

Students in Distress: A Guide for Faculty, Staff and TAs

Introduction

Many students in college and graduate school encounter a great deal of stress during the course of their studies. The stress could be caused by a variety of academic, social, family, work, or financial factors. Most students are able to cope successfully with the rigors of higher education. However, for some, the pressures can become overwhelming and unmanageable. During these stressful moments, students may feel alone, isolated, helpless, and even hopeless. Such feelings can easily disrupt academic performance, and may result in self-destructive behaviors such as substance abuse and even attempts at suicide.

Faculty and staff members are often in a unique position to identify and help students who are in distress. This may be particularly true for students who cannot or will not turn to family or friends. Anyone who is seen as caring and trustworthy may be a potential student resource in times of trouble. Your expression of interest and concern may be a critical factor in a bolstering a student's academic career, or even saving a student's life. Yet, sometimes these expressions of concern can cause a student to turn to you and confide things that leave you feeling alone and uncomfortable.

Tufts University has developed this document as a guide to assist faculty and staff in recognizing certain signs and behaviors that might indicate that a student is in distress and requires assistance. In addition to helping you prepare to spot these issues, this guide sets forth specific options for intervention and for referral to campus resources. In particular, the Tufts University Counseling and Mental Health Service (CMHS) and the Office of the Dean of Student Affairs [DOSA] are available to assist you with problem situations and to consult with you on whether and how to intervene with a particular student.

Tips for Recognizing Distressed Students

The desire for assistance in dealing with a problem may be stated directly or indirectly. For this reason, it is important to attend to both the content of what a student is saying and your sense of the possible feelings and intentions underlying the student's message. Listening involves hearing the way things are being said, noticing the tone used, and observing the expressions and gestures employed.

Students may communicate personal problems to you via email rather than face-to-face. Others may get your attention in a written class assignment by references to emotional, physical, or sexual abuse; depression and/or thoughts of suicide; death; or other very personal references.

At one time or another, everyone feels depressed or upset. The following list identifies symptoms, which, *especially if repeated or severe*, may suggest that the student is distressed and would benefit from assistance.

Marked Change in Academic Performance or Behavior

- Poor performance and preparation in class or program activities
- Excessive absences or tardiness
- Repeated requests for special consideration, especially when this represents a change from previous behavior
- Unusual or sudden changed pattern of interaction with you or with others
- Inattentiveness in class, especially when this represents a change from previous behavior
- Attending class or program activities under the influence of drugs or alcohol or exhibiting signs of being “hung over”
- Withdrawal from social interaction (e.g., avoiding participation in class or program activities)
- Dominating discussions to an unusual degree

Unusual Behavior or Appearance

- Depressed or lethargic mood
- Hyperactivity or very rapid speech
- Excessively anxious in interactions with you or with others
- Swollen or red eyes
- Deterioration in personal hygiene or dress
- Dramatic weight loss or gain
- Unusually disruptive behavior
- Physical distress or complaints which seem to have no apparent cause
- Strange or bizarre behavior indicating loss of contact with reality
- Exaggerated emotional responses obviously inappropriate to the situation (e.g., unexplained crying or outbursts of anger, unusual irritability)

- Problems with roommates or family (e.g., death of a family member or close friend, difficulties in romantic or family relationships, divorce)
- Expressions of apathy or feeling worthless
- Isolation from friends or family
- References to feelings of helplessness or hopelessness (verbal or in an assignment)

References to Suicide, Homicide, or Death

- Any references to suicide, even off-hand jokes about the subject
- Homicidal threats

Any reference to suicide needs to be taken seriously. A judgment about the seriousness of the suicidal thought or gesture should not be made without consultation with a professional counselor. If a student mentions a *suicide intention or plan*, an immediate response is critical. *This constitutes an emergency, and emergency procedures should be followed as outlined below. IN AN EMERGENCY, DO NOT LEAVE THE STUDENT ALONE FOR ANY REASON.*

How to Respond in an Emergency

An emergency situation may include any of the following behaviors:

- Statements of or reference to suicidal intentions, suicide plans, or suicide attempts
- Imminent threats or aggressive behavior towards others
- Incoherent or disjointed speech
- Loss of contact with consensual reality, including hallucinations (hearing or seeing things that are not there) and/or ideas or beliefs that are not realistic (delusions)
- Extreme panic
- Demonstrated inability to care for oneself

In an emergency during business hours (9am-5pm), contact CMHS at x73360. When CMHS is closed, call the Tufts University Police at x73030, tell them you are dealing with a mental health crisis, and ask to have the on-call counselor paged. Give the police your name, the name of the student in question, your phone number, and your location.

When it's Not an Emergency, What Can You Do To Help?

If you choose to approach a student you are concerned about or if a student reaches out to you for help with personal problems, here are some suggestions which might make the opportunity more comfortable for you and more helpful for the student.

- **Talk** to the student in private when both of you have the time and are not rushed or preoccupied. Give the student your undivided attention. It is possible that just a few minutes of effective listening on your part may be enough to help the student feel cared about as an individual and more confident about what to do.

If you have initiated the contact, express your concern in behavioral, non-judgmental terms. For example, "I've noticed you've been absent from class lately and I'm concerned," rather than "Where have you been lately? You do know that attendance will be factored into your grades, don't you?"

