior.
- Ignore the situation.
- Touch the student, as this may be perceived as aggression or otherwise unwanted attention.
- Make threats or dares.



## THE VIOLENT STUDENT

Violence because of emotional distress 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. The adage, "An ounce of prevention is worth a pound of cure," best applies here. This behavior is often associated with the use of alcohol and other drugs.

### — 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 may be tempted to lash out."
- Explain clearly and directly what behaviors are acceptable, e.g., "You certainly have the right to be angry, but breaking things is not OK."
- Get necessary help (send a student for other staff, University Police, etc.).
- Stay safe: have easy access to a door; keep furniture between you and the student. Keep door open if at all possible/appropriate. As with the verbally aggressive student, make certain that a staff or faculty person is nearby and accessible. In some instances, you may wish to see the student only with another person present.
- Do not see the person alone if you fear for your safety.

### — DON'T —

- Ignore warning signs that the person is about to explode, e.g., yelling, screaming, clenched fists, threats.
- Threaten or corner student.
- Touch the student.



## 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 or irrational; their emotional responses may be incongruent or inappropriate; and their behavior may be bizarre and disturbing. They may experience hallucinations, often auditory, and may report hearing voices. While this student may elicit alarm or fear from others, they are generally not dangerous and are more frightened and overwhelmed by you than you are by them. If you cannot make sense of their conversation, they may be in trouble and you should consult with the PGCC as soon as possible.

### — DO —

- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation from the environment (turn off the radio, step outside of a noisy classroom).
- Acknowledge your concerns and state that you can see they need help.
- Acknowledge their feelings or fears without supporting the misperceptions, e.g., "I understand you think someone is following you, but I don't see anyone and I believe you're safe."
- Acknowledge your difficulty in understanding them and ask for clarification or restatement.
- Focus on the "here and now." Ask for specific information about the student's awareness of time, place, and destination.
- Speak to their healthy side, which they have. It's OK to laugh and joke when appropriate.

### — DON'T —

- Argue or try to convince them of the irrationality of their thinking as this commonly produces a stronger defense of the false perceptions.
- Play along, e.g., "Oh yeah, I hear the voices (or see the devil)."
- Encourage further discussion of the delusion processes.
- Demand, command or order.
- Expect customary emotional responses.



## THE ANXIOUS STUDENT

Anxiety is a normal response to a perceived danger or threat to one's well-being. For some students the cause of their anxiety will be clear, but for others it is difficult to pinpoint the source of stress. Regardless of the cause, the resulting symptoms are experienced as similar and include rapid heart palpitations; chest pain or discomfort; dizziness; sweating; trembling or shaking; and cold, clammy hands. The student may also complain of difficulty concentrating, always being "on the edge," having difficulty making decisions, or being too fearful to take action. In more rare cases, a student may experience a panic attack in which the physical symptoms occur spontaneously and intensely in such a way that the student may fear she/he is dying. The following guidelines remain appropriate in most cases.

### — DO —

- Let the student discuss her/his feelings and thoughts. Often this alone relieves a great deal of pressure.
- Provide reassurance.
- Talk slowly and remain calm.
- Be clear and directive.
- Provide a safe and quiet environment until the symptoms subside.

### — DON'T —

- Minimize the perceived threat to which the student is reacting.
- Take responsibility for the student's emotional state.
- Overwhelm the student with information or ideas to "fix" his/her condition.
- Become anxious or overwhelmed.



## THE STUDENT WHO HAS BEEN SEXUALLY ASSAULTED

Sexual assault is any forced, coerced, unwanted sexual contact. While there are specific legal definitions of rape and sexual assault in the California Penal Code, sexual violence is best understood as a broader continuum of unwanted non-mutual sexual activities that range from subtle to extremely violent. According to the California Coalition Against Sexual Assault, 1 in 5 women will be sexually assaulted while in college. Men are also 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 Justices reports that most assaults go unreported in any formal way. If you are the person trusted with this information please consider the following guidelines.

### — DO —

- Let the student disclose their account and discuss her/his feelings and thoughts.
- Let the person know you care about her/his well-being.
- Validate any feelings disclosed as appropriate and normal under the circumstances.
- Ask the person if you can provide assistance in obtaining additional support and help. (Asking is important as they may already feel disempowered.)
- Ask about the person's physical condition i.e., the possibility of physical injury or exposure to disease.
- Ask if they currently feel safe or if they need support in connecting with resources for safety.

