

**STUDENTS  
IN DISTRESS**  
Faculty and Staff Guide

*What you should know*



**Coppin State University  
Division of Academic Affairs  
Center for Counseling & Student Development  
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Dear Colleague,

Today's college students face many internal and external pressures that contribute to the difficulty of successfully navigating the college experience. Issues other than academics are at the forefront of the student experience, which sometimes pushes academic purposes to take a back seat. Students frequently struggle with anxiety, depression, physical illness, family problems, and financial concerns that impede academic success.

Here at Coppin, these common struggles become retention issues highlighted by a recent study which indicated that depression was associated with a decrease in student GPA by 0.49 points (half a letter grade). Conversely, the same study also indicated that treating depression was associated with a positive effect on GPA of 0.44. (Hysenbegasi, Hass, & Rowland 2005).

As student concerns can sometimes feel overwhelming, it's important to define your role in their personal and academic development. Your responsibility is not to diagnose and treat, but to engage in honest and compassionate conversation to direct students toward the appropriate campus resources.

Nonetheless, it's tough to know what to do with students in distress who consume a lot of time and energy apart from academic pursuits. Sometimes college students lead very complicated lives. It is our hope; this guide will assist you in how to best assist regarding their general welfare and development.

Together We Can Make a Difference,  
*Center for Counseling and Student Development*

## Identifying Distressed Students

Students who are struggling usually show some outward signs they are dealing with personal concerns. Symptoms may be expressed via a change in emotion, behavior or cognition. The following signs and symptoms may lead to a referral to the CCSD

### Behavior

- Changes in academic performance
- Deterioration in the quality of work
- Repeated absences, procrastination
- Social isolation
- Alcohol/substance abuse misuse
- Change in eating or sleeping
- A student who is uncharacteristically disruptive or quiet
- Sleeping in class
- Increase or decrease in energy level i.e. agitation, lethargic
- Decrease in academic performance
- Change in appearance or hygiene
- Incoherent or disorganized speech.

### Emotional

- Test anxiety and perfectionism
- Poor or unstable interpersonal relationships or skills
- Demonstrating anxiety or panic attacks
- Expressing feeling hopeless or helpless
- Sexual role or sexual identity confusion
- Depressive mood or mood instability

### Cognitive

- Writing or creative works showing extremes of hopelessness, isolation rage or despair
- Confused or disorganized thinking

## Loss of Control Continuum

### Mildly

Poor performance  
Excessive absences  
Avoidant  
Disregard for personal  
Boundaries

### Moderately

Unusual or bizarre behavior  
Depression/anxiety  
Depressed affect  
Change in hygiene

### Severe

Self Destructive  
Aggression/violence  
Inability to regulate emotion

### Crisis

Disjointed thoughts/speech  
Loss of contact w/ reality  
Suicidal/homicidal  
Irrational fears

## Interventions

### Mild

Faculty/staff consultation  
with appropriate office  
or department.

### Moderate

Faculty/staff consultation or  
referral to appropriate  
office or department.

### Crisis

Hospitalization, Incarceration

## Disturbing or Disruptive

While distressed students can be viewed in a continuum from mild to moderate to high distress; the behavior of distressed students can negatively impact the learning environment. The behavior of a distressed student can be disturbing and/or disruptive.

**Disturbing behavior** usually causes us to feel concerned, alarmed, afraid or frustrated. Disturbing student behavior might mean that there is no negative impact of the behavior on other students, the professor's ability to teach or conduct class, or the implementation of other professionals' roles at the university. However, the behavior may indicate that the student is experiencing difficulty that can affect his/her academic performance and success.

**Disruptive behavior**, on the other hand, is student behavior that interferes with the educational process of other students. The behavior may or may not be responsive to faculty or staff intervention. Knowing what to do, how to intervene, what you can do to help a distressed student is important to both the optimal return to student functioning for the student and the optimal functioning of the university community as a living and learning environment.



## Intervention Guidelines

**Here are some suggestions which may be helpful when interacting with a distressed student**

**Talk to the student:** Don't underestimate the value of a few moments of uninterrupted time with a student. Providing some undivided attention may be enough to help a student feel comfortable enough to figure out what to do next.