- **Listen** to thoughts and feelings in a sensitive, non-threatening way. Communicate understanding by repeating back the essence of what the student has told you. Try to include both content and feelings ("It sounds like you're not accustomed to such a big campus and you're feeling left out of things.") Most importantly, *let the student talk*.
- **Give** hope. Assure the student that things can get better. It is important to help a student realize there are options, and that things will not always seem this hopeless. Suggest resources: friends, family, clergy, or professionals on campus. Recognize, however, that your purpose should be to provide enough hope to enable the student to consult a professional or other appropriate person and not to solve the student's problems.
- **Avoid** judging, evaluating, and criticizing even if the student asks your opinion. Such behavior is apt to push the student away from you and from the help he or she needs. It is important to respect the student's value system, even if you don't agree with it.
- **Maintain** clear and consistent boundaries and expectations. It is important to maintain the professional nature of the faculty/student or staff/student relationship and the consistency of academic expectations, exam schedules, etc. Course withdrawal and other forms of personal assistance can be arranged through the Academic Dean's Office.
- **Refer** students to the Office of the Dean of Student Affairs or to CMHS when you recognize signs of distress. It is important to point out to students that: (1) help is available, (2) we all need help at some point or another, and (3) seeking such help is a sign of strength and courage rather than a sign of weakness or failure. It may be helpful to point out that seeking professional help for other problems (medical, legal, car problems, etc.) is considered good judgment and an appropriate use of resources. For example, "If you had a broken arm, you would go to a doctor rather than try to set it yourself." If you can, prepare the student for what they might expect if they follow your suggestion. Tell them what you know about the referral person or service.
- **Follow-up** with the student later to see whether the referral appointment was kept and to hear how it went. Even if the student did not accept your attempted referral it will show your continued interest. In some circumstances, the sensitivity of the student's situation may suggest a different approach. If you have questions, seek the advice of professionals on campus to determine how best to proceed.

- Leave the option open, except in emergencies, for the student to accept or refuse counseling. If the student is skeptical or reluctant for whatever reason, simply express your acceptance of those feelings so that your own relationship with the student is not jeopardized. Give the student an opportunity to consider other alternatives by suggesting that he/she might need some time to think it over. If the student emphatically says "no," then respect that decision, and again leave the situation open for possible reconsideration at a later time. You may also want to call CMHS for assistance and consultation as well, so are not alone with your concerns about the student.

When to Refer a Student

Aside from the signs or symptoms described above that suggest the need for professional intervention, there are other guidelines which may help you to define the limits of your involvement with a particular student's problem. A referral to the Office of the Dean of Students or to CMHS is usually indicated when:

- A student presents a problem or requests information which is outside your range of knowledge. Students often present difficult problems, some of which can be complex even for professional counselors.
- You feel that personality differences between you and the student will interfere with your helping the student.
- You feel uncomfortable dealing with the issue or problem because of your personal relationship (he/she is a friend, neighbor, relative, etc.).
- A student is reluctant to discuss a problem with you.
- You do not believe your conversation with the student has been effective.
- You lack sufficient time to listen effectively to the student.
- A student is becoming over-reliant or dependent upon you

Serious concerns that a student may harm himself or others should be referred immediately to the Office of the Dean of Student Affairs. That office's staff is trained to intervene when students are in crisis, and there are well-established protocols for the staff to follow in determining whether further intervention (e.g., a referral to counseling services, involuntary hospitalization) is necessary. Furthermore, that office has the authority to require an evaluation when it is deemed that one is necessary.

How to Make a Referral to CMHS

- To make an appointment with a mental health counselor, students can either call 617-627-3360 or stop by CMHS at 120 Curtis Street. CMHS is open weekdays, from 9 a.m. to 5 p.m. Some faculty/staff members have called to make an appointment while the student was in the person's office. Some faculty/staff members have escorted the student to the counseling center.
- A Note about Confidentiality: Faculty/staff members often have an understandable desire to know if a student who has been referred for counseling has actually attended a session and/or if any progress is being made. However, professional ethics dictate that counseling sessions conducted by professional staff are confidential in nature. Information about those sessions or their content can be released only (a) upon a student's written request, (b) in circumstances which would result in clear danger to the individual or others, or (c) as may be required by law. CMHS adheres strictly to this policy.

This policy regarding confidentiality can at times be a source of frustration for faculty/staff who want some basic information. The desired information can best be obtained directly from the student. We also encourage students to let the referring faculty/staff member know that he/she kept an appointment. Students are not bound by the promise of confidentiality and are therefore free to disclose any information they wish to share.

Counseling records are not part of a student's educational records.

Tufts University CMHS offers:

- Consultations to concerned faculty and staff about students in distress
- Brief individual counseling and referral services for students
- Couples counseling (when both partners are Tufts students)
- Psychiatric services
- 24 hour emergency coverage to assist students in mental health crises
- Psycho-educational programming
- Consultation to students, groups, and parents
- Referral Services for specialized or continued counseling

Resource and Emergency Numbers

- TUPD Emergency Line: 617-627-6911 (anytime)
- TEMS Emergency Line: 617-627-6911 (anytime)
- Dean of Student Affairs: 617-627-3158 (workday)
- Administrator On call: 617-627-3030 (after hours through TUPD)
- National Hotline: 1-800-SUICIDE
- CMHS 617-627-3360 (workday)
- CMHS Counselor-on-call: 617-627-3030 (anytime through TUPD)