Helping Distressed and Distressing Students

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Student Challenges

- Increased responsibility and independence
- Academic and Personal Stress
- Complex Relationships
- Drugs and alcohol
- Pre-existing mental health history
- Emerging psychological problems

Faculty Role

- Recognize Signs of Distress
- Respond with care, concern and support
- Establish clear boundaries
- Educate about Resources
- Refer
AWARNESS OF CULTURAL DIFFERENCES

Important to keep in mind

- Race
- Ethnicity
- Cultural Background
- Sexual Orientation
Campus Resources

- The Counseling Center
  - Mental Health Counseling and Education

- McKinley Health Center
  - Medical Services

- The Office of the Dean of Students
  - Student Assistance Center
  - Behavioral Intervention Team
  - Emergency Dean Program

- Disability Resources and Educational Services
  - Academic Accommodations, Coaching, Support

- University of Illinois Police
  - Campus Safety
Mental Health Resources

University Counseling Center
217-333.3704
Individual & Group Counseling
Urgent Appointments
Outreach & Consultation
Suicide Incident Reporting

www.counselingcenter.illinois.edu

McKinley Mental Health Clinic
217-333.2705
Psychiatric Services
Evaluation and Consultation
Short-term counseling
Alcohol & Other Drug

www.mckinley.illinois.edu
Students with documented visible or invisible disability and/or chronic health condition are eligible

Students must apply/provide documentation

Provide academic accommodations & support

Offer counseling, consultation, individual coaching, and testing services

http://www.disability.illinois.edu
Office of the Dean of Students
217-333.0050

Student Assistance Center
Educate students about University policies & procedures
Connect them to resources
Support students in crisis

Behavioral Intervention Team
Assess whether students pose threat to members of campus community
Interrupt any plans for targeted violence
Intervene to help address underlying issues driving the behavior

www.odos.illinois.edu
The Emergency Dean Program

> On call after-hours program that operates from 5pm-8:30 am during week, all day on weekends
> Staffed by full-time employees at University who volunteer their services
> Supports students experiencing an emergency situation in which an immediate University response is needed and which cannot wait until the next business day.
### Signs of Distress: Academic Indicators

- Missed, late or incomplete assignments
- Increased tardiness or absences
- Repeated requests for extensions
- Inconsistent or deteriorating quality of work
- Disorganized work and/or presentation of ideas
- Written or verbal expression of morbid, dark or violent thoughts
- Disproportionate anxiety about course work and/or in response to grades
### Signs of Distress: Behavioral Indicators

<table>
<thead>
<tr>
<th>Behaviors</th>
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<tbody>
<tr>
<td>Exhibits high levels of emotionality, tearfulness, crying</td>
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<tr>
<td>Excessively demanding or dependent behavior</td>
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<tr>
<td>Expressions of anxiety, agitation</td>
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<td>Odd social behavior—appears disconnected from situation</td>
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<td>Nonsensical, incoherent speech,</td>
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<td>Unpredictable and/or rapid shifts in mood</td>
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<td>Expressions of worthlessness, hopelessness, despair</td>
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<td>Unusually animated or withdrawn</td>
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<td>Expression of suicidal thoughts</td>
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<td>Angry outbursts, intimidating or aggressive behaviors</td>
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Signs of Distress: Physical Indicators

- Deteriorating or poor hygiene, disheveled appearance, soiled clothes
- Appears consistently fatigued and/or falling asleep in class
- Appears confused, disoriented or out of touch with reality
- Comes to class smelling of alcohol or appearing high
- Noticeably slowed or rapid speech
- Significant weight gain or loss
Options for Intervention

- Consult with a colleague from one of discussed resources
- Express concerns directly/privately to student
- Make a referral
- Offer support
- Report to Behavioral Intervention Team
- Contact University Police
The **ANXIOUS** Student

**WHAT TO DO**

- Talk to the student in private setting
- Remain calm and assume control in a soothing manner
- Focus on relevant information
- Speaking concretely and concisely
- Help the student develop and an action plan that addresses the main concern.

**AVOID**

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

**Symptoms of anxiety**

- Agitation
- Panic
- Avoidance
- Irrational fears
- Loss of control
- Ruminations
- Excessive worry
- Sleep and eating problems
The **Demanding** Student

**WHAT TO DO**

- Talk to the student in place that is safe and comfortable.
- Remain calm and in control.
- Set clear limits on time and topic.
- Emphasize behavior that are and aren’t acceptable.
- Respond quickly to disruptive in class behavior.
- Prepare for manipulative request and behaviors.

**AVOID**

- Arguing with the student
- Giving into inappropriate requests or being intimidated.
- Adjusting your schedule or policies to accommodate the student
- Ignoring inappropriate behavior that has impact on other students
- Feeling obligated to take care of student or feeling guilty for not doing so

**Characteristics of Demanding Students**

- Sense of entitlement
- Inability to empathize
- Difficulty dealing with ambiguity
- Perfectionism
- Dependent
- Fears about handling life
The Depressed Student

WHAT TO DO

• Talk to student in private.
• Listen and validate students feeling and experiences.
• Be supportive and express your concern about the situation.
• Ask if the student has thought about suicide.
• Discuss clearly and concisely an action plan, such as having the student immediately call the Counseling Center to make an appointment.
• Be willing to consider or offer an accommodation, if appropriate as a way to alleviate stress and instill hope.