**Be direct and non-judgmental:** Express your concern in behavioral, nonjudgmental terms. Be direct and specific. For example, say something like "I've noticed you've been absent from class lately, and I'm concerned," rather than "Why have you missed so much class lately?"

**Listen sensitively:** Listening is a real skill. Remember you are focusing on the content and feelings concerning what is being said and not simply waiting for a pause to interject your viewpoint. Let the student talk.

**Give Hope:** reassure the student that the individual issue they are encountering does not have to be permanent. Help them consider alternative options. Understand that your purpose is not to solve the student's problem, but to refer and encourage him/her to seek out the appropriate resources.

**Refer:** Point out that help is available and seeking help is a sign of strength. The Center for Counseling and Student Development is not only an on campus referral source for students, but also for colleagues who may wish to discuss the process regarding when and how to refer students.

**Follow up:** Following up is an important part of the process. Check with the student later to find out how he or she is doing. Provide support as appropriate.

## **The Depressed Student**

Typically, these students get the most sympathy. They show a multitude of symptoms including low self-esteem, feelings of worthlessness, sadness, inadequacy, decreased or increased appetite, difficulty staying asleep, early awakening, low levels of energy, as well as decreased interest in daily activities. Sometimes the student may also have an unkempt appearance and be tearful.

Responses which are likely to help:

- Let the student know you're aware she/he is feeling down and that you would like to help.
  - Reach out and encourage the student to express how she/he is feeling, for she/he is often initially reluctant to talk, yet concern from others can help the student feel more worthwhile.
- Tell student you are concerned.
- Encourage student to see professional help, and avoid becoming their only source for help.

Responses not likely to help:

- Saying things like "Don't worry," "Crying wont help", or "Everything will be better tomorrow".
- Being afraid to ask whether the student is suicidal if you think that he/she may be.

## **The Anxious Student**

Often, danger is everywhere even though what makes the student anxious is often unknown. Not knowing what is expected and conflict are primary causes of anxiety. Unknown and unfamiliar situations raise their anxiety. High and unreasonable self-expectations also increase the anxiety. These students often have trouble making decisions.

Responses which are likely to help:

- Let them discuss their feelings and thoughts. Often this alone relieves a great deal of pressure.
- Reassure them when appropriate.
- Remain calm.
- Be clear and explicit.

Responses which are not likely to help:

- Making things more complicated.
- Taking responsibility for their emotional state.
- Overwhelming them with information or ideas.

## The Demanding Student

Typically, 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.

Responses which are likely to help:

- Let them know the limits of what it is reasonable for you to provide.
- Let them make their own decisions as much as possible.
- When you have given appropriate time to them, let them know, “Excuse me, I need to attend to other things right now”.

Responses not likely to help:

- Letting them use you as their only source of support.
- Getting trapped into advice giving, “Why don’t you...?”
- Getting angry.

## The Sexually Assaulted Student

Shock, guilt, confusion, anger, fear, helplessness, and depression are common responses to sexual assault. Student victim/survivors may have difficulty concentrating. They may withdraw from class discussion and interaction with peers or may cease coming to class entirely. Some students may experience flashbacks while in class.

Responses which are likely to help:

- Letting the student know that you are concerned.
- If a student is going to the hospital for a medical examination, remind them not to shower, and bring any clothing worn during the assault with them in a paper bag. If they are wearing the clothing they had on during the assault then carry a change of clothing to the hospital with them as the clothing related to the assault will be collected as evidence by law enforcement.
- Talking to them about existing support systems.
- Referring them to counseling.

Responses not likely to help:

- Taking control since the victim already feels a great loss of control.
- Believing rape myths (she/he was asking to be raped if she/he wore particular clothes, went to the perpetrator's room, was drinking, walked home alone, etc..).

## The Substance Abusing Student

Substance abuse (Alcohol and/or Drugs) is a potential contributor to numerous campus problems—missed classes, academic difficulties including failure, dropping out or being dismissed from school, vandalism, sexual assault, relationship violence —are among the most common. Death is a less common but tragic consequence of abuse.