### — DON'T —

- 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 i.e., victim-blaming.
- Make decisions for the person.



## **THE STUDENT SUSPECTED OF SUBSTANCE ABUSE/ADDICTION**

Alcohol is the most widely used psychoactive drug. Alcohol abusers in college populations abuse other drugs, both prescription and illicit. Patterns of use are affected by fads and peer pressure. Currently, alcohol is the preferred drug on college campuses. The effects of alcohol on the user are well known to most of us. Student alcohol abuse is most often identified by faculty when irresponsible, unpredictable behavior affects the learning situation (i.e., drunk and disorderly in class), or when a combination of the health and social impairments associated with alcohol abuse sabotages student performance. Because of the denial that exists in most substance abusers, it is important to express your concern about the student not in terms of suspicions about alcohol and other drugs but in terms of specific changes in behavior or performance.

### **— DO —**

- Confront the student with her/his behavior that is of concern.
- Address the substance abuse issue if the student is open and willing.
- Offer support and concern for the student's overall well-being.
- Maintain contact with the student after a referral is made.

### **— DON'T —**

- Convey judgment or criticism about the student's substance abuse.
- Make allowances for the student's irresponsible behavior.
- Ignore signs of intoxication in the classroom.



## THE SUSPICIOUS STUDENT

Typically, these students complain about something other than their psychological difficulties. They are generally tense, anxious, mistrustful, isolated, 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 everyone'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 underlie most of their behavior, even though they may seem capable and bright.

### — DO —

- Be specific and clear regarding the standards of behavior you expect.
- Express compassion without intimate friendship. Remember, suspicious students have trouble with closeness and warmth.
- Be firm, steady, punctual, and consistent.
- Be aware of personal boundaries and space when interacting.
- Let them know you are concerned about specific behaviors of concern.

### — DON'T —

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



## **THE DEPENDENT/PASSIVE STUDENT**

Typically, even 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. You may find yourself increasingly drained and feeling responsible for this student in a way that is beyond your normal involvement. It is helpful if the student can be connected with the proper sources of support on-campus and in the community in general.

### **— DO —**

- Let students make their own decisions.
- Set firm and clear limits on your personal time and involvement.
- Offer referrals to other resources on- and off-campus.

### **— DON'T —**

- Get trapped into giving advice, special conditions, etc.
- Avoid the student as an alternative to setting and enforcing limits.



## THE STUDENT SUSPECTED OF AN EATING DISORDER

People with an eating disorder think about food, weight, and body shape in distorted ways. More than five million Americans experience an eating disorder. According to the National Eating Disorders Association, the rate of eating disorders among college students has risen to 10 to 20 percent of women and four to 10 percent of men. Eating disorders can last from months to years. If left untreated, they disrupt social relationships, school, work, and daily activities. They cause psychological and medical problems that can be permanent and cause death. Warning signs of an eating disorder can include:

- Marked increase or decrease in weight that is not related to a medical condition.
- Abnormal eating habits (secretive bingeing, absence in dining halls, excessive calorie counting)
- Intense preoccupation with weight or body image such as frequent weighing of self or constant self-criticism.
- Compulsive or excessive exercising.
- Restrictive eating or purging.
- Emotional instability – moodiness, depression, loneliness, irritability.

### — DO —

- Express concern for the student in a caring, supportive and non-judgmental manner.
- Identify her/his behavior that is of concern.
- Offer support and concern for the student's overall well-being. Be mindful that there may be other psychological issues which are influencing the eating issue.
- Address the eating issue if the student is open and willing, but remember most people with eating disorders are highly secretive and sensitive to such discussions.
- Maintain contact with the student after a referral is made.

### — DON'T —

- Discuss concerns without privacy.
- Overly focus on body image or weight, as this may be taken as criticism.
- Argue with the student, minimize their concerns, or convince them they look fine e.g., "But you are beautiful just the way you are."
- Force the student to eat.



## **ACKNOWLEDGEMENTS**

Thank you to the Counseling and Psychological Services at Humboldt State University for the 1998 version of this booklet and to the Organization of Counseling Center Directors in Higher Education for their 2004 revision of this booklet.