AVOID

• Ignoring the student
• Downplaying the situation
• Arguing with the student or disputing the student is depressed.
• Providing too much information for the student to process.
• Expecting the student to stop feeling depressed without intervention.
• Assuming their family is aware the student is depressed.

Symptoms of depression

• Hopelessness and worthlessness
• Deep sadness/Thoughts of suicide
• Inability to experience pleasure
• Irregular eating or sleeping
• Poor concentration
• Isolation and withdrawal
The **Suicidal** Student

**WHAT TO DO**

- Talk to the student if possible in private.
- Remain calm and stay in control.
- Take the student's disclosure as a serious plea for help.
- Express care and concern, and assure the student you will help.
- Contact the Counseling Center for consultation.
- Complete a Suicide incident report form and send to counseling center.
  - *CAMPUS POLICY*
    - SUICIDE PREVENTION TEAM

**AVOID**

- Minimize the situation. All threats are need to be considered potentially lethal.
- Arguing with the student about the merits of living.
- Allowing friends to assume responsibility for the student with getting consultation from a professional.
- Assuming the family knows that the student has suicidal thoughts.

**Factors of suicide risk**

- Suicidal ideation/thoughts
- Pessimistic view of future
- Alienation and isolation
- Death as a means of escape
- Substance abuse
- Self-harm behaviors

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Suicide Incident Reporting

• In the event that the University is presented with a credible report that a student has threatened or attempted suicide, engaged in efforts to prepare to commit suicide or expressed a preoccupation with suicide, that student will be required to attend four sessions of professional assessment. These sessions are designed to foster the students’ willingness and ability to maintain a reasonable concern for their own self welfare.

• Confidentiality
All records associated with the reported incident are kept separately by the Suicide Prevention Team. The Suicide Prevention Team is staffed by the Counseling Center and McKinley Health Center.

• All records associated with the mandated assessment are protected by federal and state laws regarding confidentiality.

• The University of Illinois takes the issue of suicide very seriously and wants to ensure the safety of the campus community.

• SIR Program has been active since 1984.

• Collaborative team developed to address these issues.

• The Counseling Center and McKinley Mental Health Department provide these four sessions free of charge or students can chose to see a community professional.
The SEVERLY DISORIENTED OR PSYCHOTIC Student

WHAT TO DO

• CONSULT to assess the student's level of dysfunction.

• Speak to the student in a direct and concrete manner regarding your plan to get help.

• Accompany the student to the Counseling Center or Mckinley Health Center, or arrange for the police to provide assistance to get student to a local hospital or emergency room.

• Recognize that psychotic states can involve extreme emotion or lack of emotion and intense fear to paranoia.

• Recognize a student in this state may be dangerous to self and others.

AVOID

• Assuming the student can care for themselves

• Agitating the student

• Arguing unrealistic thoughts

• Assuming the student understands you

• Allowing friends to care for the student without professional advice.

• Getting locked into one way of dealing with the student.

• Assuming others know about the situation.

Symptoms of psychosis include:

• Disorganized speech/behavior

• Odd or eccentric behavior

• Lack of emotion

• Bizarre behavior may indicate hallucinations

• Serious misinterpretation of reality

• Inability to track normal communication
The **Aggressive or Violent** Student

### WHAT TO DO

- Assess your level of safety.
- Remain in a visible area with means of exit.
- Explain to the student unacceptable behavior.
- Stay calm and gain control of the situation.
- Uses a time out strategy (ask them to take a break, reschedule meeting, etc.).
- Contact police if you feel unsafe or others students are reporting feeling unsafe.
- Consult with a professional/BIT TEAM

### AVOID

- Staying in the situation in which you feel unsafe
- Meeting alone with the student
- Engaging in screaming match with the student or escalating the student.
- Ignoring signs that the student’s anger is escalating.
- Touching the student or crowding them.
- Ignoring your gut reaction that you are in danger.

### Indicators of potential violence:

- Paranoia/mistrust
- Unstable academic history
- History of violence
- Fascination with weapons
- Impulse control problems
Key Themes to Remember

**To Do**
- Talk with the student in a **safe/private** setting
- Remain Calm and in Control
- Be supportive
- Listen effectively

**Avoid**
- Assuming too much responsibility
- Invalidating or Arguing
- Embarrassing the student
- Ignoring negative behavior that has an impact on others
Additional Resources

Counseling Center Emergency Information
- http://counselingcenter.illinois.edu/emergency-0

Kognito At-Risk Suicide Prevention Training

Responding to Disruptive or Threatening Student Behavior:
A Guide for Faculty and Staff

We Care: Sexual Misconduct Support, Response, and Prevention
- http://wecare.illinois.edu/