Responses which are likely to help:

- Be on the alert for signs of alcohol and/or substance abuse —  
preoccupation with alcohol/drugs, reduced ability to participate in class activities; deteriorating performance in class, and/or memory loss (blackouts), falling asleep in class, smell of alcohol or marijuana on person, behavioral signs such as slurred speech, stumbling.
- Expressing concern about the student.
- If the student is in need of immediate medical attention; contacting the appropriate authorities both on and off campus.
- If the student is not in need of immediate attention, refer student to the Center for Counseling & Student Development.

Responses not likely to help:

- Chastising or lecturing.
- Enabling the behavior by giving undeserved “breaks”.
- Accusing the student of drug/alcohol problem.



## The Suicidal Student

Suicide is the second leading cause of death among college students. The suicidal person is intensely ambivalent about killing himself/herself and typically responds to help. Suicidal states are definitely time limited and most who commit suicide are neither crazy nor psychotic. Any one of us can become suicidal if life hits us hard enough. High risk indicators include feelings of hopelessness, helplessness, and futility; a severe loss or threat of loss, a detailed suicide plan; history of a previous attempt; history of alcohol or drug abuse; and feelings of alienation and isolation. Suicidal students usually want to communicate their feelings and the inability to do so results in rage or anger toward themselves.

Responses which are likely to help:

- Take the student seriously – 80% of suicide attempters give warning of their intent.
- Ask if the student is feeling hopeless, or wants to die.
- Acknowledge that a threat of or attempt at suicide is a plea for help.
- Be available to listen, to talk, to be concerned; but refer the student to the Center for Counseling & Student Development.
- If the student is actively suicidal, contact Public Safety, and the CCSD.
- Make sure to take care of yourself. Helping someone who is suicidal is hard, demanding & draining work.

Responses not likely to help:

- Minimizing the situation or feeling “Oh things will be much better tomorrow”.
- Being afraid to ask the student if they are suicidal.
- Overly committing yourself & not being available to deliver what you promised.
- Ignoring your limitations.

## The Verbally Aggressive Student

Students usually become verbally abusive when in frustrating situations which they see as being beyond their control; anger and frustration become displaced from those situations to you.

Typically the anger is not directed at you personally. These students often feel they will be rejected and therefore, reject you before you reject them. They often realize the drama and intimidation behind their anger and are aware of their impact.

Responses which are likely to help:

- Acknowledge their anger.
- Rephrase what they are saying and identify their emotions.
- Allow them to vent, get the feelings out, and tell you what is upsetting them.
- Tell them you are not willing to accept their verbally abuse behavior.
- Help the person problem solve and deal with the real issues when they become calmer.
- Defuse & de-escalate the situation by remaining calm, speaking in a calm tone of voice, & modeling appropriate behavior to the student.

Responses not likely to help:

- Getting into an argument or shouting match.
- Becoming hostile or punitive yourself.
- Pressing for an explanation or reasons for their behavior.
- Looking away and not dealing with the situation, ignoring the student.

## **The Violent or Physically Destructive Student**

Violence, because of emotional distress, is very rare and typically occurs only when the student is totally frustrated and feels totally unable to do anything about it. The adage, “An ounce of prevention is worth a pound of cure” best applies here.

Responses which are likely to help:

- Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation.
- Explain clearly and directly what behaviors are acceptable.
- Stay in an open area.
- When all else fails, divert attention.
- Get necessary help - other staff, security.

Responses not likely to help:

- Ignoring warning signs that a person is about to explode (yelling, screaming, clinched fists, threatening statements).
- Threatening, daring, taunting, or pushing into a corner.
- Touching.

## The Grieving Student

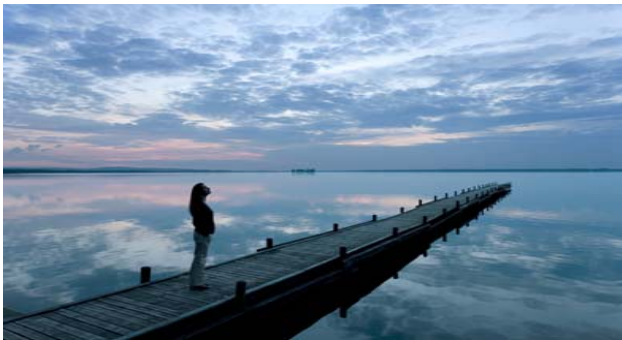
During the course of their university careers, many students are likely to experience the loss of someone close to them. Sometimes students are dealing with their own life threatening illnesses.

Responses which are likely to help:

- Listen carefully and compassionately.
- Consider the option of allowing the student to postpone turning in assignments or taking exams.
- When appropriate, if you are comfortable, you can share similar experiences you have had so the student doesn't feel alone or crazy.
- Be on the alert for signs that the student is feeling a need to harm himself/herself as a way to cope with the pain.
- Talk to the student about getting some professional help to deal with the loss.

Responses not likely to help:

- Being afraid of tears. Tears are a natural, healthy way of releasing emotions.
- Avoiding discussing the deceased person with the student. He/she is often grateful to find someone who will listen.
- Saying well-intentioned things to the student that might imply the grief is not valid ...”It can't be that bad.”



## 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, disturbed; they may coin new words, see or hear things which no one else can, have irrational beliefs, and exhibit bizarre or inappropriate behavior. Generally, these students are not dangerous and are very scared, frightened, and overwhelmed. They are much more frightened of you than you are of them.

Responses which are likely to help:

- Respond with warmth and kindness, but with firm reasoning.
- Remove extra stimulation from the environment and see them in a quiet atmosphere (if you are comfortable doing so).
- Acknowledge your concerns and state that you can see they need help.
- Reveal your difficulty understanding them (when appropriate)
- Focus on the “here and now”. Switch topics and divert the focus from the irrational to the rational or the real.
- Speak to their healthy side, which they have.
- Contact Public Safety and the Center for Counseling & Student Development if it appears the student is a danger to themselves or others.

Responses not likely to help:

- Arguing or trying to convince them of their irrational thinking, it only makes them defend their position more.
- Playing along.
- Encouraging further revelations of craziness.
- Demanding, commanding, ordering
- Expecting customary emotional responses.

## About the Center for Counseling & Student Development

*Director: Mark Fleming, Ph.D.*

The CCSD is comprised of the former Counseling and Psychological Services, Career Development and Cooperative Education Center, and the Institute for Standardized Testing. The aforementioned offices have joined to create the CCSD as a way of streamlining critical services to the Coppin State community. We are excited to revitalize our counseling services and to continue the strong commitment to testing and career services. We hope that you will be a part of this exciting time for the center.

During our lives we all experience change. At times, this change is orderly and understandable. At other times, it can be challenging and disorderly. Understanding, coping, and planning for these changes in our lives can be challenging. The staff in the Center for Counseling and Student Development welcomes students to our Center with the knowledge that counseling has helped many students.

We offer confidential, goal-oriented group and individual counseling to help students address academic, personal-social and career exploration and decision-making concerns. One of our highest priorities is to make this a place where students will feel safe to talk about their concerns. The program is staffed by licensed psychologists, social workers, certified addictions specialists, professional counselors, and peer counselors.

The Center is open between 8:00 a.m. and 5:00 p.m., Monday through Friday. Our office is located in the Miles Connor Administration Building, on the first floor (across from Financial Aid). For more information or to make an appointment to meet with a counselor, call (410) 951-3939.

## Coppin State University Referral Sources

### **Center for Counseling and Student Development**

Mark Fleming, Ph. D., Director

Miles Connor Administration Building, 1<sup>st</sup> Floor,

(410) 951-3939

Fax (410) 951-3940

### **Community Health Center**

Ms. Immaculata Ulu

Psychiatric Family Nurse Practitioner

Community Health Center

2553 West North Avenue

(410) 951-4188

Fax (410) 225-0774

### **Public Safety**

Chief Leonard Hamm

Director of Public Safety

Frances Murphy Research Center, 1<sup>st</sup> Floor

(410) 951-3900

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### **Student Affairs**

Joann Christopher-Hicks, Ed.D.

Associate VP for Student Affairs

J. Millard Tawes College Center, 1<sup>st</sup> Floor

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### **Housing and Residence Life**

Mr. Patrick Bailey, Director

Daley Hall, 1<sup>st</sup> Floor

Residence Hall (410) 951-6399

Daley Hall (410) 951-6400

Dedmond Hall (410) 951-6767

Fax (410) 951-6393